**FY2024 Georgia Balance of State CoC – Coordinated Entry System Addendum**

**Annual Competition**

The Georgia Balance of State (BoS) Continuum of Care (CoC) is issuing this addendum as a required certification that must be submitted with ALL project review applications. This document addresses the BoS CoC CES written standards, policies, and procedures, and participation requirements. All projects are required to participate in coordinated entry, and the selection of program participants must be consistent with the CoC’s coordinated entry process (under Participant Eligibility, page 32 of FY 2024 NOFO).

The certification below must be made by a member of the organization who has been duly authorized to make such commitments. This addendum must be received by DCA from ALL project applicants no later than the **September 10, 2024 deadline for renewal applicants and September 11, 2024 deadline for new applicants** in order for an application to be considered complete. It should be emailed to Tina Moore, CoC Coordinator (BoSMonitoring@dca.ga.gov).

**Coordinated Entry System**

The definition of Coordinated Entry can be found at 24 CFR 578.3. Provisions at 24 CFR 578.7(a)(8) detail the responsibilities of the CoC for establishing and operating this required system. In addition to the definition and responsibilities established by regulation, HUD also posted on the HUD Exchange CPD-17-01: Notice Establishing Additional Requirements for a CoC CES in January 2017, establishing requirements related to the development and use of a CES. Both the CoC and ESG Program Interim Rules require use of and participation in the CoC’s CES. The BoS CoC’s CES has developed policies and procedures to include victim service providers in the CES. These systems help communities assess the needs of program participants and effectively match homeless persons with the most appropriate resources available to address their particular needs.

Participation in the BoS CoC CES for CoC funded permanent housing projects in implementation communities is defined as:

1. Utilize all screening and assessment tools outlined in the BoS CoC CES Written Standards, Policies and Procedures
2. Reporting all bed/program vacancies to the CES Lead Agency no less than once a week.
3. 100% of enrollments in CoC funded projects must be referred from the CES and prioritized according to the BoS CES Written Standards, Policies and Procedures.
4. Acknowledging referrals in HMIS within 48 hours.
5. Updating the status of referrals in HMIS within 7 days.
6. Regularly attend CES planning meetings and case conferencing when applicable.
7. Follow the GA BoS CoC CES Written Standards, Policies and Procedures

If being assessed by a DV specific agency, participant information will not be entered into HMIS. De-identified

information (DV comparable database client key, VI-SPDAT score, family size, veteran status, and chronicity) will be added to the supplemental prioritization list. Lead agency will follow the standard assessment, prioritization, and referral process.

Participation in the BoS CoC CES for CoC funded permanent housing projects outside of implementation communities is defined as:

1. Utilize all screening and assessment tools outlined in the BoS CoC CES Written Standards, Policies and Procedures.
2. Assess households experiencing literal homelessness using the VI-SPDAT, TAY-VI-SPDAY, or Family VI-SPDAT
3. Input households and assessment results in HMIS
4. Prioritize prevention resources and permanent housing project vacancies using the **Prioritization Spreadsheet**

[ ]  **I certify that my agency will operate this project funded through the Balance of State CoC using the Coordinated Entry System (Required). (Please initial)** \_\_\_\_\_\_\_\_\_\_\_\_

[ ]  **I certify that my agency is aware of the *Georgia Balance of State Continuum of Care Coordinated Entry System Written Standards, Policies and Procedures* and will ensure the policies and procedures of each CoC-funded project have been updated in order to meet these standards, and these Written Standards are in practice within each project (Required). (Please initial)** \_\_\_\_\_\_\_\_\_\_\_\_

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| Signature of Authorized Representative[ ]  “X” indicates electronic signature submitted |
| Print Name |  |
| Title |  |
| Agency and Project Name(s) |  |
| Date |  |