

Agenda

Columbus & Franklin County Ohio Continuum of Care Membership Meeting

Columbus KTC Buddhist Center Community Room,
645 W Rich St, Columbus, OH 43215
Wednesday, June 11, 2025
2:00 p.m. - 4:30 p.m.

	Presenter	Action	Time
Call to Order			
Welcome and Agenda Review	Michael Wilkos	Quorum Affirmed	2:00 PM
CoC Board Vice-Chare Introduction	Michael Wilkos		2:05 PM
Roll Call	Tracy Whalen Payne		2:10 PM
Confirmation of Quorum	Tracy Whalen Payne		2:15 PM
Approval of Previous Minutes			
Minutes approval: January 29, 2025, CoC Membership Meeting (A)	Michael Wilkos	Vote	2:20 PM
Franklin County's HUD Five Year Consolidation	Bill Wasielewski		2:25 PM
Old Business			
Access and Impact (A)	Sherrice Sledge-Thomas		2:55 PM
New Business			
Annual Plan (A)(R)	Tracy Whalen Payne	Vote	3:00 PM
CoC Builds Recommendations (A) (R)	Adam Rowan	Vote	3:05 PM
Comprehensive Budget			
Unit Cost Matrix (A)	Shawn Smith		3:45 PM
Annual Funding Strategy (A)(R)	Shawn Smith	Vote	3:50 PM
Annual Funding Allocations (A)(R)	Shawn Smith	Vote	3:55 PM
2025 PIT Count Results (A)	Steve Skovensky		4:00 PM
Program Evaluation Results (A)	Adam Rowan		4:05 PM
FY24 CoC Program Competition Debriefing and Awards (A)	Samba Silla		4:10 PM
System Performance Measures (A)	Adam Rowan		4:15 PM
Quarter 3 System Indicator Report	Adam Rowan		4:20 PM
CoC Action Plan Update (A)	Tracy Whalen Payne		4:25 PM
Adjournment	Michael Wilkos		4:30 PM

Columbus and Franklin County, Ohio
Continuum of Care Membership Meeting
Wednesday, January 29, 2025
2:00 pm – 4:30 pm

Attendees

In-person attendance: Alison Marker, Beth Lonn, Carlie Boos, Christopher Maitland, Donna Mayer, Jeff Pattison, Jim Rose, Jonathan D. Welty, Malcolm Turner, Marcus Johnson, Michael Wilkos (Continuum of Care Chair), Sarah Hatcher, Shannon TL Isom, Sheila Prillerman, Sonya Higginbotham, Steve Gladman, Terri Power, Tiara Ross, Walter Dillard, and Erka Gable

Virtual attendance: Beth Fetzer-Rice, Juliet C. Dorris-Williams, Kier Scott, Le-Ann Harris, MarQuan McCarrel, Mary O'Doherty, Meghann Cicola, Nancy Hashman, Robert Bramlish, Roxann Payne, and Sue Villilo attended virtually.

In-person CSB staff attendance: Lauren Hiskey, Christina Blair, Steve Skovensky, Niel Jurist, Tracy Whalen-Payne and Adam Rowan

Virtual CSB staff attendance: Sherrice Sledge-Thomas

Not in Attendance: Chanda I. Wingo, Courtney Elrod, Dr. Desiree Polk-Blank, Dr. Maria Houston, Emerald Hernandez-Parra, Emily Savors, Felisha Lyons, Lt. Kyle Kincade, Makaylah Downour, Nathan P. Wymer, Rei Scott, Scott Scharlach, Tina Rutherford, and Vivian Turner was not confirmed.

The meeting was called to order at 2:15 PM by Michael Wilkos.

Approval of Minutes:

- Motion to approve minutes from 10.23.24 and 11.14.24 made by Alison Marker, seconded by Christopher Maitland. Motion passed unanimously.

1. Recommendation of the prioritization of PSH projects for OHFA tax credits.

- Adam Rowan reviewed the scoring for CHN Deer Hill and Homefull Dublin Granville PSH.
- Discussion on CHN Deer Hill Place moving forward with unit construction.
- If Homefull does not receive funding, alternative funding can be explored.
- Sonya Higginbotham made a motion to approve the resolution prioritizing CHN Deer Hill as priority number one for the PSH prioritization process. Sheila Prillerman seconded. Motion passed. (Carlie Boos abstained)

2. Federal Funding & CoC Strategy

- Shannon recommended CoC establish a Plan B in case of federal funding cuts.
- Discussion on securing \$24,000,000 in HUD Funds.
- Call to Action:

- Increase active participation in meetings.
- Strengthen financial sustainability measures.
- Engage in advocacy at federal and local levels.
- Maintain relationships with policymakers.

3. Diversity, Equity, and Inclusion (DEI) Challenges

- Concerns regarding policy interpretation and potential terminations.
- Proposal to create a clear definition and guidance on DEI policies.
- Veterans fall under DEI considerations.
- Franklin County CoC lacks a robust DEI program.

4. CoC Retreat & Governance Charter Updates - Christina Blair presented the CoC retreat feedback analysis and planning survey results.

- Identified needs: broader engagement, improved communication, and enhanced advocacy efforts.
- Common themes included an approach that combines clear messaging, inclusive representation, targeted education, strategic advocacy, compelling storytelling, and data-driven arguments to create a comprehensive and effective advocacy platform.
- Goal to develop a stronger, unified voice for homelessness advocacy.
- Governance Charter Updates:
 - Currently, 44 members.
 - Expansion needed for more inclusive representation.
 - Annual membership process in March, with decisions finalized by July 1st.
 - Potential for forming a specific committee to oversee representation.
- Development of Subcommittees
 - Proposed Committees:
 - Performance & Outcomes
 - Executive
 - Executive Committee to handle emergencies and long-term planning.
 - CoC membership expressed that the CoC board should act as the Executive Committee
 - Innovation
 - Equity in Action
- Strategy needed to bridge the gap between the CoC board and general membership.

5. System Indicator Report - Adam Rowan presented the first quarter's system indicator report.

- Compliance efforts aim to prioritize quality over compliance.
- Current Shelter Stay Averages:
 - Families: 118 days
 - General Shelters: 88 days
- Rapid Rehousing (RRH) improvements from 2023 to 2024.
- 2025 Goals:
 - Improve RRH targeting.
 - Expand Domestic Violence RRH referrals.
 - Reduce shelter stays before housing exits.

6. Winter Warming Center & Homeless Camp Challenges

- Pet accommodations are limited.
 - Discussion on expanding services year-round.
- Should pets be the focus?
 - Increase in families that are homeless.
 - Need to be strategic about what the focus is.
- Need for clearer client communication regarding resource limitations.
 - Noted racial disparities in access to resources.

7. Housing & Financial Stability Strategies

- Steve Skovensky presented the system and community framework updates.
 - Diversion & Community Transition (DCT) Program: 80% success rate in keeping individuals out of shelters for six months.
- Partnered with Rise Together for affordable housing initiatives.
- Discussion on shallow subsidies and how it affects rent payments.
- Need for financial literacy training with incentives.
- Exploring partnerships with landlords and investors to reduce rent costs.

8. 2024 Continuum of Care Awards - Christina Blair presented the 2024 Continuum of Care awards were announced.

- \$4,000,000 funding increase secured.
 - HMIS Expansion and Deer Hill added as new funded activities, and regional cost adjustments to make up the \$4MM increase

9. PIT Count Feedback:

- Volunteer turnout reviewed.
- Survey questions noted as overly personal—recommendation for improvement.

10. Schedule of CoC Membership Meetings was presented by Tracy Whalen-Payne

- June 11, 2025 - 2:30 - 5
- September 25th, 2025 - 2:30 - 5
- October 23rd, 2025 – 2:30 - 5

As there was no further business, Carlie Boos made a motion to adjourn the meeting at 4:30. Jim Rose seconded the motion. Motion passed unanimously.

Next Meeting Date: June 11th, 2025

Minutes Prepared By: Tracy Whalen Payne

**Columbus and Franklin County, Ohio Continuum of Care
 2025-2026 Annual Plan (7/1/25 - 6/30/26)
 Revised 3/18/2025**

recurring agenda item for each meeting
 meeting requirement

Continuum of Care (CoC) Responsibilities	
Operations of the CoC	
Month	Activity
Jun-26	Adopt and follow a written process to select the CoC Board. The process must be reviewed, updated, and approved at least once every 5 years.
Jun-26	Appoint members to the CoC Board.
Jun-26	Select the CoC and CoC Board Chair bi-annually.
Jun-26	Review and approve the Annual Plan and CoC Governance and Policy Statements
Jun-26	Review and approve annual membership, including new members
Jun-26	Renew authority of the CoC Board to give authority to CSB
Jun-26	Submit conflict of interest disclosure statements
Ongoing and Jun-26	Appoint additional committees, subcommittees, or work groups
Ongoing	Review, as needed, decisions made by the CoC Board, including performance targets, Partner Agency performance, outcomes of ESG and CoC funded programs, and actions against poor performers.
CoC Planning	
Month	Activity
Jan-26	Review annual financial reports
Jun-26	Review and approve annual funding allocations, including ESG and CoC funds, and establish funding priorities
TBD - per HUD schedule	Review and act on the HUD CoC Application, including all relevant charts and tables
TBD - per HUD schedule	Review and act on any programs that should be removed from HUD funding and any subsequent funding reallocations, per CoC Board recommendation
TBD - per HUD schedule	Renew the authority of the Unified Funding Agency and review compliance with HUD regulations
Ongoing	Review quarterly systems and programs performance reports
Ongoing	Review and make final determination on Partner Agency appeals, if Partner Agency is not in agreement with the CoC Board determination
Ongoing	Receive updates on <i>A Place to Call Home: A Framework for Action to Address Homelessness in Columbus and Franklin County</i> (Community Framework) and <i>A Place to Call Home for Youth: Our Coordinated Community Plan for Youth Facing Homelessness in Columbus and Franklin County</i> (Youth Plan)
Ongoing	Receive community and public policy updates relevant to homelessness issues
Ongoing	Review and act on any other CoC Board recommendations
New Programs	
Jan-26	Review and act on new permanent supportive housing priority for consideration by the Ohio Housing Finance Agency
TBD - per HUD schedule	Review and act annually on proposed new supportive housing CoC bonus projects
Ongoing	Review and incorporate feedback from Partner Agencies on new projects and any other relevant topics
Ongoing	Review and incorporate feedback from the Citizens Advisory Council on new projects and any other relevant topics
Ongoing	Receive presentation from any new project developer about its proposal.

CoC Board Responsibilities

Operations of the CoC	
Month	Activity
May-25	Review and recommend annual membership to the CoC
Apr-25	Approve the Chair of the CoC Board
May-25	Review and recommend membership to the CoC Board
May-25	Review and recommend to the CoC the Annual Plan and the CoC Governance and Policy Statements
CoC Planning	
Month	Activity
TBD - per HUD schedule	Receive and review HUD score for annual CoC application
Jun-26	Provide feedback and information as needed to the local government (City/County) on their Consolidated Plan
Jan-26	Approve plan/process for unsheltered Point-in-Time count
Apr-26	Review annual financial reports
Jan-26	Review and approve Monitoring Guide for Subrecipients (required for HUD CoC Registration)
Jan-26	Review and approve Procedures for High-Risk Subgrantee Management (required for HUD CoC Registration)
Apr-26	Review and approve the annual Housing Inventory Chart
Apr-26	Review and approve the annual Point in Time Count
May-26	Review and recommend CoC action on annual funding allocations, including ESG and CoC funds, and recommend funding priorities
May-26	Receive annual Program Evaluation
TBD - per HUD schedule	Review and approve Prioritization Options for annual HUD CoC application
TBD - per HUD schedule	Review and approve CoC Process for Funding Reallocation (electronic approval)
TBD - per HUD schedule	Approve HUD CoC application schedule (electronic approval)
TBD - per HUD schedule	Review and recommend CoC action on the HUD CoC Application, including all relevant charts and tables
Ongoing	Review quarterly systems and programs performance reports and occupancy reports
Ongoing	Review and act on any other HUD-mandated activity
Ongoing	Review and act on Partner Agency appeals as necessary
Ongoing	Receive updates on the Community Framework and take actions to move the framework forward
Ongoing	Receive community and public policy updates relevant to homelessness issues
Performance Monitoring	
Month	Activity
Jan-26	Review and approve annual performance standards and evaluation outcomes for ESG- and CoC-funded programs (required for annual CoC Registration)
TBD - per HUD schedule	Review existing projects and make recommendations to the full CoC for its consideration, action, and inclusion in the consolidated HUD CoC application
Mar-26	Review and recommend to the CoC any programs that should be removed from HUD funding and any subsequent funding reallocations
Ongoing	Review existing programs and recommend actions to the CoC
Ongoing	Recommend to the CoC actions against poor performers
Ongoing	Review ongoing projects that have participated in QII at the request of the Partner Agency and/or CSB

Columbus and Franklin County, Ohio Continuum of Care

FY24 Annual Plan (7/1/23 - 6/30/24)

Revised 6/9/2022

New Programs	
Month	Activity
Jan-26	Review and recommend to the CoC the permanent supportive housing priorities for consideration by the Ohio Housing Finance Agency
TBD - per HUD schedule	Make recommendations to the full CoC for its consideration and inclusion in the HUD CoC application of proposed new supportive housing bonus project(s)
Ongoing	Receive and review quarterly updates on new project developments
Ongoing	Review and incorporate feedback from Partner Agencies on new projects and any other relevant topics
Ongoing	Review and incorporate feedback from the Citizens Advisory Council on new projects and any other relevant topics
Ongoing	Receive presentation from any new project developer about its proposal.
HMIS Operations	
Month	Activity
Apr-26	Designate a single HMIS for the CoC
Apr-26	Designate a HMIS lead
Apr-26	Review and approve the HMIS policies and procedures, privacy plan, security plan and data quality plan for the operation and administration of the local HMIS

Community Shelter Board (CSB) Responsibilities

Operations of the CoC	
Month	Activity
Jun-26	Issue conflict of interest disclosure statements
Ongoing	Staff the CoC and CoC Board and provide support
Ongoing	Act as the Collaborative Applicant for the Columbus and Franklin County CoC, per HEARTH Act
Ongoing	Act as the Unified Funding Agency for the Columbus and Franklin County CoC, per HEARTH Act
Ongoing	Act as the HMIS Lead for the Columbus and Franklin County CoC, per HEARTH Act
Ongoing	Act as the subrecipient of the ESG funds for Columbus and Franklin County
CoC Planning	
Month	Activity
Oct-25	Participate in Agency and CSB one-on-one meetings (individually scheduled)
Nov-25	Provide required information to complete the local Consolidated Plan(s)
Nov-25	Prepare and present to the CoC Board annual financial reports
Nov-25	Submit to HUD the CoC Annual Performance Reports
Nov-25	Submit to HUD and present to the CoC Board and CoC Longitudinal Systems Analysis (LSA) Data
Jan-26	Present to the CoC Board annual Program Review and Certification Summary
Jan-26	Establish annual program performance standards and provide for CoC Board review and approval
Jan-26	Plan and conduct a sheltered and unsheltered Point-in-Time count of homeless persons
Feb-26	Issue Program Outcome Plans to agencies, as part of the annual Gateway process
TBD - per HUD schedule	Announce HUD project awards
Apr-26	Process appeals for CSB funded programs
Apr-26	Submit annual Housing Inventory Chart to CoC Board for approval
Apr-26	Submit annual Point-in-Time Count data to CoC Board for approval
Apr-26	Submit Housing Inventory Chart data to HUD via Homelessness Data Exchange (HDX)
Apr-26	Submit Point-in-Time Count data to HUD via Homelessness Data Exchange (HDX)
Apr-26	Participate in Partner Agency and CSB one-on-one meetings (individually scheduled)
Apr-26	Handle POP appeals for CoC-funded Partner Agencies (non-CSB funded agencies)
May-26	Present to the CoC Board and CoC annual funding allocations, including ESG and CoC funds
May-26	Present to the CoC Board and CoC System Performance Measures
Jun-26	Certify the applicants/projects for ODOD grants
Jun-26	Report on OHFA decision on new supportive housing programs receiving tax credits

Columbus and Franklin County, Ohio Continuum of Care

FY24 Annual Plan (7/1/23 - 6/30/24)

Revised 6/9/2022

TBD - per HUD schedule	Receive and review HUD score for annual CoC application
TBD - per HUD schedule	Registration for CoC Application
TBD - per HUD schedule	Review CoC NOFA
TBD - per HUD schedule	Prepare Draft CoC Application
TBD - per HUD schedule	Review CoC Project Applications
TBD - per HUD schedule	Finalize CoC Application after CoC approval
TBD - per HUD schedule	Submit Consolidated CoC Application to HUD
Ongoing	Issue letters of support or certification on behalf of the CoC and CoC Board
Ongoing	Meet HUD record keeping requirements, including CoC records
Ongoing	Provide program and system level performance monitoring and evaluations of outcomes
Ongoing	Implement the requirements of the HEARTH Act as mandated by HUD
Ongoing	Communicate progress on the Community Framework
Ongoing	Establish and operate a coordinated assessment system for homeless individuals and families
Ongoing	Establish and consistently follow written standards for provision of ESG and CoC assistance
Ongoing	Provide Quality Improvement Intervention and review programs participating in agency/CSB Quality Improvement Interventions or "of concern" and make recommendations to the CoC Board, as needed
Ongoing	Review new projects and programs and recommend actions to the CoC Board
HMIS Operations	
Month	Activity
Ongoing	Ensure consistent participation in HMIS. Monitor that all recipients of financial assistance under the CoC and ESG programs are using the HMIS to collect client-level data on persons served.
Ongoing	Ensure the HMIS compliance with HUD requirements
Ongoing	Prepare the HMIS policies and procedures, privacy plan, security plan, and data quality plan for the operation and administration of the HMIS
Ongoing	Operate as the HMIS Lead and make system-wide decisions regarding the HMIS that impact all covered homeless organizations. HMIS Lead means the entity designated by the CoC Board with 24 CFR part 580 to operate the CoC's HMIS on the CoC's behalf.

Partner Agency Responsibilities	
Month	Activity
Oct-25	Participate in Partner Agency and CSB 1-on-1 meetings (individually scheduled)
Mar-26	Participate in Partner Agency and CSB 1-on-1 meetings (individually scheduled)
TBD - per HUD schedule	Submit CoC Project Applications
Ongoing	Review and comment on new projects prior to CoC Board review
Ongoing	Review and comment on CoC annual plan, policies, and program standards
Ongoing	Continue to develop and implement high-quality programs and services
Ongoing	Work together with conveners, collaborators, and funders to build support for programs
Ongoing	Share and implement best practices and collaborate with other Partner Agencies
Ongoing	Work together with funders to evaluate programs and engage in quality improvement activities
Ongoing	Participate in advocacy efforts
Ongoing	Meet relevant program and HUD standards and achieve program outcome goals
Ongoing	Submit an annual Program Outcome Plan consistent with HUD and CoC requirements and update Program Descriptions through the annual CSB Gateway process
Ongoing	Submit required data through HMIS
Ongoing	Provide data to CSB for HUD APR requirements, as needed
Ongoing	Participate in Quality Improvement Intervention (QII) prior to HUD funds being reduced or eliminated by the CoC
Ongoing	Appeal to the CoC if it disagrees with a recommendation by the CoC Board
Ongoing	Request a waiver from compliance with specific program performance standards
Ongoing	Submit Concept Papers and Project Plans for new supportive housing projects, for the consideration of the CoC Board and the CoC, in accordance with the standards for development of new projects, found at www.csb.org
Citizens Advisory Council & Youth Action Board Responsibilities	
Month	Activity
May-26	Submit membership recommendations to the CoC Board
Ongoing	Review and comment on new projects prior to CoC Board review

Columbus & Franklin County Continuum of Care 2025 CoBuilds Application Schedule

Activity	Timing	Detail							
2025 CoBuilds NOFO Reopen Released	05/16/2025	Announced via HUD listserv & posted on HUD Exchange							
CoBuilds Application schedule and call for Concept Paper Supplements released	05/30/2025	CSB establishes Concept Paper Supplement criterion & application schedule; releases to qualified applicants via email							
Final Concept Paper Supplements due to CSB	06/06/2025	<u>All</u> supplements due to CSB by 5:00 p.m. via e-mail							
CSB scoring	06/09/2025	Score CoBuilds Concept Paper Supplements							
CoC Special Board Meeting	06/09/2025	Considers CSB and CAC scoring. Adjusts scoring and prioritization. Recommends to the CoC project(s) to be included in the CoBuilds application.							
CoC Meeting Packet	06/10/2025	Disseminate meeting packet to CoC							
CoC Meeting (open to the public)	06/11/2025	Considers CoC Board scoring and prioritization. Approves project to be included in the CoBuilds application.							
Notify CoC Applicants	06/12/2025	Notify CoC Applicant of project prioritization							
Certification of Consistency	06/12/2025 – 06/16/2025	CSB requests and receives Certification of Consistency with the Consolidated Plan from the City							
CSB consolidated application in grants.gov	06/16/2025 - 06/23/2025	CSB consolidates the application from the approved project to 25 pages, completes budget. <ul style="list-style-type: none"> - Advancing Racial Equity; - Affirmative Marketing and Outreach - Affirmatively Furthering Fair Housing - Code of Conduct - Letter from the COC Board President 							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">SF-424 Application for Federal Assistance</td></tr> <tr><td style="padding: 2px;">HUD-424-B Applicant and Recipient Assurances and Certifications</td></tr> <tr><td style="padding: 2px;">HUD-2880 Applicant/Recipient Disclosure/Update Report</td></tr> <tr><td style="padding: 2px;">SF-LLL Disclosure of Lobbying Activities</td></tr> <tr><td style="padding: 2px;">Certification Regarding Lobbying Activities</td></tr> <tr><td style="padding: 2px;">HUD-424-CBW Grant Application Detailed Budget Worksheet</td></tr> <tr><td style="padding: 2px;">SF-424B Assurances for Non-Construction Programs</td></tr> </table>	SF-424 Application for Federal Assistance	HUD-424-B Applicant and Recipient Assurances and Certifications	HUD-2880 Applicant/Recipient Disclosure/Update Report	SF-LLL Disclosure of Lobbying Activities	Certification Regarding Lobbying Activities	HUD-424-CBW Grant Application Detailed Budget Worksheet	SF-424B Assurances for Non-Construction Programs		
SF-424 Application for Federal Assistance									
HUD-424-B Applicant and Recipient Assurances and Certifications									
HUD-2880 Applicant/Recipient Disclosure/Update Report									
SF-LLL Disclosure of Lobbying Activities									
Certification Regarding Lobbying Activities									
HUD-424-CBW Grant Application Detailed Budget Worksheet									
SF-424B Assurances for Non-Construction Programs									

SF-424D Assurances for Construction Programs		
Submit CoCBuils Application	06/25/2025	CSB submits Application electronically via grants.gov
CoCBuils Application due	06/26/2025	Final deadline for CoCBuils Application

HUD CoC Build NUPU Scoring Tool
OH-503 Columbus and Franklin County, OH
Project Ratings

Partner Agency: _____
 Project Name: _____
 Total Score: _____

Maximum Award Amount: 7,500,000.00
 Total Request: _____ Development Cost _____
 Number of units: _____
 Cost per unit: #DIV/0! Total cost/unit #DIV/0!
 Number of homeless units: _____

Proposed Request	Amount	Percentage
acquisition		#DIV/0!
rehabilitation		#DIV/0!
new construction		#DIV/0!
project-based rental assistance		
supportive services		#DIV/0!
operating		
administration		#DIV/0!
match		#DIV/0!

no more than 20% of the total funds
no more than 10% of capital costs + additional eligible costs
25% required

Maximum/Actual Points	118	-
Local Rating Factor	Available Points	Project Points
# of homeless dedicated units	3	
Development cost per unit	4	
Adaptive reuse and conversion of hotels per HUD recommendation	2	
Citizens Advisory Council	7	
Total	16	-

1-50 - 1 point; 51-100 - 2 points; 101-150 - 3 points
 0-\$100k- 4 points; \$101k-\$200k- 3 points; \$201k- \$300k-2 points; \$301k-\$400k - 1 point
 2 points if adaptive reuse and conversion

HUD Rating Factor	Available Points	Project Points	Criteria	Notes
Development Experience and Leveraging	8		The organization has experience with at least 4 other projects that have a similar scope and scale as the proposed project.	
Development Experience and Leveraging	8		The organization has experience leveraging resources substantially similar to the funds being proposed.	HUD will evaluate up to 3 examples of prior leveraging experience for up to the 5 largest (by dollar value being contributed to the project) resources being leveraged for the proposed project (e.g., LIHTC, HOME, CDBG, Section 108, Section 202, Section 311).
Development Experience and Leveraging	8		Availability of low-income housing tax credit commitments, project-based rental assistance, and other resources dedicated to the proposed project.	Consider the dollar value of each commitment and overall cost of the project, including estimated cost per unit on each site or housing type.
Development Experience and Leveraging	4		Describe how the project will utilize non-federal (state, local, private) sources of funding to support the continued operation of the project. (up to 4 points)	
Managing Homeless Projects	8		The organization has experience managing at least 4 properties.	Must include experience with how the amount of rent charged is determined, how participant complaints are addressed, working with other service organizations that may place participants in units, and maintenance.
Managing Homeless Projects	3		The organization has experience providing supportive services.	Must include the type and frequency of supportive services that will be available and what organization will provide services.
Managing Homeless Projects	1		Transportation is provided for program participants.	Describe the transportation methods for participants to travel to doctor appointments, recreation, public services, shopping, other services, etc.
Implementation Schedule	4		Development schedule is complete and has all necessary elements.	The implementation schedule must include date construction will begin or date property will be acquired or dates rehabilitation will begin and end. It also must include the schedule for site control; environmental review completion; execution of grant agreement; start and completion dates;
Implementation Schedule	4		Likelihood that development milestones will be met.	
Implementation Schedule	4		Likelihood that the project will be ready for occupancy within 36 months of award.	
Property Maintenance	5		How the organization will ensure the property is maintained annually to prevent unnecessary costly repairs.	Include how the property will be maintained and how needed repairs will be conducted. Identify the sources of funds that will be used and whether there will be a reserve fund established specifically for maintenance and repair. Demonstrate how the project will be able to cover replacement costs and what the sources of funding will be.
Unmet Housing Need	10		Describe the population that will be served and the level of unmet need for new PSH units. [CSB response]	Using PIT and HIC information, estimate the gap between the number of available PSH units and number of households experiencing homelessness where at least one member has a disability. Award maximum points for applicants that demonstrate there are fewer than 50 PSH beds available in a given year for each 100 people in the population proposed to be served.
Management of Rental Housing	10		Describe the rental housing projects the organization has managed, including the number of grants for affordable housing awarded over the last 3 years, total amount of awards, and the type of subsidy or financing provided. Specify the number of assisted and non-assisted units in each property.	Award maximum points for adequately describing management of at least 4 times the number of properties and units proposed in the application.

Coordinated Entry	4		Demonstrate how the project will use the CoC's coordinated entry process.	
Coordination with Housing Providers, Healthcare Organizations, and Social Service Providers	5		Demonstrate the project is leveraging non-CoC funded housing resources to provide at least 50% of the amount being requested in the application OR demonstrate the project is leveraging non-CoC funded housing resources to provide subsidies for at least 25% of the units proposed in the application.	Attach letters of commitment, contracts, or other formal written documents that demonstrate the percentage of subsidies or number of units being provided.
Coordination with Housing Providers, Healthcare Organizations, and Social Service Providers	5		Demonstrate a healthcare organization, housing provider, and/or social service provider is providing access to housing resources OR demonstrate that the value of assistance provided is at least \$7,500 per unit.	Attach formal written agreements that include the value of the commitment and dates the housing and resources will be provided. In-kind resources must be valued at the local rates consistent with the amount paid for services not supported by grant funds.
Opportunity Zones	2		Describe the organization's experience promoting racial equity.	Include experience soliciting, obtaining, and applying input from underserved groups when designing, planning, and implementing housing projects. Include experience building community partnerships with grassroots and resident-led organizations that provide housing, health care, and supportive services. Include experience designing or operating programs that have improved racial equity, particularly among people experiencing homelessness.
Community Integration for Persons with Disabilities	7		Demonstrate how PSH will enable participants to make meaningful choices about housing, health care, and long-term services and supports that will allow them to fully participate in the community.	The response should include how the PSH units will ensure non-segregation of households experiencing homelessness where at least one household member has a disability. The response should include state whether the PSH units will be part of mixed-use development, meaning households that will reside in the units are not all disabled.
Section 3 Requirement	2		Describe the actions that will be taken to comply with Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u) (Section 3) and HUD's implementing rules at 24 CFR part 75 to provide employment and training opportunities for low- and very low-income persons, as well as contracting and other economic opportunities for business that provide economic opportunities to low- and very low-income persons.	This does not affect applicant's existing responsibilities to provide training, employment, and other economic opportunities pursuant to Section 3 that result from their receipt of other HUD funding.
Total	102	-		

Columbus and Franklin County Continuum of Care Builds NOFO Project Development Process Concept Paper

The Continuum of Care (CoC) Builds (CoCBUILDS) NOFO targets efforts within CoC geographic areas to address and reduce persons experiencing homelessness by adding new units of permanent supportive housing (PSH) through new construction, acquisition, or rehabilitation through one-time CoCBUILDS awards under the CoC Program. Through the CoCBUILDS NOFO, HUD is encouraging CoCs to leverage funds provided for construction, acquisition, or rehabilitation of new PSH units with other funding sources to maximize the amount of housing that can be directed to meeting the needs of individuals and families experiencing homelessness. PSH is permanent housing in which supportive services are provided to assist individuals with a disability and families where at least one household member has a disability and is experiencing homelessness to live independently. Additionally, no more than 20 percent of each award may be used for other eligible CoC Program activities associated with the PSH project (e.g., supportive services, operating costs (Section IV.G.3 of this NOFO)), and no more than 10 percent of an award may be used for project administration.

CoC Program Provisions. The following highlights important information you should consider while preparing the Concept Paper.

- **Coordination with Housing and Healthcare.** The Consolidated Appropriations Act, 2023 and the Consolidated Appropriations Act, 2024 directs HUD to provide incentives to create projects that coordinate with housing providers, healthcare organizations, and social service providers to provide permanent supportive housing.
- **Adaptive Reuse.** Where possible, consider existing vacant structures that were initially designed for use other than housing (e.g., used as office space) if requesting funds for rehabilitation or acquisition where the structure can be cost-effectively restructured to create new PH-PSH units for individuals and families experiencing homelessness. Converting hotels or motels from their original use to permanent supportive housing may be more cost-effective than constructing new units. HUD's Office of Policy Development and Research (PD&R) highlighted the conversion of abandoned hotel properties to permanent supportive housing which greatly reduced the costs ([Learning From the Pandemic Response: Converting Hotels to Shelter or Housing | HUD USER](#)) and additional research has demonstrated that conversion of hotel or motel properties to permanent supportive housing is cost-effective.

Submit the Concept Paper using the form provided. Do not add pages or attachments not specifically requested. Applicants are required to submit:

- 1) Cover Sheet and Authorization Form
- 2) Concept Paper
- 3) Documentation for a new Lead Organization¹ (attachments)
 - < 501(c) 3 letter from IRS
 - < Registration with Ohio Secretary of State

¹ Not required for existing housing sponsors.

- < Board of Trustees roster with employers, relevant experience and tenure with the Board
- < Most recent audit and 990

Submission Procedure

Project Concepts are to be submitted by **September 20th, 2024**. Submit Concept Papers to Lianna Barbu (lbarbu@csb.org).

Concept Paper Selection and Approval Process

Concept Papers will be preliminarily scored and evaluated by CSB staff based primarily on the rating factors published by the Housing and Urban Development department in the [Continuum of Care \(CoC\) Builds \(hud.gov\)](#) Notice of Funding Availability. The projects will be presented for final scoring to the Citizens Advisory Council and the Continuum of Care (CoC) Board and finally to the CoC for formal prioritization, selection and approval.

Selection of an applicant's Concept Paper for submission to HUD does not guarantee funding by HUD. **While only one project application per CoC may be submitted, where feasible, HUD encourages inclusion of one or more subrecipients that will contribute towards the goals of this NOFO (e.g., capital costs, housing, supportive services).**

Contact Lianna Barbu at lbarbu@csb.org or 614-715-2535 with any questions.

Permanent Supportive Housing

CoCBuils NOFO Concept Paper

1. Agency and Project Information

Project Title: Deer Hill Place

Lead Organization (project sponsor): Community Housing Network

Mailing Address: 1680 Watermark Drive, Columbus OH 43215

Contact person: Ryan Cassell

Telephone: (614) 487-6782 Fax: (614) 487-0405 E-Mail: rcassell@chninc.org

If you are submitting a project on behalf of a group of agencies/organizations, list any agencies you intend to propose as sub-recipients or subcontractors.

2. Authorization

Acting as a duly authorized representative, I hereby affirm that the governing body of the below named organization has reviewed and accepts all the guidelines, requirements and conditions described in the [Continuum of Care \(CoC\) Builds \(hud.gov\)](http://hud.gov) Notice of Funding Availability.

Lead Organization: Community Housing Network	Date: 9/20/2024
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Authorized Signature:

Name/Title: Samantha Shuler, Chief Executive Officer

Co-Applicant Organization:	Date:
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Authorized Signature:

Name/Title:

Co-Applicant Organization:	Date:
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Authorized Signature:

Name/Title:

3. Description & Experience of Applicant Organization(s)

Answer each of the questions below. Answer the questions for all agencies involved in the project.

A) Are you an incorporated non-profit organization and have you received IRS 501(c)3 status?	Yes X	No
B) How many years has the lead agency been in existence?	37	
C) If there are other agencies involved with the project, how many years has each of them been in existence?	NA	
D) List the agency's total annual budget for the current fiscal year.	\$11,857,632	
E) What is the proposed site's address? Approximately at 3255 Morse Road, Columbus, OH 43231, PID: 010-318698		
F) Do you have site control?	Yes X	No

If you are not currently providing housing for formerly homeless individuals, address the following questions.

G) Describe the agency's mission and purpose and explain how the proposed project is consistent with the agency's mission.
H) Describe the agency's principal programs and services.
I) Describe the number and type of staff the agency employs.
J) Describe the agency's experience providing services for the target population or other special needs populations.
K) Describe the agency's experience providing housing for the target population or other special needs populations.
L) Describe the agency's experience working with neighbors of other developments.
M) List the agency's key accomplishments from the past three years.

4. Proposed Housing Model

Check the box(es) that matches the type of housing for which you are seeking funding.

<input type="checkbox"/>	Multiple Buildings, Single Site	<input checked="" type="checkbox"/>	Permanent Supportive Housing (PSH)
<input checked="" type="checkbox"/>	Single Building	<input type="checkbox"/>	PSH through hotel/motel conversion
		<input type="checkbox"/>	PSH through other conversion
		<input type="checkbox"/>	PSH through modal/modular building

Describe the site and proposed model.

An affiliate of Community Housing Network, Inc., Deer Hill Place, LLC, owns the site. In June 2023, the site was rezoned with a parking variance to allow the development of a 60-unit four-story multifamily apartment building. The land is vacant, except for an unoccupied single-family dwelling that will be demolished, and is approximately 1.981 acres. The site is adjacent to Community Housing Network, Inc.'s Dogwood Glen, which Community Housing Network has operated as supportive housing for approximately 13 years.

The following favorable community facilities were found within two and a half miles of the site.

Within 1/2 mile:

- Convenience store (Circle K, Speedway)
- COTA Transit Stop (Route #34; bus stop approximately 500 feet from the site, frequent buses (every 15 minutes, 5 a.m. to 11 p.m. (M-F) and 5 a.m. to 10p.m. (Sat and Sun))
- Discount Store (Goodwill)
- Places of Worship (Sanctuary Columbus, All Nations Baptist)
- Gas Station

Within 1 mile:

- Grocery (Walmart Super Store)
- Pharmacy (CVS)
- Restaurant (Subway)
- Employment (Easton Town Center)
- Public Park (Partridge Park)

Within 2 ½ miles:

- Fire Station
- Police Station
- Public Library
- Post Office

The site is in Qualified Census Tract 39049007532.

Deer Hill Place will consist of 60 one-bedroom apartments in a four-story building. The site, building, and apartments will meet OHFA's minimum requirements for Permanent Supportive Housing, including:

1. Each unit will exceed 450 square feet.
2. Each bedroom will exceed 120 square feet.
3. Each bedroom will exceed 7 feet in each direction and contain a closet in addition to the minimum square footage.
4. Each unit will be visitable as defined by OHFA.
5. Each unit will meet HUD Fair Housing Act design guidelines.
6. Universal Design components will be incorporated throughout the building.
7. The entire building and outdoor amenities will be accessible.

Onsite amenities at Deer Hill Place will include:

- Property Wide Wi-Fi at no cost to residents
- 400 sq ft outdoor patio with at least 50% covered
- Community Room with full kitchen
- Exercise Room
- Security office (24-hour front desk)
- Bike room and outdoor bike rack
- Elevator
- Off-street parking
- Laundry rooms
- Case Management offices
- Property Manager's Office
- Computer space

Community Housing Network (CHN) will provide overall program management, person-centered property management, and housing services. Comprehensive management will include program operation, administration of subsidies, securing community partnerships, maintenance, housing facilitation, and eviction prevention. CHN will subcontract with Aryes Staffing to provide 24/7 front desk coverage. Front desk staff works with CHN and partner staff to intervene during periods of a crisis, placing a resident at imminent risk of losing housing. People entering the building engage with the front desk staff. An interior and exterior camera system is monitored to ensure the safety of residents. Front desk services help strengthen housing retention for residents.

Living at Deer Hill Place allows residents to engage in onsite support services to help them overcome obstacles, sustain wellness, and achieve their aspirations—with equitable opportunities to enjoy dignified, productive, and purposeful lives. CHN will have an annual renewable contract with Concord Counseling Services (CCS) to provide onsite supportive services. CCS will provide residents with services, including ongoing assessments, case management, access to psychiatric services, referral to medication monitoring, health services, employment services, individual counseling, and substance abuse treatment. CCS has a proven track record of successful billing and utilization of Medicaid, Medicare, and third-party payers.

5. Type of Development

Check the box(es) that best describes the type of development you are proposing.

- | | |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | Construction of a new building |
| <input type="checkbox"/> | Rehabilitation of an existing building |
| <input type="checkbox"/> | Acquisition of an existing building (adaptive reuse and conversion) |

6. Development Experience and Leveraging

- A. Do you have development experience with at least 4 other projects that have similar scope and scale as the proposed project? Describe below each of the projects you have experience with as a developer.

Community Housing Network (CHN) has successfully developed and managed new construction communities and rehabilitated properties to create permanent supportive housing for families and individuals. More specifically, since its formation in 1987, CHN has developed 14 new construction properties with 703 units and rehabilitated 538 units in 8 properties.

The following is information on four properties CHN feels are comparable to the proposed Deer Hill Place:

1. Terrace Place

Terrace Place offers safe, permanent, supportive housing to individuals who struggle with homelessness, mental illness and/or addiction. The project contains 60 one-bedroom units. Located just south of the Ohio State University's main campus, this development provides housing to 47 households meeting HUD's homeless definition and 13 households who have a mental health disability. Community Housing Network is the developer, owner, and property manager of this supportive housing. Funding the development involved public and private resources that included LIHTC equity (\$8,395,198), City (\$250,000) & County HOME (\$250,000), HUD SHP (\$300,000), and FHLB AHP (\$600,000). All units are rent-subsidized by project-based Section 8 Housing Choice Vouchers and are affordable to persons earning 30% AMI or less. Terrace Place opened in 2016.

2. Parsons Place

Since 2020, Parsons Place Apartments has provided sixty-two (62) one-bedroom units of permanent supportive housing to individuals who struggle with homelessness, mental illness, and/or addiction in Columbus and Franklin County. The project replaced CHN's Parsons Avenue Apartments project, and all its 25 residents moved from Parsons Avenue Apartments to Parsons Place upon completion. The project also added 37 new apartments to the community's supportive housing stock. Both former Parsons Avenue Apartment residents and new residents enjoy significant common areas and updated service space at Parsons Place. All 62 Parsons Place units are specifically designated for chronically homeless men and women who are disabled by mental illness, substance addiction, dual diagnosis or physical disability. These individuals have been unable to maintain permanent

housing, primarily due to significant addiction issues, which may be complicated by mental illness.

Community Housing Network, Inc. developed and owns Parsons Place. Parsons Place is a three-story structure with community gathering space and offices for supportive service provision. All units are furnished. The site is near bus stops, groceries, community-based services, shopping, and employment opportunities. Parsons Place has 24-hour front desk staffing and onsite supportive services. To create Parsons Place, CHN accessed critical financing, including: LIHTC equity (\$8,347,296), City (\$800,000) & County (\$500,000) HOME, State Housing Trust Funds (\$750,000), and FHLB AHP (\$1,000,000). Additionally, the project is supported operationally by Project Based Section 8 for all 62 units.

CHN provides overall management of the program, person-centered property management, and housing services. Overall management includes program operation, administration of subsidies, community relations, maintenance and security, facilitation of partner meetings, admissions oversight, eviction prevention and training, and assistance with outreach. Tenants are linked to supportive services including, but not limited to, ongoing assessments, case management, psychiatric services, medication monitoring, health services, employment services, individual counseling, and substance abuse treatment. CHN contracts with Concord Counseling Services (CCS), a community-based behavioral health organization, to provide accredited supportive services at the facility. CHN staff are working closely with the service provider to ensure that it serves the tenants' needs. Additionally, CHN subcontracts with Aryes Staffing to provide 24/7 front desk coverage. Front desk staff orient tenants to life in a supportive housing program, by assisting tenants with housing-related issues and providing crisis intervention and conflict resolution as needed. Residents are also referred to other agencies for medical/dental health needs, material needs, legal assistance, and other needs.

3. Creekside Place

Creekside Place provides sixty-three (63) one-bedroom units of permanent supportive housing prioritized for individuals who meet the State of Ohio's Permanent Supportive Housing Policy Framework at 500 North Nelson Road, near the Eastgate neighborhood of Columbus. Of the sixty-three units, forty (40) units are prioritized for individuals who have a severe mental health diagnosis, and the remaining units meet the HUD definition of chronic homelessness. The target population of Creekside Place are men and women who are disabled by mental illness, substance addiction, dual diagnosis, and/or a physical disability and, in some cases, have histories of homelessness. These individuals have been unable to maintain permanent housing, primarily due to significant addiction issues, which may be complicated by mental illness.

Community Housing Network, Inc. developed and owns Creekside Place. CHN opened Creekside in 2021 and provides overall management of the program, tenant-centered property management, and housing services. Overall management includes program operation, administration of subsidies, community relations, maintenance and security, facilitation of partner meetings, admissions oversight, eviction prevention and training, and assistance with outreach.

Creekside Place has 24-hour front desk staffing and onsite supportive services. Residents are linked to supportive services by a subcontracted service partner, National Church Residences Behavioral Health Services (NCRBHS), which provides accredited supportive services onsite. NCRBHS provides residents with services that include, but are not limited to, on-going assessments, case management, psychiatric services, medication monitoring, health services, employment services, individual counseling and substance abuse treatment. NCRBHS has a proven track record of successful Medicaid billing and utilization.

CHN also subcontracts with Aryes Staffing to provide 24/7 front desk coverage. Front desk staff orient tenants to life in a supportive housing program by assisting tenants with housing-related issues and providing crisis intervention and conflict resolution as needed. Residents are also referred to other agencies for medical/dental health needs, material needs, legal assistance, and other needs.

Creekside Place's 63 one-bedroom units are in a single structure that includes community gathering spaces and offices for supportive service provision. All units are furnished and are close to bus stops, groceries, community-based services, shopping, and employment opportunities. Funding used to create Creekside Place includes LIHTC equity (\$8,895,179), City (\$2,000,000) & County HOME (\$250,000), State Housing Trust Funds (\$300,000), OMHAS/ADAMH Board of Franklin County (\$650,000), and FHLB AHP (\$1,000,000). A project-based Section 8 Housing Assistance Program contract is in place at Creekside, and it allows residents of all units to reduce their rental payment to 30% of their incomes.

4. Touchstone Field Place

Touchstone Field Place opened in 2022 and provides fifty-six (56) one-bedroom units of permanent supportive housing prioritized for individuals who meet the State of Ohio's Permanent Supportive Housing Policy Framework. Specifically, all fifty-six units prioritize individuals who meet the HUD definition of chronic homelessness. The property is located at 2565 Lockbourne Road, on the south side of Columbus.

Community Housing Network, Inc. provides overall program management, tenant-centered property management, and housing services. Comprehensive management includes program operation, subsidy administration, community relations, maintenance and security, facilitation of partner meetings, admissions oversight, eviction prevention and training, and assistance with outreach.

Touchstone Field Place comprises 56 one-bedroom units in a single structure that includes community gathering spaces and offices for supportive service provision. All units are furnished and close to bus stops, groceries, community-based services, shopping, and employment opportunities. CHN developed Touchstone Field Place with a blend of public and private financing that included: LIHTC equity (\$9,502,837), City (\$1,500,000) & County (\$250,000) HOME, State Housing Trust Funds (\$300,000), and FHLB AHP (\$1,000,000). Additionally, tenants receive a rent subsidy in the form of project-based Section 8 Housing Choice Vouchers from the Columbus Metropolitan Housing Authority.

CHN owns and operates Touchstone Field Place. The property management team uses a blended management approach in conjunction with 24-hour front desk staffing and onsite supportive services. Residents are linked to supportive services by a subcontracted service partner, the Young Men's Christian Association (YMCA) of Central Ohio. The YMCA

provides accredited supportive services at Touchstone Field Place that include, but are not limited to, ongoing assessments, case management, psychiatric services, medication monitoring, health services, employment services, individual counseling, and substance abuse treatment. YMCA has a proven track record of successful Medicaid billing and utilization. CHN also subcontracts with the YMCA to provide 24/7 front desk coverage. Front desk staff orient tenants about participating in a supportive housing program by assisting tenants with housing-related issues and providing crisis intervention and conflict resolution. Residents are referred to other agencies for medical/dental health, material, legal, and other needs.

B. Do you have experience leveraging resources similar to the funds being proposed in the current project with at least 3 other projects that have similar scope and scale as the proposed project? (similar resources: LIHTC, HOME, CDBG, Section 108, Section 202, Section 811). Describe below each of the projects you have experience with as a developer and describe in detail up to 5 resources being leveraged for each project, by dollar value being contributed to the project in descending order.

1. Parsons Place

Community Housing Network, Inc. developed Parsons Place, a three-story supportive housing property with 62 one-bedroom apartments utilizing public and private financing, including:

- Federal Low-Income Housing Tax Credit (LIHTC) equity- \$8,347,296: Rent and occupancy limited to 30% AMI for 19 units and 50% AMI for 43 units (30 years).
- Federal Home Loan Bank of Cincinnati (FHLB) Affordable Housing Program (AHP)- \$1,000,000: Rent and occupancy limited to 50% AMI for 62 units (15 years).
- City HOME Program- \$800,000: 10 units restricted to 50% AMI for rent and occupancy (Low HOME units) for 20 years.
- Ohio HOME- \$750,000: 25 units restricted to 50% AMI for rent and occupancy (Low HOME units) for 30 years.

Additionally, the project is supported operationally by Project Based Section 8 for all 62 units.

2. Creekside Place

Funding used by CHN build Creekside Place, a 63-unit supportive housing development, included:

- LIHTC equity- \$8,895,179: Rent and occupancy limited to 30% AMI for 38 units and 50% AMI for 25 units (30 years).
- City of Columbus HOME- \$2,000,000: 10 units restricted to 50% AMI for rent and occupancy (Low HOME units) for 20 years.
- FHLB AHP- \$1,000,000: Rent and occupancy limited to 50% AMI for 63 units (15 years).
- Alcohol, Drugs and Mental Health (ADAMH) Board of Franklin County- \$650,000: Use the facility as permanent supportive housing.
- Ohio HOME- \$300,000: 26 units occupancy limited to 30% AMI and rent limit to 50% AMI.

Additionally, the project is supported operationally by Project Based Section 8 for all 63 units.

3. Touchstone Field Place

Touchstone Field Place, a 56-unit supportive housing property, was developed by CHN with a blend of public and private financing that included:

- LIHTC equity- \$9,502,837: Rent and occupancy limited to 30% AMI for 14 units and 50% AMI for 42 units (30 years).
- City of Columbus Housing Preservation Bond- \$1,000,000: Create a 56-unit apartment building.
- FHLB AHP- \$1,000,000: 56 units at 50% AMI Rent and Occupancy for 15 years.
- City of Columbus HOME: - \$500,000: 3 units restricted to 50% AMI for rent and occupancy (Low HOME units) for 20 years.
- Ohio State Housing Trust Funds through Ohio Housing Finance Agency's Housing Development Assistance Program (HDAP)- \$300,000: 23 units occupancy limited to 50% AMI and rent limit to 50% AMI.

Additionally, the project is supported operationally by Project Based Section 8 for all 56 units.

Low Income Housing Tax Credits

Community Housing Network, Inc. has extensive experience securing financial resources needed to develop projects similar to what is proposed for Deer Hill Place including Federal Low-Income Housing Tax Credits. From 2013 to 2023, CHN has developed both new construction and rehabilitation projects totaling 15 projects using LIHTC. When focusing on just the new construction projects that opened since 2013, CHN has received approximately \$70,608,090 from LIHTC syndication to develop these 10 supportive housing projects placed in service between 2013 and 2024. This experience includes both competitive 9% LIHTC and non-competitive 4% LIHTC.

HOME Program Funding

CHN has been fortunate to be supported by the City of Columbus and Franklin County with HOME Program funding from both these participating jurisdictions. CHN has utilized City HOME Program funds or Bond Program (\$7,550,000) and County HOME Program (\$2,292,647) on 10 projects it developed between 2013 and 2024.

Federal Home Loan Bank of Cincinnati

The Federal Home Loan Bank of Cincinnati has an Affordable Housing Program (AHP), and since 2013, CHN has received \$8,050,000 to help it develop nine projects in Ohio. Community Housing Network has a long-standing partnership with Huntington National Bank, which has been the member bank applicant on all nine projects.

Alcohol, Drug and Mental Health (ADAMH) Board of Franklin County Capital Funding

The ADAMH Board funds Capital Building projects with the funds raised through its County Levy. This funding is available intermittently.

Ohio State Housing Trust Fund

The Ohio Department of Development and the Ohio Housing Finance Agency receive state of Ohio funding from the State Housing Trust Fund. The source of the State Housing Trust Fund is a recording fee assessed by County recorders on all recorded documents in the state of Ohio. The State Housing Trust Fund is used by Ohio to fund multiple programs, including OHFA's Housing Development Assistance Program (HDAP).

- C. Provide information regarding the availability of low-income housing tax credit commitments, project-based rental assistance, and other resources dedicated to the

proposed project. Describe the dollar value of each of these commitments and describe the overall cost of the project, including the estimated cost per unit. In cases where the project includes more than one type of housing (e.g. townhouses and apartments), provide cost per unit information on each housing type to the extent possible.

Community Housing Network, Inc. proposes creating \$8,167,795 of tax credit equity by utilizing non-competitive 4% low-income housing tax credits (LIHTC), which are available to projects that have secured commitments from all other sources of funding. The remaining sources of funding include a \$1,500,000 FHLB of Cincinnati Affordable Housing Program grant (applied for in June 2024) and \$2,000,000 from the City of Columbus HOME (to be applied for in January 2025), which are competitive. Community Housing Network has a good history of accessing these resources and is confident it can secure this funding. An additional contribution of \$4,000 will come from Huntington National Bank (\$2,000) and Community Housing Network (\$2,000). Finally, Community Housing Network will defer as much as \$980,587 of its Developer Fee if resources are not available to fully pay the Developer Fee.

Due to the timing of this application, Community Housing Network does not have any of the above funding sources committed. However, Community Housing Network has experience with all these sources and is confident that if we receive a CoC Build! Award, we would be able to secure the funding described above.

The Columbus Metropolitan Housing Authority has provided a conditional commitment of project-based rental assistance to the Community Housing Network to develop Deer Hill Place. A letter evidencing this conditional commitment is attached.

Community Housing Network, Inc. estimates that the total development costs for Deer Hill Place be \$20,152,382 or \$335,873 per unit. Using broad categories of expenses, CHN summarizes the development costs as follows:

Category	Amount	Amount / Unit
Land Acquisition	\$ 776,809	\$ 12,947
Professional Expenses	\$ 965,890	\$ 16,098
Construction Costs	\$ 14,166,510	\$ 236,108
Developer Fee	\$ 2,460,000	\$ 41,000
Financial Expenses	\$ 1,402,173	\$ 23,370
Operating Reserve	\$ 381,000	\$ 6,350
Total	\$ 20,152,382	\$ 335,873

The table below shows the total number of proposed units in the project, how many will be designated for people experiencing homelessness, how many will be supported with Columbus Metropolitan Housing Authority (CMHA) vouchers, and how many will be designated for other populations, if applicable.

Total Units (#)	60
Homeless Units (#)	48
Non-Homeless Units (#)	12
CMHA voucher units (#)	60

CMHA voucher units (%)	100
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D. If there are current properties under construction or rehabilitation where CoCBuilds funds could be used to obtain units, provide:

- the amount and type of funds being used to construct the property;
- evidence of site control;
- evidence of completed and approved environmental review;
- identify the owner of the property and their experience with constructing or rehabilitation; and
- the number of units that will be finished using CoCBuilds funds.

Community Housing Network is not aware of properties under construction where funds could be used to obtain units. We can demonstrate that Community Housing Network has firm ownership of the land. The property, located at approximately 3255 Morse Road, Columbus, OH 43231, is in Community Housing Network's control, as it is owned by Deer Hill Place, LLC. Deer Hill Place, LLC has been created by CHN's attorney to be the LIHTC owner of Deer Hill Place. The Operating Agreement for Deer Hill Place, LLC is also included as an attachment.

7. Managing Homeless Projects.

A. Do you have experience administering at least 4 other projects for individuals and families experiencing homelessness where one member of the household has a disability?

Community Housing Network has experience managing more than four (4) projects for individuals and families experiencing homelessness where one member of the household has a disability.

1. Terrace Place

Terrace Place offers safe, permanent, supportive housing to individuals who struggle with homelessness, mental illness and/or addiction. The project contains 60 one-bedroom units. Located at 81 E. Ninth Avenue, this development provides housing to 47 households meeting HUD's homeless definition and 13 households who have a mental health disability. Community Housing Network is the developer, owner, and property manager of this supportive housing. All units are rent subsidized by project-based Section 8 Housing Choice Vouchers and affordable to persons earning 30% AMI or less. Terrace Place opened in 2016.

2. Parsons Place

Since 2020, Parsons Place Apartments provides sixty-two (62) one-bedroom units of permanent supportive housing to individuals who struggle with homelessness, mental illness and/or addiction in Columbus and Franklin County. All 62 Parsons Place units are specifically designated for chronically homeless men and women who are disabled by mental illness, substance addiction, dual diagnosis and physical disability. These individuals have been unable to maintain permanent housing, primarily due to significant addiction issues, which may be complicated by mental illness.

CHN provides overall management of the program, person-centered property management, and housing services. Overall management includes program operation, administration of subsidies, community relations, maintenance and security, facilitation of partner meetings, admissions oversight, eviction prevention and training, and assistance with outreach. Tenants are linked to supportive services including, but not limited to, ongoing assessments, case management, psychiatric services, medication monitoring, health services, employment services, individual counseling, and substance abuse treatment. CHN contracts with community-based behavioral health organizations to provide accredited supportive services at the facility. CHN subcontracts with Aryes Staffing to provide 24/7 front desk coverage. Front desk staff orient tenants to life in a supportive housing program by assisting tenants with housing-related issues and providing crisis intervention and conflict resolution as needed. Residents can also be referred to other agencies for medical/dental health needs, material needs, legal assistance, and other needs.

3. Creekside Place

Creekside Place provides sixty-three (63) one-bedroom units of permanent supportive housing. Of the sixty-three units, forty (40) units are prioritized for individuals who have a severe mental health diagnosis, and the remaining 23 units are for individuals who meet the HUD definition of chronic homelessness. The target population of Creekside Place is men and women who are disabled by mental illness, substance addiction, dual diagnosis, and/or a physical disability and, in some cases, are homeless or at risk of homelessness. These individuals have been unable to maintain permanent housing, primarily due to significant addiction issues, which may be complicated by mental illness.

Community Housing Network, Inc. developed and owns Creekside Place. CHN opened Creekside in 2021 and provides overall management of the program, tenant-centered property management, and housing services. Overall management includes program operation, administration of subsidies, community relations, maintenance and security, facilitation of partner meetings, admissions oversight, eviction prevention and training, and assistance with outreach.

Creekside Place has 24-hour front desk staffing and onsite supportive services. Tenants are linked to supportive services by a subcontracted service partner. CHN also subcontracts with Aryes Staffing to provide 24/7 front desk coverage. Front desk staff orient tenants to life in a supportive housing program, by assisting tenants with housing-related issues and providing crisis intervention and conflict resolution as needed. Residents also be referred to other agencies for medical/dental health needs, material needs, legal assistance and other needs.

4. Touchstone Field Place

Touchstone Field Place opened in 2022 and provides fifty-six (56) one-bedroom units of permanent supportive housing. All fifty-six units prioritize individuals who meet the HUD definition of chronic homelessness. The target population of Touchstone Field Place is men and women who are homeless and are disabled by mental illness, substance addiction, dual diagnosis, and/or a physical disability.

Community Housing Network, Inc. provides overall program management, tenant-centered property management, and housing services. Comprehensive management includes program operation, administration of subsidies, community relations, maintenance and security,

facilitation of partner meetings, admissions oversight, eviction prevention and training, and assistance with outreach.

CHN owns and operates Touchstone Field Place. The property management team uses a blended management approach with 24-hour front desk staffing and onsite supportive services. Tenants are linked to supportive services by a subcontracted service partner, the Young Men's Christian Association (YMCA) of Central Ohio. CHN also subcontracts with the YMCA to provide 24/7 front desk coverage. Front desk staff orient tenants about participating in a supportive housing program by assisting tenants with housing-related issues and providing crisis intervention and conflict resolution. Residents can also be referred to other agencies for medical/dental health, material, legal, and other needs.

B. Describe how you determine the amount of rent to charge based on unit size, addressing program participant complaints, working with other service organizations that may place program participants in the units, and maintaining the properties.

Rent

A combination of factors determines the rent. Based on bedroom size, CHN evaluates: 1) the market rent by hiring a 3rd Party Market Analyst, 2) the published Small FMR, 3) the Housing Authority's Payment Standard, 4) HOME rents, 5) LIHTC restrictions, 6) Utility Allowance information all with unit type and bedroom number in mind and 7) the property's location and whether it is in a Qualified Census Tract.

All CHN's units are rent-subsidized, so the regulations related to rent must be considered when estimating the rent for a property (for example, Subpart G—Rent to Owner, Sections 983.301-304 of 24 CFR Part 983 is a good reference for determining the projected rent of a Project-Based Voucher Program). With the above information in hand, CHN can determine the likely rent for the property. However, the final rent may not be determined until the Housing Assistance Payment Contract with the Public Housing Authority has been executed.

Participant Complaints

Residents may choose to provide complaints by communicating the problem and concerns to the property manager or their case manager, within a Resident Council, or in writing. The property manager may request a meeting with the resident to clarify the concern or in hopes of resolving the issue. Should the resident desire a more formal or private process, they can follow CHN's Tenants Rights & Grievance Procedure process. The grievance procedure is provided to tenants annually, on request, and at lease signing. Once a formal grievance is filed, the complaint is provided to CHN's Tenant Rights Officer, who ensures that the grievance is heard, and the procedure is followed. Should a tenant not be satisfied with the response of the Tenant Rights Officer, they may appeal to the CHN Grievance Committee. Should the tenant remain unsatisfied, the appeal process could proceed to outside entities such as the Continuum of Care or the Franklin County ADAMH Board.

Referral System

All resident referrals for Deer Hill Place come from the Unified Supportive Housing System (USHS), Franklin County's coordinated entry system. When Deer Hill has a vacancy, the

USHS will refer the highest priority client to CHN to begin the housing application process. CHN will work with the community organization servicing the client to house them.

Maintenance

As property manager, Community Housing Network has maintenance staff to provide basic and preventative maintenance services. A maintenance technician assigned to the project conducts maintenance, including inspections, routine maintenance, and repairs. Maintenance Technicians report to the Maintenance Director, and CHN employs both positions. Additionally, CHN's maintenance department has two positions: preventative maintenance technician and maintenance quality specialist, whose role is to ensure the quality of maintenance provided at CHN's managed buildings. When the maintenance technician does not have the required skills to facilitate the necessary repairs, they can work through CHN's procurement procedures to hire the appropriate expertise.

- C. Describe the supportive services the project directly provide to address the target population's needs. What is the anticipated caseload ratio? Type and frequency of supportive services that be available (e.g., case management, life skills, health care). See 24 CFR part 578.53 for full list of CoC Program eligible supportive services. State whether your organization or another organization provide supportive services. If other organizations provide some or all of the supportive services, provide the organization(s) name, address, email address, and phone number. If your organization provide direct supportive services with CoCBuils funds, you must include a Supportive Services Budget.

Deer Hill Place features sixty (60) one-bedroom units of permanent supportive housing. All participants will be disabled men and women. Of the 60 units, 48 are specifically targeted to people who meet HUD's definition of chronic homelessness. The remaining 12 units are intended to house high-priority individuals who have mental health disabilities and are homeless or at risk of homelessness.

CHN operates all its PSH units with a Housing First approach, utilizing Harm Reduction and other evidence-based practices to ensure residents maintain stable, permanent housing. We create opportunities for success by providing residents with support tailored toward their specific housing barriers. By building a network of services and partners to address every need, we provide a safety net that empowers residents to move forward while creating a sense of belonging and community.

CHN implements a blended management approach where all partners and staff have a shared commitment and coordinated communication to provide equitable opportunities and support, assisting residents with stable housing and well-being. Residents can access ongoing assessments, goal planning, case management, life skills classes, linkage to benefits, medication monitoring, individual/group counseling, substance abuse treatment, employment readiness training, and community service partners such as the Mid-Ohio Food Bank produce market by working with onsite service providers employed by Concord Counseling Services. Residents are encouraged and often connected to ADAMH-funded service providers for more specialized care. Aryes Staffing provides 24-hour front desk and crisis intervention services, assisting with ongoing services.

Concord Counseling Services (Concord or CCS) is a distinguished organization with a 20-year track record of delivering high-quality, accessible, and evidence-based services to residents in Community Housing Network's PSH and Service Enriched housing sites and services for older adults. Founded in 1972, CCS is a 501(c)(3) entity with over 50 years of experience effectively utilizing various federal funds. Concord is located at 700 Brooksedge Blvd., Westerville, Ohio 43081 (<https://concordcounseling.org/>) and is led by Linda Jakes, Executive Director, lindajakes@concordcounseling.org and Mike Preston, Director of Clinical Operations mikepreston@concordcounseling.org.

CCS is accredited by the International Commission on Accreditation of Rehabilitation Facilities (CARF) in multiple areas, including Case Management/Service Coordination, Integrated SUD/Mental Health Outpatient Treatment for Adults, Children, and Adolescents, Prevention Services, and Job Development & Community Employment Services. Furthermore, CCS holds a full Behavioral Health Certification by the Ohio Mental Health and Addiction Services (OHMAS) to provide an array of services such as Employment Services, Community Psychiatric Supportive Treatment (CPST) Services, Therapeutic Behavioral Services and Psychosocial Rehabilitation, Consultation, Prevention, General, Crisis Intervention, and Substance Use Disorder (SUD) Case Management Services.

CCS employs a dynamic, flexible treatment team approach to client care and problem-solving, offering holistic plans that address a spectrum of needs. Their client-led interventions are based on the stages of change model, fostering strong relationships and frequent resident contacts to ensure beneficial services. Staff collaborate closely with clients to design and implement tailored plans and strategies, with regular assessments and reviews. Residents also engage in annual housing assessments, goal planning, and standardized assessments such as the Outcome Questionnaire (OQ) and Recovery Assessment Scale (RAS).

The site will be staffed with two service coordinators and visiting professionals in psychiatric, therapeutic, medical, and vocational services with Concord Counseling Services. Concord coordination includes linkage to other supports both within CCS and other agencies. All staff are Qualified Mental Health Specialists with backgrounds in social services. They are required to complete ongoing training in clinical skills (stages of change, motivational interviewing, trauma-informed interventions, and de-escalation techniques) and skills specific to the population with which they work. All staff are well-versed in harm reduction strategies and work to buttress support around clients as they move toward or through substance use treatment. Service Coordinators work with therapists to host alcohol or drug treatment groups and other agencies for Narcan training and information onsite or support residents through inpatient or residential treatment as needed. Service Coordinators have weekly clinical supervision, and additional clinical support is available on-call as necessary.

Concord provides onsite access to individual vocational support, including job coaching and development, funds for transportation, training, and any ancillary needs. Concord encourages residents to participate in Pathway Clubhouse and 1221 Art Space for early vocational training and activities. A psychiatric nurse is available several times monthly for ongoing, preventative healthcare and physical and psychoeducation. Service Coordinators provide necessary transportation for individual residents and link them to medical transportation and discounted COTA service.

When the tenant is ready for move-up/move-on, continuity of care will be provided if desired. The Case Manager will remain linked with the resident through the move-out, the transition to the new housing placement, and then as an ongoing community support provider. In addition, Concord is in the early stages of developing a Peer Support program with plans to use Peer Support staff onsite to supplement and enhance service delivery.

Type of Service	Provider	Frequency	Offered onsite (yes or no)
a) Assessment of service needs	Concord Counseling Services	Weekly	Yes
b) Case Management	Concord Counseling Services	Weekly	Yes
c) Education Services	Community-based provider	As needed	Yes
d) Employment Assistance and job training	Concord Counseling Services	Weekly	Yes
e) Housing Search and Counseling Services	CHN Service Coordinator; Concord Counseling Services	Weekly	Yes
f) Legal Services	Community-based provider	As needed	No
g) Life Skills Training	Concord Counseling Services	Weekly	Yes

Deer Hill Place Staff/Client Ratio

Concord Counseling Services (CCS) anticipated staffing plan: Service Coordinator 2.0 FTE, Clinical Service Coordinator .33 FTE, Outreach RN .20 FTE, SUD Therapist .08 FTE, Psychiatrist .01 FTE, Vocational .18 FTE, Manager PSH .15 FTE, Director of Clinical Operations .01 FTE, and Manager of SUD .08 FTE. Mental Health Services will be offered through a Clinical Service Coordinator with 0.33 FTEs, and a trained Case Manager provide Substance Abuse Treatment with 0.2 FTEs. CHN and its service partners meet regularly to review progress and coordinate services.

- Direct Service staff work directly with clients to meet goals (case managers, case aides, engagement specialists, client advocates, front desk staff, etc.).
- Operations staff work indirectly with clients to meet goals (administrators, maintenance, finance, etc.).

Services		Operating	
<u># of Staff</u>	<u>FTEs</u>	<u># of Staff</u>	<u>FTEs</u>

First Shift	5	3.27	2	.65
Second Shift	1	.80	1	.80
Third Shift	1	.80	1	.80
	7	4.87	4	2.25

Client Ratio: To effectively support 60 residents, there will be a 1:30 ratio of service coordinators, with two FTE coordinators ensuring person-centered care. Other service professionals will be integrated into the support system as needed. Regular meetings will facilitate communication about resident needs, while shared assessment tools and thorough documentation will maintain continuity of care.

- D. Describe the methods of transportation that will be available for program participants to travel to doctor appointments, recreation, public services (e.g., post office, library), shopping, other services, etc. If public transportation is available, indicate the hours of operation and the distance from the units.

Concord provides transportation funds for individual residents, access to medical transportation, and discounted Central Ohio Transportation Authority (COTA) service. A COTA bus stop is within walking distance (approximately 500 feet). The stop is for Route #34, which operates frequently, with a bus every 15 minutes between 5 a.m. to 11 p.m. (M-F) and 5 a.m. to 10 p.m. (Sat and Sun). Discount stores and grocery stores are within walking distance.

- E. Describe how the provision of services will be equitable in access to services and how outcomes will be analyzed to ensure equity.

CHN prioritizes cultural competency, offering inclusive services tailored to diverse backgrounds. Through annual training, staff address implicit bias and promote equity. Language assistance ensures equal access for those with limited English proficiency. Collaboration with the Franklin County ADAMH Board and community partners ensures comprehensive support for addiction and mental health needs. CHN's commitment lies in providing a welcoming environment and effective services for all individuals, regardless of background or identity.

Monthly tracking of demographic data helps identify disparities in service utilization among different population groups. Biannual assessments and annual surveys gather resident feedback to evaluate satisfaction and identify areas for improvement. CHN also engages with residents during monthly visits with service coordinators and conducts formal interviews with a subset of residents twice a year to gain deeper insights into the experiences of diverse communities. In cases of service underutilization, CHN proactively reaches out to system funders and referral partners to ensure the broad range of community services are accessible. By continually monitoring and evaluating outcomes through an equity lens, CHN adapts its services and interventions to better meet the needs of all individuals.

F. Describe how your organization adhere to operating a project that aligns with Housing First, low-barrier implementation, harm-reduction, and trauma-informed core principles.

CHN operates all its PSH units with a Housing First approach, utilizing Harm Reduction and other evidence-based practices to ensure residents maintain stable, permanent housing. CHN adheres to HUD regulations regarding voluntary participation in disability-related supportive services. Furthermore, CHN ensures that our partner service agencies comply with this practice when working with our properties. Language confirming this requirement is included in all Professional Service Agreements executed between CHN and its service partners. While disability-related supportive services are elective, CHN and its service partners routinely encourage engagement in voluntary services, linking tenants to service organizations with the capability to address emotional and behavioral issues that positively impact long-term housing retention.

CHN and Concord Counseling Services routinely encourage engagement in voluntary services, linking residents to services and organizations that can address emotional and behavioral issues that positively impact long-term housing retention. In accordance with HUD guidelines, participation in supportive services is not mandatory to maintain housing. We create opportunities for success by providing residents with support tailored toward their specific housing barriers. By building a network of services and partners to address every need, we make a safety net that empowers residents to move forward while creating a sense of belonging and community.

CHN implements a blended management approach where all partners and staff have a shared commitment and coordinated communication to provide equitable opportunities and support, assisting residents with stable housing and well-being. Residents can access ongoing assessments, goal planning, case management, life skills classes, linkage to benefits, medication monitoring, individual/group counseling, substance abuse treatment, employment readiness training, and community service partners such as the Mid-Ohio Food Bank produce market. Residents are encouraged and often connected to ADAMH-funded service providers for more specialized care. Aryes Staffing provides 24-hour front desk and crisis intervention services, assisting with ongoing services.

Service Coordinators assess residents' needs and risk factors before developing structured plans to ensure housing stability. Service Coordinators are versed in educational techniques to improve Activities of Daily Living skills and engage with residents using evidence-based practices. Staff can easily link residents with psychiatric, vocational, therapeutic, and medical services at Concord or other community agencies. Clinical staff provide the initial contact point for various external, mainstream social services. Service Coordinators, trained in Motivational Interviewing and Harm Reduction techniques, are experienced in working with residents to develop strategies for safe use and connecting residents to outpatient and more intensive AOD treatment providers. Residents have linkage to various educational programs including GED, licensure-track trainings, and occupational rehabilitation supports. When residents cannot work, service Coordinators leverage their knowledge of Social Security Administration processes to guide claimants in obtaining benefits. Each resident receives individualized care, meeting them where they are and guiding them to the best possible outcome.

G. Describe how program participants will be assisted to obtain the benefits of mainstream health, social, and employment programs (e.g. Medicare, Medicaid, SSI, Food Stamps, local Workforce office, early childhood education).

Onsite staff are the primary access to services for residents without case management. Service coordinators develop Individualized Housing Stabilization Plans (IHSP) for each resident upon move-in. These plans include identifying strategies to address barriers to stable housing, including access to benefits. Staff provides resident-focused services driven by resident needs and individual goals. Residents are referred to community resources and linked to ongoing treatment providers and eligible benefits such as SSI/SSDI Outreach, Access, and Recovery (SOAR) and the Ohio Senior Health Insurance Information Program (OSHIIP).

CHN addresses employment barriers through partnerships and refers residents to community resources for employment readiness and opportunities such as Ohio Means Jobs and Goodwill Columbus. The partnership with Dress for Success provides access to interviews and professional attire. Our supportive service partners offer employment resources to residents. National Church Residences operates the Right Track program, which includes an accelerated work readiness curriculum that moves participants to on-the-job training faster than traditional programs. Concord Counseling employs a vocational rehabilitation coordinator to work with residents who may require a more clinical approach to their employment barriers. Residents are regularly referred to Southeast Healthcare's Vocational Services and Project Work. Service coordinators refer residents to community educational and employment resources, including job fairs and Ohio Means Jobs. Residents are challenged with finding employment due to such barriers as education/skill levels, physical abilities, and lack of personal transportation.

H. Describe how program participants will be assisted to obtain and remain in permanent housing (e.g., provides the participant with access to needed services, safety planning, case management, housing that meets accessibility related needs, additional assistance to ensure retention of permanent housing).

Community Housing Network, Inc. provides overall program management, person-centered property management, and housing services. Comprehensive management includes program operation, subsidy administration, community relations, maintenance and security, facilitation of partner meetings, admissions oversight, eviction prevention and training, and assistance with outreach.

CHN assists individuals with obtaining and retaining housing using evidence-based approaches associated with Permanent Supportive Housing and Housing First. These approaches are comprehensive, person-centered, and support additional layers of assistance.

a) **Comprehensive Property Management and Service Coordination**

- Blended Management Approach: The program adopts a collaborative model where property management and service staff work closely. This integrated approach ensures that residents receive consistent support tailored to their housing needs, promoting communication across all service providers and property managers.

- Access to Services: Participants can access a wide array of services tailored to their individual needs, such as case management, healthcare, substance abuse treatment, mental health services, and linkage to community resources. Case management assists residents with developing an Individualized Housing Stabilization Plan (IHSP) outlining goals and strategies for maintaining housing stability, linkage to resources, and addressing barriers such as mental health, substance abuse, or legal issues.
 - Eviction Prevention: Proactive eviction prevention strategies are implemented, where property managers and service staff intervene early in cases of lease violations. Strict compliance notices and opportunities to correct issues are prioritized over immediate eviction notices. When residents face persistent issues, service coordinators step in to mediate and connect residents with community services like representative payee programs, mediation services, and mental health or addiction treatment. Eviction action is used only as a last resort.
- b) **Assessment and Individualized Housing Stabilization Plan (IHSP)**
- Initial Assessment: At the program's start, participants undergo a comprehensive assessment to identify factors contributing to previous housing instability, such as mental health concerns, financial barriers, or lack of social support. The assessment includes domains like mental health, substance use, physical health, employment, legal issues, and daily living skills. Annually, residents receive a comprehensive assessment.
 - IHSP Development and Monitoring: Based on the assessment, a personalized IHSP is created for each resident, focusing on housing stabilization goals, addressing specific barriers, and connecting residents with needed services. The IHSP is updated quarterly to reflect changes in the resident's situation, ensuring the plan remains relevant and effective over time. Staff engage with residents at least once a month to address needs and check on their well-being.
- c) **Support for Physical and Behavioral Health Needs**
- Healthcare Coordination: Service staff link residents to primary care services upon entry into the program, ensuring that those with chronic or acute health issues receive ongoing medical support. Mobile health clinics and onsite services provide accessible healthcare, with additional support from specialized providers like nurse practitioners and mental health counselors for residents with chronic conditions.
 - Mental Health and Substance Use Support: Participants with severe mental health or behavioral challenges are connected to onsite counselors and external treatment opportunities. Crisis intervention specialists are available to handle acute mental health needs and provide de-escalation and support services as necessary.
- d) **Safety and Trauma-Informed Design**
- 24-Hour Front Desk and Crisis Intervention: Aryes Staffing provides round-the-clock front desk staffing for crisis intervention and monitors the safety of residents. Closed-circuit cameras allow staff to oversee activities in common areas and respond quickly to emergencies. The front desk staff also supports residents by enforcing breaks from outside friends and acquaintances detrimental to the residents' goal for housing stability by implementing house rules and restricted access procedures.

- Violence Against Women Act (VAWA) Protections: Residents experiencing domestic violence or other forms of abuse can access VAWA protections, which include safe transfers to other housing units within the Unified Supportive Housing System (USHS). These protections are emphasized during lease signings to ensure residents know their rights and resources. VAWA documentation is provided to all residents at lease signing.
 - Trauma-Informed Environmental Design: The physical layout and design of the housing are informed by Trauma-Informed Design (TID) principles, which prioritize resident well-being by reducing environmental stressors and avoiding triggers associated with previous institutional settings. Features like homelike furnishings, individual control of heating and cooling, and calming color schemes help create a healing, supportive living environment. TID benefits residents in several ways:
 - Personalizing spaces with color, signage, and decor helps residents feel more at home and less institutionalized.
 - Individual environmental control: Residents control their apartment environment with individual air conditioning and heating equipment.
 - Homelike furnishings: The use of "faux wood" flooring, residential light fixtures, and upholstered furniture provides a homelike contrast to the institutional settings residents have experienced.
 - Welcoming lobby design: The entrance opens into a lobby with sight lines to the outdoors, providing security without the danger of triggering a confined feeling.
 - Varied social interaction spaces: Small seating areas throughout the building allow residents to choose their level of social interaction.
 - Calming colors and nature photography: Calming walls, furniture colors, and nature photography helps reduce environmental stress.
- e) **Engagement and Community Building**
- Low-Demand Service Model: Recognizing that not all residents are ready to engage in intensive services, the program adopts a low-demand model where participation is voluntary, and services are designed to meet residents where they are. Feedback from residents is regularly collected through surveys and daily interactions with staff to ensure services align with their preferences and needs.
 - Community Building and Socialization: This home environment promotes a sense of belonging and community through shared spaces and group activities. Social interaction is encouraged, with small seating areas throughout the building providing opportunities for informal gatherings and social events. Staff and partners facilitate group activities, such as skill-building workshops and health-related gatherings, to foster a supportive community.
- f) **Advocacy Support:**
- Retention Support: Residents will be linked to case management to address housing retention. A collaborative approach between property management and service staff focuses on eviction prevention through early intervention strategies, such as offering compliance notices and working with residents to address lease violations. Residents are also supported in developing housing retention plans and are connected with resources like Legal Aid when necessary. Service staff assist residents in filing

grievances and mediating disputes with property management, ensuring that residents' rights are protected.

- Housing Choice Vouchers as an Alternative: If a resident cannot meet lease obligations or sustain their housing, service staff advocate for a mutually agreed-upon exit plan, including obtaining a Housing Choice Voucher. This allows the resident to transition to another stable housing option without facing eviction.

g) **Proactive Accessibility and Accommodations:**

- Reasonable Accommodations: For residents with disabilities or physical health needs, staff ensure reasonable accommodations, such as installing durable medical equipment and modifying living spaces. CHN creates inclusive and comfortable living environments for individuals with diverse needs to support their housing stability.
- Deer Hill Place: Of the sixty units at Deer Hill Place, 6 units are designed to be fully accessible to persons who have mobility disabilities and/or sensory disabilities (mobility accessible units). The 6 mobility accessible units that are designated for people with mobility disabilities represents 10% of the total units at Deer Hill Place and this is double what is required (5% of units) by HUD. In addition to the six mobility accessible units, Deer Hill Place will have 2 additional units meeting requirements for people with hearing or visual disabilities (Sensory only units). These mobility accessible units and sensory only units are located on different floors and different locations in the building, where possible, to ensure persons with mobility and/or sensory disabilities are integrated into the housing without bias. Although six of the units will be specifically designated for individuals with mobility impairment, all of the apartments will include features that will enable residents of differing physical abilities to live comfortably. These components will include lever style handles on doors and faucets, rocker type light switches, adjustable height shower heads, loop handles on cabinets and extra task lighting in kitchen and bathroom. The vinyl plank flooring will be easy for residents to clean as will the laminate kitchen countertops which help residents maintain their housing. Sensory only units will be equipped with doorbells and strobe lights for smoke and fire alarms. The strobes are placed in the living area, bedroom, and bathroom so a hearing-impaired resident will be alerted to any emergency or a visitor.

h) **Ongoing Training for Service Providers:**

- Evidence-Based Practices: CHN and partner staff participate in annual training in evidence-based practices such as Trauma Informed Care, Motivational Interviewing, Harm Reduction, Crisis Intervention, Diversity, Equity, and Inclusion. These training programs aim to strengthen staff capacity to engage residents effectively and support them in maintaining housing stability.

8. Implementation Schedule.

A. Describe the general implementation timeline, including:

i. Based on type of capital cost requested, provide:

- New Construction – date construction begin and end, and date property be available for move-in.
- Acquisition – date property be acquired.

- Rehabilitation – dates rehabilitation of the property begin and end
- ii. Provide the proposed schedule for the following activities:
- Site control
 - Environmental review completion
 - Execution of grant agreement
 - Start date
 - Completion date
 - Occupancy Certificate date
 - Anticipated Move-in Date

The project must be ready for occupancy within 36 months of award.

Site Control for Deer Hill Place was established in the summer of 2023 when Community Housing Network purchased the site. CHN anticipates the following schedule for development of Deer Hill Place:

Site Control:	July 28, 2023
Receive Award of FHLB AHP:	November 2024
Apply for City of Columbus:	January 2025
Receive Award of CofC Build!:	February 2025
Execute Grant Agreement:	March 2025
Receive commitment of all non-LIHTC funding:	March 2025
Apply for 4% Tax Credits:	April 2025
Submit Request for Building Permit:	May 2025
Bid out Construction Work:	May 2025
Receive an award of Tax Credits:	June 2025
Complete HUD ER:	June 2025
Receive approval for Building Permits:	July 2025
Close all funding for Construction:	August 2025
Start Construction:	August 2025
Certificate of Occupancy:	October 2026
Complete Construction:	November 2026
Move-in begins:	November 2026
Move-in completed:	February 2027

9. Property Maintenance.

- A. Demonstrate how you ensure the property is maintained annually to prevent unnecessary costly repairs. Include how the property be maintained annually and needed repairs are conducted (e.g., checking for roof leaks, routine maintenance for heating and cooling). Identify the source of funds that be used and whether there be a reserve fund established specifically for the maintenance and repair of proposed units.

CHN has established structured policies for planning and selecting annual repair and replacement projects aimed at maintaining our properties effectively:

- **Preventative Work Orders:** CHN Maintenance has a list of items that must be done routinely to maintain our buildings appropriately. Items such as furnace filter replacement (monthly), sealing surfaces (annually), caulking windows and other gaps (annual inspection), fire sprinkler tests (annual), stormwater collection system maintenance, and hot water tank draining are included in CHN's preventative work orders.
- **Annual Property Inspections:** During the budget process, the Property Management Director (PMD) and Asset Management Director (AMD) oversee property inspections to identify potential replacement tasks. This review ensures that all projects, whether managed directly by CHN or other property managers, undergo a thorough evaluation.
- **Creation of Replacement Tasks Lists (LIST):** Following inspections, each property generates a LIST of potential replacement tasks. These lists are submitted to the AMD with cost estimates for each task, prioritized based on urgency, and high-priority projects are listed first.
- **Replacement Project Plans (RPP):** The AMD and PMD compile and maintain a comprehensive Replacement Project Plans (RPP) list, updated annually. This plan consolidates tasks from each property's LIST and anticipates additional tasks identified in each project's Capital Needs Assessment (CNA).
- **Budget Review and Approval Process:** During the Operating & Capital Budget review, critical stakeholders, including the CFO, COO, PMD, AMD, Regional Managers (RMs), and Maintenance Manager (MM) review and approve tasks for funding in the upcoming year. Funding sources, whether from operating revenue or replacement reserves, are identified for each project.

In addition to these annual planning procedures, CHN has instituted an Aging Building Analysis to comprehensively assess every aspect of their properties. The Aging Building Analysis includes detailed reviews of property overview, critical building information, funding sources and restrictions, resident satisfaction, neighborhood safety reports, and financial and service delivery performance. The Aging Building Analysis evaluates capital needs, potential funding resources, and the marketability of each building.

Recommendations for short-term and long-term actions are developed by the Aging Buildings Committee based on these findings, providing a strategic roadmap for addressing aging infrastructure effectively.

Everyday maintenance and repairs are considered an operating expense, and the operating expenses will be paid by rental income (rent subsidy + tenant rents). Replacement of building systems will be funded out of Replacement Reserves. Replacement Reserves are funded using an annual funding equal to \$425/unit or \$25,500 in year one. The funding for the Replacement Reserve comes from rent subsidies provided by the Public Housing Authority and the tenant portion of the rent.

- B. Demonstrate how the project be able to cover replacement costs (e.g., replacing broken or damaged appliances, major equipment). Indicate if there be funds provided from other sources and what those sources be.

Community Housing Network, Inc. will create a Replacement Reserve for Deer Hill Place using the rent subsidies provided by the Public Housing Authority and the tenant portion of the rent. The Ohio Housing Finance Agency requires that supportive housing developments establish and fund Replacement Reserves annually at \$425 per unit per year. This amount increases annually by 3%, as a predictor of inflation for operating expenses. In the case of Deer Hill Place, the following reflects the resulting Replacement Reserve balance utilizing this strategy:

Units	60	
Per Unit	\$	425
Inflation	3%	

Time Period	Amount Contributed	Balance of Replacement Reserve
Year 1	\$ 25,500	\$ 25,500
Year 2	\$ 26,265	\$ 51,765
Year 3	\$ 27,053	\$ 78,818
Year 4	\$ 27,865	\$ 106,682
Year 5	\$ 28,700	\$ 135,383
Year 6	\$ 29,561	\$ 164,944
Year 7	\$ 30,448	\$ 195,393
Year 8	\$ 31,362	\$ 226,755
Year 9	\$ 32,303	\$ 259,057
Year 10	\$ 33,272	\$ 292,329

It should also be noted that the use of these reserves requires approval from the tax credit investor’s asset manager to ensure that the Replacement Reserves are utilized to ensure effective maintenance of the building. For example, if in year 7, CHN’s Asset Manager were to see that 10 of the Deer Hill Place’s 60 hot water tanks for units needed to be replaced at \$1,000 per water heater, the Asset Manager could request that \$10,000 from the Replacement Reserves be utilized to pay for the 10 water heater replacements. CHN’s Asset Manager reviews capital expenditures at the building to determine the need for Replacement Reserve usage and works with 3rd party reviewers who perform Physical Capital Needs Assessments (PCNAs) to forecast the future use of replacement reserves. These PCNAs are typically ordered every ten years.

No other sources are anticipated to pay for future replacement expenses.

10. Unmet Housing Need.

- A. Describe the population that be served by the project and the level of unmet need for new units of permanent supportive housing in your area for that population. Using the PIT Count and HIC information, estimate the gap between the number of units of permanent supportive housing available and the number of homeless individuals and families experiencing homelessness where at least one household member has a disability. Maximum points be awarded for applicants that demonstrate that there are fewer than 50 PSH beds available in a given year for each 100 people in the population that is proposed to be served.

The target population is men and women who are homeless or at risk of homelessness and are disabled by mental illness, substance addiction, dual diagnosis, and/or physical disability. Individuals struggle to overcome severe and persistent housing barriers that may include histories of chronic poverty, alcohol and drug abuse, incarceration, generational and systematic inequities, institutionalization, long-term unemployment, and trauma impacting their housing stability. The residents have incomes at or below 30% AMI, as the Unified Supportive Housing System (USHS) requires. The USHS provides administrative guidance and structure to deliver a streamlined, standardized coordinated system for applying for, approving, and placing individuals and families experiencing homelessness and having the greatest vulnerability in permanent supportive housing.

On average, 50% of head of households are male, and 67% are people of color are living in CHN's supportive housing. Deer Hill Place will have similar demographic characteristics. Of Deer Hill Place's sixty (60) units, forty-eight (48) units will house individuals who meet the HUD definition of chronic homelessness. The remaining twelve (12) units house individuals who have severe mental illness or co-occurring mental illness and substance abuse, and are homeless, or at-risk of homelessness or institutionalization.

In Columbus and Franklin County, the 2024 Annual Gap Analysis shows a gap of 2,514 placements annually in PSH units. For single adults specifically, the target population proposed to be served, the gap is 2,398 placements annually. The existing capacity of PSH according to the 2024 HIC is 2,483 units(beds) of PSH for single adults system-wide. These beds turn over at the rate of 15% annually, creating approximately 373 available placements/beds annually, while the need is for 2,771 placements. **To use the analogy in the statement above, in Columbus and Franklin County there are only 13.46 PSH beds available in a given year for each 100 people in the single adult population that is proposed to be served.**

In FY24, in Columbus and Franklin County 5,995 single adults in shelter, transitional housing and in unsheltered locations experienced homelessness (12-month APR information). 211 were determined to be chronically homeless using HMIS experience data and are presumed to qualify for PSH. Of the remaining 5,784, 10% are projected to be diverted to other interventions, 25% are projected to self-resolve and those that do not have disabling conditions that are unlikely to be resolved are targeted for Rapid Rehousing (RRH) – some that will be served in RRH will end up in PSH and their intervention will double up. The community's Transitional Housing (TH) inventory is minimal and targeted to special populations, domestic violence and transitional age youth, 128 beds in total, 23 units for families and 55 beds for single adults and children only beds (2024 HIC). The majority of the single adults in TH will exit to RRH and only a few will need PSH. In FY24 the single adult population experiencing homelessness self-reported high rates of disability – 36% mental health, 6% alcohol use, 5% drug use, 6% dual diagnosis, 30% chronic health condition, 1% HIV/AIDS, 6% developmental disability, 32% physical disability (12-month APR information). People have multiple disabling conditions but overall, 65% of the single adult population experiencing homelessness self-declared a disability in FY24. Research shows that people tend to underreport their disabilities. However, not all people with disabling conditions will need PSH and realistically we will not be able to create PSH for 65% of the sheltered population. For planning purposes, taking the rate of population that reports mental health, dual diagnoses, HIV/AIDS and

developmental disabilities provides the rate of 49% that will assume needs PSH. This rate is applied to the population that experiences homelessness that was not able to be diverted to other interventions and is not chronically homeless, or 5,225. The overall population needing PSH annually is 2,771 (211+2,560). As noted above, the annual bed turnover from the existing capacity provides 373 available placements, leaving a gap of 2,398 placements annually.

11. Management of Rental Housing.

A. Do you have rental housing? If yes, describe the rental housing projects you or your subrecipient have managed. If you have or partner with other organization(s) within the CoC to manage a property(s), provide the organization’s information, type of program participants assisted, and experience. Include the number of grants for affordable housing awarded in the past 3 years and amount of awards, the type of subsidy and or financing provided for the housing. Specify the number of assisted and non-assisted units in each property.

Community Housing Network, Inc. manages 1,493 rental housing units in 35 properties.

Since January 2021, Community Housing Network has received funding awards for six projects totaling 289 units:

Owner	Units	Homeless & Disabled	Disability Only	Rent Subsidized	LIHTC Award Year
Knoll View Place	50	45	5	50	2024
Scioto Rise Place	60	48	12	60	2024
Touchstone Field Place II	44	44		44	2023
Park Apartments*	45	45		45	2022
Poplar Fen Place	44	39	5	44	2022
Warren Commons, LLC*	46	46		46	2021
Total	289	267	22	289	

* Lucas County supportive housing projects.

CHN will receive approximately \$84,622,000 to develop these six properties from various sources to pay the expenses of developing properties. This includes over \$63 million in Tax Credit generated Equity, \$7,750,000 from the State of Ohio (Housing Trust Fund, Strategic Community Initiative Funds, Ohio Mental Health and Addiction Services Capital, & State HOME ARP Funds), \$2,130,000 from County funding (HOME ARP/SLFRF, Magnet, County Mental Health Boards), \$9,300,000 from City programs (HOME, HOME ARP, & SLFRF), \$2,000,000 from the Federal Home Loan Bank of Cincinnati AHP program and \$250,000 from a foundation grant.

All six properties use project-based Section 8 Housing Choice Vouchers to pay operating expenses. The project-based section 8 contracts typically have 20-year terms. The value of these contracts depends on rent levels in the future and the amount of income a tenant contributes to their rent, making it difficult to estimate the value of the rental assistance. However, to get a ballpark of the rental assistance value over 20 years, CHN multiplied the

anticipated stabilized year-one gross income of these projects x 20 years, and the resulting estimate of rental income is \$69 million.

For service funding, including 24/7 front desk services, the Community Housing Network has requested HUD, state and local county mental health boards, and the City's HOME ARP funds for all six properties. Additional resources for service expenses include Medicaid billing reimbursement. CHN estimates that it needs approximately \$2,100,000 annually to fund the services attached to these six programs.

12. Coordinated Entry.

A. Demonstrate how the project will use the CoC's coordinated entry process to refer individuals and families experiencing homelessness in the new PH-PSH units. The response must include the coordinated entry process implemented and how program participants will be placed in the project.

Community Housing Network (CHN) will participate in the Community Shelter Board's Unified Supportive Housing System (USHS) to fill units at Deer Hill Place.

The Unified Supportive Housing System (USHS) is the coordinated entry system for PSH. USHS was established by Community Shelter Board (CSB); our PHA, Columbus Metropolitan Housing Authority (CMHA); and the Alcohol, Drug, and Mental Health Board of Franklin County (ADAMH) via an MOU effective March 1, 2008. USHS manages units funded through a variety of subsidies including PHA Housing Choice Vouchers, Mainstream Vouchers, Project-Based Vouchers, Emergency Housing Vouchers, CoC Leasing and Rental Assistance programs, and the HOME program.

All system PSH providers are contractually required to participate in USHS, independent of their type of rent subsidy. The CoC's practices are formalized in the Unified Supportive Housing System Vacancy Management and Lease Up Narrative Manual and Policies and Procedures.

USHS continuously screens clients for PSH using HMIS data. USHS prioritizes chronically homeless households, then disabled households based on their vulnerability and length of time homeless, using HUD's notice HUD CPD-16-11. USHS uses a monthly "hotlist" to identify clients who are potentially eligible for PSH based on their current homeless status, history of homelessness, and self-declared disability, along with the chronic homeless status. The USHS Manager proactively reaches out to the Provider Agency servicing the clients and asks them to complete a locally developed standardized assessment, a Severity of Service Needs Assessment (SSNA) for the respective clients alongside documentation required for housing. Provider Agencies can also submit this standardized assessment, the SSNA, for their clients that they believe should be prioritized for PSH to the USHS for scoring. Once the SSNA and the required documentation are submitted, the USHS Manager will score the SSNA and will place the client in the USHS Pool. The USHS Pool is a vulnerability-based pool, meaning that the client's position is based on the need for housing – the higher their SSNA score is, the higher their vulnerability and need for housing is. Each Housing Provider in the system submits vacancies to the USHS Manager. When a vacancy is submitted, the USHS Manager will fulfill the vacancy with a referral from the USHS Pool, starting with the client at the top of the pool, assessing the client's eligibility for the vacancy. The client will be matched with the appropriate PSH for further eligibility

assessment, also considering client's needs and preferences. Prompt assessments and use of HMIS data reduce the time it takes to link clients to the right housing program. To reduce the burden on people seeking assistance, PSH eligibility and application are centralized. There are no waitlists at PSH sites and no duplicative application processes. Once the client is referred to the PSH site, the Housing Provider, in this case CHN, will work with the client and the Provider Agency servicing the client to make sure the client does meet all eligibility criteria, the client accepts the unit, all required documentation is in place and ultimately that the client signs the lease and successfully moves into the unit. The client does have the right to refuse the unit, or the Housing Provider has the right to refuse for the client for cause, in both cases the client will be returned to the USHS Pool for further referrals to other PSH sites.

13. Coordination with Housing Providers, Healthcare Organizations and Social Service Providers.

A. Demonstrate either that:

- The project is leveraging non-CoC funded housing resources through coordination with housing providers, healthcare organizations, and social service providers for new construction, acquisition, and rehabilitation to provide at least 50 percent of the amount being requested in the application, **or**
- The project is leveraging non-CoC funded housing resources to provide subsidies for at least 25 percent of the units that are proposed in the application.

You must attach letters of commitment, contracts, or other formal written documents that demonstrate the percentage of subsidies or number of units being provided to support the project. Describe CMHA's involvement and commitment in the project and attach CMHA's written commitment to the project, if applicable.

Columbus Metropolitan Housing Authority is an essential partner to Community Housing Network, Inc. Providing rental subsidies to supportive housing allows Community Housing Network to develop projects such as Deer Hill Place. CMHA supports Deer Hill Place and has provided a preliminary letter of interest to Community Housing Network for 100% of the units, which is attached.

Once Deer Hill Place is constructed, a Housing Assistance Contract will be signed and CHN will work with CMHA on the lease-up process, will qualify residents for a rent subsidy and housing inspectors will qualify each room in the building for move-in.

B. Demonstrate through written commitment from a healthcare organization, housing provider, and/or social service provider:

- Access to housing resources (e.g., supportive services, home-based and long-term services and supports, primary and medical care, behavioral health, substance use disorder treatment and recovery, and other services); **or**
- The value of assistance being provided is at least an amount that is equivalent to at least \$7,500 per unit included in the proposed project.

Acceptable forms of commitment are formal written agreements and must include:

- value of the commitment, and
- dates the housing and resources will be provided.

In-kind resources must be valued at the local rates consistent with the amount paid for services not supported by grant funds.

CHN will contract with Concord Counseling Services (CCS) to provide onsite supportive services. CCS will commit \$59,837.60 per year in supportive services, home-based and long-term services and supports, primary and medical care, behavioral health, substance use disorder treatment and recovery, and other services to support residents at Deer Hill Place.

14. Experience Promoting Racial Equity.

- A. Describe your experience soliciting, obtaining, and applying input from underserved groups when designing, planning, and implementing housing projects.

CHN actively involves residents in selecting housing locations and designing buildings by gathering feedback both informally through daily interactions and formally at tenant meetings and focus groups. This approach helps ensure that the design of each building effectively meets the needs of its residents.

During a focus group on August 23, 2023, with the residents of Dogwood Glen, adjacent to the Deer Hill Place site, specific feedback was provided. Residents emphasized their desire to preserve as many trees as possible, requested consistency in building systems to avoid adopting 'smart' technology, and advocated for adding a privacy fence. Similarly, residents of Touchstone Field Place provided insights into community space and unit design preferences, influencing the development's final layout. Even with interruptions caused by COVID-19, CHN prioritizes resident feedback, meeting with tenants annually to gather ideas for future developments.

CHN actively draws on external expertise to inform our projects. This includes principles from 'Envisioning Living Environments for People with Mental Illness' by the Urban Design Center of Northeast Ohio, a sourcebook developed through interviews with residents and owners of supportive housing. These insights help us better shape our projects to serve residents' mental health and well-being. Additionally, CHN conducts formal focus groups and/or surveys every three years to capture feedback and inform mission-aligned strategies.

We engage residents at multiple points throughout the project lifecycle, from design to post-occupancy evaluation, ensuring that their needs are incorporated and respected. Our commitment to diversity, equity, and inclusion (DEI) means we intentionally help remove barriers in service delivery, address language barriers, and create culturally sensitive services. Ongoing collaboration with residents and community partners such as Concord Counseling Services, National Church Residences, and Huckleberry House allows us to maintain a supportive and inclusive environment.

Additionally, CHN prioritizes hiring staff with lived experience that mirrors our tenant population across multiple intersecting identities. This diverse representation fosters staff trust, understanding, and cultural competence, leading to more inclusive and responsive services.

B. Describe your experience building community partnerships with grassroots and resident-led organizations that provide housing, health care, and supportive services.

Community Housing Network (CHN) has experience building meaningful partnerships with grassroots and resident-led organizations to deliver housing, healthcare, and supportive services tailored to the unique needs of residents. Central to our approach is fostering strong, collaborative relationships with local organizations, such as the YMCA of Central Ohio and Huckleberry House, which are deeply connected to underserved communities. These partnerships ensure that the services provided align with the unique needs of our residents, particularly in areas like housing stability, mental health support, and addiction services.

At CHN's Touchstone Field Place site, a resident council provides feedback on services, support, and house rules, working with our supportive service partner, the YMCA of Central Ohio. The resident council has been instrumental in sharing various resident perspectives and advocating for key issues such as resident safety and improved transportation in the neighborhood. Some of these efforts have included advocating to the City of Columbus to request a crosswalk in front of the resident building to increase safety. Additionally, the resident council has helped raise the voices of residents in requesting an increased frequency of COTA bus service. Resident council members regularly come to the staff to advocate for their neighbors when there are concerns about their health and safety or ensure they receive adequate supportive services. The bridge between the resident council and staff at Touchstone has been vital in ensuring more needs are met, and no resident is being overlooked.

CHN collaborates closely with organizations addressing homelessness and mental health, including providers affiliated with the Franklin County ADAMH Board. This collaboration allows us to offer comprehensive, accessible, and culturally responsive services to individuals facing mental health challenges or substance use disorders. Our partnership with Concord Counseling Services and Southeast Healthcare is another example of using evidence-based practices such as harm reduction, motivational interviewing, and trauma-informed care to support formerly homeless individuals in maintaining stable housing. Through our partnerships, residents have access to a comprehensive range of onsite counseling and medical services, as well as external support networks and Medicaid/Medicare-billable services.

CHN's commitment to ensuring that our services reflect the lived experiences of those we serve is evident in our collaboration with Huckleberry House to provide permanent supportive housing for Transition Age Youth at Marsh Brook Place. Engaging with the Youth Action Board ensures youth voices are heard and considered when shaping services. This resident-led approach to decision-making empowers residents to have a say in the programs that impact their lives, leading to more effective, inclusive programs.

C. Describe your experience designing or operating programs that have improved racial equity, particularly among people experiencing homelessness.

CHN has demonstrated significant experience in designing and operating programs that improve racial equity, particularly for people experiencing homelessness. The organization's

deep commitment to diversity, equity, and inclusion (DEI) is embedded in its values and practices to ensure that underserved populations receive equitable support.

CHN provides person-centered services tailored to the diverse needs of residents who have historically faced barriers in accessing housing and supportive services. By actively tracking demographic data related to service utilization monthly, CHN identifies disparities among different racial and ethnic groups. This data analysis allows CHN to make informed adjustments to its programs, ensuring they address the specific challenges faced by marginalized populations, including people of color experiencing homelessness.

Additionally, CHN staff receives annual training on implicit bias, equity, and inclusive practices, fostering an environment where racial equity is prioritized in service delivery and teamwork. CHN engages residents, partners, and staff, particularly those with lived experience, to inform program design and improvements. By incorporating feedback from these groups, CHN ensures that its programs remain responsive to the unique needs of different racial and ethnic populations, ultimately improving outcomes for underserved communities.

CHN's commitment to racial equity is reflected in its proactive approach to addressing homelessness while promoting fairness, inclusion, and equity for all residents. CHN emphasizes open and transparent communication to meet the needs of marginalized populations and has not encountered any racial equity issues to date. If a problem arises, CHN is prepared to deploy empathetic services aligned with its core values to ensure they are handled with care and sensitivity.

15. Community Integration for Persons with Disabilities.

- A. Demonstrate how permanent supportive housing will enable program participants to make meaningful choices about housing, health care, and long-term services and supports that will allow them to fully participate in the community. The response should include how the PSH units will ensure non-segregation of individuals and families experiencing homelessness where at least one household member has a disability. Additionally, the response should state whether the PSH units will be part of mixed-use development, meaning individuals and families that will reside in the units are not all disabled.

Permanent Supportive Housing (PSH) allows residents to choose available housing, health care, and long-term services that meet their unique needs and preferences. These choices empower and foster a sense of ownership and independence where the choice extends the right to refusal and allows for another housing referral. Individuals can choose among healthcare providers based on their preferences, including primary care, behavioral health, and specialty care tailored to their needs. While on-site staff may work for a community-based health or behavioral health agency, their services are voluntary, and tenants may choose not to participate. When a resident seeks services, support staff assist them with navigating these services, helping them understand their options and make decisions that best support their long-term well-being. CHN's partners offer access to various services such as case management, vocational training, healthcare, and treatment. These person-centered services involve the client in decision-making, allowing for greater autonomy and improving their quality of life.

Each of CHN's new developments contains units that are designed to serve persons with physical disabilities. These units are not located on one specific floor or area within the building but are instead located in various locations within the building so that those with physical disabilities do not feel as though they have been segregated within the building.

CHN's PSH units are in areas with public transportation and amenities, fostering community integration. CHN promotes community integration, diversity, and inclusivity. This approach encourages participants to engage in social, educational, and employment opportunities, reducing stigma and enhancing their ability to contribute to the community. As CHN is finding a location for new housing, it meets with community groups to encourage the adoption of a good neighbor agreement. One aspect of the good neighbor agreement is to remind the surrounding community that our residents seek to be a part of the community and want to be involved in activities and events. Making this known can invite neighbors to get to know our residents to reduce their isolation and better integrate them into their new community.

All units in the project will require a disabling condition.

16. Section 3 Requirement.

A. Describe the actions that be taken by project applicants to comply with Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u) (Section 3) and HUD's implementing rules at 24 CFR part 75 to provide employment and training opportunities for low- and very low-income persons, as well as contracting and other economic opportunities for business that provide economic opportunities to low- and very low-income persons. This does not affect applicant's existing responsibilities to provide training, employment, and other economic opportunities that result from their receipt of other HUD funding.

CHN requires their General Contractor to comply with Section 3 and includes an exhibit in its contract with the Section 3 Procedures of the City of Columbus. The General Contractor posts signs at the construction site to look for Section 3 labor. Typically, the General Contractor sets up an email account for potential Section 3 workers who wish to be employed to notify. The General Contractor stores these potential laborers in their system to develop a pool of Section 3 persons who could be contacted when a laborer is needed on a construction job.

The General Contractor requires all subcontractors to include Section 3 in their hiring considerations and to provide documentation related to Section 3 to the General Contractor so that they can report on Section 3 activities at the job site. In the past, CHN's General Contractors have sought out unskilled labor from local labor companies such as Labor Ready and the general contractors include the Section 3 opportunity and documentation in their outreach to these labor companies.

17. Financials

- A. List anticipated sources of capital funding and the projected capital request for funding from the CoCBuild for new construction, acquisition or rehabilitation. Add rows as needed.

Capital and Development Costs				
Funding/Financing Source & Program	Type	Amount	Status	Projected Cost Per Unit
CoCBuild	Grant	\$7,500,000	apply with this application	\$125,000
City of Columbus HOME	Loan	\$2,000,000	Will apply	\$33,333
4% Non-Competitive Federal LIHTC	Equity	\$8,167,795	Will apply but is non-competitive	\$136,374
FHLB Cincinnati AHP	Grant	\$1,500,000	Applied June 2024	\$25,000
Contributions	Grants	\$4,000		\$67
Deferred Developer Fee	Loan	\$980,587		\$16,343

- B. List anticipated sources of services funding and projected services request for funding from the CoCBuild, if applicable. No more than 20% of the total budget request can be requested from the CoCBuild funding for supportive services. Add rows as needed.

Services				
Funding/Financing Source & Program	Type (1)	Amount	Status	Projected Cost Per Unit
HUD New Bonus CofC	Grant	\$271,902	Applying in CofC	\$4,120
ADAMH Board of Franklin County	Grant	\$94,249	To be applied for	\$1,571
Medicare and Medicaid Reimbursements		\$82,363		\$1,373
Fundraising/ or other		\$28,806	To be applied for	\$892

C. List anticipated sources of operations services funding. Add rows as needed.

Operations				
Funding/Financing Source & Program	Type (1)	Amount	Status	Projected Cost Per Unit
Project Based Section 8/ Columbus Metropolitan Housing Authority	PB Housing Choice Vouchers	\$745,200 (annually)	Letter of Intent received	\$12,420

D. What is the anticipated cost per household served? Ensure the cost aligns with historical information of like-projects. Attach a Capital Budget, an Operating Budget and a Services Budget.

CoC/CSB: Capital Cost Per Unit: \$197,917	Annual Services Cost Per Unit: \$5,150	Annual Operating Cost Per Unit: \$0
Total: Capital Cost Per Unit: \$335,806	Annual Services Cost Per Unit: \$7,995	Annual Operating Cost Per Unit: \$12,420

18. Co-Applicants

A. Identify the role of each project partner, if applicable.

Concord Counseling Services is a distinguished organization with a 20-year track record of delivering high-quality, accessible, and evidence-based services to residents in Community Housing Network's PSH and Service Enriched housing sites and services for older adults. Founded in 1972, CCS is a 501(c)(3) entity with over 50 years of experience effectively utilizing various federal funds.

CCS is accredited by the International Commission on Accreditation of Rehabilitation Facilities (CARF) in multiple areas, including Case Management/Service Coordination, Integrated SUD/Mental Health Outpatient Treatment for Adults, Children, and Adolescents, Prevention Services, and Job Development & Community Employment Services. Furthermore, CCS holds a full Behavioral Health Certification from Ohio Mental Health and Addiction Services (OHMAS) to provide an array of services such as Employment Services, Community Psychiatric Supportive Treatment (CPST) Services, Therapeutic Behavioral Services, and Psychosocial Rehabilitation, Consultation, Prevention, General, Crisis Intervention, and Substance Use Disorder (SUD) Case Management Services.

CCS employs a dynamic, flexible treatment team approach to client care and problem-solving, offering holistic plans that address a spectrum of needs. Their client-led interventions are based on the stages of change model, fostering strong relationships and frequent resident contacts to ensure beneficial services. Staff collaborate closely with clients to design and implement tailored plans and strategies, with regular assessments and reviews. Residents also engage in annual housing assessments, goal planning, and standardized assessments such as the Outcome Questionnaire and Recovery Assessment Scale.

B. Describe each co-applicant/project partner's financial commitment.

Concord Counseling Services will commit \$59,837.60 per year in supportive services, home-based and long-term services and supports, primary and medical care, behavioral health, substance use disorder treatment and recovery, and other services to support CHN Deer Hill Place residents.

C. If not an HMIS user, describe your agency's experience with data entry and reporting, and how you use data.

Not Applicable.

19. Required Documentation

Attach the following documents to the concept paper prior to submission. This section is not required if the lead agency is already a funded CSB partner agency.

X	501 (c) 3 letter from the IRS
X	Registration with the Ohio Secretary of State
X	Current Board roster with employers, relevant experience and tenure with the Board
X	Most recent audit
X	Most recent 990



**COLUMBUS METROPOLITAN
HOUSING AUTHORITY**
COMMUNITY. COMMITMENT. COLLABORATION.

880 East 11th Avenue
Columbus, Ohio 43211
P: 614-421-6000
cmhanet.com

October 10, 2024

Ms. Samantha Shuler
Chief Executive Officer
Community Housing Network, Inc.
1680 Watermark Blvd
Columbus, Ohio 43215

Re: Proposed Deer Hill Place

Dear Ms. Shuler:

On behalf of Columbus Metropolitan Housing Authority (CMHA), I am confirming my agency's support for the development of Community Housing Network's (CHN) proposed Deer Hill Place project.

Deer Hill Place will provide sixty (60) one-bedroom units of permanent supportive housing prioritized for individuals with disabilities who meet the HUD's definition of literal homelessness or are at-risk of homelessness. Deer Hill Place will be located at approximately 3255 Morse Road, Columbus, Ohio 43231. The project will add 60 new apartments to the community's permanent supportive housing portfolio.

CMHA is providing Project-based Section 8 Housing Choice Vouchers to CHN for the proposed Deer Hill Place, subject to the approval of CMHA's Board and all federal regulatory requirements being met. The project's rental subsidy will be \$1,035 per unit per CMHA's Rent Reasonableness analysis. This rent subsidy will be for all 60 units at the property and will limit what a resident pays in rent to 30% of their household income. There will be a 20-year Housing Assistance Payment contract once the property is constructed that will be subject to annual appropriations.

CHN intends to apply for funding from the U.S. Department of Housing and Urban Development (HUD) Continuum of Care Build program for construction funding the construction of the initial sixty units from multiple funding agencies, along with tax credits from Ohio Housing Finance Agency (OHFA), City of Columbus HOME funds, and the Federal Home Loan Bank of Cincinnati (AHP).

It is anticipated that if CHN is successful in securing the above funding commitments, CHN will begin construction of the proposed project in the summer of 2026. Initial occupancy will begin in the summer or early fall of 2027.

CMHA is aware that this letter will be used by CHN to demonstrate a rental subsidy commitment to funders, including HUD, the OHFA, City of Columbus, Columbus/Franklin County Continuum of Care, and Federal Home Loan Bank Cincinnati, so that Deer Hill Place can be considered for funding by these and other agencies.

CMHA wishes to make clear that this commitment is conditioned on the following:

1. Deer Hill Place receiving a competitive award of CoC Build funding from HUD;
2. CMHA having availability of Housing Choice Vouchers for Project Basing, including Mainstream Housing Choice Vouchers, to fulfill this commitment;
3. HUD approves the site's Environmental Part 58 Review and a Subsidy Layering Review; and,
4. CMHA's Board approves the subsidy allocation to CHN.

CMHA is very confident that the above conditions can be met on this project.

If CHN or potential funders have any questions regarding this letter, please contact me directly at 614-421-6244.

Sincerely,



Scott W. Ammarell
Chief Program Officer

October 18, 2024

CHN Deer Hill Place

Concord Counseling Services



Re: Housing Resources Leverage for 2024 Builds! Notice of Funding Opportunity (NOFO)

Dear CHN,

On behalf of Concord Counseling Services, we are pleased to commit **\$59,837.60 per year** in supportive services, home-based and long-term services and supports, primary and medical care, behavioral health, substance use disorder treatment and recovery and other services to support CHN Deer Hill Place that is being submitted to HUD as part of the Continuum of Care Builds! Notice of Funding Opportunity (NOFO). Additional details about the commitment can be found below.

- Funding Source(s) Information: Medicaid, ADAMH
- Funding Source(s) Activities: Medically necessary Medicaid eligible services to qualified project participants, and ADAMH-eligible project participants.
- The value of providing access to supportive services, home-based and long-term services and supports, primary and medical care, behavioral health, substance use disorder treatment and recovery and other services for all program participants in the project who would qualify and choose these services is estimated at **\$59,837.60 per year**.
- Housing resources Dates: estimated to start: 7/1/2025 for a period of one year and renew annually. Note the start date of the funding commitment is flexible dependent on the project start date.
- Project eligibility for program participants will be based on the CoC program fair housing requirements and will not be restricted by our organization.

We appreciate the opportunity to work with the Continuum of Care to leverage the CoC's dollars to provide much needed access to housing resources to people experiencing homelessness in Columbus and Franklin County, Ohio.

Sincerely,

A handwritten signature in black ink that reads "Chuck Vranekovic".

Chuck Vranekovic
Chief Financial Officer
Concord Counseling Services
700 Brooksedge Blvd
Westerville OH 43081

OH-503 Columbus and Franklin County Continuum of Care (CoC)
HUD CoC Builds Funding Opportunity, FR-6901-N-25A

Do not change the formatting. Responses must be double spaced 12-point (minimum) Times New Roman font on letter sized paper (8 1/2 x 11 inches) with at least 1-inch margins on all sides.

V.B.1.a Development Experience and Leveraging (maximum 2 pages)

4. Describe how the project will utilize nonfederal (state, local, private) sources of funding to support the continued operation of the project. (up to 4 points)

Deer Hill Place's operations will be supported by a mix of resources. Building operations will be funded by rents, which consists of rent paid by tenants (30% of their income) and a rent subsidy (Project Based Housing Choice Vouchers from the Columbus Metropolitan Housing Authority).

Deer Hill Place's supportive services will be funded by Federal HUD CoC funds, Medicaid funding (funded Federally and by the State), and funding from the Alcohol, Drug, and Mental Health Board of Franklin County (Real Estate Tax Levy Funding).

V.B.2.a. Opportunity Zones

You may receive up to two (2) points, if your proposed activities are within an Opportunity Zone. If you expect to use less than 50% of the award in Opportunity Zones, you won't receive preference points. Exceptions may be made if your application justifies the lower percentage or demonstrates a significant impact within those zones.

Preference points will be provided if the address of the project is in the Opportunity Zone.

Opportunity Zone Census Tract(s) which the proposed activities/projects will benefit:

Designated Opportunity Zone Census Tracts can be found at: <https://www.cdfifund.gov/Pages/Opportunity-Zones.aspx> using the "List of designated Qualified Opportunity Zones". Please provide the full 11-digit census tract number. (ex: 06067001101)

--

The application meets which of the following criteria (please select one):

- The proposed activities/projects will occur solely within the Opportunity Zone Census Tract(s) listed above.
- The proposed activities/projects will occur within the Opportunity Zone Census Tract(s) listed above and other communities.
- The proposed activities/projects will occur outside Opportunity Zone Census Tracts, but substantial and direct benefits will accrue within the Opportunity Zone Census Tracts listed above.

Estimated Funding Allocations

Estimate a percentage of the total dollar amount of awarded federal funding that would result in a direct benefit within the Opportunity Zone Census Tracts listed above:

- 76% - 100%
- 51% - 75%
- 26% - 50%
- 11% - 25%
- 1% - 10%

OH-503 Columbus and Franklin County Continuum of Care (CoC)
HUD CoC Builds Funding Opportunity, FR-6901-N-25A

Provide a narrative explaining and/or reference the section in the application that explains how the project will support public and private investment in urban and economically distressed areas, specifically qualified Opportunity Zones (300-word limit):

Example: "The Main Street project described in this application will stimulate economic opportunity and mobility, encourage entrepreneurship, expand quality educational opportunities, and promote workforce development for those families residing within the XYZ Opportunity Zone."

Check the following boxes that accurately reflect the nature or purpose of the proposed project:

- | | |
|--|---|
| <input type="checkbox"/> Access to Capital | <input type="checkbox"/> Workforce Development |
| <input type="checkbox"/> Asset Building | <input type="checkbox"/> Low Income Housing Tax Credit (LIHTC) or other rent restricted housing |
| <input type="checkbox"/> Business Assistance | <input type="checkbox"/> Market rate housing |
| <input type="checkbox"/> Community Capacity Building | <input type="checkbox"/> Industrial development |
| <input type="checkbox"/> Economic Development | <input type="checkbox"/> Commercial or retail development |
| <input type="checkbox"/> Education | <input type="checkbox"/> Other business development |
| <input type="checkbox"/> Healthy Food Access | <input type="checkbox"/> "Above ground" infrastructure – streets, sidewalks, lighting |
| <input type="checkbox"/> Health | <input type="checkbox"/> "Below ground" infrastructure – water, sewer, gas, electric |
| <input type="checkbox"/> Housing | <input type="checkbox"/> Schools or other educational facilities |
| <input type="checkbox"/> Human Services and Family Support | <input type="checkbox"/> Hospitals or other health care facilities |
| <input type="checkbox"/> Community Infrastructure | |
| <input type="checkbox"/> Public Safety | |

Columbus and Franklin County Continuum of Care Builds NOFO Project Development Process Concept Paper

The Continuum of Care (CoC) Builds (CoCBUILDS) NOFO targets efforts within CoC geographic areas to address and reduce persons experiencing homelessness by adding new units of permanent supportive housing (PSH) through new construction, acquisition, or rehabilitation through one-time CoCBUILDS awards under the CoC Program. Through the CoCBUILDS NOFO, HUD is encouraging CoCs to leverage funds provided for construction, acquisition, or rehabilitation of new PSH units with other funding sources to maximize the amount of housing that can be directed to meeting the needs of individuals and families experiencing homelessness. PSH is permanent housing in which supportive services are provided to assist individuals with a disability and families where at least one household member has a disability and is experiencing homelessness to live independently. Additionally, no more than 20 percent of each award may be used for other eligible CoC Program activities associated with the PSH project (e.g., supportive services, operating costs (Section IV.G.3 of this NOFO)), and no more than 10 percent of an award may be used for project administration.

CoC Program Provisions. The following highlights important information you should consider while preparing the Concept Paper.

- **Coordination with Housing and Healthcare.** The Consolidated Appropriations Act, 2023 and the Consolidated Appropriations Act, 2024 directs HUD to provide incentives to create projects that coordinate with housing providers, healthcare organizations, and social service providers to provide permanent supportive housing.
- **Adaptive Reuse.** Where possible, consider existing vacant structures that were initially designed for use other than housing (e.g., used as office space) if requesting funds for rehabilitation or acquisition where the structure can be cost-effectively restructured to create new PH-PSH units for individuals and families experiencing homelessness. Converting hotels or motels from their original use to permanent supportive housing may be more cost-effective than constructing new units. HUD's Office of Policy Development and Research (PD&R) highlighted the conversion of abandoned hotel properties to permanent supportive housing which greatly reduced the costs ([Learning From the Pandemic Response: Converting Hotels to Shelter or Housing | HUD USER](#)) and additional research has demonstrated that conversion of hotel or motel properties to permanent supportive housing is cost-effective.

Submit the Concept Paper using the form provided. Do not add pages or attachments not specifically requested. Applicants are required to submit:

- 1) Cover Sheet and Authorization Form
- 2) Concept Paper
- 3) Documentation for a new Lead Organization¹ (attachments)
 - < 501(c) 3 letter from IRS
 - < Registration with Ohio Secretary of State

¹ Not required for existing housing sponsors.

- < Board of Trustees roster with employers, relevant experience and tenure with the Board
- < Most recent audit and 990

Submission Procedure

Project Concepts are to be submitted by **September 20th, 2024**. Submit Concept Papers to Lianna Barbu (lbarbu@csb.org).

Concept Paper Selection and Approval Process

Concept Papers will be preliminarily scored and evaluated by CSB staff based primarily on the rating factors published by the Housing and Urban Development department in the [Continuum of Care \(CoC\) Builds \(hud.gov\)](#) Notice of Funding Availability. The projects will be presented for final scoring to the Citizens Advisory Council and the Continuum of Care (CoC) Board and finally to the CoC for formal prioritization, selection and approval.

Selection of an applicant's Concept Paper for submission to HUD does not guarantee funding by HUD. **While only one project application per CoC may be submitted, where feasible, HUD encourages inclusion of one or more subrecipients that will contribute towards the goals of this NOFO (e.g., capital costs, housing, supportive services).**

Contact Lianna Barbu at lbarbu@csb.org or 614-715-2535 with any questions.

Permanent Supportive Housing

CoCBuilds NOFO Concept Paper

1. Agency and Project Information

Project Title: Hometown PSH

Lead Organization (project sponsor): Columbus Metropolitan Housing Authority (CMHA)

Mailing Address: 880 E 11th Ave, Columbus Ohio, 43211

Contact person: Scott Scharlach

Telephone: 614-421-6251 Fax: N/A E-Mail: sscharlach@cmhanet.com

If you are submitting a project on behalf of a group of agencies/organizations, list any agencies you intend to propose as sub-recipients or subcontractors.

Beacon 360

2. Authorization

Acting as a duly authorized representative, I hereby affirm that the governing body of the below named organization has reviewed and accepts all the guidelines, requirements and conditions described in the [Continuum of Care \(CoC\) Builds \(hud.gov\)](http://hud.gov) Notice of Funding Availability.

Lead Organization: Columbus Metropolitan Housing Authority	Date: 9/20/2024
Authorized Signature: <i>Scott Scharlach</i>	
Name/Title: Scott Scharlach, COO	
Co-Applicant Organization: Beacon 360 Management Inc.	Date: 9/20/2024
Authorized Signature: <i>Celia Kendall</i>	
Name/Title: Celia Kendall, Chief Executive Officer	
Co-Applicant Organization:	Date:
Authorized Signature:	
Name/Title:	

3. Description & Experience of Applicant Organization(s)

Answer each of the questions below. Answer the questions for all agencies involved in the project.

A) Are you an incorporated non-profit organization and have you received IRS 501(c)3 status?	Yes	No X
B) How many years has the lead agency been in existence?	90 years	
C) If there are other agencies involved with the project, how many years has each of them been in existence?	23 years	
D) List the agency's total annual budget for the current fiscal year.	\$900,000,000+	
E) What is the proposed site's address? 6275 Quarter Horse Dr. or a similar property that has yet to be identified.		
F) Do you have site control?	Yes	No x

If you are not currently providing housing for formerly homeless individuals, address the following questions.

G) Describe the agency's mission and purpose and explain how the proposed project is consistent with the agency's mission. N/A
H) Describe the agency's principal programs and services. N/A
I) Describe the number and type of staff the agency employs. N/A
J) Describe the agency's experience providing services for the target population or other special needs populations. N/A
K) Describe the agency's experience providing housing for the target population or other special needs populations. N/A
L) Describe the agency's experience working with neighbors of other developments. N/A
M) List the agency's key accomplishments from the past three years. N/A

4. Proposed Housing Model

Check the box(es) that matches the type of housing for which you are seeking funding.

Multiple Buildings, Single Site
 Single Building

Permanent Supportive Housing (PSH)
 PSH through hotel/motel conversion
 PSH through other conversion
 PSH through modal/modular building

Describe the site and proposed model.

CMHA plans to partner with Beacon 360 to acquire an existing hotel to convert and use as permanent supportive housing (PSH). CMHA will be the lead applicant, and Beacon 360 will be the subgrantee and oversee control by way of ownership of a controlling LLC for the property.

The proposed project will convert the 121 room Hometown Suites situated at 6275 Quarter Horse Dr, built in 2008, into a PSH program with onsite supportive services and amenities along with 24 hour front desk services. The supportive services will provide housing focused case management. The project is located in the Columbus neighborhood known as Northland and is home to approximately 97,000 residents. Covering a 25 square mile area, the neighborhood is now home to a bustling immigrant population that began increasing in the early 2000s as well as a mix of lifetime residents and young families. Approximately 40% of the population of Northland identify as Black, 30% White, 10% Hispanic/Latino, 7% Asian, 6% identify as 2 or more races, 1% American Indian/ Indigenous, and the rest a mix of other races. From 2010 to 2020, the number of minority residents grew by 45% with now about 64% of the total population identifying as a minority group.

The median age in the Northland area is 35 years for males and 37 for females and the average household size is 4.7 people. 49% of the households are families with 17% of the households being led by single-mothers. There is a mix of socio-economic demographics in the Northland Area. With 20% of the population below the poverty level, this is a slightly higher rate than the Columbus area.

5. Type of Development

Check the box(es) that best describes the type of development you are proposing.

Construction of a new building
 Rehabilitation of an existing building
 Acquisition of an existing building (adaptive reuse and conversion)

6. Development Experience and Leveraging

- A. Do you have development experience with at least 4 other projects that have similar scope and scale as the proposed project? Describe below each of the projects you have experience with as a developer.

CMHA has developed and/or acquired on average \$150,000,000 annually in multi-family communities. We have multiple LIHTC awards annually for new construction and have acquired 1,000's units of multi-family housing over the past several years. This conversion does not include renovation or rehabilitation of an asset, it is an acquisition of an operating hotel. The following affordable housing communities have been developed/renovated by CMHA.

1. Franklin Station: offers 100 units of PSH with project based rental assistance (PBV). The project offers safe, permanent, supportive housing to individuals who struggle with homelessness, mental illness and/or addiction. The project contains 100 one-bedroom units. This development provides housing to 75 individuals meeting HUD's homeless definition and 25 individuals who have a mental health disability. CMHA is the developer and owner of the project. Community Properties of Ohio is the property manager and YMCA of Central Ohio provides the front desk and supportive services. Funding the development involved public and private resources that included LIHTC equity (\$4,992,753), GP Capital (\$5,881,065) and Federal Home Loan Bank (FHLB) Affordable Housing Program (AHP) (\$3,251,500). All units are affordable to persons earning 30% AMI or less.

2. McKinley Manor: offers 44 units of PSH with PBV. The project offers safe, permanent, supportive housing to individuals who meet the chronic homelessness definition and are over the age of 55. The project contains 44 one-bedroom units. CMHA is the co-developer and owner of the project. Woda Cooper is the property manager and YMCA of Central Ohio provides the front desk and supportive services. The project opened in early 2024. Funding the development involved public and private resources that included LIHTC equity (\$5,067,550), City HOME (\$1,250,000); County Magnet Funds (\$660,000); Ohio Housing Finance Agency (OHFA) Housing Development Assistance Program (HDAP) funds (\$2,500,000), and OHFA Housing Development Loan short-term loan funds (\$2,000,000). All units are affordable to persons earning 30% of AMI or less.

3. Poindexter Place: offers 104 units of senior housing with PBV rental assistance. The project offers safe permanent housing with supportive services for individuals over 55 years of age. The project contains 104 one-bedroom units that offer an independent living community designed to help residents maintain an ideal lifestyle without the hassle of home maintenance. The facility features accessible design, communal spaces and supportive services, fostering a comfortable and engaging environment for seniors. CMHA is the developer and owner of the project. National Church Residences is the property manager and CMHA and National Church Residences provides supportive services. Funding for the development included public and private resources, LIHTC equity (\$9,255,424), PHA (CMHA) Capital (\$5,326,111), FHLB AHP forgivable loan (\$1,000,000), City HOME funds (\$250,000), CMHA loan (\$825,570). All units are affordable to persons earning 30% of AMI or less.

4. Harriet's Hope: offers 52 units of permanent housing with PBV rental assistance. The project offers safe permanent housing with supportive services for victims of human trafficking. The project is among nation's first service-enriched housing communities exclusive to human trafficking survivors. The project contains 52 one- and two- bedroom

units and opened in late 2023. CMHA is the developer and Beacon 360 is the co-developer, both developer and co-developer own the project. Beacon 360 is the property manager. The project integrates affordable housing with comprehensive recovery services. Harriet's Hope offers a safe, stable environment where residents can access addiction treatment, mental health services and job training, fostering recovery and self-sufficiency. This initiative underscores CMHA's commitment to addressing housing instability and improving community well-being through targeted support and inclusive housing solutions. Funding for the development included public and private resources, LIHTC equity (\$10,055,688), Affordable Housing Trust permanent loan (\$2,200,000), City HOME loan (\$825,000), FHLB AHP forgivable loan (\$1,000,000), State Capital Grant (\$300,000) and other funds. All units are affordable to persons earning 30% of AMI or less.

- B. Do you have experience leveraging resources similar to the funds being proposed in the current project with at least 3 other projects that have similar scope and scale as the proposed project? (similar resources: LIHTC, HOME, CDBG, Section 108, Section 202, Section 811). Describe below each of the projects you have experience with as a developer and describe in detail up to 5 resources being leveraged for each project, by dollar value being contributed to the project in descending order.

See samples of leveraged resources:

1. Harriet's Hope:

CMHA developed Harriet's Hope, a 52 unit one-bedroom development utilizing public and private financing, including:

- Federal Low-Income Housing Tax Credit (LIHTC) equity- \$10,055,688: Rent and occupancy limited to 30% AMI for all units.
- Affordable Housing Trust permanent loan - \$2,200,000
- Federal Home Loan Bank of Cincinnati (FHLB) Affordable Housing Program (AHP)- \$1,000,000: Rent and occupancy limited to 50% AMI for 52 units (15 years).
- City HOME Program- \$825,000: Rent and occupancy limited to 30% AMI for all units (Low HOME units) for 20 years.
- State Capital Grant - Ohio HOME- \$300,000: Rent and occupancy limited to 30% AMI for all units (Low HOME units) for 20 years.

Additionally, the project is supported operationally by Project Based Section 8 for all 52 units. The annual value of the subsidies is over \$600,000.

2. McKinley Manor:

CMHA developed McKinley Manor, a 44 unit one-bedroom development utilizing public and private financing, including:

- Federal Low-Income Housing Tax Credit (LIHTC) equity- 5,067,550: Rent and occupancy limited to 30% AMI for 44 units (30 years).
- Affordable Housing Trust permanent loan - \$3,100,000
- OHFA HDAP permanent loan \$2,500,000 and OHFA HDL short-term loan funds \$2,000,000.
- City HOME Program- \$1,250,000: Rent and occupancy limited to 30% AMI for all units (Low HOME units) for 20 years.
- Franklin County Magnet Fund - \$660,000: Rent and occupancy limited to 30% AMI for all units (Low HOME units) for 20 years.

Additionally, the project is supported operationally by Project Based Section 8 for all 44 units. The annual value of the subsidies is \$500,000.

3. Pointdexter Place:

CMHA developed Pointdexter Place, a 104-unit senior development utilizing public and private financing, including:

- Federal Low-Income Housing Tax Credit (LIHTC) equity- \$9,255,424: Rent and occupancy limited to 30% AMI for 44 units (30 years).
- CMHA Capital RHF equity contribution - \$5,326,111: Rent and occupancy limited to 30% AMI for 44 units (30 years).
- Federal Home Loan Bank of Cincinnati (FHLB) Affordable Housing Program (AHP)- \$1,000,000. Rent and occupancy limited to 30% AMI for 44 units (30 years).
- CMHA loan of \$825,570 over 30-years at an interest rate of .25%.
- City HOME Program- \$250,000: Rent and occupancy limited to 30% AMI for all units (Low HOME units) for 20 years.

Additionally, the project is supported operationally by Project Based Section 8 for all 104 units. The annual value of the subsidies is \$1,200,000.

The Federal Home Loan Bank of Cincinnati has an Affordable Housing Program supporting the development of permanent supportive housing. CMHA has a long-standing partnership with Huntington National Bank, which has been the member bank applicant.

The Affordable Housing Trust for Columbus and Franklin County is an independent, nonprofit lender that works with the private, nonprofit and public sectors to develop affordable housing opportunities within the City of Columbus and Franklin County. AHT is a certified Community Development Financial Institution (CDFI).

Ohio Housing Finance Agency Housing Development Assistance Program (HDAP) provides grants and loans for the development and preservation of affordable housing. HDAP funds are awarded on a competitive basis through three distinct funding programs based on the other financing being sought (housing credit gap financing for 9% LIHTC awards, bond gap financing for 4% non-competitive LIHTC awards, and housing development gap financing for non-tax credit programs). Funds are used as gap financing and other development sources to cause the creation of new affordable housing units.

Ohio Housing Finance Agency Housing Development Loan (HDL) program receives its funding through Unclaimed Funds from the Ohio Department of Commerce and provides short-term, low-interest loans to developers who have an award of housing credits. The loan can be used to bridge equity, for deferred equity resulting from the sale of Low-Income Housing Tax Credits (LIHTCs).

The Franklin County Magnet Fund was created to provide gap financing for the “New Affordability” construction of eligible affordable housing development projects seeking an allocation of 4% Low-Income Housing Tax Credits (“LIHTC”) from the Ohio Housing Finance Agency (“OHFA”). In this case “New Affordability” is defined as the new construction of affordable housing units.

HOME Program City of Columbus and Franklin County contribute federal HOME funding for affordable housing development projects, depending on funding availability.

- C. Provide information regarding the availability of low-income housing tax credit commitments, project-based rental assistance, and other resources dedicated to the proposed project. Describe the dollar value of each of these commitments and describe the overall cost of the project, including the estimated cost per unit. In cases where the project includes more than one type of housing (e.g. townhouses and apartments), provide cost per unit information on each housing type to the extent possible.
- We are anticipating acquisition costs between \$7.25-7.5 million. With 121 units currently, this would be about \$60,000-62,000 per unit in acquisition costs. There would be no construction costs. Some units may be converted to a two-bedroom unit so the unit count may change in the range of 90-121. This represents the overall cost of the project and cost per unit.
 - CMHA commits vouchers for all units pending a competitive award, CMHA board approval, and if the project meets all HUD regulations including all environmental requirements and local zoning laws. The dollar value of the project-based vouchers will be approximately \$1.76 million annually.
 - There will be no other capital or operating resources dedicated to the project.
 - A new CoC project will be submitted to request supportive services funding using CoC Bonus funds part of the 2024-2025 NOFO.

In the table below, show the total number of proposed units in the project, how many units will be designated for people experiencing homelessness, how many units will be supported with Columbus Metropolitan Housing Authority (CMHA) vouchers, and how many units are designated for other populations, if applicable.

Total Units (#)*	121
Homeless Units (#)	121
Non-Homeless Units (#)	0
CMHA voucher units (#)	121
CMHA voucher units (%)	100%
*Units could convert to 2-beds resulting in a total unit count between 91-121	

- D. If there are current properties under construction or rehabilitation where CoCBuils funds could be used to obtain units, provide:
- the amount and type of funds being used to construct the property;
 - evidence of site control;
 - evidence of completed and approved environmental review;
 - identify the owner of the property and their experience with constructing or rehabilitation; and
 - the number of units that will be finished using CoCBuils funds.

Not applicable to this application

7. Managing Homeless Projects.

- A. Do you have experience administering at least 4 other projects for individuals and families experiencing homelessness where one member of the household has a disability?

Beacon 360, the sub-grantee and co-developer, is the property manager for this project. Currently, Beacon 360 manages 31 communities who all have adopted a homeless preference, and 14 of the 31 communities serve disabled populations. Beacon 360 provides overall management of these communities and person-centered property management. Overall management includes program operation, administration of subsidies, community relations, maintenance and security, facilitation of partner meetings, admissions oversight, eviction prevention and training, and assistance with outreach. We orient tenants to live in a community by assisting participants with housing-related issues and providing intervention and conflict resolution as needed. Participants are referred to onsite or offsite agencies for supportive services, medical/behavioral/dental health needs, material needs, legal assistance, and other needs.

1. Bill Mitchell Retirement Villages

- 90-unit affordable, subsidized 202/8 low-income housing for elderly and disabled
- The residents have incomes at or below 30% AMI.
- Includes a homeless preference
- Opened: November 1986

2. East Newark Community Urban Redevelopment Corporation D.B.A. Washington Square Townhomes

- 123-unit affordable, subsidized 202/8 low-income multi-family housing
- The residents have incomes at or below 30% AMI.
- Includes a homeless preference
- Opened: October 1978

3. Rendy Murray Commons

- 83-unit affordable, subsidized 202/8 low-income multi-family housing
- The residents have incomes at or below 30% AMI.
- Includes a homeless preference
- Opened: March 1975

4. J J Ashburn Plaza

- 45-unit affordable, subsidized 202/8 low-income housing community.
- Serving elderly, disabled
- The residents have incomes at or below 30% AMI.
- Includes a homeless preference
- Opened: September 1987

- B. Describe how you determine the amount of rent to charge based on unit size, addressing program participant complaints, working with other service organizations that may place program participants in the units, and maintaining the properties.

In general, a combination of factors determines the rent. Based on bedroom size, we evaluate the published FMR or Small Area FMR, LIHTC restrictions, Utility Allowance information all with unit type and bedroom number in mind and the property's location and whether it is in a Qualified Census Tract. However, because all site-based PSH units in the local system are PVB-subsidized, ultimately the Housing Assistance Payment Contract with the Public Housing Authority will drive the rent to be charged.

CMHA will provide Project-Based Vouchers for 100% of the units. Rent will be based on the fair market rent (FMR) for efficiency units. The total tenant rent payment will be limited to 30% of the individual's income. Most tenants will have 0 income, and their rent burden will be 0.

On addressing program participant complaints, Beacon 360 has an established grievance policy and procedure. We will work with program partners to ensure that similar grievance policies are incorporated into their standard operating procedures in order for them to be contracted to provide services for this project. Beacon 360 Management will oversee service coordination through its internal service coordination program.

As with all the other developments, Beacon 360 will lead the program development process that will include the creation of standard operating procedures, an eviction prevention plan, a communications plan, and any other policies that will guide how service partners will work collaboratively to ensure community member needs are met and housing stability is achieved. Program participants will be placed in the units using the CoC's Coordinated Entry system, the Unified Supportive Housing System (USHS). The Tenant Selection Plan will conform with the USHS standards ensuring a low barrier entry program.

Beacon 360 will provide property maintenance in accordance with the management plan that will be established for the property. Similar to the other sites managed by Beacon 360, the management plan will include requirements for inventory control, preventative maintenance, capital maintenance including replacement and repair work order implementation, resident neglect/damage, controlled access entry servicing, grounds upkeep, integrated pest management and any other required routine maintenance. Beacon 360 Management will also be responsible for responding to after-hours maintenance emergencies as needed.

- C. Describe the supportive services the project will directly provide to address the target population's needs. What is the anticipated caseload ratio? Type and frequency of supportive services that will be available (e.g., case management, life skills, health care). See 24 CFR part 578.53 for full list of CoC Program eligible supportive services. State whether your organization or another organization will provide supportive services. If other organizations will provide some or all of the supportive services, provide the organization(s) name, address, email address, and phone number. If your organization will provide direct supportive services with CoCBuils funds, you must include a Supportive Services Budget.

The project will serve individuals experiencing chronic homelessness through a variety of supportive services. The anticipated caseload ratio for general case management services is 13:1, and for substance use disorder recovery services, 19:1. The frequency of services will be determined by the individual's needs and may include weekly or bi-weekly sessions, as appropriate. All services will be voluntary.

Primary supportive services will include Case Management; Life skills training; Substance abuse treatment services; Mental Health Services.

We will also partner with ancillary service providers to offer additional opportunities such as workforce development, vocational training, GED preparation, and literacy support. Trauma-informed counseling, financial literacy education, and life skills training will cover essential areas like housekeeping, effective communication, critical thinking, decision-making, empathy, self-awareness, stress management, and problem-solving.

All supportive services will be provided by third-party service providers, including:

Alvis

2100 Stella Ct, Columbus, OH 43215

Email: makesha.west@alvis180.org Phone: 614-252-8402

The Salvation Army

966 East Main Street, Columbus, OH 43205

Email: mhannan@use.salvationarmy.org Phone: (614) 437-2149

These partnerships will ensure the holistic support needed for participants to achieve stability and independence.

- D. Describe the methods of transportation that will be available for program participants to travel to doctor appointments, recreation, public services (e.g., post office, library), shopping, other services, etc. If public transportation is available, indicate the hours of operation and the distance from the units.

Service providers offer limited transportation services including critical needs transportation services to individuals who are receiving case management services or to offsite treatment centers. Public transportation is also available with the nearest stop being .5 miles from the site weekdays 5 am – 11pm Saturdays 5pm-10pm and Sundays 5am – 10 pm.

Beacon 360 is currently in partnership with the Central Ohio Transit Authority (COTA) to provide bus passes under their workforce revitalization initiative and will seek an expansion of the support offered that will allow for a quarterly distribution of 200 bus passes to be used on a first come, first served basis for individuals seeking transportation to and from employment or workforce development services.

- E. Describe how the provision of services will be equitable in access to services and how outcomes will be analyzed to ensure equity.

The provision of services will prioritize equitable access by ensuring that all participants, regardless of race, ethnicity, gender identity, sexual orientation, disability status, or other demographics, receive the support they need. To achieve this, we will implement the following strategies:

Culturally Competent Service Delivery: All staff and service providers will undergo ongoing training on cultural competence, implicit bias, and trauma-informed care. This will ensure that services are delivered in ways that are respectful of and responsive to the diverse cultural backgrounds and experiences of participants.

Accessible Services: We will offer services in multiple formats (in-person, virtual, etc.) and provide translation services, ADA-compliant spaces, and accommodation for individuals with disabilities. This will remove barriers that may prevent participants from accessing services due to physical, language, or technological limitations.

Individualized Case Management: Case management services will be tailored to meet the specific needs of each participant, considering their unique challenges and goals. This individualized approach ensures that every participant receives the level and type of support they need to succeed.

Outreach to Underserved Populations: Our outreach efforts will actively seek to engage underserved populations, including those historically marginalized or overlooked by similar programs. We will use data to identify gaps in service provision and ensure that we are reaching those most in need.

Data Collection and Monitoring: We will use demographic data, service utilization metrics, and participant outcomes regularly to monitor who is accessing services and how well they are benefiting from them. This data will be disaggregated by race, ethnicity, gender, and other key demographics to identify any disparities in access or outcomes.

Equity-Focused Performance Metrics: We will use performance metrics focused on equity, such as ensuring that participants from marginalized communities achieve comparable housing stability, employment outcomes, and overall well-being as other groups. Any disparities that emerge will be addressed through targeted interventions.

Continuous Improvement: Semi-annual feedback from participants and quarterly program evaluations will be used to continuously improve the services offered. Feedback will be analyzed to ensure that the services remain responsive to the evolving needs of diverse populations and that any barriers to equity are promptly addressed. Periodic monitoring of service delivery will be part of the communications plan.

Collaborative Input: We will engage project participants to provide input on service design and delivery. Their insights will help shape policies and practices to enhance equitable outcomes.

The project will also seek to collaborate with the Corporation for Supportive Housing to access technical assistance to implement evidence-based practices.

By embedding equity into both service provision and outcome analysis, we aim to ensure that all participants have an equal opportunity to achieve positive, sustainable outcomes.

- F. Describe how your organization will adhere to operating a project that aligns with Housing First, low-barrier implementation, harm-reduction, and trauma-informed core principles.

Beacon 360 is committed to operating a project that fully aligns with the core principles of Housing First, low-barrier implementation, harm reduction (including safe use, managed use, addressing structural inequities, meeting people where they are without judgment, empowering individuals and encouraging peer support), and all tenets of trauma-informed care (safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment and choice; and cultural, historical, and gender issues) to best serve individuals in need of stable housing and supportive services. Our primary focus is on offering immediate, permanent housing solutions. We will do this with the understanding that stable housing is the foundation from which other challenges, such as mental health and substance use, can be effectively addressed.

Our intake process will be coordinated across agencies already providing services, including rapid rehousing, emergency shelter, or street outreach teams. The process will focus on assessing immediate housing needs and providing rapid access to services that foster stability and self-sufficiency. Staff will collaborate with residents to develop individualized housing stability plans that emphasize personal goals and progress without judgment or coercion, as well as promoting safer choices while respecting individual autonomy. We will emphasize voluntary participation in disability-related supportive services. Fostering a sense of safety, trust, and empowerment, we aim to support residents in healing and rebuilding their lives. Services and interactions are designed to minimize re-traumatization and maximize a person's sense of control over their own journey. The project eligibility is based on CMHA's exclusionary criteria - in its Administrative Plan, CMHA reduced their lookback period for criminal background for people experiencing homelessness to only 1 year from the usual 3-year timeframe, to lower the barrier to entry.

Additionally, the project will have a 24-hour front desk staffing. The goal is to ensure individuals have access to support that will make this development a safe space where people can live with dignity. Controlled access procedures ensure that security measures are both effective and considerate of residents' specific needs.

Beacon 360 uses in its developments a trauma-informed color palette for the interior, ensuring the building's layout and furniture fosters a sense of safety, calm, and comfort.

- G. Describe how program participants will be assisted to obtain the benefits of mainstream health, social, and employment programs (e.g. Medicare, Medicaid, SSI, Food Stamps, local Workforce office, early childhood education).

Case managers will collaborate closely with participants to identify and submit applications for benefits and services such as Medicare, Medicaid, SSI, SNAP (Food Stamps), and employment programs offered through local workforce development service providers. Beacon360 will refer participants to community resources for employment readiness and opportunities such as Ohio Means Jobs and Goodwill Columbus. Dress for Success provides access to interviews and professional attire. Participants will be referred to Southeast Healthcare's Vocational Services and Project Work. Case managers will use community educational and employment resources, such as job fairs and Ohio Means Jobs.

We will also assist families with children in connecting to early childhood education programs. This process includes helping participants navigate application procedures, providing referrals, and coordinating with local agencies to ensure that participants gain the full range of benefits for which they are eligible.

Additionally, we will collaborate with service providers to offer onsite enrollment assistance when possible. Also new families will be linked with Celebrate One to ensure high quality and equitable health outcomes are maintained and that families receive early intervention for any needs that may arise.

- H. Describe how program participants will be assisted to obtain and remain in permanent housing (e.g., provides the participant with access to needed services, safety planning, case management, housing that meets accessibility related needs, additional assistance to ensure retention of permanent housing).

To support participants in obtaining and retaining permanent housing, all program participants will be offered case management services based on their need and choice. Each individual will have the opportunity to select their own case manager or opt out of services entirely, though opting in will be highly encouraged to ensure comprehensive support.

Beacon 360 Management employs a blended management style across our portfolio and will work closely with service providers to develop a Communication and Eviction Prevention Plan aimed at supporting community members who may be at risk of housing instability.

When a lease violation occurs, Beacon 360 initiates a process that allows the participant to correct the issue over time. Beacon 360 may issue a compliance notice rather than immediately initiating eviction notices. If the behavior continues, Beacon 360 follows up with a 30-day notice to cure. The case manager and property management communicate regularly throughout this process. If the participant disagrees about the violation, the case manager can assist in filing a grievance claim or scheduling a meeting with the property manager.

The case manager works with participants to develop a housing retention plan that addresses property management concerns and meets participants' needs. Services may be required at this point, including representative payee services, community mediation services, drug and alcohol treatment, anger management, and mental health services.

The participant may also receive representation from the Legal Aid Society. Eviction action is used only as a last resort.

Beacon 360 will implement VAWA accommodations for any participant who experiences violence. The organization encourages participants to utilize their VAWA protections, which may include a transfer through the Unified Supportive Housing System (USHS) if necessary. VAWA documentation is provided to all participants at lease signing. Beacon 360 staff ensure that participants are informed of their rights regarding protection orders and will provide support throughout the process.

Front desk staffing will ensure crisis intervention and monitors the safety of residents. Closed-circuit cameras allow staff to oversee activities in common areas and respond quickly to emergencies. The front desk staff also supports residents by enforcing breaks from outside friends and acquaintances detrimental to the residents' goal for housing stability by implementing house rules and restricted access procedures.

For participants with disabilities or physical health needs, staff will ensure reasonable accommodations, such as installing durable medical equipment and modifying living spaces. ADA accessible units are available on the first floor of the facility. Beacon 360 will create inclusive and comfortable living environments for individuals with diverse needs to support their housing stability.

8. Implementation Schedule.

- A. Describe the general implementation timeline, including:
- i. Based on type of capital cost requested, provide:
 - New Construction – date construction will begin and end, and date property will be available for move-in. **N/A**
 - Acquisition - **by September 30, 2025 – we will acquire this extended stay hotel concurrent with the execution of the HUD grant agreement.**
 - Rehabilitation – dates rehabilitation of the property will begin and end **N/A**
 - ii. Provide the proposed schedule for the following activities:
 - Site control- **by September 30, 2025 – site control will be gained concurrent with the acquisition of the facility.**
 - Environmental review completion- **by June 1, 2025 – prior to the acquisition and grant agreement with HUD.**
 - Execution of grant agreement- **by September 30, 2025 – grant agreement with HUD can be completed as soon as the environmental review is completed.**
 - Start date- **by September 30, 2025 – as soon as the HUD agreement is in place.**
 - Completion date- **June 30, 2026**
 - Occupancy Certificate date- **March 31, 2026 – City of Columbus has to approve a zoning variance – change of use of the building from a hotel to a “rooming house” – the zoning allowance that permits use of hotels as permanent supportive housing. The timeframe is based on the time required to approve a zoning variance for a prior hotel conversion to permanent supportive housing.**
 - Anticipated Move-in Date- **July 1, 2026. From the Occupancy Certificate Date to staff hiring and training, referral of potential applicants from the**

USSH Pool for final eligibility screening and housing approval to lease signing and move-in.

The project must be ready for occupancy within 36 months of award.

9. Property Maintenance.

A. Demonstrate how you will ensure the property is maintained annually to prevent unnecessary costly repairs. Include how the property will be maintained annually and needed repairs are conducted (e.g., checking for roof leaks, routine maintenance for heating and cooling). Identify the source of funds that will be used and whether there will be a reserve fund established specifically for maintenance and repair of proposed units.

Beacon 360 Management facilitates all maintenance work, and the maintenance program includes a preventative maintenance plan, a capital needs inspection schedule and plan, emergency maintenance protocols, a semi-annual major system component testing audit, a tenant on demand work order driven plan powered by Real Page Onsite, and an integrated pest management plan. Additionally, community members are occasionally given ongoing opportunities to participate in the B360 G.R.E.E.N program. B360 G.R.E.E. N is an initiative that ensures that all property maintenance key practices are evaluated through the lens of energy efficiency and are aligned with the goal to reduce the negative environmental impact that properties have on the communities around them.

The maintenance program outline by type is as follows:

- **Routine Maintenance:** Routine or short-term type maintenance and repairs will be those cost items and services included in the annual budget to be paid out of the operations and maintenance expense account. Routine Maintenance includes regular maintenance tasks of the project that can be pre-scheduled or planned for, based on equipment availability and property characteristics. Also included are janitorial tasks performed on a regular basis to maintain the appearance of the project and to prevent an accumulation of debris and subsequent deterioration. All cleaning in the community room, office, or laundry will be performed by project maintenance/custodial or by residents participating in the resident stipend program or by outside contractors. Maintenance personnel are required to check smoke detectors and emergency alarms (if applicable) when entering a unit and document that the item(s) were checked and if working. If not working, the maintenance personnel must contact the Site Manager to prepare an emergency work order.
- **Responsive Maintenance:** Requests for responsive maintenance will be received by the office during its operating hours and by the designated person or answering service when it is closed. Written records will be maintained regarding Resident, type of maintenance required, etc. Maintenance personnel are required to check smoke detectors and emergency alarms (if applicable) when entering the unit and document that the item(s) were checked and if working. If not working, the maintenance personnel must contact the Site Manager to prepare an emergency work order.
- **Preventive Maintenance:** A Preventive Maintenance Schedule will be established based on actual equipment installed and manufacturer's manuals and specifications. Maintenance personnel are required to check smoke detectors and emergency alarms (if applicable) when entering a unit and document that the item(s) were checked and if working. If not working, the maintenance personnel

must contact the Site Manager to prepare an emergency work order. The project maintenance personnel will perform all preventive maintenance as outlined in the preventive maintenance schedule. Outside contractors will be used when maintenance cannot perform the duties due to time constraints.

- Long-Term/Deferred Maintenance: Any long-term maintenance required will have prior approval of HUD. Reserve funds will be used to pay for the expenses.
 - Deferred maintenance are those items that have a predictable life span that can be expected to need care at a later date. A good system of responsive and preventive maintenance can help all components achieve their life expectancy.
 - Life Expectancy is considered when charging residents for damage and when preparing a budget for the community. For these reasons, records are kept of major repairs and replacements to help determine the remaining life of each component. The Regional Director will request these records as needed. Any damage found which would affect the life of a major component is to be reported to the Regional Director. The manager is to also advise the Regional Director when replacement of the same type of component is experienced regularly.

Operating funds will be used for maintenance of the units, using the rental income from the rental subsidies and participant rent. A Replacement Reserve will be established for the replacement of building systems, using the same source of funding.

- B. Demonstrate how the project will be able to cover replacement costs (e.g., replacing broken or damaged appliances, major equipment). Indicate if there will be funds provided from other sources and what those sources will be.

A Replacement Reserve will be established to address the periodic repair or replacement of capital items. Funds will be escrowed monthly in an interest-bearing account and the community will endeavor to maintain a minimum balance of at least \$1,000.00 per unit. The reserve fund will be established in development and the monthly deposit will be made possible through funds received from the project-based subsidy received from the Columbus Metropolitan Housing Authority and participant rent.

10. Unmet Housing Need.

- A. Describe the population that will be served by the project and the level of unmet need for new units of permanent supportive housing in your area for that population. Using the PIT Count and HIC information, estimate the gap between the number of units of permanent supportive housing available and the number of homeless individuals and families experiencing homelessness where at least one household member has a disability. Maximum points will be awarded for applicants that demonstrate that there are fewer than 50 PSH beds available in a given year for each 100 people in the population that is proposed to be served.

The target population for the project is individuals experiencing chronic homelessness and disabled by mental illness, substance addiction, dual diagnosis, and/or physical disability. Individuals struggle to overcome severe and persistent housing barriers that may include histories of chronic poverty, alcohol and drug abuse, incarceration, generational and systematic inequities, institutionalization, and trauma impacting their

housing stability. The residents have incomes at or below 30% AMI. On average, 50% of head of households will be male, and 67% people of color.

In Columbus and Franklin County, the 2024 Annual Gap Analysis shows a gap of 2,514 placements annually in PSH units. For single adults specifically, the target population proposed to be served, the gap is 2,398 placements annually.

The existing capacity of PSH according to the 2024 HIC is 2,483 units(beds) of PSH for single adults system-wide. These beds turn over at the rate of 15% annually, creating approximately 373 available placements/beds annually, while the need is for 2,771 placements. **To use the analogy in the statement above, in Columbus and Franklin County there are only 13.46 PSH beds available in a given year for each 100 people in the single adult population that is proposed to be served.**

In FY24, in Columbus and Franklin County 5,995 single adults in shelter, transitional housing and in unsheltered locations experienced homelessness (12-month APR information). 211 were determined to be chronically homeless using HMIS experience data and are presumed to qualify for PSH. Of the remaining 5,784, 10% are projected to be diverted to other interventions, 25% are projected to self-resolve and those that do not have disabling conditions that are unlikely to be resolved are targeted for Rapid Rehousing (RRH) – some that will be served in RRH will end up in PSH and their intervention will double up. The community's Transitional Housing (TH) inventory is minimal and targeted to special populations, domestic violence and transitional age youth, 128 beds in total, 23 units for families and 55 beds for single adults and children only beds (2024 HIC). The majority of the single adults in TH will exit to RRH and only a few will need PSH. In FY24 the single adult population experiencing homelessness self-reported high rates of disability – 36% mental health, 6% alcohol use, 5% drug use, 6% dual diagnosis, 30% chronic health condition, 1% HIV/AIDS, 6% developmental disability, 32% physical disability (12-month APR information). People have multiple disabling conditions but overall, 65% of the single adult population experiencing homelessness self-declared a disability in FY24. Research shows that people tend to underreport their disabilities. However, not all people with disabling conditions will need PSH and realistically we will not be able to create PSH for 65% of the sheltered population. For planning purposes, taking the rate of population that reports mental health, dual diagnoses, HIV/AIDS and developmental disabilities provides the rate of 49% that will assume needs PSH. This rate is applied to the population that experiences homelessness that was not able to be diverted to other interventions and is not chronically homeless, or 5,225. The overall population needing PSH annually is then 2,771 (211+2,560). As noted above, the annual bed turnover from the existing capacity provides 373 available placements, leaving a gap of 2,398 placements annually.

11. Management of Rental Housing.

- A. Do you have rental housing? If yes, describe the rental housing projects you or your subrecipient have managed. If you have or will partner with other organization(s) within the CoC to manage a property(s), provide the organization's information, type of program participants assisted, and experience. Include the number of grants for affordable housing awarded in the past 3 years and amount of awards, the type of subsidy and or financing provided for the housing. Specify the number of assisted and non-assisted units in each property.

CMHA owns and operates well over 5,000 units of rental housing and contracts with several well-known management companies to oversee daily operations. Examples are set forth below of projects that are similar to the concept described in this submission.

In the past 3 years the projects below received 7 affordable housing awards totaling \$25,192,627.

Housing Project	Entity managing	Type of program participant assisted	Type of Subsidy	Type of Financing	# of Assisted/# of non-Assisted units	Amount of affordable housing grants (2022)	Amount of affordable housing grants (2023)	Amount of affordable housing grants (2024)
Sawyer/Trevitt	CMHA	Family	PBV	LIHTC	253/0	2,216,111	2,408,738	2,548,140
Winchester Lakes	CMHA	Family	PBV	LIHTC	150/0	N/A	1,324,078	1,861,638
Sugar Grove	CMHA	Senior	PBV	LIHTC	75/0	755,434	846,028	1,053,900
Franklin Station	CMHA	Homeless & disabled	PBV	LIHTC, HOME	100/0	1,110,930	1,285,209	1,180,898
Jenkins Terrace	CMHA	Senior	PBV	LIHTC	100/0	837,914	911,867	965,967
Poindexter Place	CMHA	Senior	PBV	LIHTC	104/0	1,108,942	1,180,067	1,230,054
Maplewood Heights	CMHA	Senior	PBV	LIHTC	71/0	733,989	675,438	957,285

12. Coordinated Entry.

A. Demonstrate how the project will use the CoC's coordinated entry process to refer individuals and families experiencing homelessness in the new PH-PSH units. The response must include the coordinated entry process implemented and how program participants will be placed in the project. [the project must participate in the system's USHS]

The Unified Supportive Housing System (USHS) is the coordinated entry system for PSH. USHS was established by Community Shelter Board (CSB); our PHA, Columbus Metropolitan Housing Authority (CMHA); and the Alcohol, Drug, and Mental Health Board of Franklin County (ADAMH) via an MOU effective March 1, 2008. USHS manages units funded through a variety of subsidies including PHA Housing Choice Vouchers, Mainstream Vouchers, Project-Based Vouchers, Emergency Housing Vouchers, CoC Leasing and Rental Assistance programs, and the HOME program.

All system PSH providers are contractually required to participate in USHS, independent of their type of rent subsidy. The CoC's practices are formalized in the Unified Supportive Housing System Vacancy Management and Lease Up Narrative Manual and Policies and Procedures.

USHS continuously screens clients for PSH using HMIS data. USHS prioritizes chronically homeless households, then disabled households based on their vulnerability and length of

time homeless, using HUD’s notice HUD CPD-16-11. USHS uses a monthly “hotlist” to identify clients who are potentially eligible for PSH based on their current homeless status, history of homelessness, and self-declared disability, along with the chronic homeless status. The USHS Manager proactively reaches out to the Provider Agency servicing the clients and asks them to complete a locally developed standardized assessment, a Severity of Service Needs Assessment (SSNA) for the respective clients alongside documentation required for housing. Provider Agencies can also submit this standardized assessment, the SSNA, for their clients that they believe should be prioritized for PSH to the USHS for scoring. Once the SSNA and the required documentation are submitted, the USHS Manager will score the SSNA and will place the client in the USHS Pool. The USHS Pool is a vulnerability-based pool, meaning that the client’s position is based on the need for housing – the higher their SSNA score is, the higher their vulnerability and need for housing is. Each Housing Provider in the system submits vacancies to the USHS Manager. When a vacancy is submitted, the USHS Manager will fill the vacancy with a referral from the USHS Pool, starting with the client at the top of the pool, assessing the client’s eligibility for the vacancy. The client will be matched with the appropriate PSH for further eligibility assessment, also considering client’s needs and preferences. Prompt assessments and use of HMIS data reduce the time it takes to link clients to the right housing program. To reduce the burden on people seeking assistance, PSH eligibility and application are centralized. There are no waitlists at PSH sites and no duplicative application processes. Once the client is referred to the PSH site, the Housing Provider, in this case CHN, will work with the client and the Provider Agency servicing the client to make sure the client does meet all eligibility criteria, the client accepts the unit, all required documentation is in place and ultimately that the client signs the lease and successfully moves into the unit. The client does have the right to refuse the unit, or the Housing Provider has the right to refuse for the client for cause, in both cases the client will be returned to the USHS Pool for further referrals to other PSH sites.

13. Coordination with Housing Providers, Healthcare Organizations and Social Service Providers.

- A. Demonstrate either that:
- The project is leveraging non-CoC funded housing resources through coordination with housing providers, healthcare organizations, and social service providers for new construction, acquisition, and rehabilitation to provide at least 50 percent of the amount being requested in the application, **or**
 - The project is leveraging non-CoC funded housing resources to provide subsidies for at least 25 percent of the units that are proposed in the application.

You must attach letters of commitment, contracts, or other formal written documents that demonstrate the percentage of subsidies or number of units being provided to support the project. Describe CMHA’s involvement and commitment in the project and attach CMHA’s written commitment to the project, if applicable.

This project will leverage non-Coc funds by way of project-based vouchers from the Columbus Metropolitan Housing Authority. The letter of commitment is attached. CMHA will provide vouchers and own the land and improvements. Beacon 360 will be in sole control of the project by being the managing member of the controlling entity that oversees the day-to-day operations of the community.

Demonstrate through written commitment from a healthcare organization, housing provider, and/or social service provider:

- Access to housing resources (e.g., supportive services, home-based and long-term services and supports, primary and medical care, behavioral health, substance use disorder treatment and recovery, and other services); **or**
- The value of assistance being provided is at least an amount that is equivalent to at least \$7,500 per unit included in the proposed project.

Acceptable forms of commitment are formal written agreements and must include:

- value of the commitment, and
- dates the housing and resources will be provided.

In-kind resources must be valued at the local rates consistent with the amount paid for services not supported by grant funds.

Commitment letter expected by November 5, 2024.

14. Experience Promoting Racial Equity.

- A. Describe your experience soliciting, obtaining, and applying input from underserved groups when designing, planning, and implementing housing projects.

Beacon 360 Management actively engages underserved communities by soliciting input through advisory panels comprised of individuals with lived experience, focus groups, and surveys during the design and planning phases of housing projects. We collaborate closely with local advocates, service providers, and directly impacted individuals to ensure that the voices of marginalized populations, particularly people of color, inform project decisions. This feedback shapes our approach to service delivery, ensuring that our projects are culturally responsive and tailored to meet the needs of those who have been historically underserved.

At other communities, the involvement of an advisory panel made up of individuals with lived experience has been pivotal throughout various stages of project development. These individuals, who deeply understand the unique challenges faced by the target population, play an integral role in shaping key policies and procedures.

Beacon 360's advisory panels have been instrumental in the design of House Rules and the creation of Multidisciplinary Case Management Plans. Their input ensures that these frameworks are trauma-informed and sensitive to the lived experiences of future residents. For example, one of the panel's most impactful contributions was the recommendation to design master bedrooms with an "open view" concept—incorporating a window or visual opening to alleviate feelings of isolation or entrapment, which can often be a trigger for those with past trauma.

Furthermore, the advisory panel guided the selection of a trauma-informed color palette for the interior, ensuring the buildings' layout and furniture fosters a sense of safety, calm, and comfort. Across our portfolio their involvement also extends to developing controlled access procedures, ensuring that security measures are both effective and considerate of residents' specific needs.

By including the advisory panel in these key decisions, we are able to create an environment that is not only functional but also compassionate, responsive, and attuned to the emotional and psychological needs of its residents. This participatory approach ensures that the final design and policies are both practical and empowering, promoting long-term stability and well-being for the community members.

- B. Describe your experience building community partnerships with grassroots and resident-led organizations that provide housing, health care, and supportive services.

Beacon 360 Management has a long-standing history of building strong community partnerships with grassroots and resident-led organizations to provide integrated housing, healthcare, and supportive services. We actively collaborate with local nonprofits, healthcare providers, and community-based organizations to offer a wide range of services, including mental health care, substance use treatment, and employment assistance. A key component of our approach is the creation and support of resident associations, which play a vital role in advising property management and service development decisions.

One example of our successful partnerships is with Licking Memorial Health Systems, a not-for-profit healthcare organization dedicated to improving community health. Recognizing the critical need for onsite healthcare services within residential communities, Beacon 360 proactively established this collaboration at Washington Square Plaza. As a result, Licking Memorial now operates a dedicated healthcare space within the property, providing residents with accessible preventive, routine, and specialized medical services without leaving the premises. This includes wellness screenings, chronic disease management, mental health support, and educational workshops, all of which cater to vulnerable populations, such as low-income residents, individuals with disabilities, and those facing re-entry challenges.

This partnership represents Beacon 360's commitment to holistic community development. By integrating healthcare into the residential experience, we not only address housing needs but also enhance the overall well-being of our residents. Through these collaborative efforts, we foster an environment that promotes health, empowerment, and long-term sustainability for the communities we serve.

- C. Describe your experience designing or operating programs that have improved racial equity, particularly among people experiencing homelessness.

Across its portfolio of communities, Beacon 360 uses a data driven approach to tracking outcomes in key areas where there have been documented racial inequities. These key areas include, but are not limited to, access to vocational training resources, interactions with law enforcement, family reunification, higher education enrollment, and healthcare.

- Our project management team spearheads a series of impactful Community Action Programs also known as CAP, each designed to bring about positive social change and promote community development throughout the year. These programs embody our commitment to employing well-defined project

management methodologies while considering the unique challenges and dynamics of community-focused initiatives.

- Resident-Led Advisory Panels: To ensure that our programs reflect the needs and perspectives of racially diverse communities, we established resident-led advisory panels comprised of individuals with lived experiences of homelessness, including people of color. For example, in our Washington Square Plaza development, the advisory panel played a critical role in shaping the House Rules and service delivery models. Their insights led to the incorporation of culturally relevant programming, such as cooking classes focused on traditional cuisines and wellness workshops that consider cultural practices and beliefs.
- Data-Driven Equity Assessments: This includes analyzing data on housing placements, service utilization, and resident outcomes disaggregated by race. In response, we adjusted our outreach strategies to engage these communities more effectively and partnered with local organizations to provide targeted support. Some Partnerships include The Aids Taskforce of Greater Cleveland, Fit to Navigate, and Kaleidoscope Youth Center.
- Trauma-Informed Care Training: All staff members at Beacon 360 undergo regular training on trauma-informed care and cultural competency. This training equips them with the skills needed to understand the unique experiences and challenges faced by residents of color, ensuring that services are delivered in a respectful and supportive manner. We have seen positive feedback from residents regarding their comfort and trust in staff, which has contributed to better engagement and service utilization.
- Employment and Job Training Programs: We have developed job training programs where we collaborate with local agencies who offer workshops that address barriers to employment, such as resume building, interview skills, and financial literacy. We have hosted job fairs at our communities specifically tailored to residents, connecting them with employers who are committed to diversity and inclusion in their hiring practices.

15. Community Integration for Persons with Disabilities.

- A. Demonstrate how permanent supportive housing will enable program participants to make meaningful choices about housing, health care, and long-term services and supports that will allow them to fully participate in the community. The response should include how the PSH units will ensure non-segregation of individuals and families experiencing homelessness where at least one household member has a disability. Additionally, the response should state whether the PSH units will be part of mixed-use development, meaning individuals and families that will reside in the units are not all disabled.

Permanent Supportive Housing (PSH) allows residents to choose available housing, health care, and long-term services that meet their unique needs and preferences. The goal in the creation of this project is to create an environment that provides individuals and families with a housing environment that allows them to live with dignity and in safety. Each referred person has the choice to refuse the housing referral and will be sent back to the Unified Supportive Housing System for a subsequent housing referral, in case of refusal.

Upon the completion of the initial application for housing and upon lease signing, new residents will be educated about the community, the services offered, the roles and responsibilities of property management and service partners as well as their responsibilities as community members.

The property manager and the primary case management partner will co-lead the initial lease signing to ensure the resident feels comfortable and is informed about the commitment they are making in signing a lease. The resident also has a choice to not elect the case management support. Each program participant has choice about the provision of healthcare, including primary care, behavioral health, and specialty care tailored to their needs, and Beacon 360 will facilitate linkage to the right provider of choice. All supportive services are voluntary and available to support the person's integration in the PSH community and the surrounding neighborhood. If the resident prefers to work with a case manager with whom a relationship is already established, the existing case manager can be substituted to offer support.

This project is in an area with public transportation and amenities, fostering community integration. This approach encourages participants to engage in social, educational, and employment opportunities, reducing stigma and enhancing their ability to contribute to the community. This project is in the Northland neighborhood of Columbus. Community Shelter Board, the Unified Funding Agency for the CoC, engaged with the local Northland Community Council since 2022, to discuss development of permanent supportive housing and gain the community's support. CSB continues to participate in Quarterly Good Neighbor meetings with their leadership. This Good Neighbor approach allows for open communication and to keep the Northland Community Council apprised of all system operations and contributes to the integration of all developments in the neighborhood. The Northland leadership now routinely gives updates about community events and invites residents' participation. Beacon 360 will start participating in the quarterly Good Neighbor meetings if this project goes forward.

All units in the project will require a disabling condition.

16. Section 3 Requirement.

- A. Describe the actions that will be taken by project applicants to comply with Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u) (Section 3) and HUD's implementing rules at 24 CFR part 75 to provide employment and training opportunities for low- and very low-income persons, as well as contracting and other economic opportunities for business that provide economic opportunities to low- and very low-income persons. This does not affect applicant's existing responsibilities to provide training, employment, and other economic opportunities that result from their receipt of other HUD funding.

CMHA and Beacon360 do not anticipate Section 3 hires or training for any construction, development, or renovation work at the project site as such work is not anticipated for occupancy of the project. Beacon360 may implement a Section 3 recruitment process for operational roles.

The project proposes having a live-in resident manager. Hiring for this position could include a prioritization for low-income persons and/or folks with lived experience who

meet the other basic employment criteria. Additionally, there is an opportunity for Beacon 360 to hire and train low and very-low-income persons for facilities maintenance positions.

17. Financials

A. List anticipated sources of capital funding and the projected capital request for funding from the CoCBuild for new construction, acquisition or rehabilitation. Add rows as needed.

Capital and Development Costs				
Funding/Financing Source & Program	Type	Amount	Status	Projected Cost Per Unit
CoCBuild	Grant/purchase	\$7,250,000	Will apply	\$60k per unit
CoCBuild	Grant Admin Fee	\$250,000	Will apply	\$2k per unit
Total	Grant	\$7,500,000	Will apply	\$62k per unit

B. List anticipated sources of services funding and projected services request for funding from the CoCBuild, if applicable. No more than 20% of the total budget request can be requested from the CoCBuild funding for supportive services. Add rows as needed.

Services				
Funding/Financing Source & Program	Type (1)	Amount	Status	Projected Cost Per Unit
To be determined	Grant	\$400,000	to be applied for by August 2025	\$3,306 per unit

C. List anticipated sources of operations services funding. Add rows as needed.

Operations				
Funding/Financing Source & Program	Type (1)	Amount	Status	Projected Cost Per Unit
CMHA	PBV Assistance	\$1.7M+/-	Will apply	\$14,000+/-/year

D. What is the anticipated cost per household served? Ensure the cost aligns with historical information of like-projects. Attach a Capital Budget, an Operating Budget and a Services Budget.

CoC/CSB: Capital Cost Per Unit: \$62,000	Annual Services Cost Per Unit: \$3,306	Annual Operating Cost Per Unit: \$14,000
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18. Co-Applicants

A. Identify the role of each project partner, if applicable.
CMHA would be the applicant and own the land and improvements. CMHA would also provide a PBV contract based on the above contingencies.

Beacon 360 is the co-applicant and sub-grantee and will control and operate the asset as the managing member and controlling entity.

B. Describe each co-applicant/project partner’s financial commitment.

Beacon 360 would be taking on the project as the managing member including all risks associated with the asset.

Any additional property cashflow would be split between CMHA and Beacon 360.

C. If not an HMIS user, describe your agency’s experience with data entry and reporting, and how you use data.

CMHA and Beacon 360 Management regularly collects, analyzes, and reports information annually regarding the number of homeless individuals and families that enter its programs and for which housing and services are provided.

As a contracted agency with the Community Services Board (CSB), Beacon 360 will utilize HMIS.

19. Required Documentation

Attach the following documents to the concept paper prior to submission. This section is not required if the lead agency is already a funded CSB partner agency.

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> | 501 (c) 3 letter from the IRS |
| <input type="checkbox"/> | Registration with the Ohio Secretary of State |
| <input checked="" type="checkbox"/> | Current Board roster with employers, relevant experience and tenure with the Board See attached Board Roster |
| <input checked="" type="checkbox"/> | Most recent audit |
| <input type="checkbox"/> | Most recent 990 |

CMHA is not a 501(c)(3) and does not have a letter from the IRS. CMHA also does not register with the State of Ohio and does not file a 990. Attached is a recent audit report and a list of CMHA's Board Commissioners.

The acquisition, financing, and operational subsidy set forth in this proposal are subject to authorization by CMHA's Board of Commissioners.



**COLUMBUS METROPOLITAN
HOUSING AUTHORITY**
COMMUNITY. COMMITMENT. COLLABORATION.

880 East 11th Avenue
Columbus, Ohio 43211
P: 614-421-6000
cmhanet.com

September 20, 2024

Ms. Shannon Isom
President & CEO
Community Shelter Board
355 East Campus View Blvd.
Columbus, Ohio 43235

Re: Columbus and Franklin County Continuum of Care Builds NOFO – Subsidy Commitment Letter

Dear Ms. Isom:

I am writing in my position as the Chief Program Officer of the Columbus Metropolitan Housing Authority (CMHA) to confirm our commitment to provide Project-Based Housing Choice Voucher (PBV) subsidy for the project to be acquired by CMHA in collaboration with Beacon360 (“CMHA/Beacon360 Project”). The CMHA/Beacon360 Project will be a maximum one hundred and twenty one (121) unit development located at 6275 Quarter Horse Dr. in the City of Columbus, Franklin County, Ohio. The development will consist of a maximum of 121 studio/efficiency apartment units affordable to households from 0% to 30% of the Area Median Income.

CMHA commits to providing a Housing Assistance Payment Contract for a maximum of one hundred twenty one (121) units at the project with the HAP Contract having a term between ten (10) and twenty (20) years.

CMHA has performed a rent reasonable analysis of the units at the property as of September 2024 and commits to providing rent subsidy based on the FMR values as established by the U.S. Department of Housing and Urban Development (“HUD”) for the year 2025. Based upon HUD-published FMR values for 2024, CMHA commits to providing subsidy at a rental amount of \$1,214 for each unit for the calendar year 2025 (to be completed by HCV team) for each unit for which construction is completed.

Unit Type	#Units	Gross Rent	Utility Allowance	Net Rent
Efficiency PBV	121	\$1,214	0	\$1,214

CMHA is aware that this letter of commitment to enter into a contract for the rental subsidy will be used to demonstrate rental subsidy commitment to funders.

Please note that this commitment is conditioned on the following:

1. HUD approves the site's Environmental Part 58 Review, if required; and,
2. CMHA's Board approves the PBV contract, funding and subsidy allocation; and,
3. All proper City zoning laws can be met; and,
4. The project is eligible by a competitive process; and,
5. Funding is available at the time of contract signing.

If you have any questions regarding this letter, please do not hesitate to call 614-421-6244.

Sincerely,



Scott W. Ammarell
Chief Program Officer
Columbus Metropolitan Housing Authority

OH-503 Columbus and Franklin County Continuum of Care (CoC)
HUD CoC Builds Funding Opportunity, FR-6901-N-25A

Do not change the formatting. Responses must be double spaced 12-point (minimum) Times New Roman font on letter sized paper (8 1/2 x 11 inches) with at least 1-inch margins on all sides.

V.B.1.a Development Experience and Leveraging (maximum 2 pages)

4. Describe how the project will utilize nonfederal (state, local, private) sources of funding to support the continued operation of the project. (up to 4 points)

As part of our application for the COCbuilds program, I am writing to provide clarification regarding the sources of funding that will support the continued operation of the proposed affordable housing project.

While the project is primarily supported through a Project-Based Voucher (PBV) contract—which is funded by the U.S. Department of Housing and Urban Development and therefore considered federal funding—there are ongoing **nonfederal funding sources** that will contribute to the sustainability of the project.

First, under the PBV structure, residents contribute approximately **30% of their adjusted gross income toward rent**. These tenant-paid rental contributions represent a recurring **nonfederal revenue stream**, directly supporting operational costs such as maintenance, property management, and resident services.

Second, core resident services are funded by a combination of city and county grants along with private philanthropy.

In addition, the **City of Columbus may contribute up to \$2,000,000 in local funds** to serve as a matching contribution to support the development and ongoing operation of this project as outlined in the original application.

These local funds are a vital part of the project's financing strategy and demonstrate strong municipal support for long-term affordability.

Together, these nonfederal sources—tenant rental payments and City of Columbus funding—provide meaningful support for the continued operation and financial health of the project.

V.B.2.a. Opportunity Zones

You may receive up to two (2) points, if your proposed activities are within an Opportunity Zone. If you expect to use less than 50% of the award in Opportunity Zones, you won't receive preference points. Exceptions may be made if your application justifies the lower percentage or demonstrates a significant impact within those zones.

Preference points will be provided if the address of the project is in the Opportunity Zone.

Opportunity Zone Census Tract(s) which the proposed activities/projects will benefit:

Designated Opportunity Zone Census Tracts can be found at: <https://www.cdfifund.gov/Pages/Opportunity-Zones.aspx> using the "List of designated Qualified Opportunity Zones". Please provide the full 11-digit census tract number. (ex: 06067001101)

39049009900

The application meets which of the following criteria (please select one):

- The proposed activities/projects will occur solely within the Opportunity Zone Census Tract(s) listed above.
- The proposed activities/projects will occur within the Opportunity Zone Census Tract(s) listed above and other communities.
- The proposed activities/projects will occur outside Opportunity Zone Census Tracts, but substantial and direct benefits will accrue within the Opportunity Zone Census Tracts listed above.

Estimated Funding Allocations

Estimate a percentage of the total dollar amount of awarded federal funding that would result in a direct benefit within the Opportunity Zone Census Tracts listed above:

- 76% - 100%
- 51% - 75%
- 26% - 50%
- 11% - 25%
- 1% - 10%

OH-503 Columbus and Franklin County Continuum of Care (CoC)
HUD CoC Builds Funding Opportunity, FR-6901-N-25A

Provide a narrative explaining and/or reference the section in the application that explains how the project will support public and private investment in urban and economically distressed areas, specifically qualified Opportunity Zones (300-word limit):

Example: "The Main Street project described in this application will stimulate economic opportunity and mobility,

This project will be located in a federally designated Qualified Opportunity Zone, aligning directly with the federal intent to stimulate economic development and community revitalization in economically distressed areas through targeted investment. As described in the application this development will provide critically needed affordable housing for individuals and families experiencing homelessness and/or living with disabilities — populations that are disproportionately impacted by housing instability and economic dislocation.

By addressing homelessness, the project will generate significant economic and social benefits. Research consistently shows that providing stable housing for unhoused individuals results in decreased public expenditures on emergency services, hospital visits, law enforcement, and other public resources. These savings can be reinvested in other public services and infrastructure, further advancing local economic stability.

The project also directly supports the goals of Opportunity Zone revitalization by:

- **Attracting Private and Public Investment:** The project leverages a blend of public resources (e.g., local government contributions) and other income streams, stimulating further economic activity in the area.
- **Enhancing Neighborhood Vitality:** Quality affordable housing often serves as an anchor for community revitalization. This project will transform underutilized short-term living into long-term thriving residential homes of for the region's most disadvantaged population, allowing them to become economically stable and a contributor to the local economy.
- **Providing Long-Term Stability and Inclusive Growth:** Stable housing for vulnerable populations contributes to improved health outcomes, educational attainment, and workforce participation — all of which enhance community resilience and economic productivity.
- **Aligning with Local Economic Development Goals:** The project supports the City of Columbus and Franklin County's broader strategic efforts to reduce homelessness, address housing insecurity, and create inclusive growth within Opportunity Zones.

In summary, this project exemplifies the intended use of Opportunity Zone incentives — not only by stimulating economic development through direct investment and job creation, but by building sustainable, inclusive communities where all residents can thrive.

OH-503 Columbus and Franklin County Continuum of Care (CoC)
HUD CoC Builds Funding Opportunity, FR-6901-N-25A

encourage entrepreneurship, expand quality educational opportunities, and promote workforce development for those families residing within the XYZ Opportunity Zone.”

Check the following boxes that accurately reflect the nature or purpose of the proposed project:

- | | |
|---|--|
| <input type="checkbox"/> Access to Capital | <input checked="" type="checkbox"/> Workforce Development |
| <input type="checkbox"/> Asset Building | <input checked="" type="checkbox"/> Low Income Housing Tax Credit (LIHTC) or other rent restricted housing |
| <input type="checkbox"/> Business Assistance | <input type="checkbox"/> Market rate housing |
| <input checked="" type="checkbox"/> Community Capacity Building | <input type="checkbox"/> Industrial development |
| <input type="checkbox"/> Economic Development | <input type="checkbox"/> Commercial or retail development |
| <input checked="" type="checkbox"/> Education | <input type="checkbox"/> Other business development |
| <input checked="" type="checkbox"/> Healthy Food Access | <input type="checkbox"/> “Above ground” infrastructure – streets, sidewalks, lighting |
| <input checked="" type="checkbox"/> Health | <input type="checkbox"/> “Below ground” infrastructure – water, sewer, gas, electric |
| <input checked="" type="checkbox"/> Housing | <input type="checkbox"/> Schools or other educational facilities |
| <input checked="" type="checkbox"/> Human Services and Family Support | <input type="checkbox"/> Hospitals or other health care facilities |
| <input type="checkbox"/> Community Infrastructure | |
| <input checked="" type="checkbox"/> Public Safety | |

Do not change the formatting. Responses must be double spaced 12-point (minimum) Times New Roman font on letter sized paper (8 1/2 x 11 inches) with at least 1-inch margins on all sides.

V.B.1.a Development Experience and Leveraging (maximum 2 pages)

4. Describe how the project will utilize nonfederal (state, local, private) sources of funding to support the continued operation of the project. (up to 4 points)

If awarded funding under the CoC Builds Funding Opportunity, Homefull proposes to leverage these funds to support a cost-effective and impactful adaptive reuse of the existing structure located at 1289 E. Dublin Granville Road. This strategy, rehabilitating the current building which includes a total of 70 units rather than pursuing demolition and new construction utilizing Low-Income Housing Tax Credits (LIHTC), significantly reduces development timelines and costs as the project avoids the layered financing, transactional expenses, and compliance requirements typically associated with the program.

The total project budget is approximately \$17.4 million. Of that, roughly 31% or \$5.4 million of the total project costs will be funded through non-federal sources, including an Affordable Housing Program (AHP) award from the Federal Home Loan Bank of Cincinnati and a commitment of local government resources. In addition, Homefull and its co-development partners will reinvest up to \$2.0 million in earned developer fees into the project to address any remaining funding gaps.

To ensure the project's long-term affordability, Homefull has already secured a Project-Based Voucher (PBV) commitment from the Columbus Metropolitan Housing Authority (CMHA) covering all 70 units. This contract, which has been formally awarded and approved, will be executed for an initial 15-year term. The estimated value of the PBV subsidy over the life of the contract is approximately \$12.9 million. This commitment ensures stable rental income for the project and guarantees that residents will pay no more than 30% of their income toward rent.

In addition to capital and rental subsidy commitments, Homefull has secured significant ongoing funding to support the provision of supportive services. Specifically: Continuum of Care (CoC) funding in the amount of \$391,490 annually has been awarded to deliver comprehensive supportive services to PSH residents. The Ohio Department of Development has awarded \$250,000 over two years to support operating expenses related to the project. As current guidance indicates that no attachments should be included in this supplemental application, we are not submitting support documents here but can provide them upon request.

V.B.2.a. Opportunity Zones

You may receive up to two (2) points, if your proposed activities are within an Opportunity Zone. If you expect to use less than 50% of the award in Opportunity Zones, you won't receive preference points. Exceptions may be made if your application justifies the lower percentage or demonstrates a significant impact within those zones.

Preference points will be provided if the address of the project is in the Opportunity Zone.

Opportunity Zone Census Tract(s) which the proposed activities/projects will benefit:

Designated Opportunity Zone Census Tracts can be found at: <https://www.cdfifund.gov/Pages/Opportunity-Zones.aspx> using the "List of designated Qualified Opportunity Zones". Please provide the full 11-digit census tract number. (ex: 06067001101)

39049006923

The application meets which of the following criteria (please select one):

- The proposed activities/projects will occur solely within the Opportunity Zone Census Tract(s) listed above.
- The proposed activities/projects will occur within the Opportunity Zone Census Tract(s) listed above and other communities.
- The proposed activities/projects will occur outside Opportunity Zone Census Tracts, but substantial and direct benefits will accrue within the Opportunity Zone Census Tracts listed above.

Estimated Funding Allocations

Estimate a percentage of the total dollar amount of awarded federal funding that would result in a direct benefit within the Opportunity Zone Census Tracts listed above:

- 76% - 100%
- 51% - 75%
- 26% - 50%
- 11% - 25%
- 1% - 10%

Provide a narrative explaining and/or reference the section in the application that explains how the project will support public and private investment in urban and economically distressed areas, specifically qualified Opportunity Zones (300-word limit):

Example: "The Main Street project described in this application will stimulate economic opportunity and mobility, encourage entrepreneurship, expand quality educational opportunities, and promote workforce development for those families residing within the XYZ Opportunity Zone."

Homefull's proposed project at 1289 E. Dublin Granville Road is located in a census tract adjacent to a federally designated Opportunity Zone (tract 39049009900). This proximity, along with the project's alignment with regional workforce and housing priorities, positions it to catalyze public and private investment in the Northland area of Columbus, one of Franklin County's most diverse and economically dynamic neighborhoods.

Northland is home to a growing immigrant and refugee population and has experienced significant economic and population growth. However, the area continues to face housing affordability and access challenges. This project responds directly by creating 70 units of permanent supportive housing through adaptive reuse of an underutilized hotel property.

Located within 3 miles of more than 77,000 jobs, including major employment hubs and transportation corridors, the project is also adjacent to a rapidly growing corridor catalyzed by nearby "megaprojects" such as Intel's Ohio One Chip Plant and Anduril Industries' advanced manufacturing facility. These developments are expected to generate tens of thousands of direct and indirect living wage jobs over the next decade.

As part of its supportive service plan, Homefull will partner with Aspyr, the Central Ohio Workforce Development Network, and OhioMeansJobs Columbus-Franklin County to connect residents to job readiness training and employment supports aligned with high-demand sectors. These efforts will reduce barriers to employment and help residents fully engage in the regional economy.

By providing stable housing and integrated workforce connections, this project supports inclusive economic development, advances the goals of the Opportunity Zone program, and lays a strong foundation for measurable gains in resident health, housing stability, and economic mobility. As current guidance indicates that no attachments should be included in this supplemental application, we are not submitting support documents here but can provide them upon request.

Check the following boxes that accurately reflect the nature or purpose of the proposed project:

- | | |
|--|--|
| <input type="checkbox"/> Access to Capital | <input type="checkbox"/> Community Capacity Building |
| <input checked="" type="checkbox"/> Asset Building | <input checked="" type="checkbox"/> Economic Development |
| <input type="checkbox"/> Business Assistance | <input checked="" type="checkbox"/> Education |

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- Healthy Food Access
- Health
- Housing
- Human Services and Family Support
- Community Infrastructure
- Public Safety
- Workforce Development
- Low Income Housing Tax Credit (LIHTC) or other rent restricted housing
- Market rate housing
- Industrial development
- Commercial or retail development
- Other business development
- “Above ground” infrastructure – streets, sidewalks, lighting
- “Below ground” infrastructure – water, sewer, gas, electric
- Schools or other educational facilities
- Hospitals or other health care facilities

Columbus and Franklin County Continuum of Care Builds NOFO Project Development Process Concept Paper

The Continuum of Care (CoC) Builds (CoCBUILDS) NOFO targets efforts within CoC geographic areas to address and reduce persons experiencing homelessness by adding new units of permanent supportive housing (PSH) through new construction, acquisition, or rehabilitation through one-time CoCBUILDS awards under the CoC Program. Through the CoCBUILDS NOFO, HUD is encouraging CoCs to leverage funds provided for construction, acquisition, or rehabilitation of new PSH units with other funding sources to maximize the amount of housing that can be directed to meeting the needs of individuals and families experiencing homelessness. PSH is permanent housing in which supportive services are provided to assist individuals with a disability and families where at least one household member has a disability and is experiencing homelessness to live independently. Additionally, no more than 20 percent of each award may be used for other eligible CoC Program activities associated with the PSH project (e.g., supportive services, operating costs (Section IV.G.3 of this NOFO)), and no more than 10 percent of an award may be used for project administration.

CoC Program Provisions. The following highlights important information you should consider while preparing the Concept Paper.

- Coordination with Housing and Healthcare. The Consolidated Appropriations Act, 2023 and the Consolidated Appropriations Act, 2024 directs HUD to provide incentives to create projects that coordinate with housing providers, healthcare organizations, and social service providers to provide permanent supportive housing.
- Adaptive Reuse. Where possible, consider existing vacant structures that were initially designed for use other than housing (e.g., used as office space) if requesting funds for rehabilitation or acquisition where the structure can be cost-effectively restructured to create new PH-PSH units for individuals and families experiencing homelessness. Converting hotels or motels from their original use to permanent supportive housing may be more cost-effective than constructing new units. HUD's Office of Policy Development and Research (PD&R) highlighted the conversion of abandoned hotel properties to permanent supportive housing which greatly reduced the costs ([Learning From the Pandemic Response: Converting Hotels to Shelter or Housing | HUD USER](#)) and additional research has demonstrated that conversion of hotel or motel properties to permanent supportive housing is cost-effective.

Submit the Concept Paper using the form provided. Do not add pages or attachments not specifically requested. Applicants are required to submit:

- 1) Cover Sheet and Authorization Form
- 2) Concept Paper
- 3) Documentation for a new Lead Organization¹ (attachments)
 - < 501(c) 3 letter from IRS
 - < Registration with Ohio Secretary of State

¹ Not required for existing housing sponsors.

- < Board of Trustees roster with employers, relevant experience and tenure with the Board
- < Most recent audit and 990

Submission Procedure

Project Concepts are to be submitted by **September 20th, 2024**. Submit Concept Papers to Lianna Barbu (lbarbu@csb.org).

Concept Paper Selection and Approval Process

Concept Papers will be preliminarily scored and evaluated by CSB staff based primarily on the rating factors published by the Housing and Urban Development department in the [Continuum of Care \(CoC\) Builds \(hud.gov\)](#) Notice of Funding Availability. The projects will be presented for final scoring to the Citizens Advisory Council and the Continuum of Care (CoC) Board and finally to the CoC for formal prioritization, selection and approval.

Selection of an applicant's Concept Paper for submission to HUD does not guarantee funding by HUD. **While only one project application per CoC may be submitted, where feasible, HUD encourages inclusion of one or more subrecipients that will contribute towards the goals of this NOFO (e.g., capital costs, housing, supportive services).**

Contact Lianna Barbu at lbarbu@csb.org or 614-715-2535 with any questions.

Permanent Supportive Housing

CoCBuils NOFO Concept Paper

1. Agency and Project Information

Project Title: Homefull Dublin Granville PSH		
Lead Organization (project sponsor): Homefull		
Mailing Address: 2621 Dryden Road Suite 302 Moraine Ohio 45439		
Contact person: Tina M. Patterson		
Telephone:937-262-4622	Fax 937-2938-150:	E-Mail: Tina M. Patterson
If you are submitting a project on behalf of a group of agencies/organizations, list any agencies you intend to propose as sub-recipients or subcontractors.		

2. Authorization

Acting as a duly authorized representative, I hereby affirm that the governing body of the below named organization has reviewed and accepts all the guidelines, requirements and conditions described in the [Continuum of Care \(CoC\) Builds \(hud.gov\)](http://hud.gov) Notice of Funding Availability.

Lead Organization: Homefull	Date:9/19/2024
Authorized Signature: <i>Tina M. Patterson</i>	
Name/Title: Tina M. Patterson CEO	
Co-Applicant Organization: The Finch Group	Date:9/19/2024
Authorized Signature: <i>Brad Carmen</i>	
Name/Title: Brad Carmen President	
Co-Applicant Organization:	Date:
Authorized Signature:	
Name/Title:	

3. Description & Experience of Applicant Organization(s)		
Answer each of the questions below. Answer the questions for all agencies involved in the project.		
A) Are you an incorporated non-profit organization and have you received IRS 501(c)3 status?	Yes X	No
B) How many years has the lead agency been in existence?	36	
C) If there are other agencies involved with the project, how many years has each of them been in existence?	41	
D) List the agency's total annual budget for the current fiscal year.	\$13,390,364	
E) What is the proposed site's address? 1289 Dublin Granville Road, Columbus Ohio 43229		
F) Do you have site control?	Yes X	No

If you are not currently providing housing for formerly homeless individuals, address the following questions.

G) Describe the agency's mission and purpose and explain how the proposed project is consistent with the agency's mission.
H) Describe the agency's principal programs and services.
I) Describe the number and type of staff the agency employs.
J) Describe the agency's experience providing services for the target population or other special needs populations.
K) Describe the agency's experience providing housing for the target population or other special needs populations.
L) Describe the agency's experience working with neighbors of other developments.
M) List the agency's key accomplishments from the past three years.

4. Proposed Housing Model

Check the box(es) that matches the type of housing for which you are seeking funding.

	Multiple Buildings, Single Site
X	Single Building

	Permanent Supportive Housing (PSH)
X	PSH through hotel/motel conversion
	PSH through other conversion
	PSH through modal/modular building

Describe the site and proposed model.

Homefull’s Proposed Motel Conversion project will convert a traditional 1980’s motel of 70 efficiency units into a PSH program with onsite supportive services and amenities along with 24 hours onsite security. The supportive services will provide housing focused case management with additional Medicaid reimbursed services specifically designed for tenants with severe and persistent mental health diagnosis. Homefull will work on increasing incomes, linkage to mainstream benefits and employment opportunities. The project is located in the Columbus neighborhood known as Northland and is home to approximately 97,000 residents. Covering a 25 square mile area, the neighborhood is now home to a bustling immigrant population that began increasing in the early 2000s as well as a mix of lifetime residents and young families. Approximately 40% of the population of Northland identify as Black, 30% White, 10% Hispanic/Latino, 7% Asian, 6% identify as 2 or more races, 1% American Indian/ Indigenous, and the rest a mix of other races. From 2010 to 2020, the number of minority residents grew by 45% with now about 64% of the total population identifying as a minority group. Specifically, immigrants from Nepal, Somalia, and Bhutan have increased in population in Northland. The Northland neighborhood has one of the only Somali shopping centers in the country, for example.

The median age in the Northland area is 35 years for males and 37 for females and the average household size is 4.7 people. 49% of the households are families with 17% of the households being led by single-mothers. Approximately 55% of the people who live in Northland were born in Ohio and 17% were born in another U.S. State, indicating approximately 26% were born in another country. About 1/3 of the population of the Northland Area have lived there for 5 years or more.

There is a mix of socio-economic demographics in the Northland Area. With 20% of the population below the poverty level, this is slightly higher rate than the Columbus area. The median income is reported at \$97,146. It is estimated that 48% of the population owns their home and 38% are currently renting, with the remainder being reported as vacant.

The proposed site located at 1289 Dublin Granville Road is in close proximity to the following amenities:

Grocery stores:

- Freetown Supermarket International Grocery - .3 miles away; 7minute walk
- Dollar General - .6 miles; 13minute walk
- Sandalwood Market - .9 miles; 20minute walk
- Kroger – 2.5 miles (on bus line 8- about 25minute ride)
- Save A Lot – 2.6 miles (on bus line 8 – about 32minute ride)
- Northland Market – 2.6 miles

Laundry:

North Meadows Laundry - .7 miles
Laundry Max – 1.4 miles

Bus stops:

Ste Rte 161 and Satinwood Dr. - .1 miles; 3 min walk (8/35/43 lines)
Ste Rte 161 and Ambleside Dr. - .2 miles; 4 min walk (8/35/43 lines)
Boardwalk St. and Shapter Ave - .5 miles; 13 min walk (4 line)

5. Type of Development

Check the box(es) that best describes the type of development you are proposing.

<input type="checkbox"/>	Construction of a new building
<input checked="" type="checkbox"/>	Rehabilitation of an existing building
<input checked="" type="checkbox"/>	Acquisition of an existing building (adaptive reuse and conversion)

6. Development Experience and Leveraging

A. Do you have development experience with at least 4 other projects that have similar scope and scale as the proposed project? Describe below each of the projects you have experience with as a developer.

Homefull and The Finch Group (TFG) the codeveloper and subgrantee, have extensive development experience that is directly applicable to the subject property. Four projects that exemplify this are:

1. Hitchcock Housing: Hitchcock Housing is a unique partnership between The Finch Group (TFG) and the Hitchcock Center for Women (HCFW). TFG serves as the lead developer of the project. HCFW is the current owner of the site. The project involves the construction of a 53-unit permanent supportive housing building in Glenville, Hough, St. Clair-Superior area of Cleveland, Cuyahoga County, Ohio. The project is developed using Low-Income Housing Tax Credit (LIHTC) financing and targets low-income households at risk of homelessness. The project targets households with incomes of up to 30% and 50% of Area Median Income (AMI). The project will feature 30 studios, 21 one-bedroom and 2 two-bedroom units. All 53 project units will benefit from Project Based Vouchers (PBVs) provided by Cuyahoga Metropolitan Housing Authority. Besides adding much-needed affordable housing, this component of the larger Hitchcock mission compliments the services of the Hitchcock Center for Women. Hitchcock Center for Women (HCFW) provides treatment and recovery for women experiencing substance, drugs and alcohol, abuse issues. Many of its clients come from abusive homes, currently are homeless and/or are responsible for at-risk children. The project is currently under construction and is expected to be completed in Q2 of 2025. Once completed the project will be managed by Signature Housing Solutions, an affiliate of TFG.

2. Venture Place: The Fairfield ADAMH Board is developing a 24-unit housing facility that provides stable and affordable homes for individuals or families facing chronic homelessness, disabilities, mental health issues, or other significant barriers to housing stability. The project will be named Venture Place and will be located in Lancaster, Ohio. While there was no formal developer, TFG was brought on early in the project as

a consultant, performing many of the same functions a developer would. The project will operate with 24 project-based vouchers provided by the Fairfield Metropolitan Housing Authority. Units will be restricted to those earning below 30% and 50% of area median income. There will be 24 one-bedroom units located in the three-story building. The project combines safe and comfortable housing units with comprehensive supportive services to promote residents' well-being, self-sufficiency, and community integration. TFG raised over \$2.5 million dollars through competitive funding sources for the project, which is currently under construction and is expected to be complete in Q4 of 2025.

3. Glenville Circle North: In 2018, TFG was selected as the developer for Cleveland Mayor Jackson's initial Neighborhood Transformation Initiative. The development, Glenville Circle North, consists of 63 affordable housing units, 4,500± square feet as the City's startup incubator and 9,000± square feet of co-working space. The project, fully supported by the Glenville Neighborhood, has already provided the catalyst for further homeownership and development on the historically significant E 105th corridor. TFG has worked collectively with the City of Cleveland and Famicos Foundation in stabilizing the Glenville Neighborhood.

4. Homefull Family Living Center: The Homefull Family Living Center (FLC), located at 829 S. Gettysburg Avenue, Dayton, OH 45417, is a 34-unit Permanent Supportive Housing complex originally built in 1950. The complex consists of six residential townhouse buildings with two-story two, three and four-bedroom apartments. A seventh building contains on-site offices for management and social services, as well as after school care, donation storage and maintenance spaces. A new playground and community garden are located at the center of the complex. FLC provides housing for homeless families of all sizes. This facility is one of the only places in Montgomery County that can provide housing for an entire family, including children, with on-site social services. It is operated with assistance of a project-based housing payments assistance contract from Greater Dayton Premier Management and with operating funds from the Ohio Development Services Agency. Supportive Services funding is from the Montgomery County Human Services Levy, local foundations and Medicaid. Homefull played an integral part in rehabbing the property by using Low-Income Housing Tax Credits. Homefull serves as the owner and manager of the property.

- B. Do you have experience leveraging resources similar to the funds being proposed in the current project with at least 3 other projects that have similar scope and scale as the proposed project? (similar resources: LIHTC, HOME, CDBG, Section 108, Section 202, Section 811). Describe below each of the projects you have experience with as a developer and describe in detail up to 5 resources being leveraged for each project, by dollar value being contributed to the project in descending order.

Both Homefull and The Finch Group (TFG), the codeveloper, have extensive experience leveraging considerable resources to bring projects to life. Please see the following project examples:

1. Hitchcock Housing – TFG Developer/Manager of 53 PSH units in Cleveland

- \$8,315,168 in tax credit equity provided by the National Equity Fund (NEF). The development team had been awarded 4% tax credits by the Ohio Housing Finance Agency (OHFA).
- \$5,500,000 in HOME-ARP funding provided by OHFA.
- \$2,500,000 in permanent loan proceeds provided by The Cambridge Trust.
- \$735,480 in HOME-ARP funding provided by the City of Cleveland.

- \$500,000 in Emergency Funding provided by Cuyahoga County.

2. Terrace Gardens – TFG Developer of 99 unit housing for seniors and disabled in Licking County Ohio

- \$15,320,000 in Tax Credit Equity provided by Ohio Capital Corporation for Housing. The development team was awarded 4% tax credits by the Ohio Housing Finance Agency (OHFA).
- \$9,730,000 sellers note provided by Licking Metropolitan Housing Authority.
- \$6,175,000 in permanent loan proceeds provided by Lument.
- \$2,475,000 in National Housing Trust Funds provided by the Ohio Housing Finance Agency.
- \$611,955 in capital funds provided by the Licking Metropolitan Housing Authority.

3. Homefull Family Living Center – Homefull Co-Developer/Manager of 34 PSH units for families in Dayton Ohio

- \$5,453,447 in Tax Credit Equity provided by Ohio Capital Corporation for Housing. The development team was awarded 9% tax credits by the Ohio Housing Finance Agency (OHFA).
- \$450,000 in Federal Home Loan Bank funding from River Hills Bank.
- \$200,000 in HOME funding from Montgomery County.

- C. Provide information regarding the availability of low-income housing tax credit commitments, project-based rental assistance vouchers, and other resources dedicated to the proposed project. Describe the dollar value of each of these commitments and describe the overall cost of the project, including the estimated cost per unit. In cases where the project includes more than one type of housing (e.g. townhouses and apartments), provide cost per unit information on each housing type to the extent possible.

This project received an award of project-based rental assistance vouchers from the Columbus Metropolitan Housing Authority. This was a key step in ensuring the financial viability of the project during the operating period. We were awarded 70 PBVs to be utilized at the project covering 100% of the units valued at over \$800,000 annually with a commitment of 15 years. The 4% Low-Income Housing Tax Credits from the Ohio Housing Finance Agency (OHFA) will provide additional funding needed for rehabilitation above this request. The Four Percent Qualified Allocation Plan is published annually by OHFA. Four percent credits are non-competitive, thus the project has a very strong chance of funding. Applications are submitted to OHFA on a rolling deadline. As a result, the development team plans to apply as soon as threshold documentation is obtained. In addition to tax credit equity and grant funding provided by the CoC Builds NOFO, we will pursue an Affordable Housing Program (AHP) Grant provided by the Federal Home Loan Bank. The project is directly in line with the project types that are sought after under the AHP program. We expect to apply for grant funding in July 2025, with awards being announced in Q4 of 2025. At this time, we believe the maximum number of tax credits we could qualify for would be \$590,360 annually. Based on tax credit pricing, this would generate app. \$5.1M of tax credit equity. For the AHP grants available in 2025, we assume a \$1.5M award in our budget. The development team is also going to apply to the City of Columbus for gap financing. We currently estimate our requested amount to be \$2.1M. We project the full cost of the acquisition and rehabilitation to be approximately \$16,993,854, including a deferred developer fee component of \$720k, or \$242,769 per unit. This includes just over \$123,000/unit in hard construction costs.

In the table below, show the total number of proposed units in the project, how many units will be designated for people experiencing homelessness, how many units will be supported with Columbus Metropolitan Housing Authority (CMHA) vouchers, and how many units are designated for other populations, if applicable.

Total Units (#)	70
Homeless Units (#)	70
Non-Homeless Units (#)	0
CMHA voucher units (#)	70
CMHA voucher units (%)	100%

D. If there are current properties under construction or rehabilitation where CoCBUILDS funds could be used to obtain units, provide:

- the amount and type of funds being used to construct the property;
- evidence of site control;
- evidence of completed and approved environmental review;
- identify the owner of the property and their experience with constructing or rehabilitation; and
- the number of units that will be finished using CoCBUILDS funds.

NA

7. Managing Homeless Projects.

A. Do you have experience administering at least 4 other projects for individuals and families experiencing homelessness where one member of the household has a disability?

1. Hitchcock Housing: Hitchcock Housing is a unique partnership between The Finch Group (TFG) and the Hitchcock Center for Women (HCFW). TFG serves as the lead developer of the project. HCFW is the current owner of the site. The project involves the construction of a 53-unit permanent supportive housing building in Glenville, Hough, St. Clair-Superior area of Cleveland, Cuyahoga County, Ohio. The project is developed using Low-Income Housing Tax Credit (LIHTC) financing and targets low-income households at risk of homelessness with incomes of up to 30% and 50% of Area Median Income (AMI). The project features 30 studios, 21 one-bedroom and 2 two-bedroom units. All 53 units benefit from Project Based Vouchers (PBVs) provided by Cuyahoga Metropolitan Housing Authority. Besides adding much-needed affordable housing, this housing compliments the services of the Hitchcock Center for Women. Hitchcock Center for Women (HCFW) provides treatment and recovery for women experiencing substance, drugs and alcohol abuse issues. Many of its clients come from abusive homes, currently are homeless and/or are responsible for at-risk children. The project is currently under construction and is expected to be completed in Q2 of 2025. Once completed the project will be managed by Signature Housing Solutions, an affiliate of TFG.

2. Venture Place: The Fairfield ADAMH Board is developing a 24-unit one-bedroom housing facility that provides stable and affordable homes for individuals and families facing chronic homelessness, disabilities, mental health issues, or other significant barriers to housing stability. The project will be located in Lancaster, Ohio. TFG was brought on early in the project as a consultant, performing many of the same functions

a developer would. The project will operate with 24 project-based vouchers provided by the Fairfield Metropolitan Housing Authority. Units will be restricted to those earning below 30% and 50% of AMI. The project combines safe and comfortable housing units with comprehensive supportive services to promote residents' well-being, self-sufficiency, and community integration. TFG raised over \$2.5 million dollars through competitive funding sources for the project, which is currently under construction and is expected to be complete in Q4 of 2025.

3. Glenville Circle North: In 2018, TFG was selected as the developer for Cleveland Mayor Jackson's initial Neighborhood Transformation Initiative. The development, Glenville Circle North, consists of 63 affordable housing units, 4,500± square feet as the City's startup incubator and 9,000± square feet of co-working space. The project, fully supported by the Glenville Neighborhood, has already provided the catalyst for further homeownership and development on the historically significant E 105th corridor. TFG has worked collectively with the City of Cleveland and Famicos Foundation in stabilizing the Glenville Neighborhood.

4. Homefull Family Living Center: The Homefull Family Living Center (FLC), located at 829 S. Gettysburg Avenue, Dayton, OH 45417, is a 34-unit Permanent Supportive Housing complex originally built in 1950. The complex consists of six residential townhouse buildings with two-story two, three and four-bedroom apartments. A seventh building contains on-site offices for management and social services, as well as after school care, donation storage and maintenance spaces. A new playground and community garden are located at the center of the complex. FLC provides housing for homeless families of all sizes. This facility is one of the only places in Montgomery County that can provide housing for an entire family, including children, with on-site social services. It is operated with assistance of a project-based vouchers from Greater Dayton Premier Management and with operating funds from the Ohio Development Services Agency. Supportive Services funding is from the Montgomery County Human Services Levy, local foundations and Medicaid. Homefull played an integral part in rehabbing the property by using Low-Income Housing Tax Credits. Homefull serves as the owner and manager of the property.

- B. Describe how you determine the amount of rent to charge based on unit size, addressing program participant complaints, working with other service organizations that may place program participants in the units, and maintaining the properties.

In general, a combination of factors determines the rent. Based on bedroom size, Homefull evaluates: the published fair market rent, the Housing Authority's payment standard if the unit carries a voucher, LIHTC restrictions if the units have tax credits associated and utility allowance information dependent on the unit.

Specifically for this facility, the rent for these efficiency units will be determined in collaboration with the Public Housing Authority (CMHA) that committed project-based vouchers and will be set through a Housing Assistance Payment Contract.

The amount of rent or occupancy charges owed by the program participant is calculated using the family's annual income less allowable deductions. PSH rent will not exceed either 30% of the household's monthly adjusted income or 10% of the households' monthly gross income or the portion of the household's assistance if any that is designated for housing costs. Generally, it is based on six factors: Number of people in

household; Age of people in the household; Anticipated income; Anticipated expenses; Anticipated allowances; Anticipated household-paid utilities.

As it relates to participant concerns, Homefull utilizes the property management software system Yardi Breeze that tenants have access to report maintenance and any other tenancy related issues that need to be addressed. Additionally, through property management inspections, case management or onsite staff and tenants can report all issues immediately. Homefull also has a 24-hour call line for issues that need immediate attention. Tenant meetings are regularly scheduled for discussion of any other issues and provide an opportunity for tenants to voice concerns and complaints.

Homefull works both individually and/or collectively with organizations to address needed services for tenants residing in our properties. These are done via referrals for individual tenant related services, while services such as food, healthcare and employment opportunities are done through onsite groups and or meetings for tenants to choose to be involved at a level they are comfortable with. All tenant referrals come from the Unified Supportive Housing System (USHS), the local coordinated entry system. The USHS refers the highest priority client to begin the housing application process. Homefull works with the community organization servicing the client experiencing homelessness to house them.

Property maintenance is important to Homefull and a responsibility we take seriously. Our managed units are inspected monthly with regular preventative maintenance being conducted such as pest control, HVAC, regular vent changes and just assurances that each unit is being cleaned and maintained. Issues are noted in our property maintenance software which allows us to track and report on regular maintenance ticks and any unresolve issues.

- C. Describe the supportive services the project will directly provide to address the target population's needs. What is the anticipated caseload ratio? Type and frequency of supportive services that will be available (e.g., case management, life skills, health care). See 24 CFR part 578.53 for full list of CoC Program eligible supportive services. State whether your organization or another organization will provide supportive services. If other organizations will provide some or all of the supportive services, provide the organization(s) name, address, email address, and phone number. If your organization will provide direct supportive services with CoCBuils funds, you must include a Supportive Services Budget.

The service philosophy of Homefull is based on providing compassionate, individualized, culturally sensitive, voluntary services designed to help tenants meet their own goals for self-sufficiency and self-determination. Joint Case Planning includes consideration of the functional abilities, formal and informal networks, social context, strengths and barriers. Based on the assessed and expressed needs of the household, case managers 'package together' different types of support to meet those needs. The case planning process identifies household issues and concerns that contribute to challenges and creates a pathway to resolution of those issues. Income supports and rent supplements are an important part of client-driven supports. Supportive services are offered through a coordinated effort among the service staff, community-based partners, and the tenants themselves –ensuring a healthy living environment for all. Homefull's interdisciplinary team of positive professionals focuses on helping participants to:

- strengthen residential and domestic stability,
- abide by leasehold obligations,
- increase incomes, benefits, employment and improve budgeting skills,
- develop and maintain individualized support systems,
- become good neighbors, and
- maximize their capacity for independent living.

Case management contact is based on individual needs and consists of daily, weekly, and/or monthly contacts. Service contacts may include office visits, home visits, a housekeeping inspection (in tandem w/ property management), case conferences, and community-based appointments. Based on specific scopes of practice, Homefull staff has increasing levels of clinical credentialing and professional licensure and at a minimum are trained as Qualified Mental Health Specialists (QMHS) and follow the National Association of Social Workers (NASW) Code of Ethics. This team receives direct supervision and mentoring from a Program Manager with oversight by Homefull's Executive Management. Homefull is certified by the Ohio Department of Mental Health and Addiction Services (MHAS) to provide Behavioral Health Counseling & Therapy, Community Psychiatric Supportive Treatment, Mental Health Assessment & Education, and Referral & Information. These specific services are Medicaid billable.

Homefull will provide case management services and will maintain a caseload ratio of 1-35 with additional onsite specific Medicaid reimbursed services focused on removing barriers to housing instability. Case managers will schedule appointments for tenants based on need. At a minimum case managers will have contact at least once monthly for either a case planning session, in office or a home visit in their unit. Case planning will occur and will be regularly updated as progress is being made. Homefull will assist tenants from move-in to determine what is needed to ready their units and assess their needs for essential items needed. Homefull's case management services will include an initial assessment during case planning, to determine the mutually agreed upon goals and expectations. Work with clients may include a focus on returning to school and pursuing educational goals to ultimately increase income. Additionally, Homefull will address Behavioral Health concerns and work with outside providers to address addiction and other issues based on client needs and desires. Increasing income is important as we look to build a strong community and Homefull will work with local businesses as well as our own organizational opportunities to provide job opportunities. Removing barriers such as transportation, and needed equipment is part of the plan when appropriate.

Homefull believes the pillar to housing stability is housing, food and jobs. Our case plans focus heavily on providing those resources either through our own programming or partnering with other providers. Having access to all these items is the basis of all case planning. Food pantries onsite with both emergency needs and ongoing are provided at our PSH programs and will continue through this project as well.

We are not seeking funds from the COC Builds for supportive services.

- D. Describe the methods of transportation that will be available for program participants to travel to doctor appointments, recreation, public services (e.g., post office, library), shopping, other services, etc. If public transportation is available, indicate the hours of operation and the distance from the units.

Homefull provides transportation assistance through a variety of sources. Case managers provide assistance in their own vehicles or agency owned vehicles when working with clients to assist in getting to appointments, pantries, employment interviews and various other case management related activities. When appropriate Homefull will also provide coordination with other providers of transportation assistance or will provide public transportation assistance with bus passes. The following bus routes are in the vicinity of the facility:

Ste Rte 161 and Satinwood Dr. - .1 miles; 3 min walk (8/35/43 lines); 5 am-11pm weekdays and 5am to 10 pm weekends; every 15 minutes

Ste Rte 161 and Ambleside Dr. - .2 miles; 4 min walk (8/35/43 lines); 5 am-11pm weekdays and 5am to 10 pm weekends; every 15 minutes

Boardwalk St. and Shapter Ave - .5 miles; 13 min walk (4 line); 5 am-11pm weekdays and 5am to 10 pm weekends; every 15 minutes

- E. Describe how the provision of services will be equitable in access to services and how outcomes will be analyzed to ensure equity.

Equity and inclusion are core values of Homefull and are embedded into our direct service work. A Housing First philosophy guides this work. For PSH projects in which Homefull is involved, we advocate for inclusion of BIPOC and other disproportionately underrepresented groups in program referrals. Once clients are entered into Homefull PSH, they receive a Consumer Handbook noting in writing our organization's core values, vision, mission, and DEI commitment. In practice and verbally, there is a review of Homefull's Strategic Plan and DEI Plan initiatives with clients. For each Housing Program, there is an anonymous client feedback mechanism that includes Housing specific and DEI-specific questions within semi-annual satisfaction surveys as well as Suggestion Box. DEI & Clinical Directors also serve on the Staff Training Committee to ensure cultural competencies of staff within Program Sites. The DEI Committee conducts on-site meetings with clients and staff. For client case plans and discharge planning, there is a clinical review and approval of client-specific linkages to community resources and support networks.

Part of Homefull's robust performance and quality improvement (PQI) efforts a quarterly tracking of client feedback and demographic data helps identify disparities in service utilization among different population groups. The biannual satisfaction surveys identify areas for improvement. Homefull's compliance and quality assurance team ensures data is entered into the Homeless Management Information System timely and is checked at a minimum monthly for accuracy and to explore trends in performance. Key areas for improvement are identified and a plan is developed for addressing low performing areas. Additionally, Homefull incorporates the Community Shelter Board's quarterly indicator report to see how Homefull programs compare to the system's performance and if Homefull is meeting agreed upon targets. Specifically, trends in outcomes for specific subpopulations are assessed to ensure there is equity among clients in the program for their experiences, their support services, and in their positive program outcomes. One example is exhibited in the CSB system indicator report when race and familial status are analyzed for number served in the program as well as successful housing outcomes. Homefull reviews this data shared with the system to implement changes when/if indicated per program type. Homefull also engages with clients during monthly visits with case managers to gain deeper insights into the experiences of diverse communities. In cases where service underutilization is determined, Homefull proactively reaches out to clients to offer services, inquire about service gaps and adapt services to better meet the needs of all individuals.

- F. Describe how your organization will adhere to operating a project that aligns with Housing First, low-barrier implementation, harm-reduction, and trauma-informed core principles.

Homefull provides a Housing First approach based on the understanding that client choice is valuable in housing selection and supportive service participation. Our programs offer entry to program participants with low/no income, current/past substance abuse, criminal records (except for restrictions imposed by federal, state, or local law/ordinance), or history of domestic violence. Homefull is committed to working with community partners to minimize barriers that prevent people from accessing services and participates in local housing advocacy groups. It is Homefull's policy to provide assistance, as appropriate according to the person's needs, at no additional cost to persons served, to persons requesting or receiving services, and their families or significant others, who speak a language other than standard English as a primary means of communication, or who have a communication disorder, such as deafness or hearing impairment. Project Based Vouchers provided by Columbus Metropolitan Housing Authority (CMHA) are critical to the project's financial viability. All referrals will be screened through CMHA. CMHA's Administrative Plan includes a reduced lookback period for criminal background for people experiencing homelessness to only 1 year from the usual 3-year timeframe to lower the barrier to entry.

Working with people in active addiction is common in a Permanent Supportive Housing (PSH) setting. Homefull trains our support services and housing staff in evidence-based models for this type of work; these include Motivational Interviewing and Harm Reduction which are both known to elicit positive outcomes with this population. Harm Reduction refers to practices that aim to reduce the health, social, and economic harms associated with the use of psychoactive substances and is used to reduce the potential damage and long-term impacts associated with alcohol and drug use while the client is resistant to traditional treatment modalities. Homefull incorporates a harm reduction approach as it calls for non-judgmental, non-coercive, low-barrier, and client-centered services which is consistent with Homefull's overall approach to PSH support services.

Homefull's policy manual includes a policy titled "Direct Care Services & Coordination of Therapeutic Services"; this policy includes procedures for serving clients with assessments and Community Psychiatric Support Treatment (CPST). Homefull's policy states that we train staff to earn a Qualified Mental Health Specialist (QMHS) certificate; this occurs regardless of the staff member's caseload having CPST clients. This training prepares staff to work from a trauma-informed perspective, have basic knowledge of the main mental health issues our clients present with, and understand substance addiction and recovery. Our "Overview and Philosophy of Approach" policy describes how our trauma-informed approach to our work also takes into account vicarious trauma and compassion fatigue that our staff may experience from our work. This includes engaging in a staff response team following critical incidents to support the well-being of staff.

Homefull also employs a trauma-informed care approach; this requires a philosophy and lens that homelessness itself is traumatic. Everyone referred to a PSH has struggled with the profound and lasting effects of the trauma of homelessness. It also presumes there is underlying trauma that caused the homelessness episode. Chronic exposure to trauma increases symptoms: Problems with sense of self as separate from other people or situations and worthy of good treatment, problems with responding in

healthy ways to difficult situations. This is often experienced by people with multiple episodes of homelessness. Failure to intervene in the trauma can cause secondary complications as strategies for survival. Unfortunately, many of these strategies perpetuate the trauma cycle by leading to fresh trauma, to more problems grieving and processing trauma in appropriate ways, and they can traumatize other people in new ways.

Trauma-informed care has been seen to empower clients and help them to address the areas of functioning that were affected by the trauma by using individualized, strength-based interventions. By focusing on resilience, acknowledging there are various stages of change, and providing safe spaces for clients to learn from mistakes and decisions, a trauma-informed care approach can help stabilize housing and increase positive functioning.

- G. Describe how program participants will be assisted to obtain the benefits of mainstream health, social, and employment programs (e.g. Medicare, Medicaid, SSI, Food Stamps, local Workforce office, early childhood education).

After securing housing, the Case Manager and client update the case plan to include a goal related to income and benefits if not already part of the case plan initially. The Case Manager's goal is to assist the client/household to connect with resources that help them improve their well-being and achieve long term goals, specifically as it relates to housing stability. One of the first activities that occur at this stage is an assessment to determine what resources and benefits are needed and what the client is currently accessing/receiving. Most of the time, clients are referred to Job and Family Services (JFS) to connect with a variety of mainstream benefits for which they qualify. First and foremost, this is SNAP EBT (aka food stamps), but there are other benefits based on household composition and income level (i.e. Title 20, WIC, etc.). The Case Manager can assist the client in completing benefit applications depending on ability level of the client, including online applications, or can accompany them to JFS in order to ensure all benefits for which the client is eligible are received. Clients are encouraged to share with their Case Manager any paperwork they receive from JFS or any other organization in order to ensure there is no interruption of benefits through failing to recertify or other requested action steps. The Case Manager assists their client to complete re-certification paperwork and to secure needed income and landlord paperwork often required by JFS.

Linkage to employment is a critical service Homefull works on with clients through ongoing case planning and advocacy efforts. Homefull identifies opportunities through our own programs looking to hire clients to perform work related to delivering food, furniture and providing custodial work. This provides the first opportunity to reintroduce clients into the work environment with an employer dedicated to providing opportunities for those who's door to mainstream employment has been traditionally closed. Additional to those opportunities, Homefull provides information on job fairs, and employment opportunities for clients. We develop partnerships with mainstream employers who struggle to maintain a workforce, knowing Homefull will provide assistance with transportation, and other needed items for employment.

- H. Describe how program participants will be assisted to obtain and remain in permanent housing (e.g., provides the participant with access to needed services, safety planning, case management, housing that meets accessibility related needs, additional assistance to ensure retention of permanent housing).

Homefull views the overarching goal of housing stability as supported by a 3-legged tripod of affordable and accessible housing, affordable and accessible food, and obtaining/maintaining/increasing income. After a client is housed, their assigned Case Manager starts to foster a relationship between the client and the Homefull Property Management Team to be a support for the client and to foster open communication. By developing a case plan, the Case Manager and client work together on securing/increasing income. If the household has no income, referrals to employment or training programs are made and other potential sources of income are discussed. A budget is created and there is constant reinforcement of what bills should take priority. Other community referrals are made as needed, especially as they relate to housing and income. Additionally, the Case Manager helps the client/household to “settle in” to their new home, increase independence, and increase quality of life. The Case Manager has on-going conversations with the client that mirrors discharge planning to prepare the client for paying rent on their own, maximizing their community resources, and the eventual end to supportive services once they desire and or need less supportive services. The Case Manager continually monitors and assesses a client’s housing stability through home visits and frequent conversations with the on-site Homefull Property Management Team.

When a lease violation occurs, Homefull initiates a process that allows the client to correct the issue over time. For example, Homefull may issue a compliance notice rather than immediately initiating eviction notices. If the behavior continues, Homefull follows up with a 30-day notice to cure. The case manager and property management communicate regularly throughout this process. If the client disagrees about the violation, the case manager can assist in filing a grievance claim or scheduling a meeting with the property manager.

The case manager works with clients to develop a housing retention plan that addresses property management concerns and meets clients' needs. Services may be required at this point, including representative payee services, community mediation services, drug and alcohol treatment, anger management, and mental health services. The client may also be represented by the Legal Aid Society. Eviction action is used only as a last resort.

At the facility, four rooms are specifically wheelchair accessible and all first-floor units have no stairs to entrance, 4 units have visual smoke alarms as well to provide an accessible, safe building. Homefull works with tenants to create safety plans on their physical needs, behavioral and physical healthcare needs. These plans include emergency assistance numbers, family support, community support and what to do when triggers need to be addressed. The facility will also have contracted security services.

Homefull will implement VAWA accommodations for any resident who experiences violence. The organization encourages residents to utilize their VAWA protections, which may include a transfer through the Unified Supportive Housing System (USHS) if necessary. VAWA documentation is provided to all residents at lease signing. Homefull staff ensures that residents are informed of their rights regarding protection orders and will provide support throughout the process.

8. Implementation Schedule.

- A. Describe the general implementation timeline, including:
- i. Based on type of capital cost requested, provide:
 - New Construction – date construction will begin and end, and date property will be available for move-in.
 - Acquisition – date property will be acquired.
 - Rehabilitation – dates rehabilitation of the property will begin and end
 - ii. Provide the proposed schedule for the following activities:
 - Site control
 - Environmental review completion
 - Execution of grant agreement
 - Start date
 - Completion date
 - Occupancy Certificate date
 - Anticipated Move-in Date

The project must be ready for occupancy within 36 months of award.

- Acquisition – Homefull currently has a lease to purchase option. The projected date for the acquisition is by 09/30/2025, concurrent with the HUD grant agreement execution.
- Rehabilitation – dates rehabilitation of the property will begin and end
 - Start Date: by April 2026
 - End Date: by July 2027
- Site Control: Homefull currently has a lease to purchase option. The projected date is 06/01/2025.
- Environmental Review Completion: By 06/01/2025.
- Execution of Grant Agreement: By 9/30/2025, the HUD grant agreement can be executed as soon as the Environment Review is completed.
- Funding: An application to OHFA for tax credits will be submitted in June 2025, with an award being announced in September 2025. Depending on the cost of construction, the development team will pursue an application with the Federal Home Loan Bank by July 2025. An application for City of Columbus funding will be submitted by August 2025.
- Rehabilitation Construction Start Date: By April 2026.
- Rehabilitation Construction Completion Date: By July 2027. The construction is projected to last a bit longer than usual as the site will be occupied while the rehabilitation is occurring.
- Occupancy Certificate: 100% occupancy will happen concurrently with the completion of construction. By August 2027.
- Anticipated Move-In: November 2024. Homefull will lease the property effective November 2024 and clients will move in as soon as the lease is in effect. The rehabilitation will occur while the building is occupied.

9. Property Maintenance.

- A. Demonstrate how you will ensure the property is maintained annually to prevent unnecessary costly repairs. Include how the property will be maintained annually and needed repairs are conducted (e.g., checking for roof leaks, routine maintenance for

heating and cooling). Identify the source of funds that will be used and whether there will be a reserve fund established specifically for maintenance and repair of proposed units.

Homefull develops a five-, ten-, and 15-year property maintenance plan for properties owned and or operated by Homefull. These plans take into account the life expectancy of furniture, equipment, roofs, mechanicals and other operational equipment and builds an annual revenue reserve to assure the funding is available when needed. Homefull develops service agreements with mechanical companies for preventative maintenance and operational monthly, quarterly and or yearly inspections to assure the life of equipment. In addition to that, our facilities department schedules monthly inspections in Homefull owned property to inspect units for needed repairs or scheduled updates to also increase the life of the equipment. Seasonal checks of HVAC units are also made to prepare equipment according to need.

Replacement of building systems will be funded out of Replacement Reserves. Replacement Reserves are funded using an annual funding equal to \$400/unit or \$28,000 in year one. The funding for the Replacement Reserve comes from rental income from the 70 Project Based Vouchers (PBVs) that have been secured and tenant income.

- B. Demonstrate how the project will be able to cover replacement costs (e.g., replacing broken or damaged appliances, major equipment). Indicate if there will be funds provided from other sources and what those sources will be.

The development team wants to ensure that there are minimal replacement costs, and there is sufficient funding to cover such costs when they do arise. This begins with our architects developing a thorough scope of work for the rehabilitation, to ensure that the project is in strong condition of operating with a sound financial plan.

A Replacement Reserve of at least \$400 per unit, per year will be included in the project budget, or 28,000 in year one, increased annually by 3% for inflation. The funding for the Replacement Reserve comes from rental income from the 70 Project Based Vouchers (PBVs) that have been secured by the development team and tenant income. We forecast that the project can easily support a substantial operating budget and ample reserve payments.

10. Unmet Housing Need.

- A. Describe the population that will be served by the project and the level of unmet need for new units of permanent supportive housing in your area for that population. Using the PIT Count and HIC information, estimate the gap between the number of units of permanent supportive housing available and the number of homeless individuals and families experiencing homelessness where at least one household member has a disability. Maximum points will be awarded for applicants that demonstrate that there are fewer than 50 PSH beds available in a given year for each 100 people in the population that is proposed to be served.

This project is designated for single adults experiencing homelessness. Homefull will receive referrals from the COC's Unified Supportive Housing System (USHS) for homeless single adults who need permanent supportive housing. Homefull expects this population to enter with varying levels of income and benefits; from no income to

pending or awarded SSI/SSDI to sporadic employment. The breakdown will be 80% zero income, 20% at extremely low and or below 30% of AMI.) All will enter with a disability with primary diagnosis of addiction disorders combined with a severe and persistent mental health diagnosis. Many will be unlinked or loosely receiving behavioral health services through a community mental health provider. Approximately 20% will have physical disabilities as well. Approximately 10% or less will enter with income from employment. This project will house single adults from the homeless system who have been diagnosed with a disability that interferes with their ability to live stably and successfully on their own in the community. Specifically, it will serve some of the higher barrier clients in the homeless system who have not been successful at other sites. Chronically homeless adults are more likely to be housed here, as they have had longer terms of homelessness and likely need additional supports that a facility-based PSH with onsite staffing can offer. Additionally, approximately one third of the occupants will be age 55 or older which brings into play the need for additional supports due to the impacts of homelessness on health and aging. Racially and culturally, the occupants will be a mix of backgrounds as they represent the homeless system and larger community. Approximately 67% will be people of color. All genders will be represented although a higher percentage of occupants will be male-identified based on the need in the system.

In Columbus and Franklin County, the 2024 Annual Gap Analysis shows a gap of 2,514 placements annually in PSH units. For single adults specifically, the target population proposed to be served, the gap is 2,398 placements annually.

The existing capacity of PSH according to the 2024 HIC is 2,483 units(beds) of PSH for single adults system-wide. These beds turn over at the rate of 15% annually, creating approximately 373 available placements/beds annually, while the need is for 2,771 placements. **To use the analogy in the statement above, in Columbus and Franklin County there are only 13.46 PSH beds available in a given year for each 100 people in the single adult population that is proposed to be served.**

In FY24, in Columbus and Franklin County 5,995 single adults in shelter, transitional housing and in unsheltered locations experienced homelessness (12-month APR information). 211 were determined to be chronically homeless using HMIS experience data and are presumed to qualify for PSH. Of the remaining 5,784, 10% are projected to be diverted to other interventions, 25% are projected to self-resolve and those that do not have disabling conditions that are unlikely to be resolved are targeted for Rapid Rehousing (RRH) – some that will be served in RRH will end up in PSH and their intervention will double up. The community's Transitional Housing (TH) inventory is minimal and targeted to special populations, domestic violence and transitional age youth, 128 beds in total, 23 units for families and 55 beds for single adults and children only beds (2024 HIC). The majority of the single adults in TH will exit to RRH and only a few will need PSH. In FY24 the single adult population experiencing homelessness self-reported high rates of disability – 36% mental health, 6% alcohol use, 5% drug use, 6% dual diagnosis, 30% chronic health condition, 1% HIV/AIDS, 6% developmental disability, 32% physical disability (12-month APR information). People have multiple disabling conditions but overall, 65% of the single adult population experiencing homelessness self-declared a disability in FY24. Research shows that people tend to underreport their disabilities. However, not all people with disabling conditions will need PSH and realistically we will not be able to create PSH for 65% of the sheltered population. For planning purposes, taking the rate of population that reports mental health, dual diagnoses, HIV/AIDS and developmental disabilities provides the rate of 49% that will assume needs PSH. This rate is applied to the population that experiences homelessness that was not able to be diverted to other interventions and is not chronically homeless, or 5,225. The overall population needing PSH annually is

2,771 (211+2,560). As noted above, the annual bed turnover from the existing capacity provides 373 available placements, leaving a gap of 2,398 placements annually.

11. Management of Rental Housing.

A. Do you have rental housing? If yes, describe the rental housing projects you or your subrecipient have managed. If you have or will partner with other organization(s) within the CoC to manage a property(s), provide the organization’s information, type of program participants assisted, and experience. Include the number of grants for affordable housing awarded in the past 3 years and amount of awards, the type of subsidy and or financing provided for the housing. Specify the number of assisted and non-assisted units in each property.

Both Homefull and subgrantee TFG have extensive experience managing rental property. In the past 3 years Homefull and TFG have been awarded the following grants for affordable housing this totals \$20,793,109 over the last three years:

Housing Project	Entity managing	Type of program participant assisted	Type of Subsidy	Type of Financing	# of Assisted/# of non-Assisted units	Amount of affordable housing grants (2022)	Amount of affordable housing grants (2023)	Amount of affordable housing grants (2024)
Hitchcock Housing	TFG	homeless	HUD PBV	National Equity Fund, LIHTC,	53/0		\$8,315,168	
Homefull Family Living Center	Homefull	homeless	HUD PBV	LIHTC, HOME, FHLB	34/0	\$274,800	\$274,822	\$240,195
Homefull Leasing	Homefull	homeless	HUD CoC Leasing	N/A	170/0	\$1,668,879	\$1,762,376	\$1,868,612
Homefull Isaiah Project	Homefull	homeless	HUD CoC Leasing	N/A	160/0	\$171,800	\$359,582	\$2,177,217
Homefull TRA	Homefull	homeless	HUD CoC RA	N/A	261/0	\$391,230	\$450,116	\$386,286
Homefull SRA	Homefull	homeless	HUD CoC RA	N/A	100/0	\$427,763	\$411,541	\$386,286
Homefull EHV/Mainstream	Homefull	homeless	HUD EHV and Mainstream	N/A	304/0	\$50,000	\$618,297	\$560,139

Hitchcock Housing: TFG serves as the property manager for this 53-affordable housing unit development. TFG has previously been the management agent for over 2,250 units of residential housing, and currently manages 800 units of residential housing. The management company was created to address the unique issues associated with the

development and management of assisted and affordable housing. TFG is the designated contract managing agent for properties in Ohio and Illinois. The organizational structure is streamlined and rests on a basic tenet: the authority to act unilaterally for the company in all project matters must be vested at the location of each individual property. The organization also provides flexibility because it has the staffing and expertise to adapt to the needs of any given property quickly and efficiently. Excessive organization has been avoided and layering of supervision minimized.

The principals have been involved with government-assisted residential properties for over forty years. It has historically had a unique ability to successfully enter markets in a variety of states. The team's experience includes a proven long-term track record in providing residents with safe affordable housing, in addition to addressing the myriad of social issues involved in the management of assisted low to moderate income housing.

Homefull Family Living Center: The Homefull Family Living Center (FLC), located at 829 S. Gettysburg Avenue, Dayton, OH 45417, is operated with assistance of project-based vouchers.

Homefull operates leased housing in Dayton/Montgomery County and in Columbus/Franklin County, in both a master leasing and a property management capacity, Homefull houses over 1,200 households in permanent housing. In our Columbus division, Homefull master leases a large 70 unit building as a permanent supportive housing site. Homefull serves in the role of onsite property manager and as the supportive service provider. Homefull operates over 280 other master leased individual apartment/single home units throughout Franklin County in a similar role: both as the master lease holder and as the supportive service provider. These units use HUD's CoC leasing subsidies. For another 600+ households we provide support services for HUD CoC funded TRA and SRA programs and HUD EHV and Mainstream supported subsidy programs to help households maintain housing.

12. Coordinated Entry.

A. Demonstrate how the project will use the CoC's coordinated entry process to refer individuals and families experiencing homelessness in the new PH-PSH units. The response must include the coordinated entry process implemented and how program participants will be placed in the project.

Housing is provided to persons who are homeless and disabled. The Unified Supportive Housing System (USHS) is the coordinated entry system for PSH. USHS was established by Community Shelter Board (CSB); our PHA, Columbus Metropolitan Housing Authority (CMHA); and the Alcohol, Drug, and Mental Health Board of Franklin County (ADAMH) via an MOU effective March 1, 2008. USHS manages units funded through a variety of subsidies including PHA Housing Choice Vouchers, Mainstream Vouchers, Project-Based Vouchers, Emergency Housing Vouchers, CoC Leasing and Rental Assistance programs, and the HOME program.

All system PSH providers are contractually required to participate in USHS, independent of their type of rent subsidy. The CoC's practices are formalized in the Unified Supportive Housing System Vacancy Management and Lease Up Narrative Manual and Policies and Procedures.

USHS continuously screens clients for PSH using HMIS data. USHS prioritizes chronically homeless households, then disabled households based on their vulnerability and length of time homeless, using HUD's notice HUD CPD-16-11. USHS uses a monthly "hotlist" to identify clients who are potentially eligible for PSH based on their current homeless status, history of homelessness, and self-declared disability, along with the chronic homeless status. The USHS Manager proactively reaches out to the Provider Agency servicing the clients and asks them to complete a locally developed standardized assessment, a Severity of Service Needs Assessment (SSNA) for the respective clients alongside documentation required for housing. Provider Agencies can also submit this standardized assessment, the SSNA, for their clients that they believe should be prioritized for PSH to the USHS for scoring. Once the SSNA and the required documentation are submitted, the USHS Manager will score the SSNA and will place the client in the USHS Pool. The USHS Pool is a vulnerability-based pool, meaning that the client's position is based on the need for housing – the higher their SSNA score is, the higher their vulnerability and need for housing is.

Each Housing Provider in the system submits vacancies to the USHS Manager. When a vacancy is submitted, the USHS Manager will fill the vacancy with a referral from the USHS Pool, starting with the client at the top of the pool, assessing the client's eligibility for the vacancy. The client will be matched with the appropriate PSH for further eligibility assessment, also considering client's needs and preferences. Prompt assessments and use of HMIS data reduce the time it takes to link clients to the right housing program. To reduce the burden on people seeking assistance, PSH eligibility and application are centralized. There are no waitlists at PSH sites and no duplicative application processes. Once the client is referred to the PSH site, the Housing Provider, in this case CHN, will work with the client and the Provider Agency servicing the client to make sure the client does meet all eligibility criteria, the client accepts the unit, all required documentation is in place and ultimately that the client signs the lease and successfully moves into the unit. The client does have the right to refuse the unit, or the Housing Provider has the right to refuse for the client for cause, in both cases the client will be returned to the USHS Pool for further referrals to other PSH sites.

13. Coordination with Housing Providers, Healthcare Organizations and Social Service Providers.

- A. Demonstrate either that:
- The project is leveraging non-CoC funded housing resources through coordination with housing providers, healthcare organizations, and social service providers for new construction, acquisition, and rehabilitation to provide at least 50 percent of the amount being requested in the application, **or**
 - The project is leveraging non-CoC funded housing resources to provide subsidies for at least 25 percent of the units that are proposed in the application.

You must attach letters of commitment, contracts, or other formal written documents that demonstrate the percentage of subsidies or number of units being provided to support the project. Describe CMHA's involvement and commitment in the project and attach CMHA's written commitment to the project, if applicable.

CMHA has awarded Homefull 70 units of Project Based Rental Assistance Vouchers covering 100% of the units in the project.

- B. Demonstrate through written commitment from a healthcare organization, housing provider, and/or social service provider:

- Access to housing resources (e.g., supportive services, home-based and long-term services and supports, primary and medical care, behavioral health, substance use disorder treatment and recovery, and other services); **or**
- The value of assistance being provided is at least an amount that is equivalent to at least \$7,500 per unit included in the proposed project.

Acceptable forms of commitment are formal written agreements and must include:

- value of the commitment, and
- dates the housing and resources will be provided.

In-kind resources must be valued at the local rates consistent with the amount paid for services not supported by grant funds.

Homefull has been awarded COC grants for supportive services to the project in the amount of \$391,490 per year. As a Medicaid biller, we will also provide approximately \$40,000 per year in Medicaid funding for this project to support residents.

14. Experience Promoting Racial Equity.

- A. Describe your experience soliciting, obtaining, and applying input from underserved groups when designing, planning, and implementing housing projects.

Homefull values the opinions of the people we serve, and their input is our guiding light in the creation of our programs and services. We collect this information in a variety of ways. Homefull seeks input from clients in a formal manner at least 2 times per year through our customer satisfaction surveys where questions range from, “how are we doing for you specifically,” throughout all of our programs from property management to our employment and prevention programs, to what we could improve upon, or create new. In addition to that we solicit input during our annual meeting where we present plans and our current year’s outcomes. During this time, we seek additional feedback on what we are missing. During predevelopment of our housing programs Homefull works specifically with clients served to determine potential design of units, color choices for paint and common spaces, amenities inside and out of their own units. This feedback drives the current development and reflects all the priorities for the people served. These information gathering sessions weigh heavily in the program location, amenities and design that have led to how our housing programs are built and operated. Programs specifically that have been created as a result include our employment programs, food programs, new housing and where to locate them.

- B. Describe your experience building community partnerships with grassroots and resident-led organizations that provide housing, health care, and supportive services.

As a grassroots organization ourselves, we value the work of other grassroots organizations and actively seek how to engage each in meeting the needs of our clients. Homefull rarely starts programs without creative partners with shared values of providing services to people facing housing instability. Our partners included the private sector of business to improve access to livable wage jobs for people with barriers to employment, such as criminal records or recent addictions; health providers looking to reduce costly emergency room visits for what could be prevented through good partnerships with primary care doctors; food providers to improve access to food for those with transportation issues or extremely low incomes. These efforts are truly about improving the inequities that disproportionately affect our clients, evidenced by better coordination and opportunities now available for persons served.

- C. Describe your experience designing or operating programs that have improved racial equity, particularly among people experiencing homelessness.

Equity and inclusion are core values of Homefull and are embedded into our direct service work. A Housing First philosophy guides this work. For PSH projects in which Homefull is involved, we advocate for inclusion of BIPOC and other disproportionately underrepresented groups in program referrals. Once clients are entered into Homefull PSH, they receive a Consumer Handbook noting in writing our organization's core values, vision, mission, and DEI commitment. In practice and verbally, there is a review of Homefull's Strategic Plan and DEI Plan initiatives with persons served and program staff. For each Housing Program, there is an anonymous client feedback mechanism that includes Housing specific and DEI-specific questions within semi-annual satisfaction surveys as well as a Suggestion Box. The Chief Inclusion & Community Officer participates in Homefull's agency-wide Performance Quality Improvement (PQI) Committee for review of persons served inclusion as well as the Major Unusual Incidents (MUIs) Sub-Committee with equity lens. DEI & Clinical Directors also serve on Staff Training Committee to ensure cultural competencies of staff within Program Sites. The DEI Committee conducts on-site meetings with Consumers and Staff. These efforts led to improved satisfaction survey results from persons served. Homefull has seen increased program participation from clients in services that are now offered onsite. We are attributing this increase to our Equity and Inclusion efforts.

For client Case Plans and Discharge Planning, there is a Clinical review and approval of client-specific linkages to community resources and support networks.

15. Community Integration for Persons with Disabilities.

- A. Demonstrate how permanent supportive housing will enable program participants to make meaningful choices about housing, health care, and long-term services and supports that will allow them to fully participate in the community. The response should include how the PSH units will ensure non-segregation of individuals and families experiencing homelessness where at least one household member has a disability. Additionally, the response should state whether the PSH units will be part of mixed-use development, meaning individuals and families that will reside in the units are not all disabled.

Permanent Supportive Housing (PSH) allows residents to choose available housing, health care, and long-term services that meet their unique needs and preferences. Each referred person has the choice to refuse the housing referral and will be sent back to the Unified Supportive Housing System Pool for a subsequent housing referral, in case of housing refusal. Each program participant has a choice about the provision of healthcare including primary care, behavioral health, and specialty care tailored to their needs and Homefull will facilitate linkage to the right provider of choice. Supportive services are voluntary and there to support the person's integration in the PSH community and the neighborhood.

This project is in an area with public transportation and amenities, fostering community integration. This approach encourages participants to engage in social, educational, and employment opportunities, reducing stigma and enhancing their ability to contribute to the community.

For this project, Homefull engaged with the local Northland Community Council since 2022, and throughout 2023, to discuss the development of this permanent supportive housing program and gain the community's support. Homefull continues to engage in Quarterly Good Neighbor meetings with their leadership. This Good Neighbor approach allows for open communication and to keep the Northland Community Council apprised of the project operations and contributes to the integration of the development in the neighborhood. The Northland leadership now routinely gives updates about community events and invites Homefull's and our clients' participation.

All units in the project will require a disabling condition.

16. Section 3 Requirement.

- A. Describe the actions that will be taken by project applicants to comply with Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u) (Section 3) and HUD's implementing rules at 24 CFR part 75 to provide employment and training opportunities for low- and very low-income persons, as well as contracting and other economic opportunities for business that provide economic opportunities to low- and very low-income persons. This does not affect applicant's existing responsibilities to provide training, employment, and other economic opportunities that result from their receipt of other HUD funding.

Homefull has been committed to providing employment opportunities to persons served for nearly 15 years and have created Homefull Solutions, a department within our organization that focuses specifically on removing barriers to employment by partnering with providers willing to work with our clients, providing job opportunities that pay a livable wage to our clients throughout our programs, and creating new opportunities that address systemic employment issues for our clients that naturally remove the traditional barriers or transportation, child care, criminal background and or addiction disorders. This is done by providing jobs that are tailored to where people are both literally and figuratively. These types of jobs can range from working day labor in our own programs to assisting with cleaning, maintenance, moving and/or packing food boxes. These types of jobs are a great gateway into a more traditional job, yet fill a critical need within our programs and get people thinking about employment.

In all construction projects Homefull requires our General Contractor (GC) to agree to provide job opportunities throughout construction to persons served. This is done by our requiring subcontractors to also provide the same opportunities. We host job fairs at the beginning of any construction work with all subcontractors onsite to interview and provide opportunities for employment on the jobsite. We also work with the labor unions to host hiring fairs for our clients to be provided apprenticeships in the trades for not only our project but any other existing opportunities. We additionally require our general contractor to meet or exceed the Minority Business Enterprise numbers and award points for those exceeding in our selections of general contractor and subcontractors.

17. Financials

- A. List anticipated sources of capital funding and the projected capital request for funding from the CoCBuild for new construction, acquisition or rehabilitation. Add rows as needed.

Capital and Development Costs				
Funding/Financing Source & Program	Type	Amount	Status	Projected Cost Per Unit
Ohio Housing Finance Agency – Four Percent Tax Credit Round	Source – 4% LIHTCs	\$590,360 in annual credits – approximately \$5,176,853 in tax credit equity	An application will be submitted June 2025	\$73,955
HUD CoC Builds Grant	Source – Grant Funding	\$7,500,000	Subject of this application	\$107,143
FHLB AHP Grant	Source – Grant Funding	\$1,500,000	An application will be submitted July 2025	\$21,429
City of Columbus Affordable Housing GAP Financing	Source – Soft Loan Funding	\$2,097,001	An application will be submitted August 2025	\$29,957
Deferred Developer Fee	Source – Deferred Fees	\$720,000	Will be committed concurrently with a tax credit award	\$10,286
Uses of Funds				
Acquisition Costs	Acquisition	\$3,000,000	Lease to purchase option	\$42,857
Hard Costs	Hard Costs	\$8,641,500 – CoC Grant Funds will be used for hard costs	Not Applicable	\$123,450
Soft Costs	Soft Costs	\$1,618,500	Not Applicable	\$23,121
Financing Costs	Financing Costs	\$738,793	Not Applicable	\$10,554
Developer Fees	Developer Fees	\$2,400,000	Not Applicable	\$34,286
HFA Fees	HFA Fees	\$250,022	Not Applicable	\$3,572
Reserves/Contingencies	Reserves/Contingencies	\$340,039	Not Applicable	\$4,858

B. List anticipated sources of services funding and projected services request for funding from the CoCBuild, if applicable. No more than 20% of the total budget request can be requested from the CoCBuild funding for supportive services. Add rows as needed.

Services				
Funding/Financing Source & Program	Type (1)	Amount	Status	Projected Cost Per Unit
HUD COC	PSH COC	\$391,490	Awarded	\$5,592.71
Medicaid	CPST	\$40,000	Depends on services	\$571.42

C. List anticipated sources of operations services funding. Add rows as needed.

Operations				
Funding/Financing Source & Program	Type (1)	Amount	Status	Projected Cost Per Unit
ODOD	PSH Operations	\$125,000	Awarded	\$1,785.71
CMHA	PBV	\$814,800	Awarded	\$11,640.

D. What is the anticipated cost per household served? Ensure the cost aligns with historical information of like-projects. Attach a Capital Budget, an Operating Budget and a Services Budget.

CoC/CSB: \$7,500,000. Capital Cost Per Unit: \$107,142.85	Annual \$391,490 Services Cost Per Unit: \$5,592.71	Annual 0 Operating Cost Per Unit: 0
Total: \$16,993,854 Capital Cost Per Unit: \$242,700.00	Annual \$431,490 Services Cost Per Unit: \$6,164.13	Annual \$939,800 Operating Cost Per Unit: \$13,425.71

18. Co-Applicants

A. Identify the role of each project partner, if applicable.

Homefull – Homefull will serve as the project owner, supportive services coordinator and property manager. They will also be a majority General Partner and/or Managing Member of the ownership structure. Homefull will co-develop the property and will have full input in all major development decisions.

TFG – TFG will serve as co-developer and subgrantee on the project. TFG will take the lead on most funding applications, third party reports and financing solicitations. TFG will be responsible for ensuring there is adequate funding to finance the scope of work. TFG will work with Homefull on all major development decisions. Once completed, TFG will contribute as needed, but it is expected that Homefull will be the primary lead once operations commence.

B. Describe each co-applicant/project partner's financial commitment.

Both Homefull and TFG are fully committed to making this project come to fruition. Homefull and TFG will collaborate to identify the exact scope of work needed to maximize the funding sources available to the development team. In addition to raising outside capital, the developers will jointly recontribute a significant portion of their developer fee back into the project, to ensure its financial viability.

C. If not an HMIS user, describe your agency's experience with data entry and reporting, and how you use data.

Homefull is a current HMIS user and assures this project will be included.

19. Required Documentation

Attach the following documents to the concept paper prior to submission. This section is not required if the lead agency is already a funded CSB partner agency.

X	501 (c) 3 letter from the IRS
X	Registration with the Ohio Secretary of State
X	Current Board roster with employers, relevant experience and tenure with the Board
X	Most recent audit
X	Most recent 990



COLUMBUS METROPOLITAN HOUSING AUTHORITY
COMMUNITY. COMMITMENT. COLLABORATION.

July 10, 2024

Dear Proposers:

Columbus Metropolitan Housing Authority (CMHA) is happy to inform you that an award has been determined and awarded to HomeFull LLC, proposal for RFP 2023-027 Project Based Voucher, this will be presented at September 2024 Board meeting.

The Contract/Agreement for Project Based Vouchers will commence on September 2024, after board approval, executed as a minimum of a 15-years assistance. Per the proposal's Terms and Condition the proposers who are awarded these vouchers must submit proof of the ability to lease up within 60 days of this application deadline to CMHA within 30 days of the award.

The number of vouchers awarded: 70

CMHA looks forward to working with you. Mr. Justin C. Davis will be your contact person unless otherwise directed. He can be reached at jcdavis@cmhanet.com or by calling 614-421-6257. If you have any questions for me, please feel free to contact me at 614.421-4434; or at aquinichett@cmhanet.com.

Sincerely,

Andrea Quinichett
Assistant Vice President of Procurement
Columbus Metropolitan Housing Authority

Cc: RFP 2023-027 File



October 15, 2024

Shannon Isom
President and CEO
Community Shelter Board
355 E Campus View Blvd Suite 250
Columbus OH 43235

Re: Housing Resources Leverage for 2024 Builds! Notice of Funding Opportunity (NOFO)

Dear Community Shelter Board (CSB)

On behalf of Homefull, **as a Medicaid billing agency**, we are pleased to commit in supportive services, home-based and long-term services and supports, behavioral health, and other services to support Homefull's Dublin Granville PSH Project which is being submitted to HUD as part of the Continuum of Care Builds! Notice of Funding Opportunity (NOFO). Additional details about the commitment can be found below.

- Funding Source(s) Information: Medicaid
- Funding Source(s) Activities: Community Psychiatric Services Treatment
- The value of providing access to supportive services, home-based and long-term services and supports, primary and medical care, behavioral health, substance use disorder treatment and recovery and other services for all program participants in the project who would qualify and choose these services is estimated at \$40,000
- Housing resources Dates: estimated to start: 7/1/2025 for a period of one year and renew annually. Note the start date of the funding commitment is flexible dependent on the project start date.
- Project eligibility for program participants will be based on the CoC program fair housing requirements and will not be restricted by our organization.

We appreciate the opportunity to work with the Continuum of Care to leverage the CoC's dollars to provide much needed access to housing resources to people experiencing homelessness in Columbus and Franklin County, Ohio.

Sincerely,

Tina M. Patterson

Tina M. Patterson
CEO

HUD CoC Builds 2025 NOFO Final Scoring
OH-503 Columbus and Franklin County, OH

Maximum Award Amount: \$ 7,500,000

Partner		Community Housing Network	Columbus Metropolitan Housing Authority	Homefull
Project Name		Deer Hill Place	CMHA/Beacon360 Hometown PSH	Homefull Dublin-Granville PSH
Total Request:		\$ 7,500,000	\$ 7,500,000	\$ 7,500,000
Development Cost		\$ 20,152,382	\$ 9,500,000	\$ 16,993,854
Number of units:		60	90	70
Cost per unit:		\$ 125,000	\$ 83,333	\$ 107,143
Total cost/unit		\$ 335,873	\$ 105,556	\$ 242,769
Number of homeless units:		48	75	70
Proposed Request		Amount	Amount	Amount
acquisition			\$ 6,249,750	
rehabilitation			\$ 1,041,925	\$ 7,500,000
new construction		\$ 7,500,000		
project-based rental assistance				
supportive services				
operating				
administration			\$ 208,325	
match (\$)		\$ 9,839,955	\$ 17,250,903	\$ 12,822,000
match (%)		131%	267%	171%
Maximum/Actual Points	118	106	115	111
Local Rating Factor	Available Points	Deer Hill Place	CMHA/Beacon360 Hometown PSH	Homefull Dublin-Granville PSH
# of homeless dedicated units	3	1	2	2
Development cost per unit	4	1	3	2
Adaptive reuse and conversion of hotels per HUD recommendation	2	-	2	2
Citizens Advisory Council	7	7	7	7
Total	16	9	14	13

no more than 20% of the total funds

no more than 10% of capital costs + additional eligible costs

25% required

match calculated over 15 years

1-50 - 1 point; 51-100 - 2 points; 101-150 - 3 points

0-\$100k- 4 points; \$101k-\$200k- 3 points; \$201k- \$300k-2 points; \$301k-\$400k - 1 point

2 points if adaptive reuse and conversion

HUD Rating Factor	Available Points	Deer Hill Place	CMHA/Beacon360 Hometown PSH	Homefull Dublin-Granville PSH	Criteria	Notes
Development Experience and Leveraging	8	8	8	8	Demonstrate that the applicant, developer, and relevant subrecipients have experience with at least four other projects that have a similar scope and scale as the proposed project. (up to 8 points)	
Development Experience and Leveraging	8	8	8	8	Demonstrate that the applicant, developer, and relevant subrecipients have experience leveraging resources substantially similar to the funds being proposed in the current project.	HUD will evaluate up to 3 examples of prior leveraging experience resources being leveraged for the proposed project. Examples of resources that will be considered include Low Income Housing Tax Credits, HOME, CDBG, Section 108, Section 202, and Section 811. (up to 8 points)
Development Experience and Leveraging	8	8	8	8	Provide information regarding the availability of low income housing tax credit commitments, project-based rental assistance, and other State, local or private resources dedicated to the proposed project.	Consider the dollar value of each commitment and overall cost of the project, including estimated cost per unit on each site or housing type.
Development Experience and Leveraging	4	1	3	4	Describe how the project will utilize non-federal (state, local, private) sources of funding to support the continued operation of the project. (up to 4 points)	

HUD Rating Factor	Available Points	Deer Hill Place	CMHA/Beacon360 Hometown PSH	Homefull Dublin-Granville PSH	Criteria	Notes
Managing Homeless Projects	8	8	8	8	The organization has experience managing at least 4 properties.	Must include experience with how the amount of rent charged is determined, how participant complaints are addressed, working with other service organizations that may place participants in units, and maintenance.
Managing Homeless Projects	3	3	3	3	The organization has experience providing supportive services.	Must include the type and frequency of supportive services that will be available and what organization will provide services.
Managing Homeless Projects	1	1	1	1	Transportation is provided for program participants.	Describe the transportation methods for participants to travel to doctor appointments, recreation, public services, shopping, other services, etc.
Implementation Schedule	4	4	4	4	Development schedule is complete and has all necessary elements.	The implementation schedule must include date construction will begin or date property will be acquired or dates rehabilitation will begin and end. It also must include the schedule for site control; environmental review completion; execution of grant agreement; start and completion dates; anticipated date of occupancy certificate; and the date the property will be available
Implementation Schedule	4	4	4	4	Likelihood that development milestones will be met.	
Implementation Schedule	4	4	4	4	Likelihood that the project will be ready for occupancy within 36 months of award.	
Property Maintenance	5	5	5	5	How the organization will ensure the property is maintained annually to prevent unnecessary costly repairs.	Include how the property will be maintained and how needed repairs will be conducted. Identify the sources of funds that will be used and whether there will be a reserve fund established specifically for maintenance and repair. Demonstrate how the project will be able to cover replacement costs and what the sources of funding will be.
Unmet Housing Need	10	10	10	10	Describe the population that will be served and the level of unmet need for new PSH units. [CSB response]	Using PIT and HIC information, estimate the gap between the number of available PSH units and number of households experiencing homelessness where at least one member has a disability. Award maximum points for applicants that demonstrate there are fewer than 50 PSH beds available in a given year for each 100 people in the population proposed to be served.
Management of Rental Housing	10	10	10	10	Describe the rental housing projects the organization has managed, including the number of grants for affordable housing awarded over the last 3 years, total amount of awards, and the type of subsidy or financing provided. Specify the number of assisted and non-assisted units in each property.	Award maximum points for adequately describing management of at least 4 times the number of properties and units proposed in the application.
Coordinated Entry	4	4	4	4	Demonstrate how the project will use the CoC's coordinated entry process.	
Coordination with Housing Providers, Healthcare Organizations, and Social Service Providers	5	5	5	5	Demonstrate the project is leveraging non-CoC funded housing resources to provide at least 50% of the amount being requested in the application OR demonstrate the project is leveraging non-CoC funded housing resources to provide subsidies for at least 25% of the units proposed in the application.	Attach letters of commitment, contracts, or other formal written documents that demonstrate the percentage of subsidies or number of units being provided.
HUD Rating Factor	Available Points	Deer Hill Place	CMHA/Beacon360 Hometown PSH	Homefull Dublin-Granville PSH	Criteria	Notes
Coordination with Housing Providers, Healthcare Organizations, and Social Service Providers	5	5	5	5	Demonstrate a healthcare organization, housing provider, and/or social service provider is providing access to housing resources OR demonstrate that the value of assistance provided is at least \$7,500 per unit.	Attach formal written agreements that include the value of the commitment and dates the housing and resources will be provided. In-kind resources must be valued at the local rates consistent with the amount paid for services not supported by grant funds.

Opportunity Zones	2	-	2	-	You may receive up to two (2) points, if your proposed activities are within an Opportunity Zone.	To receive points, you must complete and submit form HUD-2996, Certification for Opportunity Zone Preference Points. If you expect to use less than 50% of the award in Opportunity Zones, you won't receive preference points. Exceptions may be made if your application justifies the lower percentage or demonstrates a significant impact within those zones.
Community Integration for Persons with Disabilities	7	7	7	5	Demonstrate how PSH will enable participants to make meaningful choices about housing, health care, and long-term services and supports that will allow them to fully participate in the community.	The response should include how the PSH units will ensure non-segregation of households experiencing homelessness where at least one household member has a disability. The response should include state whether the PSH units will be part of mixed-use development, meaning households that will reside in the units are not all disabled.
Section 3 Requirement	2	2	2	2	Describe the actions that will be taken to comply with Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u) (Section 3) and HUD's implementing rules at 24 CFR part 75 to provide employment and training opportunities for low- and very low-income persons, as well as contracting and other economic opportunities for business that provide economic opportunities to low- and very low-income persons.	This does not affect applicant's existing responsibilities to provide training, employment, and other economic opportunities pursuant to Section 3 that result from their receipt of other HUD funding.
Total	102	97	101	98		

Community Shelter Board
Continuum of Care
July 1, 2025 - June 30, 2026
FY2026 Comprehensive Budget

	C	D	E	F	G	H	I
6	Sources of Funds	Total	Leveraged Funds	HUD Continuum of Care Funding	CSB Portion	% of Total	Δ
7	ADAMH/ODMH	\$ 1,516,786	\$ 1,516,786	\$ -	\$ -	2%	
8	City of Columbus ESG	542,326	-	-	542,326	1%	
9	City of Columbus Other	10,354,650	125,000	-	10,229,650	13%	↓
10	Franklin County ESG	74,163	-	-	74,163	0%	
11	Franklin County Other	10,309,216	244,726	-	10,064,490	13%	↑
12	State of Ohio	3,025,373	695,695	-	2,329,678	4%	
13	US Department of Housing and Urban Development Continuum of Care	25,394,054	-	25,394,054	-	32%	↑
14	Other Government Grants (HOME, FCCS, other leveraged)	1,857,882	1,182,882	-	675,000	2%	
15	CMHA Section 8/PBV/HCV	12,736,341	12,736,341	-	-	16%	↓
17	United Way of Central Ohio	660,000	40,000	-	620,000	1%	
18	Medicare and Medicaid	466,354	466,354	-	-	1%	
19	Tenant Rent/Fees	4,147,700	4,147,700	-	-	5%	↑
21	Other Private Contributions/Grants	8,173,348	2,432,205	-	5,741,143	10%	↓
22	Other (City, County, State of Ohio and private funders)	994,652	994,652	-	-	1%	
23	Total Sources	\$ 80,252,844	\$ 24,582,341	\$ 25,394,054	\$ 30,276,449	100%	
24	Allocation of Total Sources		31%	32%	38%	100%	
25		↓	↓	↑	↓		
26	Expenses*	Total	Leveraged Funds	HUD Continuum of Care Funding	CSB Portion	CSB and HUD % of Total	Δ
27	CSB Direct Program Expenses						
28	DCA - Transition and Rapid Re-Housing	\$ 1,738,179	\$ -	\$ 422,859	\$ 1,315,320	100%	
29	DCA - Homelessness Prevention Programs	863,268	-	-	863,268	100%	
30							
35	Prevention and Diversion						
36	Gladden Community House - Family Homelessness Prevention	578,625	28,625	-	550,000	95%	↓
37	Gladden Community House - FCCS Family Homelessness Prevention	175,483	10,855	-	164,628	94%	↓
38	Gladden Community House - Family Diversion	208,302	7,923	-	200,379	96%	↓
39	Home for Families - Homelessness Prevention for Expectant Mothers	315,200	-	-	315,200	100%	↑
40	Huckleberry House - YHDP TAY CARR	276,188	42,006	234,182	-	85%	↑
41	Netcare Access - CPOA/Homeless Hotline	724,753	-	-	724,753	100%	↑
42	Center for Family Safety and Healing	342,903	138,093	204,810	-	60%	↑
43							
44	Shelter and Outreach Services						
45	Lutheran Social Services - Faith Mission Shelters	6,509,457	1,322,354	-	5,187,103	80%	↑
46	Maryhaven - The Engagement Center Shelter	1,804,803	1,073,074	-	731,729	41%	↑
47	Southeast - Friends of the Homeless Shelter	1,477,610	25,000	-	1,452,610	98%	↑
48	YMCA - Van Buren Single Adult Shelters	4,581,433	136,774	-	4,444,660	97%	↓
52	YMCA - Van Buren Family Shelter	1,779,914	113,355	-	1,666,560	94%	↑
53	YMCA - Van Buren Family Overnight	62,340	2,340	-	60,000	96%	↓
54	YMCA - Van Buren Family Overflow	519,295	4,295	-	515,000	99%	↓
55	YWCA - Family Center	3,692,850	731,000	-	2,961,850	80%	↑
58	YWCA - Family Overflow	206,000	-	-	206,000	100%	
59	MT. Carmel - Outreach	612,987	321,787	-	291,200	48%	↑
61	Non-congregate Shelter - Econolodge	1,000,000	-	-	1,000,000	100%	
62	Reeb Center - Outreach and Rehousing	50,000	-	-	50,000	100%	
64	Inclement Weather/Extreme Weather	300,000	-	-	300,000	100%	
65	Nate Smith/CSB - for sex offenders	120,000	-	-	120,000	100%	
66	Mobility Program through bus passes	75,000	-	-	75,000	100%	
68	Direct Cash Payments for Families	150,000	-	-	150,000	100%	
70							
71	Rapid Re-Housing Programs and Transitional Housing						
74	Home for Families - Family Rapid Rehousing	700,932	-	-	700,932	100%	
77	Home for Families - Family Rapid Rehousing Intensive	490,939	-	-	490,939	100%	
78	Home for Families - Family Rapid Rehousing Job2Housing	502,164	-	376,148	126,016	100%	↑
79	Home for Families - Transition to Home TH/RRH	1,841,918	-	1,841,918	-	100%	
80	Home for Families - YHDP RRH	974,897	-	974,897	-	100%	
81	Huckleberry House - Transitional Living Program TH	668,141	436,006	232,135	-	35%	↑
82	Lutheran Social Services - CHOICES TH/RRH	1,248,900	208,150	1,040,750	-	83%	
83	VOA - Family Rapid Rehousing	436,672	102,218	-	334,454	77%	↑

Community Shelter Board
Continuum of Care
July 1, 2025 - June 30, 2026
FY2026 Comprehensive Budget

	C	D	E	F	G	H	I
6	Sources of Funds	Total	Leveraged Funds	HUD Continuum of Care Funding	CSB Portion	% of Total	Δ
84	YMCA - Rapid Rehousing DV	2,012,148	244,082	1,768,066	-	88%	↑
85	YMCA - Family Rapid Rehousing	149,485	23,472	-	126,013	84%	↑
86	YMCA - Single Adult Rapid Rehousing	2,064,443	49,122	-	2,015,321	98%	↓
87	YWCA - Family Rapid Rehousing	97,643	7,643	-	90,000	92%	↓
88							
89	Permanent Supportive Housing						
90	CHN - Briggsdale	1,289,799	1,095,478	194,321	-	15%	↑
91	CHN - Cassady	195,506	144,181	-	51,325	26%	↓
92	CHN - Creekside	466,833	466,833	-	-	0%	
93	CHN - E. Fifth Ave.	783,997	494,739	243,798	45,460	37%	
94	CHN - Family Homes	136,545	122,613	13,932	-	10%	
95	CHN - Inglewood	869,628	752,248	63,062	54,318	13%	↓
96	CHN - Marsh Brook	655,755	389,916	265,839	-	41%	↓
97	CHN - Marsh Brook YHDP	350,268	209,954	140,314	-	40%	↓
98	CHN - N. 22nd	452,042	397,087	-	54,955	12%	
99	CHN - Parsons	1,161,078	786,227	347,156	27,695	32%	↓
100	CHN - Safe Haven	368,344	170,558	197,786	-	54%	
101	CHN - Southpoint	1,032,675	791,920	223,595	17,160	23%	↓
102	CHN - Terrace	984,574	784,867	141,883	57,824	20%	↓
103	CHN - Wilson	174,334	104,958	69,376	-	40%	
104	CHN - Poplar Fen	722,480	458,695	263,785	-	37%	↑
105	CHN - Scioto Rise	959,147	711,964	247,183	-	26%	↓
106	CHN - Knoll View	956,783	682,298	274,485	-	29%	
107	CHN - Deer Hill	954,200	682,298	271,902	-	28%	
108	Equitas - TRA	2,176,444	1,012,660	1,163,784	-	53%	↓
109	Homefull - 1289 Dublin-Granville hotel leasing	785,000	125,000	-	660,000	84%	↓
110	Homefull - Isaiah Project	3,127,044	170,000	2,957,044	-	95%	↑
111	Homefull - Leasing	2,537,014	170,750	2,366,264	-	93%	↑
112	Homefull - Supportive Housing	214,971	-	-	214,971	100%	
113	Homefull - SRA	1,509,683	100,000	1,409,683	-	93%	↓
114	Homefull - TRA	3,610,477	-	3,610,477	-	100%	↑
115	Homefull - TRA Mainstream/EHV	908,157	-	908,157	-	100%	↑
116	Maryhaven - Commons at Chantry	239,696	14,312	191,757	33,627	94%	↑
117	NCR - Berwyn East	834,091	478,526	355,565	-	43%	↓
118	NCR - Commons at Buckingham	1,350,299	1,100,981	180,994	68,324	18%	↓
119	NCR - Commons at Grant	880,796	631,477	180,995	68,324	28%	↓
120	NCR - Commons at Livingston	1,264,409	1,164,627	-	99,782	8%	↓
121	NCR - Commons at Third	1,286,585	1,037,267	180,994	68,324	19%	↓
122	NCR - Van Buren Village	187,069	45,000	67,410	74,659	76%	↑
123	NCR - Youth Housing Chantry	577,011	354,114	222,897	-	39%	↓
124	VOA - Family Supportive Housing	943,441	192,936	750,505	-	80%	↑
125	YMCA - Franklin Station	1,295,594	790,894	-	504,700	39%	↑
126	YMCA - McKinley Manor	1,002,988	635,483	274,398	93,107	37%	↑
127	YMCA - Scattered Sites HOME	528,830	4,732	-	524,098	99%	↑
128	YMCA - Touchstone	1,331,365	798,343	248,683	284,339	40%	↑
129	YWCA - WINGS	1,795,020	1,480,233	270,264	44,523	18%	
134							
135	Total Expenses	\$ 80,252,844	\$ 24,582,341	\$ 25,394,054	\$ 30,276,449	69%	
136	Surplus (deficit)	-	-	-	-		
137							
138	*Expenses are being pulled based on budgeted revenues. In some instances, unbalanced budgets were submitted to CSB with the understanding that these imbalances will be resolved throughout the year. (Mt. Carmel \$33K deficit; Southest \$190k deficit; YWCA Columbus \$1.2 mil deficit)						

FY 26 CSB and UFA Program Investment	LOCAL	STATE	FEDERAL			Total Budget
	Public/Private	ODOD/ODJFS	ESG/HOME/CD BG	ESG- CV/ARPA/ERA	CoC UFA	
	15,535,873	2,056,878	1,032,630	9,472,480	24,995,912	53,093,772
<u>Crisis Prevention and De-escalation Services in shelters and housing</u>	-	-	-	-	-	-
Equitas Health - Street Outreach, Non-congregate Shelter and Supportive Housing	-	-	-	-	-	-
Lutheran Social Services - Emergency Shelters	-	-	-	-	-	-
Maryhaven - The Engagement Center and Chantry PI	-	-	-	-	-	-
Southeast - Friends of the Homeless Shelter	-	-	-	-	-	-
YMCA Van Buren Center - Emergency Shelters and All Supportive Housing	-	-	-	-	-	-
Huckleberry House - Transitional Living Program TH	-	-	-	-	-	-
Community Housing Network - All Supportive Housing	-	-	-	-	-	-
Homefull - All Supportive Housing	-	-	-	-	-	-
National Church Residences - All Supportive Housing (+Van Buren Village)	-	-	-	-	-	-
YWCA - Wings	-	-	-	-	-	-
Southeast - Practice Group	-	-	-	-	-	-
CD4AP - Street Outreach	-	-	-	-	-	-
ADAMH - Evaluation	-	-	-	-	-	-
<u>Prevention and Diversion</u>	1,954,960	-	-	-	438,992	2,393,952

Gladden Community House - FCCS Family Homelessness Prevention	164,628	-	-	-	-	164,628
Gladden Community House - Family Homelessness Prevention	550,000	-	-	-	-	550,000
Gladden Community House - Family Diversion	200,379	-	-	-	-	200,379
Home for Families - Homelessness Prevention for Expectant Mothers	315,200	-	-	-	-	315,200
Huckleberry House - YHDP CARR Team	-	-	-	-	234,182	234,182
Netcare - Coordinated Point of Access	724,753	-	-	-	-	724,753
Center for Family Safety and Healing - Coordinated Point of Access DV	-	-	-	-	204,810	204,810
<u>Shelter and Street Outreach</u>	8,160,231	1,168,028	410,972	9,472,480	-	19,211,710
<u>Adult Shelter</u>	4,787,828	1,027,383	261,809	7,488,877	-	13,565,896
Lutheran Social Services - Faith Mission on Grant and 8th Single Adult Shelters	664,942	361,608	209,809	-	-	1,236,359
Lutheran Social Services - Faith Mission on Grant and 8th Single Adult Shelters - GAP	-	-	-	3,950,744	-	3,950,744
Maryhaven - The Engagement Center Safety and Shelter2Housing Shelters	243,707	115,991	-	-	-	359,698
Maryhaven - The Engagement Center Safety and Shelter2Housing Shelters - GAP	-	-	-	372,031	-	372,031
Southeast - Friends of the Homeless Single Adult Shelter	514,547	332,195	52,000	-	-	898,742
Southeast - Friends of the Homeless Single Adult Shelter - GAP	-	-	-	553,868	-	553,868
YMCA - Van Buren Single Adult Shelters	985,041	217,589	-	-	-	1,202,630
YMCA - Van Buren Shelters - GAP	-	-	-	2,612,234	-	2,612,234
YMCA - Van Buren Kitchen Operations	500,361	-	-	-	-	500,361
YMCA - Van Buren Maintenance	722,230	-	-	-	-	722,230

CSB - Van Buren Facility Costs	37,000	-	-	-	-	37,000
Non-congregate Shelter - Econologe	1,000,000	-	-	-	-	1,000,000
Nate Smith/CSB - Shelter for sex offenders	120,000	-	-	-	-	120,000
<u>Family Shelter</u>	2,581,203	140,645	74,163	1,983,603	-	4,779,614
YMCA - Van Buren Family Shelter	1,036,764	-	-	-	-	1,036,764
YMCA/CSB - Van Buren and Hotel Family Shelter Overflow	515,000	-	-	-	-	515,000
YMCA/CSB/Nate Smith - Van Buren and Hotel Family Shelter Overnight	60,000	-	-	-	-	60,000
YWCA - Family Center Family Shelter	763,439	140,645	74,163	-	-	978,247
YWCA - Family Center Family Shelter - GAP	-	-	-	1,983,603	-	1,983,603
YWCA - Family Center Family Overflow	206,000	-	-	-	-	206,000
TBD - Family and Pregnant Women Non-Congregate Shelter	-	-	-	-	-	-
<u>Warming Centers and Other Similar Shelters/Services</u>	350,000	-	-	-	-	350,000
Nate Smith/CSB - COVID Shelter for Isolation and Quarantine		-	-	-	-	-
Nate Smith/Equitas/CSB - Non-congregate Shelter for Encampments/Unsheltered		-	-	-	-	-
Reeb Center - Outreach and Rehousing	50,000	-	-	-	-	50,000
Winter Warming Centers	-	-	-	-	-	-
Inclement Weather/Weather Emergency	300,000	-	-	-	-	300,000
Winter Warming Centers - Columbus Coalition for the Homeless	-	-	-	-	-	-
Winter Warming Centers - Maryhaven	-	-	-	-	-	-

Winter Warming Centers - The Open Shelter	-	-	-	-	-	-
Winter Warming Centers - Community Development for All People	-	-	-	-	-	-
Winter Warming Centers - Third Shift Warming/Cooling Center	-	-	-	-	-	-
Winter Warming Centers - Nate Smith Logistics	-	-	-	-	-	-
Winter Warming Centers - American Security Services	-	-	-	-	-	-
Winter Warming Centers - CSB	-	-	-	-	-	-
<u>Other Services</u>	441,200	-	75,000	-	-	516,200
Mount Carmel Health - Street Outreach	216,200	-	75,000	-	-	291,200
Emergency Shelters - Mobility Program through bus passes	75,000	-	-	-	-	75,000
YMCA - Van Buren Center Capital Improvements		-	-	-	-	-
YMCA - Van Buren Center Capital Improvements						-
Sawyer Tower relocation and rehousing	-	-	-	-	-	-
Colonial Village relocation	-	-	-	-	-	-
Direct Cash Payments for Families	150,000	-	-	-	-	150,000
Partner Agency Gift Cards for Employment Initiatives		-	-	-	-	-
Rosetta Brown - Landlord Specialist Engagement Pilot	-	-	-	-	-	-
City Public Safety	-	-	-	-	-	-
MyProjectUSA	-	-	-	-	-	-
<u>Housing</u>	5,420,682	888,850	621,658	-	24,556,920	31,488,110

<u>Rapid Re-housing/Transitional Housing</u>	2,748,267	888,850	246,558	-	6,233,914	10,117,589
Homefull - Single Adult Rapid Re-housing	-	-	-	-	-	-
Home for Families - Family Rapid Re-housing	84,651	369,723	246,558	-	-	700,932
Home for Families - Family Rapid Re-housing Intensive	298,464	192,475	-	-	-	490,939
Home for Families - YHDP Rapid Re-housing and Transition to Home TH/RRH	-	-	-	-	2,816,815	2,816,815
Home for Families - Pregnant Women Housing C1 HP and RRH	-	-	-	-	-	-
Home for Families - Family Rapid Re-housing Job2Housing	126,016	-	-	-	376,148	502,164
Huckleberry House - Transitional Living Program TH	-	-	-	-	232,135	232,135
Lutheran Social Services - CHOICES Joint TH/RRH DV	-	-	-	-	1,040,750	1,040,750
Salvation Army - Family Rapid Re-housing	-	-	-	-	-	-
Volunteers of America - Family Rapid Re-housing	97,802	236,652	-	-	-	334,454
YMCA - Single Adult Rapid Re-housing	2,051,334	-	-	-	-	2,051,334
YMCA - Domestic Violence Rapid Re-housing	-	-	-	-	1,768,066	1,768,066
YMCA - Family Rapid Re-housing	90,000	-	-	-	-	90,000
YWCA - Family Rapid Re-housing	-	90,000	-	-	-	90,000
<u>Permanent Supportive Housing</u>	2,672,415	-	375,100	-	18,323,006	21,370,521
Homefull - All Supportive Housing	214,971	-	-	-	11,251,625	11,466,596
Homefull - 1289 Dublin-Granville hotel lease-up	660,000	-	-	-	-	660,000
Community Housing Network - All Supportive Housing	308,737	-	-	-	2,983,135	3,291,872

Equitas Health - TRA	-	-	-	-	1,163,784	1,163,784
Maryhaven - Commons at Chantry	33,627	-	-	-	191,757	225,384
National Church Residences - All Supportive Housing	379,413	-	-	-	1,188,855	1,568,268
Volunteers of America - Family Supportive Housing	-	-	-	-	750,505	750,505
YMCA - All Supportive Housing	1,031,144	-	375,100	-	523,081	1,929,325
YWCA - WINGS	44,523	-	-	-	270,264	314,787

2025 PIT COUNT	PIT Count Breakdown														
	Total			Families			Family Members			Individuals			Under 18		
	2025	2024	Difference	2025	2024	Difference	2025	2024	Difference	2025	2024	Difference	2025	2024	Difference
Emergency Shelters	1,952	1,748	204	169	202	-33	577	664	-87	1,364	1,081	283	11	3	8
Transitional Housing	149	118	31	32	23	9	89	73	16	49	44	5	11	1	10
Total Sheltered	2,101	1,866	235	201	225	-24	666	737	-71	1,413	1,125	288	22	8	18
Unsheltered	455	514	-59	9	5	4	25	23	2	430	490	-60	0	1	-1
Total Homeless	2,556	2,380	176	210	230	-20	691	760	-69	1,843	1,615	228	22	5	17
			7.4%			-8.7%			-9.1%			14.1%			340.0%

2025 PIT COUNT	Total	PIT Count Breakdown				
		Families	Family Members	Individuals	Children only (under 18)	
					Unaccompanied	Parenting
Emergency Shelters	1,951	169	577	1,364	10	0
Transitional Housing	147	32	89	49	9	0
Total Sheltered	2,098	201	666	1413	19	0
Unsheltered	455	9	25	430	0	0
Total Homeless	2,553	210	691	1843	19	0

2025 Homeless Population and Subpopulations

Part 1: Homeless Population	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Number of Families with Children (Family Households):	169	32	9	210
1. Number of Persons in Families with Children:	577	89	25	691
2. Number of Single Individuals and Persons in Households without Children:	1,364	49	430	1,843
3. Children Only	10	9	0	19
Total Persons:	1,951	147	455	2,553
Part 2: Homeless Subpopulations	Sheltered		Unsheltered	Total
	Emergency	Transitional		
1. Chronically Homeless	74	0	150	224
2. Severely Mentally Ill	311	34	205	550
3. Chronic Substance Abuse	119	4	132	255
4. Veterans	67	0	24	91
5. Persons with HIV/AIDS	8	1	7	16
6. Victims of Domestic Violence	174	43	85	302

2025 Continuum of Care Homeless Population and Subpopulations Chart

Part 1: Homeless Population	Sheltered						Unsheltered			Total		
	Emergency 2025	2024	Difference	Transitional 2025	2024	Difference	2025	2024	Difference	2025	2024	Difference
Number of Families with Children (Family Households):	169	202	-33	32	23	9	9	5	4	210	230	-20
1. Number of Persons in Families with Children:	577	664	-87	89	73	16	25	23	2	691	760	-69
2. Number of Single Individuals and Persons in Households without Children:	1,364	1,081	283	49	44	5	430	490	-60	1,843	1,615	228
3. Under 18 Youth	10	3	7	9	1	8	0	1	-1	19	5	14
(Add Lines Numbered 1, 2 & 3) Total Persons:	1,951	1,748	203	147	118	29	455	514	-59	2,553	2,380	173
			11.6%			24.6%			-11.48%			7.27%

Part 2: Homeless Subpopulations	Sheltered			Unsheltered			Total		
	2025	2024	Difference	2025	2024	Difference	2025	2024	Difference
1. Chronically Homeless (For sheltered, persons in emergency shelter only)*	63	74	-11	129	150	-21	192	224	-32
			-14.9%			-14.0%			-14.3%
2. Severely Mentally Ill*	244	345	-101	141	205	-64	385	550	-165
3. Chronic Substance Abuse*	111	123	-12	104	132	-28	215	255	-40
4. Veterans*	67	81	-14	24	16	8	91	97	-6
5. Persons with HIV/AIDS*	9	11	-2	7	1	6	16	12	4
6. Victims of Domestic Violence*	78	217	-139	85	85	0	163	302	-139

* Self reported data. For chronic homeless, self reported for those without an HMIS active record.

Households without Children

	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Total Number of Households	1344	49	430	1823
Total Number of Persons (Adults)	1364	49	430	1843
Number of Young (Age 18-24)	124	41	20	185
Number of Adults (Age 25-34)	234	1	84	319
Number of Adults (Age 35-44)	286	1	147	434
Number of Adults (Age 45-54)	309	2	102	413
Number of Adults (Age 55-64)	296	4	64	364
Number of Adults (age 65 or older)	113	0	13	126
Number of Persons with Missing DOB	0	0	0	0
	ERROR	OK	OK	ERROR

Gender

Woman (Girl if child)	440	34	155	629
Man (Boy if child)	914	14	270	1198
Culturally Specific Identity	0	0	0	0
Transgender	5	1	1	7
Non-Binary	0	0	1	1
Questioning	0	0	1	1
Different Identity	1	0	2	3
More Than One Gender*	4	0	0	4
Client Doesn't Know / Client Refused	0	0	0	0
Missing / Non-HUD	0	0	0	0
	OK	OK	OK	OK

*Of those that selected More Than One Gender, how many people reported gender identities that:

Includes Woman (Girl if child)	3	0	0	3
Includes Man (Boy if child)	1	0	0	1
Includes Culturally Specific Identity	0	0	0	0
Includes Transgender	3	0	0	3
Includes Non-Binary	0	0	0	0
Includes Questioning	1	0	0	1
Includes Different Identity	0	0	0	0
	OK	OK	OK	OK

Race and Ethnicity (adults and children)

American Indian, Alaska Native, or Indigenous	10	0	11	21
American Indian, Alaska Native, or Indigenous & Hispanic/Latina/e/o	1	0	0	1
Asian or Asian American	8	0	1	9
Asian or Asian American & Hispanic/Latina/e/o	0	0	0	0
Black, African American, or African	776	35	112	923
Black, African American, or African & Hispanic/Latina/e/o	6	0	0	6
Hispanic/Latina/e/o	31	0	13	44
Middle Eastern or North African	2	0	0	2
Middle Eastern or North African & Hispanic/Latina/e/o	0	0	0	0
Native Hawaiian or Pacific Islander	1	0	6	7
Native Hawaiian or Pacific Islander & Hispanic/Latina/e/o	0	0	0	0
White	447	11	267	725
White & Hispanic/Latina/e/o	7	0	0	7
Multi-Racial & Hispanic/Latina/e/o	4	0	0	4
Multi-Racial (not Hispanic/Latina/e/o)	68	0	20	88
Client Doesn't Know / Client Refused	2	2	0	4
Missing / Non-HUD	1	1	0	2
	OK	OK	OK	OK

Chronically Homeless

Total Number of Persons	57	129	186
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Veteran Households without Children

	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Veteran Households without Children				
Total Number of Households	80	0	15	95
Total Number of Persons	80	0	15	95
Total Number of Veterans	80	0	13	93

Gender (veterans only)

Woman (Girl if child)	4	0	1	5
Man (Boy if child)	76	0	12	88
Culturally Specific Identity	0	0	0	0
Transgender	0	0	0	0
Non-Binary	0	0	0	0
Questioning	0	0	0	0
Different Identity	0	0	0	0
More Than One Gender*	0	0	0	0
Client Doesn't Know / Client Refused	0	0	0	0
Missing / Non-HUD	0	0	0	0
	OK	OK	OK	OK

*Of those that selected More Than One Gender, how many people reported gender identities that:

Includes Woman (Girl if child)	0	0	0	0
Includes Man (Boy if child)	0	0	0	0
Includes Culturally Specific Identity	0	0	0	0
Includes Transgender	0	0	0	0
Includes Non-Binary	0	0	0	0
Includes Questioning	0	0	0	0
Includes Different Identity	0	0	0	0
	OK	OK	OK	OK

Race and Ethnicity (veterans only)

American Indian, Alaska Native, or Indigenous	1	0	0	1
American Indian, Alaska Native, or Indigenous & Hispanic/Latina/e/o	0	0	0	0
Asian or Asian American	0	0	0	0
Asian or Asian American & Hispanic/Latina/e/o	0	0	0	0
Black, African American, or African	42	0	4	46
Black, African American, or African & Hispanic/Latina/e/o	0	0	0	0
Hispanic/Latina/e/o	0	0	0	0
Middle Eastern or North African	0	0	0	0
Middle Eastern or North African & Hispanic/Latina/e/o	0	0	0	0
Native Hawaiian or Pacific Islander	0	0	3	3
Native Hawaiian or Pacific Islander & Hispanic/Latina/e/o	0	0	0	0
White	33	0	6	39
White & Hispanic/Latina/e/o	0	0	0	0
Multi-Racial & Hispanic/Latina/e/o	2	0	0	2
Multi-Racial (not Hispanic/Latina/e/o)	2	0	0	2
Client Doesn't Know / Client Refused	0	0	0	0
Missing / Non-HUD	0	0	0	0
	OK	OK	OK	OK

Chronically Homeless (veterans only)

Total Number of Persons	1	6	7
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PARENTING YOUTH HOUSEHOLDS

	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Total Number of Parenting Youth Households	10	21	0	31
Total Number of Persons in Parenting Youth Households	26	49	0	75
Total Parenting Youth	11	23	0	34
Total Children in Parenting Youth Households	15	26	0	41
Number of Parenting Youth (under 18)	0	0	0	0
Children in Households with Parenting Youth (under 18)	0	0	0	0
Number of Parenting Youth (18 - 24)	11	23	0	34
Children in Households with Parenting Youth (18 - 24)	15	26	5	46
Number of Persons Missing HoH	0	0	0	0
	OK	OK	OK	OK
	OK	OK	OK	OK

Gender (youth parents only)

Woman (Girl if child)	10	20	0	30
Man (Boy if child)	1	3	0	4
Culturally Specific Identity	0	0	0	0
Transgender	0	0	0	0
Non-Binary	0	0	0	0
Questioning	0	0	0	0
Different Identity	0	0	0	0
More Than One Gender*	0	0	0	0
Client Doesn't Know / Client Refused	0	0	0	0
Missing / Non-HUD	0	0	0	0
	OK	OK	OK	OK

*Of those that selected More Than One Gender, how many people reported gender identities that:

Includes Woman (Girl if child)	0	0	0	0
Includes Man (Boy if child)	0	0	0	0
Includes Culturally Specific Identity	0	0	0	0
Includes Transgender	0	0	0	0
Includes Non-Binary	0	0	0	0
Includes Questioning	0	0	0	0
Includes Different Identity	0	0	0	0
	OK	OK	OK	OK

Race (youth parents only)

American Indian, Alaska Native, or Indigenous	0	0	0	0
American Indian, Alaska Native, or Indigenous & Hispanic/Latina/e/o	0	0	0	0
Asian or Asian American	1	0	0	1
Asian or Asian American & Hispanic/Latina/e/o	0	0	0	0
Black, African American, or African	8	20	0	28
Black, African American, or African & Hispanic/Latina/e/o	0	0	0	0
Hispanic/Latina/e/o	0	0	0	0
Middle Eastern or North African	0	0	0	0
Middle Eastern or North African & Hispanic/Latina/e/o	0	0	0	0
Native Hawaiian or Pacific Islander	0	0	0	0
Native Hawaiian or Pacific Islander & Hispanic/Latina/e/o	0	0	0	0
White	1	1	0	2
White & Hispanic/Latina/e/o	0	0	0	0
Multi-Racial & Hispanic/Latina/e/o	0	0	0	0
Multi-Racial (not Hispanic/Latina/e/o)	1	2	0	3
Client Doesn't Know / Client Refused	0	0	0	0
Missing / Non-HUD	0	0	0	0
	OK	OK	OK	OK

Chronically Homeless

Total Number of Households	0	0	0
Total Number of Persons	0	0	0

Homeless Subpopulations

Adults with a Serious Mental Illness
 Adults with a Substance Use Disorder
 Adults with HIV/AIDS
 Victims of Domestic Violence (Optional)

Sheltered		Sheltered Total	Unsheltered	Total
Emergency	Transitional			
294	47	341	91	432
126	0	126	89	215
11	0	11	1	12
110	3	113	96	209

Homeless Subpopulations

Adults with a Serious Mental Illness
 Adults with a Substance Use Disorder
 Adults with HIV/AIDS
 Victims of Domestic Violence (Optional)

Choices DV Shelter and Transitional Housing

Sheltered		Sheltered Total
Emergency	Transitional	
8	11	19
1	4	5
0	0	0
8	15	23

Homeless Subpopulations

Adults with a Serious Mental Illness
 Adults with a Substance Use Disorder
 Adults with HIV/AIDS
 Victims of Domestic Violence (Optional)

Huck House DV Transitional Housing

Sheltered	Sheltered Total	
Emergency	Transitional	
	0	0
	0	0
	0	0
	12	12

#VALUE!

Performance Ratings at a Glance

System/Project Name	Performance Rating
Family Emergency Shelter System	Pending
Men's Emergency Shelter System	Pending
Women's Emergency Shelter System	Pending
Emergency Shelter System	Pending
Prevention System	Pending
Rapid Re-housing System	Pending
Permanent Supportive Housing System	Pending
Homelessness Prevention	
Gladden Community House Family Homelessness Prevention	Medium
Gladden Community House Family Homelessness Prevention FCCS	High
HFF Homelessness Prevention for Expectant Mothers	Pending
HFF Homelessness Prevention Resiliency Bridge	Pending
HFF Homelessness Prevention Success Bridge	Pending
HFF ODH TAY Homelessness Prevention	Pending
VOAOI SSVF Prevention	Low
Coordinated Point of Access	
Center for Family Safety and Healing Coordinated Entry	Pending
Gladden Community House Family Diversion	High
Huckleberry House TAY Coordinated Access and Rapid Resolution	Medium
Netcare Access Family Homeless Hotline	Medium
Netcare Access Single Adult Homeless Hotline	Medium
Emergency Shelters	
YMCA Van Buren Family Shelter	High
YWCA Family Center	Medium
Huckleberry House Youth Shelter	Medium
LSS Faith Mission Medical Respite	High
LSS Faith Mission Single Adults (Grant, 8 th)	Low
LSS Faith Mission VA Emergency Housing	Medium
Maryhaven Engagement Center Safety	Medium
Maryhaven Engagement Center Shelter2Housing	Medium
Southeast Friends of the Homeless Men's Shelter	Low
VOAOI VA Emergency Housing	High
YMCA Van Buren Women's Shelter	High
YMCA Van Buren Men's and Women's Overflow	N/A ¹
Outreach Programs	
Mt. Carmel Health Capital Crossroads Special Improvement District Outreach	Pending
Mt. Carmel Health Outreach	Pending
Southeast PATH	Medium
Southeast SUD	Medium
Rapid Re-housing	
Home for Families Family Rapid Re-Housing	Pending
Home for Families Family Rapid Re-Housing Intensive	Pending
Home for Families Job2Housing	Pending
Home for Families TAY Rapid Re-Housing	Pending

¹ Project not evaluated as providing only overflow sheltering.

² Project too new to evaluate.

Home for Families TAY Transition to Home Rapid Re-housing	Pending
Homefull Single Adult Rapid Re-Housing	Pending
LSS Faith Mission SSVF Rapid Re-Housing & Prevention	Medium
VOAOI Family Rapid Re-Housing	High
VOAOI SSVF Rapid Re-housing	Low
YMCA DV Rapid Re-Housing	Medium
YMCA Family Rapid Re-Housing	Low
YMCA Single Adult Rapid Re-Housing	Medium

Permanent Supportive Housing

Equitas TRA	High
Community Housing Network Briggsdale	High
Community Housing Network Cassady Avenue Apartments	High
Community Housing Network Creekside Place	High
Community Housing Network East Fifth Avenue Apartments	High
Community Housing Network Family Homes	High
Community Housing Network Inglewood Court	High
Community Housing Network Marsh Brook Place	Medium
Community Housing Network North 22nd Street	High
Community Housing Network Parsons Place	High
Community Housing Network Safe Haven	High
Community Housing Network Southpoint Place	High
Community Housing Network Terrace Place	Medium
Community Housing Network Wilson	High
Homefull Isaiah Project	Pending
Homefull Leasing	Pending
Homefull SRA	Pending
Homefull TRA	Pending
Homefull TRA Mainstream	Pending
Homefull TRA EHV	Pending
Maryhaven Commons at Chantry	Pending
National Church Residences Commons at Buckingham	Pending
National Church Residences Commons at Chantry TAY	Pending
National Church Residences Commons at Grant	Pending
National Church Residences Commons at Livingston	Pending
National Church Residences Commons at Third	Pending
National Church Residences Van Buren Village	Pending
VA VASH	Pending
VOAOI Family Supportive Housing	High
YMCA Franklin Station	High
YMCA Scattered Sites HOME	High
YMCA McKinley Manor	High
YMCA SRA	High
YMCA Touchstone Place 1	Medium
YWCA WINGS	Medium

Transitional Housing

Home for Families TAY Transition to Home	Pending
Huckleberry House Transitional Living Project	Medium
Huckleberry House Transitional Living Project RHY	High

**Continuum of Care (CoC) Program
Competition Debriefing–DV Bonus Scores**

**Fiscal Year (FY) 2024
and FY 2025**

CoC: OH-503

Applicant: Brighter Tomorrows, Inc.

Project: S.A.F.E. Rapid Rehousing II

Below is your DV Bonus project application score for the FY 2024 and FY 2025 Continuum of Care (CoC) Program Competition. To receive DV Bonus funding, your application needed a score of at least **86.8**, which is the lowest score of any new DV Bonus project we funded. If your DV Bonus application did not score high enough for us to conditionally award DV Bonus funding to your proposed project, we could have still conditionally awarded funding based on (1) where your CoC ranked your project, and (2) if your project met project eligibility requirements.

SSO for Coordinated Entry Projects				
NOFA Language	NOFA Section	Application Question Number	Maximum Points Available	Your DV Bonus Score
CoC Score. Up to 50 points in direct proportion to the score received on the CoC Application.	I.B.3.j.(3)(a)	Not Applicable	50	41
CoC Collaboration with Victim Service Providers. Up to 10 points in direct proportion to the score received on the following rating factors in the CoC application: Section V.B.1.e, Section V.B.2.c, and Section V.B.3.b.	I.B.3.j.(3)(b)	Not Applicable	10	6.25
Need for the Project. Up to 25 points based on the extent to which the CoC demonstrates the need for a coordinated entry system that better meets the needs of survivors of domestic violence, dating violence, sexual assault, or stalking, and how the project will fill this need.	I.B.3.j.(3)(c)	4A-2a	25	25
Demonstration of plan to include survivors with lived expertise. Up to 15 points based on the project’s ability to demonstrate its plan to involve survivors in policy and program development throughout the project’s operation.	I.B.3.j.(3)(d)	4A-2b	15	15
Total:				87.25

Below is a summary of all DV Bonus application scores.

Overall Scores for all DV Bonus Applications	
Highest Score for any CoC	96
Lowest Score for any CoC	36.63
Median Score for all CoCs	77.7

**Continuum of Care (CoC) Program
Competition Debriefing–DV Bonus Scores**

**Fiscal Year (FY) 2024
and FY 2025**

CoC: OH-503

Applicant: Community Shelter Board

Project: RI-NCH 2024 DV RRH

Below is your DV Bonus project application score for the FY 2024 and FY 2025 Continuum of Care (CoC) Program Competition. To receive DV Bonus funding, your application needed a score of at least **86.8**, which is the lowest score of any new DV Bonus project we funded. If your DV Bonus application did not score high enough for us to conditionally award DV Bonus funding to your proposed project, we could have still conditionally awarded funding based on (1) where your CoC ranked your project, and (2) if your project met project eligibility requirements.

RRH or Joint TH-RRH Projects				
NOFA Language	NOFA Section	Application Question Number	Maximum Points Available	Your DV Bonus Score
CoC Score. Up to 50 points in direct proportion to the score received on the CoC Application.	I.B.3.j.(1)(a)	Not Applicable	50	41
CoC Collaboration with Victim Service Providers. Up to 10 points in direct proportion to the score received on the following rating factors in the CoC application: Section VII.B.1.e, Section VII.B.2.c, and Section VII.B.3.b.	I.B.3.j.(1)(b)	Not Applicable	10	6.25
Need for the Project. Up to 10 points based on the extent the CoC quantifies the need for the project in its portfolio, the extent of need, and how the project will fill that gap.	I.B.3.j.(1)(c)	4A-3, 4A-3a	10	10
Quality of the Project Applicant. Up to 15 points based on the previous performance of the applicant in serving survivors of domestic violence, dating violence, sexual assault, or stalking, and their ability to house survivors and meet safety outcomes.	I.B.3.j.(1)(d)	4A-3b thru 4A-3g	15	13
Demonstration of inclusion of victim-centered practices. Up to 8 points based on the quality of the project’s plan to address the housing and safety needs of survivors by adopting victim-centered practices (e.g., Trauma-Informed Care, Confidentiality) in operating their project. Full points will be awarded to project applicants that can demonstrate they are already adopting victim-centered practices.	I.B.3.j.(1)(e)	4A-3h, 4A-3i	8	8
Demonstration of plan to include survivors with lived expertise. Up to 7 points based on the project’s ability to demonstrate its plan to involve survivors in policy and program development throughout the project’s operation.	I.B.3.j.(1)(f)	4A-3j	7	7
			Total Score	85.25

Below is a summary of all DV Bonus application scores.

Overall Scores for all DV Bonus Applications	
Highest Score for any CoC	96
Lowest Score for any CoC	36.63
Median Score for all CoCs	77.7

CoC: OH-503 - Columbus/Franklin County CoC

This document summarizes the scores HUD awarded to the Continuum of Care (CoC) Application your CoC submitted during the Fiscal Year (FY) 2024 and FY 2025 CoC Program Competition and is divided into three sections:

- 1. Select CoC Application Questions;**
- 2. CoC Scoring Summary**—on the five sections of the application; and
- 3. Overall Scores for all CoCs**—including highest and lowest scores.

We organized sections 1 and 2 like the CoC Application. We included FY 2024 and FY 2025 CoC Program Notice of Funding Opportunity (NOFO) references in the CoC Application so that you could reference the question to the NOFO, where applicable.

1. Select CoC Application Questions

CoC Application Question	NOFO Section	Maximum Points Available	Points Your CoC Application Received
1C & 1D. Coordination and Engagement—Coordination with Federal, State, Local, Private, and Other Organizations			
1C-5. Addressing Needs of Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking—Collaboration with Federally Funded Programs and Victim Service Providers.	V.B.1.e.	5	3
1C-5a. Collaborating with Federally Funded Programs and Victim Service Providers to Address Needs of Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.			
1C-5b. Implemented Safety Planning, Confidentiality Protocols in Your CoC’s Coordinated Entry to Address the Needs of Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.			

1C-5c. Coordinated Annual Training on Best Practices to Address the Needs of Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.			
1C-5d. Implemented VAWA-Required Written Emergency Transfer Plan Policies and Procedures for Domestic Violence, Dating Violence, Sexual Assault, and Stalking.			
1C-5e. Facilitating Safe Access to Housing and Services for Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.			
1C-5f. Identifying and Removing Barriers for Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.			
1D-3. Street Outreach–Data–Reaching People Least Likely to Request Assistance.	V.B.1.j.		
System Performance Measure Data – Measure 7a (from HDX 2.0)		1	0
Written response to Question 1D-3		2	2
1D-5. Rapid Rehousing–RRH Beds as Reported in the Housing Inventory Count (HIC) or Longitudinal Data from HMIS.	V.B.1.l.	9	9
1D-7. Partnerships with Public Health Agencies–Collaborating to Respond to and Prevent Spread of Infectious Diseases.	V.B.1.n.	5	4
1D-7a. Collaboration With Public Health Agencies on Infectious Diseases.			
1D-8. Coordinated Entry Standard Processes.	V.B.1.o.	6	6
1D-8a. Coordinated Entry–Program Participant-Centered Approach.			
1D-8b. Coordinated Entry–Informing Program Participants about Their Rights and Remedies–Reporting Violations.			
1D-10. Involving Individuals with Lived Experience of Homelessness in Service Delivery and Decisionmaking–CoC’s Outreach Efforts.	V.B.1.q.	5	5

1D-10a. Active CoC Participation of Individuals with Lived Experience of Homelessness.			
1D-10b. Professional Development and Employment Opportunities for Individuals with Lived Experience of Homelessness.			
1D-10c. Routinely Gathering Feedback and Addressing Challenges of Individuals with Lived Experience of Homelessness.			
1E. Project Review, Ranking, and Selection			
1E-2. Project Review and Ranking Process Your CoC Used in Its Local Competition.	V.B.2.a., 2.b., 2.c., and 2.d.	18	16
1E-2a. Scored Project Forms for One Project from Your CoC’s Local Competition.			
1E-2b. Addressing Severe Barriers in the Local Project Review and Ranking Process.			
2A. Homeless Management Information System (HMIS) Bed Coverage			
2A-5. Bed Coverage Rate–Using HIC, HMIS Data.	V.B.3.c.	4	4
2A-6. Longitudinal System Analysis (LSA) Submission in HDX 2.0.	V.B.3.d.	2	2
2C. System Performance			
2C-1. Reduction in the Number of First Time Homeless–Risk Factors Your CoC Uses.	V.B.5.b.		
----- System Performance Measure Data – Measure 5 (from HDX 2.0) -----		1	0
----- Written response to Question 2C-1 -----		2	2

**Continuum of Care Program
Competition Debriefing**

**FY 2024 and FY
2025**

2C-2. Length of Time Homeless–CoC’s Strategy to Reduce.	V.B.5.c.		
System Performance Measure Data – Measure 1 (from HDX 2.0)		8	8
Written response to Question 2C-2		5	2
2C-3. Exits to Permanent Housing Destinations/Retention of Permanent Housing–CoC’s Strategy.	V.B.5.d.		
System Performance Measure Data – Measure 7b.1 (from HDX 2.0)		6	6
System Performance Measure Data – Measure 7b.2 (from HDX 2.0)		3	0
Written response to Question 2C-3		4	4
2C-4. Returns to Homelessness–CoC’s Strategy to Reduce Rate.	V.B.5.e.		
System Performance Measure Data – Measure 2 – 6 months (from HDX 2.0)		3	0
System Performance Measure Data – Measure 2 – 12 months (from HDX 2.0)		3	0
Written response to Question 2C-4		2	2
2C-5. Increasing Employment Cash Income–CoC's Strategy.	V.B.5.f.		
System Performance Measure Data – Measure 4 – employment and cash income for leavers (from HDX 2.0)		2	0
Written response to Question 2C-5		2	2
2C-5a. Increasing Non-employment Cash Income–CoC’s Strategy.			
System Performance Measure Data – Measure 4 – non-cash benefits for leavers (from HDX 2.0)		2	2
Written response to Question 2C-5a		1	1

3A. Coordination with Housing and Healthcare			
3A-1.	New PH-PSH/PH-RRH Project–Leveraging Housing Resources.	V.B.6.b.	7
3A-2.	New PH-PSH/PH-RRH Project–Leveraging Healthcare Resources.	V.B.6.b.	7

2. CoC Scoring Summary (from FY 2024 and FY 2025 CoC NOFO)

Scoring Category	Maximum Score (Points)	Your CoC Score (Points)
1B. Coordination and Engagement–Inclusive Structure and Participation	5	5
1C. Coordination and Engagement–Coordination with Federal, State, Local, Private, and Other Organizations	28	26
1D. Coordination and Engagement–Coordination with Federal, State, Local, Private, and Other Organizations–Continued	51	49
1E. Project Capacity, Review, and Ranking–Local Competition	28	24
2A. Homeless Management Information System (HMIS)–Implementation	9	8
2B. Point-in-Time (PIT) Count	5	4
2C. System Performance	60	34
3A. Coordination with Housing and Healthcare	14	14
Total CoC Application Score*	200	164

*The total does not include bonus scores.

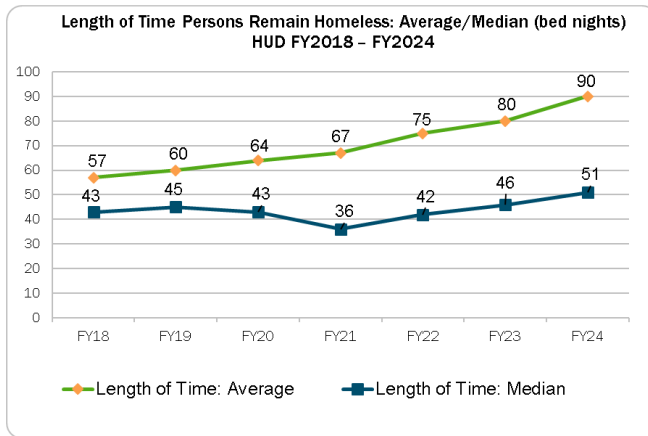
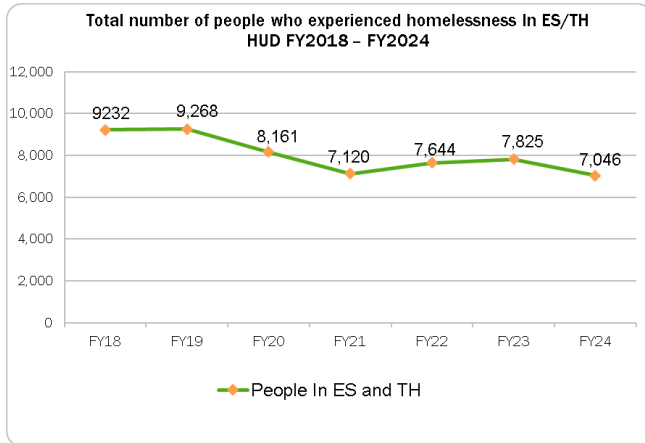
3. Overall Scores for all CoCs

Highest Score for any CoC	185.5
Lowest Score for any CoC	54.5
Median Score for all CoCs	151.5

Below is a summary of all DV Bonus application scores.

Overall Scores for all DV Bonus Applications	
Highest Score for any CoC	96
Lowest Score for any CoC	36.63
Median Score for all CoCs	77.7

System Performance Measure 1: Length of Stay



Trend: Negative

◆ Persons Count (Census)

Decreased over time from 9,388 (FY17) to 7,825 (FY23).

Could be intermated as a good sign — fewer people remaining homeless — **but**

◆ Average Length of Time Homeless (Bed Nights)

Increased from 57 days (FY18) to 90 days (FY24).

A longer average homelessness time is **not ideal**, suggesting delays in exiting homelessness.

◆ Median Length of Time Homeless

- Median staying elevated shows more people are staying longer, not just a few outliers.

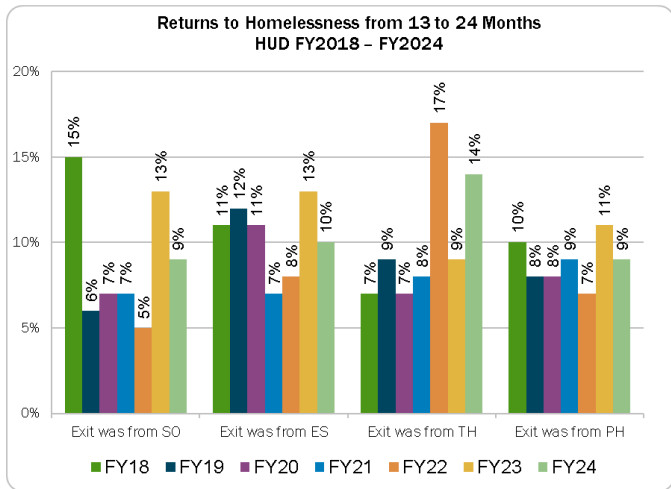
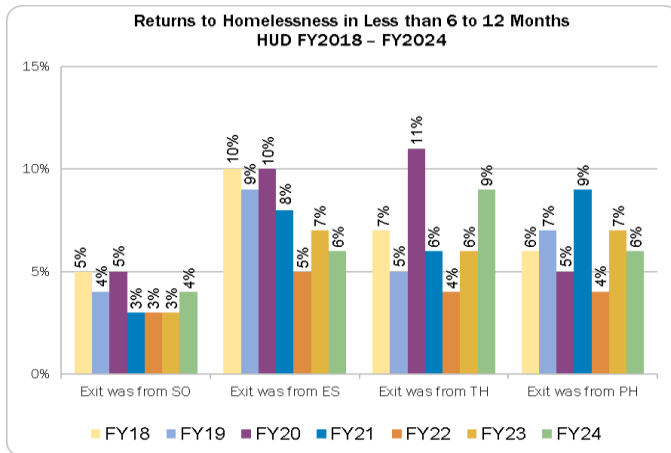
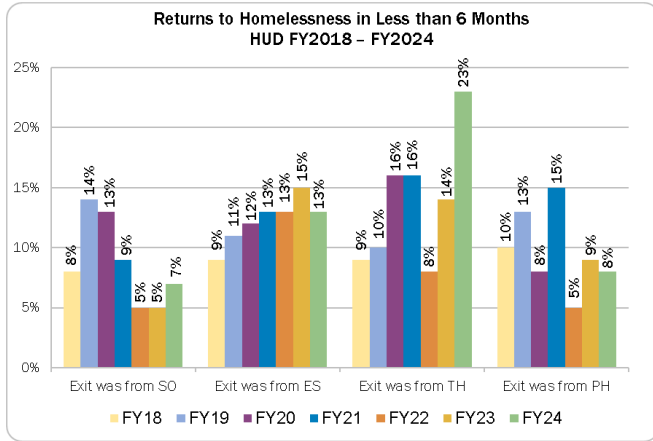
Interpretation

*Decreasing census but increasing length of stay = people are exiting less quickly.

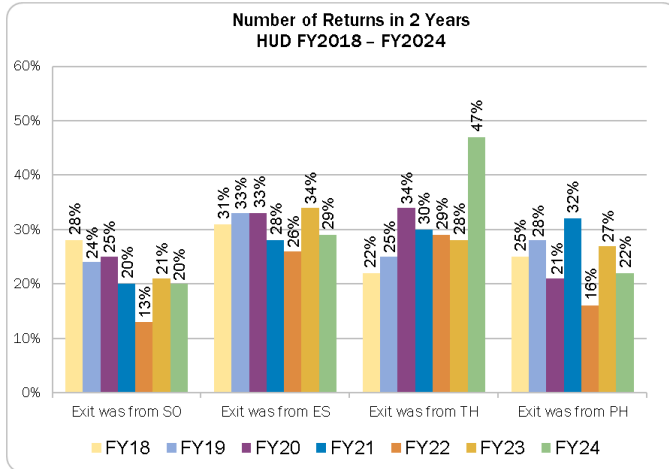
*Indicates bottlenecks or reduced housing availability, even if fewer are entering the system

System Performance Measure 2: Returning to Homelessness

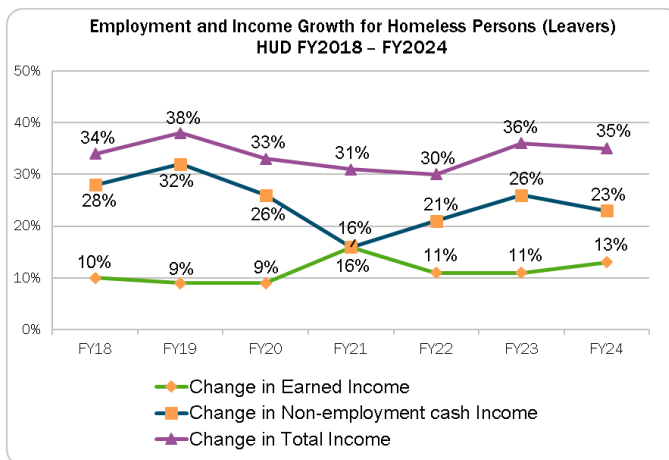
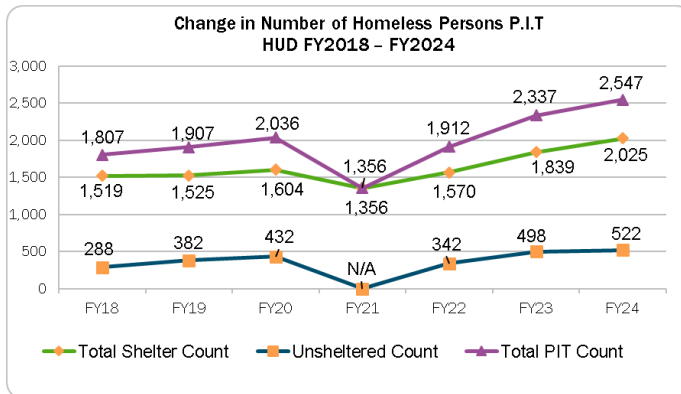
4.24.2025 System Performance Measure Updates



4.24.2025 System Performance Measure Updates

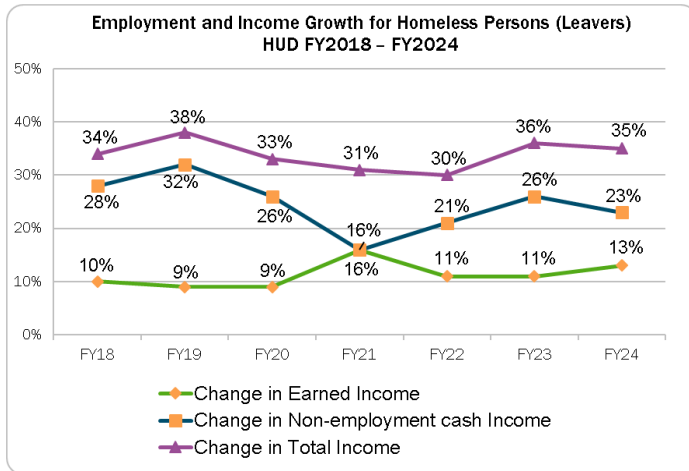
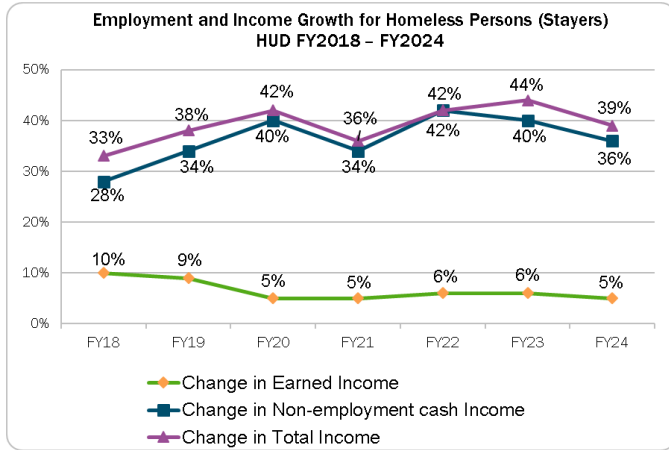


System Performance Measure 3: Changes in Number of Homeless/Annual Count

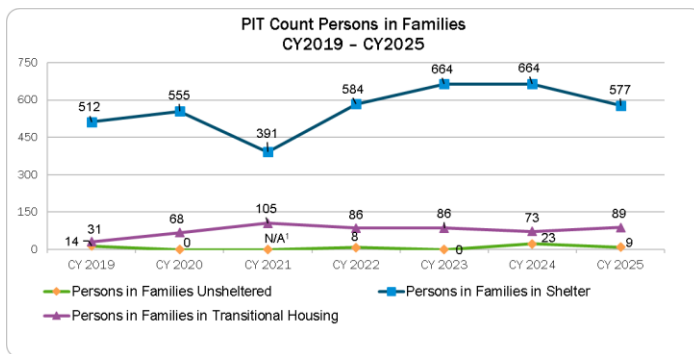


System Performance Measure 4: Employment and Income Growth

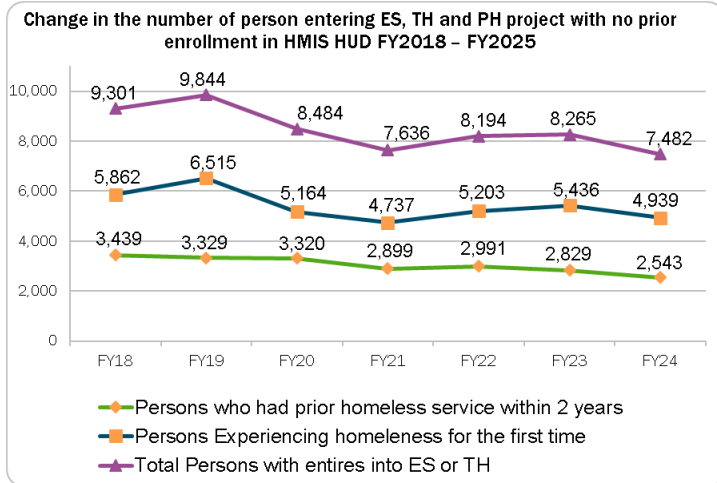
4.24.2025 System Performance Measure Updates



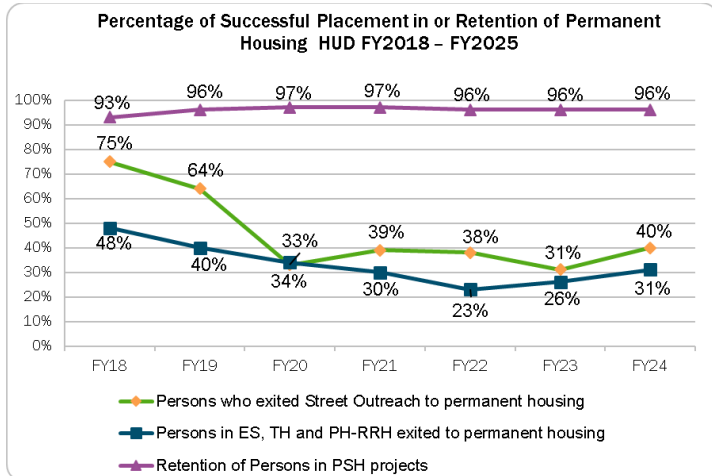
System Performance Measure 5: First Time Homelessness



4.24.2025 System Performance Measure Updates



System Performance Measure 6: Successful Placement in or Retention of Permanent Housing



SPIR Program Performance by Agency

Center for Family Safety & Healing					
Program	Total	Achieved	Not Achieved	%	Program of Concern?
DV Coordinated Entry	5	3	2	60%	

Community Housing Network										
Measures	Total	Achieved	Not Achieved	%	Program	Total	Achieved	Not Achieved	%	Program of Concern?
Total Households Served	13	13	0	100%	Briggsdale	5	5	0	100%	
Program Occupancy Rate	13	13	0	100%	Cassady	5	5	0	100%	
Housing Stability (Months)	14	14	0	100%	Creekside Place	5	5	0	100%	
Successful Housing Outcomes (#)	14	14	0	100%	East 5th Avenue	5	5	0	100%	
Successful Housing Outcomes (%)	14	13	1	93%	Family Homes	5	5	0	100%	
					Inglewood Court	5	5	0	100%	
					Marsh Brook Place	5	5	0	100%	
					North 22nd Street	5	5	0	100%	
					Parsons Place	5	5	0	100%	
					Poplar Fen Place	3	3	0	100%	
					Safe Haven	5	5	0	100%	
					Southpoint Place	5	5	0	100%	
					Terrace Place	5	5	0	100%	
					Wilson	5	4	1	80%	
					Totals	68	67	1	99%	

Equitas					
Program	Total	Achieved	Not Achieved	%	Program of Concern?
Equitas Health - TRA	5	5	0	100%	

Gladden Community House										
Measures	Total	Achieved	Not Achieved	%	Program	Total	Achieved	Not Achieved	%	Program of Concern?
New Households Served	2	0	2	0%	Family Diversion	3	1	2	33%	
Total Households Served	3	1	2	33%	Family Homelessness Prevention	6	1	5	17%	
Average Length of Participation (Days)	2	2	0	100%	FCCS Prevention	6	5	0	83%	

Successful Housing Outcomes (#)	3	1	2	33%
Successful Housing Outcomes (%)	3	2	1	67%
Usage of CSB DCA (%)	2	1	1	50%

Totals	15	7	7	47%
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Home for Families										
Measures	Total	Achieved	Not Achieved	%	Program	Total	Achieved	Not Achieved	%	Program of Concern?
New Households Served	9	3	6	33%	Rapid Re-housing Families	0	0	0	N/A	
Total Households Served	10	5	5	50%	Rapid Re-housing Families Intensive	7	2	5	29%	
Program Occupancy Rate	3	2	1	67%	Job2Housing Families	7	5	2	71%	
Average Length of Shelter Stay (Days)	5	1	4	20%	Homelessness Prevention for Expectant Mothers	6	6	0	100%	
Average Length of Participation / Housing Stability	10	7	3	70%	Resiliency Bridge	5	2	3	40%	
Successful Housing Outcomes (#)	10	3	7	30%	Success Bridge	5	3	2	60%	
Successful Housing Outcomes (%)	10	9	1	90%	Homelessness Prevention/RRH - ODH TAY	5	4	1	80%	
Usage of CSB DCA (%)	7	5	2	71%	TAY Transition to Home RRH	8	4	4	50%	
					TAY Transition to Home TH	6	4	2	67%	
					TAY RRH	0	0	0	N/A	
					Totals	49	30	19	61%	

Homefull										
Measures	Total	Achieved	Not Achieved	%	Program	Total	Achieved	Not Achieved	%	Program of Concern?
New Households Served	1	1	0	100%	Isaiah	5	5	0	100%	
Total Households Served	7	4	3	57%	Leasing	5	5	0	100%	
Program Occupancy Rate	6	4	2	67%	SRA	5	2	3	40%	
Average Length of Participation / Housing Stability	7	7	0	100%	TRA	0	0	0	N/A	
Successful Housing Outcomes (#)	7	4	3	57%	TRA - EHV	5	5	0	100%	
Successful Housing Outcomes (%)	7	7	0	100%	TRA Mainstream	5	2	3	40%	
Usage of CSB DCA (%)	1	1	0	100%	Rapid Re-housing Single Adults	7	5	2	71%	
					Totals	32	24	8	75%	

Huckleberry House										
Measures	Total	Achieved	Not Achieved	%	Program	Total	Achieved	Not Achieved	%	Program of Concern?
New Households Served	2	1	1	50%	TAY CARR Team & Expansion	5	3	2	60%	
Total Households Served	5	4	1	80%	Emergency Shelter	4	2	2	50%	

Program Occupancy Rate	3	3	0	100%	Youth SOP	6	2	4	33%
Average Length of Shelter Stay (Days)	1	1	0	100%	TLP TH	5	3	2	60%
Average Length of Participation / Housing Stability	4	4	0	100%	TLP RHY TH	3	3	0	100%
Successful Housing Outcomes (#)	4	0	4	0%	Totals	23	13	10	57%
Successful Housing Outcomes (%)	4	0	4	0%					
Usage of CSB DCA (%)	0	0	0	N/A					

Lutheran Social Services										
Measures	Total	Achieved	Not Achieved	%	Program	Total	Achieved	Not Achieved	%	Program of Concern?
New Households Served	0	0	0	N/A	VA Men & Women	5	3	2	60%	
Total Households Served	3	1	2	33%	Faith Mission	5	2	3	40%	
Nightly Occupancy Rate	3	2	0	67%	Medical Respite	5	5	0	100%	
Average Length of Shelter Stay (Days)	3	2	1	67%	SSVF Rapid Re-housing and Prevention	0	0	0	N/A	
Average Length of Participation (Days)	0	0	0	N/A	Totals	15	10	5	67%	
Successful Housing Outcomes (#)	3	2	1	67%						
Successful Housing Outcomes (%)	3	3	0	100%						
Usage of SSVF DCA (%)	0	0	0	N/A						

Maryhaven										
Measures	Total	Achieved	Not Achieved	%	Program	Total	Achieved	Not Achieved	%	Program of Concern?
Total Households Served	3	2	1	67%	Engagement Center Safety	5	2	3	40%	
Nightly Occupancy	2	0	2	0%	Engagement Center Shelter2Housing	5	4	1	80%	
Average Length of Shelter Stay (Days)	2	2	0	100%	Commons at Chantry	5	5	0	100%	
Program Occupancy Rate	1	1	0	100%	Totals	15	11	4	73%	
Housing Stability (Months)	1	1	0	100%						
Successful Housing Outcomes (#)	3	2	1	67%						
Successful Housing Outcomes (%)	3	3	0	100%						

Mt. Carmel										
Measures	Total	Achieved	Not Achieved	%	Program	Total	Achieved	Not Achieved	%	Program of Concern?
New Households Served	2	2	0	100%	Capital Crossroad SID Outreach	7	4	3	57%	
Total Households Served	2	1	1	50%	Outreach	8	5	3	63%	
Average Length of Participation	2	0	2	0%	Totals	15	9	6	60%	
Successful Outcomes (#)	2	1	1	50%						
Successful Outcomes (%)	2	0	2	0%						
Successful Housing Outcomes (#)	2	2	0	100%						
Successful Housing Outcomes (%)	2	2	0	100%						
Usage of CSB DCA (%)	1	1	0	100%						

National Church Residences										
Measures	Total	Achieved	Not Achieved	%	Program	Total	Achieved	Not Achieved	%	Program of Concern?
Total Households Served	6	5	1	83%	Berwyn East Place	5	0	5	0%	
Program Occupancy Rate	6	5	1	83%	Commons at Buckingham	5	5	0	100%	
Housing Stability (Months)	6	5	1	83%	Commons at Chantry TAY	5	5	0	100%	

Successful Housing Outcomes (#)	6	5	1	83%	Commons at Grant	0	0	0	N/A
Successful Housing Outcomes (%)	6	5	1	83%	Commons at Livingston	5	5	0	100%
					Commons at Third	5	5	0	100%
					Van Buren Village	5	5	0	100%
					Totals	30	25	5	83%

Netcare										
Measures	Total	Achieved	Not Achieved	%	Program	Total	Achieved	Not Achieved	%	Program of Concern?
Total Households Served	2	1	1	50%	Homeless Hotline (Families)	2	1	1	50%	
Average Wait Time (Minutes)	2	2	0	100%	Homeless Hotline (Single Adults)	2	2	0	100%	
Successful Diversion/Outcomes (#)	2	0	2	0%	Totals	4	3	1	75%	
Successful Diversion/Outcomes (%)	2	0	2	0%						

Southeast										
Measures	Total	Achieved	Not Achieved	%	Program	Total	Achieved	Not Achieved	%	Program of Concern?
New Households Served	2	1	1	50%	PATH Outreach	5	2	3	40%	
Total Households Served	3	0	3	0%	SUD Outreach	5	2	3	40%	
Nightly Occupancy	1	1	0	100%	Friends of the Homeless - Men's Shelter	5	1	4	20%	
Average Length of Shelter Stay (Days)	1	0	1	0%	Totals	15	5	10	33%	
Average Length of Participation	2	0	2	0%						
Successful Outcomes (#)	2	1	1	50%						
Successful Outcomes (%)	2	2	0	100%						
Successful Housing Outcomes (#)	1	0	1	0%						
Successful Housing Outcomes (%)	1	0	1	0%						
Usage of CSB DCA (%)	0	0	0	N/A						

Veterans Affairs					
Program	Total	Achieved	Not Achieved	%	Program of Concern?
VASH I-XI	5	2	3	40%	

VOAOI										
Measures	Total	Achieved	Not Achieved	%	Program	Total	Achieved	Not Achieved	%	Program of Concern?
New Households Served	3	3	0	100%	VA Emergency Housing	5	3	2	60%	
Total Households Served	5	5	0	100%	Family Supportive Housing	5	5	0	100%	
Nightly Occupancy	1	0	1	0%	SSVF Prevention	6	3	3	50%	
Average Length of Shelter Stay (Days)	3	2	1	67%	SSVF Rapid Re-housing	7	5	2	71%	
Average Length of Participation	3	1	2	33%	Rapid Re-housing Families	7	5	2	71%	
Program Occupancy Rate	1	1	0	100%	Totals	30	21	9	70%	
Housing Stability (Months)	1	1	0	100%						
Successful Housing Outcomes (#)	5	4	1	80%						
Successful Housing Outcomes (%)	5	4	1	80%						
Usage of SSVF DCA (%)	2	0	2	0%						
Usage of CSB DCA (%)	1	0	1	0%						

Winter Warming Centers

Program	Not				Program of Concern?
	Total	Achieved	Achieved	%	
Warming Center Shelters	1	1	0	100%	

YMCA										
Measures	Not				Program	Not				Program of Concern?
	Total	Achieved	Achieved	%		Total	Achieved	Achieved	%	
New Households Served	3	2	1	67%	Van Buren Family Shelter	5	3	2	60%	
Total Households Served	9	5	4	56%	Men's Overflow	6	6	0	100%	
Nightly Occupancy	6	4	2	67%	Van Buren Women's Shelter	9	5	4	56%	
Average Length of Shelter Stay (Days)	7	5	2	71%	Women's Overflow	3	3	0	100%	
Average Length of Participation (Days)	3	3	0	100%	Franklin Station	5	5	0	100%	
Program Occupancy Rate	6	4	2	67%	McKinley Manor	5	5	0	100%	
Housing Stability (Months)	6	4	2	67%	Touchstone Place	5	5	0	100%	
Successful Housing Outcomes (#)	12	8	4	67%	Scattered Sites HOME	5	5	0	100%	
Successful Housing Outcomes (%)	12	7	5	58%	Rapid Re-housing Single Adults	7	6	1	86%	
Usage of CSB DCA (%)	3	2	1	67%	Rapid Re-housing Families	7	1	6	14%	
					Rapid Re-housing DV	7	6	1	86%	
					Totals	64	50	14	78%	

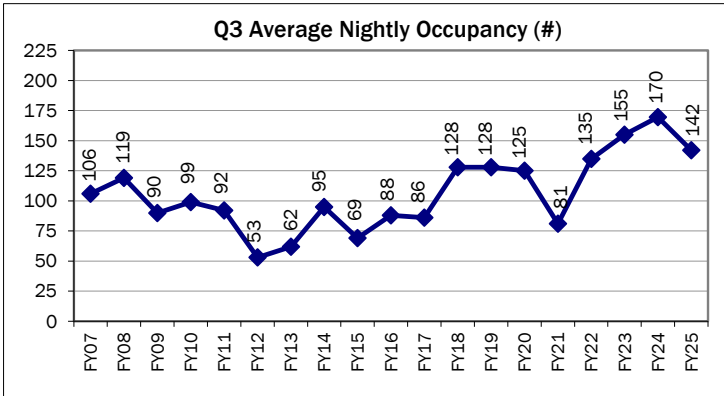
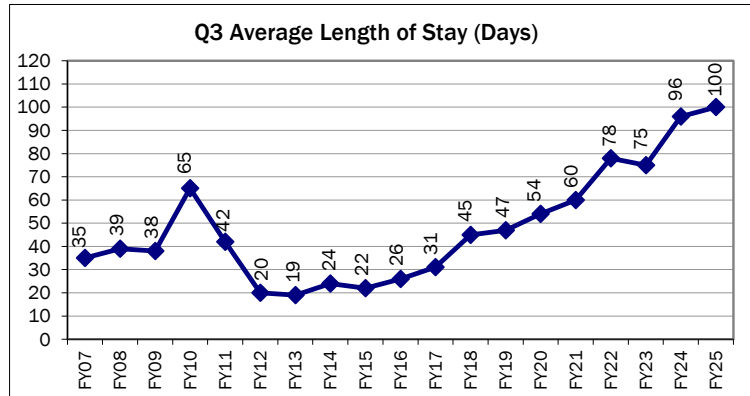
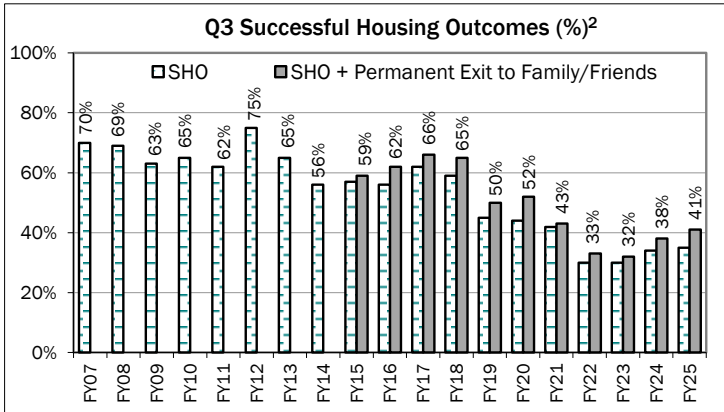
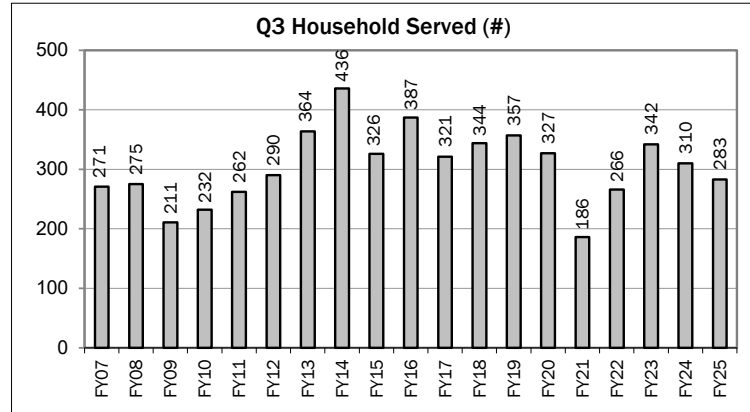
YWCA										
Measures	Not				Program	Not				Program of Concern?
	Total	Achieved	Achieved	%		Total	Achieved	Achieved	%	
New Households Served	1	0	1	0%	Family Center	5	3	2	60%	
Total Households Served	2	1	1	50%	WINGS	5	5	0	100%	
Nightly Occupancy	1	1	0	100%	Family RRH	7	3	4	43%	
Average Length of Shelter Stay (Days)	2	1	1	50%	Totals	17	11	6	65%	
Average Length of Participation (Days)	1	1	0	100%						
Program Occupancy Rate	1	1	0	100%						
Housing Stability (Months)	1	1	0	100%						
Successful Housing Outcomes (#)	3	2	1	67%						
Successful Housing Outcomes (%)	3	2	1	67%						
Usage of CSB DCA (%)	1	0	1	0%						

HMIS Total	Performance			Programs of Concern
	Total	Achieved	Not Achieved	
	408	297	110	73%

System and Program Indicator Report



FY25 EMERGENCY SHELTER	Households Served			Nightly Occupancy		Average Length of Stay (Days)			Successful Housing Outcomes ²					
	1/1/2025 - 3/31/2025	Goal	Actual	Outcome Achievement	Capacity ¹	Actual	Goal	Actual	Outcome Achievement	Goal (#) ³	Actual	Outcome Achievement	Goal (%)	Actual (%)
Family System	325	283	√ ³	114	142	75	100	≠	105	61	≠	50%	41%	≠



DEMOGRAPHICS	FY24 Q3	Q3 Δ	FY25 Q3
Households Served	310	↓	283
Percent Newly Homeless	70%	↑	76%
Clients	1,056		941
Adults	411		381
Children	645		559
Children 0 - 5 years	283	↓	242
Mean Family Size	3.4		3.3
Average Number of Children	2.1		2.0
Average Age (HoH)	34		34
Single Adult Female Led Households	-		57%
Single Adult Male Led Households	-		7%
Multi Adult Households	-		36%
Veterans (U.S. Military)	1		0
Veterans % of all adults	1%		0%
Average Monthly Household Income	\$777	↑	\$903
Percent Working at Entry	33%		34%
Percent of Households with No Income	51%		47%
Average Monthly Income for Households with Income	\$1,575		\$1,715
Race/Ethnicity - Black (HoH) ⁴	67%	↓	66%
Race/Ethnicity - White (HoH) ⁴	16%		19%
Race/Ethnicity - Multi-Racial (HoH) ⁴	8%		6%
Race/Ethnicity - Hispanic (HoH) ⁴	9%		9%
Race/Ethnicity - Other (HoH) ⁴	-		1%
Adults 18 - 24 years (HoH)	17%	↓	13%
Children 0 - 2 years	24%		22%
Children 3 - 7 years	32%		34%
Children 8 - 12 years	26%		26%
Children 13 - 17 years	18%		18%
Pregnant	30		21
Self-Reported Disability (HoH)	42%	↓	38%
Franklin County Residents	83%		84%

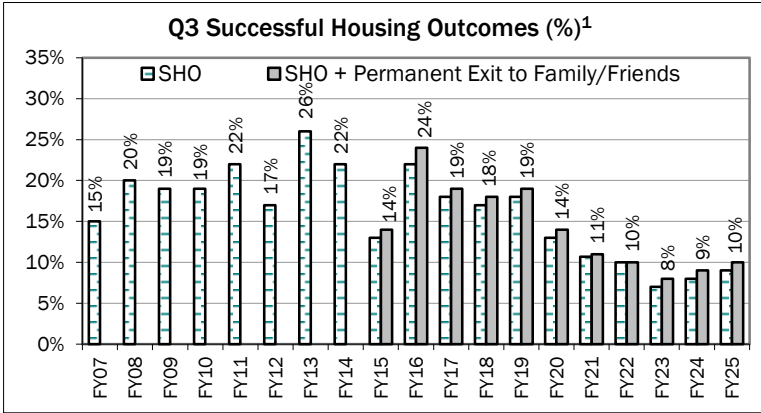
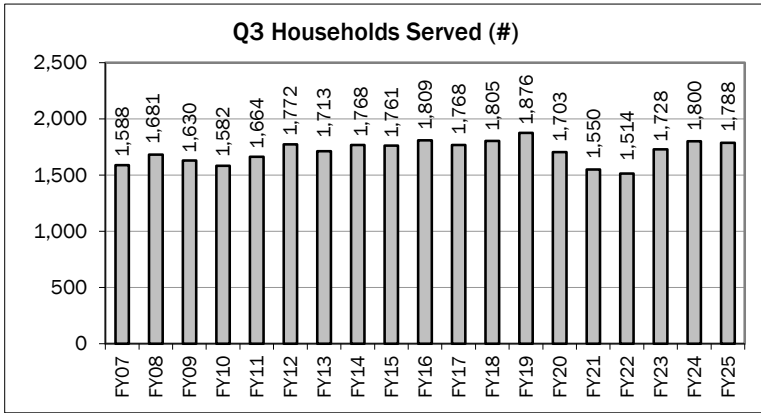
The family system failed to meet the majority of its projected performance measures this quarter. A key factor contributing to the missed outcomes was the impact of the Homelessness Prevention Network (HPN)—a community collaboration focused on identifying and supporting individuals at imminent risk of losing housing. HPN's success has led to a 9% decrease in the number of families served compared to the prior fiscal quarter. The HPN program has shown a positive effect within the community. While the decline in families entering the shelter system is encouraging, the average length of stay continues to rise and has been trending upward since FY23. The ongoing shortage of affordable housing has made emergency shelter the only stable option for many households actively seeking permanent housing. Among the 283 families experiencing homelessness, the leading causes were the inability to pay rent or mortgage (42%) and eviction or domestic/relationship issues (32%). Additionally, 74% of the current shelter census reported entering the system while seeking other housing alternatives. The success rate for families exiting shelter to permanent housing increased from 38% to 41% over the past quarter—a positive trend following FY23, which recorded the lowest housing success rate on record. Notably, 76% of families identified as newly homeless—defined as those who have not accessed shelter services in over two years. Of these, 45% (63 families) had never accessed emergency shelter services before.

¹ Overflow capacity is not included. The family emergency shelter system will expand capacity as necessary to meet the shelter needs of homeless families.
² Starting 7/1/15, Successful Housing Outcomes include permanent exits to family. Starting 7/1/18, Successful Housing Outcomes include permanent exits to friends.
³ System served all families in need of shelter. Successful Housing Outcomes goal recalculated based on number served.
⁴ Due to rounding, percentages may not add up to 100%.

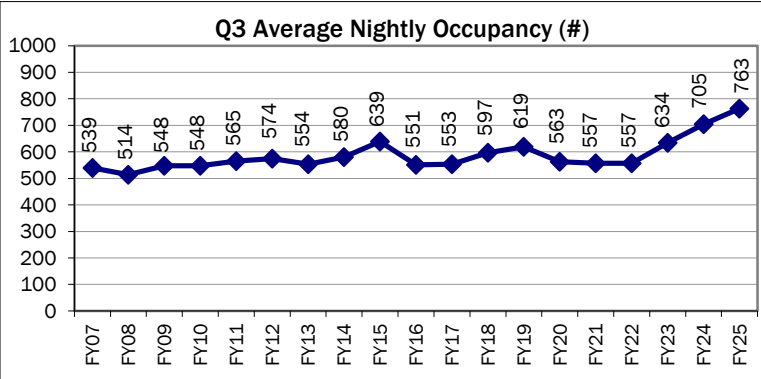
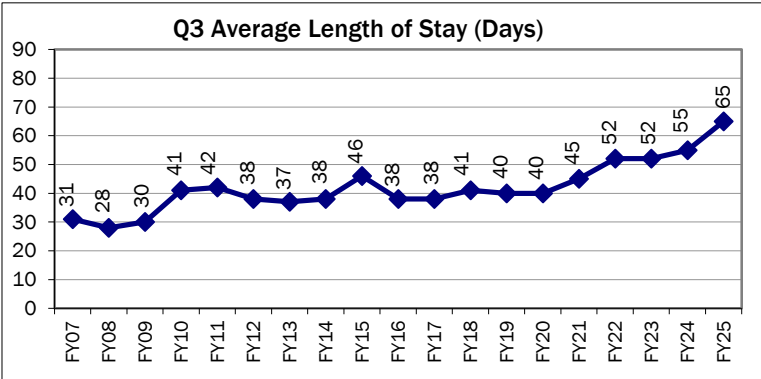
System and Program Indicator Report



FY25 EMERGENCY SHELTER	Households Served			Nightly Occupancy		Average Length of Stay (Days)			Successful Housing Outcomes ¹					
	1/1/2025 - 3/31/2025	Goal	Actual	Outcome Achievement	Capacity ²	Actual	Goal	Actual	Outcome Achievement	Goal (#)	Actual (#)	Outcome Achievement	Goal (%)	Actual (%)
Men's System	1,750	1,788	√	427	763	70	65	√	370	122	≠	28%	10%	≠



DEMOGRAPHICS	FY24 Q3	Q3 Δ	FY25 Q3
Households Served	1,800	↓	1,788
Percent Newly Homeless	60%		59%
Men as a percent of total single adults served	70%		70%
Average Age	45		46
Veterans (U.S. Military)	159	↓	148
Veterans % of all adults	9%		8%
Percent of Households With No Income	52%		51%
Percent Working at Entry	23%		23%
Average Monthly Household Income	\$758		\$745
Average Monthly Income for Households with Income	\$1,574		\$1,524
Race/Ethnicity - Black (HoH)	59%		59%
Race/Ethnicity - White (HoH)	30%		30%
Race/Ethnicity - Multi-racial (HoH)	4%		4%
Race/Ethnicity - Hispanic (HoH)	5%		5%
Race/Ethnicity - Other (HoH)	2%		2%
Adults 18 - 24 years	5%		6%
Adults 25 - 34 years	23%		20%
Adults 35 - 44 years	22%		22%
Adults 45 - 55 years	24%		24%
Adults 56 - 61 years	13%		14%
Adults 62+ years	13%	↑	14%
Self-Reported Disability (HoH)	61%		60%
Franklin County Residents	88%		90%



The men's system achieved 50% of its projected performance measures this quarter. The total number of men accessing shelter remained flat compared to the same quarter of the prior fiscal year. This quarter also marks the primary period when clients can access temporary winter shelter programs—community-based shelters distributed throughout Columbus. Winter warming programs accounted for 63% of all men's shelter services this quarter. During this period, behavioral and safety restrictions are lifted across the system to accommodate clients with more challenging behaviors, who are typically served by these temporary shelters. Among the men accessing services, 59% were identified as newly homeless—defined as individuals who have not used shelter services in over two years. Of these, 63% (409 individuals) had never accessed emergency shelter before. Additionally, 10% (179 men) were linked to Rapid Re-Housing programs aimed at securing affordable housing. The system saw a 1-percentage-point increase in the rate of men exiting to permanent housing—a slow but positive trend that has continued since FY23, when only 8% achieved permanent housing upon exit. Excluding temporary winter shelter programs, the system achieved a 24% successful housing exit rate, highlighting the challenges in housing clients served by winter warming shelters.

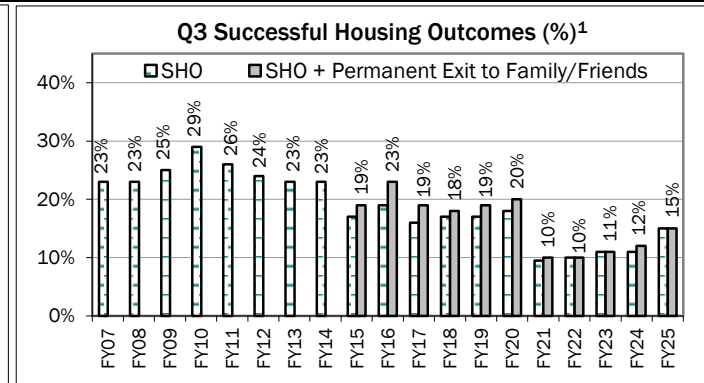
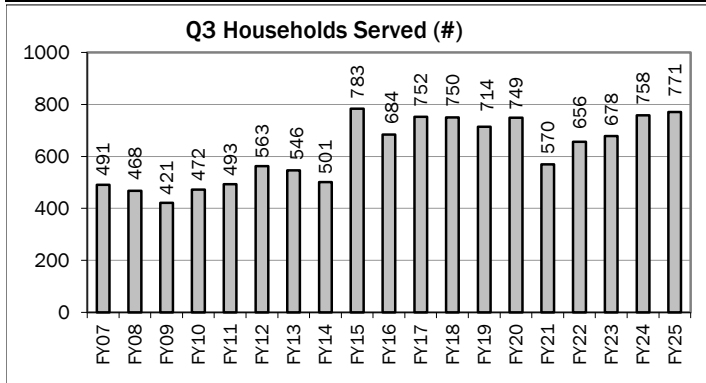
¹ Starting 7/1/15, Successful Housing Outcomes include permanent exits to family. Starting 7/1/18, Successful Housing Outcomes include permanent exits to friends.

² Overflow capacity is not included. Additional overflow capacity opened as of 11/08/24. Additional warming center capacity opened as of 12/1/24.

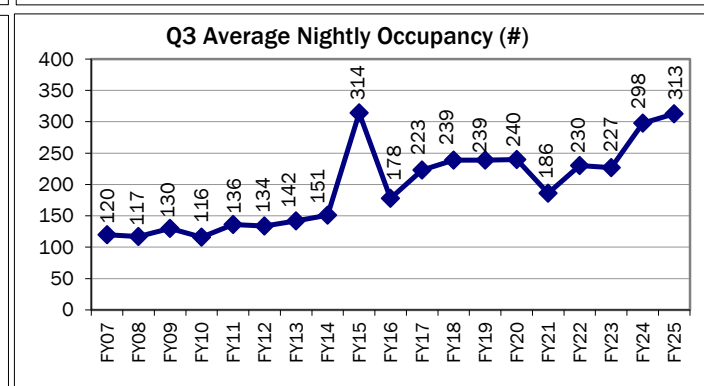
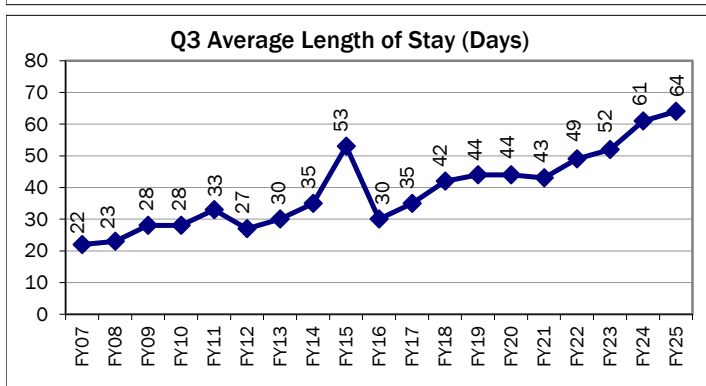
System and Program Indicator Report



FY25 EMERGENCY SHELTER	Households Served			Nightly Occupancy		Average Length of Stay (Days)			Successful Housing Outcomes ¹					
	Goal	Actual	Outcome Achievement	Capacity ²	Actual	Goal	Actual	Outcome Achievement	Goal (#)	Actual (#)	Outcome Achievement	Goal (%)	Actual (%)	Outcome Achievement
1/1/2025 - 3/31/2025														
Women's System	675	771	√	208	313	70	64	√	131	86	≠	28%	15%	≠



DEMOGRAPHICS	FY24 Q3	Q3Δ	FY25 Q3
Households Served	758		771
Percent Newly Homeless	68%		71%
Women as a percent of total single adults served	30%		30%
Average Age	44		43
Veterans (U.S. Military)	9		5
Veterans % of all adults	1%		1%
Percent of Households With No Income	45%		52%
Percent Working at Entry	21%		19%
Average Monthly Household Income	\$707		\$658
Average Monthly Income for Households with Income	\$1,284		\$1,364
Average Daily Waitlist Number	-		-
Race/Ethnicity - Black (HoH) ³	49%		51%
Race/Ethnicity - White (HoH) ³	39%		37%
Race/Ethnicity - Multi-racial (HoH) ³	6%		6%
Race/Ethnicity - Hispanic (HoH) ³	4%		4%
Race/Ethnicity - Other (HoH) ³	2%		2%
Adults 18 - 24 years ³	9%		10%
Adults 25 - 34 years ³	21%		21%
Adults 35 - 44 years ³	25%		25%
Adults 45 - 55 years ³	23%		26%
Adults 56 - 61 years ³	11%		10%
Adults 62+ years ³	10%		8%
Pregnant	44		19
Self-Reported Disability (HoH)	69%		66%
Franklin County Residents	86%		86%



The women's system achieved 50% of its projected performance measures this quarter. The total number of women accessing shelter increased by 2% compared to the same quarter of the prior fiscal year. This quarter also marks the primary period during which clients can access temporary winter shelter programs—community-based shelters distributed throughout Columbus. Winter warming programs accounted for 59% of all women's shelter services this quarter. During this period, behavioral and safety restrictions are lifted across the system to accommodate clients with more challenging behaviors, who are typically served by these temporary shelters. Among the women accessing services, 68% were identified as newly homeless—defined as individuals who have not used shelter services in over two years. Of these, 57% (183 individuals) had never accessed emergency shelter before. Additionally, 17% (134 women) were linked to Rapid Re-Housing programs aimed at securing affordable housing. The system saw a 3-percentage-point increase in the rate of women exiting to permanent housing—a positive trend that has continued since FY22. Excluding temporary winter shelter programs, the system achieved a 33% successful housing exit rate, underscoring the challenges of housing clients served by winter warming shelters. The average length of stay continues to rise. Since FY21, the average has increased for four consecutive years—starting from 43 days in FY21 to 64 days currently. The total number of pregnant women served also declined by 59%, from 44 in FY24 to 19 this quarter.

¹ Starting 7/1/15, Successful Housing Outcomes include permanent exits to family. Starting 7/1/18, Successful Housing Outcomes include permanent exits to friends.

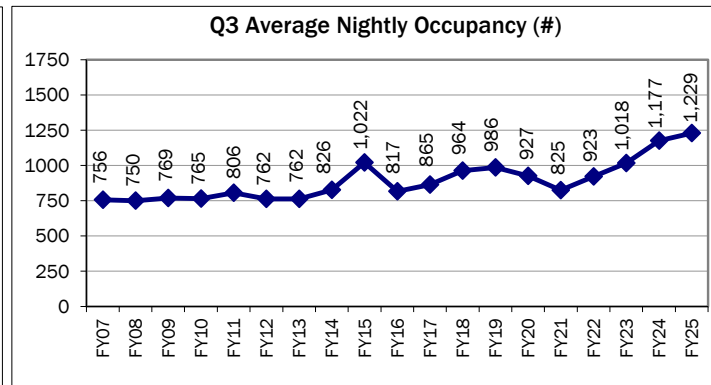
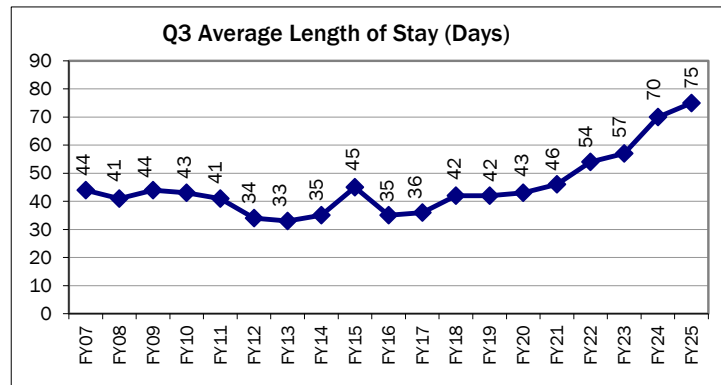
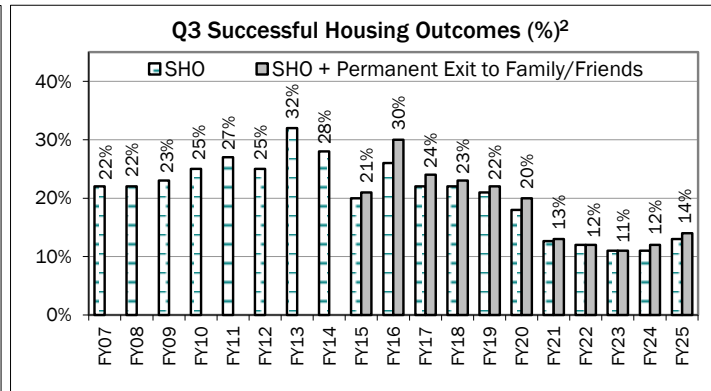
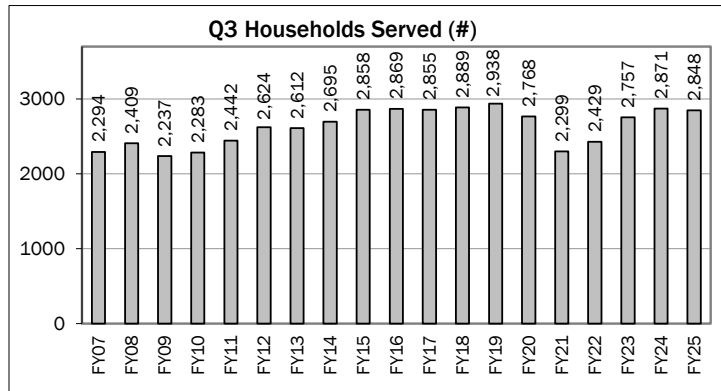
² Overflow capacity is not included. Additional overflow capacity opened as of 11/08/24. Additional warming center capacity opened as of 12/1/24.

³ Due to rounding percentages may not add up to 100%.

System and Program Indicator Report



FY25 EMERGENCY SHELTER	Households Served			Nightly Occupancy		Average Length of Stay (Days)			Successful Housing Outcomes ²					
	1/1/2025 - 3/31/2025	Goal	Actual	Outcome Achievement	Capacity	Actual	Goal	Actual	Outcome Achievement	Goal (#)	Actual (#)	Outcome Achievement	Goal (%)	Actual (%)
Emergency Shelter System ¹	2,800	2,848	√	749	1,229	72	75	√	615	251	≠	30%	14%	≠



DEMOGRAPHICS	FY24 Q3	Q3Δ	FY25
Households Served	2871		2,848
Percent Newly Homeless	70%	↓	61%
Clients	3,617		3,512
Adults	2,972		2,953
Children	645		559
Average Age (HoH)	44		44
Single Adult Female Led Households	-		32%
Single Adult Male Led Households	-		63%
Multi Adult Households	-		5%
Veterans (U.S. Military)	169	↓	153
Veterans % of all adults	6%		5%
Average Monthly Household Income	\$747		\$753
Average Monthly Income for Households with Income	\$1,486		\$1,529
Percent of Households with No Income	50%		50%
Percent Working at Entry	22%		22%
Race/Ethnicity - Black (HoH) ³	57%	↑	58%
Race/Ethnicity - White (HoH) ³	31%		31%
Race/Ethnicity - Multi-Racial (HoH) ³	5%		5%
Race/Ethnicity - Hispanic (HoH) ³	5%		5%
Race/Ethnicity - Other (HoH) ³	2%		2%
Adults 18 - 24 years (HoH)	7%		8%
Pregnant	74	↓	40
Self-Reported Disability (HoH)	61%		58%
Franklin County Residents	86%		87%

The emergency shelter system achieved 50% of its projected performance measures this quarter. The total number of households accessing shelter decreased by 1% compared to the same quarter of the prior fiscal year. This quarter also marks the primary period during which clients can access temporary winter shelter programs—community-based shelters distributed throughout Columbus. Winter warming programs accounted for 58% of all shelter services this quarter. During this period, behavioral and safety restrictions are lifted across the system to accommodate clients with more challenging behaviors, who are typically served by these temporary shelters. Among clients accessing services, 61% were identified as newly homeless—defined as individuals who have not used shelter services in over two years. Of these, 64% (661 households) had never accessed emergency shelter before. Additionally, 14% (406) households were linked to Rapid Re-Housing programs aimed at securing affordable housing. The system saw a 2-percentage-point increase in the rate of households exiting to a permanent housing—a positive trend that has continued since FY23. Excluding temporary winter shelter programs, the system achieved a 30% successful housing exit rate, underscoring the challenges of housing clients served by winter warming shelters. The average length of stay continues to rise. Since FY19, the average has increased for seven consecutive years—from 42 days in FY19 to 75 days currently. The total number of pregnant women served also declined by 46%, from 74 in FY24 to 40 this quarter.

¹ Includes single adult shelters, family shelters, and couples in warming center shelters. Excludes Huckleberry House Emergency Shelter and YMCA Family Overnight. Total distinct households served including the youth shelter and overnight program is 2,938; total pregnant women is 42. Additional overflow capacity opened as of 11/18/24 and Warming Center capacity opened as of 12/1/24.

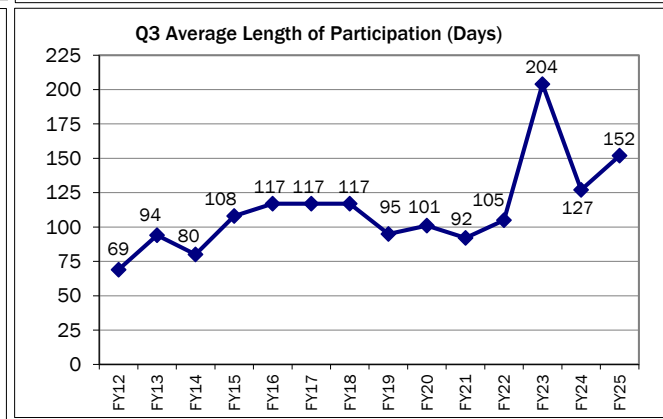
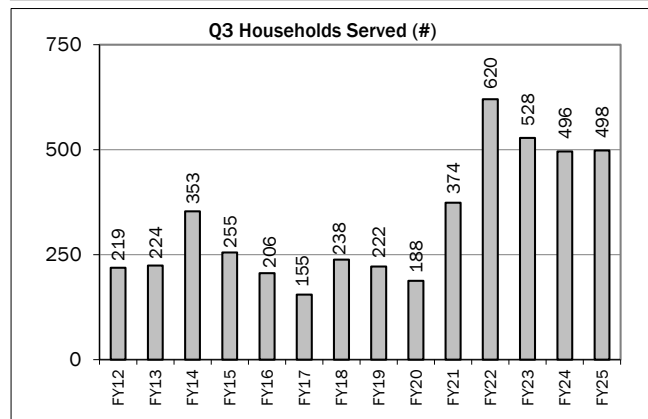
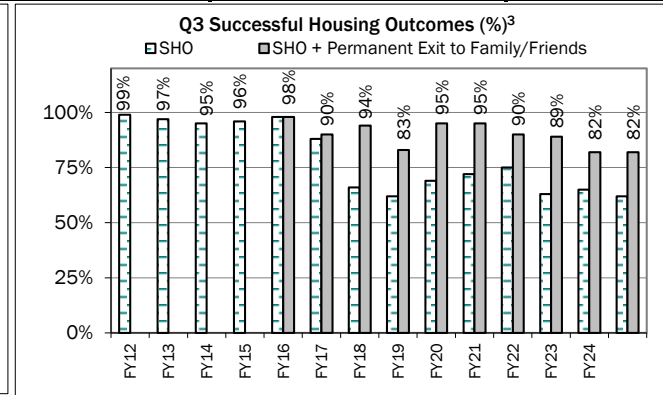
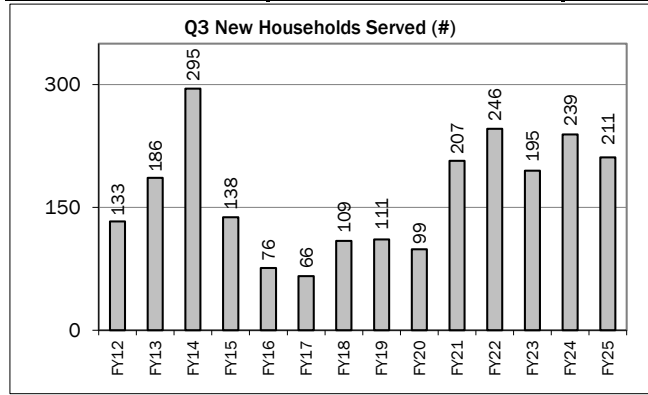
² Starting 7/1/15, Successful Housing Outcomes include permanent exits to family. Starting 7/1/18, Successful Housing Outcomes include permanent exits to friends.

³ Due to rounding percentages may not add up to 100%.

System and Program Indicator Report



FY25 Prevention 1/1/2025 - 3/31/2025	New Households Served			Households Served			Average Length of Participation (Days)			Successful Housing Outcomes ³					
	Goal	Actual	Outcome Achievement	Goal	Actual	Outcome Achievement	Goal	Actual	Outcome Achievement	Goal (#)	Actual (#)	Outcome Achievement	Goal (%)	Actual (%)	Outcome Achievement
Prevention System ¹	222	211	√	501	498	√	150	152	√	195	139	≠	85%	82%	√



DEMOGRAPHICS	FY24 Q3	Q3 Δ	FY25 Q3
Households Served	496		498
Clients	1,418		1,330
Adults	572		582
Children	846		748
Average Age (HoH)	36		36
Female Led Households	82%		62%
Male Led Households	-		22%
Other Gender Led Households	-		0%
Multi Adult Households	-		16%
Veterans (U.S. Military)	69		123
Veterans % of all adults	12%		21%
Percent of Households With No Income	36%		35%
Percent Working at Entry	45%		40%
Average Monthly Household Income	\$1,034	↓	\$1,027
Average Monthly Income for Households with Income	\$1,623		\$1,579
Race/Ethnicity - Black (HoH)	77%	↓	73%
Race/Ethnicity - White (HoH)	13%		16%
Race/Ethnicity - Multi-racial (HoH)	6%		5%
Race/Ethnicity - Hispanic (HoH)	2%		4%
Race/Ethnicity - Other (HoH)	2%		2%
Mean Family Size ²	3.4		3.4
Average Number of Children ²	2.2		2.2
Adults 18 - 24 years (HoH) ⁴	18%		21%
Adults 25 - 34 years (HoH) ⁴	39%		38%
Adults 35 - 44 years (HoH) ⁴	23%		20%
Adults 45 - 55 years (HoH) ⁴	14%		10%
Adults 56 - 61 years (HoH) ⁴	3%		3%
Adults 62+ years (HoH) ⁴	4%	↑	8%
Self-reported Disability (HoH)	25%		27%
Pregnant	46		33

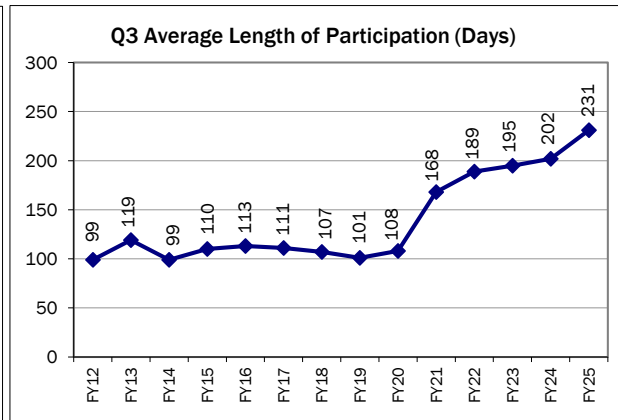
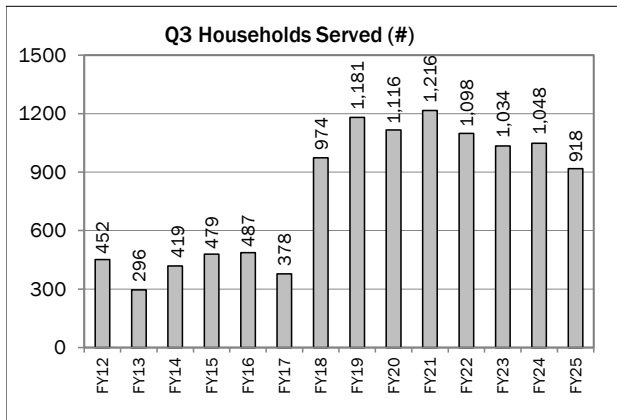
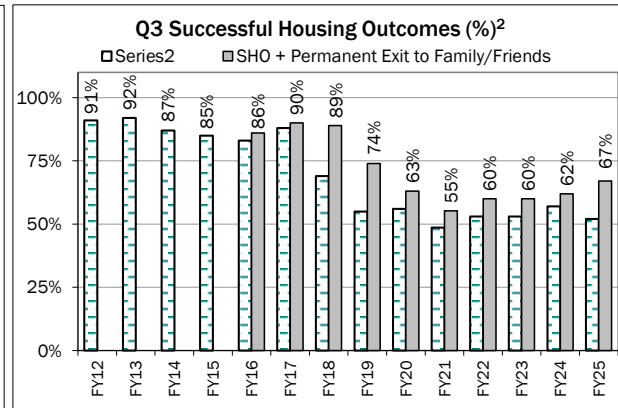
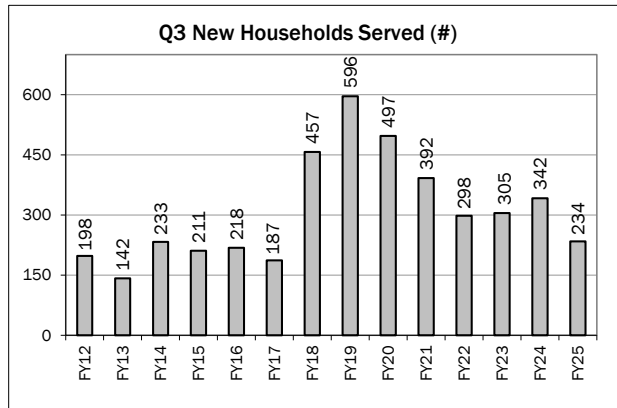
The prevention system achieved 75% of its projected performance measures this quarter. When compared to the same reporting period in the prior fiscal year, the number of households served remained flat. However, the number of new households served decreased by 12%, primarily due to the impact of the Homelessness Prevention Network (HPN)—a community collaboration focused on identifying and supporting individuals at imminent risk of losing housing. Eighty percent of CSB prevention programs did not meet their projected goal for new households served, although 60% met their overall goal for total households served. HPN's success has influenced system performance, as it effectively competes with the traditional prevention system. The HPN network includes 27 programs—81% more than the traditional system—and is more widely distributed throughout the community. The average length of participation in prevention programs increased by 25 days, reaching 152 days. While this is lower than the system high of 204 days reported in FY23, it remains higher than the overall average reported in FY22 and prior years. At exit, 62% of households were able to secure stable housing independently, while 20% permanently moved in with family or friends. Over the past four consecutive years, there has been an average 23-percentage-point gap between households securing independent housing and those doubling up—relying on long-term, permanent support from others to remain stably housed. The median gross rent in Franklin County rose from \$887 to \$1,186 between 2017 and 2022—a 34% increase—highlighting the growing difficulty for low-income households to maintain stable, independent housing. During the same five-year period, wage growth was only 16.3%, underscoring the widening gap between income and housing costs for households living in poverty. Additionally, the percentage of adults aged 62 and older increased from 4% to 8%, signaling rising housing instability among individuals living on fixed incomes.

¹ System includes Gladden Community House prevention programs, Home for Families prevention programs, and VOAIO SSVF program for veterans.
² Data refers to the families served.
³ Starting 7/1/15, Successful Housing Outcomes include permanent exits to family. Starting 7/1/18, Successful Housing Outcomes include permanent exits to friends.
⁴ Due to rounding percentages do not add up to 100%.

System and Program Indicator Report



FY25 Rapid Re-Housing	New Households Served			Households Served			Average Length of Participation (Days)			Successful Housing Outcomes ²					
	Goal	Actual	Outcome Achievement	Goal	Actual	Outcome Achievement	Goal	Actual	Outcome Achievement	Goal (#)	Actual (#)	Outcome Achievement	Goal (%)	Actual (%)	Outcome Achievement
1/1/2025 - 3/31/2025															
Rapid Re-Housing System ¹	189	234	✓	789	918	✓	240	231	✓	107	169	✓	60%	67%	✓
Single Adults ³	-	180	-	-	665	-	-	223	-	-	111	-	-	63%	-
Families ³	-	54	-	-	253	-	-	251	-	-	58	-	-	76%	-



DEMOGRAPHICS	FY24 Q3 Family	Q3 Δ	FY25 Q3 Family	FY24 Q3 Single Adults	Q3 Δ	FY25 Q3 Single Adults ³
Households Served	327	↓	253	721	↓	665
Clients	1,082		854	736		675
Adults	383		302	-		-
Children	699		552	-		-
Average Age (HoH)	30		31	47		46
Gender - Male (HoH)	6%		7%	66%		60%
Gender - Female (HoH)	94%		93%	33%	↑	39%
Gender - Other (HoH)	0%		0%	1%		1%
Veterans (U.S. Military)	5		9	223	↑	243
Veterans % of all adults	1%		3%	30%		36%
Percent of Households With No Income	39%	↓	33%	47%	↓	43%
Percent Working at Entry	31%		31%	23%		23%
Average Monthly Household Income	\$626		\$644	\$754	↓	\$706
Average Monthly Income for Households with Income	\$1,499		\$1,334	\$1,397		\$1,374
Race/Ethnicity - Black (HoH) ⁴	74%		75%	61%		61%
Race/Ethnicity - White (HoH) ⁴	14%		13%	29%		28%
Race/Ethnicity - Multi-racial (HoH) ⁴	6%		6%	5%		5%
Race/Ethnicity - Hispanic (HoH) ⁴	6%		6%	4%		4%
Race/Ethnicity - Other (HoH) ⁴	0%		1%	1%		2%
Mean Family Size	3.3		3.4	-		-
Average Number of Children	2.1		2.2	-		-
Adults 18 - 24 years (HoH) ⁴	39%		36%	15%		17%
Adults 25 - 34 years (HoH) ⁴	36%		34%	12%		13%
Adults 35 - 44 years (HoH) ⁴	20%		24%	16%		18%
Adults 45 - 55 years (HoH) ⁴	4%		5%	25%		19%
Adults 56 - 61 years (HoH) ⁴	1%		0%	14%		14%
Adults 62+ years (HoH) ⁴	0%		0%	20%	↓	19%
Self-reported Disability (HoH)	46%		46%	72%	↓	64%
Pregnant	33		21	22		16

The Rapid Re-Housing (RRH) system achieved 100% of its projected performance measures this quarter. However, the number of households served declined by 12% compared to the same reporting period in the previous year. This decrease is primarily attributed to fewer emergency shelter families accessing the system. The 253 families served represent the lowest number since FY20, when family and single adult households began being reported separately. Consequently, the total of 918 households served this quarter marks the lowest figure since FY18. Despite the decline, the overall goal for total households served was met, largely due to an increase in single adult enrollments. The average length of participation for households in the system increased by 29 days, reaching 231 days—reflecting the increasingly challenging housing environment. Additionally, the number of single adults and families entering the system with income has increased. The self-reported disability rate among single adults decreased to 64%, down from 72% in FY24, suggesting improved targeting. The number of veterans served rose 11% to 252, while the number of pregnant women served dropped 33%, from 55 to 37, compared to the same period last year. Successful exits to permanent housing improved: the rate for family households rose by seven percentage points to 76%, and for single adults, it increased by four points—from 59% in FY24 to 63%. Overall, the system's successful housing outcome rate increased by five percentage points, reaching 67%.

¹ System includes HFF Rapid Re-housing programs, VOAIO Rapid Re-housing, YMCA Rapid Re-housing programs, YWCA Rapid Re-housing program, Homefull Rapid Re-housing program, LSS SSVF program, and VOAIO SSVF program.

² Starting 7/1/15, Successful Housing Outcomes include permanent exits to family. Starting 7/1/18, Successful Housing Outcomes include permanent exits to friends.

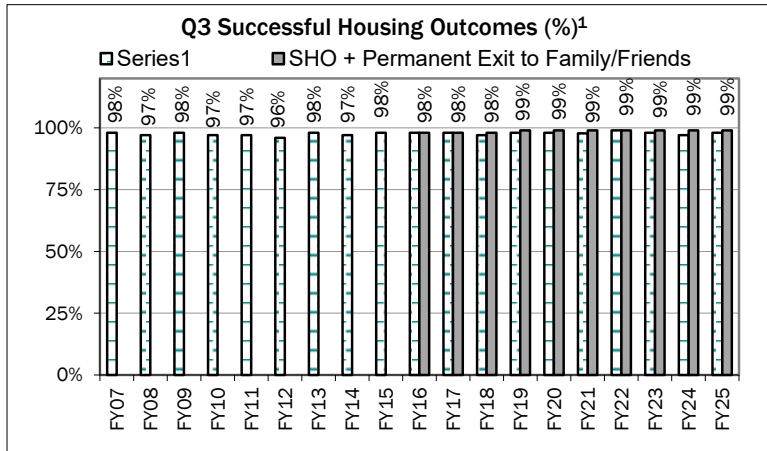
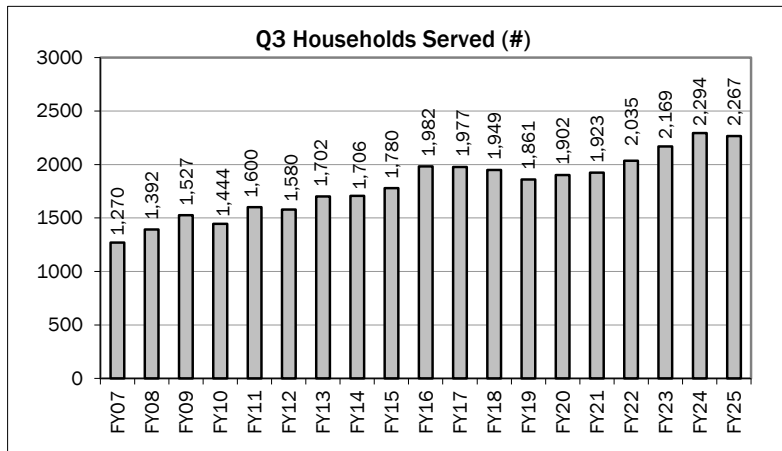
³ No outcome goals are set by subpopulation. Households with only adults are included in the single adult population.

⁴ Due to rounding percentages do not add up to 100%.

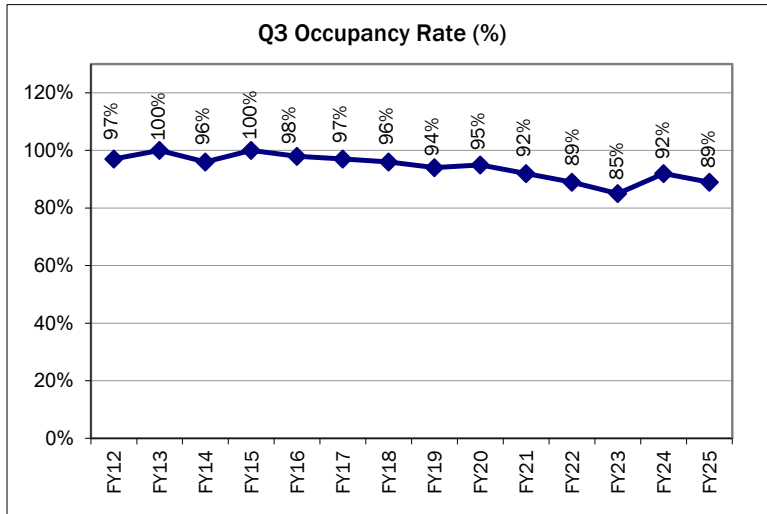
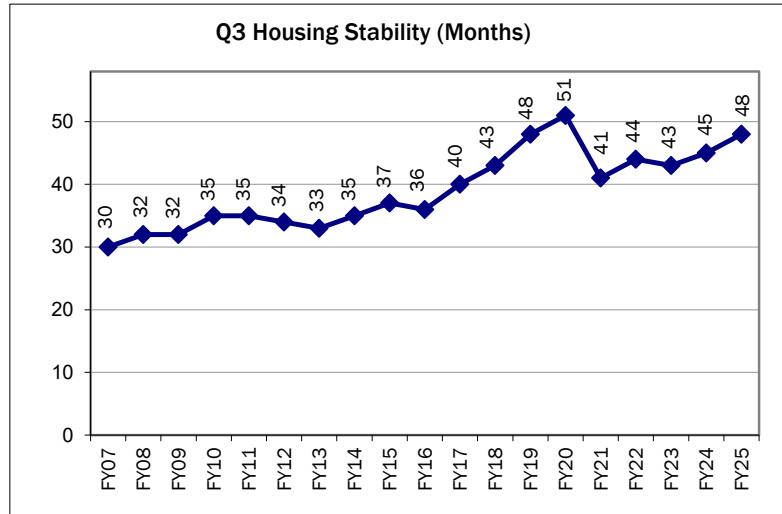
System and Program Indicator Report



FY25 Permanent Supportive Housing (PSH)	Households Served			Occupancy Rate			Housing Stability (Months)			Successful Housing Outcomes ¹					
	Goal	Actual	Outcome Achievement	Goal	Actual	Outcome Achievement	Goal	Actual	Outcome Achievement	Goal (#)	Actual (#)	Outcome Achievement	Goal (%)	Actual (%)	Outcome Achievement
1/1/2025 - 3/31/2025															
Total PSH System	2,490	2,267	√	95%	89%	≠	24	48	√	2,366	2,225	√	95%	99%	√

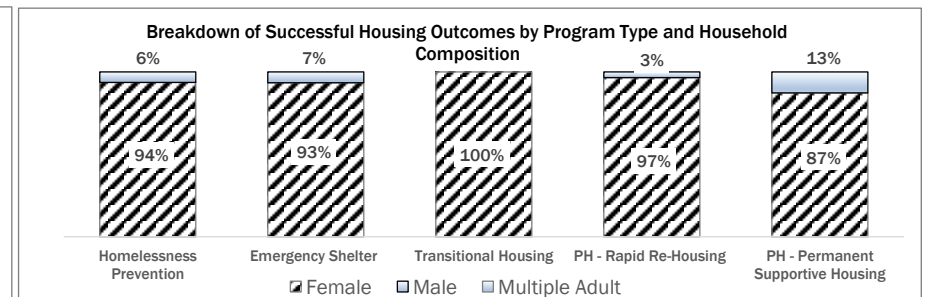
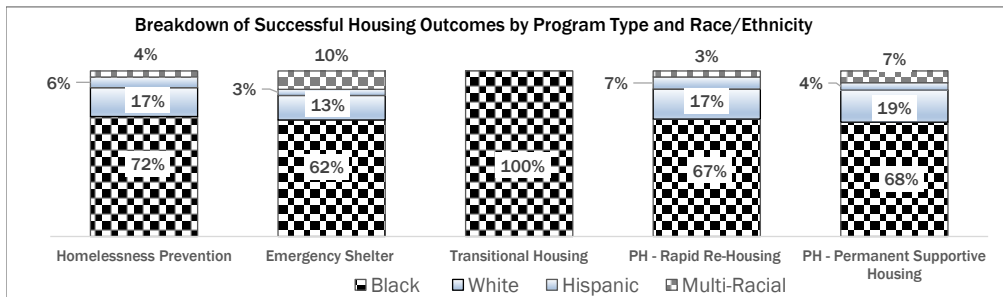


The system experienced a 1% decrease in the number of individuals served, primarily due to reduced capacity from the loss of EHV vouchers. Two new PSH programs began this quarter, adding a total of 105 units. The occupancy rate decreased to 89%, as both new projects are currently in the lease-up phase. The current capacity of Permanent Supportive Housing units reported in HMIS is 2,404. This figure does not include the 437 VA VASH voucher units.



¹ Starting 7/1/15, Successful Housing Outcomes include permanent exits to family. Starting 7/1/18, Successful Housing Outcomes include permanent exits to friends.

Special Populations Served: 1/1/2025 - 3/31/2025		Families Served by Program Type					
Families	Totals	Homelessness Prevention	Street Outreach	Emergency Shelter	Transitional Housing	PH - Rapid Re-Housing ³	PH - Permanent Supportive Housing
Youth Households (18 - 24)	215	61	0	28	16	76	65
Pregnant Youth Households (18 - 24)	19	5	0	3	1	10	3
Households (25+)	869	248	5	234	0	156	316
Pregnant Households (25+)	48	21	1	18	0	11	4
Total Households Served (#)	1,141	334	6	281	17	253	388
Total Households Entered	297	156	2	139	1	54	8
Total Households Exited	305	138	2	150	1	76	9
Successful Housing Outcomes (#) ¹	N/A	110	0	61	1	58	386
Successful Housing Outcomes (%) ¹	N/A	80%	0%	41%	100%	76%	100%
Average Length of Shelter Stay (Days) ²							
Average Length of Participation (Days) ²	N/A	127	157	99	12	251	46
Housing Stability (Months) ²							
DEMOGRAPHICS							
	Race/Ethnicity - Black (HoH) ⁴	76%	67%	65%	94%	75%	68%
	Race/Ethnicity - White (HoH) ⁴	15%	33%	19%	6%	13%	19%
	Race/Ethnicity - Multi-racial (HoH) ⁴	3%	0%	6%	0%	6%	7%
	Race/Ethnicity - Hispanic (HoH) ⁴	5%	0%	9%	0%	6%	4%
	Race/Ethnicity - Other (HoH) ⁴	1%	0%	1%	0%	1%	2%
	Gender - Male (HoH) ⁴	10%	17%	7%	6%	7%	13%
	Gender - Female (HoH) ⁴	89%	83%	92%	94%	93%	87%
	Gender - Other (HoH) ⁴	0%	0%	0%	0%	0%	0%
	Self Reported Disability	27%	100%	38%	53%	44%	96%
	Franklin County Residents	90%	100%	85%	88%	86%	94%



The system-wide number of **families served decreased by 8%** (FY24 1,246) when compared to the same reporting period of the prior fiscal year. The number of families receiving homelessness **prevention services decreased by 13%** (FY24 385) and the rate of families in **emergency shelter decreased by 7%** (FY24 310) during the same timeframe. The number of families in **permanent supportive housing increased by 6%** (FY24 364). The length of time families spent in emergency shelter decreased by 20 days to an average of 99 days, when compared to FY24 (119). The rate of Black/African American families and women-headed families served system-wide is substantially disproportionate compared to the Franklin County population and to the Franklin County population in poverty. From an outcomes perspective, the homelessness system did not substantially address these disparities.

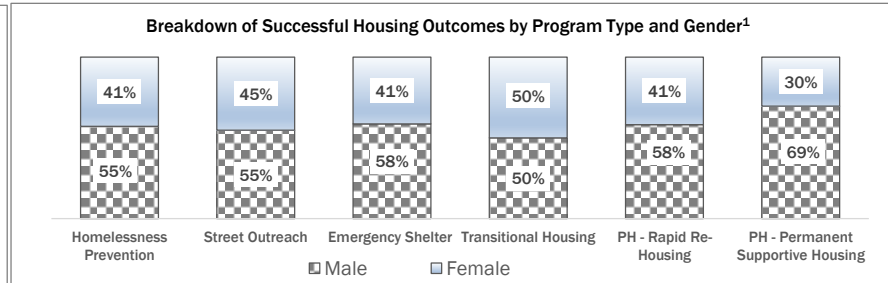
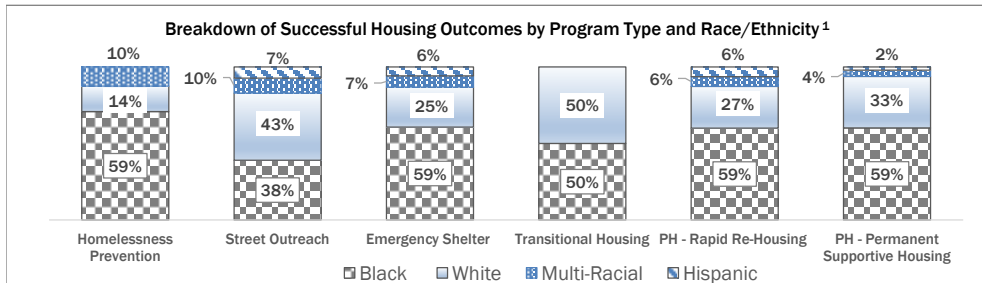
¹ Successful outcomes measure for Street Outreach. No families were served by Street Outreach for the reporting period.

² Average Length of Shelter Stay (Days) is measured for Emergency Shelter. Average Length of Participation (Days) is measured for Street Outreach, PH - Rapid Re-Housing and Homelessness Prevention. Housing Stability (Months) is measured for PH - Permanent Supportive Housing and Transitional Housing.

³ PH - Rapid Re-Housing households without children were excluded from totals.

⁴ Due to rounding, percentages do not add up to 100%.

Special Populations Served: 1/1/2025 - 3/31/2025		Single Adults Served by Program Type					
Single Adults	Totals	Homelessness Prevention	Street Outreach	Emergency Shelter	Transitional Housing	PH - Rapid Re-Housing ³	PH - Permanent Supportive Housing
Unaccompanied Youth under 18	12	0	5	0	7	0	0
Pregnant Unaccompanied Youth under 18	0	0	0	0	0	0	0
Household with Children only under 18	2	0	0	0	2	0	0
Unaccompanied Youth (18 -24)	402	28	13	181	42	100	81
Pregnant Unaccompanied Youth (18 -24)	21	5	2	11	0	7	1
Households without Children (18 - 24)	5	2	0	1	0	2	0
Single Adult (25+)	4,756	115	277	2,359	0	542	2,005
Pregnant Single Adult (25+)	18	2	3	9	0	6	1
Pregnant Households without Children (18 - 24)	1	0	0	0	0	1	0
Pregnant Households without Children (25+)	1	0	0	0	0	1	0
Households without Children (25+)	135	12	3	24	0	6	90
Total Households Served (#)	5,324	164	303	2,572	51	665	2,178
Total Households Entered	1,628	55	100	1,554	5	180	53
Total Households Exited	1,968	31	99	1,851	4	177	78
Successful Housing Outcomes (#) ¹	N/A	29	42	212	2	111	2,125
Successful Housing Outcomes (%) ¹	N/A	94%	43%	11%	50%	63%	99%
Average Length of Shelter Stay (Days) ²							
Average Length of Participation (Days) ²	N/A	267	170	66	9	223	52
Housing Stability (Months) ²							
	DEMOGRAPHICS						
	Race/Ethnicity - Black (HoH) ²	69%	32%	57%	78%	61%	60%
	Race/Ethnicity - White (HoH) ²	19%	56%	32%	10%	28%	33%
	Race/Ethnicity - Multi-racial (HoH) ²	8%	7%	5%	6%	5%	4%
	Race/Ethnicity - Hispanic (HoH) ²	1%	5%	5%	4%	4%	2%
	Race/Ethnicity - Other (HoH) ²	3%	1%	2%	2%	2%	1%
	Gender - Male (HoH)	60%	56%	69%	37%	60%	69%
	Gender - Female (HoH)	40%	42%	30%	61%	39%	30%
	Gender - Other (HoH)	1%	2%	1%	2%	1%	1%
	Self Reported Disability	57%	100%	47%	98%	64%	98%
	Franklin County Residents	89%	88%	89%	92%	85%	95%



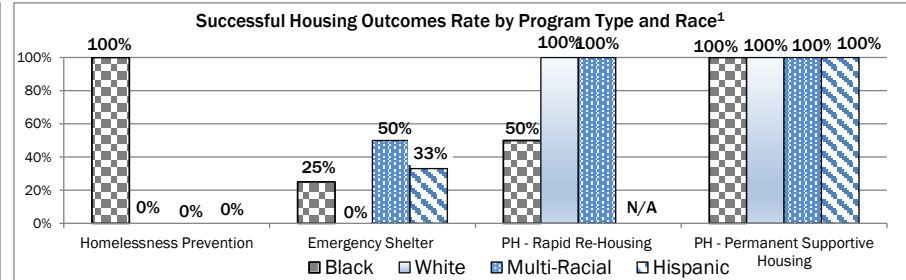
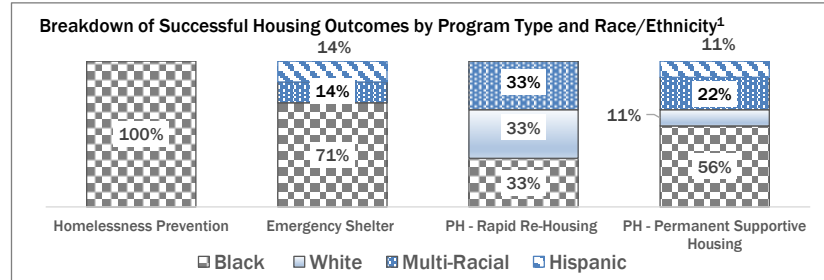
The system-wide number of single adults served **decreased by 1%** (FY24 5,401) when compared to the same reporting period of the prior fiscal year. The number of single adults in **homelessness prevention increased by 32%** (FY24 111) and **emergency shelter remained flat** (FY24 2,571) while the number of single adults in decreased for the following program types: **street outreach decreased by 6%** (FY24 324), **rapid re-housing decreased by 7%** (FY24 722), and the number in **permanent supportive housing decreased by 4%** (FY24 2,291). The rate of Black/African American single adults served system-wide is substantially disproportionate compared to the Franklin County population and to the Franklin County population in poverty. From an outcomes perspective, the homelessness system did not substantially address these disparities.

¹ Successful outcomes measure for Street Outreach.

² Due to rounding, percentages may not add up to 100%.

³ PH - Rapid Re-Housing households without children are included in the totals.

Special Populations Served: 1/1/2025 - 3/31/2025		Pregnant Women Served by Program Type					
Pregnant Women	Totals	Homelessness Prevention	Street Outreach	Emergency Shelter	Transitional Housing	PH - Rapid Re-Housing	PH - Permanent Supportive Housing
Unaccompanied Youth (under 18)	2	0	0	2	0	0	0
Unaccompanied Youth (18 - 24)	21	5	2	11	0	7	1
Single Adults (25+)	18	2	3	9	0	6	1
Parenting Youth Households (18 - 24)	19	5	0	3	1	10	3
Parenting Households (25+)	48	21	1	18	0	11	4
Households without Children (18 - 24)	2	0	0	0	0	2	0
Households without Children (25+)	1	0	0	0	0	1	0
Total Households Served (#)	108	33	6	42	1	37	9
Total Households Entered	61	22	4	28	0	19	1
Total Households Exited	33	4	2	30	0	5	0
Successful Housing Outcomes (#) ¹	N/A	3	0	7	N/A ⁴	3	9
Successful Housing Outcomes (%) ¹	N/A	75%	0%	23%	N/A ⁴	60%	100%
Average Length of Shelter Stay (Days) ²							
Average Length of Participation (Days) ²	N/A	96	68	44	N/A ⁴	219	17
Housing Stability (Months) ²							
DEMOGRAPHICS							
Race/Ethnicity - Black (HoH)		79%	50%	62%	100%	76%	56%
Race/Ethnicity - White (HoH)		9%	50%	19%	0%	5%	11%
Race/Ethnicity - Multi-racial (HoH)		6%	0%	10%	0%	14%	22%
Race/Ethnicity - Hispanic (HoH)		6%	0%	10%	0%	5%	11%
Race/Ethnicity - Other (HoH)		0%	0%	0%	0%	0%	0%
Self Reported Disability		18%	100%	41%	100%	43%	100%
Franklin County Residents		91%	100%	95%	100%	81%	100%



The system-wide number of pregnant women served decreased 35% (FY24 167) when compared to the same reporting period of the prior fiscal year. The number of pregnant women served decreased for the following program types: homeless prevention projects by 28% (FY24 46), emergency shelters by 43% (FY24 74), rapid re-housing by 32% (FY24 55) when compared to the same reporting period of the prior fiscal year. The number of pregnant women served by street outreach stayed the same by 0% (FY24 6), when compared to the same reporting period of the prior fiscal year. The number of pregnant women served decrease for permanent supportive housing by 25% (FY24 12). The rate of Black/African American women served system-wide is substantially disproportionate compared to the Franklin County population and to the Franklin County population in poverty. Also, the rate of BIPOC pregnant women in homelessness prevention, emergency shelters and rapid re-housing programs exceeds 70%. From an outcomes perspective, the homelessness system did not substantially address these disparities.

¹ Successful outcomes measure for Street Outreach.

² Average Length of Shelter Stay (Days) is measured for Emergency Shelter. Average Length of Participation (Days) is measured for Street Outreach, PH - Rapid Re-Housing and Homelessness Prevention. Housing Stability (Months) is measured for PH - Permanent Supportive Housing and Transitional Housing.

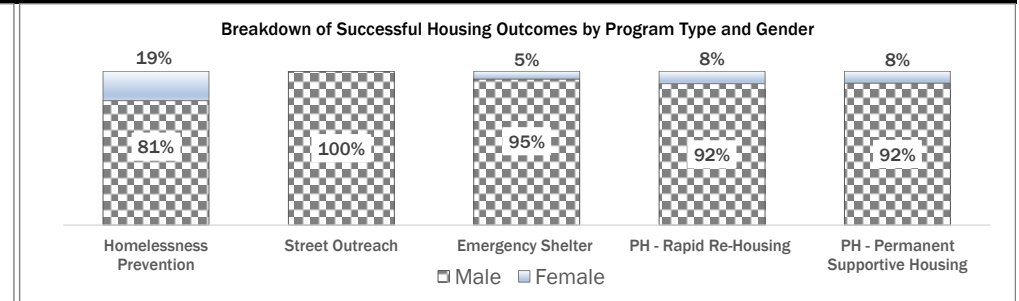
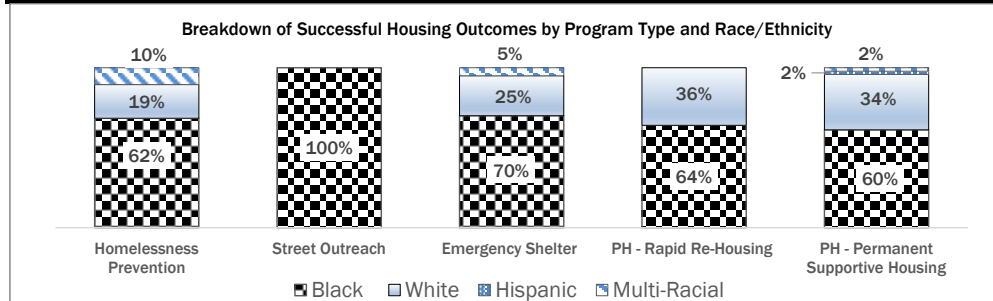
³ Due to rounding, percentages do not add up to 100%.

⁴ Program didn't have any household exits; unable to calculate measure.

System and Program Indicator Report



Special Populations Served: 1/1/2025 - 3/31/2025		Veterans Served by Program Type					
Veterans (All Adults)	Totals	Homelessness Prevention	Street Outreach	Emergency Shelter	Transitional Housing ⁴	PH - Rapid Re-Housing	PH - Permanent Supportive Housing ³
Unaccompanied Youth (18 -24)	4	1	0	3	0	0	1
Single Adults (25+)	816	99	5	150	0	243	454
Parenting Youth Households 18-24	1	0	0	0	0	0	0
Parenting Households (25+)	58	23	0	0	0	9	26
Total Households Served (#)	879	123	5	153	0	252	481
Total Households Entered	103	37	2	79	0	46	2
Total Households Exited	126	23	2	82	0	38	29
Successful Housing Outcomes (#) ¹	N/A	21	1	20	N/A ⁴	25	462
Successful Housing Outcomes (%) ¹	N/A	91%	50%	24%	N/A ⁴	66%	99%
Average Length of Shelter Stay (Days) ²							
Average Length of Participation (Days) ²	N/A	310	244	83	N/A ⁴	362	68
Housing Stability (Months) ²							
DEMOGRAPHICS							
	Race/Ethnicity - Black (HoH)	63%	40%	56%	N/A	55%	60%
	Race/Ethnicity - White (HoH)	24%	40%	37%	N/A	39%	35%
	Race/Ethnicity - Multi-racial (HoH)	7%	0%	2%	N/A	2%	2%
	Race/Ethnicity - Hispanic (HoH)	2%	20%	4%	N/A	3%	2%
	Race/Ethnicity - Other (HoH)	4%	0%	1%	N/A	1%	1%
	Gender - Male (HoH) ⁵	80%	100%	97%	N/A	94%	92%
	Gender - Female (HoH) ⁵	20%	0%	3%	N/A	6%	7%
	Gender - Other (HoH) ⁵	0%	0%	0%	N/A	0%	0%
	Self Reported Disability	68%	80%	61%	N/A	58%	88%
	Franklin County Residents	87%	80%	88%	N/A	76%	94%



The system-wide number of veterans served **increased 1%** when compared to the same reporting period of the prior fiscal year (FY24 870). The number of veterans receiving **homelessness prevention services increased by 78%** (FY24 69) and **rapid re-housing by 10%** (FY24 228), while the number of veterans serviced in the following program types decreased: **emergency shelter by 9%** (FY24 169), and the number of veterans in **permanent supportive housing decreased by 11%** (FY24 546), when compared to prior fiscal year. The rate of Black/African American veterans served system-wide is substantially disproportionate compared to the Franklin County veteran population. From an outcomes perspective, the homelessness system did not substantially address these disparities.

¹ Successful outcomes measure for Street Outreach.

² Average Length of Shelter Stay (Days) is measured for Emergency Shelter. Average Length of Participation (Days) is measured for Street Outreach, PH - Rapid Re-Housing and Homelessness Prevention. Housing Stability (Months) is measured for PH - Permanent Supportive Housing and Transitional Housing.

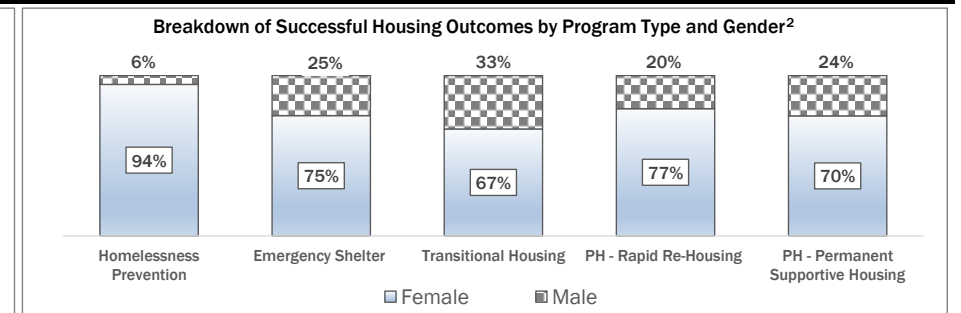
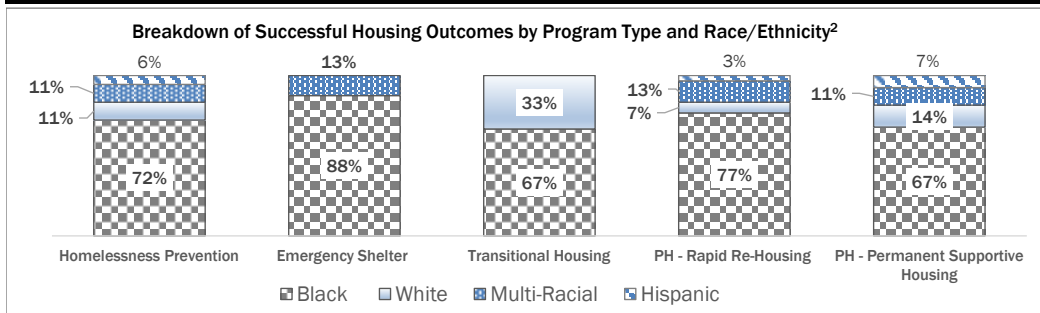
³ VASH vouchers are included under the PH - Permanent Supportive Housing category.

⁴ VOA GPD Transitional Housing program closed as of 9/30/23. Program type didn't serve any households; unable to calculate measures.

⁵ Due to rounding, percentages do not add up to 100%.

System and Program Indicator Report

Special Populations Served: 1/1/2025 - 3/31/2025		Transition Age Youth Served by Program Type					
Transition Age Youth ¹	Totals	Homelessness Prevention	Street Outreach	Emergency Shelter	Transitional Housing	PH - Rapid Re-Housing	PH - Permanent Supportive Housing
Unaccompanied Youth under 18	115	0	5	103	7	0	0
Unaccompanied Youth 18 - 24	422	35	15	189	42	110	82
Parenting Youth Households Under 18	2	0	0	0	2	0	0
Parenting Youth Households 18 - 24	231	66	0	31	17	86	68
Total Pregnant Women Served	42	10	2	16	1	18	4
Total Households Served	766	101	20	323	68	196	150
Total Households Entered	345	50	10	268	6	48	6
Total Households Exited	334	27	10	282	5	44	4
Successful Housing Outcomes (#) ²	N/A	18	1	16	3	30	148
Successful Housing Outcomes (%) ²	N/A	67%	10%	9%	60%	68%	99%
Average Length of Shelter Stay (Days) ³							
Average Length of Participation (Days) ³	N/A	154	52	37	9	237	29
Housing Stability (Months) ³							
DEMOGRAPHICS							
	Race/Ethnicity - Black (HoH) ⁴	80%	50%	65%	82%	77%	67%
	Race/Ethnicity - White (HoH) ⁴	7%	35%	18%	9%	10%	13%
	Race/Ethnicity - Multi-racial (HoH) ⁴	8%	10%	7%	4%	7%	11%
	Race/Ethnicity - Hispanic (HoH) ⁴	4%	5%	8%	3%	5%	7%
	Race/Ethnicity - Other (HoH) ⁴	1%	0%	3%	1%	2%	2%
	Gender - Female (HoH) ⁴	92%	60%	50%	69%	81%	69%
	Gender - Male (HoH) ⁴	8%	40%	48%	29%	17%	24%
	Gender - Other (HoH) ⁴	0%	0%	2%	1%	2%	6%
	Self Reported Disability	24%	60%	41%	87%	56%	98%
	Franklin County Residents	96%	90%	91%	91%	93%	95%



The number of transition age youth served increased by 2% (FY24 747) when compared to the same reporting period of the prior fiscal year. The number of youth served decreased for following program types: **PSH by 14%** (FY24 228) and **rapid re-housing by 14%** (FY24 228). The number of youth served increased for the following program types: **homelessness prevention by 23%** (FY24 82), **emergency shelter by 4%** (FY24 309), and **transitional housing by 5%** (FY24 65). The number of pregnant youth served systemwide decreased by 30% (FY24 60). The rate of Black/African American youth and female youth served system-wide is substantially disproportionate compared to the Franklin County population and to the Franklin County population in poverty. From an outcomes perspective, the homelessness system did not substantially address these disparities. In addition, the high rate of homeless Black/African American underage and young adult girls shows a system failure that must be addressed with urgency.

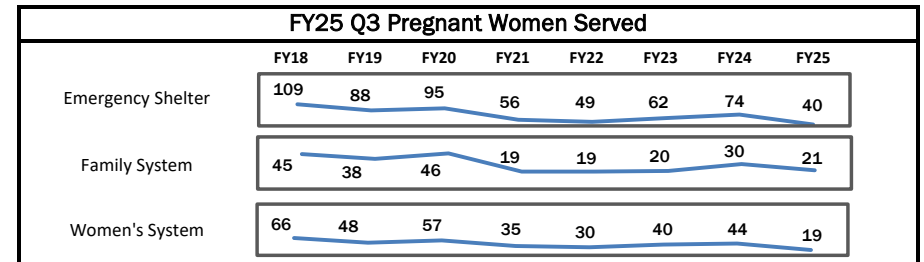
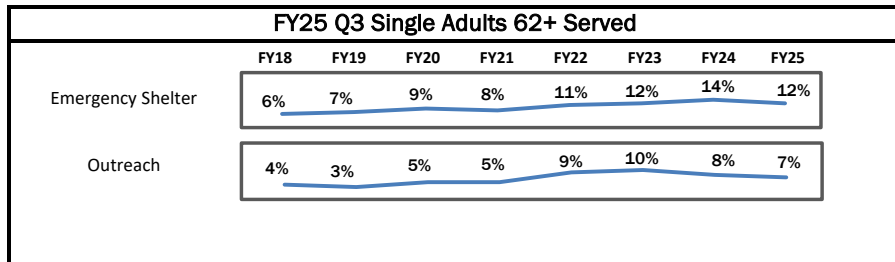
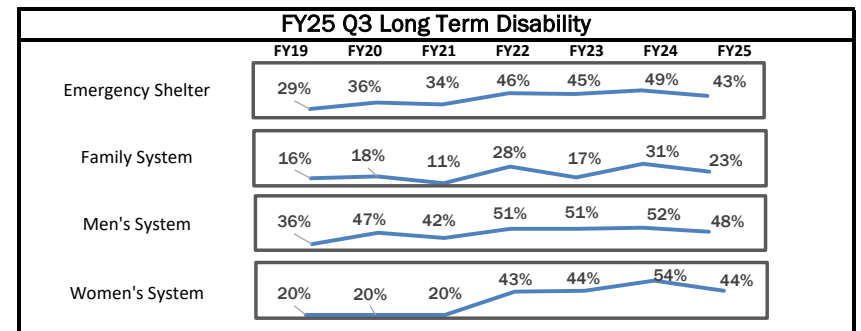
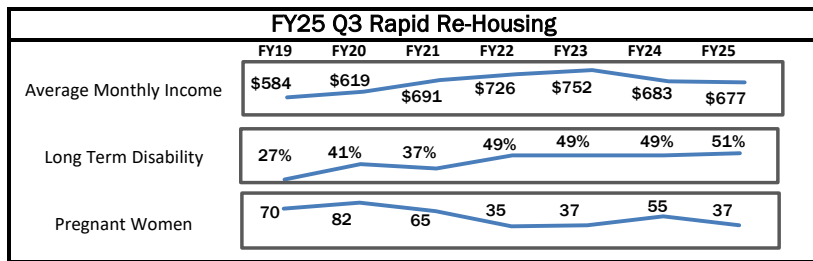
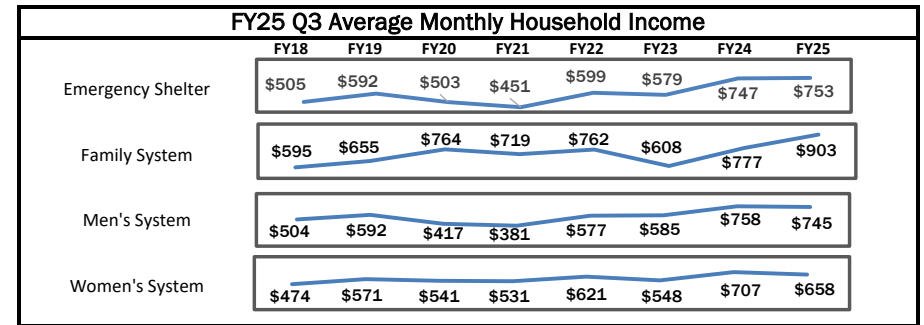
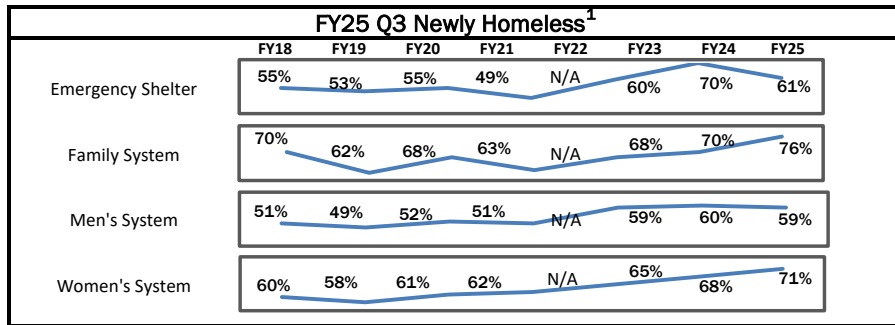
¹ Includes unaccompanied and pregnant/parenting youth where all adult members are between 18 - 24 years of age and unaccompanied/parenting youth under 18.

² Successful outcomes measure for Street Outreach. Unaccompanied youth served by Huckleberry House were excluded from Emergency Shelter successful housing outcomes.

³ Average Length of Shelter Stay (Days) measured for Emergency Shelter. Unaccompanied youth served by Huckleberry House were excluded from Emergency Shelter Average Length of Stay calculation. Average Length of Participation (Days) measured for Street Outreach, PH - Rapid Re-Housing and Homelessness Prevention. Housing Stability (Months) measured for PH - Permanent Supportive Housing and Transitional Housing.

⁴ Due to rounding, percentages do not add up to 100%

Emergency Shelter and Rapid Re-housing Trends Appendix : 1/1/2025 - 3/31/2025



¹ FY22 data not available due to system migration.

HOMELESS HOTLINE	Total Households Served			Average Wait Time (minutes)			Successful Diversion/Outcomes						
	Goal (#)	Actual (#)	Outcome Achievement	Goal	Actual	Outcome Achievement	Goal (#)	Actual (#)	Outcome Achievement	Goal (%)	Actual (%)	Outcome Achievement	
1/1/2025 - 3/31/2025													
Gladden Community House - Family Diversion	500	442	⊘	N/A	N/A ⁶	N/A	250	147	⊘	50%	54%	√	
Netcare - Homeless Hotline (Families)	675	568	⊘	<5	1:41	√	236	105	⊘	35%	17%	⊘	
Netcare - Homeless Hotline (Single Adults)	2,700	2,801	√	<5	1:41	√	540	161	⊘	20%	5%	⊘	

STREET OUTREACH	New Households Served			Total Households Served			Average Length of Participation			Successful Outcomes						Successful Housing Outcomes ³			Usage of CSB DCA (%) ¹						
	Goal (#)	Actual (#)	Outcome Achievement	Goal (#)	Actual (#)	Outcome Achievement	Goal	Actual	Outcome Achievement	Goal (#)	Actual (#)	Outcome Achievement	Goal (%)	Actual (%)	Outcome Achievement	Goal (#)	Actual (#)	Outcome Achievement	Goal (%)	Actual (%)	Outcome Achievement	Goal (%)	Actual (%)	Outcome Achievement	
1/1/2025 - 3/31/2025																									
Mt. Carmel - Capital Crossroad SID Outreach	18	17	√	34	41	√	90	183	⊘	13	10	⊘	70%	63%	⊘	7	6	√	55%	60%	√	N/A	29%	N/A	
Mt. Carmel - Outreach	30	28	√	150	117	⊘	90	254	⊘	21	24	√	70%	63%	⊘	12	21	√	55%	88%	√	25%	39%	√	
Southeast - PATH Outreach ²	42	47	√	148	107	⊘	90	137	⊘	21	10	⊘	50%	53%	√	N/A	10	N/A	N/A	100%	N/A	N/A	N/A	N/A	
Southeast - SUD Outreach	20	7	⊘	70	33	⊘	90	125	⊘	2	4	√	12.5%	15%	√	N/A	4	N/A	N/A	100%	N/A	N/A	N/A	N/A	

TRANSITION AGE YOUTH/DOMESTIC VIOLENCE	New Households Served			Households Served			Program Occupancy Rate				Average Length of Shelter Stay (days)			Average Length of Participation / Housing Stability ⁴			Successful Outcomes / Housing Outcomes ³						Usage of CSB DCA (%) ¹		
	Goal (#)	Actual (#)	Outcome Achievement	Goal (#)	Actual (#)	Outcome Achievement	Capacity	Actual	Actual (%)	Outcome Achievement (95% Goal)	Goal	Actual	Outcome Achievement	Goal (#)	Actual	Outcome Achievement	Goal (#)	Actual (#)	Outcome Achievement	Goal (%)	Actual (%)	Outcome Achievement	Goal (%)	Actual (%)	Outcome Achievement
1/1/2025 - 3/31/2025																									
Center for Family Safety & Healing - DV Coordinated Entry	35	103	√	40	140	√	N/A	N/A	N/A	N/A	N/A	N/A	15	36	⊘	32	66	√	80%	55%	⊘	N/A	N/A	N/A	
Huckleberry House - TAY CARR Team & Expansion	30	50	√	80	75	√	N/A	N/A	N/A	N/A	N/A	N/A	90	57	√	15	6	⊘	50%	15%	⊘	N/A	N/A	N/A	
Huckleberry House - Emergency Shelter	N/A	97	N/A	100	103	√	16	9	55%	√ ⁷	10	8	√	N/A	N/A	N/A	74	67	⊘	80%	68%	⊘	N/A	N/A	N/A
Huckleberry House - Youth SOP	10	5	⊘	15	12	⊘	5	6	124%	√	N/A	N/A	60	56	√	7	1	⊘	70%	11%	⊘	N/A	N/A	N/A	
Huckleberry House - TLP TH	N/A	2	N/A	27	26	√	24	23	96%	√	N/A	N/A	18	8	√	3	1	⊘	75%	33%	⊘	N/A	N/A	N/A	
Huckleberry House - TLP RHY TH	N/A	1	N/A	7	11	√	7	10	146%	√	N/A	N/A	18	7	√	1	N/A ⁸	N/A	75%	N/A ⁸	N/A	N/A	N/A	N/A	
Home for Families - Homelessness Prevention/RRH - ODH TAY	12	17	√	26	34	√	N/A	N/A	N/A	N/A	N/A	N/A	180	160	√	9	5	⊘	85%	83%	√	N/A	N/A	N/A	
Home For Families - TAY Transition to Home RRH	26	22	⊘	84	105	√	58	83	143%	√	35	16	√	300	241	√	13	9	⊘	65%	50%	⊘	60%	33%	⊘
Home For Families - TAY Transition to Home TH	N/A	3	N/A	41	31	⊘	28	28	99%	√	N/A	N/A	18	11	√	3	2	√	75%	100%	√	60%	0%	⊘	
Home For Families - TAY YHPD RRH	21	15	⊘	100	68	⊘	79	54	68%	⊘	35	48	⊘	300	294	√	14	11	⊘	65%	69%	√	60%	71%	√

¹ Households that exited successfully without accessing DCA are excluded from calculation.

² The goal of PATH Outreach is to outreach to homeless individuals for the purpose of linking them to ongoing mental health and other treatment.

³ Successful Outcomes for CARR, SOP, and Emergency Shelter; Successful Housing Outcomes for prevention, transitional housing (TH), and rapid re-housing (RRH); Starting 7/1/15, Successful Housing Outcomes include permanent exits to family. Starting 7/1/18, Successful Housing Outcomes include permanent exits to friends.

⁴ Average Length of Participation (days) for CARR, SOP, DV Coordinated Entry, and RRH; Housing Stability (months) for TH.

⁵ Diversion Recidivism calculated for successful diversions between reporting period of 7/1/2024 - 12/31/2024. Recidivism calculated for successful housing exits between reporting period of 1/1/2024 - 6/30/2024. Home for Families - Homelessness Prevention/RRH - ODH TAY recidivism goal is 5%.

⁶ Gladden Community House provides diversion based on referrals from the Homeless Hotline so a phone wait time is not applicable.

⁷ Project served all households that needed services.

⁸ Program didn't have any household exits; unable to calculate measure.

System and Program Indicator Report



EMERGENCY SHELTER ⁴	Households Served				Nightly Occupancy				Average Length of Stay (Days)			Successful Housing Outcomes ³					
	Goal (#)	Actual (#)	Variance	Outcome Achievement	Capacity ¹	Actual	Actual (%)	Outcome Achievement (Goal: 100%)	Goal	Actual	Outcome Achievement	Goal (#)	Actual (#)	Outcome Achievement	Goal (%)	Actual (%)	Outcome Achievement
1/1/2025 - 3/31/2025																	
FAMILY																	
YMCA - Van Buren Family Shelter	128	194	66	√	64	86	135%	√	75	89	≠	32	41	√	50%	35%	≠
YWCA - Family Center	100	99	(1)	√	50	56	112%	√	75	112	≠	25	20	≠	50%	45%	√
MEN																	
LSS - Faith Mission - Men's on Grant ²	N/A	183	N/A	N/A	95	100	105%	N/A	70	121	N/A	N/A	30	N/A	28%	34%	N/A
LSS - Faith Mission on 8th ²	N/A	178	N/A	N/A	95	94	99%	N/A	70	103	N/A	N/A	19	N/A	28%	23%	N/A
Southeast - Friends of the Homeless - Men's Shelter	500	338	(162)	≠	160	167	105%	√	70	90	≠	95	29	≠	28%	17%	≠
YMCA - Men's Overflow	600	937	337	√	154	154	100%	√	70	16	√	N/A	4	N/A	N/A	0%	N/A
WOMEN																	
LSS - Faith Mission - Women's on Grant ²	N/A	83	N/A	N/A	38	42	110%	N/A	70	104	N/A	N/A	11	N/A	28%	24%	N/A
YMCA - Van Buren Women's Shelter	350	356	6	√	158	154	97%	√	70	74	√	54	69	√	28%	33%	√
YMCA - Women's Overflow	450	444	(6)	√	37	37	100%	√	70	8	√	N/A	0	N/A	N/A	0%	N/A
INEBRIATE																	
Maryhaven - Engagement Center Safety	250	150	(100)	≠	34	26	77%	≠	20	19	√	54	31	≠	25%	25%	√
Maryhaven - Engagement Center Shelter2Housing	30	31	1	√	16	13	84%	≠	70	68	√	4	11	√	28%	69%	√
VA EMERGENCY HOUSING																	
Lutheran Social Services - VA Men & Women	47	41	(6)	≠	24	18	75%	≠	70	76	√	8	12	√	28%	52%	√
VOAOI - VA Emergency Housing	30	52	22	√	33	28	86%	≠	70	100	≠	4	8	√	28%	44%	√
AGENCY																	
Lutheran Social Services - Faith Mission ²	625	441	(184)	≠	228	236	104%	√	70	111	≠	110	60	≠	28%	28%	√
Lutheran Social Services - Faith Mission - Medical Respite	35	40	5	√	16	15	91%	√	55	42	√	2	3	√	10%	12%	√
WARMING CENTERS																	
Warming Center Shelters	N/A	543	N/A	N/A	160	191	120%	√	N/A	35	N/A	N/A	18	N/A	N/A	3%	N/A

¹ Shelter capacities do not include overflow, unless a dedicated overflow program. Overflow capacity is not included. Additional overflow capacity opened as of 11/18/23. Additional warming center capacity opened as of 12/1/24 and remained open throughout the reporting period.

² Lutheran Social Services is evaluated at the agency level rather than at the individual project level. Inclusive projects are Faith Mission Men's on Grant, Faith Mission on 8th, and Women's on Grant.

³ Successful outcomes measure for Maryhaven EC Safety. Exit to family (permanent tenure) is a successful housing outcome for all starting 7/1/2015. Exit to friends (permanent tenure) is a successful housing outcome for all starting 7/1/2018.

⁴ Housing services are provided by Rapid Re-housing projects. Some of the measures for emergency shelters are shared with the Rapid Re-housing projects.

PERMANENT SUPPORTIVE HOUSING - Site-Based		Households Served				Program Occupancy Rate			Housing Stability (Months)			Successful Housing Outcomes ¹						
1/1/2025 - 3/31/2025		Capacity	Goal (#)	Actual (#)	Variance	Outcome Achievement	Actual (#)	Actual (%)	Outcome Achievement (Goal: 95%)	Goal (# of months)	Actual (# of months)	Outcome Achievement	Goal (#)	Actual (#)	Outcome Achievement	Goal (%)	Actual (%)	Outcome Achievement
Community Housing Network - Briggsdale		65	68	66	(2)	√	62	96%	√	24	55	√	65	62	√	95%	97%	√
Community Housing Network - Cassady ²		10	10	11	1	√	11	110%	√	24	40	√	9	11	√	95%	100%	√
Community Housing Network - Creekside Place		23	24	22	(2)	√	22	94%	√	24	32	√	23	21	√	95%	95%	√
Community Housing Network - East 5th Avenue		38	40	41	1	√	37	98%	√	24	37	√	38	39	√	95%	95%	√
Community Housing Network - Inglewood Court		45	47	46	(1)	√	44	98%	√	24	68	√	45	45	√	95%	98%	√
Community Housing Network - Marsh Brook Place		40	42	41	(1)	√	39	98%	√	24	29	√	40	39	√	95%	95%	√
Community Housing Network - North 22nd Street		30	31	31	0	√	30	100%	√	24	65	√	29	30	√	95%	97%	√
Community Housing Network - Parsons Place		62	65	61	(4)	√	61	98%	√	24	35	√	62	60	√	95%	100%	√
Community Housing Network - Poplar Fen Place ⁴		35	35	31	(4)	N/A	31	88%	N/A	2	4	√	33	31	√	95%	100%	√
Community Housing Network - Safe Haven		13	14	13	(1)	√	13	100%	√	24	62	√	13	13	√	95%	100%	√
Community Housing Network - Southpoint Place ²		46	48	49	1	√	47	103%	√	24	61	√	46	49	√	95%	100%	√
Community Housing Network - Terrace Place		47	49	49	0	√	46	98%	√	24	73	√	47	46	√	95%	94%	√
Community Housing Network - Wilson		8	8	9	1	√	8	98%	√	24	48	√	7	8	√	95%	89%	≠
Maryhaven - Commons at Chantry		50	52	48	(4)	√	46	93%	√	24	59	√	49	47	√	95%	100%	√
National Church Residences - Commons at Buckingham		77	81	73	(8)	√	73	95%	√	24	84	√	77	73	√	95%	100%	√
National Church Residences - Commons at Chantry TAY		20	21	20	(1)	√	20	100%	√	14	15	√	20	20	√	95%	100%	√
National Church Residences - Commons at Grant ³		55	58	43	(15)	N/A	43	78%	N/A	24	95	N/A	55	43	N/A	95%	100%	N/A
National Church Residences - Commons at Livingston ²		76	80	80	0	√	79	104%	√	24	63	√	76	79	√	95%	100%	√
National Church Residences - Commons at Third		72	76	70	(6)	√	69	96%	√	24	57	√	72	67	√	95%	100%	√
National Church Residences - Van Buren Village		60	63	59	(4)	√	57	96%	√	24	54	√	60	57	√	95%	98%	√
YMCA - Franklin Station		75	79	74	(5)	√	72	96%	√	24	80	√	75	72	√	95%	99%	√
YMCA - McKinley Manor		44	46	43	(3)	√	43	97%	√	13	14	√	44	43	√	95%	100%	√
YMCA - Touchstone Place		56	59	56	(3)	√	56	99%	√	24	26	√	56	56	√	95%	100%	√
YWCA - WINGS		91	96	92	(4)	√	90	99%	√	24	61	√	91	91	√	95%	99%	√

¹ Starting 7/1/15, Successful Housing Outcomes include permanent exits to family. Starting 7/1/18, Successful Housing Outcomes include permanent exits to friends.

² Project served homeless individuals in non-homeless units or multiple eligible roommates/couples in the same unit.

³ The program is currently undergoing renovations which require the availability of newly open units to temporarily relocate residents while their units are being renovated. The impact on occupancy and total households served is expected to improve as the renovated units become available for use. Program is not being evaluated during reporting period.

⁴ Project opened in March 2025; in lease-up phase.

PERMANENT SUPPORTIVE HOUSING - Scattered-Site	Households Served					Program Occupancy Rate			Housing Stability (Months)			Successful Housing Outcomes ¹					
	Capacity	Goal (#)	Actual (#)	Variance	Outcome Achievement	Actual #	Actual (%)	Outcome Achievement (Goal:95%)	Goal (#)	Actual (#)	Outcome Achievement	Goal (#)	Actual (#)	Outcome Achievement	Goal (%)	Actual (%)	Outcome Achievement
1/1/2025 - 3/31/2025																	
Community Housing Network - Family Homes	10	11	10	(1)	√	10	100%	√	24	32	√	10	10	√	95%	100%	√
Equitas Health - TRA	89	93	89	(4)	√	88	99%	√	24	134	√	88	89	√	95%	100%	√
Homefull - Isaiah	160	168	154	(14)	√	145	90%	√	24	25	√	160	147	√	95%	98%	√
Homefull - Leasing ⁷	100	105	104	(1)	√	104	104%	√	24	46	√	100	104	√	95%	100%	√
Homefull - SRA	100	105	84	(21)	≠	81	81%	≠	24	44	√	100	83	≠	95%	100%	√
Homefull - TRA	261	274	250	(24)	√	248	95%	√	24	43	√	260	246	√	95%	99%	√
Homefull TRA - EHV ⁸	287	287	287	0	√	283	99%	√	24	27	√	289	284	√	95%	99%	√
Homefull TRA Mainstream ²	94	94	65	(29)	≠	63	67%	≠	24	27	√	89	65	≠	95%	100%	√
Homefull - 1289 Dublin Granville ⁹	70	N/A	7	N/A	N/A	4	6%	N/A	N/A	2	N/A	N/A	7	N/A	N/A	100%	N/A
Veterans Affairs - VASH I-XI ³	377	396	315	(81)	≠	306	81%	≠	24	68	√	376	302	≠	95%	99%	√
VOAOI - Family Supportive Housing	38	40	39	(1)	√	36	95%	√	24	49	√	38	39	√	95%	100%	√
YMCA - Scattered Sites HOME ⁶	40	42	39	(3)	√	38	94%	√	24	58	√	40	38	√	95%	97%	√

SSVF - Supportive Services for Veteran Families	New Households Served			Total Households Served			Average Length of Shelter Stay (Days) ⁴			Average Length of Participation (Days)			Successful Housing Outcomes ¹						Usage of SSVF DCA (%) ⁵		
	Goal (#)	Actual (#)	Outcome Achievement	Goal (#)	Actual (#)	Outcome Achievement	Goal	Actual	Outcome Achievement	Goal	Actual	Outcome Achievement	Goal (#)	Actual (#)	Outcome Achievement	Goal (%)	Actual (%)	Outcome Achievement	Goal (%)	Actual (%)	Outcome Achievement
1/1/2025 - 3/31/2025																					
LSS - SSVF Rapid Re-housing and Prevention	30	20	≠	35	90	√	35	53	≠	240	189	√	23	10	≠	75%	59%	≠	75%	57%	≠
VOAOI - SSVF Prevention	25	36	√	60	119	√	N/A	N/A	N/A	120	334	≠	22	19	≠	90%	90%	√	80%	71%	≠
VOAOI - SSVF Rapid Re-housing	19	27	√	56	167	√	35	37	√	240	460	≠	14	17	√	75%	74%	√	75%	45%	≠

¹ Starting 7/1/15, Successful Housing Outcomes include permanent exits to family. Starting 7/1/18, Successful Housing Outcomes include permanent exits to friends.

² Project is in lease-up and dependent on CMHA availability of vouchers and processing. Homefull and YMCA vouchers reported together. POP goals inaccurately calculated initially, restated here.

³ Franklin County VASH capacity fluctuates based on need.

⁴ Households were excluded from ALOS measure if they still resided in emergency shelter at the time of the report.

⁵ Households that exited successfully without accessing DCA are excluded from calculation.

⁶ Project capacity decreased from 42 to 40 as of October 2024. Funding allowed for a gradual decrease in occupancy as clients transitioned to other housing.

⁷ 70 unit hotel conversion planned for Leasing was moved to a new project. Occupancy recalculated accordingly.

⁸ Project design does not allow for new referrals/intakes after it met capacity and the vouchers had an end date. Through attrition, it is expected the project capacity will gradually decrease. Project's current capacity is based on total households residing in project.

RAPID RE-HOUSING	New Households Served			Total Households Served			Average Length of Shelter Stay (Days) ²			Average Length of Participation (Days)			Successful Housing Outcomes ³						Usage of CSB DCA (%) ¹			
	Goal (#)	Actual (#)	Outcome Achievement	Goal (#)	Actual (#)	Outcome Achievement	Goal	Actual	Outcome Achievement	Goal	Actual	Outcome Achievement	Goal (#)	Actual (#)	Outcome Achievement	Goal (%)	Actual (%)	Outcome Achievement	Goal (%)	Actual (%)	Outcome Achievement	
1/1/2025 - 3/31/2025																						
Homefull - Rapid Re-housing Single Adults	10	9	√	58	28	≠	35	28	√	240	370	≠	5	8	√	50%	89%	√	50%	86%	√	
Home for Families - Rapid Re-housing Families	16	5	≠	62	36	≠	34	45	≠	240	320	≠	12	8	≠	75%	73%	√	60%	67%	√	
Home for Families - Rapid Re-housing Families Intensive	16	3	≠	53	9	≠	34	58	≠	300	342	≠	4	2	≠	75%	100%	√	60%	100%	√	
Home for Families - Job2Housing Families	8	12	√	35	32	√	34	39	≠	240	301	≠	7	9	√	75%	82%	√	60%	82%	√	
VOAOI - Rapid Re-housing Families	5	18	√	29	44	√	34	32	√	240	175	√	4	14	√	75%	67%	≠	60%	53%	≠	
YMCA - Rapid Re-housing Single Adults	50	75	√	274	227	≠	35	28	√	240	160	√	25	49	√	50%	59%	√	50%	45%	√	
YMCA - Rapid Re-housing Families	6	4	≠	30	19	≠	34	39	≠	240	163	√	5	2	≠	75%	50%	≠	60%	33%	≠	
YMCA - Rapid Re-housing DV	23	22	√	127	83	≠	35	24	√	240	204	√	12	28	√	50%	85%	√	50%	71%	√	
YWCA - Family RRH	6	3	≠	30	13	≠	34	5	√	240	86	√	5	4	√	75%	57%	≠	60%	25%	≠	

PREVENTION	New Households Served			Total Households Served			Average Length of Participation (Days)			Successful Housing Outcomes ³						Usage of CSB DCA (%) ¹					
	Goal (#)	Actual (#)	Outcome Achievement	Goal (#)	Actual (#)	Outcome Achievement	Goal	Actual	Outcome Achievement	Goal (#)	Actual (#)	Outcome Achievement	Goal (%)	Actual (%)	Outcome Achievement	Goal (%)	Actual (%)	Outcome Achievement			
1/1/2025 - 3/31/2025																					
Gladden Community House - Family Homelessness Prevention	130	106	≠	260	177	≠	120	88	√	111	62	≠	85%	71%	≠	60%	54%	≠			
Gladden Community House - FCCS Prevention	29	17	≠	48	44	√	120	90	√	25	26	√	85%	96%	√	80%	95%	√			
Home for Families - Homelessness Prevention for Expectant Mothers	9	15	√	34	37	√	365	302	√	7	9	√	85%	90%	√	80%	100%	√			
Home for Families - Resiliency Bridge	14	8	≠	64	46	≠	365	329	√	17	9	≠	85%	100%	√	N/A	N/A	N/A			
Home for Families - Success Bridge	15	13	≠	35	40	√	365	205	√	13	9	≠	85%	100%	√	N/A	N/A	N/A			

¹Households that exited successfully without accessing DCA are excluded from calculation.

²Households were excluded from ALOS measure if they still resided in emergency shelter at the time of the report.

³Starting 7/1/15, Successful Housing Outcomes include permanent exits to family. Starting 7/1/18, Successful Housing Outcomes include permanent exits to friends.

	Households Served	Number of Exits	Change in Average Risk Level		
			Initial	Final	Actual Δ
1/1/2025 - 3/31/2025	Actual	Actual	Initial	Final	Actual Δ
Total Homelessness Prevention Network System	1,683	1,497	2.47	1.13	Risk Lowered At Exit

This is the first semi-annual report-out of the expanded Homelessness Prevention Network and its HMIS implementation. No goals were established for the system or programs and as such only results are provided.

Homelessness Prevention Network - Programs	Households served	Number of Exits	Change in Average Risk Level		
			Initial Average Risk	Final Average Risk	Actual Δ
1/1/2025 - 3/31/2025	Actual (#)	Actual (#)	Initial Average Risk	Final Average Risk	Actual Δ
Bhutanese Community of Central Ohio	188	175	2.10	1.01	Risk Lowered At Exit
Broad Street Presbyterian Church	213	210	2.89	1.04	Risk Lowered At Exit
Central Community House ¹	12	0	-	-	-
Community Development For All People	22	19	3.00	2.53	Risk Lowered At Exit
Central Ohio Area Agency on Aging	58	45	1.56	0.76	Risk Lowered At Exit
Clintonville-Beechwood Community Resources Center	71	70	2.61	1.94	Risk Lowered At Exit
Columbus Literacy Council	63	62	2.85	0.19	Risk Lowered At Exit
Community Mediation Services	123	117	2.69	2.67	Risk Lowered At Exit
Columbus Public Health	13	12	3.67	1.83	Risk Lowered At Exit
Community Refugee & Immigration Services	32	20	2.70	1.85	Risk Lowered At Exit
Equitas Health	13	6	2.00	2.00	No Change
Freedom a La Cart	26	18	1.67	1.56	Risk Lowered At Exit
Gladden Community House	82	77	2.92	0.49	Risk Lowered At Exit
Homes for Families	82	81	3.00	2.04	Risk Lowered At Exit
Homes on the Hill	45	35	2.77	0.77	Risk Lowered At Exit
Jewish Family Services	110	105	2.45	1.17	Risk Lowered At Exit
Jordan's Crossing	102	90	2.97	0.32	Risk Lowered At Exit
LifeCare Alliance	52	39	1.95	1.62	Risk Lowered At Exit
Make-A-Day	66	38	2.13	1.11	Risk Lowered At Exit
Neighborhood Services INC	65	50	2.38	1.86	Risk Lowered At Exit
Our Helper	16	16	0.38	0.25	Risk Lowered At Exit
St Stephens Community House	65	59	2.14	0.00	Risk Lowered At Exit
Star House ¹	3	0	-	-	-
US Together	77	71	2.13	0.00	Risk Lowered At Exit
YMCA of Central Ohio	71	69	2.30	1.19	Risk Lowered At Exit

¹ Program didn't have any household exits; risk level could not be calculated.

SPIR Program Performance by Agency

Agency	Program	Total	Achieved	Not Achieved	Performance Percentage	Program of Concern
Center for Family Safety & Healing	Center for Family Safety & Healing - DV Coordinated Entry	5	3	2	60%	0

Agency	Program	Total	Achieved	Not Achieved	Performance Percentage	Program of Concern
Community Housing Network	Community Housing Network - Briggsdale	5	5	0	100%	No
	Community Housing Network - Cassidy	5	5	0	100%	No
	Community Housing Network - Creekside Place	5	4	1	80%	No
	Community Housing Network - East 5th Avenue	5	5	0	100%	No
	Community Housing Network - Family Homes	5	5	0	100%	No
	Community Housing Network - Inglewood Court	5	5	0	100%	No
	Community Housing Network - Marsh Brook Place	5	5	0	100%	No
	Community Housing Network - North 22nd Street	5	5	0	100%	No
	Community Housing Network - Parsons Place	5	5	0	100%	No
	Community Housing Network - Poplar Fen Place	N/A	N/A	N/A	N/A	No
	Community Housing Network - Safe Haven	5	5	0	100%	No
	Community Housing Network - Southpoint Place	5	5	0	100%	No
	Community Housing Network - Terrace Place	5	5	0	100%	No
	Community Housing Network - Wilson	5	5	0	100%	No
	Totals		65	64	1	98%

Agency	Program	Total	Achieved	Not Achieved	Performance Percentage	Program of Concern
Equitas	Equitas Health - TRA	5	5	0	100%	0

Agency	Program	Total	Achieved	Not Achieved	Performance Percentage	Program of Concern
Gladden Community House	Community Housing Network - Briggsdale					
	Gladden Community House - Family Diversion	3	2	1	67%	No
	Gladden Community House - Family Homelessness Prevention	6	3	3	50%	No
	Gladden Community House - FCCS Prevention	6	4	2	67%	No
Totals		15	9	6	60%	0

Agency	Program	Total	Achieved	Not Achieved	Performance Percentage	Program of Concern
Home for Families	Community Housing Network - Briggsdale					
	HFF - Healthy Beginnings at Home 2	6	5	1	83%	No
	HFF - Homelessness Prevention for Expectant Mothers	5	4	1	80%	No
	HFF - Resiliency Bridge	5	4	1	80%	No
	HFF - Success Bridge	5	2	3	40%	Yes
	Home for Families - Homelessness Prevention/RRH - ODH TAY	7	3	4	43%	Yes
	Home for Families - Job2Housing Families	7	1	6	14%	Yes
	Home for Families - Rapid Re-housing Families	6	3	3	50%	No
	Home for Families - Rapid Re-housing Families Intensive	7	2	5	29%	Yes
	Home For Families - TAY RRH	8	4	4	50%	No
	Home For Families - TAY Transition to Home RRH	6	3	3	50%	No
	Home For Families - TAY Transition to Home TH					
Totals		63	31	32	49%	4

Agency	Program	Total	Achieved	Not Achieved	Performance Percentage	Program of Concern
Homefull	Community Housing Network - Briggsdale					
	Homefull - Isaiah	5	3	2	60%	No
	Homefull - Leasing	5	5	0	100%	No
	Homefull - Rapid Re-housing Single Adults	7	3	4	43%	Yes
	Homefull - SRA	5	2	3	40%	Yes
	Homefull - TRA	5	4	1	80%	No
	Homefull TRA - EHV	5	5	0	100%	No
	Homefull/YMCA TRA Mainstream	5	2	3	40%	Yes
Totals		37	24	13	65%	3

Agency	Program	Total	Achieved	Not Achieved	Performance Percentage	Program of Concern
Huckleberry House	Community Housing Network - Briggsdale					
	Huckleberry House - Emergency Shelter	4	3	1	75%	No
	Huckleberry House - TAY CARR Team & Expansion	5	3	2	60%	No
	Huckleberry House - TLP RHY TH	5	4	1	80%	No
	Huckleberry House - TLP TH	5	3	2	60%	No
	Huckleberry House - Youth SOP	6	4	2	67%	No
Totals		25	17	8	68%	0

Agency	Program	Total	Achieved	Not Achieved	Performance Percentage	Program of Concern
LSS - Faith Mission	Community Housing Network - Briggsdale					
	LSS - Faith Mission - Men's on Grant	7	3	4	43%	Yes
	LSS - Faith Mission - Women's on Grant	5	2	3	40%	Yes
	LSS - Faith Mission on 8th	5	1	4	20%	Yes
	LSS - SSVF Rapid Re-housing and Prevention	5	4	1	80%	No
	LSS - VA Men & Women					
Totals		22	10	12	45%	3

Agency	Program	Total	Achieved	Not Achieved	Performance Percentage	Program of Concern
Maryhaven	Community Housing Network - Briggsdale					
	Maryhaven - Commons at Chantry	5	5	0	100%	No
	Maryhaven - Engagement Center Safety	5	3	2	60%	No
Maryhaven - Engagement Center Shelter2Housing	5	3	2	60%	No	
Totals		15	11	4	73%	0

Agency	Program	Total	Achieved	Not Achieved	Performance Percentage	Program of Concern
Mt. Carmel	Community Housing Network - Briggsdale					
	Mt. Carmel - Capital Crossroad SID Outreach	7	4	3	57%	No
Mt. Carmel - Outreach	8	6	2	75%	No	
Totals		15	10	5	67%	0

Agency	Community Housing Network - Briggsdale		Program	Total	Achieved	Not Achieved	Performance Percentage	Program of Concern
National Church Residences	National Church Residences - Berwyn East Place		Berwyn East Place	N/A	N/A	N/A	N/A	No
	National Church Residences - Commons at Buckingham		Commons at Buckingham	5	4	1	80%	No
	National Church Residences - Commons at Chantry TAY		Commons at Chantry TAY	5	5	0	100%	No
	National Church Residences - Commons at Grant		Commons at Grant	N/A	N/A	N/A	N/A	No
	National Church Residences - Commons at Livingston		Commons at Livingston	5	5	0	100%	No
	National Church Residences - Commons at Third		Commons at Third	5	5	0	100%	No
	National Church Residences - Van Buren Village		Van Buren Village	5	5	0	100%	No
Totals				25	24	1	96%	0

Agency	Community Housing Network - Briggsdale		Program	Total	Achieved	Not Achieved	Performance Percentage	Program of Concern
Netcare	Netcare - Homeless Hotline (Families)		Homeless Hotline (Families)	4	2	2	50%	No
	Netcare - Homeless Hotline (Single Adults)		Homeless Hotline (Single Adults)	4	2	2	50%	No
Totals				8	4	4	50%	0

Agency	Community Housing Network - Briggsdale		Program	Total	Achieved	Not Achieved	Performance Percentage	Program of Concern
Southeast	Southeast - Friends of the Homeless - Men's Shelter		Friends of the Homeless - Men's Shelter	5	1	4	20%	Yes
	Southeast - PATH Outreach		PATH Outreach	5	2	3	40%	Yes
	Southeast - SUD Outreach		SUD Outreach	5	3	2	60%	No
Totals				15	6	9	40%	2

Agency	Community Housing Network - Briggsdale		Program	Total	Achieved	Not Achieved	Performance Percentage	Program of Concern
Veterans Affair	Veterans Affairs - VASH I-XI		VASH I-XI	5	5	0	100%	0

Agency	Community Housing Network - Briggsdale		Program	Total	Achieved	Not Achieved	Performance Percentage	Program of Concern
VOAOI	VOAOI - Family Supportive Housing		Family Supportive Housing	5	5	0	100%	No
	VOAOI - Rapid Re-housing Families		Rapid Re-housing Families	7	6	1	86%	No
	VOAOI - SSVF Prevention		SSVF Prevention	6	2	4	33%	Yes
	VOAOI - SSVF Rapid Re-housing		SSVF Rapid Re-housing	7	2	5	29%	Yes
	VOAOI - VA Emergency Housing		VA Emergency Housing	5	4	1	80%	No
Totals				30	19	11	63%	2

Agency	Community Housing Network - Briggsdale		Program	Total	Achieved	Not Achieved	Performance Percentage	Program of Concern
WWC	Warming Center Shelters		Warming Center Shelters	1	1	0	100%	0

Agency	Community Housing Network - Briggsdale		Program	Total	Achieved	Not Achieved	Performance Percentage	Program of Concern
YMCA	YMCA - Franklin Station		Franklin Station	5	5	0	100%	No
	YMCA - McKinley Manor		McKinley Manor	5	5	0	100%	No
	YMCA - Men's Overflow		Men's Overflow	2	2	0	100%	No
	YMCA - Rapid Re-housing DV		Rapid Re-housing DV	7	5	2	71%	No
	YMCA - Rapid Re-housing Families		Rapid Re-housing Families	7	4	3	57%	No
	YMCA - Rapid Re-housing Single Adults		Rapid Re-housing Single Adults	7	5	2	71%	No
	YMCA - Scattered Sites HOME		Scattered Sites HOME	5	5	0	100%	No
	YMCA - Touchstone Place		Touchstone Place	5	5	0	100%	No
	YMCA - Van Buren Family Shelter		Van Buren Family Shelter	5	4	1	80%	No
	YMCA - Van Buren Women's Shelter		Van Buren Women's Shelter	5	5	0	100%	No
	YMCA - Women's Overflow		Women's Overflow	3	2	1	67%	No
	Totals				56	47	9	84%

Agency	Community Housing Network - Briggsdale		Program	Total	Achieved	Not Achieved	Performance Percentage	Program of Concern
YWCA	YWCA - Family Center		Family Center	5	3	2	60%	No
	YWCA - Family RRH		Family RRH	7	4	3	57%	No
	YWCA - WINGS		WINGS	5	5	0	100%	No
Totals				17	12	5	71%	0

	Total	Achieved	Not Achieved	Performance Percentage	Programs of Concern
HMIS Total	424	302	122	71%	14

#VALUE!

YMCA										
Measures	Total	Achieved	Not		Program	Total	Achieved	Not		Program of Concern?
			Achieved	%				Achieved	%	
New Households Served	3	2	1	67%	Van Buren Family Shelter	5	3	2	60%	
Total Households Served	9	5	4	56%	Men's Overflow	6	6	0	100%	
Nightly Occupancy	6	4	2	67%	Van Buren Women's Shelter	9	5	4	56%	
Average Length of Shelter Stay (Days)	7	5	2	71%	Women's Overflow	3	3	0	100%	
Average Length of Participation (Days)	3	3	0	100%	Franklin Station	5	5	0	100%	
Program Occupancy Rate	6	4	2	67%	McKinley Manor	5	5	0	100%	
Housing Stability (Months)	6	4	2	67%	Touchstone Place	5	5	0	100%	
Successful Housing Outcomes (#)	12	8	4	67%	Scattered Sites HOME	5	5	0	100%	
Successful Housing Outcomes (%)	12	7	5	58%	Rapid Re-housing Single Adults	7	6	1	86%	
Usage of CSB DCA (%)	3	2	1	67%	Rapid Re-housing Families	7	1	6	14%	
					Rapid Re-housing DV	7	6	1	86%	
					Totals	64	50	14	78%	

YWCA										
Measures	Total	Achieved	Not		Program	Total	Achieved	Not		Program of Concern?
			Achieved	%				Achieved	%	
New Households Served	1	0	1	0%	Family Center	5	3	2	60%	
Total Households Served	2	1	1	50%	WINGS	5	5	0	100%	
Nightly Occupancy	1	1	0	100%	Family RRH	7	3	4	43%	
Average Length of Shelter Stay (Days)	2	1	1	50%	Totals	17	11	6	65%	
Average Length of Participation (Days)	1	1	0	100%						
Program Occupancy Rate	1	1	0	100%						
Housing Stability (Months)	1	1	0	100%						
Successful Housing Outcomes (#)	3	2	1	67%						
Successful Housing Outcomes (%)	3	2	1	67%						
Usage of CSB DCA (%)	1	0	1	0%						

HMIS Total				Performance	Programs of
	Total	Achieved	Not Achieved	Percentage	Concern
	408	297	110	73%	

A Roadmap for Action: Continuum of Care Comprehensive Plan to Address Homelessness and Related Issues for FY25

This action plan serves as a living document, updated regularly to reflect the evolving needs and priorities of the Continuum of Care (CoC) and the communities it serves. It aims to provide a clear, actionable roadmap for implementing the Continuum of Care's strategic goals, with a focus on addressing homelessness and related challenges.

By engaging subject matter experts and community stakeholders, the goal is to ensure the system delivers the most effective and comprehensive services possible for individuals experiencing homelessness. The Continuum of Care is composed of representatives from various organizations that work collaboratively to plan for and implement outreach, engagement, and assessment services, emergency shelter, rapid re-housing, transitional housing, permanent housing, and homelessness prevention strategies.

A key principle of this plan is its adaptability. This plan emphasizes transparency and accountability, incorporating specific mechanisms to track progress, measure outcomes, and encourage public input.

The CoC is responsible for coordinating and implementing a system tailored to the needs of its geographic area, ensuring a structured and effective response to homelessness. Its primary responsibilities include:

- Operating the CoC
- Designating and managing a Homeless Management Information System (HMIS)
- CoC planning

This action plan reflects the collective commitment of the CoC Board and its partners to addressing homelessness through a comprehensive, collaborative, and equitable approach. By working together, we strive to end homelessness.

1. Goal: Integrating current demographic insights and gap analyses into the decision-making process.					
Success will be measured by:					
<ul style="list-style-type: none"> ➤ A CoC membership represents the demographics of Franklin County. ➤ Implementation of data-driven strategies to reduce homelessness. 					
Strategy	Action Steps	Person/ Organization Responsible	Timeframe	Check-in Date	Status
1a. The CoC does not adequately reflect the populations of Franklin County.	<ol style="list-style-type: none"> 1. Assess the demographics of CoC membership through surveys. 2. Use the data to invite underrepresented members, ensuring CoC reflects the demographics of Franklin County. 	CSB/CoC	12/25	01/26	
1b. Identify demographic trends in services	<ol style="list-style-type: none"> 1. Equity in Action will monitor demographics and analyze trends in homelessness numbers and service outcomes quarterly using HMIS. 2. Upon identifying patterns, the membership will collaborate as a continuum to develop solutions. 3. Data will be reviewed quarterly, and adjustments will be made as needed. 	CSB/CoC	7/25 – 9/25 10/25- 12/25 1/26 – 3/26 4/26 – 6/26	10/25 1/26 4/26 6/26	

2. Goal: Strengthening partnerships.					
Success will be measured					
<ul style="list-style-type: none"> ➤ Develop relationships with new partners 					
Strategy	Action Steps	Person/ Organization Responsible	Timeframe	Check-in Date	Status
2a. Develop formal partnerships (MOU/MOA)	Develop partnerships with the following organizations: <ol style="list-style-type: none"> 1. Childcare & Development Fund 2. Federal Home Visiting Program (including Maternal, Infant & Early Childhood Home & Visiting or MIECHV) 3. Healthy Start 4. Public Pre-K 5. Columbus Public Health 	CSB/CoC	07/25 – 12/25	1/26	

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6. Franklin County Public Health				
2b. Establish partnership with State Sexual Assault Coalition	Contact the Ohio Alliance to End Sexual Violence.	LSS Choices	07/25 – 12/25	1/26

3. Goal: Increase CoC members and community engagement, improve public perception, and shape policy.				
Success will be measured by:				
<ul style="list-style-type: none"> ➢ Overall increase in participation of CoC members and non-voting members ➢ Provide quarterly training sessions ➢ Increase in Social Media post about the criminalization of being homeless 				
Strategy	Action Steps	Person/ Organization Responsible	Timeframe	Check-in Date
3a. CoC membership participation needs to be increased.	<ol style="list-style-type: none"> 1. Reconnect with partners to identify participation challenges 2. Provide 2 volunteer opportunities. 	CSB/CoC	07/25 – 6/26	12/25 6/26
3b. Increase the attendance of non-voting partner agencies at CoC membership meetings.	<ol style="list-style-type: none"> 1. Enhancements to the CoC website and branding 2. Extending email invitations to non-members. 	CSB	07/25 – 6/26	12/25 6/26
3c. CoC works to “reverse the existing criminalization policies”	<ol style="list-style-type: none"> 1. Develop consistent messaging for the CoC to collaboratively engage lawmakers on the challenges of criminalizing homelessness. 2. Encourage CoC members to utilize social media to educate the public and lawmakers about criminalization policy 	CSB/CoC	07/25 – 6/26	12/25 6/26
3d. Formation of new committees	<p>The following committees will be formed:</p> <ol style="list-style-type: none"> 1. An Innovation Committee 2. A Performance and Outcomes Workgroup 3. A local Employment Agency Workgroup 	CSB/CoC	07/25 – 12/25	1/26
3e. CoC Training Sessions	<p>Members will have the opportunity to participate quarterly in either In-person or virtual trainings in the following subjects:</p> <ol style="list-style-type: none"> 1. Engaging people on the street (Youth and Adult) 2. Domestic Violence/Intimate Partner Violence and the homeless (Youth and Adult) 	CSB/CoC	7/25 – 9/25 10/25- 12/25 1/26 – 3/26	10/25 1/26 4/26

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4. Goal: Using Results to Impact System Performance							
Success will be measured by data showing a reduction of length of time, positive housing exits and reduced recidivism.							
Strategy	Action Steps	Person/ Organization Responsible	Timeframe	Check-in Date	Status		
4a. Reduce length of time homeless	<ol style="list-style-type: none"> 1. Performance and Evaluation workgroup will work to identify trends. 2. Data will be disseminated to the CoC membership and the Continuum will develop and implement solutions. 	CSB/CoC	1/26 – 3/26 4/26 – 6/26	3/26 6/26			
4b. Increase the rate of positive housing exits and retention of permanent supportive housing	<ol style="list-style-type: none"> 1. Performance and Evaluation workgroup will work to identify trends. 2. Data will be disseminated to the CoC membership and the Continuum will develop and implement solutions. 	CSB/CoC	1/26 – 3/26 4/26 – 6/26	3/26 6/26			
4c. Reduce recidivism rates	<ol style="list-style-type: none"> 1. Performance and Evaluation workgroup will work to identify trends. 2. Data will be disseminated to the CoC membership and the Continuum will develop and implement solutions. <p>The following will be evaluated:</p> <ul style="list-style-type: none"> ➤ Rapid Re-Housing target population adjusted appropriately for the corresponding programming (i.e. divert to PSH instead of RRH) ➤ Work with PSH providers to decrease the tenant evictions (eviction court) ➤ Focus on YHDP partners to work with youth on decreasing the high rates of return for 	CSB/CoC	1/26 – 3/26 4/26 – 6/26	3/26 6/26			