

Before Starting the CoC Application

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

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

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

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

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

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

Answering Multi-Part Narrative Questions

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

Attachments

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

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

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

1A. Continuum of Care (CoC) Identification

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

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

1A-1. CoC Name and Number: HI-500 - Hawaii Balance of State CoC

1A-2. Collaborative Applicant Name: Ka Mana O Na Helu

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Ka Mana O Na Helu

1B. Coordination and Engagement–Inclusive Structure and Participation

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

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1B-1.	Inclusive Structure and Participation–Participation in Coordinated Entry.	
	NOFO Sections VII.B.1.a.(1), VII.B.1.e., VII.B.1.n., and VII.B.1.p.	

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

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

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

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

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

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

(limit 2,000 characters)

(1) BTG Governance requires that new members be formally invited at least annually, however, this often occurs much more frequently. New members are invited and encouraged to participate through monthly public forums such as chapter meetings, landlord summits, community events, newsletters, public hearings, and other homeless initiatives. BTG operates transparently in that all general, subcommittee, and executive committee meetings are fully open to the public.

(2) Due to the non-contiguous nature of the neighbor islands and establishment of COVID protocols, BTG meetings are conducted via easily accessible electronic means such as webinar, video conference, or teleconference. Disability service agencies and individuals with disabilities regularly participate and provide feedback in these meetings. BTG invites interested stakeholders to attend and participate in monthly chapter meetings and solicits membership through the local chapters. Meeting schedules and minutes are made publicly available through accessible electronic media including listserv or BTG website.

(3) Homeless services providers actively encourage the homeless or formerly homeless to participate in BTG activities including chapter and executive meetings. Local chapter and executive leadership include homeless/formerly homeless persons. These populations bring lived experience and unique perspective to inform the local planning process.

(4) Hawaii is the most racially diverse state and one of the most culturally diverse places in the world. BTG is a member of the Hawaii Interagency Council on Homelessness (HICH), which includes many organizations representing Hawaii's indigenous people including the Hawaiian Homes Commission; ACLU; OHA; DOE, DOH, DLNR, DHHL, and DHS. BTG actively engages with and promotes participation at the local chapter and executive levels to address equity and culturally specific issues for indigenous communities experiencing homelessness within the neighbor islands.

1B-3.	CoC's Strategy to Solicit/Consider Opinions on Preventing and Ending Homelessness.	
	NOFO Section VII.B.1.a.(3)	

Describe in the field below how your CoC:

1.	solicited and considered opinions from a broad array of organizations and individuals that have knowledge of homelessness, or an interest in preventing and ending homelessness;
2.	communicated information during public meetings or other forums your CoC uses to solicit public information; and
3.	took into consideration information gathered in public meetings or forums to address improvements or new approaches to preventing and ending homelessness.

(limit 2,000 characters)

(1) BTG actively solicits and considers opinions from many different organizations and persons that have an interest in preventing and ending homelessness. BTG is an active member of the HICH as noted in 1B-2 above and attends monthly Homeless Funder Group meetings facilitated by the Governor's Coordinator on Homelessness (GCH). Both provide opportunities to engage with key stakeholders and policymakers and to advocate for homeless housing and services. BTG executive leadership and the GCH regularly invite stakeholders to attend and present information at monthly BOD meetings, which promotes opportunities for collaboration and information sharing. Local chapter and executive committee meetings are conducted transparently and made open to the public. Monthly minutes from BTG executive meetings are posted to the BTG website. Homeless and formerly homeless actively participate in local and BTG BOD meetings.

(2) Local chapter and BTG BOD minutes are made available to the public and general membership electronically to maintain transparency of information. Mediums such as listservs, local newspapers, social media, newsletters, and websites are used to convey information on upcoming meetings and homeless initiatives to help garner support and solicit input from knowledgeable individuals and organizations. The BTG website (BTGHawaii.org) conveys content communicated through public meetings or other forums, displays dashboards with various data presented in these meetings, or links to housing or informational resources provided by HUD and other key stakeholders.

(3) Improvements or new approaches to homeless service delivery that have

been identified through public meetings, websites, forums, conferences, etc. are relayed to the BTG BOD for discussion to determine viability, cost-effectiveness, and best methods to operationalize these advances into the local service delivery system. BTG is constantly seeking innovative ideas to create efficiencies in the system.

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

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

(limit 2,000 characters)

(1) The BTG BOD was apprised via email by Collaborative Applicant Ka Mana O Na Helu (KMNH) on 9/24/21 that the local competition was open and accepting project applications. KMNH requested that this notification be disseminated to all local chapter members. The BTG website publicly conveyed the Request for Proposals (RFP).

(2) BTG encourages new organizations to become members of their local chapters and apply for CoC Program and other homeless funding opportunities through public forums such as chapter meetings, community events, newsletters, public hearings, and other homeless initiatives. The RFP issued on 9/24/21 did not preclude organizations from applying that had not previously received funding. A NOFO Informational Meeting conducted by KMNH on 9/29/21 was open to all organizations, and TA during the RFP process was afforded to all agencies that requested it, including those new to the process.

(3) The CoC Program Request for Proposals (RFP) was released on 9/24/21 on BTG's publicly accessible website. Information provided through the RFP included the procurement timetable, RFP organization, electronic submission process, award/rejection/appeals process, service specifications, and proposal application requirements. Proposals were accepted up to the BTG-established deadline of 10/14/21.

(4) KMNH consulted with the BTG BOD to ensure that the FY21 RFP aligned with local and federal policy priorities and the goal of efficiently prioritizing homeless households with the highest service needs. The RFP established an unbiased evaluation committee to objectively score and rank all new and renewal proposals that were submitted through the RFP process.

(5) The RFP and NOFO Informational Meeting were publicized to local chapters through listserv and email distribution, electronic means such as webinar or remote meetings, and posted on the BTG website to reach a broad array of

service providers, including those with specific disability subpopulation focus.

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

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

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1C-1.	Coordination with Federal, State, Local, Private, and Other Organizations.	
	NOFO Section VII.B.1.b.	

In the chart below:

1.	select yes or no for entities listed that are included in your CoC's coordination, planning, and operations of projects that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness; or
2.	select Nonexistent if the organization does not exist within your CoC's geographic area.

	Entities or Organizations Your CoC Coordinates with for Planning or Operations of Projects	Coordinates with Planning or Operations of Projects
1.	Funding Collaboratives	Yes
2.	Head Start Program	Yes
3.	Housing and services programs funded through Local Government	Yes
4.	Housing and services programs funded through other Federal Resources (non-CoC)	Yes
5.	Housing and services programs funded through private entities, including Foundations	Yes
6.	Housing and services programs funded through State Government	Yes
7.	Housing and services programs funded through U.S. Department of Health and Human Services (HHS)	Yes
8.	Housing and services programs funded through U.S. Department of Justice (DOJ)	Yes
9.	Housing Opportunities for Persons with AIDS (HOPWA)	Yes
10.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent
11.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes
12.	Organizations led by and serving LGBT persons	Yes
13.	Organizations led by and serving people with disabilities	No
14.	Private Foundations	Yes
15.	Public Housing Authorities	Yes
16.	Runaway and Homeless Youth (RHY)	Yes
17.	Temporary Assistance for Needy Families (TANF)	Yes
	Other:(limit 50 characters)	

18.		
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1C-2.	CoC Consultation with ESG Program Recipients.	
	NOFO Section VII.B.1.b.	

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

(limit 2,000 characters)

(1) BTG continues to work closely with ESG/CV recipient HPO to ensure that the 5-year Con Plan is completed accurately and represents local efforts from all three rural county jurisdictions. HPO sought input from BTG prior to allocating just over \$10M in additional ESG-CV funds among the rural counties. Collaborative Applicant Ka Mana O Na Helu (KMNH) was contracted to administer ESG-CV funds as the subrecipient. Monthly BTG BOD meetings include ESG/CV agenda items related to resource utilization, funding priorities, and provider performance. In 2020, BTG partnered with HPO, KMNH, and HHFDC to amend the Annual Action Plan (AAP) thereby adding ESG-CV funding, expanding eligible activities, and establishing funding allocations by component and county.

(2) BTG leadership is actively involved in evaluating the performance and reporting of recipients and subrecipients and in making recommendations for reallocation of underperforming projects. ESG/CV grantees are required by HPO to participate in the CoC and have a voice in its direction. PIT and HIC data are used annually to supplement and add context to Con Plan reporting along with ESG/CV outcomes, demographic data, and other homeless statistics for each local chapter. BTG contracts with KMNH to provide performance dashboards and periodic expenditures reports, which are disseminated through the BTG website.

(3) The PIT and HIC annual reports are posted on the BTG website, along with PIT agency instructions, dashboards, regional maps, survey forms and other salient information. PIT data is also posted on the Hawaii Homelessness Initiative website.

(4) Development of the Con Plan and AAP involves consultation with government housing agencies, BTG planning groups, working group meetings with public and private sector providers, public hearings to solicit input on housing needs and priorities, and the publication of notices in statewide newspapers and on the HHFDC website to solicit public comments on the draft plan(s).

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

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

1.	Conducted mandatory training for all CoC- and ESG-funded service providers to ensure families are not separated.	Yes
2.	Conducted optional training for all CoC- and ESG-funded service providers to ensure families are not separated.	Yes
3.	Worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.	Yes
4.	Worked with ESG recipient(s) to identify both CoC- and ESG-funded facilities within your CoC's geographic area that might be out of compliance and took steps to work directly with those facilities to bring them into compliance.	Yes
5.	Sought assistance from HUD by submitting AAQs or requesting technical assistance to resolve noncompliance of service providers.	Yes
6.	Other. (limit 150 characters)	

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

Describe in the field below:

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

(limit 2,000 characters)

(1-6) Hawaii has a unique educational structure as the only state with a P-20 continuum (preschool through university) supported by two governing bodies, one for K-12 public education and one for higher education. These are the Hawaii Board of Education (BOE) and the University of Hawaii Board of Regents, respectively. The P-20 Partnerships for Education is a statewide collaboration between the state Executive Office of Early Learning, the Hawaii Department of Education (DOE), and the UH System with the primary goal of improving educational outcomes throughout Hawaii. The DOE serves as SEA and LEA, and partners with BTG to ensure that youth have as many educational opportunities as possible.

As of 11/3/21 the DOE Assistant Superintendent signed an MOU with BTG to strengthen ties and operationalize MVA requirements. The final step in execution is AG approval, expected in Nov 2021. The MOU formally delegates duties and responsibilities for both parties. BTG's homeless outreach and shelter providers will ensure that families with minor children who are not connected to a DOE liaison complete an MV1 assessment and connect these families to DOE liaisons through a warm handoff; accept referrals from DOE liaisons for families with minor children at risk of losing housing; and provide ongoing information sharing on available housing resources. DOE will continue to dedicate staff on each island to provide educational services; continue to

attend BTG local chapter meetings; assist in registering students in school and understanding their options, connect students to transportation to or from school; arrange tutoring and homework assistance as needed; and connect unsheltered clients with BTG outreach programs through warm handoff.

BTG family providers have formal agreements with youth education providers as outlined in section 1C-4b of this application. SEA/LEA reps regularly attend and participate in BTG meetings and planning events, the above MOU solidifies these activities.

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

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

(limit 2,000 characters)

In 2021, BTG developed and formally adopted an “Educational Responsibilities” policy by majority BOD vote. BTG incorporated this policy and procedures into its Governance Charter as Attachment D, which can be found here: https://www.btghawaii.org/media/uploads/btg_governance_charter_-_rev_2021.10.14.pdf. The written policy informs BTG member agencies of their educational responsibilities and notifies homeless individuals and families of their educational rights and what services they are eligible to receive. These educational responsibilities include but are not limited to:

- (1) Informing participants of their educational rights and eligibility for educational services while enrolled in programs
- (2) Enrolling all children and young adults in school immediately if not currently enrolled
- (3) Receiving the services for which they are eligible according to their needs and comparable to those services afforded to other non-homeless students
- (4) Receiving assistance from SEAs and LEAs as necessary
- (5) Developing relationships with colleges to access higher education services
- (6) Designating a staff person to be responsible for ensuring participants' educational rights are met
- (7) Assisting with transportation needs to ensure that attendance rates remain high

In addition, State funded homeless services providers, all of whom are BTG members, are contractually required to ensure that program participants understand their educational rights as established under Subtitle VII-B of the McKinney-Vento Homeless Assistance Act. All providers must ensure that children and young adults are immediately enrolled in school, as required by federal and state law; and that they are connected to educational services to help them succeed. BTG agencies notify families with children about their rights to an education and assist in connecting them with transportation as needed.

1C-4b.	CoC Collaboration Related to Children and Youth–Educational Services–Written/Formal Agreements or Partnerships with Early Childhood Services Providers.	
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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	Yes
2.	Child Care and Development Fund	No	Yes
3.	Early Childhood Providers	No	Yes
4.	Early Head Start	Yes	Yes
5.	Federal Home Visiting Program--(including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	No	No
6.	Head Start	No	Yes
7.	Healthy Start	No	No
8.	Public Pre-K	No	No
9.	Tribal Home Visiting Program	No	No
	Other (limit 150 characters)		
10.	Hawaii DOE - Education for Homeless Children and Youth (EHCY)	Yes	No

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

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

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

(limit 2,000 characters)

(1) WHW Maui participates in safety and best practices webinar trainings year-round through the NNEDV. On average, staff attend two trainings per month, including trainings with other nationally recognized DV organizations that covers safety, confidentiality, and victim-centered/trauma-informed approaches.

YWCA Kauai staff receive monthly training on trauma-informed care, the Low-Barriers Shelter Model, and best practice safety measures. Staff attend victim dynamics and treatment practices trainings at least semiannually, which are typically offered online and free of charge. Kauai County facilitates DV 101 trainings annually.

On Hawaii Island, CFS provides in-person two-day new hire orientations which review basic employment requirements, including trauma-informed care. CFS utilizes the Risk Connection model for ongoing trauma-informed trainings. Other trainings include Trauma-Focused Cognitive-Behavioral Therapy (TFCBT) training as an introductory online course, followed up by a lengthy, in-depth course offered through the Children's Justice Center. All Shelter staff are trained on security and safety procedures within five days of employment and

prior to independent direct services provision.

WHW, YWCA and CFS receive annual training from the Hawaii State Coalition Against DV (HSCADV), including a 25-hour training which reviews necessary DV skills and safety planning.

(2) WHW, YWCA, and CFS provide shelter services and function as access points for BTG. Coordinated entry staff ensure that DV households can safely and anonymously be included in BTG's CES, receive training and guidance monthly from county CES conveners, and attend the trainings identified in (1). State contracted DV providers are required to implement annual training plans for staff that deliver direct services. Training plans must address content and structure, and how the training will be delivered. Annual training must include trauma-informed and harm reduction best practices.

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

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

(limit 2,000 characters)

On Maui, WHW operates a comparable database to maintain victim confidentiality for the DV clients that it serves. The aggregate data from this database is used to highlight need in the community and advocate for DV resources on island. The CoC recently used this data to help WHW secure seven EHV vouchers through the Maui Homeless Alliance to assist DV households.

YWCA Kauai uses aggregate data to improve service delivery at the agency and CoC levels. For example, many years ago it became clear that DV victims were not just women, and yet services were geared toward women, to the point of excluding men from shelter. Due to this realization, shelter and YWCA services were modified to be gender neutral. The agency also recognized a pattern of victims not leaving an abusive situation because they did not want to leave their pets behind. As a result, the YWCA has been working on creating a partnership with the Humane Society to provide housing for the pets of victims who come to the shelter. BTG uses YWCA's deidentified BNL data to strengthen the CES and match housing resources to survivors of DV.

CFS uses deidentified aggregate data internally to assess the special needs of DV survivors, to monitor program outcomes, and to help guide the implementation of programs and services. CFS conveys data externally to inform local CoC decision making processes and to express service needs in the community. Deidentified aggregate data is used by the CoC to assess characteristics and social determinants of survivors served in the community. CFS uses data to estimate unmet needs in the community and advocates for additional resources via reports to its stakeholders and the CoC.

The HMIS admin team supports ESG subrecipient CFS to utilize the HUD

SAGE repository to evaluate and submit comparable data for the FY2020 CAPER. This support assisted the CoC and ESG recipient HPO in analyzing and interpreting de-identified aggregate DV data for Hawaii Island.

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

	Describe in the field below how your CoC's coordinated entry system protocols incorporate trauma-informed, victim-centered approaches while maximizing client choice for housing and services that:
1.	prioritize safety;
2.	use emergency transfer plan; and
3.	ensure confidentiality.

(limit 2,000 characters)

(1) BTG's CES protocols prioritize safety by not releasing any information about the survivor without written consent to do so, encouraging survivors to develop a safety code word, training staff to understand that breaking client confidentiality is a terminable offense, aliasing participants when case conferencing and referrals to housing providers occurs, utilizing consent forms to release minimally approved confidential information which is specific and for a limited time, encrypting email correspondences that must contain client level information, and redacting any client level data from review documents requested by funders, auditors, etc.

(2) In cases where a survivor's safety in the shelter is significantly compromised, BTG-wide emergency transfer protocols are utilized. Affected participants are offered options to transfer to other DV locations unknown to their abuser and are a greater distance away. Should the survivor decide to move to another shelter, whether on the same island, off-island or out of state, program staff will facilitate a warm hand-off to ensure a safe, emergency transfer. BTG DV programs have utilized resources such as Flight to Freedom through the Hawaii State Coalition Against Domestic Violence to obtain airfare for survivors and their children to relocate to a neighbor island or out of state.

(3) BTG has established confidentiality protocols for the inclusion of DV providers in the CES. The HMIS Admin team has configured a specialized anonymous DV form that enables DV clients to be recorded on the BNL and utilize the CoC's automated matching and referral system. DV clients can be fully integrated into BTG's CES through DV provider access points allowing for deidentified clients to be prioritized for housing in the same way as non-DV clients. DV providers no longer must be referred to one of the local access points but are able to communicate directly with CES housing providers once referred.

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

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

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

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

Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing and Housing Choice Voucher Program During FY 2020 who were experiencing homelessness at entry	Does the PHA have a General or Limited Homeless Preference?	Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?
County of Hawaii	26%	Yes-HCV	No
County of Maui	25%	No	No

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 2,000 characters)

1) Effective July 2021, the County of Hawaii PHA amended its Administrative Rules for its Housing Choice Voucher Program to include a homeless admission preference. As of this date the County of Hawaii began accepting direct referrals through its Office of Housing and Community Development (OHCD) if a household met the "Emergency Need Preference" as stated in the attached Exhibit 4-1. This includes those households meeting the homeless definition as outlined in the HEARTH Act of 2009.

CoC members in Maui County continue to advocate for a homeless preference, but as of this writing, the preference has not yet been established by the County of Maui PHA. The BTG Planning committee has added this an agenda item for CY 2022 and will work towards establishing a preference by the FY 2022 NOFO.

Although not listed as one of the two largest PHAs within BTG's jurisdiction on

the 2020 CoC-PHA Crosswalk, the Kauai County Housing Agency (KCHA) is substantial and provides 822 HCV vouchers. BTG has established a collaborative working relationship with KCHA. The KCHA HCV Program implemented a preference for local homeless in 2017 as reflected in its Administrative Rules.

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 Tax Credit (LIHTC) developments	Yes
4.	Local low-income housing programs	Yes
	Other (limit 150 characters)	
5.		

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

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

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

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

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

(limit 2,000 characters)

(1) BTG integrates PHA-funded units in its CES processes through the prioritization scheme outlined in its CES policies and procedures. Additionally, BTG modified existing CES referral and prioritization eligibility criteria to handle the influx of EHV vouchers allocated through the American Rescue Plan. The EHV eligibility and referral process is objective, transparent, and aligns with CES policies and procedures as voted on and approved by the BTG BOD. BTG's CES has gained traction and confidence with local PHAs, leading to additional unit allocations for new projects. An example of this includes the Pua Loke affordable housing project on Kauai, where five of the 54 units were filled through the CES.

(2) BTG and Collaborative Applicant Ka Mana O Na Helu (KMNH) executed MOUs in July 2021 with each rural county PHA as part of the EHV Program. This set the stage for the award of 214 long term housing vouchers. The County of Hawaii OHCD and the Kauai and Maui PHAs have committed to administering the EHV program within their counties to provide housing stability for households that meet the eligibility criteria. The Honolulu Field Office released a summary of EHV Awards on 11/4, wherein BTG has already been able to issue 14 vouchers, including four that are currently leased. Target populations include the recently homeless, households at-risk of homelessness, households who are experiencing homelessness; and/or households fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking or human trafficking. Executed MOUs have enabled BTG and each of the three rural counties to identify EHV Liaisons, delegate services to be provided to EHV households, assign responsibilities to the entities involved in the process, and to efficiently administer EHV activities to achieve successful outcomes.

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

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

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

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

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

(limit 2,000 characters)

BTG did not submit any joint applications for funding, however, local chapters will continue to work on this and approach county PHAs on coordination opportunities.

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

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

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

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

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

PHA
Kauai County Hous...
County of Maui
County of Hawaii

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

Name of PHA: Kauai County Housing Agency

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

Name of PHA: County of Maui

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

Name of PHA: County of Hawaii

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

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

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

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

1C-9.	Housing First–Lowering Barriers to Entry.	
	NOFO Section VII.B.1.i.	

1.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2021 CoC Program Competition.	11
2.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2021 CoC Program Competition that have adopted the Housing First approach.	11
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-coordinated entry projects the CoC has ranked in its CoC Priority Listing in the FY 2021 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

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

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

(limit 2,000 characters)

In 2019, BTG implemented a CES P&P Manual to establish written standards for consistent, transparent, and impartial access to housing and support services. The written standards describe who will be prioritized for assistance and define specific roles and responsibilities of access points and county

conveners. Adherence to the HF approach was paramount in developing CES processes, including ongoing evaluation of projects through the activities described below.

(1) Establishing acceptable reasons for unassigning referrals made to housing projects. HMIS Lead and CES conveners monitor “unassignments” to ensure that this classification is applied for legitimate reasons only. Projects that are not in alignment with this policy are brought to the attention of the BTG BOD for review and resolution. HPO has implemented “unassignment” thresholds for their State-funded HF PSH projects.

(2) Aligning BTG’s CES P&Ps with HF principles so that automated referrals occur without precondition and with minimal requirements. This expedites the housing placement process and helps to ensure that access point and housing provider responsibilities are clearly delineated.

(3) Incorporating metrics in BNL and monthly monitoring reports to track length of time from referral to placement for open referrals. These reports are monitored by HMIS Lead KMNH and CES conveners for referrals exceeding 90 days. KMNH follows up with housing providers that exceed standards.

(4) Applying criteria to the annual NOFO project evaluation process regarding alignment with HUD and BTG’s HF principles. For example, projects are penalized if they are not filling vacancies quickly, or referrals are unassigned for reasons which are not acceptable.

(5) Developing a “Housed Through CES” HMIS report that tracks placements in BTG’s housing programs to ensure fidelity to HF commitments and automated referral processes. This report is used in the annual CoC NOFO evaluation process and regularly throughout the year.

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

Does your CoC have sufficient resources to ensure each Veteran experiencing homelessness is assisted to quickly move into permanent housing using a Housing First approach?	Yes
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1C-10.	Street Outreach–Scope.	
	NOFO Section VII.B.1.j.	

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

(limit 2,000 characters)

(1) BTG agencies contract with the State annually to provide comprehensive

outreach coverage throughout the rural counties. Providers are required to conduct outreach at times and in locations sufficient to identify and engage all unsheltered homeless. Experienced staff helps to engage unsheltered homeless in more obscure locations or who are least likely to request assistance. BTG has aligned outreach services with shelter and housing programs to ensure that homeless verifications and triage assessments are immediately completed, documents needed for housing are prioritized, eligible benefits are obtained, and providers maintain contact with unsheltered households to facilitate a “warm hand off” with housing providers until housed.

(2) Outreach efforts cover 100 percent of BTG’s geography. Services are provided in alignment with established PIT regions and are delivered impartially. On Maui, FLC subcontracts with Salvation Army to ensure that outreach spans the entire island. ESG-CV funding has enabled BTG to expand outreach coverage via contracted provider CARE Hawaii. This has broadened outreach services for those with severe mental illness and helped to expand coverage on Kauai, Maui, and Big Island.

(3) Street outreach is conducted daily with agencies responsible for scheduling and conducting outreach to each of their assigned regions. Outreach teams canvass at night, on weekends and during early morning hours to augment coverage.

(4) Outreach teams use low-barrier, culturally competent, and trauma-informed engagement strategies that focus on building a respectful, trusting relationship with participants. This builds trust and aids in service delivery, which leads to shelter/housing for those least likely to request help. Providers frequently partner with licensed medical and mental health professionals to help diagnose disabilities or treat wounds. Teams include multilingual staff to communicate and improve access for those with limited English proficiency.

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

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

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

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

	2020	2021
Enter the total number of RRH beds available to serve all populations as reported in the HIC—only enter bed data for projects that have an inventory type of “Current.”	295	382

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

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

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

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

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

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

(limit 2,000 characters)

(1) State contracted agencies are required to train staff and work with clients to obtain eligible benefits. Up to date mainstream resources information is provided through BTG BOD and local chapter meetings, stakeholders, and funders. Many BTG organizations have staff that are SOAR (SSI/SSDI Outreach, Access, and Recovery) certified to help participants apply for SSI/SSDI benefits. All participants are referred to DHS to apply for financial (TANF and General Assistance) and food benefits (SNAP) that they qualify for. Legal Aid Society of Hawaii is contracted in the rural counties to assist clients to obtain vital documents, photo identification, and SSDI benefits.

(2) Monthly BTG meetings promote opportunities for information sharing between member agencies. Providers are notified of changes in the availability of mainstream housing resources through monthly funder meetings, email listservs, and quarterly trainings e.g., open enrollment for Section 8, public

and/or senior housing.

(3) Medicaid eligibility workers assist BTG providers to quickly process applications for medical assistance and are made available to BTG through DHS Med-QUEST contracts. These workers help to evaluate households based on program eligibility requirements and streamline the application process. Healthcare providers are members of each local chapter and help to obtain health coverage.

(4) The Hawaii Interagency Council on Homelessness (HICH) coordinates closely with the DHS Med-QUEST Division and managed care organizations (MCOs) for Medicaid coverage of supportive services. These services are to assist with housing placement and housing retention for individuals who are homeless or at risk of homelessness. Over the past year, the MCOs have established Housing Coordinator positions to coordinate these supportive services. Looking forward, the MCOs will work with BTG to enter into data sharing agreements to support the further implementation of supportive services for this population.

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

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

(limit 2,000 characters)

(1) State contracts help to ensure 100 percent coverage of BTG's geographic area by requiring that all outreach and shelter projects serve as CES access points. ESG-CV funding has enabled BTG to expand outreach coverage on all rural counties through new provider CARE Hawaii. YWCA has recently been contracted to expand shelter coverage on Kauai to survivors of DV. HOPE Services on the Big Island subcontracts services to West HI Community Health Center and Bay Clinic to increase coverage to homeless with chronic health conditions. Akua Treatment was recently added as an access point agency on the Big Island.

(2) Partnerships with a broad range of organizations helps the CES to reach people least likely to apply for homeless assistance. These organizations include local and state government, law enforcement, DLNR, OHA, local DOE liaisons, mental health organizations, etc. Outreach teams are interconnected with these agencies and are often the first POC since they have experience and rapport with the unsheltered. Outreach teams frequently coordinate with local county housing agencies and Mayors' offices to support relocation efforts or encampment sweeps.

(3) BTG uses the VI-SPDAT standardized assessment in addition to objective disability documentation and length of homelessness data to prioritize those most in need. Implemented in Oct 2018, BTG's automated matching and

referral system minimizes subjectivity. State contracts have aligned performance and service standards with HF principles. CES reports on the BTG website: <https://www.btghawaii.org/reports/periodic-monitoring-reports/> highlight the effectiveness of BTG's CES in housing the most vulnerable.

(4) COVID led to modifications in CES by prioritizing temporary shelter to those elderly homeless with underlying health conditions. Access points reviewed data to ensure that these households were hooked into the CES. CES monitoring reports have aided in reducing mean LOT from referral to housing.

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

Did your CoC conduct an assessment of whether disparities in the provision or outcome of homeless assistance exists within the last 3 years?	Yes
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1C-15a.	Racial Disparities Assessment Results.	
	NOFO Section VII.B.1.o.	

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

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

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

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

1.	The CoC's board and decisionmaking bodies are representative of the population served in the CoC.	Yes
2.	The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.	Yes
3.	The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.	Yes

4.	The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups.	Yes
5.	The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.	No
6.	The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.	Yes
7.	The CoC has staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness.	Yes
8.	The CoC is educating organizations, stakeholders, boards of directors for local and national nonprofit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.	No
9.	The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.	Yes
10.	The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.	Yes
11.	The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.	Yes
	Other:(limit 500 characters)	
12.		

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

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

(limit 2,000 characters)

BTG assessed racial disparities in the provision or outcomes of homeless assistance in Sep 2019. The assessment included utilization data from the HMIS in addition to PIT data collected during the most recently completed count. As of Jul 2019, the US Census Bureau estimated Hawaii's racial demographic to be approximately 10 percent Native Hawaiian or Other Pacific Islander (NHOPI), and 24 percent Multiracial. These rates are higher on the neighbor islands. 2019 BTG PIT data estimated a much higher rate in the demographic for these two race categories. Sheltered PIT data showed that 35 and 31 percent identified as NHOPI/Multiracial, respectively. Unsheltered PIT data showed that 22 and 28 percent identified as NHOPI/Multiracial, respectively. Aggregate FY2019 HMIS data by race indicated very high rates of utilization by these two categories, among the four major homeless services project types, with persons identifying as NHOPI/Multiracial accounting for 65 percent of those served. Interestingly, the PH exit rate in FY2019 by race among these four project types indicated that persons identifying as Native Hawaiian had the highest rates of exit to PH, at 60 percent.

BTG has identified barriers faced by these populations and has taken steps to improve racial equity in services and outcomes. Steps have included expanding outreach services in the rural counties and seeking partnerships with NHOPI focused organizations such as OHA, DHHL, and DLNR. BTG uses HMIS/PIT data to advocate to legislators in rural county districts that have high concentrations of Native Hawaiians. The HMIS Lead will make additional racial disparity assessments part of its ongoing analysis and make results transparently available through the www.BTGHawaii.org website. BTG has

integrated anti-discrimination policies into its Governance Charter and is required to participate in annual Civil Rights Awareness training. State contracts include standard anti-discrimination language in General Conditions.

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

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

	Level of Active Participation	Number of People with Lived Experience Within the Last 7 Years or Current Program Participant	Number of People with Lived Experience Coming from Unsheltered Situations
1.	Included and provide input that is incorporated in the local planning process.	4	1
2.	Review and recommend revisions to local policies addressing homelessness related to coordinated entry, services, and housing.	4	1
3.	Participate on CoC committees, subcommittees, or workgroups.	4	1
4.	Included in the decisionmaking processes related to addressing homelessness.	4	1
5.	Included in the development or revision of your CoC's local competition rating factors.	1	1

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

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

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

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

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

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

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

(limit 2,000 characters)

(1-3) BTG worked closely with the Governor's Office (GO), DHS and DOH. Outreach teams, congregate shelters, and TH facilities were all contacted to ensure each had a Continuity of Operations Plan (COOP) in place, which included specific pandemic protocols. DHS, DOH, and GO partnered to launch the Behavioral Health and Homelessness Statewide Unified Response Group (BHHSURG), establishing a centralized website with guidance for outreach programs, emergency, and transitional shelters, and weekly webinars to disseminate info for the distribution of PPE, hygiene, and sanitary supplies.

(1) Local chapters enhanced outreach safety measures to include protocols that promoted social distancing within encampments and while delivering services, provided sanitization supplies and PPE, and educated homeless on resources that were available locally should symptoms present. FLC secured PPE and hand sanitizers for distribution to unsheltered; held COVID testing events and transported unsheltered persons to testing sites if needed.

(2) Congregate ES providers implemented and enforced COVID protocols which included, tightly regulating shelter entry during outbreaks and community spread events, reducing bed capacity to minimize spread of COVID, providing PPE, hand washing and hand sanitizing supplies to staff and participants, securing COVID testing services, implementing anti-contagion measures at shelter and housing facilities, installing air purifiers, implementing daily temperature checks, promoting vaccinations, distributing COVID informational flyers, conducting non face to face CM, requiring participants and staff to wear masks; requiring isolation before entry, and modifying food prep and distribution

in accordance with DOH protocols.

(3) HOPE Services expanded TH capacity in Hawaii county as quarantine/isolation units to program participants exposed to and at risk of exposure to COVID. Social distancing and isolation protocols were strictly enforced to mitigate spread.

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

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

(limit 2,000 characters)

BTG improved readiness for future emergencies by partnering with the State DHS. DHS is the lead facilitator for the State Emergency Support Function 6 (ESF-6), which coordinates Mass Care, Emergency Assistance, and Housing needs related to the pandemic and other public health emergencies in coordination with the Hawaii Emergency Management Agency (HIEMA). Through ESF-6, the State established strong partnerships with DOH, DOE, DLIR, the four counties, and nonprofit homeless services providers. The formation of these partnerships has improved the State's overall readiness for future public health emergencies. Discussions in ESF-6 included aligning emergency response strategies and planning between the State and County emergency management, including the development of communication trees and integration of technology into State and County disaster responses. Through ESF-6 the State conducted an in-depth mapping of health and human services resources and developed protocols to quickly share and receive information from its network of partners, including BTG's homeless service providers.

Responding to the pandemic has afforded BTG and its member agencies crucial experience and awareness necessary to prepare for future public health emergencies. Agencies have designed and implemented anti-contagion measures, housing interventions, social distancing procedures for staff and clients, PPE and sanitization practices, telework and staggered work schedules to reduce indoor gatherings, travel policies and isolation/quarantine mandates upon return, remote or web-based conferencing, COVID protocols for on-site visits to homeless facilities, routine COVID testing, emergency rental and mortgage assistance to prevent widespread homelessness, and local, state and federal recommendations to prioritize health and safety. These COVID-related policies and procedures can be quickly adapted to meet future public health emergencies should they arise.

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

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

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

(limit 2,000 characters)

BTG coordinated with ESG-CV recipient HPO and delegated sub-subrecipient KMNH to allocate just over \$10M in additional funding to prepare, prevent, and respond to COVID. The BTG BOD voted to allocate 45% of funds to Hawaii County, 40% to Maui County, and 15% to Kauai County. ESG-CV funds were allocated to support street outreach, shelter, and HPRP activities.

(1) BTG prioritized safety by using ESG-CV funding to open and operate new temporary shelters, isolation units, and quarantine facilities in each county. Hawaii County opened the Ka Lamaku and Hale Hanakahi shelters in East Hawaii, and FLC opened the Wahi Ho'omaluku O Wailuku shelter for elderly homeless individuals and those with pre-existing health conditions. HOPE partnered with two local hotels to provide temporary shelter to seniors, immunocompromised, and high-risk persons, safely serving more than 60 people. In partnership with the County of Hawaii, HOPE managed two emergency shelters constructed in Hilo and Kona to provide overflow shelter to people living unsheltered, increasing the island's shelter capacity by 50 beds. On Maui, the largest shelter provider KHAKO was awarded \$250K in ESG-CV funding to support monthly cleaning for their dorms and units.

(2-3) BTG allocated \$4.9M in ESG-CV funding for housing assistance and eviction prevention activities for eligible homeless and at-risk households impacted by COVID. ESG-CV funds have been used to provide rental assistance and stabilization services to 180 households representing 485 persons dating back to July 2020. Financial assistance includes security deposits, rental assistance, rental arrears payments, utility deposits and assistance.

(4-5) ESG-CV funds are used in all components for essential supplies and services to support infectious disease preparedness and prevention. This includes cleaning and disinfecting supplies, PPE; personal health and sanitizing supplies; and transportation for program participants to travel to and from medical care.

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

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

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

(limit 2,000 characters)

(1) BTG partnered with State DHS, DOH and mainstream health organizations both through the BHHSURG and through the State's participation in ESF-6. Healthcare providers including acute care facilities and federally qualified health

centers presented at both BHHSURG and ESF-6 meetings regarding access to care, precautions such as social distancing and hand sanitizing, and how providers could reduce spread of COVID-19 through regular testing and vaccination. In coordination with DOH, BTG facilitated mobile testing and vaccination programs for both unsheltered and sheltered homeless. The State ensured coordination between mainstream health providers and BTG through meetings with the State Med-QUEST Division and its five contracted Medicaid health plans. Each health plan designated a Housing Coordinator to work with BTG service providers to ensure coordination of care and facilitate housing placement and access to basic medical supports.

HOPE Services partnered with Premier Medical Group early in the pandemic to provide logistical coordination, unsheltered homeless outreach, technical assistance, meals coordination, and event marketing and promotion for Hawaii Island public testing sites.

On Maui, KHAKO conducted vaccination and testing clinics in partnership with Project Vision, Malama I Ke Ola Community Health System and Doctor's On Call. FLC worked closely with DOH to coordinate PPE such as hand sanitizers, soap, and masks to decrease the spread of COVID.

(2) BTG agencies developed and implemented COVID-related safety policies and procedures for staff, program participants, guests, vendors, and other social service agencies. Protocols included monitoring for COVID-19 symptoms and temperature checks, mandatory use of PPE, sanitizing public areas, and social distancing. DHS, in collaboration with DOH, ensured that safety equipment and supplies were distributed and utilized appropriately, and provided ample opportunities to communicate any impediment to the protocols.

1D-5.	Communicating Information to Homeless Service Providers.	
	NOFO Section VII.B.1.q.	
	Describe in the field below how your CoC communicated information to homeless service providers during the COVID-19 pandemic on:	
1.	safety measures;	
2.	changing local restrictions; and	
3.	vaccine implementation.	

(limit 2,000 characters)

(1-2) BTG communicated information to homeless service providers through a variety of channels. BTG collaborated with BHHSURG and provided input to the State regarding a centralized website for homeless services and behavioral health providers. Website content includes responses to FAQs, safety guidance from the CDC and DOH, safety measures, decision trees for safety protocols, and updated information regarding access to COVID-19 testing and vaccination. BHHSURG facilitated weekly webinars to distribute information to providers as local restrictions changed and new resources and guidance became available. In 2021, the webinars transitioned to monthly webinars facilitated by the Governor's Coordinator on Homelessness. The BHHSURG site also included a helpdesk page to allow providers to submit questions for review and follow up, which would be forwarded to DHS and DOH staff to provide detailed responses.

(3) BTG partnered with DOH and the counties to convene meetings with frontline providers in Maui, Kauai, and Hawaii island to enable providers to ask DOH epidemiologists questions regarding testing, vaccination, and access to isolation and quarantine. The State maintained a regular presence at BTG island chapter meetings, and representatives from the Governor's office were able to provide updates and answer questions as conditions changed.

BTG communicated information to homeless providers about dates and times that mobile health providers such as Project Vision and Malama Pono Health Services, Medicaid health plans, and federally qualified health centers would be available to offer COVID-19 testing and vaccinations. BTG and its vaccination partners reached out to homeless providers within each county to organize and schedule vaccinations at congregate shelter facilities and encampments. Homeless outreach and shelter providers were encouraged to reach out to the State DOH offices in each county to coordinate targeted vaccination events.

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

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

(limit 2,000 characters)

BTG partnered with the State and mobile health providers, such as Project Vision and Malama Pono Health Services, Medicaid health plans, and federally qualified health centers to offer COVID-19 testing and vaccinations for the homeless population. BTG and its vaccination partners reached out to homeless providers within each county to organize and schedule vaccinations at congregate shelter facilities and encampments in all rural counties. Homeless outreach, shelter, and transitional housing providers were also encouraged to reach out to the State DOH District Health Offices in each county to coordinate targeted vaccination events. A COVID-19 At-Risk Report was developed by the HMIS Lead and used to aid organizations in identifying homeless individuals and families with underlying health conditions in specific age ranges to identify and prioritize vaccinations once available.

In 2020, an amendment to BTG's 2019 Action Plan was executed to include street outreach as an eligible component for BTG's ESG-CV programs. The objective was to provide essential services necessary to reach out and assist unsheltered persons and provide necessary supplies and equipment to reduce the spread of COVID-19. In addition, DHS/HPO posted a statewide Request for Proposals (RFP) in January 2021 seeking quality, efficient, and effective homeless outreach services by multidisciplinary canvassing teams within BTG. These street outreach efforts involved highly trained teams, including outreach staff, licensed social workers, medical and mental health professionals, to locate and deliver services directly to homeless individuals and families. Each outreach engagement is robust in scope, housing focused, and increases opportunities to meet the complex needs of each homeless household, including essential COVID protocols such as safety practices and vaccinations.

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

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

(limit 2,000 characters)

BTG worked with local chapter DV providers to address possible increases in DV calls for assistance during the pandemic. CFS created the Reopening Journey Plan which outlined steps that the agency is taking statewide to ensure safety of staff and all participants. Hilo and Kona Domestic Abuse Shelters (DAS) obtained enough PPE for both staff and participants; practiced COVID screening procedures; implemented COVID safety protocols for staff; hired professional cleaners for sanitation purposes; reduced the number of families per room to allow for adequate social distancing; and provided COVID response and prevention education to participants. The Hilo DAS also created temporary living spaces on the first level of the shelter to increase capacity as needed.

On Maui, Women Helping Women (WHW) reported that many participants experienced significant loss of income due to job loss or reduction in hours, and/or providing stay-at-home childcare for children who could not attend school in-person. WHW assisted affected program participants with rent, back rent, and utilities through Hawaii State Coalition Against Domestic Violence and DHS Transitions-Cares funding. Maui County's Rental Assistance Program allowed deviations from the established guidelines to cope with COVID uncertainties. WHW's strategic response included referrals to partners, such as DHHL for native Hawaiians in need of rental assistance; multiple community food resources for nutritional needs; and Catholic Charities to assist with back and future rents through its Emergency Housing grant.

The YWCA of Kauai implemented a plan to increase crisis-call coverage, however, calls or shelter admissions did not escalate as expected. The YWCA initiated an awareness campaign to inform the community that the YWCA was still operating and available to provide services. The campaign included ads on the local radio stations, social media, and regular contacts with the Kauai Police Dept. and other system partners.

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

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

(limit 2,000 characters)

In early 2020, an amendment to the 2019 Action Plan was executed to include

Outreach and Essential Services (under ESG Shelter) as eligible components to BTG's ESG COVID (CV) programs. In addition to being access points into the CES, Outreach and Shelter projects provide essential services necessary to reach out and assist unsheltered persons and provide supplies and equipment to reduce the spread of COVID-19. To manage evolving guidelines and needs of the affected population, BTG utilized ESG-CV funds to strengthen CES processes by implementing the following activities:

- (1) Enhancing street outreach services in all rural counties by complementing existing providers with mental health organizations and community health centers, CARE Hawaii and Bay Clinic. These organizations have expanded CES access point services to highly vulnerable unsheltered households impacted by the pandemic and have helped with housing readiness, access into the CES, and warm handoff with housing providers when referred.
- (2) Developing a COVID-19 At-Risk Report at the onset of the pandemic to aid organizations in identifying homeless individuals with underlying health conditions in specific age ranges to prioritize safe shelter placement or isolation units and ensuring that the most vulnerable were triaged and integrated into BTG's CES in anticipation of housing referral. This report was also used to identify and prioritize vaccinations once available.
- (3) FLC Maui purchased a mobile hygiene unit to serve as shower/bathing facilities, in conjunction with county-funded microshelters to expand isolated shelter facilities. Vulnerable households were sheltered in these units while awaiting rapid housing placement through BTG's CES.
- (4) Expanding temporary emergency shelter through the Ka Lamaku and Hale Hanakahi projects in Hawaii County; short-term emergency hotel stays; and medical respite beds and dedicated isolation units to those impacted by COVID-19 throughout the three rural counties.

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

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

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

1E-1.	Announcement of 30-Day Local Competition Deadline—Advance Public Notice of How Your CoC Would Review, Rank, and Select Projects. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.2.a. and 2.g.	

1.	Enter the date your CoC published the 30-day submission deadline for project applications for your CoC's local competition.	09/24/2021
2.	Enter the date your CoC publicly posted its local scoring and rating criteria, including point values, in advance of the local review and ranking process.	09/24/2021

1E-2.	Project Review and Ranking Process Your CoC Used in Its Local Competition. You Must Upload an Attachment to the 4B. Attachments Screen. We use the response to this question as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria listed below.	
	NOFO Section VII.B.2.a., 2.b., 2.c., and 2.d.	

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

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

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

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

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

(limit 2,000 characters)

(1) Higher point values were awarded to projects that demonstrated prioritization of housing resources and supportive services to highly vulnerable households with the most severe service needs. FY 2021 new and renewal scoring tools included objective criteria to assess these factors in project applications. Objective criteria based on severity of needs included: fidelity to proposed subpopulations, reducing chronic homelessness, commitment to BTG's automated CES, and whether Housing First principles were followed by the program. HMIS data was supplied to evaluators by the HMIS Lead to compare proposals to actual performance data for current and most recently completed grant terms. Evaluators reviewed, scored, selected, and ranked project applications in large part based on these measures.

(2) The evaluation committee sought to reward projects that proved they were able to serve households with the most severe service needs as originally proposed and funded, regardless of performance levels. Projects were rewarded for demonstrating through APR and HMIS data that they were able to serve proposed populations. Evaluation criteria awarded points to projects that exceeded chronically homeless household service thresholds as outlined by the CoC. Projects were awarded points for demonstrating that all households placed during the grant term were housed through BTG's automated CES. The automated CES ensures that CoC Program resources are utilized by households with severe disability, longest tenures of homelessness, and without preconditions. Housing First principles were evaluated based on the project's ability to quickly fill vacancies through referrals from the CES. HMIS demographic, CES, and performance data were provided by the HMIS Lead to evaluators to corroborate that these projects were using CoC Program resources most effectively and for the hardest to serve homeless.

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

Describe in the field below how your CoC:

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

(limit 2,000 characters)

(1) When determining rating factors used to review, score and rank project applications, input is typically sought from the BTG BOD and Collaborative

Applicant, Ka Mana O Na Helu (KMNH). As Collaborative Applicant, KMNH leads the local competition process, including the review, selection, and ranking processes. Members of these two organizations include racially diverse individuals that are also racially overrepresented in the neighbor islands homeless populations. The local homelessness demographic encompasses large percentages of multi-Racial, Native Hawaiian, and Asian individuals. This racial diversity is reflected in the individuals that comprise the BTG BOD and KMNH. Of the ten voting members on the BTG BOD, only two are Caucasian, with the rest being Asian, multi-racial, or part Native Hawaiian. The Executive Director of KMNH is Japanese American, while the Director of Operations is multi-racial, and part Native Hawaiian.

(2) In FY 2021, BTG's three-member evaluation committee included one Japanese woman, one Chinese woman, and one multi-Racial woman that is part Hawaiian and American Indian. This non-biased evaluation panel demonstrates BTG's racial diversity in reviewing, selecting, and ranking projects for inclusion in its Consolidated Application.

(3) BTG's HMIS data shows that nearly 40 percent of the current unsheltered population on the neighbor islands identifies primarily as Native Hawaiian, higher than any other demographic, including Caucasian. Review of clients currently housed in BTG's PSH projects shows that 42 percent self-identify as Native Hawaiian, with clients identifying as Caucasian at 39 percent. Current rating and ranking criteria defined by the CoC sufficiently promotes racial equity since 61 percent of the clients housed through the PSH project type self-identify as non-Caucasian. The State of Hawaii, DBEDT's most recent 2018 census report estimates Native Hawaiians to be just over 21 percent of the State's population.

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

Describe in the field below:

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

(limit 2,000 characters)

(1) The FY 2021 written process for reallocation was documented in the CoC Program Competition RFP. This document was posted publicly on the BTG website on 9/24/21. The reallocation process was based largely on objective evaluation criteria outlined in Section 4 of the RFP, with the bulk of the points awarded based on objective performance data achieved during the current or most recently completed grant terms. All new and renewal projects were reviewed and scored by a three-member evaluation committee, then ranked according to score. Poor performing projects that fell below the specified

funding threshold were reallocated to create one new permanent supportive housing project that is projected to be more beneficial to BTG's goal of ending homelessness.

(2) The evaluation committee identified three projects through the reallocation process during the local competition this year. Two projects were eliminated, and one project had its funding reduced due to poor performance based on CoC objective renewal project evaluation criteria.

(3) BTG fully reallocated two renewal projects and reduced one renewal project this year due to poor performance. The total reallocated amount was \$140,327.

(4) This question is not applicable, as BTG did reallocate lower performing projects in FY 2021.

(5) The reallocation process was made publicly available through RFP posting on the BTG website on 9/24/21. The reallocation process was also transparently conveyed to all attendees via NOFO Informational Meeting on 9/29/21. Results of the evaluation and ranking process were made publicly available via the BTG website on 10/27/21, which highlighted final project rankings and funding amounts for all projects submitted by the RFP deadline. Collaborative Applicant Ka Mana O Na Helu provided written notification by email to all applicants on 10/25/21, examples of which are shown in attachments 1E-5 and 1E-5a.

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

Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2016 and FY 2021?	Yes
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1E-5.	Projects Rejected/Reduced–Public Posting. You Must Upload an Attachment to the 4B. Attachments Screen if You Select Yes.	
	NOFO Section VII.B.2.g.	

1.	Did your CoC reject or reduce any project application(s)?	Yes
2.	If you selected yes, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps.	10/25/2021

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

Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.	10/25/2021
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1E-6.	Web Posting of CoC-Approved Consolidated Application. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.2.g.	

Enter the date your CoC's Consolidated Application was posted on the CoC's website or affiliate's website—which included: 1. the CoC Application; 2. Priority Listings; and 3. all projects accepted, ranked where required, or rejected.	11/12/2021
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2A. Homeless Management Information System (HMIS) Implementation

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

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

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

Enter the name of the HMIS Vendor your CoC is currently using.	CaseWorthy
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2A-2.	HMIS Implementation Coverage Area.	
	Not Scored—For Information Only	

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

Enter the date your CoC submitted its 2021 HIC data into HDX.	05/14/2021
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2A-4.	HMIS Implementation—Comparable Database for DV.	
	NOFO Section VII.B.3.b.	

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

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

(limit 2,000 characters)

(1) YWCA Kauai was contracted to provide ESG-CV services in March 2021 and the HMIS Lead Ka Mana O Na Helu (KMNH) was able to work with them to establish a separate HMIS implementation to collect shelter and prevention data in compliance with HUD's HMIS requirements. Over the next 12 months BTG and KMNH will work with other key DV providers Child and Family Service (CFS) and Women Helping Women (WHW) to recommend separate HMIS instances, provide support as necessary, and inform these organizations of the benefits to their organizations and clients should they choose to go this route. CFS has inquired about obtaining a comparable database to track their services and outcomes. KMNH will follow up with CFS on this inquiry, make the connection with BTG's current HMIS solution provider CaseWorthy, and support CFS throughout this process. KMNH will work similarly with WHW.

(2) BTG and KMNH have worked with YWCA to ensure that its ESG-CV quarterly data could be included in BTG's last two quarterly SAGE ESG-CV reports. KMNH has worked with YWCA to improve data quality for its ESG-CV projects since shifting to the HUD compliant system in Mar 2021. In the next 12 months KMNH will work with the DV housing and service providers noted above so that BTG is able to review system performance data as outlined by HUD.

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

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

Project Type	Total Beds 2021 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
1. Emergency Shelter (ES) beds	758	0	670	88.39%
2. Safe Haven (SH) beds	0	0	0	
3. Transitional Housing (TH) beds	156	0	137	87.82%
4. Rapid Re-Housing (RRH) beds	382	0	382	100.00%
5. Permanent Supportive Housing	666	0	400	60.06%
6. Other Permanent Housing (OPH)	0	0	0	

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

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

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

(limit 2,000 characters)

(1) BTG's 2021 HMIS bed coverage rate exceeded 85 percent for all applicable project types except Permanent Supportive Housing (PSH). The PSH rate of 60 percent was due to BTG's inability to work with the VA so that VASH program participant data could be entered into the HMIS. BTG and HMIS Lead Ka Mana

O Na Helu are aware of HUD's recent partnership with the VA to provide VASH data and have begun planning around how best to incorporate this data. To resolve these issues and increase BTG's PSH bed coverage rate over the next 12 months, BTG will take the following steps: establish a single VASH POC with the local VA, work with this POC to obtain a CSV export file containing the HUD-VASH data elements for the HMIS import, work with the HMIS Lead to test and import this CSV export into the live site. Although HUD recommended that HMIS Leads incorporate this data no later than Jan 2021, BTG's HMIS solution vendor CaseWorthy did not have a functional import service ready as of this date.

(2) The HMIS Lead will reach out to the VA to establish a viable POC. After the POC has been established, the HMIS Lead will work with this POC to determine what data should be included in BTG's HMIS and in what format. Once the data has been securely transmitted by the VA, the HMIS Lead will work with BTG's HMIS solution provider CaseWorthy to integrate the CSV files into the live site. Once successful, the HMIS Lead will work with the VA to establish a periodic export routine so that the data remains as up to data as possible.

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

Enter the percentage of beds covered in comparable databases in your CoC's geographic area.	19.00%
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2A-5b.1.	Partial Credit for Bed Coverage Rates at or Below 84.99 for Question 2A-5b.	
	NOFO Section VII.B.3.c.	

	If the bed coverage rate entered in question 2A-5b. is 84.99 percent or less, describe in the field below:
1.	steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent; and
2.	how your CoC will implement the steps described to increase bed coverage to at least 85 percent.

(limit 2,000 characters)

(1) BTG's current comparable database bed coverage rate is 19 percent (20 out of 107 beds). YWCA Kauai was contracted to provide ESG-CV services in March 2021 and the HMIS Lead Ka Mana O Na Helu (KMNH) was able to work with them to establish a separate HMIS implementation to collect their shelter data in compliance with HUD's HMIS requirements. Over the next 12 months KMNH will work with other key DV providers Child and Family Service (CFS) and Women Helping Women (WHW) to increase BTG's DV bed coverage rate to at least 85 percent by recommending separate HMIS instances, providing support as necessary, and informing these organizations of the benefits to their organizations and clients, and BTG if they choose to go this route. CFS and WHW operate the remaining 87 shelter beds that are not currently covered.

(2) CFS has inquired about obtaining a comparable database to track their services and outcomes. KMNH will follow up with CFS on this inquiry, make the connection with BTG's current HMIS solution provider CaseWorthy if needed, and support CFS throughout this process. KMNH will work with WHW in a similar way.

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

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

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

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

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

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

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

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

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

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

(limit 2,000 characters)

(1) Comparing FY 2020 SPM data to FY 2019, BTG was able to lower the number of persons becoming homeless for the first time by 132 people (-14%). Risk factors are largely determined through initial screening processes. Trained staff initiate exploratory conversations with households either over the phone or in person to brainstorm practical solutions, identify risk factors, and assess need. Households are prompted to identify safe housing options based on their available resources and are diverted from the homeless response system where possible. Agencies are prepared to intervene and offer a flexible combination of short-term services and financial assistance, and/or mediate with other entities (i.e., landlords, family, etc.).

(2) The Emergency Rental Assistance (ERA) program assists households that are unable to pay rent and/or utilities due to the COVID-19 pandemic. HHFDC received a total of \$200M through the Consolidated Appropriations Act of 2021. Direct allocations went to each of the rural counties to serve at-risk households with incomes no higher than 80% AMI. The rural counties began taking applications in Apr/May 2021 and through Nov 2021 have been able to expend \$29.5M in rental and utility assistance.

BTG received an infusion of just over \$10M in ESG-CV funding and began delivering services in Jul 2020. \$2.8M has been designated for Homelessness Prevention activities throughout the neighbor islands. This funding has greatly assisted at-risk households that have been impacted by COVID-19.

The State Homeless Programs Office (HPO) allocates another \$3M annually in prevention, diversion resources through its SHEG and HPP grant programs to

provide housing and services to at-risk households. BTG provides diversion training on all counties through organizations such as OrgCode and Housing Innovations.

(3) Ka Mana O Na Helu will be responsible for overseeing BTG's strategy to reduce the number persons becoming homeless for the first time.

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

Describe in the field below:

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

(limit 2,000 characters)

(1) For Measure 1a, comparing FY 2020 SPM data to FY 2019, there were reductions in three of the four categories, with Metric 1.2 demonstrating reductions in both Average and Median LOT homeless of 8% and 28%, respectively. BTG has aligned CES policies and procedures with HF principles so that automated referrals occur without precondition and with minimal requirements. This has expedited housing placement and helped to ensure that access points and housing provider responsibilities are clearly defined so that when referrals are made, clients can be quickly housed. CES policies and procedures include tiebreaking criteria for housing resources based on longest homeless history. BTG allocated \$2.1M in ESG-CV funding to Rapid Re-Housing efforts, emphasizing its commitment to house homeless households impacted by COVID-19 with these resources. HPO includes LOS thresholds in its homeless services contracts and ties funding to performance.

BTG has focused on building housing capacity by forging stronger relationships with local landlords through landlord summits and has advocated for damage assistance funding and additional supportive services through annual legislative requests. County housing directors prioritize affordable housing creation to house the homeless and generate turnover in local housing markets.

(2) The HMIS Lead has incorporated metrics into BNL and monthly monitoring reports to evaluate length of time from assessment for households active on the BNL. As of Jul 2021, the HMIS Lead has established LOS reports for all BTG's homeless projects and makes these transparently available monthly through the www.BTGHawaii.org website. BTG uses these reports to identify households with longest homeless tenures and to help prioritize housing resources.

(3) Ka Mana O Na Helu will be the organization responsible for overseeing BTG's strategy to reduce the length of time individuals and families remain homeless.

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

	Describe in the field below how your CoC will increase the rate that individuals and persons in families residing in:
1.	emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations; and
2.	permanent housing projects retain their permanent housing or exit to permanent housing destinations.

(limit 2,000 characters)

(1) BTG will use RRH resources without preconditions to help households obtain housing quickly, increase self-sufficiency, and remain housed. Core components include landlord recruitment, rental/financial assistance, housing stabilization services, connections with community resources, and acquisition of underutilized properties for housing conversion.

Increasing housing inventory for the homeless is critical. In Hilo, the Keolahou housing project is operational and provides 18 PH units. HOPE Services has developed dozens of micro units in Pahoa over the last two years that are used to house the homeless. In Kona the Kukuiola project is being developed to provide 32 PH units and is expected to be operational in 2022. In Maui, the Huliau project came online in 2020 and provides 12 PH units for families, all filled through BTG's CES. In Kauai, the 54-unit Pua Loke affordable rental project came online in 2021. Kauai County partnered with local chapter KCA to reserve five of these units for homeless referrals through CES.

Since Jul 2020, Maui County has helped to develop over 340 units of affordable housing in Central, West, and South Maui. Although only a small percentage have been designated for the homeless, these units increase the supply of workforce housing, which generates flow in market rentals and promotes housing opportunities for the homeless.

(2) State contracts require follow up services for households exiting to PH. Agencies meet these requirements by utilizing their housing staff to follow up with households to ensure that they have the necessary support structures to retain housing. Case managers build support systems with mainstream and community-based resources for ongoing assistance and often provide supportive services long after financial assistance ends. Providers assist households to apply for mainstream housing resources that they are eligible for such as Section 8 to create turnover in housing projects.

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

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

(limit 2,000 characters)

(1) Comparing FY 2020 SPM data to FY 2019 for Measure 2, BTG realized a reduction from 14% to 8% when evaluating returns to homelessness over six and 12-month periods. BTG uses HMIS data to identify organizations and

projects with high rates of return to homelessness. Characteristics of the clients returning to homelessness are evaluated to help determine where resources should be directed. Data is conveyed through email, meetings, or through the BTG website. The HMIS Lead shares performance data at the BTG BOD level so that leadership is apprised and can address at the local level for underperforming projects.

(2) Service providers have implemented strategies to reduce returns to homelessness by integrating landlord/tenant interventions through mediation, utilizing sponsor based rental assistance where possible, implementing assertive case management and harm reduction techniques, and building support systems to promote housing retention. The HMIS Lead will continue to develop system performance-based reports to help BTG, providers, and funders to evaluate performance more effectively. State contracted agencies are required to provide follow up support services after discharging clients to housing, which helps to reduce recidivism.

In October 2018, the Center for Medicare/Medicaid Services (CMS) approved amendments to the State's 1115 Medicaid waiver. This amendment enables the State to better utilize Medicaid in providing supportive services to assist homeless persons in maintaining tenancy following housing placement. DHS works with subcontracted health plans and homeless service providers to implement the new waiver amendment. The implementation plan includes training to local health plans on housing-focused approaches to patient care, and training for homeless providers on billing for Medicaid services.

(3) Ka Mana O Na Helu will be the organization responsible for providing data on and overseeing BTG's strategy to reduce the rate of returns to homelessness.

2C-5.	Increasing Employment Cash Income-Strategy.	
	NOFO Section VII.B.5.f.	

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

(limit 2,000 characters)

(1) Employment income and labor force participation are screened at entry for all participants. BTG agencies provide transportation assistance, engage with employment organizations, and follow-up on employment referrals to partner agencies. State contracts contain employment-based incentives and require the provision of vocational services and educational opportunities including GED, computer skills classes, resume development, interview coaching, mentoring, job training, higher education, job placement, and supported employment services. FLC works with local employment agencies that provide quick access to available jobs with little job skill requirements.

(2) KHAKO networks with Workforce Development, Vocational Rehabilitation,

temporary employment agencies, and other employment resources in the community to help find suitable and sustainable employment opportunities for all interested participants to increase their cash income.

SHDC's Supported Employment Program (SEP) helps clients identify, acquire, and maintain employment in local communities. SEP has been effective in helping people with serious mental health problems get jobs quickly. SEP provides clients who have not consistently worked or ever been employed, the opportunity for paid employment and ongoing support services in integrated workplace settings.

HOPE Services actively engages with community partners including the ARC of Hilo/Kona, workforce development, and our efforts to facilitate a collaboration of new workforce programs. Staff provide local listings of available employment opportunities within the community, assist with resume building, and refer job training for households experiencing homelessness. HOPE helps to liaison assistance with transportation through partner provider, HCEOC for job interviews.

(3) The BTG BOD will be the organization responsible for overseeing strategies to increase jobs and income from employment.

2C-5a.	Increasing Employment Cash Income–Workforce Development–Education–Training.	
	NOFO Section VII.B.5.f.	

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

(limit 2,000 characters)

(1) On the Big Island, HOPE Services shares information about job fairs and events at each shelter location along with providing outreach housing navigators to share with people experiencing unsheltered homelessness. HOPE links participants to available employment opportunities by providing them a list of available jobs. Staff also link participants to Hawaii Community School for Adults programs to further their educational goals such as GED programs. HOPE staff encourage participants to utilize services provided to them to find employment and obtain their GED. Staff are encouraged to link to the community and provide resources to transportation such as Hele-on Bus, HCEOC, and provide taxi coupons when necessary.

On Maui, KHAKO networks and directly refers shelter participants to Workforce Development, education, and training. KHAKO also makes direct referrals to Vocational Rehabilitation of individuals with special needs and circumstances to help increase their cash income. FLC continuously seeks opportunities for collaboration with both public and private organizations that provide access to employment education and training.

(2) HOPE partners with The Arc of Hilo on the Big Island to provide ongoing employment training services to the homeless community. The Arc of Hilo offers

valuable training, eligibility screening, and follow-up employment opportunities to those who participate. Engagement also occurs through quarterly workshops, where rapport and trust are built with the homeless community.

KHAKO works with public and private organizations that provide meaningful education and training, on-the-job training, internships, and employment opportunities for shelter program participants. KHAKO is also working to implement an on-site culinary arts training program.

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

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

(limit 2,000 characters)

(1) Intake assessments are used by case managers to screen for eligibility and current receipt of all non-earned income sources. BTG agencies have worked to streamline benefit application processes, consistently provide transportation assistance as needed, follow-up on referrals made to partner agencies, and connect SSI/SSDI Outreach, Access, and Recovery (SOAR) trained case managers to eligible participants as appropriate. Many public assistance agencies offer application and information services directly to homeless providers, which is often more efficient due to some of the transportation barriers homeless households face.

(2) HOPE maintains relationships with Legal Aid for eviction prevention, Ku'ikahi Mediation Center, and works with DHS and Quest to expedite appointments with assistance in navigating programs provided by these agencies that will increase mainstream benefit enrollment.

FLC models Housing First best practices to network community resources and partnerships to end homelessness. These efforts strengthen FLC's ability to be responsive and relevant in its housing services. FLC's case managers possess strong working knowledge of mainstream services (i.e., Dept. of Human Services/Child Care Connection for childcare resources, TANF and GA for financial assistance, SNAP for food stamps, Legal Aid for SOAR assistance with social security application) and actively assists clients in navigating and accessing such services for the duration of the household's interactions with FLC.

KHAKO housing staff are SOAR (SSI/SSDI Outreach, Access, and Recovery) certified to help participants apply for SSI/SSDI benefits. All participants are referred to DHS to apply for financial (TANF and General Assistance) and food benefits (SNAP).

(3) The BTG BOD will be the organization responsible for overseeing strategies to increase non-employment cash income.

3A. Coordination with Housing and Healthcare Bonus Points

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

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

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

Is your CoC applying for a new PSH or RRH project(s) that uses housing subsidies or subsidized housing units which are not funded through the CoC or ESG Programs to help individuals and families experiencing homelessness?	No
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3A-1a.	New PH-PSH/PH-RRH Project—Leveraging Housing Commitment. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.6.a.	

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

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

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

Is your CoC applying for a new PSH or RRH project that uses healthcare resources to help individuals and families experiencing homelessness?	Yes
--	-----

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

1.	Did your CoC obtain a formal written agreement that includes: (a) the project name; (b) value of the commitment; and (c) specific dates that healthcare resources will be provided (e.g., 1-year, term of grant, etc.)?	Yes
2.	Is project eligibility for program participants in the new PH-PSH or PH-RRH project based on CoC Program fair housing requirements and not restricted by the health care service provider?	Yes

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

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

Project Name	Project Type	Rank Number	Leverage Type
HIHR PH 1 FY2021 ...	PSH	13	Healthcare

3A-3. List of Projects.

1. What is the name of the new project? HIHR PH 1 FY2021 Expansion

2. Select the new project type: PSH

**3. Enter the rank number of the project on
your CoC's Priority Listing:** 13

4. Select the type of leverage: Healthcare

3B. New Projects With Rehabilitation/New Construction Costs

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

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

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

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

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

	If you answered yes to question 3B-1, describe in the field below actions CoC Program-funded project applicants will take to comply with:
1.	Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u); and
2.	HUD's implementing rules at 24 CFR part 75 to provide employment and training opportunities for low- and very-low-income persons, as well as contracting and other economic opportunities for businesses that provide economic opportunities to low- and very-low-income persons.

(limit 2,000 characters)

NA

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

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

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

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

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

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

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

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

(limit 2,000 characters)

NA

4A. DV Bonus Application

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

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

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

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

4B. Attachments Screen For All Application Questions

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

Attachments must match the questions they are associated with.

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

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

Document Type	Required?	Document Description	Date Attached
1C-14. CE Assessment Tool	Yes	CE Assessment Too...	10/08/2021
1C-7. PHA Homeless Preference	No	FY 2021 HI-500 PH...	11/09/2021
1C-7. PHA Moving On Preference	No		
1E-1. Local Competition Announcement	Yes	Local Competition...	10/12/2021
1E-2. Project Review and Selection Process	Yes	FY 2021 HI-500 Pr...	10/27/2021
1E-5. Public Posting—Projects Rejected-Reduced	Yes	FY 2021 HI-500 Pu...	10/27/2021
1E-5a. Public Posting—Projects Accepted	Yes	FY 2021 HI-500 Pu...	10/28/2021
1E-6. Web Posting—CoC-Approved Consolidated Application	Yes	FY 2021 HI-500 Fi...	11/12/2021
3A-1a. Housing Leveraging Commitments	No		
3A-2a. Healthcare Formal Agreements	No	FY2021 HI-500 Hea...	11/10/2021
3C-2. Project List for Other Federal Statutes	No		

Attachment Details

Document Description: CE Assessment Tool (HI-500)

Attachment Details

Document Description: FY 2021 HI-500 PHA Homeless Preference Documentation

Attachment Details

Document Description:

Attachment Details

Document Description: Local Competition Announcement (HI-500)

Attachment Details

Document Description: FY 2021 HI-500 Project Review and Selection Process

Attachment Details

Document Description: FY 2021 HI-500 Public Posting-Projects
Rejected-Reduced

Attachment Details

Document Description: FY 2021 HI-500 Public Posting-Projects
Accepted

Attachment Details

Document Description: FY 2021 HI-500 Final BTG Consolidated
Application

Attachment Details

Document Description:

Attachment Details

Document Description: FY2021 HI-500 Healthcare Formal Agreements

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. CoC Identification	09/27/2021
1B. Inclusive Structure	10/29/2021
1C. Coordination	11/09/2021
1C. Coordination continued	11/10/2021
1D. Addressing COVID-19	11/05/2021
1E. Project Review/Ranking	11/09/2021
2A. HMIS Implementation	11/11/2021
2B. Point-in-Time (PIT) Count	09/27/2021
2C. System Performance	11/12/2021
3A. Housing/Healthcare Bonus Points	11/11/2021
3B. Rehabilitation/New Construction Costs	09/27/2021

FY2021 CoC Application	Page 60	11/12/2021
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3C. Serving Homeless Under Other Federal Statutes	09/27/2021
4A. DV Bonus Application	10/27/2021
4B. Attachments Screen	11/12/2021
Submission Summary	No Input Required

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 2021 CoC Program Competition NOFO:

- UFA Costs Project Listing;
- CoC planning Project Listing;
- YHPD Renewal Project Listing; and
- YHDP Replacement Project Listing.
- Collaborative Applicants are responsible for ensuring all project applications accurately appear on the Project Listings and there are no project applications missing from one or more Project Listings.
- For each project application rejected by the CoC the Collaborative Applicant must select the reason for the rejection from the dropdown provided.
- If the Collaborative Applicant needs to amend a project application for any reason, the Collaborative Applicant MUST ensure the amended project is returned to the applicable Project Listing AND ranked BEFORE submitting the CoC Priority Listing to HUD in e-snaps.

Additional training resources are available online on HUD's website.
https://www.hud.gov/program_offices/comm_planning/coc/competition

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this form, please reference the FY 2021 CoC Priority Listing Detailed Instructions and FY 2021 CoC Priority Listing Navigational Guide on HUD's website.
https://www.hud.gov/program_offices/comm_planning/coc/competition.

Collaborative Applicant Name: Ka Mana O Na Helu

2. Reallocation

Instructions:

For guidance on completing this form, please reference the FY 2021 CoC Priority Listing Detailed Instructions and FY 2021 CoC Priority Listing Navigational Guide on HUD's website.
https://www.hud.gov/program_offices/comm_planning/coc/competition.

2-1. Is the CoC reallocating funds from one or more eligible renewal grant(s) that will expire in calendar year 2022 into one or more new projects? Yes

3. Reallocation - Grant(s) Eliminated

CoCs reallocating eligible renewal project funds to create a new project application – as detailed in the FY 2021 CoC Program Competition NOFO – may do so by eliminating one or more expiring eligible renewal projects. CoCs that are eliminating eligible renewal projects must identify those projects on this form.

Amount Available for New Project:
(Sum of All Eliminated Projects)

\$77,074

Eliminated Project Name	Grant Number Eliminated	Component Type	Annual Renewal Amount	Type of Reallocation
Kaahahele Group Hom...	HI0007L9C002013	PH-PSH	\$29,946	Regular
Kaulana Group Hom...	HI0008L9C002013	PH-PSH	\$47,128	Regular

3. Reallocation - Grant(s) Eliminated Details

Instructions:

For guidance on completing this form, please reference the FY 2021 CoC Priority Listing Detailed Instructions and FY 2021 CoC Priority Listing Navigational Guide on HUD's website. https://www.hud.gov/program_offices/comm_planning/coc/competition.

3-1 Complete each of the fields below for each eligible renewal grant that is being eliminated during the reallocation process. Refer to the FY 2021 Grant Inventory Worksheet to ensure all information entered is accurate.

Eliminated Project Name: Kaahele Group Home 2019

Grant Number of Eliminated Project: HI0007L9C002013

Eliminated Project Component Type: PH-PSH

Eliminated Project Annual Renewal Amount: \$29,946

3-2. Describe how the CoC determined that this project should be eliminated and include the date the project applicant was notified. (limit 750 characters)

BTG and the Collaborative Applicant coordinated an extensive RFP application process, which objectively scored all renewal projects against CoC-defined evaluation criteria. The Kaahele Group Home 2019 project was eliminated by the evaluation team due to poor performance in numerous areas. Due to lack of performance and inability to fill vacancies through CES, the evaluation team elected to eliminate this project. The project applicant was notified in writing outside of esnaps that the grant would be eliminated on 10/25/21.

3. Reallocation - Grant(s) Eliminated Details

Instructions:

For guidance on completing this form, please reference the FY 2021 CoC Priority Listing Detailed Instructions and FY 2021 CoC Priority Listing Navigational Guide on HUD's website. https://www.hud.gov/program_offices/comm_planning/coc/competition.

3-1 Complete each of the fields below for each eligible renewal grant that is being eliminated during the reallocation process. Refer to the FY 2021 Grant Inventory Worksheet to ensure all information entered is accurate.

Eliminated Project Name: Kaulana Group Home 2019
Grant Number of Eliminated Project: HI0008L9C002013
Eliminated Project Component Type: PH-PSH
Eliminated Project Annual Renewal Amount: \$47,128

3-2. Describe how the CoC determined that this project should be eliminated and include the date the project applicant was notified. (limit 750 characters)

BTG and the Collaborative Applicant coordinated an extensive RFP application process, which objectively scored all renewal projects against CoC-defined evaluation criteria. The Kaulana Group Home 2019 project was eliminated by the evaluation team due to poor performance in numerous areas. Due to lack of performance and inability to fill vacancies through CES, the evaluation team elected to eliminate this project. The project applicant was notified in writing outside of esnaps that the grant would be eliminated on 10/25/21.

4. Reallocation - Grant(s) Reduced

CoCs reallocating eligible renewal project funds to create a new project application – as detailed in the FY 2021 CoC Program Competition NOFO – may do so by eliminating one or more expiring eligible renewal projects. CoCs that are eliminating eligible renewal projects must identify those projects on this form.

Amount Available for New Project (Sum of All Reduced Projects)					
\$63,253					
Reduced Project Name	Reduced Grant Number	Annual Renewal Amount	Amount Retained	Amount available for new project	Reallocation Type
Eha 2019	HI0039L9C002012	\$439,423	\$376,170	\$63,253	Regular

4. Reallocation - Grant(s) Reduced Details

Instructions:

For guidance on completing this form, please reference the FY 2021 CoC Priority Listing Detailed Instructions and FY 2021 CoC Priority Listing Navigational Guide on HUD's website. https://www.hud.gov/program_offices/comm_planning/coc/competition.

4-1 Complete the fields below for each eligible renewal grant that is being reduced during the FY 2021 reallocation process. Refer to the FY 2021 Grant Inventory Worksheet to ensure all information entered is accurate.

Reduced Project Name: Eha 2019

Grant Number of Reduced Project: HI0039L9C002012

Reduced Project Current Annual Renewal Amount: \$439,423

Amount Retained for Project: \$376,170

Amount available for New Project(s): \$63,253
(This amount will auto-calculate by selecting "Save" button)

4-2. Describe how the CoC determined that this project should be reduced and include the date the project applicant was notified of the reduction. (limit 750 characters)

BTG and the Collaborative Applicant coordinated an extensive RFP application process, which objectively scored all renewal projects against CoC-defined evaluation criteria. The Eha 2019 project was reduced by the evaluation team due to poor performance in numerous areas. Due to lack of performance, including inability to spend down funding and fill vacancies quickly through CES, the evaluation team elected to reduce funding for this project. The project applicant was notified in writing outside of esnaps that the grant would be reduced on 10/25/21. The reduction in funding of \$63,253 required Steadfast Housing Development Corp. (SHDC) to reduce the unit configuration from 25 as noted on the GIW to 22. SHDC was able to maintain the same level of services to 25 households. Admin was also reduced.

Continuum of Care (CoC) New Project Listing

Instructions:

Prior to starting the New Project Listing, review the CoC Priority Listing Detailed Instructions and CoC Priority Listing Navigational Guide available on HUD's website.

To upload all new project applications submitted to this Project Listing, click the "Update List" button. This process may take a few minutes based upon the number of new projects submitted by project applicant(s) to your CoC in the e-snaps system. You may update each of the Project Listings simultaneously. To review a project on the New Project Listing, click on the magnifying glass next to each project to view project details. To view the actual project application, click on the orange folder. If you identify errors in the project application(s), you can send the application back to the project applicant to make the necessary changes by clicking the amend icon. It is your sole responsibility for ensuring all amended projects are resubmitted, approved and ranked or rejected on this project listing BEFORE submitting the CoC Priority Listing in e-snaps.
https://www.hud.gov/program_offices/comm_planning/coc/competition.

Project Name	Date Submitted	Comp Type	Applicant Name	Budget Amount	Grant Term	Rank	PH/Reallocation	PSH/RRH	Expansion
HIHR PH New Reall...	2021-10-14 04:02:...	PH	Hawaii Island Hom...	\$140,327	1 Year	X	Reallocation	PSH	Yes
HIHR PH 1 FY2021 ...	2021-11-09 15:37:...	PH	Hawaii Island Hom...	\$140,327	1 Year	E13	PH Bonus	PSH	Yes
Hale Kulike PSH F...	2021-11-10 13:54:...	PH	HOPE Services Haw...	\$140,327	1 Year	12	Reallocation	PSH	

Continuum of Care (CoC) Renewal Project Listing

Instructions:

Prior to starting the Renewal Project Listing, review the CoC Priority Listing Detailed Instructions and CoC Priority Listing Navigational Guide available on HUD's website.

To upload all renewal project applications submitted to this Project Listing, click the "Update List" button. This process may take a few minutes based upon the number of renewal projects submitted by project applicant(s) to your CoC in the e-snaps system. You may update each of the Project Listings simultaneously. To review a project on the Renewal Project Listing, click on the magnifying glass next to each project to view project details. To view the actual project application, click on the orange folder. If you identify errors in the project application(s), you can send the application back to the project applicant to make necessary changes by clicking the amend icon. It is your sole responsibility for ensuring all amended projects are resubmitted, approved and ranked or rejected on this project listing BEFORE submitting the CoC Priority Listing in e-snaps.

https://www.hud.gov/program_offices/comm_planning/coc/competition.

The Collaborative Applicant certifies that there is a demonstrated need for all renewal permanent supportive housing and rapid re-housing projects listed on the Renewal Project Listing.

X

The Collaborative Applicant certifies all renewal permanent supportive housing and rapid rehousing projects listed on the Renewal Project Listing comply with program requirements and appropriate standards of quality and habitability.

X

The Collaborative Applicant does not have any renewal permanent supportive housing or rapid re-housing renewal projects.

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Rank	PSH/RRH	Comp Type	Consolidation Type	Expansion Type
HOPE Rapid Re-hou...	2021-10-14 16:15:...	1 Year	HOPE Services Haw...	\$78,498	7	RRH	PH		
Kukui Renewal FY2021	2021-10-14 16:12:...	1 Year	HOPE Services Haw...	\$570,349	9	PSH	PH		
Kaulana Group Hom...	2021-10-14 20:02:...	1 Year	Steadfast Housing...	\$47,128	X	PSH	PH		

Kaahale Group Hom...	2021-10-14 20:01:...	1 Year	Steadfast Housing.	\$29,946	X	PSH	PH		
Kulalani Group Ho...	2021-10-14 20:03:...	1 Year	Steadfast Housing.	\$49,907	10	PSH	PH		
HMIS \$31,638 FY2021	2021-10-25 05:33:...	1 Year	Ka Mana O Na Helu	\$31,638	3		HMIS		
HMIS \$141,205 FY2021	2021-10-25 05:13:...	1 Year	Ka Mana O Na Helu	\$141,205	4		HMIS		
2021 PH Eha	2021-10-29 11:14:...	1 Year	Steadfast Housing.	\$376,170	11	PSH	PH		
FLC Ohana One FY2021	2021-10-29 23:25:...	1 Year	Family Life Center	\$594,121	1	PSH	PH		
FLC Maluhia PSH F...	2021-11-08 20:58:...	1 Year	Family Life Center	\$167,507	2	PSH	PH		
FLC Hoaloha PSH F...	2021-11-08 21:44:...	1 Year	Family Life Center	\$158,409	5	PSH	PH		
Ulu Wini DV Assis...	2021-11-08 22:17:...	1 Year	Hawaii Rise Found...	\$152,541	8		Joint TH & PH-RRH		
HIHR PH 1 FY2021	2021-11-09 15:36:...	1 Year	Hawaii Island Hom...	\$345,860	E6	PSH	PH		Expansion

Continuum of Care (CoC) Planning Project Listing

Instructions:

Prior to starting the CoC Planning Project Listing, review the CoC Priority Listing Detailed Instructions and CoC Priority Listing Navigational Guide available on HUD's website.

To upload the CoC planning project application submitted to this Project Listing, click the "Update List" button. This process may take a few minutes while the project is located in the e-snaps system. You may update each of the Project Listings simultaneously. To review the CoC Planning Project Listing, click on the magnifying glass next to view the project details. To view the actual project application, click on the orange folder. If you identify errors in the project application, you can send the application back to the project applicant to make necessary changes by clicking the amend icon. It is your sole responsibility for ensuring all amended projects are resubmitted, approved and ranked or rejected on this project listing BEFORE submitting the CoC Priority Listing in e-snaps.

Only one CoC planning project application can be submitted and only by the Collaborative Applicant designated by the CoC which must match the Collaborative Applicant information on the CoC Applicant Profile.

https://www.hud.gov/program_offices/comm_planning/coc/competition.

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Accepted?
HI-500 BTG Planni...	2021-10-27 19:22:...	1 Year	Ka Mana O Na Helu	\$84,196	Yes

Continuum of Care (CoC) YHDP Renewal Project Listing

Instructions:

Prior to starting the YHDP Renewal Project Listing, review the CoC Priority Listing Detailed Instructions and CoC Priority Listing Navigational Guide available on HUD's website.

To upload all YHDP renewal project applications submitted to this Project Listing, click the "Update List" button. This process may take a few minutes based upon the number of YHDP renewal and replacement projects submitted by project applicant(s) to your CoC in the e-snaps system. You may update each of the Project Listings simultaneously. To review a project on the YHDP Renewal Project Listing, click on the magnifying glass next to each project to view project details. To view the actual project application, click on the orange folder. If you identify errors in the project application(s), you can send the application back to the project applicant to make necessary changes by clicking the amend icon. It is your sole responsibility for ensuring all amended projects are resubmitted, approved and ranked or rejected on this project listing BEFORE submitting the CoC Priority Listing in e-snaps.
https://www.hud.gov/program_offices/comm_planning/coc/competition.

The Collaborative Applicant certifies that there is a demonstrated need for all renewal permanent supportive housing and rapid rehousing projects listed on the Renewal Project Listing.

☐

The Collaborative Applicant certifies all renewal permanent supportive housing and rapid rehousing projects listed on the Renewal Project Listing comply with program requirements and appropriate standards of quality and habitability.

☐

The Collaborative Applicant does not have any renewal permanent supportive housing or rapid rehousing renewal projects.

☒

Project Name	Date Submitted	Applicant Name	Budget Amount	Comp Type	Grant Term	Accepted ?	PSH/RRH	Consolidation Type
This list contains no items								

Continuum of Care (CoC) YHDP Replacement Project Listing

Instructions:

Prior to starting the YHDP Replacement Project Listing, review the CoC Priority Listing Detailed Instructions and CoC Priority Listing Navigational Guide available on HUD's website.

To upload all YHDP replacement project applications submitted to this Project Listing, click the ""Update List"" button. This process may take a few minutes based upon the number of YHDP replacement projects submitted by project applicant(s) to your CoC in the e-snaps system. You may update each of the Project Listings simultaneously. To review a project on the YHDP Replacement Project Listing, click on the magnifying glass next to each project to view project details. To view the actual project application, click on the orange folder. If you identify errors in the project application(s), you can send the application back to the project applicant to make necessary changes by clicking the amend icon. It is your sole responsibility for ensuring all amended projects are resubmitted, approved and ranked or rejected on this project listing BEFORE submitting the CoC Priority Listing in e-snaps.

https://www.hud.gov/program_offices/comm_planning/coc/competition.

Project Name	Date Submitted	Applicant Name	Budget Amount	Comp Type	Grant Term	Accepted?
This list contains no items						

Funding Summary

Instructions

This page provides the total budget summaries for each of the project listings after the you approved, ranked (New and Renewal Project Listings only), or rejected project applications. You must review this page to ensure the totals for each of the categories is accurate. The "Total CoC Request" indicates the total funding request amount your CoC's Collaborative Applicant will submit to HUD for funding consideration. As stated previously, only 1 UFA Cost project application (for UFA designated Collaborative Applicants only) and only 1 CoC Planning project application can be submitted and only the Collaborative Applicant designated by the CoC is eligible to request these funds.

Title	Total Amount
Renewal Amount	\$2,666,205
New Amount	\$280,654
CoC Planning Amount	\$84,196
YHDP Amount	\$0
Rejected Amount	\$217,401
TOTAL CoC REQUEST	\$3,031,055

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan (HUD-2991)	Yes	FY2021 HI-500 Cer...	10/26/2021
FY 2021 Rank Tool (optional)	No		
Other	No		
Other	No		

Attachment Details

Document Description: FY2021 HI-500 Certification of Consistency
(HUD 2991) - 10.26.21

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

WARNING: The FY2021 CoC Consolidated Application requires 2 submissions. Both this Project Priority Listing AND the CoC Consolidated Application MUST be submitted.

WARNING: The FY2021 CoC Consolidated Application requires 2 submissions. Both this Project Priority Listing AND the CoC Consolidated Application MUST be submitted.

Page	Last Updated
Before Starting	No Input Required
1A. Identification	10/24/2021
2. Reallocation	10/24/2021
3. Grant(s) Eliminated	11/01/2021
4. Grant(s) Reduced	11/08/2021
5A. CoC New Project Listing	11/12/2021
5B. CoC Renewal Project Listing	11/10/2021
5D. CoC Planning Project Listing	11/12/2021
5E. YHDP Renewal	No Input Required

5F. YHDP Replace	No Input Required
Funding Summary	No Input Required
Attachments	10/26/2021
Submission Summary	No Input Required

**Certification of Consistency
with the Consolidated Plan****U.S. Department of Housing
and Urban Development**

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.
(Type or clearly print the following information:)

Applicant Name: Ka Mana O Na Helu

Project Name: Hawaii Balance of State Continuum of Care (HI-500)

Location of the Project: See attached list

Name of the Federal
Program to which the
applicant is applying: FY 2021 Continuum of Care Program Competition

Name of
Certifying Jurisdiction: State of Hawaii, Hawaii Housing Finance and Development Corporation

Certifying Official
of the Jurisdiction
Name: Francis Paul Keeno

Title: Executive Assistant

Signature: Francis Paul Keeno

Date: 10/26/21

KA MANA O NA HELU

October 25, 2021

Ms. Denise Iseri-Matsubara
Executive Director
Hawaii Housing Finance and Development Corporation
677 Queen Street, Suite 300
Honolulu, Hawaii 96813

Dear Ms. Iseri-Matsubara:

The following are the project names and locations that are included in Ka Mana O Na Helu's Certification of Consistency with the Consolidated Plan for the FY 2021 Continuum of Care Homeless Assistance Programs competition.

Hawaii Balance of State Continuum of Care (HI-500 CoC)

1. Ka Mana O Na Helu (KMNH)

P.O. Box 2022, Pearl City, HI 96782

HMIS \$141,205 FY2021

HMIS \$31,638 FY2021

HI-500 BTG Planning Project FY2021

The HMIS projects will support the ongoing need for HMIS training, technical support, data analysis, and custom report development. Comprehensive user training related to new system features and reporting elements, extensive monitoring and evaluation of program performance will also be provided through these projects. These projects will continue to expand HMIS usability and enable the system to be configured to support end-users needs.

The CoC planning project will be utilized to improve coordination activities including the operation, analysis, and refinement of the automated Coordinated Entry System (CES) for the CoC; develop CES-related training curriculum through HMIS modules; implement CES trainings; provide for CoC strategic planning activities; and assist with the development and refinement of CoC policies and procedures to ensure CoC objectives and requirements are met.

2. Family Life Center, Inc. (FLC)

95 S. Kane St., Kahului, HI 96732

FLC Ohana One FY2021

FLC Maluhia FY2021

FLC Hoaloha FY2021

The Continuum and its partners have placed permanent supportive housing (PSH) as a high priority need to address Hawaii's homeless situation. Strategies to assist vulnerable homeless individuals and families include expanding the capacity of affordable or subsidized rental units. These units will be matched with intensive case management services and will be prioritized for homeless clients based on acuity of need through the CoC's Coordinated Entry System (CES). FLC will address this need with PSH units for chronically homeless individuals and families through their proposed rental assistance projects.

3. Hawaii Island Home for Recovery, Inc. (HIHR)

440 Kapiolani St., Hilo, HI 96720

HIHR PH 1 FY2021

HIHR CoC Bonus PSH FY2021

The Continuum and its partners have placed permanent supportive housing (PSH) as a high priority need to address Hawaii's homeless situation. Strategies to assist vulnerable homeless individuals and families include expanding the capacity of affordable or subsidized rental units. These units will be matched with intensive case management services and will be prioritized for homeless clients based on acuity of need through the CoC's Coordinated Entry System (CES). HIHR will address this need with PSH units for chronically homeless individuals with severe mental illness through their proposed rental assistance project.

4. HOPE Services Hawaii, Inc. (HOPE)

357 Waianuenue Ave., Hilo, HI 96720

HOPE Kukui FY2021

HOPE New Start RRH FY2021

HOPE Hale Kulike PSH FY2021 (New Reallocation)

The Continuum and its partners have placed permanent supportive housing (PSH) and rapid re-housing (RRH) as high priority needs to address Hawaii's homeless situation. Strategies to assist vulnerable homeless individuals and families include expanding the capacity of affordable or subsidized rental units. These units will be matched with intensive case management services and will be prioritized for homeless clients based on acuity of need through the CoC's Coordinated Entry System (CES). HOPE will address this need with permanent housing units for chronically homeless individuals and survivors of domestic violence through their proposed rental assistance projects.

5. Steadfast Housing Development Corporation (SHDC)

888 Iwilei Road, Suite 250, Honolulu, HI 96813

SHDC Eha 2021

SHDC Kulalani Group Home 2021 (Maui)

The Continuum and its partners have placed permanent supportive housing (PSH) as a high priority need to address Hawaii's homeless situation. Strategies to assist vulnerable homeless individuals and families include expanding the capacity of affordable or subsidized rental units. These units will be matched with intensive case management services and will be prioritized for homeless clients based on acuity of need through the CoC's CES. SHDC will address this need with PSH units for chronically homeless individuals with severe mental illness through their proposed rental assistance projects. SHDC's proposed group home project will assist seriously and persistently mentally ill consumers by providing them with permanent housing and supportive services that includes but is not limited to psychiatric and psychosocial rehabilitation.

6. Hawaii Rise Foundation

11 Silva Street, Hilo, HI 96720

Ulu Wini Joint TH/RRH DV Project FY2021

The CoC has placed permanent housing as a high priority need to ensure that survivors of domestic violence are able to safely move forward with their lives. Strategies to assist vulnerable homeless individuals and families include expanding affordable or subsidized rental units. The project proposed by Hawaii Rise Foundation will address this need by providing rapid re-housing units for survivors of domestic violence through their proposed rental assistance program.

Sincerely,



Alison Hinazumi, Executive Director

10/25/21

Date