Before Starting the CoC Application

The CoC Consolidated Application consists of three parts, the CoC Application, the CoC Priority Listing, and all the CoC's project applications that were either approved and ranked, or rejected. All three must be submitted for the CoC Consolidated Application to be considered complete.

 The Collaborative Applicant is responsible for reviewing the following:

 1. The FY 2018 CoC Program Competition Notice of Funding Available (NOFA) for specific application and program requirements.
 2. The FY 2018 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.
 6. Questions marked with an asterisk (*), which are mandatory and require a response.

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1A-1. CoC Name and Number: GU-500 - Guam CoC

1A-2. Collaborative Applicant Name: Government of Guam/Guam Housing & Urban Renewal Authority

1A-3. CoC Designation: CA

1A-4. HMIS Lead: The Salvation Army Guam Corps

1B. Continuum of Care (CoC) Engagement

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA.   Please submit technical questions to the   HUD Exchange Ask A Question.

1B-1. CoC Meeting Participants. For the period from May 1, 2017 to April 30, 2018, using the list below, applicant must: (1) select organizations and persons that participate in CoC meetings; and (2) indicate whether the organizations and persons vote, including selecting CoC Board members.

Organization/Person Categories	Participates in CoC Meetings	Votes, including selecting CoC Board Members
Local Government Staff/Officials	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes
Law Enforcement	Yes	Yes
Local Jail(s)	Yes	Yes
Hospital(s)	Yes	No
EMS/Crisis Response Team(s)	No	No
Mental Health Service Organizations	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes
Affordable Housing Developer(s)	No	No
Disability Service Organizations	Yes	Yes
Disability Advocates	Yes	Yes
Public Housing Authorities	Yes	Yes
CoC Funded Youth Homeless Organizations	Yes	Yes
Non-CoC Funded Youth Homeless Organizations	Not Applicable	No
Youth Advocates	Yes	Yes
School Administrators/Homeless Liaisons	Yes	Yes
CoC Funded Victim Service Providers	Not Applicable	No
Non-CoC Funded Victim Service Providers	Yes	Yes
Domestic Violence Advocates	Yes	Yes
Street Outreach Team(s)	Yes	Yes
Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates	Yes	Yes
LGBT Service Organizations	Yes	Yes
Agencies that serve survivors of human trafficking	Yes	Yes
Other homeless subpopulation advocates	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes
Mental Illness Advocates	Yes	Yes
Substance Abuse Advocates	Yes	Yes

Other:(limit 50 characters)		
Early Childhood Intervention	Yes	No
Faith Based Organizations	Yes	No
Cultural/Ethnic Minority Groups	Yes	Yes

**1B-1a. Applicants must describe the specific strategy the CoC uses to solicit and consider opinions from organizations and/or persons that have an interest in preventing or ending homelessness.
(limit 2,000 characters)**

The CoC's open door strategy encourages and welcomes input from diverse perspectives. The CoC recruitment targets interested parties with a vested interest in ending homelessness.The CoC comprises members from all sectors of the population, including formerly or currently homeless individuals, and representatives from the public, private and nonprofit sectors. General monthly meetings are open to the public, and recruitment for official membership occurs year-round. Feedback from members is sought for all activities. The CoC is organized into the following committees: Strategic Planning, Nominating, Advocacy & Education, Review and Ranking, Information Technology and Executive Committee. This structure allows for members to contribute in their areas of interest and expertise. Moreover, CoC members regularly engage various non-member groups and individuals to participate in special activities or events. The CoC strives to collaborate with various service providers who contribute in the areas of educational services, housing, employment, health and mental health care, and other mainstream services relating to homeless issues.

**1B-2.Open Invitation for New Members. Applicants must describe:
 (1) the invitation process;
 (2) how the CoC communicates the invitation process to solicit new members;
(3) how often the CoC solicits new members; and
(4) any special outreach the CoC conducted to ensure persons experiencing homelessness or formerly homeless persons are encouraged to join the CoC.
(limit 2,000 characters)**

While the CoC accepts new members throughout the year, a formal membership drive takes place at the end of the fiscal year. The membership drive involves community and media outreach announcing the invitation for new members. Other ongoing methods employed include distributing membership applications at outreach fairs, at general membership meetings where guest attendees are present, and at community events. The CoC promotes its monthly meetings that are open to the public through an extensive email and social media network.
The CoC communicates the recruitment process through media outreach including social media. The process is discussed at meetings leading up to the membership drive. Members also help recruit through word-of-mouth communication with their constituents, including formerly homeless clients. The

CoC hosts annual public events where membership and the application process are discussed. Once prospective members are identified, an application form is sent. Members must demonstrate a personal or professional interest in addressing homelessness. The application is reviewed by the CoC at-large, who then votes on the status of the application.

While formal membership recruitment occurs at the end of the fiscal year, nonstop recruitment takes place yearlong at events and when opportunities present themselves.

The CoC's Policies and Procedures strongly encourage homeless or formerly homeless individuals join the CoC and serve on the board. Thus, members identify and cultivate engagement with prospects. Prospects are invited to events, followed by an invitation to meetings. The CoC has recruited homeless and formerly homeless individuals through the PIT Count, the CoC's largest event. Because the PIT Count involves a general call-out for volunteers, some who volunteer are homeless or formerly homeless. Thus, the PIT Count has served as fertile recruiting ground for CoC members.

1B-3.Public Notification for Proposals from Organizations Not Previously Funded. Applicants must describe how the CoC notified the public that it will accept and consider proposals from organizations that have not previously received CoC Program funding, even if the CoC is not applying for new projects in FY 2018, and the response must include the date(s) the CoC publicly announced it was open to proposals. (limit 2,000 characters)

GHURA, as the CoC Collaborative Applicant, announced the funding opportunity for PY2018 seeking project proposals at the CoC General Membership meeting held on July 18, 2018 and at every subsequent meeting. Information about the funding opportunity was shared with the General Membership, who was then asked to disseminate the information with their contacts, including those agencies not previously funded. All Guam organizations that assist victims and survivors of domestic violence were also notified of the DV bonus included in the PY2018 funding opportunity via email.

An informational meeting was held on July 26, 2018 to answer questions and provide technical assistance to renewing applicants and new applicants.

GHURA posted the funding announcement on its public website on July 30, 2018. The CoC also notified all organizations who had been funded in the past, as well as those not previously funded, via mass email. Technical assistance continued to be offered to new applicants until August 7, 2018. All project proposals received for this funding opportunity have been included in the CoC application.

1C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1C-1. CoCs Coordination, Planning, and Operation of Projects. Applicants must use the chart below to identify the federal, state, local, private, and other organizations that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness that are included in the CoCs coordination, planning, and operation of projects.

Entities or Organizations the CoC coordinates planning and operation of projects	Coordinates with Planning and Operation of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Not Applicable
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Yes
Head Start Program	Yes
Funding Collaboratives	Yes
Private Foundations	Yes
Housing and services programs funded through U.S. Department of Justice (DOJ) Funded Housing and Service Programs	Yes
Housing and services programs funded through U.S. Health and Human Services (HHS) Funded Housing and Service Programs	Yes
Housing and service programs funded through other Federal resources	Yes
Housing and services programs funded through State Government	Yes
Housing and services programs funded through Local Government	Yes
Housing and service programs funded through private entities, including foundations	No
Other:(limit 50 characters)	

1C-2. CoC Consultation with ESG Program Recipients. Applicants must describe how the CoC:
(1) consulted with ESG Program recipients in planning and allocating ESG funds; and
(2) participated in the evaluating and reporting performance of ESG Program recipients and subrecipients.
(limit 2,000 characters)

1)The Salvation Army (TSA) is currently the sole subrecipient of ESG funds. The CoC consults extensively with the ESG subrecipient on planning and allocation of funds for program activities. Consultations between the CoC and TSA include how funds are allocated between rapid rehousing and homeless

prevention services based on community needs, assessing gaps in services, and collaboration with other agencies on outreach events. In addition, the Collaborative Applicant sought data from both the ESG and the CoC, including Point-In-Time data, to include in Guam's Annual Action Plan. That data helps in the development of strategies and planning for upcoming program years. For example, the CoC and ESG subrecipient confer regularly on how best to align reports --including the HMIS -- for improved data collection and analysis. These consistent reports in turn, help guide the development of plans in the Annual Action Plan and the program evaluations in the Consolidated Annual Performance and Evaluation Report (CAPER).

2)The CoC participates in the evaluation and performance reporting of the ESG subrecipient by reviewing HMIS and HIC data. CoC reviews and analyzes the following ESG data: unduplicated number of persons or households prevented from becoming homeless, the unduplicated number of persons or households assisted from emergency shelters/streets into permanent housing, race, ethnicity, age, amount spent per sub-recipient and their timeliness of expenditures. Other qualitative forms of assessments are done through monthly discussions between the ESG subrecipient and CoC members. This includes discussions on the most pressing needs for clients, barriers to housing, the connection to other mainstream resources, and outcomes of families and individuals upon completion of a program.

1C-2a. Providing PIT and HIC Data to Consolidated Plan Jurisdictions. Did the CoC provide Point-in-Time (PIT) and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area?   Yes to both

1C-2b. Providing Other Data to Consolidated Plan Jurisdictions. Did the CoC provide local homelessness information other than PIT and HIC data to the jurisdiction(s) Consolidated Plan(s)?   Yes

1C-3. Addressing the Safety Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors. Applicants must describe:
(1) the CoC's protocols, including the existence of the CoC's emergency transfer plan, that prioritizes safety and trauma-informed, victim-centered services to prioritize safety; and
(2) how the CoC maximizes client choice for housing and services while ensuring safety and confidentiality.
(limit 2,000 characters)

(1)   The CoC's DV service agencies are also members of the Guam Coalition Against Sexual Assault and Family Violence whose members implement VAWA-approved safety protocols for response to victims in crisis. This includes incorporating safety and trauma-informed practices for police response/escort, emergency transfer plan of victims, and medical treatment as needed. CoC

partners coordinate with each other for alternate sheltering sites to ensure the safety and confidentiality of families fleeing domestic violence. For added safety measures, Guam's sole DV shelter is in an undisclosed location. Upon sheltering, protective orders may be sought as additional protection for victims.

DV clients in public housing or using Housing Choice Vouchers are eligible for emergency transfer if they feel their safety is threatened. Protocols include: client must request transfer; client must provide requisite documentation; and housing agency must maintain confidentiality of the request and the new location of the dwelling. The housing agency will make every effort to expedite approved transfers.

(2)   CoC's DV service agencies take a client-centered approach in their case management. The CoC maximizes client choice and safety and confidentiality beginning at the point of entry prior to shelter admission. CoC members safeguard client information during intake and information sharing, and only upon obtaining consent from survivor clients prior to making referrals. Applicants are offered choice for housing and can specify seeking a rental unit, pursuing public housing or Section 8 assistance, or moving in with family or friends. If such housing options are not located in areas that would provide safety or natural supports for the survivor, clients are allowed to remain in protective sheltering until suitable options become available.

1C-3a. Applicants must describe how the CoC coordinates with victim services providers to provide annual training to CoC area projects and Coordinated Entry staff that addresses best practices in serving survivors of domestic violence, dating violence, sexual assault, and stalking. (limit 2,000 characters)

Victim service providers conduct relevant training quarterly and upon request to ensure DV victims are properly assisted. These trainings generally incorporate Guam's Family Violence Law and mandatory reporting requirements as well as safety protocols. Training is conducted by CoC's DV service agencies. DV cases are not entered in the HMIS database, but statistical information is gathered on the date of the PIT count and is incorporated in the PIT Report and Homeless Data Exchange. Guam's CES allows for full participation of victim service providers. To address physical and emotional safety needs of the DV victim, a separate access point is identified at Alee, the only DV shelter on island. If the DV victim is at risk of harm during the intake or assessment process, the victim may be referred directly to the Alee Shelter using victim protocols. Proper protocols under Guam CES include confidential phone-call to the victim service provider and transportation of DV victim to the service provider.

1C-3b. Applicants must describe the data the CoC uses to assess the scope of community needs related to domestic violence, dating violence, sexual assault, and stalking, including data from a comparable database. (limit 2,000 characters)

Statistical information is generally obtained from Alee, the women's protective

shelter, and includes monthly count of women and children provided shelter, demographics, length of stay at the shelter, access to protective orders, and case management and support services provided. Barriers experienced by women victims are documented qualitatively in monthly reports. Transition case management and follow up is provided by Alee for women discharged from the shelter for up to six months. Victim Advocates Reaching Out (VARO) provides emergency housing for up to five days for crime victims when the Alee Shelter is fully occupied. Additional data is provided by VARO for victims assisted for this short term. The data contributed to most victims being prioritized for public housing based on availability as well as rapid re-housing assistance for permanent housing.

1C-4. DV Bonus Projects. Is your CoC Yes
   applying for DV Bonus Projects?

1C-4a. From the list, applicants must indicate the type(s) of DV Bonus project(s) that project applicants are applying for which the CoC is including in its Priority Listing.

SSO Coordinated Entry	
RRH	X
Joint TH/RRH	X

1C-4b. Applicants must describe:
(1) how many domestic violence survivors the CoC is currently serving in the CoC's geographic area;
(2) the data source the CoC used for the calculations; and
(3) how the CoC collected the data.
(limit 2,000 characters)

(1) The CoC is currently serving 85 survivors of domestic violence.
(2) The data sources used for the calculations include the following agencies that are direct DV-service providers: Catholic Social Service's Alee Shelter, Guma Mami, and Victim Advocates Reaching Out.
(3) The data is derived from the total number of DV survivors served for housing and/or supportive services.

1C-4c. Applicants must describe:
(1) how many domestic violence survivors need housing or services in the CoC's geographic area;
(2) data source the CoC used for the calculations; and
(3) how the CoC collected the data.
(limit 2,000 characters)

(1) The number of DV survivors in need of housing services is 29.
(2)The data sources used for the calculations include the following agencies that provide direct services to DV victims as well as support services to DV survivors, including Catholic Social Service's Alee Shelter, Guma Mami, and Victim Advocates Reaching Out.

(3) The data is collected from the respective organization reporting the total number of DV survivors wait-listed or referred elsewhere for housing and/or supportive services because an agency did not have capacity to serve them.

1C-4d. Based on questions 1C-4b. and 1C-4c., applicant must:
 (1) describe the unmet need for housing and services for DV survivors, or if the CoC is applying for an SSO-CE project, describe how the current Coordinated Entry is inadequate to address the needs of DV survivors;
 (2) quantify the unmet need for housing and services for DV survivors;
 (3) describe the data source the CoC used to quantify the unmet need for housing and services for DV survivors; and
 (4) describe how the CoC determined the unmet need for housing and services for DV survivors.
 (limit 3,000 characters)

(1) The unmet need for housing assistance for DV survivors is approximately 29. The unmet need for DV services include the following: interpretation and translation services for clients with limited English proficiency; transportation (for taking clients to agency and medical appointments, and for taking school-aged children to school); and food for shelter residents. Another unmet need is a coordinated entry system. While the CoC currently uses HMIS, DV providers do not enter demographic information in the HMIS. Because of this, DV survivors must be "manually" referred for programs and services. Therefore there is currently an unmet need for a CE system for DV survivors. To address this need, the CoC is applying for DV Bonus funds. Included in the DV Bonus project is allocation of funds for an SSO-CE project that will include a stand-alone HMIS for DV providers.
(2) The unmet need for housing is 29 units. The 4 unmet needs for services include interpretation/translation, transportation, and food. Additionally, there is a need for a coordinated entry system for DV survivors.
(3) The CoC quantified the unmet need for housing and services from qualitative input from direct service providers as reported in their respective program reports.
(4) DV programs provided housing data that was derived from the following: a) number of individuals or households that requested a longer stay than the maximum requirement at a shelter or facility; and b) those who were referred to other programs or wait-listed because of a lack of availability of beds.

1C-4e. Applicants must describe how the DV Bonus project(s) being applied for will address the unmet needs of domestic violence survivors.
 (limit 2,000 characters)

The DV Bonus projects will expand the availability of joint transitional and rapid rehousing as well as permanent housing option and address wait-lists due to full occupancy of the one protective shelter. DV Bonus grant applications request for a total of 29 housing units. The DV Bonus projects also address unmet needs for services, which includes allocation for a stand-alone coordinated entry system for DV providers. Other unmet needs covered in the DV bonus includes funding for translators and interpreters, funding for food for those seeking emergency shelter, and case management support.

1C-4f. Applicants must address the capacity of each project applicant applying for DV bonus projects to implement a DV Bonus project by describing:
(1) rate of housing placement of DV survivors;
(2) rate of housing retention of DV survivors;
(3) improvements in safety of DV survivors; and
(4) how the project applicant addresses multiple barriers faced by DV survivors.
(limit 4,000 characters)

(1) Rate of housing placement of DV survivors: Of the 85 individuals served in the fiscal year, the rate of housing placement is as follows: 8% are active clients, 13% transitioned into permanent housing, 47% transitioned to family/friends, 26% returned to perpetrator, and 6% is unknown.
(2) Rate of housing retention of DV survivors is as follows during the 6 month follow up with clients that have transitioned out of the shelter and into their own permanent housing, 57% have maintained their housing.

(3) To address safety and confidentiality of DV survivors, applicants are proposing a stand-alone HMIS with access limited to DV service agencies. End-users for this tool will receive training that address best practices on safety and confidentiality. The CoC also maintains a schedule to incorporate DV training quarterly for all members.

(4) The project applicant identified language access for persons with limited English proficiency as a barrier for DV survivors. The applicant included funding for interpreters and translators to assist with the intake and case management of LEP persons. Applicant also named the short duration of stay in emergency shelter as a barrier. Therefore the applicant included funding to extend the stay in emergency shelter from a maximum of 5 days to 12 days. During this extended period, DV survivors have ample time to gather their documents, apply for services, and work with service providers on a case plan. Another barrier is the discontinuation of needed support services after clients have exited shelters. Applicant will encourage continuation of case management services for clients even after discharge from shelters. Applicant has also proposed implementing a stand-alone HMIS for DV survivors. This will allow for improved coordination among service providers to remain connected with clients who have exited from shelter.

1C-5. PHAs within CoC. Applicants must use the chart to provide information about each Public Housing Agency (PHA) in the CoC's geographic areas:
(1) Identify the percentage of new admissions to the Public Housing or Housing Choice Voucher (HCV) Programs in the PHA who were experiencing homelessness at the time of admission;
(2) Indicate whether the PHA has a homeless admission preference in its Public Housing and/or HCV Program; and
(3) Indicate whether the CoC has a move on strategy. The information should be for Federal Fiscal Year 2017.

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2017 who were experiencing	PHA has General or Limited Homeless Preference	PHA has a Preference for current PSH program participants no longer

	homelessness at entry		needing intensive supportive services, e.g. move on?
Guam Housing and Urban Renewal Authority	1.20%	No	No

**1C-5a. For each PHA where there is not a homeless admission preference in their written policy, applicants must identify the steps the CoC has taken to encourage the PHA to adopt such a policy.
(limit 2,000 characters)**

Guam's PHA doesn't have a homeless admission preference policy although PHA has provided housing to homeless individuals and families. However, the PHA manages HUDVASH, Non/Near Elderly Disabled & Family Unification that provide housing vouchers for persons with disability, veterans & victims of violence. The CoC will collect data on homeless referrals made to PHA from entities including Department of Labor, Department of Education, Guam Behavioral Health and Wellness Center, Department of Public Health and Social Services, Mayor's Offices and CoC partners that resulted in admission to public housing. Data collected will be incorporated in a letter from the CoC to the GHURA Executive Director to adopt and implement such policy. The action may be an annual letter update in October of each fiscal year.

1C-5b. Move On Strategy with Affordable Housing Providers. Does the CoC have a Move On strategy with affordable housing providers in its jurisdiction (e.g., multifamily assisted housing owners, PHAs, Low Income Tax Credit (LIHTC) developments, or local low-income housing programs)?   No

**1C-6. Addressing the Needs of Lesbian, Gay, Bisexual, Transgender (LGBT). Applicants must describe the actions the CoC has taken to address the needs of Lesbian, Gay, Bisexual, and Transgender individuals and their families experiencing homelessness.
(limit 2,000 characters)**

The CoC promotes its anti-discrimination policy that helps create a culture of prioritizing safety and accessibility for all people seeking services regardless of sexual orientation or gender identification. Furthermore, the use of the Coordinated Entry System ensures non-discrimination because priority for assistance is based on the assessment scores of the VI SPDAT tool regardless of LGBTQI status. Partner agencies also make special accommodations to ensure the safety and well-being of LGBTQI clients in group-home settings. This includes special provisions for sleeping, showering, and emergency

services.

In 2018, the CoC welcomed Guam's Alternative Lifestyle Association (GALA) to its membership. GALA, a nonprofit organization, collaborates with other institutions to ensure social services and policies are inclusive of the LGBTQI community. Since joining the CoC, GALA provided training to members on Challenges and Barriers of the LGBTQI Community in Accessing Services, and will conduct future sensitivity trainings at General Membership meetings for intake staff working with all subpopulations.

While the CoC's 2018 PIT Count referenced 1 individual who self-identified as LGBTQI, the CoC seeks to improve the count by identifying more accurate areas where LGBTQI homeless individuals congregate and by providing sensitivity training to enumerators. To that end, GALA will be involved in the planning of the next PIT Count.

1C-6a. Anti-Discrimination Policy and Training. Applicants must indicate if the CoC implemented a CoC-wide anti-discrimination policy and conducted CoC-wide anti-discrimination training on the Equal Access Final Rule and the Gender Identity Final Rule.

1. Did the CoC implement a CoC-wide anti-discrimination policy that applies to all projects regardless of funding source?	Yes
2. Did the 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 the 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. Criminalization of Homelessness. Applicants must select the specific strategies the CoC implemented to prevent the criminalization of homelessness in the CoC's geographic area. Select all that apply.

Engaged/educated local policymakers:	X
Engaged/educated law enforcement:	X
Engaged/educated local business leaders:	X
Implemented communitywide plans:	X
No strategies have been implemented:	
Other:(limit 50 characters)	
Church Groups	X

1C-8. Centralized or Coordinated Assessment System. Applicants must:
 (1) demonstrate the coordinated entry system covers the entire CoC geographic area;
(2) demonstrate the coordinated entry system reaches people who are least likely to apply homelessness assistance in the absence of special outreach;
 (3) demonstrate the assessment process prioritizes people most in need of assistance and ensures they receive assistance in a timely manner; and
(4) attach CoC's standard assessment tool.
(limit 2,000 characters)

(1) Guam's Coordinated Assessment System covers the CoC's entire geographic area. Members of the CoC who are end-users of the CE system are positioned throughout the geographic area. Nonetheless, the CE system does not include DV survivors. To address this unmet need, the CoC is applying for funding under the DV Bonus which includes allocation for a stand-alone coordinated entry system exclusively for DV providers. In addition, Guam CoC is also applying for funding to fully operate a CES in this competition. Nevertheless, Guam is be able to assist and use VI SPDAT to assess persons experiencing homelessness. Once awarded, the CoC will hire a navigator who will focus on the implementation of CES.
(2) The CE system reaches people who are least likely to apply for homeless assistance outside of special outreaches. This is demonstrated through the CoC's implementation of the "No Wrong Door" policy. Essentially, all CoC members regardless of what service they provide, will make every effort to guide clients to the necessary programs or specific agencies required to deliver assistance. Furthermore, routine monthly outreaches are conducted to engage those individuals who do not attend special outreaches. Finally, several agencies within the CoC operate 24 hours a day, seven days a week ensuring access is available at any time of the day. These organizations have CE end-users who also work 24/7.
(3) The VI-SPDAT tool used by the CoC helps prioritize people most in need of assistance to ensure they receive timely assistance.
(4) The CoC's standard assessment tool is attached.

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1D-1. Discharge Planning–State and Local. Applicants must indicate whether the CoC has a discharge policy to ensure persons discharged from the systems of care listed are not discharged directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply (note that when "None:" is selected no other system of care should be selected).

Foster Care:	X
Health Care:	X
Mental Health Care:	X
Correctional Facilities:	
None:	

1D-2. Discharge Planning Coordination. Applicants must indicate whether the 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. Check all that apply (note that when "None:" is selected no other system of care should be selected).

Foster Care:	X
Health Care:	X
Mental Health Care:	X
Correctional Facilities:	X
None:	

1E. Continuum of Care (CoC) Project Review, Ranking, and Selection

Instructions

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1E-1. Project Ranking and Selection. Applicants must indicate whether the CoC used the following to rank and select project applications for the FY 2018 CoC Program Competition:
(1) objective criteria;
(2) at least one factor related to achieving positive housing outcomes;
(3) a specific method for evaluating projects submitted by victim services providers; and
(4) attach evidence that supports the process selected.

Used Objective Criteria for Review, Rating, Ranking and Section	Yes
Included at least one factor related to achieving positive housing outcomes	Yes
Included a specific method for evaluating projects submitted by victim service providers	Yes

1E-2. Severity of Needs and Vulnerabilities. Applicants must describe:
(1) the specific severity of needs and vulnerabilities the CoC considered when reviewing, ranking, and rating projects; and
(2) how the CoC takes severity of needs and vulnerabilities into account during the review, rating, and ranking process.
(limit 2,000 characters)

(1) The Review and Ranking Committee (RRC) considered the following vulnerabilities in the review and ranking process: participants with zero income at entry; multiple disability types; staying in places not meant for human habitation, and those fleeing domestic violence. RRC awarded points to applicants that demonstrated a strong project design that addresses the unmet needs of the targeted population.

(2)The RRC considered alignment of the proposed projects with CoC's vision and needs identified through the Gaps Analysis when scoring applications. The following components were considered in the Project Design category: project addressed one of the priority needs identified; applicant built a case for the need; & existing housing availability for this population. In the Relative Need category; applicants justified the need to focus on vulnerable populations such as Serious Mental Illness, unaccompanied youth, victims of domestic violence or people with substance use disorders; how the project will address specific needs; if the applicant identified outcomes & performance measures that were objective, measurable, tractable; and if the project met CoC benchmarks.

1E-3. Public Postings. Applicants must indicate how the CoC made public:
(1) objective ranking and selection process the CoC used for all projects (new and renewal);
(2) CoC Consolidated Application–including the CoC Application, Priority Listings, and all projects accepted and ranked or rejected, which HUD required CoCs to post to their websites, or partners websites, at least 2 days before the CoC Program Competition application submission deadline; and
(3) attach documentation demonstrating the objective ranking, rating, and selections process and the final version of the completed CoC Consolidated Application, including the CoC Application with attachments, Priority Listing with reallocation forms and all project applications that were accepted and ranked, or rejected (new and renewal) was made publicly available, that legibly displays the date the CoC publicly posted the documents.

Public Posting of Objective Ranking and Selection Process		Public Posting of CoC Consolidated Application including: CoC Application, Priority Listings, Project Listings	
CoC or other Website	X	**CoC or other Website**	X
Email	X	**Email**	X
Mail		**Mail**	
Advertising in Local Newspaper(s)		**Advertising in Local Newspaper(s)**	
Advertising on Radio or Television		**Advertising on Radio or Television**	
Social Media (Twitter, Facebook, etc.)	X	**Social Media (Twitter, Facebook, etc.)**	X

1E-4. Reallocation. Applicants must indicate whether the CoC has cumulatively reallocated at least 20 percent of the CoC's ARD between the FY 2014 and FY 2018 CoC Program Competitions.

Reallocation: No

1E-4a. If the answer is "No" to question 1E-4, applicants must describe how the CoC actively reviews performance of existing CoC Program-funded projects to determine the viability of reallocating to create new high performing projects.
(limit 2,000 characters)

In the FY 2018 competition the CoC s reduced the eligible renewal project funds by 10% of the ARD to create two new project applications. The reason for the reduction was 68% of the project funds are allocated for support services. The CoC determined that the Subrecipient, Guam Behavioral Health and Wellness Center must provide and allocate funds for the provision of support services. CoC decided to utilized the reduced funds for Coordinated Entry and expand the Housing First Rental Assistance Program. While the CoC's Review and Ranking Committee's (RRC) monitoring of projects is an ongoing process, the Collaborative Applicant also plays a role in assessing performance of HUD-funded programs. The RRC reviews project design as part of the pre-award selection process, and the CoC continues to monitor the program throughout the contracting period. Monitoring includes a review of records, files and signed assurances, as well as reports generated specifically to document client and project eligibility. All supporting documentation, such as information submitted with cost reimbursement requests is reviewed, as a component of monitoring. In addition to financial reports, CoC funded programs provide updates at the monthly CoC general membership meetings. During the contract period, an annual site visit is scheduled. The Collaborative Applicant is available to offer any necessary technical assistance to avoid or resolve any monitoring findings. HUD staff has the authority to visit any local CoC project to check compliance with federal regulations.

1E-5. Local CoC Competition. Applicants must indicate whether the CoC: (1) established a deadline for project applications that was no later than 30 days before the FY 2018 CoC Program Competition Application deadline–attachment required; (2) rejected or reduced project application(s)–attachment required; and (3) notify applicants that their project application(s) were being rejected or reduced, in writing, outside of e-snaps, at least 15 days before FY 2018 CoC Program Competition Application deadline–attachment required. :

(1) Did the CoC establish a deadline for project applications that was no later than 30 days before the FY 2018 CoC Program Competition Application deadline? Attachment required.	Yes
(2) If the CoC rejected or reduced project application(s), did the CoC notify applicants that their project application(s) were being rejected or reduced, in writing, outside of e-snaps, at least 15 days before FY 2018 CoC Program Competition Application deadline? Attachment required.	Yes
(3) Did the CoC notify applicants that their applications were accepted and ranked on the Priority Listing in writing outside of e-snaps, at least 15 before days of the FY 2018 CoC Program Competition Application deadline?	Yes

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA.   Please submit technical questions to the   HUD Exchange Ask A Question.

2A-1. Roles and Responsibilities of the CoC and HMIS Lead. Does your CoC have in place a Governance Charter or other written documentation (e.g., MOU/MOA) that outlines the roles and responsibilities of the CoC and HMIS Lead? Attachment Required.   Yes

2A-1a. Applicants must: (1) provide the page number(s) where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document(s) referenced in 2A-1, and (2) indicate the document type attached for question 2A-1 that includes roles and responsibilities of the CoC and HMIS Lead (e.g., Governance Charter, MOU/MOA).   Page 8 of the CoC Standard Operating Procedures for HMIS

2A-2. HMIS Policy and Procedures Manual. Does your CoC have a HMIS Policy and Procedures Manual? Attachment Required.   Yes

2A-3. HMIS Vender. What is the name of the HMIS software vendor?   Bitfocus, Inc.

2A-4. HMIS Implementation Coverage Area. Using the drop-down boxes, applicants must select the HMIS implementation Coverage area.   Single CoC

2A-5. Bed Coverage Rate. Using 2018 HIC and HMIS data, applicants must report by project type: (1) total number of beds in 2018 HIC; (2) total beds dedicated for DV in the 2018 HIC; and

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(3) total number of beds in HMIS.

Project Type	Total Beds in 2018 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ES) beds	134	46	83	94.32%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	6	0	6	100.00%
Rapid Re-Housing (RRH) beds	66	0	66	100.00%
Permanent Supportive Housing (PSH) beds	147	0	75	51.02%
Other Permanent Housing (OPH) beds	0	0	0	

2A-5a. To receive partial credit, if the bed coverage rate is 84.99 percent or lower for any of the project types in question 2A-5., applicants must provide clear steps on how the CoC intends to increase this percentage for each project type over the next 12 months.
(limit 2,000 characters)

Guam's Permanent Supportive Housing beds is below 85% because the Department of Veterans Affairs (VA) HUDVASH participants' information are not entered in HMIS. The VA is a member of the CoC, however, VA chose to utilize the HOMES case management software instead of the HMIS. The VA's social worker expressed interest to work with the CoC that includes utilizing HMIS to enter program participants' information. The CoC will designate an HMIS staff who will personally contact other organization, specifically the VA to discuss HMIS and understand the agencies' perspective on joining HMIS. We will develop materials to explain how using HMIS can be beneficial to them and to the community. We will work around their schedule and offer trainings. The CoC will continue to work to address specific concerns and bring as many programs onto the system as possible and will pursue the coordination in the next 12 months.

2A-6. AHAR Shells Submission: How many 2017 Annual Housing Assessment Report (AHAR) tables shells did HUD accept? 12

2A-7. CoC Data Submission in HDX. Applicants must enter the date the CoC submitted the 2018 Housing Inventory Count (HIC) data into the Homelessness Data Exchange (HDX). (mm/dd/yyyy) 04/30/2018

2B. Continuum of Care (CoC) Point-in-Time Count

Instructions:

For guidance on completing this application, please reference the   FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA.   Please submit technical questions to the   HUD Exchange Ask A Question.

2B-1. PIT Count Date. Applicants must enter the date the CoC conducted its 2018 PIT count (mm/dd/yyyy).   01/26/2018

2B-2. HDX Submission Date. Applicants must enter the date the CoC submitted its PIT count data in HDX (mm/dd/yyyy).   04/30/2018

2C. Continuum of Care (CoC) Point-in-Time (PIT) Count: Methodologies

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2C-1. Change in Sheltered PIT Count Implementation. Applicants must describe any change in the CoC's sheltered PIT count implementation, including methodology and data quality changes from 2017 to 2018. Specifically, how those changes impacted the CoC's sheltered PIT count results.
(limit 2,000 characters)

The 2018 PIT Count revealed an increase of 127 in 2018 up from 87 in the sheltered count in 2017. The reason for the increase is attributed to the inclusion of 2 additional shelters -- Victim Advocates Reaching Out (VARO)shelter program and Sanctuary Inc's Transitional Living Program (TLP). VARO is a program that serves survivors of domestic violence and recently joined the CoC. The TLP is a newly funded program for homeless youth that began October 2017. These two programs added a total of 15 additional beds to the sheltered count. Another reason for the increase in the sheltered count is that the average household size increased for the Alee and Guma San Jose emergency shelters.

2C-2. Did your CoC change its provider coverage in the 2018 sheltered count?   Yes

2C-2a. If "Yes" was selected in 2C-2, applicants must enter the number of beds that were added or removed in the 2018 sheltered PIT count.

Beds Added:	15
Beds Removed:	4
Total:	11

2C-3. Presidentially Declared Disaster Changes to Sheltered PIT Count. Did your CoC add or remove emergency shelter, transitional housing, or Safe Haven inventory because of funding specific to a Presidentially declared disaster, resulting in a change to the CoC's 2018 sheltered PIT count?   No

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2C-3a. If "Yes" was selected for question 2C-3, applicants must enter the number of beds that were added or removed in 2018 because of a Presidentially declared disaster.

Beds Added:	0
Beds Removed:	0
Total:	0

2C-4. Changes in Unsheltered PIT Count Implementation. Did your CoC change its unsheltered PIT count implementation, including methodology and data quality changes from 2017 to 2018? If your CoC did not conduct and unsheltered PIT count in 2018, select Not Applicable.

No

2C-5. Identifying Youth Experiencing Homelessness in 2018 PIT Count. Did your CoC implement specific measures to identify youth experiencing homelessness in its 2018 PIT count?

Yes

2C-5a. If "Yes" was selected for question 2C-5., applicants must describe:
(1) how stakeholders serving youth experiencing homelessness were engaged during the planning process;
(2) how the CoC worked with stakeholders to select locations where youth experiencing homelessness are most likely to be identified; and
(3) how the CoC involved youth experiencing homelessness in counting during the 2018 PIT count.
(limit 2,000 characters)

(1) Stakeholders serving youth experiencing homelessness were engaged in the following manner:
a.The youth-serving agencies that include formerly homeless youth assisted in the planning process of the PIT Count.
b.Recruited Guam Dept of Education administrators including school principal from Guam's only public secondary alternative school, a school setting for at-risk students who are in danger of dropping out of school & who have been expelled or suspended for major offenses at public middle & high schools as well as school principals from villages with historically higher homeless population.
c.Recruited additional Guam Dept of Education direct services staff such as counselors, social workers, family service workers, and truant officers who know where homeless families are likely to be found within their assigned school attendance areas.
d.Representatives from all these youth-serving agencies attended planning meetings, contributed locations where homeless youth are known to congregate, and provided event volunteers including PIT Count enumerators
e.Elected officials including Guam's Lt. Governor and several senators participated in the count.
(2)Ahead of the PIT Count, organizers surveyed members of the CoC and other

sources for recommended locations to be included in the PIT Count. Youth-serving agencies contributed several locations where youth experiencing homelessness were likely to be found. The youth-serving agencies were also given the opportunity to canvass those areas during the Count.
(3)The CoC counted youth experiencing homelessness during the 2018 PIT Count. The survey specifically asks for the age of youth and whether they are accompanied. The 2018 PIT Count identified 2 unaccompanied youth. The PIT Count revealed that the majority of homeless youth were accompanied youth. Since then, the CoC has participated with youth-serving agencies in a working group to address improving the count for youth street homelessness.

2C-6. 2018 PIT Implementation. Applicants must describe actions the CoC implemented in its 2018 PIT count to better count:
(1) individuals and families experiencing chronic homelessness;
(2) families with children experiencing homelessness; and
(3) Veterans experiencing homelessness.
(limit 2,000 characters)

To better count individuals and families experiencing chronic homelessness individuals, families with children, and Veterans experiencing homelessness Guam CoC did the following:
1.Increased the number of volunteers in certain areas with higher homeless population.
2.Incorporated social media in communicating and consulting with all the teams and PIT headquarters.
3. Divided training sessions into two separate categories: training for new and experienced volunteers. New volunteers were given a more intensive training that focused on interviewing and safety; experienced volunteers were given refresher training.
4. Recruited additional interpreters to count the diverse populations.
5. Conducted an evening count with experienced volunteers.
6.Increased volunteers from veteran organizations to improve count of homeless veterans such as: WestCare Pacific, Department of Veterans Affairs, Guam Veterans Administration, U. S. Naval Hospital and Andersen Air Force Base.
Elected officials lt. governor and senators participated in the count.
7. Recruited Guam Dept of Education officials including the superintendent, administrators, teachers, counselors, truant officers who know where homeless families are likely to be found.

3A. Continuum of Care (CoC) System Performance

Instructions

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

3A-1. First Time Homeless as Reported in HDX. In the box below, applicants must report the number of first-time homeless as reported in HDX.

Number of First Time Homeless as Reported in HDX.	496

3A-1a. Applicants must:
(1) describe how the CoC determined which risk factors the CoC uses to identify persons becoming homeless for the first time;
(2) describe the CoC's strategy to address individuals and families at risk of becoming homeless; and
(3) provide the name of the organization or position title that is responsible for overseeing the CoC's strategy to reduce the number of individuals and families experiencing homelessness for the first time. (limit 2,000 characters)

(1) HMIS data reported a 5.5% reduction in the number of first-time homeless in FY2017 compared with the prior year. 496 were first-time homeless in FY17, compared with 525 in FY16. The CoC determined the main risk factors affecting first-time homeless to be a) evictions for failure to pay rent or failure to conform to tenant rules, and b) failure to pay rent due to unemployment. The CoC determined these risk factors through intake procedures conducted by member agencies.
(2) The CoC prevents first-time homelessness by offering cash assistance for rent and/or utilities arrears. If individuals or families become homeless, referrals are made for re-housing under ESG and emergency sheltering.
(3) The Strategic Planning Committee of the Guam Homeless Coalition is responsible to monitor the effectiveness of the current strategies as well as identify other solutions.

3A-2. Length-of-Time Homeless as Reported in HDX. Applicants must:
(1) provide the average length of time individuals and persons in families remained homeless (i.e., the number);
(2) describe the CoC's strategy to reduce the length-of-time individuals and persons in families remain homeless;
(3) describe how the CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and
(4) provide the name of the organization or position title that is responsible for overseeing the CoC's strategy to reduce the length of time individuals and families remain homeless.

(limit 2,000 characters)

(1)The average length of time individuals are homeless in emergency shelters increased from 60 days in FY16 to 66 days FY17. Average length of time persons are homeless in ES and transitional housing decreased from 67 days in FY16 to 66 days in FY17.
(2) The strategy is to move clients out of emergency shelter into permanent housing upon completion of their case plan, which could include job readiness training and successful enrollment in other mainstream services. The strategy involves completing these tasks in under 60 days, while addressing high barriers of completion such as limited English proficiency, lack of proper government identification, and lack of transportation.
(3) The CoC identifies individuals with the longest lengths of time homeless by assessing and analyzing the Community Queue (the CoC's By-Name List).
(4) ESG and HMIS are the organizations responsible for overseeing the CoC Strategy to reduce the length or time individuals and families remain homeless.

3A-3. Successful Permanent Housing Placement and Retention as Reported in HDX. Applicants must:
(1) provide the percentage of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid rehousing that exit to permanent housing destinations; and
(2) provide the percentage of individuals and persons in families in permanent housing projects, other than rapid rehousing, that retain their permanent housing or exit to permanent housing destinations.

	Percentage
Report the percentage of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid re-housing that exit to permanent housing destinations as reported in HDX.	48%
Report the percentage of individuals and persons in families in permanent housing projects, other than rapid re-housing, that retain their permanent housing or exit to permanent housing destinations as reported in HDX.	91%

3A-3a. Applicants must:
(1) describe the CoC's strategy to increase the rate at which individuals and persons in families in emergency shelter, safe havens, transitional housing and rapid rehousing exit to permanent housing destinations; and
(2) describe the CoC's strategy to increase the rate at which individuals and persons in families in permanent housing projects, other than rapid rehousing, retain their permanent housing or exit to permanent housing destinations.
(limit 2,000 characters)

(1) The CoC's strategy to increase the rate individuals transition from ES to permanent housing is twofold. One involves conducting assessments for chronic homelessness. The CoC's strategy is to prioritize chronically homeless for permanent housing. The second is to improve data quality with enhanced data training to ensure end-users accurately classify clients' exit destinations.
(2) The CoC adopts a strategy that incorporates a "Phased Approach" when aiming to increase the rate of exit to permanent housing and retention in permanent housing. This essentially means that aftercare for individuals discharged from programs such as the emergency shelter continues as needed. For example, support services offered by Guma San Jose (emergency homeless shelter), Alee (women's shelter for survivors of domestic violence),

and Lighthouse Recovery Center (in house substance abuse treatment center) may continue even after individuals have exited shelter. Similarly, Sanctuary (youth-serving agency) will extend services for 30, 60, or 90 days as needed.

3A-4. Returns to Homelessness as Reported in HDX. Applicants must report the percentage of individuals and persons in families returning to homelessness over a 6- and 12-month period as reported in HDX.

	Percentage
Report the percentage of individuals and persons in families returning to homelessness over a 6- and 12-month period as reported in HDX	5%

3A-4a. Applicants must:
(1) describe how the CoC identifies common factors of individuals and persons in families who return to homelessness;
(2) describe the 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 the CoC's strategy to reduce the rate individuals and persons in families returns to homelessness.
(limit 2,000 characters)

1) The CoC identifies common factors of individuals and families who return to homelessness through information captured at intake and at exit. Interviews and other assessment tools used by agencies help inform the CoC on common factors among those returning to homelessness. In 2016, the CoC saw a 4% rate in the return to homelessness; in 2017, a 5% rate was reported.
2)The CoC adopts a strategy that incorporates a "Phased Approach" when aiming to reduce the rate of returns to homelessness. This essentially means that aftercare for individuals discharged from programs such as the emergency shelter continues as needed. For example, support services offered by Guma San Jose (emergency homeless shelter), Alee (women's shelter for survivors of domestic violence), and Lighthouse Recovery Center (in house substance abuse treatment center) may continue even after individuals have exited shelter. Similarly, Sanctuary (youth-serving agency) will extend services for 30, 60, or 90 days as needed.
3) Catholic Social Service is the organization responsible for overseeing the CoC strategy to reduce the rate of return to homelessness.

3A-5. Job and Income Growth. Applicants must:
(1) describe the CoC's strategy to increase access to employment and non-employment cash sources;
(2) describe how the 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 the CoC's strategy to increase job and income growth from employment.
(limit 2,000 characters)

1)The CoC's strategy of maintaining clients in the program for a longer duration

improves the outcomes of clients receiving mainstream services. As case workers become more familiar with client needs, they are able to offer more tailored, intensive case management. Similarly, as clients become more knowledgeable about how specific services work, they are able complete programs more successfully. Furthermore, while clients receive supportive services and the guidance of social workers, there is ample time for social workers to enroll clients in specific services, such as benefits for adults with permanent disabilities and other welfare programs. These programs serve to increase non-employment cash sources for clients.

2) Guam's Dept. of Labor is a member of the CoC, and a representative from Guam DoL sits on the board of the CoC. This allows for more direct liaising with the DoL's American Jobs Center, the primary employment organization on Guam. The AJC accepts referrals from CoC member organizations, and assists individuals with job placement. The AJC assists clients enroll in HireGuam, Guam's official online job bank. The AJC partners with private sector entities, including businesses that prioritize the hiring of individuals with disabilities. This includes Flametree Inc., ICANN and Jamaico Inc. AJC keeps CoC members abreast of new jobs programs and training services available to clients.

3) Guam's Dept. of Labor - American Jobs Center's representative on the CoC is responsible for overseeing the CoC's strategy of increasing job and income growth from employment.

3A-6. System Performance Measures Data Submission in HDX. Applicants must enter the date the CoC submitted the System Performance Measures data in HDX, which included the data quality section for FY 2017 (mm/dd/yyyy)   05/31/2018

3B. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Instructions

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA.   Please submit technical questions to the   HUD Exchange Ask A Question.

3B-1. DedicatedPLUS and Chronically Homeless Beds. In the boxes below, applicants must enter:
(1) total number of beds in the Project Application(s) that are designated as DedicatedPLUS beds; and
(2) total number of beds in the Project Application(s) that are designated for the chronically homeless, which does not include those that were identified in (1) above as DedicatedPLUS Beds.

Total number of beds dedicated as DedicatedPLUS	23
Total number of beds dedicated to individuals and families experiencing chronic homelessness	54
Total	77

3B-2. Orders of Priority. Did the CoC adopt the Orders of Priority into their written standards for all CoC Program-funded PSH projects as described in Notice CPD-16-11: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing? Attachment Required.

Yes

3B-2.1. Prioritizing Households with Children. Using the following chart, applicants must check all that apply to indicate the factor(s) the CoC currently uses to prioritize households with children during FY 2018.

History of or Vulnerability to Victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
Number of previous homeless episodes	X
Unsheltered homelessness	X
Criminal History	
Bad credit or rental history	
Head of Household with Mental/Physical Disability	X

3B-2.2. Applicants must:
(1) describe the CoC's current strategy to rapidly rehouse every household of families with children within 30 days of becoming homeless;
(2) describe how the CoC addresses both housing and service needs to ensure families successfully maintain their housing once assistance ends; and
(3) provide the organization name or position title responsible for overseeing the CoCs strategy to rapidly rehouse families with children within 30 days of becoming homeless.
(limit 2,000 characters)

1. The CoC's strategy to rapidly rehouse families with children within 30 days is possible with the help of member agencies, who all play a role in the referral process. In particular, the CoC works closely with Guam Dept. of Education's Student Parent Community Engagement (SPCE) office who regularly conducts outreaches to determine home conditions of students. The strategy also involves using ESG funds primarily for rehousing. As such, rapid rehousing accounts for 70% of the ESG budget. In other instances where families with children qualify, public housing is also accessed to rapidly house clients. A majority of referrals of families with children are processed for housing rather than shelter placement.

2.Support services that accompany rapid rehousing are customized for the families. This could include counseling, jobs assistance and household budgeting. Case workers develop an individualized plan that will best assist the family achieve self-sufficiency upon existing government assistance programs. Case workers may include other service providers in the case management of the client, including school social workers, to ensure needs to school-age children in the household are being met.

3.The organization responsible for overseeing rapid rehousing of families with children is Catholic Social Service.

3B-2.3. Antidiscrimination Policies. Applicants must check all that apply that describe actions the CoC is taking to ensure providers (including emergency shelter, transitional housing, and permanent supportive housing (PSH and RRH) within the CoC adhere to antidiscrimination policies by not denying admission to or separating any family members from other members of their family or caregivers based on age, sex, gender, LGBT status, marital status, or disability when entering a shelter or housing.

CoC conducts mandatory training for all CoC and ESG funded service providers on these topics.	
CoC conducts optional training for all CoC and ESG funded service providers on these topics.	X
CoC has worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.	
CoC has worked with ESG recipient(s) to identify both CoC and ESG funded facilities within the CoC geographic area that may be out of compliance, and taken steps to work directly with those facilities to come into compliance.	

| CoC has sought assistance from HUD through submitting AAQs or requesting TA to resolve non-compliance of service providers. | |

3B-2.4. Strategy for Addressing Needs of Unaccompanied Youth Experiencing Homelessness. Applicants must indicate whether the CoC's strategy to address the unique needs of unaccompanied homeless youth includes the following:

Human trafficking and other forms of exploitation	Yes
LGBT youth homelessness	Yes
Exits from foster care into homelessness	Yes
Family reunification and community engagement	Yes
Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs	Yes

3B-2.5. Prioritizing Unaccompanied Youth Experiencing Homelessness Based on Needs. Applicants must check all that apply from the list below that describes the CoC's current strategy to prioritize unaccompanied youth based on their needs.

History or Vulnerability to Victimization (e.g., domestic violence, sexual assault, childhood abuse)	X
Number of Previous Homeless Episodes	X
Unsheltered Homelessness	X
Criminal History	
Bad Credit or Rental History	

3B-2.6. Applicants must describe the CoC's strategy to increase:
 (1) housing and services for all youth experiencing homelessness by providing new resources or more effectively using existing resources, including securing additional funding; and
 (2) availability of housing and services for youth experiencing unsheltered homelessness by providing new resources or more effectively using existing resources.
(limit 3,000 characters)

The CoC's strategy to increase housing and services for all homeless youth involves supporting the efforts of youth-serving CoC members. This support has been in the form of partnerships and collaborations on projects, data sharing, technical assistance, and participation in community roundtable discussions. In October 2017, Sanctuary Inc. opened their transition living program for homeless youth ages 16-22 including parenting or pregnant young mothers with their dependents up to 3 ages 0-9. The program is funded by HHS and increases the number of beds available to runaway youth. The only other program provides 18 beds for homeless youth ages 12-17 that is funded in part by HHS and VOCA grant for victims of crime/violence.

While the CoC conducts outreach targeting homeless street youth, HMIS data does not support a large homeless street youth population. Nonetheless, the CoC has engaged in planning discussions with youth-serving agencies; recruited formerly homeless youth to assist in the PIT counts and provide guidance on locations for conducting future count and outreaches; and recruited formerly homeless youth to join the CoC.

3B-2.6a. Applicants must:
(1) provide evidence the CoC uses to measure both strategies in question 3B-2.6. to increase the availability of housing and services for youth experiencing homelessness;
(2) describe the measure(s) the CoC uses to calculate the effectiveness of the strategies; and
(3) describe why the CoC believes the measure it uses is an appropriate way to determine the effectiveness of the CoC's strategies.
(limit 3,000 characters)

1)The strategy to assist youth-serving agencies procure funding for housing and services is evidenced in the successful award of two housing programs for youth: the Basic Center Program (emergency) and Transitional Living Program (transitional).
2) Both programs are included in the Housing Inventory Chart. Therefore, the CoC can track the effectiveness of the programs based on their System Performance Measure.
3) The CoC tracking efforts is an appropriate way to determine effectiveness because by including the programs in HIC there is transparency in their effectiveness. The CoC can provide feedback on length of stay, transition to permanent housing, income and recidivism. The CoC can assist with referral to other agencies and programs.

3B-2.7. Collaboration–Education Services. Applicants must describe how the CoC collaborates with:
(1) youth education providers;
(2) McKinney-Vento State Education Agency (SEA) and Local Education Agency (LEA);
(3) school districts; and
(4) the formal partnerships with (1) through (3) above.
(limit 2,000 characters)

1) The CoC works with the Guam Dept of Education (GDOE) to support the education of homeless children and youth. The CoC has done training on educational rights of homeless children and youth under McKinney-Vento and the importance of trauma-informed care. The training targeted the following: administrators of all public and private schools, faculty and staff of several middle and high schools, as well as students of Guam's only public secondary alternative school, a school setting for at-risk students who are in danger of dropping out of school and who have been expelled or suspended for major offenses at public middle and high schools.

2) GDOE serves as both the SEA and LEA, and as such, is responsible for the education of students in all public elementary, middle, high schools, and secondary alternative schools. In addition, the GDOE State Agency provides

funding for educational improvements for private schools and charter schools.

3) Guam Public Law 30-50 established GDOE is a single public school district.

4) A CoC member serves as the representative for homeless children and youth on several advisory groups. These include Guam Dept. of Education Advisory Panel for Students with Disabilities and the Guam Interagency Coordinating Council for Early Intervention Services to Young Children. CoC membership includes a GDOE Head Start staff member who obtains additional assistance from other GDOE divisions, including the Student Support Services Division and the GDOE Student Parent Community Engagement Project, which assists at-risk students and their families. These GDOE entities work to address issues faced by any identified homeless children in enrolling, attending and succeeding in school.

GDOE also provides food commodities to augment CoC outreach efforts and food distribution through several CoC recipients.

3B-2.7a. Applicants must describe the policies and procedures the CoC adopted to inform individuals and families who become homeless of their eligibility for education services.
(limit 2,000 characters)

Guam Dept of Education's Family Services manager is an active CoC member and obtains assistance of GDOE Student Support Services Division (SSSD) and the GDOE Student Parent Community Engagement (SPCE) Project, which assists at-risk students and their families, to support the education of homeless children and youth. These GDOE entities work to ensure that the issues faced by any identified homeless children in enrolling, attending and succeeding in school, are addressed and resolved. The CoC is also represented in other working groups within Guam's public school system as the representative for homeless children. These panels include the Advisory Panel for Students with Disabilities and the Interagency Coordinating Council for Early Intervention Services to Young Children. Guam DOE staff also participate in the CoC's annual homeless community outreaches wherein information services, referrals and intake are conducted.

3B-2.8. Does the CoC have written formal agreements, MOU/MOAs or partnerships with one or more providers of early childhood services and supports? Select "Yes" or "No". Applicants must select "Yes" or "No", from the list below, if the CoC has written formal agreements, MOU/MOA's or partnerships with providers of early childhood services and support.

	MOU/MOA	Other Formal Agreement
Early Childhood Providers	No	Yes
Head Start	No	Yes
Early Head Start	No	Yes
Child Care and Development Fund	No	No
Federal Home Visiting Program	No	Yes
Healthy Start	No	No
Public Pre-K	No	Yes

Birth to 3 years	No	Yes
Tribal Home Visting Program	No	No
Other: (limit 50 characters)		
Early Childhood Immunization	No	Yes

3B-3.1. Veterans Experiencing Homelessness. Applicants must describe the actions the CoC has taken to identify, assess, and refer Veterans experiencing homelessness, who are eligible for U.S. Department of Veterans Affairs (VA) housing and services, to appropriate resources such as HUD-VASH, Supportive Services for Veterans Families (SSVF) program and Grant and Per Diem (GPD).
(limit 2,000 characters)

The CoC includes agencies that assist the veteran population – WestCare Pacific Islands and VA Clinic. WestCare, which administers the SSVF program, regularly conducts outreach to seek out literally homeless veterans. They also work with other groups who help identify homeless vets. WestCare also receives walk-ins who self-refer to the program. Staff screens and reviews applicant documents for eligibility. If deemed eligible, efforts are made to provide emergency shelter followed by placement in permanent housing. If needed, assistance is given for locating housing. Referrals are also made for the HUD-VASH program. Other assistance is provided for vets at risk of homelessness. Cash assistance for overdue rent, utilities and other obligations is also offered. All clients under the SSFV program receive case management to address immediate and long-term needs, including housing stability. Case plans are reviewed periodically and clients receive feedback on their progress.

Veterans, regardless of eligibility for SSFV or HUD-VASH, who are literally homeless or those vulnerable to homelessness receive referrals to agencies offering mainstream services – jobs, assistance for individuals with disabilities, public health, mental health, and drug and alcohol treatment.

Both WestCare and VA participate in the PIT Count, as well as the Stand Down/Passport to Services special outreach event.

3B-3.2. Does the CoC use an active list or by name list to identify all Veterans experiencing homelessness in the CoC?   Yes

3B-3.3. Is the CoC actively working with the VA and VA-funded programs to achieve the benchmarks and criteria for ending Veteran homelessness?   Yes

3B-3.4. Does the CoC have sufficient resources to ensure each Veteran experiencing homelessness is assisted to quickly move into permanent housing using a   Yes

Housing First approach?

3B-5. Racial Disparity. Applicants must: No
(1) indicate whether the CoC assessed whether there are racial disparities in the provision or outcome of homeless assistance;
(2) if the CoC conducted an assessment, attach a copy of the summary.

4A. Continuum of Care (CoC) Accessing Mainstream Benefits and Additional Policies

Instructions:

For guidance on completing this application, please reference the   FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA.   Please submit technical questions to the   HUD Exchange Ask A Question.

4A-1. Healthcare. Applicants must indicate, for each type of healthcare listed below, whether the CoC:
(1) assists persons experiencing homelessness with enrolling in health insurance; and
(2) assists persons experiencing homelessness with effectively utilizing Medicaid and other benefits.

Type of Health Care	Assist with Enrollment	Assist with Utilization of Benefits?
Public Health Care Benefits **(State or Federal benefits, Medicaid, Indian Health Services)**	Yes	Yes
Private Insurers:	No	No
Non-Profit, Philanthropic:	Yes	Yes
Other: (limit 50 characters)		

4A-1a. Mainstream Benefits. Applicants must:
(1) describe how the CoC works with mainstream programs that assist persons experiencing homelessness to apply for and receive mainstream benefits;
(2) describe how the CoC systematically keeps program staff up-to-date regarding mainstream resources available for persons experiencing homelessness (e.g., Food Stamps, SSI, TANF, substance abuse programs); and
(3) provide the name of the organization or position title that is responsible for overseeing the CoC's strategy for mainstream benefits. (limit 2,000 characters)

(1) CoC connects persons experiencing homelessness with mainstream programs from intake. Case workers obtain information from the client to determine types of resources and supports already in place; other information is gathered to determine if the client is eligible for other mainstream benefits. If so, agency staff will assist individuals and families obtain, complete, submit and follow-up applications to the respective agencies. Mainstream benefits include SNAP, medical assistance, and SSI. Oftentimes, case workers will also assist clients obtain personal identification documents, which often serves as a barrier for homeless individuals attempting to obtain benefits. These documents include birth certificates, valid passports or updated migration documents. Once benefits are obtained, case workers will continue to guide clients to ensure

benefits resume following re-certification procedures. Ongoing assessments are conducted. If clients require additional services while in the midst of their program, case workers will provide the assistance to link them to appropriate providers.

(2) CoC members are apprised of program updates during monthly coalition meetings and via email correspondence. Updates to program regulations and eligibility criteria are announced or discussed at length at the monthly meetings. If significant changes are made, the respective program is invited to conduct a public education presentation at the monthly coalition meeting. Updates on mainstream services are also posted on agency websites and on the CoC's social media platforms.

(3) GHURA is the organization who is responsible for overseeing the CoC's strategy for mainstream benefits.

4A-2.Housing First: Applicants must report:
(1) total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition; and
(2) total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition that have adopted the Housing First approach–meaning that the project quickly houses clients without preconditions or service participation requirements.

Total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition.	7
Total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition that have adopted the Housing First approach–meaning that the project quickly houses clients without preconditions or service participation requirements.	5
Percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-Coordinated Entry projects in the FY 2018 CoC Program Competition that will be designated as Housing First.	71%

4A-3. Street Outreach. Applicants must:
(1) describe the CoC's outreach;
(2) state whether the CoC's Street Outreach covers 100 percent of the CoC's geographic area;
(3) describe how often the CoC conducts street outreach; and
(4) describe how the CoC tailored its street outreach to persons experiencing homelessness who are least likely to request assistance. (limit 2,000 characters)

1.The CoC conducts a variety of outreach activities. One type is done in coordination with other NGOs and is coupled with health screenings, immunizations, information and other mainstream services. Approximately 3 are planned annually that target Guam's main geographical areas – southern, northern and central Guam. Media is involved, and the events are staged in public spaces such as a park or community center. A minimum of 100 homeless persons are targeted. Another type is street outreach that is conducted on a monthly basis by CoC members. The events are coordinated to ensure there is

no duplication of efforts. This is done both day and night. While most agencies conduct broad outreach, one agency specifically targets street homeless youth. Additionally, unscheduled outreach is conducted by the Homeless Outreach Team (HOT) comprising members of the CoC. HOT uses a social media app to provide real-time updates of sightings of street homeless individuals. The sighting is reported on the app; members confirm if the homeless individual has already been provided services, and if not, whoever is nearby or available conducts the outreach and intake.

2. Given the multiple methods applied and the broad scope of outreach activities conducted, the CoC covers 100% of its geographic area.

3. The CoC conducts outreach year-round. It hosts scheduled outreaches approximately 3 times a year; coordinated street outreaches are held monthly day and night; and the Homeless Outreach Team is constantly surveying the neighborhoods and community districts for street homeless at all times of the day.

4. The CoC has tailored its outreach to include interpreters and translators for homeless persons less likely to ask for assistance due to language access. The CoC includes bilingual members who speak Micronesian languages such as Chuukese and Pohnpeian. Females and nurses in scrubs also conduct outreaches and approach young women and mothers who may be fleeing domestic violence.

4A-4. Affirmative Outreach. Applicants must describe:
(1) the specific strategy the CoC implemented that furthers fair housing as detailed in 24 CFR 578.93(c) used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, gender identify, sexual orientation, age, familial status or disability; and
(2) how the CoC communicated effectively with persons with disabilities and limited English proficiency fair housing strategy in (1) above.
(limit 2,000 characters)

1. While Guam's fair housing assessment identifies multiple areas of concern, the CoC's strategy is to identify and address those issues directly affecting housing of the homeless population. First among those issues is to ensure information and services and delivered in the client's preferred language, and to accommodate client needs to the extent practicable. Forms and marketing materials are published in languages other than English, and intake workers use the assistance of interpreters when necessary. Another major issue is the lack of understanding of fair housing practices. To address this, all clients to be housed go through an orientation that includes their rights under fair housing laws, including how to report fair housing violations. Additionally, CoC members work closely with housing providers to ensure landlords and property managers understand accessibility requirements for persons with disabilities. Housing providers are invited to annual fair housing training organized by the Collaborative Applicant. Another fair housing issue is the lack of preferred type of affordable housing in areas of opportunity. To address this concern, CoC members play a large role in assisting clients in housing searches, and liaising with landlords to address tenant concerns.

2.The CoC communicates the fair housing strategy to persons with disabilities and to individuals with limited English proficiency through the use of interpreters, including American Sign Language, and through the use of

materials available in languages other than English. Interpretation services are performed by bilingual staff of the member agencies of the CoC, or volunteers from nonprofit organizations that explicitly provide the service.

4A-5. RRH Beds as Reported in the HIC. Applicants must report the total number of rapid rehousing beds available to serve all household types as reported in the Housing Inventory Count (HIC) for 2017 and 2018.

	2017	2018	Difference
RRH beds available to serve all populations in the HIC	108	66	-42

4A-6. Rehabilitation or New Construction Costs. Are new proposed project applications requesting $200,000 or more in funding for housing rehabilitation or new construction?   No

4A-7. Homeless under Other Federal Statutes. Is the CoC requesting to designate one or more of its SSO or TH projects to serve families with children or youth defined as homeless under other Federal statutes?   No

4B. Attachments

Instructions:

Multiple files may be attached as a single .zip file. For instructions on how to use .zip files, a reference document is available on the e-snaps training site: https://www.hudexchange.info/resource/3118/creating-a-zip-file-and-capturing-a-screenshot-resource

Document Type	Required?	Document Description	Date Attached
1C-5. PHA Administration Plan–Homeless Preference	No		
1C-5. PHA Administration Plan–Move-on Multifamily Assisted Housing Owners' Preference	No		
1C-8. Centralized or Coordinated Assessment Tool	Yes	Coordinated Asses...	09/17/2018
1E-1. Objective Critiera–Rate, Rank, Review, and Selection Criteria (e.g., scoring tool, matrix)	Yes	Review, Rate, Ran...	09/16/2018
1E-3. Public Posting CoC-Approved Consolidated Application	Yes	CoC Consolidated ...	09/14/2018
1E-3. Public Posting–Local Competition Rate, Rank, Review, and Selection Criteria (e.g., RFP)	Yes	CoC Review and Ra...	09/14/2018
1E-4. CoC's Reallocation Process	Yes	Reduction of Rene...	09/17/2018
1E-5. Notifications Outside e-snaps–Projects Accepted	Yes	Notifications of ...	09/17/2018
1E-5. Notifications Outside e-snaps–Projects Rejected or Reduced	Yes	Letter_ Project R...	09/06/2018
1E-5. Public Posting–Local Competition Deadline	Yes	Posting Local Com...	09/17/2018
2A-1. CoC and HMIS Lead Governance (e.g., section of Governance Charter, MOU, MOA)	Yes	CoC Policies and ...	09/14/2018
2A-2. HMIS–Policies and Procedures Manual	Yes	HMIS Policies and...	09/14/2018
3A-6. HDX–2018 Competition Report	Yes	HDX 2018 Competit...	09/16/2018
3B-2. Order of Priority–Written Standards	No		

3B-5. Racial Disparities Summary	No		
4A-7.a. Project List–Persons Defined as Homeless under Other Federal Statutes (if applicable)	No		
Other	No		
Other	No		
Other	No		

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: Coordinated Assessment Tool

Attachment Details

Document Description: Review, Rate, Rank Selection Criteria

Attachment Details

Document Description: CoC Consolidated Application Posting

Attachment Details

Document Description: CoC Review and Ranking Priority List

Attachment Details

Document Description: Reduction of Renewal Funds_Guma Hinemlo'

Attachment Details

Document Description: Notifications of Accepted Projects

Attachment Details

Document Description: Letter_ Project Reduced

Attachment Details

Document Description: Posting Local Competition Deadline

Attachment Details

Document Description: CoC Policies and Procedures

Attachment Details

Document Description: HMIS Policies and Procedures

Attachment Details

Document Description: HDX 2018 Competition Report

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

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Attachment Details

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Attachment Details

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Attachment Details

Document Description:

Applicant: Government of Guam/Guam Housing & Urban Renewal Authority CoC
Project: GU-500 CoC Registration FY2018

GU-500
COC_REG_2018_159924

Submission Summary

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

Page	Last Updated
1A. Identification	09/17/2018
1B. Engagement	09/17/2018
1C. Coordination	09/17/2018
1D. Discharge Planning	09/17/2018
1E. Project Review	09/17/2018
2A. HMIS Implementation	09/17/2018
2B. PIT Count	09/17/2018
2C. Sheltered Data - Methods	09/17/2018
3A. System Performance	09/17/2018
3B. Performance and Strategic Planning	09/17/2018
4A. Mainstream Benefits and Additional Policies	09/17/2018
4B. Attachments	09/17/2018

Submission Summary   No Input Required

Frank Taijeron,
System

VI-F-SPDAT PRESCREEN FOR FAMILIES [V2]

Assessment Date	09/17/2018
Primary Language	Select

Is there a secondary Head of Household?

CHILDREN

Total number of children under age 18 that are currently with you, or that you have reason to believe will be joining you when you get housed?   Select

IF HOUSEHOLD INCLUDES A FEMALE: Is any member of the family currently pregnant?   Select

A. HISTORY OF HOUSING & HOMELESSNESS

Where do you and your family sleep most frequently?   Select

How long has it been since you and your family lived in permanent stable housing?   Select

In the last three years, how many times have you and your family been homeless?   Select

B. RISKS

In the past six months, how many times have you or anyone in your family received health care at an emergency department/room?   Select

In the past six months, how many times have you or anyone in your family taken an ambulance to the hospital?   Select

In the past six months, how many times have you or anyone in your family been hospitalized as an inpatient?

Select

In the past six months, how many times have you or anyone in your family used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines?

Select

In the past six months, how many times have you or anyone in your family talked to police because they witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told them that they must move along?

Select

In the past six months, how many times have you or anyone in your family stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between?

Select

Have you or anyone in your family been attacked or beaten up since they've become homeless?

Select

Have you or any family member threatened to or tried to harm them self or anyone else in the last year?

Select

Do you or any member of the family have any legal stuff going on right now that may result in them being locked up, having to pay fines, or that make it more difficult to rent a place to live?

Select

Does anybody force or trick you or anyone in your family to do things that you do not want to do?

Select

Do you or anyone in your family ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone they don't know, share a needle, or anything like that?

Select

C. SOCIALIZATION & DAILY FUNCTIONS

Is there any person, past
landlord, business,
bookie, dealer, or
government group like   Select
the IRS that thinks you or
anyone in your family
owe them money?

Do you or anyone in your
family get any money
from the government, a
pension, an inheritance,   Select
working under the table, a
regular job, or anything
like that?

Does everyone in your
family have planned
activities, other than just   Select
surviving, that make
them feel happy and
fulfilled?

Is everyone in your family
currently able to take
care of basic needs like
bathing, changing   Select
clothes, using a
restroom, getting food
and clean water and
other things like that?

Is your family's current
homelessness in any way
caused by a relationship
that broke down, an
unhealthy or abusive   Select
relationship, or because
other family or friends
caused your family to
become evicted?

D. WELLNESS

Has your family ever had
to leave an apartment,
shelter program, or other
place you were staying   Select
because of the physical
health of you or anyone
in your family?

Do you or anyone in your
family have any chronic
health issues with your   Select
liver, kidneys, stomach,
lungs or heart?

If there was space
available in a program
that specifically assists
people that live with HIV   Select
or AIDS, would that be of
interest to you or anyone
in your family?

Does anyone in your
family have any physical
disabilities that would
limit the type of housing
you could access, or   Select
would make it hard to live
independently because
you'd need help?

When someone in your
family is sick or not
feeling well, does your   Select
family avoid getting
medical help?

Has drinking or drug use by you or anyone in your family led your family to being kicked out of an apartment or program where you were staying in the past?

Select

Will drinking, or drug use make it difficult for your family to stay housed or afford your housing?

Select

HAS YOUR FAMILY EVER HAD TROUBLE MAINTAINING YOUR HOUSING, OR BEEN KICKED OUT OF AN APARTMENT, SHELTER PROGRAM OR OTHER PLACE YOU WERE STAYING, BECAUSE OF:

A mental health issue or concern?

Select

A past head injury?

Select

A learning disability, developmental disability, or other impairment?

Select

Do you or anyone in your family have any mental health or brain issues that would make it hard for your family to live independently because help would be needed?

Select

Does any single member of your household have a medical condition, mental health concerns, and experience with problematic substance use?

Select

Are there any medications that a doctor said you or anyone in your family should be taking that, for whatever reason, they are not taking?

Select

Are there any medications like painkillers that you or anyone in your family don't take the way the doctor prescribed or where they sell the medication?

Select

Has your family's current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you or anyone in your family have experienced?

Select

E. FAMILY UNIT

Are there any children that have been removed from the family by a child protection service within the last 180 days?

Select

Do you have any family legal issues that are being resolved in court or need to be resolved in court that would impact your housing or who may live within your housing?

Select

In the last 180 days have any children lived with family or friends because of your homelessness or housing situation?

Select

Has any child in the family experienced abuse or trauma in the last 180 days?

Select

IF THERE ARE SCHOOL-AGED CHILDREN: Do your children attend school more often than not each week?

Select

Have the members of your family changed in the last 180 days, due to things like divorce, your kids coming back to live with you, someone leaving for military service or incarceration, a relative moving in, or anything like that?

Select

Do you anticipate any other adults or children coming to live with you within the first 180 days of being housed?

Select

Do you have two or more planned activities each week as a family such as outings to the park, going to the library, visiting other family, watching a family movie, or anything like that?

Select

AFTER SCHOOL, OR ON WEEKENDS OR DAYS WHEN THERE ISN'T SCHOOL, IS THE TOTAL TIME CHILDREN SPEND EACH DAY WHERE THERE IS NO INTERACTION WITH YOU OR ANOTHER RESPONSIBLE ADULT...

3 or more hours per day for children aged 13 or older?

Select

2 or more hours per day for children aged 12 or younger?

Select

Do your older kids spend 2 or more hours on a typical day helping their younger sibling(s) with things like getting ready for school, helping with homework, making them dinner, bathing them, or anything like that?

Select

FINALLY, I'D LIKE TO ASK YOU SOME QUESTIONS TO HELP US BETTER UNDERSTAND HOMELESSNESS AND IMPROVE HOUSING AND SUPPORT SERVICES.

Veteran Status

Yes

Military Service Era	Select
Discharge Status	Honorable
What is your citizenship status?	Select
Where did you live prior to becoming homeless?	Select
Have you ever been in foster care?	Select
Have you ever been in jail?	Select
Have you ever been in prison?	Select
Do you or any member of the family have a permanent physical disability that limits mobility? (i.e. wheelchair, amputation, unable to climb stairs)?	Select

WHAT TYPE OF HEALTH INSURANCE DO YOU HAVE, IF ANY?

MEDICAID

MEDICARE

VA Medical

Private Insurance

No Health Insurance

Other

On a regular day, where is it easiest to find you and what time of day is easiest to do so?	
I'd like to take your picture. May I do so?	

SAVE	CANCEL

Frank Taijeron,
System

FT

VI-Y-SPDAT PRESCREEN FOR TRANSITION AGE YOUTH

Assessment Date   09/17/2018

Primary Language   Select

CLARITY
HUMAN SERVICES

A. HISTORY OF HOUSING & HOMELESSNESS

Where do you sleep most
frequently?   Select   25

How long has it been
since you lived in
permanent stable   Select
housing?

In the last three years,
how many times have   Select
you been homeless?

B. RISKS

In the past six months,
received health care at
an emergency   Select
department/room?

In the past six months,
how many times have
you taken an ambulance   Select
to the hospital?

In the past six months,
how many times have
you been hospitalized as   Select
an in-patient?

In the past six months,
how many times have
you used a crisis service,
including sexual assault
crisis, mental health crisis, Select
family/intimate violence,
distress centers and
suicide prevention
hotlines?

In the past six months,
how many times have
you talked to police
because you witnessed a
crime, were the victim of
a crime, or the alleged   Select
perpetrator of a crime or
because the police told
you that you must move
along?

In the past six months, how many times have you stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offense, or anything in between?

Select

Have you been attacked or beaten up since you've become homeless?

Select

Have you threatened to or tried to harm yourself or anyone else in the last year?

Select

Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines or that make it more difficult to rent a place to live?

Select

Were you ever incarcerated when younger than age 18?

Select

Does anybody force or trick you to do things that you do not want to do?

Select

Do you ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that?

Select

C. SOCIALIZATION

Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money?

Select

Do you get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that?

Select

Do you have planned activities, other than just surviving, that make you feel happy and fulfilled?

Select

Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that?

Select

IS YOUR CURRENT LACK OF STABLE HOUSING...

Because you ran away from your family home, a group home or a foster home?

Select

Because of a difference in religious or cultural beliefs from your parents, guardians or caregivers?	Select
Because your family or friends caused you to become homeless?	Select
Because of conflicts around gender identity or sexual orientation?	Select
Because of violence at home between family members?	Select
Because of an unhealthy or abusive relationship, either at home or elsewhere?	Select

D. WELLNESS

Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health?	Select
Do you have any chronic health issues with your liver, kidneys, stomach lungs or heart?	Select
If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you?	Select
Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help?	Select
When you are sick or not feeling well, do you avoid getting help?	Select
Are you currently pregnant, have you ever been pregnant, or have you ever gotten someone pregnant?	Select
Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past?	Select
Will drinking or drug use make it difficult for you to stay housed or afford your housing?	Select
If you've ever used marijuana, did you ever try it at age 12 or younger?	Select

HAVE YOU EVER HAD TROUBLE MAINTAINING YOUR HOUSING, OR BEEN KICKED OUT OF AN APARTMENT, SHELTER PROGRAM OR OTHER PLACE YOU WERE STAYING, BECAUSE OF:

A mental health issue or concern?	Select
A past head injury?	Select
A learning disability, developmental disability, or other impairment?	Select
Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help?	Select
Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking?	Select
Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication?	Select

FINALLY, I'D LIKE TO ASK YOU SOME QUESTIONS TO HELP US BETTER UNDERSTAND HOMELESSNESS AND IMPROVE HOUSING AND SUPPORT SERVICES.

Veteran Status	Yes
Military Service Era	Select
Discharge Status	Honorable
What is your citizenship status?	Select
Where did you live prior to becoming homeless?	Select
Have you ever been in foster care?	Select
Have you ever been in jail?	Select
Have you ever been in prison?	Select
Do you have a permanent physical disability that limits your mobility? [i.e., wheelchair, amputation, unable to climb stairs]?	Select

WHAT TYPE OF HEALTH INSURANCE DO YOU HAVE, IF ANY?

MEDICAID

MEDICARE

VA Medical

Private Insurance

No Health Insurance   5

Other

On a regular day, where is
it easiest to find you and
what time of day is   _____
easiest to do so?

I'd like to take your
picture. May I do so?

SAVE   CANCEL

Frank Taijeron,
System

VI-SPDAT PRESCREEN FOR SINGLE ADULTS [V2]

Assessment Date	09/17/2018
Primary Language	Select

A. HISTORY OF HOUSING & HOMELESSNESS

Where do you sleep most frequently?	Select
How long has it been since you lived in permanent stable housing?	Select
In the last three years, how many times have you been homeless?	Select

B. RISKS

In the past six months, received health care at an emergency department/room?	Select
In the past six months, how many times have you taken an ambulance to the hospital?	Select
In the past six months, how many times have you been hospitalized as an in-patient?	Select
In the past six months, how many times have you used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines?	Select
In the past six months, how many times have you talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along?	Select

In the past six months, how many times have you stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offense, or anything in between?

Select

Have you been attacked or beaten up since you've become homeless?

Select

Have you threatened to or tried to harm yourself or anyone else in the last year?

Select

Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines or that make it more difficult to rent a place to live?

Select

Does anybody force or trick you to do things that you do not want to do?

Select

Do you ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that?

Select

C. SOCIALIZATION

Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money?

Select

Do you get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that?

Select

Do you have planned activities, other than just surviving, that make you feel happy and fulfilled?

Select

Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that?

Select

Is your current homelessness in any way caused by a relationship that broke down, and unhealthy or abusive relationship, or because family or friends caused you to become evicted?

Select

D. WELLNESS

Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health?

Select

Do you have any chronic health issues with your liver, kidneys, stomach lungs or heart?

Select

If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you?

Select

Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help?

Select

When you are sick or not feeling well, do you avoid getting help?

Select

Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past?

Select

Will drinking or drug use make it difficult for you to stay housed or afford your housing?

Select

HAVE YOU EVER HAD TROUBLE MAINTAINING YOUR HOUSING, OR BEEN KICKED OUT OF AN APARTMENT, SHELTER PROGRAM OR OTHER PLACE YOU WERE STAYING, BECAUSE OF:

A mental health issue or concern?

Select

A past head injury?

Select

A learning disability, developmental disability, or other impairment?

Select

Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help?

Select

Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking?

Select

Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication?

Select

Has your current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you have experienced?

Select

FINALLY, I'D LIKE TO ASK YOU SOME QUESTIONS TO HELP US BETTER UNDERSTAND HOMELESSNESS AND IMPROVE HOUSING AND SUPPORT SERVICES.

Veteran Status

Yes

Military Service Era

Select

Discharge Status

Honorable

What is your citizenship status?

Select

Where did you live prior to becoming homeless?

Select

Have you ever been in foster care?

Select

Have you ever been in jail?

Select

Have you ever been in prison?

Select

Do you have a permanent physical disability that limits your mobility? [i.e., wheelchair, amputation, unable to climb stairs]?

Select

WHAT TYPE OF HEALTH INSURANCE DO YOU HAVE, IF ANY?

MEDICAID

MEDICARE

VA Medical

Private Insurance

No Health Insurance

Other

On a regular day, where is it easiest to find you and what time of day is easiest to do so?

I'd like to take your picture. May I do so?

SAVE   CANCEL

Managed with **Clarity Human Services**

Organization:_____ Project:_____

Reviewer:_____ Date Reviewed:_____

Experience and Organizational Commitment	Possible Score	Project Score
Does the organization, its employees and partners (if applicable) have the necessary knowledge and experience to serve the proposed population?	5	
Describe the organization's experience with utilizing a **Housing First** approach. • No preconditions to entry • Allow entry regardless of current or past substance abuse, income, criminal records (with exceptions of restrictions imposed by federal or local law), marital status, familial status, actual or perceived sexual orientation, gender identity • Has a process to address situations that may jeopardize housing or project assistance to ensure that project participation is terminated in only the most severe cases	5	
Describe the organization's experience in effectively utilizing federal funds including satisfactory drawdowns and performance for existing grants as evidenced by timely reimburse of subrecipients (if applicable), regular drawdowns, timely resolution of monitoring findings, and timely submission of required reporting on existing grants.	5	
Coordinated Entry Participation: ≥ 95% of entries to project from Coordinated Entry referrals	5	
Does the organization participate in GHC activities and events such as the annual Point-In-Time (PIT) Count and Passport to Services?	5	
Does the organization attend regular GHC meeting?	5	
Does the organization participate in GHC subcommittees?	5	
Experience and Organizational Commitment	35	

Relative Need	Possible Score	Project Score
Is the project directly related to the critical needs of the homeless population?	5	
Applicant Narrative: Does the project explain how it is operating in conformance with Continuum of Care standards?	5	
Is the project consistent with the Continuum of Care vision and the Gaps Analysis? • Does the project address one of the priority needs identified? • Does the applicant build a case for the need? • Is there any existing housing for this population? If so, is the need much greater than the current capacity?	5	
Relative Need	15	

Project Design	Possible Score	Project Score
Is the proposed target population clearly described? For example, a project that will serve homeless youth would define the age group to be served – homeless youth age 13 to 17.	5	
Does the project demonstrate understanding of the needs of the clients to be served?	5	
Does the project demonstrate the type, scale and location of the housing fit the needs of the clients to be served?	5	
Does the project demonstrate the type and scale of all supportive services, regardless of funding source, to meet the needs of the clients to be served?	5	

	Possible Score	Project Score
Does the project demonstrate how clients will be assisted in obtaining and coordinating the provision of mainstream benefits?	5	
Does the project establish performance measures for housing and income that are objective, measurable, trackable, and meet or exceed any established HUD, HEARTH, or CoC benchmarks?	5	
Does the project describe its plan to assist clients to rapidly secure and maintain permanent housing that is safe, affordable, accessible, and acceptable to their needs?	5	
Does the project describe how clients will be assisted to increase employment and/or income and to maximize their ability to live independently?	5	
Are transportation and community amenities available and accessible?	5	
Is there adequate supervision of the population to be served?	5	
Is there adequate supervision of direct service staff?	5	
Victim Service Providers: If the project services victims of domestic violence, does it describe the efforts it will make to meet the unique needs of this population?	5	
Project Design	**60**	

Readiness to Proceed	Possible Score	Project Score
Does the organization have the essential staff with the required knowledge and experience to implement the program?	5	
Does the project describe its plan for rapid implementation of the program documenting how the project will be ready to begin housing the first program participants? Provide a detailed schedule of proposed activities for 60 days, 120 days, and 180 days after grant award, to include the position descriptions and a timeline to hire staff?	5	
Does the organization have site control of the property where the project will take place?	5	
Does the organization have the ability to provide sound programmatic and fiscal oversight?	5	
Readiness to Proceed	**20**	

Financial Management	Possible Score	Project Score
Does the application provide clear information that addresses sustainability and a budget that supports the project design?	5	
Does the project have budgeted costs that are reasonable, allocable, and allowable?	5	
Is there a financial management system in place that is able to properly account for expenditure of federal funds?	5	
Does the application specify appropriate financial leverage and document matching funds?	5	
Financial Management	**20**	

Comments:_____

Ranking of New Programs	
Experience and Organizational Commitment (Max 35 pts)	
Relative Need (Max 15 pts)	
Project Design (Max 60 pts)	
Readiness to Proceed (Max 20 pts)	
Financial Management (Max 20 pts)	
TOTAL PROJECT SCORE (Max 150 pts)	
FINAL AVERAGE (Total Project Score / 150)	

Recommendation:

☐ Approve at Requested Funding Level

☐ Approve at Decreased Funding Level

☐ Do Not Approve

Revised 09/2017

GUAM HOMELESS COALITION SELECTION CRITERIA
FOR CONTINUUM OF CARE HOMELESS ASSISTANCE PROGRAMS
* For Ranking of Renewal Programs *

Organization:_____ Project:_____

Reviewer:_____ Date Reviewed:_____

Project Performance	Possible Score	Project Score
Outreach efforts: Reduction in the number of persons who are homeless through successful placement from street outreach	5	
Length of Stay: Days lapsed before placed in housing • < 15 days after referral to RRH • < 180 days after referral to TH	5	
Exits to Permanent Housing: • ≥ 90% move to PH from RRH or TH • ≥ 90% remain in or move to PH	5	
Returns to Homelessness: ≤ 15% of participants return to homelessness within 12 months of exit to PH	5	
New or Increased Income and Earned Income: • Project Stayers: ≥ 8% increase of earned income and ≥ 10% increase of non-employment income • Project Leavers: ≥ 8% increase of earned income and ≥ 10% increase of non-employment income	5	
Reduction in the percent of persons defined as homeless under Category 3 of HUD's homeless definition who return to homelessness within 6 to 12 months *	5	
Reduction in the percent of persons defined as homeless under Category 3 of HUD's homeless definition who return to homelessness within 24 months *	5	
Project Performance of Programs that serve Homeless under Category 3	35	
Project Performance of All Other Programs	25	

Experience and Organizational Commitment	Possible Score	Project Score
Does the organization, its employees and partners (if applicable) have the necessary knowledge and experience to serve the proposed population?	5	
Does the organization commit to utilizing a **Housing First** approach? • No preconditions to entry • Allow entry regardless of current or past substance abuse, income, criminal records (with exceptions of restrictions imposed by federal or local law), marital status, familial status, actual or perceived sexual orientation, gender identity • Has a process to address situations that may jeopardize housing or project assistance to ensure that project participation is terminated in only the most severe cases	5	
Coordinated Entry Participation: ≥ 95% of entries to project from Coordinated Entry referrals	5	
Does the organization participate in GHC activities and events such as the annual Point-In-Time (PIT) Count and Passport to Services?	5	
Does the organization attend regular GHC meeting?	5	
Does the organization participate in GHC subcommittees?	5	
Experience and Organizational Commitment	30	

Relative Need	Possible Score	Project Score
Is the project directly related to the critical needs of the homeless population?	5	
Applicant Narrative: Does the project explain how it is operating in conformance with Continuum of Care standards?	5	
Is the project consistent with the Continuum of Care vision and the Gaps Analysis? • Does the project address one of the priority needs identified? • Does the applicant build a case for the need? • Is there any existing housing for this population? If so, is the need much greater than the current capacity?	5	
Does the project serve high need populations? – Participants with zero income at entry • RRH: ≥ 80% • PSH: ≥ 50% • TH: ≥ 50%	5	
Does the project serve high need populations? – Participants with more than one disability type • RRH: ≥ 75% • PSH: ≥ 50% • TH: ≥ 50%	5	
Does the project serve high need populations? – Participants entering project from place not meant for human habitation • RRH: ≥ 75% • PSH: ≥ 50% • TH: ≥ 50%	5	
Relative Need	30	

Project Design	Possible	Project

Revised 09/2017

	Score	Score
Is the target population clearly described? For example, a project that will serve homeless youth would define the age group to be served – homeless youth age 13 to 17.	5	
Are the type and scale of the housing or services proposed appropriate to the needs of the persons to be served?	5	
Is the project designed to help participants achieve self-sufficiency and not just meet emergency needs?	5	
Are transportation and community amenities available and accessible?	5	
Is there adequate supervision of the population to be served?	5	
Is there adequate supervision of direct service staff?	5	
Does the project show how it will help to increase stability for the homeless population by accessing mainstream services?	5	
Does the project show how it will help to increase skills for the homeless population?	5	
Does the project show how participants will be helped to access permanent housing and achieve self-sufficiency?	5	
Victim Service Providers: If the project services victims of domestic violence, does its Annual Performance Report (Q.40 Significant Program Accomplishments) describe the efforts made to meet the unique needs of this population?	5	
Project Design	50	

Financial Management	Possible Score	Project Score
Does the application provide clear information that addresses sustainability and a budget that supports the project design?	5	
Does the project have budgeted costs that are reasonable, allocable, and allowable?	5	
Is there a financial management system in place that is able to properly account for expenditure of federal funds?	5	
Does the application specify appropriate financial leverage and document matching funds?	5	
Has the program been spending its current funds in a timely manner?	5	
Has the program been using its current funds appropriately?	5	
Does the organization submit all program information and reports in a timely manner?	5	
Financial Management	35	

Comments:_____

_____

_____

Recommendations:

☐ Maintain current funding

☐ Reallocate funding

Ranking of Renewal Programs That Serve Homeless Under Category 3	
Project Performance (Max 35 pts)	
Experience & Organizational Commitment (Max 30 pts)	
Relative Need (Max 30 pts)	
Project Design (Max 50 pts)	
Financial Management (Max 35 pts)	
TOTAL PROJECT SCORE (Max 180 pts)	
FINAL AVERAGE (Total Project Score / 180)	

Ranking of All Other Renewal Programs	
Project Performance (Max 25 pts)	
Experience & Organizational Commitment (Max 30 pts)	
Relative Need (Max 30 pts)	
Project Design (Max 50 pts)	
Financial Management (Max 35 pts)	
TOTAL PROJECT SCORE (Max 170 pts)	
FINAL AVERAGE (Total Project Score / 170)	

*Category 3 as per *HEARTH Act*: Families with children or unaccompanied youth who are unstably housed and likely to continue in that state. This category applies to families with children or unaccompanied youth (up to age 24) who have not had a lease or ownership interest in a housing unit in the last 60 or more days, have had two or more moves in the last 60 days, and who are likely to continue to be unstably housed because of disability or multiple barriers to employment.

Organization:_____Project:_____

Reviewer:_____Date Reviewed:_____

Project Performance	Possible Score	Project Score
Does CoC have a governance charter that addresses HMIS required policies and procedures? Is there a formal written agreement between CoC and HMIS Lead?	5	
Did the CoC adopt and follow an HMIS Policy and Procedures manual to include agreements with HMIS Lead and contributing organizations?	5	
Was the annual HIC data submitted on time?	5	
Was the HMIS bed coverage rate at least 85% for all program types (except domestic violence programs)? If not, is there a plan to increase the coverage rate over the next 12 months?	5	
Can the CoC demonstrate that all tables submitted to HUD were accepted and used in the last Annual Homeless Assessment Report (AHAR)?	5	
Does the project maintain and report on universal and program-specific data elements?	5	
Does the project analyze metadata (information about the data itself)?	5	
Does the project ensure proper collection of data and maintenance of the database?	5	
Does the project periodically run and review audit reports to ensure appropriate privacy and data access policies are being followed by end users?	5	
Does the project provide timely and adequate training and assistance to end users?	5	
Does the organization submit all program information and reports in a timely manner	5	
Does the project meet the information needs of the community regarding homelessness?	5	
Project Performance	60	

Organizational Commitment	Possible Score	Project Score
Does the organization, its employees and partners (if applicable) have the necessary experience and knowledge to carry out the specific activities proposed?	5	
Does the organization participate in GHC activities and events such as the annual Point-In-Time (PIT) Count and Passport to Services?	5	
Does the organization attend regular GHC meeting?	5	
Does the organization participate in GHC subcommittees?	5	
Organizational Commitment	20	

Relative Need	Possible Score	Project Score
Is the project directly related to meeting the information needs of the GHC service providers?	5	
Does the organization explain how the project is consistent with the mission statement of the Continuum of Care?	5	
Relative Need	10	

Financial Management	Possible Score	Project Score
Does the application provide clear information that addresses sustainability and a budget that supports the project design?	5	

Does the project have budgeted costs that are reasonable, allocable, and allowable?	5	
Is there a financial management system in place that is able to properly account for expenditure of federal funds?	5	
Does the application specify appropriate financial leverage and document matching funds?	5	
Has the program been spending its current funds in a timely manner?	5	
Has the program been using its current funds appropriately?	5	
Financial Management	30	

Comments:_____

_____

_____

Recommendations:

☐ Maintain current funding

☐ Reallocate funding

Ranking of HMIS	
Project Performance (Max 60 pts)	
Organizational Commitment (Max 20 pts)	
Relative Need (Max 10 pts)	
Financial Management (Max 30 pts)	
TOTAL PROJECT SCORE (Max 120 pts)	
FINAL AVERAGE (Total Project Score / 120)	

Revised 09.2017

July 30, 2018

GUAM BEHAVIORAL HEALTH & WELLNESS CENTER

790 Gov. Carlos G. Camacho Rd.
Tamuning, Guam 96913
Phone: 671.647.5330
Fax: 671.647.5402

EDDIE BAZA CALVO
Governor

RAY TENORIO
Lieutenant Governor

REY M. VEGA
Director

BENNY A. PINAULA
Deputy Director

TO: Guam Homeless Coalition
Review and Ranking Committee

Via: Angelina Cruz, GHC Chairperson

FROM: Acting Director
Guam Behavioral Health & Wellness Center

SUBJECT: RE-ALLOCATION OF THE GUMA HINEMLO FUNDING FOR FY2018.
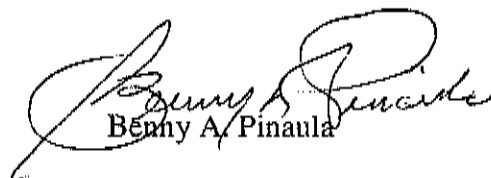
Dear, Madam Chair;

Thank you for the opportunity to write this letter regarding Guam Behavioral Health & Wellness Center's (GBHWC) request on the Guam Homeless Coalition's (GHC) decision to reallocate ten percent (10%), of the Annual Renewal Demand (ARD) for the Guma Hinemlo's Funding under the Continuum of Care Grant for FY2018.

As announced during the GHC's Strategic Planning meeting held on July 26, 2018, the reallocation of $224,540 or 10% of the ARD of the Guma Hinemlos' funding will be effective FY2018. Because of the current economic conditions with the government, the Center's budget was affected significantly. Any additional funding reduction would greatly impact the Center's ability to provide adequate support for all its programs.

Although GHC has not officially voted on this, the Center is recommending the GHC Review and Ranking Committee consider reallocating 5% of the ARD in FY2018 and then the other 5% in 2019. This would give the Center enough time and an opportunity to explore possible avenues for the Guma Hinemlo Program without compromising the care and the services that the program participant currently receives.

Respectfully,

Benny A. Pinaula
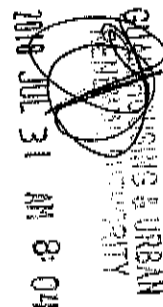
August 31, 2018

Captain Thomas Stambaugh
Guam Corps Officer, Micronesian Islands
The Salvation Army

Re: FY 2018 Continuum of Care (CoC) Program Competition

Dear Captain Stambaugh,

Thank you for submitting your new project application to the Guam Homeless Coalition (GHC) for the Coordinated Entry System as part of the FY 2018 CoC Program Competition.

All applications were reviewed by the Review and Ranking Committee (RRC) comprised of GHC members representing agencies and organizations which do not receive CoC funding. Typically, the RRC reviews information provided by applicants in the areas of Project Descriptions, Funding Request, Leverage, and Performance Measures which include but are not limited to Organizational Capacity and Participation in GHC activities. Consideration is also give to HUD's policy and program priorities and mandates.

We thank you for taking the time and effort to develop and submit your proposal.

If you have any questions or concerns, please do not hesitate to contact Amor Say, Guam Housing and Urban Renewal Authority Planner. Again, thank you for your interest in the Continuum of Care and your continued efforts to address homelessness on Guam.

Sincerely,

ANGELINA-MARIE S. CRUZ
GHC Review and Ranking Committee Leader
Guam Homeless Coalition Chairperson

August 31, 2018

Diana B. Calvo, Executive Director
Catholic Social Services

Re: FY 2018 Continuum of Care (CoC) Program Competition

Dear Mrs. Calvo

Thank you for submitting your new project application to the Guam Homeless Coalition (GHC) for the DV Bonus as part of the FY 2018 CoC Program Competition.

All applications were reviewed by the Review and Ranking Committee (RRC) comprised of GHC members representing agencies and organizations which do not receive CoC funding. Typically, the RRC reviews information provided by applicants in the areas of Project Descriptions, Funding Request, Leverage, and Performance Measures which include but are not limited to Organizational Capacity and Participation in GHC activities. Consideration is also give to HUD's policy and program priorities and mandates.

We thank you for taking the time and effort to develop and submit your proposal.

If you have any questions or concerns, please do not hesitate to contact Amor Say, Guam Housing and Urban Renewal Authority Planner. Again, thank you for your interest in the Continuum of Care and your continued efforts to address homelessness on Guam.

Sincerely,

Angelina-Marie S. Cruz

ANGELINA-MARIE S. CRUZ
GHC Review and Ranking Committee Leader
Guam Homeless Coalition Chairperson

August 31, 2018

Mr. Michael J. Duenas, Executive Director
GHURA

Re: FY 2018 Continuum of Care (CoC) Program Competition

Dear Mr. Duenas,

Thank you for submitting your new project application to the Guam Homeless Coalition (GHC) for the Housing First Rental Assistance Program Expansion as part of the FY 2018 CoC Program Competition.

All applications were reviewed by the Review and Ranking Committee (RRC) comprised of GHC members representing agencies and organizations which do not receive CoC funding. Typically, the RRC reviews information provided by applicants in the areas of Project Descriptions, Funding Request, Leverage, and Performance Measures which include but are not limited to Organizational Capacity and Participation in GHC activities. Consideration is also give to HUD's policy and program priorities and mandates.

We thank you for taking the time and effort to develop and submit your proposal.

If you have any questions or concerns, please do not hesitate to contact Amor Say, Guam Housing and Urban Renewal Authority Planner. Again, thank you for your interest in the Continuum of Care and your continued efforts to address homelessness on Guam.

Sincerely,

ANGELINA-MARIE S. CRUZ
GHC Review and Ranking Committee Leader
Guam Homeless Coalition Chairperson

August 31, 2018

Ramona McManus, Executive Director
Elim Pacific Ministries

Re: FY 2018 Continuum of Care (CoC) Program Competition

Dear Ms. McManus,

Thank you for submitting your renewal application to the Guam Homeless Coalition (GHC) for Empowered Together as part of the FY 2018 CoC Program Competition.

All applications were reviewed by the Review and Ranking Committee (RRC) comprised of GHC members representing agencies and organizations which do not receive CoC funding. Typically, the RRC reviews information provided by applicants in the areas of Project Descriptions, Funding Request, Leverage, and Performance Measures which include but are not limited to Organizational Capacity and Participation in GHC activities. Consideration is also give to HUD's policy and program priorities and mandates.

We thank you for taking the time and effort to develop and submit your proposal.

If you have any questions or concerns, please do not hesitate to contact Amor Say, Guam Housing and Urban Renewal Authority Planner. Again, thank you for your interest in the Continuum of Care and your continued efforts to address homelessness on Guam.

Sincerely,

ANGELINA-MARIE S. CRUZ
GHC Review and Ranking Committee Leader
Guam Homeless Coalition Chairperson

August 31, 2018

Rey M. Vega, Director
Guam Behavioral Health and Wellness Center

Re: FY 2018 Continuum of Care (CoC) Program Competition

Dear Mr. Vega,

Thank you for submitting your renewal application to the Guam Homeless Coalition (GHC) for Guma Hinemlo' as part of the FY 2018 CoC Program Competition.

All applications were reviewed by the Review and Ranking Committee (RRC) comprised of GHC members representing agencies and organizations which do not receive CoC funding. Typically, the RRC reviews information provided by applicants in the areas of Project Descriptions, Funding Request, Leverage, and Performance Measures which include but are not limited to Organizational Capacity and Participation in GHC activities. Consideration is also give to HUD's policy and program priorities and mandates.

We thank you for taking the time and effort to develop and submit your proposal.

If you have any questions or concerns, please do not hesitate to contact Amor Say, Guam Housing and Urban Renewal Authority Planner. Again, thank you for your interest in the Continuum of Care and your continued efforts to address homelessness on Guam.

Sincerely,

ANGELINA-MARIE S. CRUZ
GHC Review and Ranking Committee Leader
Guam Homeless Coalition Chairperson

August 31, 2018

Samuel Ilesugam
Executive Director
Guma' Mami, Inc.

Re: FY 2018 Continuum of Care (CoC) Program Competition

Dear Mr. Ilesugam,

Thank you for submitting your new project application to the Guam Homeless Coalition (GHC) for the Guma Mami Bonus as part of the FY 2018 CoC Program Competition.

All applications were reviewed by the Review and Ranking Committee (RRC) comprised of GHC members representing agencies and organizations which do not receive CoC funding. Typically, the RRC reviews information provided by applicants in the areas of Project Descriptions, Funding Request, Leverage, and Performance Measures which include but are not limited to Organizational Capacity and Participation in GHC activities. Consideration is also give to HUD's policy and program priorities and mandates.

We thank you for taking the time and effort to develop and submit your proposal.

If you have any questions or concerns, please do not hesitate to contact Amor Say, Guam Housing and Urban Renewal Authority Planner. Again, thank you for your interest in the Continuum of Care and your continued efforts to address homelessness on Guam.

Sincerely,

ANGELINA-MARIE S. CRUZ
GHC Review and Ranking Committee Leader
Guam Homeless Coalition Chairperson

August 31, 2018

Captain Thomas Stambaugh
Guam Corps Officer, Micronesian Islands
The Salvation Army

Re: FY 2018 Continuum of Care (CoC) Program Competition

Dear Captain Stambaugh,

Thank you for submitting your renewal application to the Guam Homeless Coalition (GHC) for HMIS as part of the FY 2018 CoC Program Competition.

All applications were reviewed by the Review and Ranking Committee (RRC) comprised of GHC members representing agencies and organizations which do not receive CoC funding. Typically, the RRC reviews information provided by applicants in the areas of Project Descriptions, Funding Request, Leverage, and Performance Measures which include but are not limited to Organizational Capacity and Participation in GHC activities. Consideration is also give to HUD's policy and program priorities and mandates.

We thank you for taking the time and effort to develop and submit your proposal.

If you have any questions or concerns, please do not hesitate to contact Amor Say, Guam Housing and Urban Renewal Authority Planner. Again, thank you for your interest in the Continuum of Care and your continued efforts to address homelessness on Guam.

Sincerely,

ANGELINA-MARIE S. CRUZ
GHC Review and Ranking Committee Leader
Guam Homeless Coalition Chairperson

August 31, 2018

Mr. Michael J. Duenas, Executive Director
Guam Housing and Urban Renewal Authority

Re: FY 2018 Continuum of Care (CoC) Program Competition

Dear Mr. Duenas,

Thank you for submitting your renewal application to the Guam Homeless Coalition (GHC) for the Housing First Rental Assistance Program as part of the FY 2018 CoC Program Competition.

All applications were reviewed by the Review and Ranking Committee (RRC) comprised of GHC members representing agencies and organizations which do not receive CoC funding. Typically, the RRC reviews information provided by applicants in the areas of Project Descriptions, Funding Request, Leverage, and Performance Measures which include but are not limited to Organizational Capacity and Participation in GHC activities. Consideration is also give to HUD's policy and program priorities and mandates.

We thank you for taking the time and effort to develop and submit your proposal.

If you have any questions or concerns, please do not hesitate to contact Amor Say, Guam Housing and Urban Renewal Authority Planner. Again, thank you for your interest in the Continuum of Care and your continued efforts to address homelessness on Guam.

Sincerely,

ANGELINA-MARIE S. CRUZ
GHC Review and Ranking Committee Leader
Guam Homeless Coalition Chairperson

August 31, 2018

Diana B. Calvo, Executive Director
Catholic Social Services

Re: FY 2018 Continuum of Care (CoC) Program Competition

Dear Mrs. Calvo,

Thank you for submitting your renewal application to the Guam Homeless Coalition (GHC) for the Y Jahame Permanent Housing Program as part of the FY 2018 CoC Program Competition.

All applications were reviewed by the Review and Ranking Committee (RRC) comprised of GHC members representing agencies and organizations which do not receive CoC funding. Typically, the RRC reviews information provided by applicants in the areas of Project Descriptions, Funding Request, Leverage, and Performance Measures which include but are not limited to Organizational Capacity and Participation in GHC activities. Consideration is also give to HUD's policy and program priorities and mandates.

We thank you for taking the time and effort to develop and submit your proposal.

If you have any questions or concerns, please do not hesitate to contact Amor Say, Guam Housing and Urban Renewal Authority Planner. Again, thank you for your interest in the Continuum of Care and your continued efforts to address homelessness on Guam.

Sincerely,

ANGELINA-MARIE S. CRUZ
GHC Review and Ranking Committee Leader
Guam Homeless Coalition Chairperson

August 16, 2018

Rey M. Vega, Director
Guam Behavioral Health and Wellness Center

Re: FY 2018 Continuum of Care (CoC) Program Competition

Dear Mr. Vega,

Thank you for submitting your renewal application for Guma Hinemlo as part of the FY 2018 CoC Program Competition.

All applications were reviewed by the Review and Ranking Committee (RRC) comprised of GHC members representing agencies and organizations which do not receive CoC funding. Typically, the RRC reviews information provided by applicants in the areas of Demonstrated Need, Project Description, Funding Request, as well as Match and Leveraged Resources. Consideration is also give to HUD's policy and program priorities and mandates.

The CoC program is designed to promote a community-wide commitment to the goal of ending homelessness; to provide funding for efforts to quickly re-house homeless individuals, families, persons fleeing domestic violence, and youth while minimizing the trauma and dislocation caused by homelessness; to promote access to and effective utilization of mainstream programs by homeless individuals and families; and to optimize self-sufficiency among those experiencing homelessness. Thus, the intent of your project meets HUD priorities.   **Unfortunately, we have decided to reduce funding for Guma Hinemlo from $326,917 to $207,005** for the following reasons:

- The majority of funds are being used for salaries rather than supportive services.
- Your agency is not accessing client referrals from the community queue.
- Your agency has historically returned a large amount of unused funds which could have been used to providing housing and other direct services to the homeless population.

We thank you for the hard work and dedication of your staff at Guma Hinemlo. If you have any questions or concerns, please do not hesitate to contact Amor Say, Guam Housing and Urban Renewal Authority Planner. Again, thank you for your interest in the Continuum of Care and your continued efforts to address homelessness on Guam.

Sincerely,

ANGELINA-MARIE S. CRUZ
GHC Review and Ranking Committee Leader
Guam Homeless Coalition Chairperson

GUAM HOUSING AND URBAN RENEWAL AUTHORITY

For Immediate Release

Media Contact: Katherine E. Taitano, Chief Planner
Telephone: 671.475.1322
Email: katherine@ghura.org

PRESS RELEASE
Guam Homeless Coalition Announces Funding Opportunity

Sinajaña, GU (July 30, 2018) – The Guam Housing and Urban Renewal Authority (GHURA) serves as the Collaborative Applicant for the Guam Homeless Coalition. The Guam Homeless Coalition will run a local competition based on the US Department of Housing and Urban Development's FY2018 Notice of Funding Availability (NOFA) FR-6200-N-25. The local competition is open to agencies and organizations working to end homelessness on Guam through housing and support services. New this year is potential additional funding for programs that address housing needs of individuals fleeing domestic violence.

To apply, applicants should email an abstract that includes a Needs Statement, a Project Description and Budget to amsay@ghura.org. Abstracts should be no longer than 3 pages and should be submitted via email by 5 pm on August 8, 2018. For questions and technical assistance, please contact Amor Say at the above email address.

##

Vanessa Estella

From:	Bill Eriksen <bill@ghura.org>
Sent:	Monday, September 17, 2018 8:23 AM
To:	vestella@ghura.org
Subject:	FW: FW: Press Release for Website

From: GuamWEBZ WebCare [mailto:webcare@guamwebz.com]
Sent: Monday, July 30, 2018 3:42 PM
To: Joyce S. Aguon
Cc: Bill Eriksen; Julie G. Lujan
Subject: Re: FW: Press Release for Website

Hafa Adai Joyce,

This was done. Also, it looks good on all devices.

Kind regards,

James

GuamWEBZ WebCare Team

For all your Web Updates and Support:
webcare@guamwebz.com

"WEB CARE for your Web."

We Can Make IT Happen!
──────

1

On Mon, Jul 30, 2018 at 7:41 AM, Joyce S. Aguon <joyaguon@ghura.org> wrote:

Hafa Adai Guam Webz,

Please update website as per email below.

Thank you,

Joyce

From: Vanessa Estella [mailto:vestella@ghura.org]
Sent: Friday, July 27, 2018 12:38 PM
To: 'Bill Eriksen' <bill@ghura.org>; 'Joyce S. Aguon' <joyaguon@ghura.org>
Subject: Press Release for Website

Hello Bill and Joyce,

Kindly upload the following Press Release under Bulletin > News & Events > Continuum of Care Funding Opportunity for PY2018.

Thank you,
Vanessa

Guam Homeless Coalition
Continuum of Care Policy and Procedures

Table of Contents

Introduction

The Continuum of Care (CoC) Program is designed to promote community-wide commitment to the goal of ending homelessness; provide funding for efforts by non-profit providers, and assist local governments to quickly re-house homeless individuals and families while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness; promote access to and effect utilization of mainstream programs by homeless individuals and families; and optimize self-sufficiency among individuals and families experiencing homelessness.

The Program Components of the CoC Program under the Continuum of Care (CoC) Program Interim Rule are:

1. Permanent Housing
   a. Permanent Supportive Housing
   b. Rapid Re-housing
2. Transitional Housing
3. Supportive Services Only (SSO)
4. Homeless Management Information System (HMIS)
5. Homeless Prevention

This document outlines the policies and procedures for the CoC.

Roles and Responsibilities of the CoC

OVERVIEW

Guam's CoC is the Guam Homeless Coalition (GHC). The GHC is a group of government agencies, non-profit organizations and the private sector that come together for the purpose of responding to the needs of homeless youth, families, and single adults. Members include the organizations that operate shelters for homeless youth, families, and single adults and mainstream agencies that provide supportive services for the homeless. As required by the Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009 (HEARTH Act), members of the CoC work as a "group organized to carry out the responsibilities required under the Continuum of Care Program," (24 CFR Part 578, CoC Program, Interim Rule). The CoC must also designate a Collaborative Applicant whose primary responsibility is to apply for CoC Program funds on behalf of the island's renewal and new programs. The Guam Housing and Urban Renewal Authority (GHURA) is the designated Collaborative Applicant.

The CoC Program Interim Rule also stipulates the primary responsibilities of the CoC:

1. Operation of the Continuum of Care
   - At a minimum, conduct semi-annual meetings of the full membership
   - Issue a public invitation for new members, at least annually
   - Adopt and follow a written process to select a Board of Directors
   - Appoint additional committees, subcommittees or work groups
   - Develop and follow a governance charter detailing the responsibilities of all parties
   - Consult with recipients and subrecipients to establish performance targets appropriate for population and program type, monitor the performance of recipients and subrecipients, evaluate outcomes, and take action against poor performers
   - Evaluate and report outcomes of the Emergency Solutions Grant (ESG) and CoC projects to HUD
   - Establish and operate a coordinated entry system
   - Establish and follow written standards for providing CoC assistance

2. Designation and operation of a Homeless Management Information System (HMIS)
   - Designate a single HMIS
   - Select an eligible applicant to manage the CoC's HMIS
   - Monitor recipient and subrecipient participation in the HMIS
   - Review and approve privacy, security and data quality plans

3. CoC Planning
   - Coordinate the implementation of a housing and service system within its geographic area
   - Conduct a Point-in-Time count of homeless persons
   - Conduct an annual gaps analysis
   - Provide information required to complete the Consolidated Plan
   - Consult with ESG recipients regarding the allocation of ESG funds and the evaluation of the performance of ESG recipients and subrecipients

Purpose

The purpose of this document is to satisfy the requirements of the HEARTH Act to have written policies and procedures that govern the provision of assistance to individuals and families under the CoC programs, and the overall administration and operations of the CoC. These policies and procedures provide guidance to local providers and other partners. The purpose of this document is to establish the decisions and governance of the local CoC.

Geographic Area

The area covered by this CoC is the island of Guam comprised of 19 villages to include:

1. Agana Heights
2. Agat
3. Asan-Maina
4. Barrigada
5. Chalan Pago-Ordot
6. Dededo

7. Hagatna
8. Inarajan
9. Mangilao
10. Merizo
11. Mongmong-Toto-Maite
12. Piti

13. Santa Rita
14. Sinajana
15. Talofofo
16. Tamuning-Tumon-Harmon
17. Umatac
18. Yigo
19. Yona

Guam Homeless Coalition Board of Directors

The CoC Program Interim Rule requires the local CoC to establish a Board of Directors (hereinafter referred to as the "Board") to act on behalf of the CoC using the process adopted by the CoC for board membership selection. Further, this process must be reviewed, updated and approved by the CoC at least once every five years. The Board must also comply with the conflict-of-interest requirements established under §578.95 of the Interim Rule. The Interim Rule further identifies the following Board requirements:

1. Be representative of the relevant organizations and projects serving homeless subpopulations; and
2. Include at least one homeless or formerly homeless individual.

Roles of the Board

The Guam Homeless Coalition Board of Directors shall consist of three (3) and not more than seven (7) Directors and shall include persons elected to positions as Directors by the membership.

Positions of the Board include:

1. Chairperson
2. Vice-Chairperson
3. Treasurer
4. Secretary
5. Direct Service Provider
6. Indirect Service Provider

7. Homeless or formerly homeless person

The Board shall:

1. Be the governing body of the Corporation.
2. Have the lawful powers to carry out the purposes of and to conduct the business of the Corporation.
3. Have no power to amend the Articles of the Incorporation or the Bylaws of the Corporation except at the direction of the members of the Corporation pursuant to Article 9 (Amendments) of the Bylaws.
4. May form standing committees as needed. This power is also given to the Chairperson of the Guam Homeless Coalition.

Collaborative Applicant

The Guam Housing and Urban Renewal Authority (GHURA) is the designated Collaborative Applicant (CA) whose primary responsibility as a CA is to collect and combine the required application information from all applicants and for all projects that the CoC has selected for funding. The CA is responsible for submitting the CoC Consolidated Application, the renewal projects, and any new projects that the CoC selected for funding. Further, GHURA is the direct recipient on behalf of Guam's Continuum of Care with HUD for all CoC Funds.

Duties

1. Provide technical assistance/policy guidance to the membership, CoC-funded programs, Committees and Subcommittees, and the Board.
2. Conduct desk reviews of all CoC-funded programs during the project's operating year. Desk reviews encompass the screening of payment requests and client documentation as it pertains to eligible activities according to federal regulations.
3. Conduct on-site monitoring of all CoC-funded programs at least 3 to 6 months into the program's operating year. The CA's fiscal and planning staff are responsible for conducting on-site monitoring. Client files and fiscal documentation are reviewed in greater detail resulting in a final report to the project sponsor of any findings or concerns. Project sponsors must respond with a plan of action to rectify such findings or concerns.
4. Monitor for enforcement the submission of expenditure reimbursement requests within 60 calendar days of the close of the period the expenses were incurred.
5. Monitor the timely submission of periodic reports in compliance with the terms of award.
6. Prepare, review, and submit CoC and ESG-funded program Annual Performance Reports.
7. Oversee the process and provide technical assistance to the Review and Ranking Committee, whose primary responsibility is to review and rank all applications for renewal of existing projects and creation of new projects as required by the specified NOFA. The Committee also ensures the submission of such applications to HUD within 60-90 days after the NOFA release.
8. With input and assistance from the membership and Committees and Subcommittees, continue to develop, enhance, and manage the Coordinated Entry System that helps prioritize households based on their assessed needs.

9. Provide financial reports to the CoC and its Committees or Subcommittees during annual assessments of program performance.
10. Prepare and submit the community's application for funding under the Continuum of Care program as the Collaborative Applicant, and coordinate the submission of Exhibit 2 by the individual programs.
11. Apply for HUD CoC Planning funds, and if awarded, enter into an agreement with HUD, perform the eligible grant activities, and ensure it complies with the match requirement of the CoC Program.

Homeless Management Information System (HMIS)

The HMIS is a computerized data collection system that stores information about persons experiencing homelessness, collected throughout the community from the various agencies that provide services to these individuals. Client-level information collected from each program can be aggregated with data from other programs using a unique client identifier to determine unduplicated system-wide information, such as the overall level of homelessness, service effectiveness, and unmet community needs.

HMIS Administration Duties

The lead agency for the implementation of the HMIS is The Salvation Army Guam Corps. The goals of the HMIS are to:

1. Comply with HUD and other reporting requirements
2. Improve agency-level reporting or operations
3. Reduce duplicative intake
4. Improve service coordination and/or collaborative case management
5. Improve client benefits acquisition
6. Measure program performance
7. Generate data to inform policy and resource allocation decisions

Participation

All ESG and HUD Continuum of Care funded agencies must participate in HMIS. Non-ESG and non-HUD Continuum of Care funded agencies are encouraged to participate in the HMIS in the following order:

1. Emergency shelters, transitional housing programs, and homeless outreach services such as the PATH Program regardless of whether they receive funding through the McKinney – Vento Act.
2. Permanent supportive housing programs funded by other HUD programs (CDBG and HOME)
3. Homeless prevention programs, supportive services only programs, and non-federally funded permanent supportive housing programs.

The CoC will work closely with all homeless service providers to encourage the participation in HMIS to include all homeless-dedicated beds. The CoC will work to ensure the coverage rate for

any housing type is 85%. <mark>The CoC will review and assess the coverage rate at least on a quarterly basis.</mark>

Roles of the CoC

The Information Technology and Data Collection Committee will be responsible for creating and updating the HMIS Policies and Procedures, which will include the following policies:

1. HMIS Roles and Responsibilities of the CoC, HMIS Coordinator, HMIS Support Specialist, HMIS Data Analyst, Participating Agencies, and HMIS User.
2. Participation standards which include the agency system agreement and user agreement requirements and system hardware/software requirements.
3. Privacy/confidentiality standards in accordance with HUD HMIS Fair Information Practices.
4. Allowable uses of data, data collection commitment, data standards, interagency data sharing, protected personal information, privacy protection protocols, release of information, and guidelines for creating hard copies containing information from the HMIS.
5. Guidelines for agencies establishing grievance procedures for complaints against the HMIS, including grievances related to consent and release of information.
6. Agency termination of participation.
7. Governance of the HMIS.
8. Limitation of liability and indemnification.
9. Procedures for training and technical support.
10. CoC Homeless Documentation requirements.
11. Location and ownership of data.
12. Ethical use of data.
13. Use of system as it pertains to user identification and passwords.

Guam's CoC HMIS Policies and Procedures is herein attached as Exhibit A.

Continuum of Care Vision, Mission, and Activities

Vision

The CoC's vision is to use a community based approach to significantly reduce, prevent and end homelessness and at-risk homelessness on Guam including:

1. Coordinate and/or integrate homeless-related programs for smooth transition throughout Guam's CoC system;
2. Implement an effective and efficient delivery system of services to prevent homelessness and to move homeless individuals and families into permanent housing;
3. Develop an accessible and comprehensive system which receives individuals and families in need of care and moves them through a system towards independent living and sustainability; and
4. Develop strong homeless programs/services with sustainable links.

Mission

The CoC's mission is to empower individuals and families who are homeless and/or at-risk of homelessness to achieve self-sufficiency, by providing supports through awareness, education, and advocacy.

Activities

The CoC will achieve the mission by implementing the following activities:

1. Build relationships with those experiencing homelessness in our community and those at-risk of becoming homeless
2. Assess the needs of those within our community and recommend strategies to address the gaps in services
3. Sustain successful programs
4. Make available adequate and appropriate housing for all homeless populations
5. Create a strong foundation between all members of the community
6. Maintain open and inclusive planning activities
7. Collaborate among all service providers
8. Educate and advocate on behalf of homeless persons for educational services, housing, employment, health and mental health care, and other mainstream services
9. Empower individuals by making available supportive services to attain self-sufficiency
10. Improve prevention programs
11. Evaluate the effectiveness of current programs to ensure accountability and efficiency

Membership of the Continuum of Care

Guam's CoC is the Guam Homeless Coalition (GHC). The GHC is a group of government agencies, non-profit organizations and the private sector that come together for the purpose of responding to the needs of homeless youth, families, and single adults. Members include the organizations that operate shelters for homeless youth, families, and single adults and mainstream

agencies that provide supportive services for the homeless. The CoC works to incorporate the input of diverse populations in the decision-making and planning process, including input from homeless participants, formerly homeless persons, community members, and other groups comprising numerous representations of genders and ethnic groups.

The GHC conducts regular monthly membership meetings and welcomes new members who are currently serving homeless persons or intend to serve such populations. The GHC works to include representation from the following groups:

- Homeless service providers and agencies
- Community and faith-based organizations
- Local Government Staff/Officials
- CDBG/HOME/ESG Entitlement Jurisdiction
- Law Enforcement
- Local Jail
- Hospital
- EMT/Crisis Response Teams
- Mental Health Service Organizations
- Substance Abuse Service Organizations
- Affordable Housing Developers
- Public Housing Authorities
- CoC and Non-CoC-Funded Youth Homeless Organizations
- School Administrators/Homeless Liaisons
- CoC and Non-CoC-Funded Victim Service Providers
- Street Outreach Team(s)
- Youth Advocates
- Agencies that serve survivors of human trafficking
- Other homeless subpopulation advocates
- Homeless or formerly homeless persons
- HIV/AIDS Service Provider

Eligibility

In order to be eligible for membership in the GHC, an organization or individual must be committed to GHC's purposes and goals.

Admission to Membership

Both individuals and organizations are eligible for active membership. Any individual or organization may be admitted to membership upon receipt of their application.

Voting Classes of Members

Membership classification shall be as follows:

1. Individual Membership
2. Organizational Membership

Revocation of Membership

Membership shall be revoked for just cause. Before such revocation, the member in question shall be notified of the proposed revocation and the reasons for such proposed revocation. Such notice shall be by registered mail to the member whose membership is proposed to be revoked. Such notice shall be placed in the United States mail not less than two (2) weeks prior to the date of the meeting at which the Board is to consider such membership revocation. The member whose membership is proposed to be revoked may submit written information on his/her/their behalf for consideration by the Board at the meeting for which notice was given. A member may be present at the Board meeting for which notice was given, and a member shall have the right to address the Board regarding the proposed revocation prior to a vote by the Board upon such proposed revocation. The Board shall allow the member reasonable time to address the Board. Revocation of a membership shall be by a two-thirds vote of a quorum of the Board. A membership, which has previously been revoked as provided in this section, may be reinstated by a vote of two-thirds vote of a quorum of the Board.

Responsibilities of the Continuum of Care Members

Members of the CoC, otherwise known as the Guam Homeless Coalition, must demonstrate a professional interest in, or personal commitment to, addressing the issues faced by homeless individuals and families and the overall impact to the community.

The purposes of the GHC:

1. Conduct activities to assess the size of Guam's homeless population, the causes of homelessness and the needs of the homeless population;
2. Develop an accessible and comprehensive system which receives individuals and families in need of care and moves them through a system toward independent living and sustainability;
3. Coordinate and integrate homeless-related programs for smooth transition throughout Guam's CoC system; and
4. Evaluate the effectiveness and efficiency of the GHC system of care on an ongoing basis.

Responsibilities of the Members:

1. Attend monthly membership meetings which are scheduled every third Wednesday of the month;
2. Serve on a committee of the CoC;
3. Assist in the preparation and implementation of the annual Point In Time Count and Passport to Services;
4. Provide input to creating strategies and action steps to preventing and ending homelessness;
5. Participate in advocacy and public education efforts;
6. Provide input to amending or updating policies and procedures; and
7. Vote on issues presented.

Continuum of Care Committees

Executive Committee

Members of this committee include the GHC Chairperson. The responsibilities of this committee include:

1. Engage new members to the local CoC
2. Conduct orientation for new members
3. Develop recommendations regarding status of the local CoC including update of the bylaws, policies and procedures
4. Assist information technology committee to prepare reports for the Point-in-Time Count

Information Technology and Data Collection

Members of this committee are responsible for the oversight of the HMIS. The responsibilities of this committee include:

1. Prepare reports for the Homeless Data Exchange
2. Prepare General Annual Progress Reports
3. Ensure that participating organizations and staff update client and program information in HMIS
4. Coordinate and conduct refresher training for new end users
5. Organize the planning and implementation of the annual Point-in-Time Homeless Count

Advocacy and Education

Members of this committee are responsible for support or recommendation of policies that aim to support the rights of homeless persons. The responsibilities of this committee include:

1. Educate the public, political leaders, government and non-governmental agencies and private institutions on the issues related to homelessness
2. Coordinate training for service providers
3. Organize the Consumer Voice Group
4. Carry out outreach and awareness activities periodically

Strategic Planning Committee

Members of this committee are responsible for defining the approach, or direction, and making decisions on allocating the CoC's resources to pursue the goals of the Continuum. The responsibilities of this committee include:

1. Coordinate the preparation and submission of the CoC application
2. Participate in planning and implementation of the annual Point-in-Time count and the Passport to Services
3. Update the Plan to End Homelessness
4. Research other funding opportunities that may fill gaps in services within the local CoC

Review and Ranking Committee

The members of this committee are responsible for ensuring the policies established for reviewing and ranking existing CoC projects and the new projects are followed in accordance with the NOFA. This committee is comprised of panelists who are not direct recipients of CoC funds. The responsibilities of this committee include:

1. Ranking renewal and new projects based on the review of data on project performance and effectiveness using established selection criteria
2. Ensure the ranking of projects are based on the established processes and priorities of the CoC
3. Meet as a group to discuss concerns with applications, average the scores of all panelists, and arrive at a proposed final ranking

Nominating Committee

Members of this committee oversee the process established for nominating members of the CoC to serve on the Board. The responsibilities of this committee include:

1. Call for nominations no less than ninety (90) days prior to the Annual Meeting
2. Ensure candidates are members of the CoC and meet other qualifications determined by the Board
3. Prepare an official ballot together with information on the candidates
4. Ensure members receive a copy of the official ballot at least thirty (30) days prior to the Annual Meeting

HUD Reporting Requirements

Annual Performance Reports

Annual Performance Reports (APRs) are required by HUD on an annual basis to track the progress and accomplishments of the island's CoC programs. The APR gathers information on performance outcomes such as the length of stay of program participants, percent of homeless persons with permanent housing exit destinations and percent of homeless persons who maintained or increased their income and mainstream benefits. These APRs are used as a planning tool to analyze the characteristics of homeless persons and their needs, to evaluate outcomes, make improvements, and to assist in setting goals to reach performance measures of HUD.

1. Recipients and subrecipients receiving CoC funds must report their annual progress to HUD via the APR
2. Recipients and subrecipients must collect and maintain information on participants served by their CoC-funded project
3. All questions in the APR must be completed before submission
4. Recipients and subrecipients must review the APR instructions issued by HUD for guidance before completing the APR
5. The CoC CA is responsible for reviewing, certifying, and submitting the APR for each CoC-funded project

Information collected in the APR includes:

1. General project information such as the dates of the operating year, program type, and program component
2. Client information, including household type, demographic information, prior living situation, income, length of stay, supportive services received, reasons for leaving, and destination upon leaving the project
3. Progress in achieving program goals
4. Financial information, including match and project expenditures for the program year
5. Recipients and subrecipients must track and keep records documenting the match received and utilized. GHURA is responsible for reviewing all match documentation and approving eligible expenses or services in accordance with the CoC Program Interim Rule regulations.

Continuum of Care Projects

Guam's CoC requires all project sponsors to have written policies and procedures that govern the assistance to individuals and families. These policies and procedures provide guidance as to the administration of housing and supportive services, to include the eligibility and documentation standards, and termination and grievance procedures. All written policies and procedures must follow the Interim Rule.

The following CoC-funded projects are:

Permanent Supportive Housing Programs

1. **Housing First Rental Assistance Program/Aftercare Housing Program** – provides Tenant-Based Rental Assistance (TRA) to homeless adults with disabilities and their families. Under the TRA, homeless adults and their families will have the opportunity to choose affordable rental housing of their choice and will utilize available supportive services. *Managed by the Guam Housing & Urban Renewal Authority*

2. **Guma Hinemlo –** provides a group home for nine homeless adults with serious mental illness. Services include case management services; counseling, psychiatric, psychological, behavior analyst and other therapeutic services, such as occupational and physical therapy; and case management to assist its residents develops skills and strength in areas of coping and problem solving. The program also provides educational and vocational training and assistance in finding mainstream housing. *Managed by the Guam Behavioral Health & Wellness Center*

3. **Empowered Together –** provides four apartment units for homeless, disabled women with children, as well as supportive services and case management. The program addresses the issues of homelessness and recovery among women by tackling the issues contributing to addiction, such as helping clients obtain and remain in permanent housing, overcome addiction, and promote health and stabilization leading to greater self-determination. *Managed by the Elim Pacific Ministries*

4. **Forrester's Refuge -** provides a group home for four homeless young adults with dual diagnosis disability. The program combines life skills training and supportive counseling to more effectively help young people in homeless situations refocus their lives and become contributing members of the community. *Managed by Sanctuary, Inc.*

5. **Y' Jahame Permanent Housing Program –** permanent housing program for homeless seniors and homeless persons with disabilities, with priority given to those with the longest histories of homelessness. Support services and assistance based on disability is also provided. *Managed by the Catholic Social Services*

Information System

6. **Homeless Management Information System –** human service database that collects and delivers timely, credible, quality data about **services and homeles**s persons; an integral

component in which service providers will have the ability to utilize data for accurate referral, placement, and effective case management. *Managed by The Salvation Army*

Participation Eligibility & Documentation

All clients served through the CoC and ESG must go through the process of ranking by vulnerability and meet HUD's definition of "homeless." The ranking of vulnerability is established through the CoC's Coordinated Entry System (CES). As set forth in the HEARTH Act, the four categories of homelessness are: 1) Literally Homeless, 2) Imminent Risk of Homelessness, 3) Homeless Under Other Federal Statutes, and 4) Fleeing/Attempting to Flee Domestic Violence.

 The following are the criteria used for defining homeless:

Category 1: Literally Homeless

> (1) Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:
>> i.   Has a primary nighttime residence that is a public or private place not meant for human habitation;
>> ii.   Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, and local government programs); or
>> iii. Is exiting an institution where the individual has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.

Category 2: Imminent Risk of Homelessness

> (2) Individual or family who will imminently lose their primary nighttime residence, provided that:
>> i.   Residence that will be lost within 14 days of the date of application for homeless assistance;
>> ii.   No subsequent residence has been identified; and
>> iii. The individual or family lacks the resources or support networks needed to obtain other permanent housing

Category 3: Homeless Under Other Federal Statutes

> (3) Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:
>> i.   Are defined as homeless under the other listed federal statutes;
>> ii.   Have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to the homelessness assistance application;
>> iii. Have to experienced persistent instability as measured by two moves or more during the preceding 60 days; and
>> iv.   Can be expected to continue in such status for an extended period of time due to special needs or barriers

Category 4: Fleeing/Attempting to Flee DV

> (4) Any individual or family who:

      i.   Is fleeing, or is attempting to flee, domestic violence;
      ii.   Has no other residence; <u>and</u>
      iii.   Lacks the resources or support networks to obtain other permanent housing

<u>Chronically Homeless</u>

  i. An individual who:
      1. Is homeless and lives in a place not meant for human habitation, a safe haven, or in an emergency shelter, or an institutional care facility if the individual has been living in the facility for fewer than 90 days and had been living in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately before entering the institutional care facility; and
      2. Has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least 12 months, or on at least four separate occasions in the last 3 years, where the combined occasions total a length of time of at least 12 months. Each period separating the occasions must include at least 7 nights of living in a situation other than a place not meant for human habitation, in an emergency shelter, or in a safe haven; and
      3. Can be diagnosed with one or more of the following conditions: (A) A physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury that: (1) Is expected to be long-continuing or of indefinite duration; (2) Substantially impedes the individual's ability to live independently; and (3) Could be improved by the provision of more suitable housing conditions. (B) A developmental disability, as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002); or (C) The disease of acquired immunodeficiency syndrome (AIDS) or any condition arising from the etiologic agency for acquired immunodeficiency syndrome (HIV).
  ii. A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria of a chronically homeless individual.

Documentation

All recipients and subrecipients must maintain documentation, obtained at intake, to demonstrate the eligibility of participants served through the CoC and ESG programs. As per the Interim Rule, the order of priority for obtaining evidence of homelessness is:

1. Third-party documentation, including written and source documentation, and HMIS records;
2. Intake worker observations;
3. Certification from persons seeking assistance.

<u>Acceptable Evidence of Category 1: Literally Homeless</u>

1. Written observation by an outreach worker; or
2. Written referral by another housing or service provider; or
3. Certification by the individual or head of household seeking assistance stating that (s)he was living on the streets;
4. For individuals exiting an institution – one of the forms of evidence above and:

a. Discharge paperwork, or
b. Written/oral referral, or
c. Written record of intake worker's due diligence to obtain evidence of the individual exiting the institution and certification from the individual who exited the institution
   i. Documentation must have specific entry/exit dates or duration of stay

Acceptable Evidence of Category 2: Imminent Risk of Homelessness

1. Documentation showing housing loss within 14 days such as a court order or other equivalent notice; or
2. For individuals and families leaving a hotel or motel – evidence that they lack the financial resources to stay; or
3. A documented and verified oral statement; and
4. Certification that no subsequent residence is identified; and
5. Self-certification or other written documentation that the household lacks the resources and support networks to obtain other housing

Acceptable Evidence of Category 3: Homeless Under Other Federal Statute

1. Written third-party documentation from the Federal program; and
2. HMIS record of stay, homeless certification or written referral from housing provider, written statement from a tenant/homeowner, and self-certification demonstrating the household did not have a lease, ownership interest, occupancy agreement in permanent housing during the preceding 60 days; and
3. Self-certification supported by written or oral third-party documentation, or the intake worker's due diligence to obtain third-party verification that the household experienced 2 or more moves during the preceding 60 days; and
4. If special needs, obtain a written diagnosis from a professional licensed by the state to diagnose and treat conditions OR intake observation confirmed by written diagnosis from a licensed professional within 45 days; or
5. If 2 or more employment barriers exist, obtain written documentation such as employment records, Department of Correction records or other records demonstrating a criminal history background, literacy/English proficiency tests; or other reasonable documentation; or
6. Written record of the intake worker's due diligence to obtain evidence of 2 or more employment barriers.

Acceptable Evidence of Category 4: Fleeing/Attempting to Flee Domestic Violence (DV)

For victim service providers:

1. Self-certification from the individual or head of household which must state the following: a) they are fleeing or attempting to flee DV; b) have no subsequent residence; and c) lack the resources to obtain other housing.

For non-victim service providers:

1. Self-certification from the individual or head of household stating they are fleeing or attempting to flee DV; and

2. If there is no threat to the safety of the individual or household, the oral statement must be verified; and
3. Self-certification from the individual or head of household that no subsequent residence, resources or support networks are available.

<u>Acceptable Documentation of Disability</u>

Evidence of diagnosis with one or more of the following:
1. Substance use disorder, serious mental illness, developmental disability (as defined in Section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002), post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability.
2. Evidence must include *one* of the following:
   a. Written verification of the condition from a professional licensed by the state to diagnose and treat the condition;
   b. Written verification from the Social Security Administration;
   c. Copies of a disability check (e.g., Social Security Disability Insurance check or Veterans Disability Compensation);
   d. Intake staff (or referral staff) observation that is confirmed by written verification of the condition from a professional licensed by the state to diagnose and treat the condition that is confirmed no later than 45 days of the application for assistance and accompanied with one of the types of evidence above; or
   e. Other documentation approved by HUD.

<u>Acceptable Documentation for Chronically Homeless</u>

All CoC and ESG projects must follow HUD's order of priority for obtaining evidence.

1. Third-party documentation, including written and source documentation, and HMIS records;
2. For all clients, up to 3 months can be documented through self-certification;
3. In limited circumstances, up to the full 12 months can be obtained through self-certification;
4. Written record of intake worker's due diligence to obtain third-party verification, the intake worker's documentation of the living situation, and the individual's self-certification of the living situation;
5. Written or oral documentation of a single encounter in a month establishing the household to be homeless for the entire month unless there is evidence of a break.

Evidence of a break can be documented by:

1. Third-party evidence
2. Self-report of the individual seeking assistance
   a. 100% of the breaks can be documented by self-report

Order of Priority and Severity of Needs

As mentioned earlier, clients accepted into the PSH, CoC Rapid Re-Housing Program, ESG, and Transitional Housing are prioritized based on the severity of needs. Prioritization of any of the

above mentioned program types will be dependent on the eligible criteria of each respective program. Projects will be monitored on their compliance and adherence to the CES Policies and Procedures. The CES Policies and Procedures are herein attached as "**Exhibit B."**

Housing Standards

<u>Housing Quality Standards</u>

CoC programs receiving leasing funds and units paid for under the CoC Rapid Re-Housing (RRH) and ESG must meet Housing Quality Standards (HQS). Furthermore, programs can allow for families to rent a unit that is smaller than the size indicated on the family's voucher, as long as the unit meets HQS space standards (i.e. no more than two persons per living/sleeping room). Standards cover the following areas:

- Sanitary facilities
- Food preparation and refuse disposal
- Space and security
- Thermal Environment
- Illumination and electricity
- Structure and materials
- Interior Air Quality
- Water Supply
- Lead-based paint
- Access
- Site and neighborhood
- Sanitary condition
- Smoke detectors

Lastly, any modifications to units must meet all applicable HQS requirements and conform to the design, construction, or alteration of facilities contained in the UFAS and the ADA Accessibility Guidelines (ADAAG)[28 CFR 35.151(c) and Notice 2003-31].

<u>Fair Market Rents (FMR)</u>

For both leasing and rental assistance, a unit's total rent may not exceed the HUD determined fair market rent value, if utilities are included in the monthly amount. The annually published FMR's are gross estimates, and include the cost of utilities (except telephone/cable). If a unit is over the FMR limit, and/or does not include the cost of utilities, it must be documented in the participant file that the unit exceeds the FMR and then must meet the Rent Reasonableness threshold for that size/type of unit instead.

<u>Rent Reasonableness</u>

Determining rent reasonableness is applicable to programs receiving rental assistance funds such as the CoC Housing First Rental Assistance Program and the Emergency Solutions Grant program. The purpose of rent reasonableness is to ensure that a fair rent is paid for each unit rented under the CoC and ESG program taking into consideration the location, size, type, quality, amenities, facilities, management and maintenance of each unit. HUD regulations define a reasonable rent as one that does not exceed the rent charged for comparable, unassisted units in the same market area. HUD also requires that owners not charge more for assisted units than for comparable units on the premises.

Grievance Policy and Procedures

## Grievances/Complaints about CoC and ESG-funded Programs

All CoC and ESG-funded programs are required to incorporate procedures for grievances or complaints. Furthermore, the programs covered under this policy must enforce its policies to ensure all participants being terminated from their CoC or ESG-funded program are treated equally and fairly.

For purposes of this policy, the CoC Executive Committee/Board of Directors will be responsible for processing grievances as it pertains to participants who have been placed in the Coordinated Entry System community queue and have been denied housing or services. The following establishes the Process of Rejecting Referrals and the role of the CoC Executive Committee/Board of Directors in this process.

Protocol for Rejecting Referrals:

ESG and CoC funded-programs are mandated to participate in the CES and must accept all eligible referrals. Any referrals rejected must follow their program's policies and procedures, as well as the CES Process for Rejecting Referrals, especially for programs that show vacant beds. Mandated programs will fill all vacancies through referrals made through the CES. Other housing and service projects will accept referrals that meet the eligible criteria of their program.

1. Program staff must document the reasons for not accepting the referral.
2. The program staff representative must document the bed availability for its respective program each time a household is rejected. This may be completed through a screen shot taken of the bed availability.
3. Households who are eligible for other housing options listed in the CES must be placed back in the community queue. Households must be informed if they have been placed back in the community queue.
4. If the household meets pre-eligibility for the program and the household is denied, then the program staff representative must notify the household in writing within 5 business days of the reasons for denial. These reasons must be documented in HMIS.
5. Households must be notified in writing of the respective program's grievance procedures. Further, households must be notified of their right to request a hearing before the CoC Executive Committee/Board of Directors in the event the household is not satisfied with the program's final decision. Households must be notified that they must submit a letter to the CoC Executive Committee/Board of Directors within ten (10) business days from receipt of the final determination letter.

⭕ Generating report...

2018 HDX Competition Report
PIT Count Data for GU-500 - Guam CoC
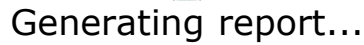
Total Population PIT Count Data

	2016 PIT	2017 PIT	2018 PIT
Total Sheltered and Unsheltered Count	1085	852	854
Emergency Shelter Total	105	87	124
Safe Haven Total	0	0	0
Transitional Housing Total	7	0	3
Total Sheltered Count	112	87	127
Total Unsheltered Count	973	765	727

Chronically Homeless PIT Counts

	2016 PIT	2017 PIT	2018 PIT
Total Sheltered and Unsheltered Count of Chronically Homeless Persons	55	64	66
Sheltered Count of Chronically Homeless Persons	0	0	0
Unsheltered Count of Chronically Homeless Persons	55	64	66

Homeless Households with Children PIT Counts

	2016 PIT	2017 PIT	2018 PIT
Total Sheltered and Unsheltered Count of the Number of Homeless Households with Children	158	117	120
Sheltered Count of Homeless Households with Children	23	17	25
Unsheltered Count of Homeless Households with Children	135	100	95

Homeless Veteran PIT Counts

	2011	2016	2017	2018
Total Sheltered and Unsheltered Count of the Number of Homeless Veterans	33	21	24	14