

STATE OF DELAWARE CONTINUUM OF CARE GOVERNANCE CHARTER



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I. Delaware CoC Governance Overview

Purpose

This Governance Charter outlines the roles and responsibilities of the Delaware Continuum of Care membership, the Delaware Continuum of Care Board, Continuum of Care Committee(s), the CoC Lead Agency, the Collaborative Applicant, Centralized Intake (CI) Lead Agency, and the Homeless Management Information System (HMIS) Lead Agency. This Governance Charter was developed by the Continuum of Care and HMIS lead agency in consultation with homeless housing and service providers in the CoC geography and other CoC members through a committee and feedback process. The structure of the CoC can be found in **Appendix A**.

Name of the Continuum of Care

The name of the Continuum of Care shall be the Delaware Continuum of Care (DE-CoC). Whenever the term “CoC”, “Continuum”, or “Continuum of Care” is used in this charter, it shall mean the Delaware Continuum of Care and its membership.

Name of the CoC Board

The name of the CoC’s Board shall be the Delaware Continuum of Care Board, hereinafter referred to as “the Board.”

Office

The principal office of the State of Delaware CoC shall be the address of the Lead Agency.

Geographic Representation

The CoC’s geographic area covers the entire state of Delaware.

Mission

The Delaware CoC is a community-based collaborative that ensures a responsive, fair, and just approach to addressing homelessness, and strives to achieve housing for all.

Responsibilities

In support of the mission and pursuant to HUD 24 CFR part 578.7 of the CoC Program Interim Rule, the Responsibilities of the Continuum of Care include:

1. *Conduct effective planning processes to develop and update a Plan to End Homelessness*

The CoC is responsible for the planning and implementation of a comprehensive system to address the needs of the homeless population and subpopulations and persons experiencing a housing crisis within its geographic area. The Plan will include long-range strategies as well as action steps to implement the Plan, periodically evaluating and updating the plan to assure its effectiveness. The CoC’s Action Plan to End Homelessness can be found [here](#).

2. *Coordinate with other entities and organizations in improving the effectiveness of homeless assistance in the Continuum*

The Continuum coordinates with several other agencies and entities involved in planning and

implementing homeless programs and activities in the statewide area. The primary relationship is with the HUD CDBG, ESG and HOME jurisdictions, which includes the management of statewide homeless and housing programs, the completion of Consolidated Plans, and other statewide and local planning efforts.

3. Operate an effective performance management system through the Homeless Management Information System (HMIS) to ensure progress in meeting established project and continuum outcomes

The Continuum is charged with the responsibility of implementation and maintenance of the HMIS system for the CoC. Specifically, the Continuum must:

- Designate a single HMIS for its geographic area;
- Designate a single eligible applicant to serve as the HMIS Lead Agency to manage the HMIS and apply for HMIS funding;
- Ensure that the HMIS is administered in compliance with requirements prescribed by HUD;
- To the extent possible, ensure that projects using an alternate data collection system (such as Victim Service Providers) are compliant with maintaining a "comparable database". The collection of data must comply with the Final HMIS Data Standards - 2017 HMIS Data Dictionary released on May 2, 2017.
- In consultation with the HMIS Lead Agency, review, revise, and approve the HMIS privacy and security policies and procedures and data quality plan;
- Ensure the consistent participation of recipients and subrecipients in the HMIS.

The Continuum coordinates with its HMIS Lead Agency, grant recipients and subrecipients, and other participating organizations to establish performance targets appropriate for its population and program types. It also reviews periodic reports on performance of CoC-wide goals and supports efforts to obtain accurate and complete data on tracked outcomes.

4. Maintain an effective CoC project monitoring and technical assistance effort to assist grantees with weak performance or management

The CoC monitors CoC recipient and subrecipient performance, evaluates project outcomes, and provides technical assistance to poor performers at least annually. The Board manages the CoC resources to ensure maximum impact of funds on improving outcomes; and reallocates funds as necessary. This is carried out in compliance with the CoC's process to monitor performance as indicated in scoring and renewal processes associated with the annual NOFA competition, at a minimum, and more often whenever possible.¹

5. Establish a Coordinated Entry System (CES)

The HUD CoC Program interim rule requires that CoCs establish and operate a "centralized or coordinated assessment system" and defines coordinated entry as a centralized or coordinated process designed to coordinate program participant intake assessment and provision of referrals (24 CFR part 578.3). The DE-CoC CES is fully compliant with the requirements published through the HUD Notice

¹ Currently, CoC-wide monitoring is being done for CoC-funded programs only. The CoC is coordinating with local ESG jurisdictions on CoC goals.

(CPD-17-01: Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System, published on January 23, 2017) which established the minimum requirements for Coordinated Entry and required them to be in place in every CoC by January 23, 2018. According to the notice, CoC Coordinated Entry System must:

- Cover the entire geographic area claimed by the CoC
- Be easily accessed by individuals and families seeking housing or services
- Be well-advertised
- Include a comprehensive and standardized assessment tool
- Provide an initial, comprehensive assessment of individuals and families for housing and services; and,
- Include a specific policy to guide the operation of the centralized or coordinated assessment system to address the needs of individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking, but who are seeking shelter or services from non-victim-specific providers

The CoC's CES (also known as Centralized Intake or CI) coordinates and manages access, assessment, prioritization and referral to housing and services for any person(s) experiencing or at imminent risk of homelessness. Participation in CES is required for all projects funded by HUD Continuum of Care or Emergency Solutions Grants and is strongly encouraged for all other housing and service providers in order to ensure equitable and coordinated access for all. To the extent possible, the CoC is to ensure that projects using an alternate data collection system (such as Victim Service Providers) should participate in the coordinated entry system adopted by the CoC. The Centralized Intake Policies and Procedures can be found [here](#).

6. *Encourage coordination among federal homeless programs through improved coordination with recipients and subrecipients of Emergency Solutions Grants (ESG)*

The Continuum coordinates with ESG recipients and local ESG jurisdictions on the allocation of resources within the Continuum and the development of a coordinated intake and assessment system. The Continuum consults with State and local government ESG recipients within its geographic area with respect to the plan for allocating ESG funds and reporting on and evaluating the performance of ESG recipients and subrecipients.

In addition, the CoC evaluates outcomes of projects funded under the ESG program and the Continuum of Care program, and reports to HUD as required. The CoC will strive to include representatives from the local ESG jurisdictions.

7. *Maximize resources by annually preparing competitive applications for the HUD CoC-funded programs and other funding resources*

The Continuum, in collaboration with the Collaborative Applicant, develops a competitive CoC application to HUD and aggressively seeks resources. The Continuum follows a collaborative process for developing applications and approving the submission of applications in response to a NOFA published by HUD in concert with the funding priorities and plan adopted by the Continuum. The Continuum will also seek out other funding sources that the CoC and/or its communities and agencies can apply for to support the goals of the CoC.

The project selection process must be transparent and inclusive and based on the standards indicated in 24 CFR part 578.19(b). In order to maximize the use of funds, the CoC will evaluate applicants to ensure satisfactory grant management and that activities are achieving Continuum outcomes and goals. This includes ensuring that all project applications are submitted by eligible applicants.

8. *Coordinate with the Collaborative Applicant of the Continuum of Care*

The Continuum works closely with the designated Collaborative Applicant. A close working relationship between the two entities is essential for the effective management of the CoC resources and assures the Continuum is competitive in the national HUD homeless programs application processes.

The Collaborative Applicant is the entity that submits the CoC Consolidated Application for funding, as well as the planning grant application on behalf of the CoC. The CoC retains all of its responsibilities, even if it designates one or more eligible applicants other than itself to apply for funds on behalf of the Continuum.

9. *Conduct an annual assessment of needs and resources through Point In Time and Housing Inventory Counts, HMIS data, CES and Resources Inventory*

The Continuum annually assesses the needs of homeless persons in the geographic area through a well-coordinated point in time count, an on-going assessment of trends through analysis of HMIS data, the use of a Coordinated Entry System and an assessment of homeless needs and housing/services resources available within the Continuum. The Continuum conducts a gaps analysis and determines unmet needs within the geographic area.

The point-in-time count of homeless persons within the Continuum enumerates:

- the number of homeless persons who are living in places not designed for or ordinarily used as regular sleeping accommodations for humans (unsheltered homeless persons)
- the number of homeless persons living in emergency shelters and transitional housing projects (sheltered homeless persons)
- other reporting requirements established by HUD by Notices

10. *Develop written policies, procedures and standards*

The Continuum is required by HUD to establish and consistently follow local written standards for providing assistance through Continuum resources, in consultation with the recipients of Emergency Solutions Grants program funds. The CoC has local written standards for CoC and ESG Programming, found [here](#). The regulatory requirements of ESG and CoC written standards are located [here](#).

At a minimum, standards include:

- Policies and procedures for evaluating individuals' and families' eligibility for assistance under the CoC and ESG Programs
- Policies and procedures for determining and prioritizing which eligible individuals and families will receive assistance
- Standards for determining what percentage or amount of rent each program participant must pay while receiving assistance

If the Continuum is designated by HUD as a High Performing Community (HPC), policies will be

developed that meet the standards for high-performing communities, as described in the Emergency Solutions Grants program rule at 24 CFR part 576.400(e)(vi) through(e)(ix)

In addition, the Continuum operates under this charter and through Policies, Procedures and Standards, and amendments thereof, which have been developed in consultation with the Continuum membership, CoC Lead Agency, CI Lead Agency, HMIS Lead, and Collaborative Applicant, and approved by the Board. Such policies, procedures and standards are incorporated into this charter by reference, including:

- Operating Procedures as outlined at 24 CFR part 578.7(a)(3);
- Code of Conduct, Conflict of Interest and Recusal Process Policy. The Board must comply with the conflict of interest requirements at 24 CFR part 578.95(b);
- HMIS Policies and Procedures, HMIS Privacy and Security Policies and Procedures, and HMIS Data Quality Plan; and
- Centralized Intake Policies and Procedures

11. Publish Applications and Plans

The Continuum makes available all policies, procedures and materials of the Continuum on the CoC website and/or through electronic distribution. The CoC also publishes the HUD CoC application submitted by the Continuum on the website in accordance with the NOFA specifications.

12. Provide information needed for Consolidated Plan(s) within the Continuum's geographic area

The Continuum coordinates with local jurisdictions to supply information needed for Consolidated Plans at the local and state level. Coordination includes providing Point-in-Time and Housing Inventory Chart data and ensuring local homelessness information is communicated and addressed in the Consolidated Plan updates.

Meetings

The latest revised edition of Robert's Rules of Order shall prevail at all meetings except where contrary to this charter or any standing rule.

All agendas, inclusive of items planned to be voted on during the meeting, must be published in advance of the meeting date. The meetings are open to the public, with the exception of Executive Sessions, and non-members can attend. The CoC will open a time for public comment during each meeting. Meetings may be in-person, virtual or via phone conference.

General Membership and Board meetings are facilitated by the Board chair and co-chair, as appointed by the membership.

Minutes

Meeting minutes will be taken by CoC staff unless a particular committee designates another member to take minutes during their own committee meetings. Minutes will be made public by posting on the CoC website.

Quorum

A quorum is defined as 51% of all voting members in attendance. Meetings conducted without a quorum present will not call for voting during the meeting.

Decisions that would result in structural changes to the CoC require a supermajority quorum, which is defined as two-thirds ($\frac{2}{3}$) of all voting members present and/or casting an electronic vote.

Voting

To the greatest extent possible, those items which need to be voted on will be indicated as such on the meeting's agenda, shared in advance of the meeting.

If a quorum can be established, a majority of all those eligible to vote is necessary for any resolution or vote to pass. For purposes of time-sensitive and/or critical votes an email vote may be used. On the direction of the CoC Board, e-votes may be initiated by the Lead Agency.

If a quorum cannot be established, no votes may take place during the meeting; however, an email vote may commence as soon as possible. Additionally, in time-sensitive and/or critical instances, an email vote may also be used. On the direction of the CoC Board Chair, email votes will be initiated by the CoC Lead Agency. A majority of eligible voters will pass the email vote. See *Membership* and *Board* sections herein for specifics related to what each entity may vote on.

Committees and Subcommittees may establish their own voting guidelines, as mentioned in the *Committee* section herein.

Decisions that would result in structural changes to the CoC require a supermajority, which is defined as two-thirds ($\frac{2}{3}$) approval from two-thirds ($\frac{2}{3}$) of all voting members present and/or casting an electronic vote.

All voting members shall have the right to recuse themselves from voting on the matter without providing an excuse.

Code of Conduct/Conflict of Interest/Recusal Process

In accordance with HUD regulations, no CoC, Board and/or Committee member may participate in or influence discussions or resulting decisions concerning the award of a grant or other financial benefits to the organization that the member represents. Therefore, any individual participating in or influencing decision making must identify actual or perceived conflicts of interest as they arise and comply with the letter and spirit of this policy. Disclosure should occur at the earliest possible time and, if possible, prior to the discussion of any such issue. Any individual with a conflict of interest who will be voting on the Board or within a Committee is required to recuse themselves from discussion and voting on any issue in which they may have a direct, indirect or perceived conflict. An individual with a conflict of interest, who is a committee chair, shall yield that position during discussion and abstain from voting on the item.

Written Conflict of Interest disclosure forms will be provided by each individual upon appointment to a Board or Committee. This form must then be submitted during each annual meeting thereafter as well as when there are any changes to the nature of real or perceived conflicts. Board or Committee members will not be permitted to participate in any discussion and/or vote without a current statement on file. The full Conflict of Interest Policy can be found [here](#).

Record Keeping

Aligned with 24 CFR 578.103, the CoC Lead Agency shall record and collect 5 years' worth of evidence that the:

1. Board selected by the Continuum of Care meets the requirements of 24 CFR 578.5(b);
2. Continuum has been established and operated as set forth in subpart B of this part, including:
 - published agendas and meeting minutes
 - an approved Governance Charter that is reviewed and updated annually
 - a written process for selecting a board that is reviewed and updated at least once every 5 years
 - evidence required for designating a single HMIS for the Continuum
 - and monitoring reports of recipients and subrecipients
3. Continuum has prepared the application for funds as set forth in 24 CFR 578.9, including the designation of the eligible applicant to be the collaborative applicant.

II. Delaware CoC Membership

Outreach & Recruitment

In advance of each Annual Membership meeting, the CoC Lead Agency extends a membership invitation through public notice and other appropriate media, which may include emails and website announcements distributed by a wide range of stakeholders and members. This solicitation includes confirming current membership and providing outreach to new members. Specific efforts will be made with the CoC Lead Agency coordinating and the Membership and Engagement Committee to address membership gaps.

Composition

Membership in the CoC ensures community wide commitment to preventing and ending homelessness and represents a diverse body of stakeholders throughout the entire geographic area of the Delaware CoC. The intent is that the CoC be as inclusive as possible, to include the opinions and insights of various parties and taking into account any Inclusion Policy that may have been adopted by the CoC.

The CoC may have the following parties represented in its general membership:

HUD Required	CoC Encouraged
Non-Profit Homeless Assistance Providers	Utility Companies
DV Survivor Service Providers	Department of Health and Social Services
Faith-Based Organizations	Disability services/Advocates
Government Entities	Family and Youth Services/Youth Advocates
Businesses	Home ownership programs
Advocates	Legal Aid services
Public Housing Authorities	Department of Corrections/Local Jails
Mental Health Agencies	Local Government Staff/Officials
Universities	LGBTQ Organizations/ Advocates
School Districts	School Administrators/Homeless Liaisons
Social Service Providers	CDBG/HOME/ESG Entitlement Jurisdiction(s)
Affordable Housing Developers	Street Outreach Team(s)

Law Enforcement	Substance Abuse Service Organizations & Advocates
Persons who are/have experienced homelessness	Mental Illness advocates
Hospitals and Health Care providers	CoC-/Non-CoC-Funded Youth Homeless Organizations
Veteran Service Organizations	CoC-/Non-CoC Funded Victim Service Providers
	Domestic Violence survivor advocates
	Agencies that serve survivors of human trafficking
	Other relevant and interested parties

The CoC is committed to providing a client-centered, culturally aware service-delivery system in which all individuals, including people of color, LGBTQ persons, persons with disabilities, immigrant populations, and other historically marginalized populations, are represented within the CoC membership, Board and Committees.

Enrollment

Members may join at any time. In order to become a member of the Delaware Continuum of Care, an individual/agency must Complete an Application Form, sent to the CoC Lead Agency.

Members may or may not be part of an organization², but if they are affiliated with an organization they would indicate as such at the time of enrollment. The CoC Lead Agency will notify the individual and affiliated organization (if applicable) of their successful application to the CoC, and new members will be announced at each Annual Membership meeting. Members may send a designee if a Board member or the Lead Agency is notified in writing via email.

Types of Membership

The following types of membership exist:

1. General Members

General members must attend two of the four General Membership CoC quarterly meetings per year in order to maintain their general membership status in the Continuum of Care. In the event that this attendance requirement cannot be satisfied, the Membership Committee may consider participation in other CoC-related activities (i.e., committee participation, other support provided, etc.).

Non-voting members may be members of CoC committees.

2. Voting Members

For a non-voting member to become a voting member of the CoC they must commit to the following:

- Attend majority of quarterly General Membership meetings
- Sit on and actively participate in at least one Committee during the Federal Fiscal Year (October 1-September 30)

Wherever there is mention of voting among the CoC membership it is understood to mean that this applies to the voting members only. In the event someone is not affiliated with an organization (i.e., those with lived experience, advocates, etc.) they may still be a voting member.

² Divisions within government are considered to be separate organizations for the purposes herein.

Although an organization may have non-voting and voting members, no organization shall have more than one voting member at any given time.

Orientation

Upon receipt of the membership application, new members will receive introductory information from the CoC Lead Agency and be provided with an opportunity to meet with CoC staff and discuss membership. This information will contain at a minimum:

1. Governance Charter
2. CoC Written Standards
3. Conflict of Interest Statement
4. CoC Orientation Powerpoint

Compensation

Although members participate in the CoC on a volunteer basis, compensation may be offered to those with lived experience as established by the Board.

Dues

The CoC does not charge membership dues.

Responsibilities

The CoC's assigned responsibilities, including those required by the Continuum of Care by HUD in the Interim Rule, are outlined below, some in collaboration with other CoC entities:

1. Reviewing the Written Selection Process for the Board, which is included herein
2. Review Governance Charter Annually
3. Establish a Continuum of Care Board and designate its responsibilities
4. Participate in the Consolidated Plan
5. Consult with ESG recipients (along with the Board)
6. Receive and inform community and public policy updates relevant to homelessness issues
7. Review updates on the Plan to Prevent and End Homelessness
8. Provide input on strategic priorities for the Continuum of Care

Meetings

The Delaware CoC Board will hold quarterly meetings of the full CoC membership.

Voting

Decisions which would be decided on by the CoC's voting membership include:

1. Appointment of Board members and Board chair/vice chairperson
2. Approval of the Governance Charter
3. Additional items as deemed appropriate by the Board

Liability of Members

No member of the CoC, including Board members, shall be personally liable, solely because of membership in the CoC, for any debts, obligations, or liabilities of the CoC.

Termination/Reinstatement

The Board reserves the right to terminate or reinstate a member upon a majority vote of the Board. In the event of termination, the Board shall prepare a statement outlining the cause for terminations and deliver it to the member. The member will have 30 days to submit a corrective action plan prior to the Board's vote to terminate.

Transfers

Membership transfers are not allowed. Each individual seeking CoC membership must adhere to the admissions process outlined herein.

Resignations

A member may resign at any time by submitting written notice, including electronic communications, to the CoC Lead Agency or Board.

III. Delaware CoC Board

Nominations & Selection

A call for Board nominations is part of the annual meeting notice as solicited by the Membership and Nominations committee in collaboration with the CoC Lead Agency. Members of the Board are nominated by the CoC membership and are elected by the CoC's voting members. Nominations are to be made in writing to the CoC Lead Agency 30 days prior to the annual meeting, but will also be accepted at the meetings themselves if prior notice was not possible. Voting on Board members may take place in person, virtually, or electronically so long as a quorum has been established and voting guidelines are adhered to as previously declared.

The CoC's voting membership will elect a chairperson (must be non-conflicted) and a vice chairperson. These written procedures herein for selecting Board Members will be reviewed, updated and approved on a yearly basis, as part of the annual charter review, by the CoC's membership.

Composition

The CoC maintains a Board to act and make decisions on its behalf. The Board consists of 11-21 members. Membership must be representative of relevant organizations and projects serving homeless sub-populations within the geographic area and must include at least one homeless or formerly homeless individual. The CoC Lead Agency will have a non-voting position on the CoC Board. The following entities are required to have representation on the Board:

1. *Homeless/Formerly Homeless Individual(s)*
2. *ESG (Emergency Solutions Grant) Jurisdiction(s)*
3. *Representation from each of New Castle, Kent, & Sussex Counties*
4. *Representative from the State of Delaware*

5. *Representatives of non-profit homeless providers that target homeless sub-populations, with representation from each county, including:*

- *Singles*
- *Families*
- *Chronically homeless*
- *Veterans*
- *Youth*
- *Domestic Violence*
- *HIV/AIDS*
- *Mental Health*
- *Substance Use*

The list above is not exhaustive of included representatives or sub-populations; other representatives or subpopulations may be included as well depending on CoC needs and priorities (i.e., re-entry, healthcare, etc.). One member of the board can represent more than one entity listed above (i.e., one non-profit provider representative can serve as the representative for chronic and veterans if they target both populations). There will be good faith efforts to recruit Board membership from all parts of the CoC’s geography. Furthermore, the CoC maintains that all individuals, including people of color, LGBTQ persons, persons with disabilities, immigrant populations, and other historically marginalized populations, will be represented on the Board in a way that is reflective of the population composition of the DE-CoC to the best of it’s ability.

Terms

Board members will be elected for 3-year terms. There are no term limits, however each board member must be willing to serve and be subsequently re-elected to their board position, with or without other nominations, at the end of each term if they are to serve more than one term.

Board members select the Board chairs and vice chairs. Those appointed to chair and vice-chair positions will be appointed for 2-year terms, limited to 3 consecutive terms for any one particular position. Each chair or vice chair must be willing to serve and be subsequently re-appointed, with or without nominations, at the end of each term if they are to serve more than one term. Either the chair or vice chair may serve as a Board member at the end of their term(s) if they choose to do so and are voted onto the Board pursuant to the Board member selection process.

If a member holds any position on the Board mid-term, they shall be considered interim.

Onboarding

The CoC lead Agency will provide materials to each new Board member which will contain at a minimum:

1. Governance Charter
2. CoC Written Standards
3. Conflict of interest statement
4. CoC Orientation Powerpoint

Compensation

The Board members shall serve without compensation for their time, although those Board members with lived experience may receive compensation as determined by the Board.

Match Requirements

The Board members are required to provide an annual in-kind match toward the CoC Planning Grant. Documentation requirements and time lines will be set by the CoC's Collaborative Applicant.

Responsibilities

The Delaware CoC membership gives authority to the Delaware Continuum of Care Board for specific responsibilities; therefore, the Board makes decisions and acts on behalf of the CoC. The responsibilities required by the CoC Interim Rule and assigned to the CoC Board are outlined below:

1. As related to designations and appointments:

- Designate a Single HMIS for the entire CoC Geographic Area
- Designate HMIS Lead, CI Lead, CoC Lead, and Collaborative Applicant for Delaware CoC through Memorandums of Understanding, with roles and terms to be reviewed every 5 years, as well as initiate a Letter of Interest process whereby organizations can express interest in being hired for any of the aforementioned designations
- Appoint Committees, including appointing membership of the CoC Funding³ and Centralized Intake Committees, on an annual basis

2. As related to governance:

- Define membership of the CoC
- Develop and update the CoC Governance Charter

3. As related to priorities:

- Receive input from the full CoC Membership on priorities and goals for the CoC, and set those priorities on an annual basis
- Work strategically and develop plans to address the goals and priorities of the CoC

4. As related to the Annual HUD Funding Competition:

- In conjunction with the Collaborative Applicant, create an annual CoC funding application submission timeline
- Review and approve policies as recommended by the Funding Committee for the rating and ranking process for the CoC funding competition, taking into account CoC system needs, system gaps, system and project performance, strategic goals, HUD threshold requirements and regulations, and HUD and local policy priorities⁴
- Approve annual application to HUD for CoC Program funding
- Act as the funding appeals body for the full CoC, reviewing and making final determinations on provider appeals
- Review and act on the annual funding allocations and reallocations, in conjunction with the Funding Committee and collaborative applicant

5. As related to performance:

- Take action against poor performers. (CoC Funding Committee decides who to put on corrective action, Board reviews and approves, and the Lead Agency is responsible for creating and fulfilling the Corrective action plans)

³ Any individual on the CoC Board associated with an entity that receives HUD CoC funding may not participate in selecting members of the CoC Funding Committee.

⁴ Responsibility of non-conflicted Board members only

- Hold CoC Committees accountable for fulfilling their responsibilities. This includes approving or denying any Committee recommendations presented before the Board
- Monitor community-wide, system-wide and project-level performance as reported on by the System Performance and CoC Funding Committees
- Work with the CoC Lead Agency and CoC Funding Committee to complete project performance evaluation and monitoring of recipients, including an evaluation of outcomes for CoC-Projects and reporting to HUD.

6. As related to ESG:

- Consult with ESG Recipients (along with general membership)
- Act as the official liaison for the consolidated planning process and coordination with ESG jurisdictions based on input from the full CoC Membership

7. As related to meetings:

- Work with Lead Agency to set all CoC meeting agendas
- Lead full CoC membership meetings

8. As related to other:

- Review and act on additional HUD-required activities, in conjunction with CoC Committees and the CoC Lead Agency
- If have Unified Funding Agency (UFA), approve amendments for any grants

Meetings

The Board will conduct at least 6 meetings annually. Board members are expected to attend a majority of the board meetings.

Materials requiring prior review and approval shall be shared with the Board as soon as possible, but no later than two business days prior to the Board meeting. In the event this is not possible due to extenuating circumstances, materials may be provided as near to the meeting as possible, however, in all cases, Planning Grant Financials and updates must be shared with board members within the above mentioned time frame.

To the greatest extent possible, there should be sufficient CoC Staff present during meetings to be able to adequately answer any questions or comments related to the financial information shared. In the event that questions can not be sufficiently addressed during the meeting, the CoC Lead Applicant will provide requested clarification as timely as possible to the entire Board.

Executive Session

The CoC Board reserves the ability to hold executive sessions.

The Executive Sessions will comprise a meeting of non-conflicted board members and can be called for the following reasons to discuss:

1. Funding
2. Lead Agency Staff roles, responsibilities, contracts, etc.
3. Agencies holding MOUs for CoC, Centralized Intake and/or HMIS Lead Agencies

In the event that the Executive Session will be discussing matters pertaining to Lead Agency Staff and/or any agency holding an MOU with the CoC, the meeting may be called without notice to those associated agencies.

Vacancies

If Board membership is affected by a vacancy in such a way that it will either drop below the required 11 seats, or required representation is lacking, those non-CoC-staff position Board vacancies shall be filled within thirty days by election of the CoC Membership. A vacancy of a CoC-staff representative shall be filled as quickly as possible. If no permanent replacement can be identified within 30 days of the initial vacancy, an interim replacement must be appointed, and the permanent replacement must be identified by the CoC Lead Agency within 90 days of the initial vacancy.

Termination

Any member of the Board may be removed from office, with cause, as defined as either an action significantly damaging to the goals and mission of the CoC or as in failing to meet Board attendance requirements, by a two-thirds majority of the remaining Board members. Removal is effective only if it occurs at a meeting called for that purpose. Notice must be sent to all Board members, stating that the proposed removal is the purpose of the meeting. The person recommended for removal shall have the opportunity to speak on his/her behalf prior to a vote of the Board members. The Board may deliberate without the person recommended for removal present, prior to the vote of the Board. The recommendation of the Board member for removal shall be considered final.

Transfers

Board member transfers are not allowed. Each individual seeking a Board seat must adhere to the appointment process outlined herein.

Resignation

A Board member may resign at any time by submitting a letter of resignation to the CoC Lead Agency.

IV. Delaware CoC Committees

Overview

The Board may establish Committees that are either standing or ad hoc, that are made up of the CoC members to act at the direction of the Board on behalf of the CoC. There will be seven standing Delaware CoC Committees⁵:

1. Advocacy and Policy Committee
2. Centralized Intake (Coordinated Entry) Committee
3. CoC Funding Committee
4. Membership and Engagement Committee
5. Racial Justice and Equity Committee
6. Service Solutions Committee

⁵ Although there has historically been a “Veterans Committee”, since the CoC effectively ended veteran homelessness in 2016, the committee has since disbanded. Coordination with veteran providers occurs outside of the committee structure, although the Board reserved the right to reconvene it as a standing or ad hoc committee should the need arise.

7. System Performance Committee

Composition

Outside of the CoC Funding and Centralized Intake Committees, in which membership is appointed by the CoC Board, Committee/Sub-committee membership will be on a volunteer basis. Efforts will be made by the Membership and Engagement Committee and the CoC Lead Agency to recruit participation from individuals or agencies with particular knowledge and/or skill sets to assist with committee tasks deemed helpful and/or necessary. Volunteers for the Committees will be accepted during any CoC Membership meeting as well as outside the meeting process if necessary. The CoC Board will designate any required staff, either from the Lead Agency, Collaborative Applicant, CI Lead, or the HMIS Lead, to participate in Committees.

Responsibilities

CoC Committees plan and implement action items related to CoC priorities. Each committee targets a specific need, service area, sub-population or critical CoC function and meets regularly throughout the year (unless specified otherwise). The Board gives authority to the CoC Committees for specific responsibilities. The Committees generally decide their goals/priorities under their main roles as indicated below:

1. **Advocacy and Policy Committee**

Helps develop the DE-CoC advocacy agenda and promotes solutions to prevent and end homelessness among community members, local and state leaders, and elected officials

Works to develop the CoC advocacy agenda and promote policy solutions to prevent and end homelessness among community members, local and state leaders, and elected officials.

2. **Centralized Intake (Coordinated Entry) Committee**

Provides macro-level oversight of the coordinated assessment system, recommendations to the CoC Board and full CoC membership on macro-level changes for system improvement. Responsible for ongoing monitoring, assessment and improvement, in coordination with the administering agency.

Develops and reviews key CoC policies and tools related to the CES. Members of this committee are appointed by the CoC Board, must include someone from the Lead Agency, and should include someone who is or was formerly homeless. More specific responsibilities can be found in the [CI Lead Agency Memorandum of Understanding](#).

3. **CoC Funding Committee**

Members of this committee are appointed by the CoC Board and must be non-conflicted, convening as needed during the Annual NoFA application process. As a committee, it will:

- Create a local funding application and appeals process in collaboration with the CoC Lead Agency; details on this process can be found in the [DE-CoC Funding Policies](#).
- Provide recommendations to the CoC Board and full CoC membership on potential opportunities for increased funding as related to new CoC-funded programs
- In conjunction with the Board and CoC Lead Agency, review and act on the annual funding allocations and reallocations
- Score and rank projects and provide the ranking recommendation to the CoC Board

- Establish performance targets in consultation with recipients/subrecipients and Lead Agency
- Decide who to put on corrective action (Board reviews and approves the recommendation and the Lead Agency is responsible for creating and fulfilling the corrective action plans)
- Work with CoC Lead Agency and Board to complete project performance evaluation and monitoring of recipients/subrecipients, including an evaluation of outcomes for CoC Projects and report to HUD
- Analyze current federal, state, and local funding dedicated to the homeless system and provide recommendations to the CoC Board on potential reallocation of resources based on CoC strategic priorities, gaps (as informed by the CoC Lead), and system performance (as informed by the System Performance Committee)
- Evaluate the CI and HMIS Lead Agency annually

4. *Membership and Engagement Committee*

Annually reviews the CoC membership for compliance with HUD membership requirements, identifies gaps in participation, and provides recommendations for strategic engagement and recruitment of new members. Additionally, it will:

- Participate in recruitment activities to engage as many and as diverse stakeholders in the CoC as possible, including recruitment for participation-and membership in the CoC, on the CoC Board, and on the CoC committees. Special focus will be made on ensuring there is sufficient representation from each of the Counties, as well as from each identified subpopulation, as informed by needs and priorities across the general membership, voting membership, Board and Committees.
- Work in collaboration with the CoC Board and Lead Agency to develop any qualifications for membership in CoC entities as deemed necessary.
- Recognize that the CoC is committed to providing a client-centered, culturally aware service-delivery system in which all individuals, including people of color, LGBTQ persons, persons with disabilities, immigrant populations, and other historically marginalized populations, are represented within the CoC membership, Board and Committees.

5. *Racial Justice and Equity Committee*

Analyzes the negative impact of homelessness on people and communities of color, identifies racial disparities in homelessness, and proposes action steps for moving toward a more equitable future in Delaware

6. *Service Solutions Committee*

Identifies gaps in services or service connections and develops strategies for enhancing or expanding access to these services for persons experiencing homelessness in Delaware

7. *System Performance Committee*

This committee must have representation from the CoC Lead Agency and HMIS Staff and helps to identify and analyze gaps, evaluate performance, and recommend solutions for improvement of the CoC homeless service system. Additionally, it will:

- In collaboration with the HMIS and CoC leads, assist in the completion of an annual HMIS Coverage Gaps Analysis
- In collaboration with the CoC Lead Agency, evaluate how well the homeless system is meeting HUD's system-wide performance measures
- Provide recommendations to the full CoC membership and CoC Board on how system-wide performance can be improved

Meetings

Committees will determine how often they will meet as a group in order to achieve their goals; however, the Board may ask for additional Committee meetings if deliverables are not on schedule to be completed.

Although meetings are open to the public, non-committee members may be excluded from participating in certain committee-level decisions or discussions at the will of the Committee Chair.

Recommendations

While most day-to-day activities can be handled within each Committee, any material decisions must be voted on by the Committee in order to make a recommendation to the Board. Once the recommendation is presented to the Board, the Committee must await the Board's approval prior to taking action. The Board reserves the right to vote against any recommendation presented by a Committee. Examples of material decisions include:

1. Redistribution of task(s) to another entity (i.e., another committee, Board, CoC Lead Agency, etc.)
2. Policy creation, adaptation and/or amendment
3. Committee-run or sponsored events
4. Publications or sign-on on behalf of the CoC

Any Committee member is eligible to vote within their Committee, even if they do not hold a voting status within the general CoC. Each Committee is responsible for establishing their own voting regulations.

Accountability

Committees are accountable to the Board.

The Committee Chair is the liaison between the committee it serves and the CoC Board, even if the Chair is also a Board member. As such, Committee Chairs may not approve recommendations on behalf of the Board without first bringing the recommendation before the full Board.

Committees are required to submit activity updates to the Board in advance of each quarterly meeting and Board meeting. The Committee Chair will report on these updates at quarterly and Board meetings, as time and priorities allow.

Compensation

Although members participate in CoC Committees on a volunteer basis, compensation may be offered to those with lived experience as established by the Board.

Termination

Any committee member may be removed from the committee, with cause, as defined as an action significantly damaging to the goals of the committee, by a two-thirds majority of the remaining committee members. Removal is effective only if it occurs at a meeting called for that purpose. Notice must be sent to all Committee members, stating that the proposed removal is the purpose of the meeting. The person recommended for removal shall have the opportunity to speak on his/her behalf prior to a vote of the committee members. The committee may deliberate without the person recommended for removal present, prior to the vote of the Committee. The recommendation of the committee member for removal shall be considered final, and the removal will be shared with the Board.

Transfers

Committee membership transfers are not allowed. Each individual seeking Committee membership must adhere to the processes outlined herein.

Resignation

A Committee member may resign at any time by submitting a letter of resignation to the CoC Lead Agency. Note that if this committee member is also a voting member of the CoC, they may forfeit their right to vote due to the stipulation that voting members sit on and participate in a committee for one year.

V. Delaware CoC Staff Roles

Collaborative Applicant

The Continuum of Care must designate a legal entity who is also a Continuum of Care Program-eligible applicant to serve as the Collaborative Applicant. The Collaborative Applicant manages the application process for CoC funding at the direction of the CoC. The responsibilities of the Collaborative Applicant are documented in the Delaware Continuum of Care *Collaborative Applicant and Lead Agency Memorandum of Understanding*.

CoC Lead Agency

In addition to Collaborative Applicant responsibilities, the same agency will assume the role of CoC Lead Agency. The Board will appoint a Lead Agency that will provide support to the CoC membership, CoC Board and all other committees. The responsibilities of the CoC Lead Agency are documented in the Delaware Continuum of Care *Collaborative Applicant and Lead Agency Memorandum of Understanding*.

The designation of both the Collaborative Applicant and CoC Lead Agency is valid for a maximum of five (5) years before the designation must be reviewed and renewed by the Delaware Continuum of Care Board. Every five (5) years, a Letter of Interest process will be initiated by the Board to see if any other organizations are interested in acting as the Collaborative Applicant/Lead Agency. In response to negligence, poor performance, or loss of eligibility, the CoC Board reserves the right to open an RFP process prior to the five year mark, and designate a new Collaborative Applicant. Additional stipulations regarding designation terminations can be found in the Delaware Continuum of Care *Collaborative Applicant and Lead Agency Memorandum of Understanding*.

HMIS Lead Agency

The Continuum of Care must designate a legal entity who is also a Continuum of Care Program eligible applicant to serve as the Homeless Management Information System (HMIS) Lead. Responsibilities of the HMIS Lead are documented in the Delaware Continuum of Care [Homeless Management Information System Lead Memorandum of Understanding](#).

The designation of the HMIS Lead is valid for a maximum of five years before the designation must be reviewed and renewed by the Delaware Continuum of Care Board. Every five (5) years, a Letter of Interest process will be initiated by the Board to see if any other organizations are interested in having the HMIS Lead Agency designation. No requirement for a Request for Proposal (RFP) will be made if no other agencies are interested and this step is unnecessary. In response to negligence or poor performance of the HMIS Lead, the CoC Board reserves the right to open an RFP process prior to the five year mark, and designate a new HMIS Lead.

Centralized Intake (CI) Lead Agency

The HUD CoC Program interim rule requires that CoCs establish and operate a “centralized or coordinated assessment system”, and defines coordinated entry as a centralized or coordinated process designed to coordinate program participant intake assessment and provision of referrals.

Responsibilities of the CI Lead are documented in the Delaware Continuum of Care [Centralized Intake Lead Memorandum of Understanding](#).

The designation of the Centralized Intake Lead is valid for a maximum of five years before the designation must be reviewed and renewed by the Delaware Continuum of Care Board. Every five (5) years, a Letter of Interest process will be initiated by the Board to see if any other organizations are interested in having the Lead Centralized Intake Agency designation. No requirement for a Request for Proposal (RFP) will be made if no other agencies are interested and this step is unnecessary. In response to negligence or poor performance of the CI Lead, the CoC Board reserves the right to open an RFP process prior to the five year mark, and designate a new CI Lead.

VI. Reviewing and Updating the Charter

Process for Updating the Charter

Once every year the Delaware CoC membership must review this Governance Charter. Members of the CoC, CoC Board, Collaborative Applicant, Lead Agency, and HMIS Lead may make suggestions for updating. It is the Lead Agency’s responsibility to review HUD rules, regulations, and guidance and to suggest updates to the Governance Charter as required by HUD. The updates must be presented to the full CoC membership prior to the Annual Meeting. Updates to the Governance Charter require two meetings: the first to review changes, and the second to vote. A majority is required by the CoC membership at the Annual Meeting.

A thorough review of the charter will be conducted at least every five years, as required by HUD.

Charter Review and Updating History

Date of Review	Summary of Updates	Summary of Vote
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April, 2015		New Charter adopted by CoC membership: Quorum Achieved and Voted for approval by CoC voting membership
May, 2016	Changed quorum language to be that 51% of voting members constitutes a quorum, rather than 51% of all members	20/35 votes by CoC voting members approved change through e-vote
August, 2016	Change to add strategic planning to CoC Board responsibility and remove the committee.	20/35 votes approved through e-vote
October, 2016	Change to make CoC application approval CoC Board responsibility	16/28 votes approved through e-vote
April, 2021	<ul style="list-style-type: none"> ▪ Moved the COI info into one section as opposed to repeating in all sections ▪ Removed “Governing Body” language ▪ Added a committee structure so that there is accountability to the board ▪ Added in additional standards around information sharing and transparency ▪ Clarified membership and committee roles and appointments ▪ Made suggestions throughout for new sections or sections which could be standalone ▪ Re-configured the CoC responsibilities within the document ▪ Reformatted lists, descriptions, etc. ▪ Added super majority language ▪ new voting language around voting, super majority, etc. ▪ Notice of Interest Process every 5 years for Staff roles ▪ Attendance requirement updates ▪ Staff responsibilities are located in the MOUs. ▪ Lead/CA was combined into one section, explaining the relationship between the two. <p>New Sections</p> <ul style="list-style-type: none"> ▪ CoC Governance Overview ▪ Purpose ▪ Name of the Continuum of Care ▪ Name of the CoC Board ▪ Office ▪ Geographic Representation 	

	<ul style="list-style-type: none"> ▪ Mission ▪ Responsibilities (greatly expanded) ▪ Minutes <p>Delaware CoC Membership</p> <ul style="list-style-type: none"> ▪ Orientation ▪ Dues ▪ Liability of Members ▪ Termination/Reinstatement ▪ Transfers ▪ Resignation ▪ Outreach & Recruitment ▪ Composition ▪ Joining the CoC ▪ Types of Membership <p>CoC Board</p> <ul style="list-style-type: none"> ▪ Nominations & Selection ▪ Onboarding ▪ Compensation ▪ Match ▪ Vacancies ▪ Termination ▪ Transfers ▪ Resignation ▪ Composition ▪ Terms ▪ Executive Session <p>CoC Committees</p> <ul style="list-style-type: none"> ▪ Recommendations ▪ Accountability ▪ Termination ▪ Transfers ▪ Resignation ▪ Overview <p>CoC Staff Roles</p> <ul style="list-style-type: none"> ▪ Centralized Intake Lead Agency <p>Appendix A: CoC Structure</p>	
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	Sections which have become stand alone <ul style="list-style-type: none">▪ CoC Governance Overview▪ Quorum▪ Voting	
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VII. Certification of CoC Governance Charter Adoption

Dana Mitchell

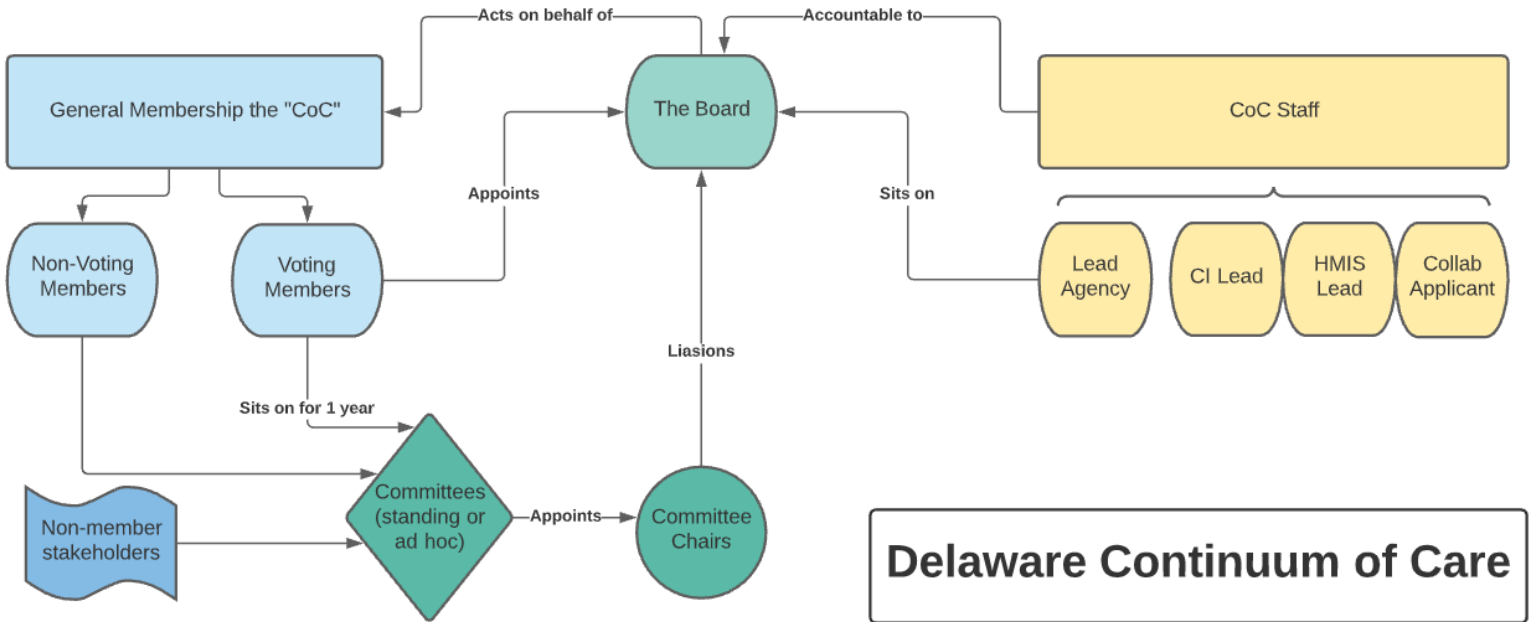
Dana Mitchell (Nov 15, 2021 12:20 EST)

Dana Mitchell, Chair, Delaware Continuum of Care

Nov 15, 2021

DATE

Appendix A: CoC Structure



Appendix B: Definitions

Centralized Intake (CI)

Refers to the Delaware Continuum of Care’s Coordinated Assessment system

Centralized Intake Lead Agency

Agency that is designated to carry out the activities of the CoC’s CI System

CoC Board

The primary decision-making group for the Delaware Continuum of Care, voted into their positions by the Delaware Continuum of Care membership.

CoC Committees

Groups of volunteers who work throughout the year to accomplish specific tasks for the Delaware Continuum of Care. There are seven standing committees, and the CoC Board can create ad-hoc committees as needed to support the Delaware CoC.

CoC membership (i.e., “the CoC”)

This group is open to the public, and has two levels of membership, voting members and non-voting members. This group is open and inclusive, and is responsible for electing a CoC Board.

CoC Lead Agency

Agency that is designated to carry out the activities of the CoC including fiscal and compliance activities and CoC administrative duties.

Collaborative Applicant

Agency or organization designated by the CoC Board to be the entity that submits the CoC funding application to HUD.

Continuum of Care (CoC)

A collaborative and strategic funding source from HUD that helps communities make progress towards preventing and ending homelessness in their communities. HUD also refers to the group of community stakeholders involved in homelessness as the “Continuum of Care.”

Continuum of Care Interim Rule

Published by HUD in 2012, the CoC Interim Rule focuses on regulatory implementation of the Continuum of Care (CoC) Program, including the Continuum of Care planning process.

Coordinated Assessment

A centralized or coordinated process designed to coordinate program participant intake, assessment, and provision of referrals. A centralized or coordinated assessment system covers the geographic area, is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a

comprehensive and standardized assessment tool. This definition establishes basic minimum HUD requirements for the Continuum's centralized or coordinated assessment system.

Governance Charter

A document that outlines the roles and responsibilities of the Delaware Continuum of Care membership, the Delaware Continuum of Care Board, Continuum of Care Committee(s), the CoC Lead Agency, the Collaborative Applicant, Coordinated Intake (CI) Lead Agency, and the Homeless Management Information System (HMIS) Lead Agency with the intent to creating an inclusive, transparent process by which Delaware makes strategic decisions in order to meet the goals of preventing and ending homelessness.

HMIS

A computerized data collection application designed to capture client-level information over time on the characteristics of service needs of men, women, and children experiencing homelessness, while also protecting client confidentiality. It is designed to aggregate client-level data to generate an unduplicated count of clients served within a community's system of homeless services.

HMIS Lead Agency

Agency, organization or government department designated by CoC to administer and manage the HMIS.

HUD

Acronym used to refer to the federal Department of Housing and Urban Development that administers the Continuum of Care funding and program.

Point in Time (PIT) Count

Annual count of homeless persons and households in a Continuum of Care geography; in this case the State of Delaware. The Point in Time count is an essential tool for planning and decision-making about homelessness, and is required by HUD.

Appendix C: Anti-Discrimination Policy

The Delaware Continuum of Care (DE-CoC) is committed to a service-delivery environment in which all individuals are treated with respect and dignity. Each individual has the right to live in an atmosphere that promotes equal treatment and opportunity and that prohibits unlawful discriminatory practices.

All programs must manage a responsible and sound operation in accordance with federal and local nondiscrimination and equal opportunity provisions, as codified in the [Fair Housing Act](#), Section 504 of the [Rehabilitation Act](#), Title VI of the [Civil Rights Act](#), Titles II & III of the [Americans with Disabilities Act](#), HUD's and [Equal Access rule: 24 CFR 5.100, 5.105\(a\)\(2\) and 5.106\(b\)](#).

Applicability

This policy aims to ensure the safety, dignity, and well-being of all individuals and families housed in programs associated with the DE-CoC. All projects funded through HUD CoC Program or Emergency Solutions Grant (ESG) Program grants or receiving other government-funded homeless assistance programs shall operate in accordance with this policy, following all applicable laws. Programs must affirmatively provide equal access to their housing and supportive services in a nondiscriminatory manner that ensures that all persons are afforded equal opportunities.

Nondiscrimination Policy

Each provider must have a policy prohibiting discrimination against persons based on race, ethnicity, color, sex, sexual orientation, gender identity, religion, national origin, ancestry, disability, marital status, age, source of income, familial status, or domestic or sexual violence victim status, ensuring that all participants are afforded equal opportunities, as stipulated in the Delaware Fair Housing Act and Federal Law and regulations.

NOTE: Providers may not exclude potential participants based on their sex. **A single-sex shelter⁶ is acceptable only under limited conditions in which the facility meets both of the following requirements:**

Serving Individuals: only projects serving individuals can operate as single-sex facilities. A shelter that accepts families with children cannot be single sex. The ESG Interim Rule prohibits involuntary family separation, stating at 24 C.F.R 576.102(b) that, "[t]he age of a child under age 18 must not be used as a basis for denying any family's admission to an emergency shelter that uses Emergency Solutions Grant (ESG) funding or services and provides shelter to families with children under 18." There is no practicable way to operate a shelter that serves families with children as a single-sex facility since families with children will necessarily include household members of different genders; AND

Single structure with shared bedrooms or bathing facilities: The shelter must not be considered a "dwelling unit" or it must have a shared bathing facility. This policy, which applies to ESG, is stated most clearly in the CoC interim rule, at 24 C.F.R 578.93: "The housing may be limited to one sex where such housing consists of a single structure with shared bedrooms or bathing facilities such that the considerations of personal privacy

⁶ Sex encompasses both the biological differences between men and women and the cultural and social aspects associated with masculinity and femininity (i.e., gender). Sex discrimination refers to discrimination based on one of the following categories: male/Female; pregnancy, child birth or related medical conditions; sex stereotyping; change in sex. **Sex-specific programs are acceptable only under the limited conditions noted above.**

and the physical limitations of the configuration of the housing make it appropriate for the housing to be limited to one sex."

Definitions of Prohibited Discrimination

Age discrimination refers to situations in which how old an individual is determines whether or not the person has access to certain terms, conditions or services. In Philadelphia, all ages are protected from housing discrimination.

Ancestry refers to the nation, country, tribe or other identifiable group of people from which a person descends. It also can refer to the physical, cultural or linguistic characteristics of the person's ancestors. Ancestry discrimination may often overlap with, but is not always synonymous with, national origin discrimination.

Color discrimination refers to discrimination based on shade or hue of skin, such as Lightskinned or Dark-skinned. It is important that a variety of hues exist in every ethnic and racial group; therefore color discrimination is not always synonymous with race discrimination and can even occur within a single racial group.

Disability refers to a physical or mental impairment that substantially limits an individual's ability to perform a major life activity. The protections against disability discrimination cover

- (1) individuals who currently have a physical or mental impairment that substantially limits one or more major life activities;
- (2) persons who previously had a physical or mental impairment that substantially limits one or more major life activities; and
- (3) persons who are believed to have a physical or mental impairment that substantially limits one or more major life activities, regardless of whether that belief is correct.

The protection against disability discrimination includes a duty to provide reasonable accommodations that would allow an individual with a physical or mental disability to access and obtain full enjoyment of employment, public accommodations or housing and real property.

Domestic or sexual violence refers to any act of domestic violence, sexual assault or stalking related to rape, incest, sexual abuse of children, unlawful contact with a minor, sexual exploitation of children, statutory sexual assault, involuntary deviate sexual intercourse, sexual assault, aggravated indecent assault or indecent assault.

Ethnicity refers to membership in a particular cultural group. It is defined by shared cultural practices, including but not limited to holidays, food, language, and customs. Ethnicity may often overlap with ancestry, and like ancestry discrimination, ethnic discrimination may often overlap with, but is not always synonymous with, national origin discrimination.

Family includes, regardless of actual or perceived sexual orientation, gender identity, or marital status:

- (1) A single person
- (2) A group of persons residing together

Federal and local laws prohibit discrimination based on familial status, i.e., one cannot discriminate against households consisting of one or more individuals under 21 years of age and:

- (1) a parent or other person having legal custody of the minor(s) or

(2) the designee of such parent or other person having such custody, with the written permission of such parent or other person. The protections afforded against discrimination on the basis of familial status shall apply to any person who is pregnant or is in the process of securing legal custody of any individual who has not attained the age of 18 years. Projects funded under the CoC and ESG Programs may limit housing to families with children, according to 24 CFR 578.93(b)

(3) The age and gender of a child under age 18 must not be used as a basis for denying any family's admission to a project that receives CoC funds (24 CFR 578.93(e)).

Gender identity means the gender with which a person identifies, regardless of the sex assigned to that person at birth and regardless of the person's perceived gender identity. Perceived gender identity means the gender with which a person is perceived to identify based on that person's appearance, behavior, expression, other gender related characteristics, or sex assigned to the individual at birth or identified in documents. Programs must not ask participants to provide anatomical information or documentary (ID), physical, or medical evidence of gender identity.

Marital status refers to the state of being one of the following: Single, Married, Separated, Divorced, Widowed, Life Partner. Marital status discrimination includes discrimination based on assumed characteristics of people in particular marital status groups.

National origin refers to "the country where a person was born, or, more broadly, the country from which his or her ancestors came." National origin discrimination includes discrimination based on place of origin or on the physical, cultural, or linguistic characteristics of a national origin group. National origin discrimination includes discrimination on the basis of accent, manner of speaking, or language fluency.

Race discrimination includes discrimination on the basis of physical characteristics associated with a particular race, such as hair texture, facial features and hair color. Individuals of Hispanic or Latino ethnicity, or any ethnicity, may belong to one or more racial group. Race may be related to color, but is not synonymous with color. Race is associated with the following groups:

- American Indian/Alaska Native: A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment
- Asian: Persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
- Black/African American: A person having origins in any of the Black racial groups of Africa
- Native Hawaiian/Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
- White: A person having origins in any of the original peoples of Europe and the Middle East
- Bi-racial or Multi-racial: All persons who identify with more than one of the five above races

Religious discrimination refers to discrimination based on an individual's religious observances, practices or beliefs. It also includes discrimination based on moral or ethical beliefs as to what is right and wrong that are sincerely held with the strength of traditional religious views, regardless of how widespread the particular beliefs or practices are. Religious discrimination may manifest itself as a preference for or against members of a

particular religious group. It may also be evidenced as intolerance for observation of religious laws regarding dress, dietary habits, and work schedules.

Sex encompasses both the biological differences between men and women and the cultural and social aspects associated with masculinity and femininity (i.e., gender). Sex discrimination refers to discrimination based on one of the following categories: male/Female; pregnancy, child birth or related medical conditions; sex stereotyping; change in sex. **Sex-specific programs are acceptable only under the limited conditions noted above.**

Sexual orientation means one's emotional or physical attraction to the same and/or opposite sex (e.g. homosexuality, heterosexuality, or bisexuality). Sexual orientation discrimination includes discrimination based on perception of an individual's sexual orientation, whether that perception is correct or not.

Source of income refers to any lawful income, subsidy or benefit with which an individual supports himself or herself and his or her dependents, including, but not limited to, child support, maintenance, and any federal, state or local public assistance, medical assistance, or rental assistance program.

Reporting

The Delaware Continuum of Care has implemented a retaliation-free violation reporting policy to ensure adherence to policy regulations. Conduct prohibited by this policy and found to be unacceptable is subject to report, investigation, and response.

The DE-CoC encourages the prompt reporting of all incidents of discrimination and non-compliance with this policy. A formal complaint procedure for the reporting of violations of the Non-Discrimination Policy has been instituted. It is established that all program participants must be advised at program intake of their legal rights, including an explanation of this policy, and must be given the written policy and instructions for reporting violations, as well as an accompanying reporting form, and must sign to acknowledge receipt.

Initially, reporters should contact administrators of the specific program demonstrating noncompliance with concerns, except in cases where retaliation is feared. If the concern is not resolved after administrators are involved, reporters may contact the Community Legal Aid Society of Delaware (CLASI):

<http://www.declasi.org/contact-us/>

Monitoring & Enforcement

As CoC Collaborative Applicant, Housing Alliance Delaware will make certain reasonable efforts are made to ensure that all CoC-funded, ESG-funded, and other funded agencies are familiar with this policy and are adhering to the guidelines.

All funded projects are to keep timely written documentation regarding specifics of placement/treatment/incidents and exceptions regarding subject individuals and families.

Organizations will be found in violation of this Non-Discrimination Policy for actions including, but not limited to:

- Denial of services based on membership in a protected class, unless otherwise permitted by funding (ex: single-sex shelter);
- Publishing, circulating, issuing, displaying, posting, or mailing any written statement or utterance of any verbal statement disparaging any member of any protected class, that may result in exclusion from services or denial of fair treatment;

- Institution of rules limiting freedom of attire, especially affecting religious observance or gender identity, except in cases where decency, health, and safety are concerned;
- Real or implied creation of any quota system intent on limiting the number of protected class members to be served by an organization;
- Allowing an offensive and hostile living environment, promulgated by staff, other participants, or both, to discourage, demean, or otherwise disenfranchise participants as members of a protected class;
- Segregating any participant to a specific location based on protected class status;
- Refusal to make requested reasonable accommodations and modifications for members of a protected class; or
- Refusal or withholding of any accommodation, advantage, or privilege based on protected class status.

Confirmed acts of discrimination, harassment and misconduct will be dealt with appropriately. Responsive actions will include training, counseling and progressive correction measures. The purpose of these responses in cases of confirmed violation is to promote adherence to this policy.

References and Resources

Fair Housing Act (42 USC 3601-19): <https://legcounsel.house.gov/Comps/civil68.pdf>

HUD Equal Access Final Rule: <https://www.hudexchange.info/resource/1991/equal-access-tohousing-final-rule/>

HUD's Portal for Online Fair Housing Complaints:

https://www.hud.gov/program_offices/fair_housing_equal_opp/online-complaint

Materials from HUD 11/16/16 Equal Access and Gender Identity Rules Training:

<https://www.hudexchange.info/course-content/equal-access-and-gender-identity-rulestraining/Implementing-HUDs-Equal-Access-and-Gender-Identity-Rules-Slides-2016-11-17.pdf>

National Gay & Lesbian Task Force, *Transitioning Our Shelters: A Guide to Making Homeless Shelters Safe for Transgender People*:

<https://srtp.org/wpcontent/uploads/2012/08/TransitioningOurShelters.pdf>

APPENDIX A: Equal Access Regardless of Sexual Orientation, Gender Identity, or Marital Status

HUD is charged with promoting the federal goal of providing decent housing and a suitable living environment for all. In January 2011, citing evidence suggesting that LGBT individuals and families do not have equal access to housing, HUD initiated rulemaking to ensure that HUD's programs remain open to all eligible persons regardless of sexual orientation, gender identity, or marital status. In order to support compliance with the Final Rule published on September 21, 2016, we include in this policy these additional guidelines for avoiding discrimination on these bases.

Common Definitions of Terms

Assigned Sex: Determination of gender at birth, usually male, female, or intersex.

Cisgender: A term used by some to describe people who are not transgender.

Gender Expression: External expression of gender identity exhibited through: behavior, clothing, hairstyle, body language, and voice. Not all people feel safe expressing their gender identity.

Gender Identity: Internal or innate sense of being male, female, or another gender, which may or may not match assigned sex at birth.

Gender Non-Conforming: A term used to describe some people whose gender expression is different from conventional expectations of masculinity and femininity. Not all gender nonconforming people identify as transgender; nor are all transgender people gender nonconforming.

Non-binary and/or genderqueer: Terms used by some people who experience their gender identity and/or gender expression as falling outside the categories of man and woman. They may define their gender as falling somewhere in between man and woman, or they may define it as wholly different from these terms. Not a synonym for transgender and should only be used if someone self-identifies as non-binary and/or genderqueer.

Sexual Orientation: Physical or emotional attraction to the same and/or opposite sex. Distinct from one's gender expression or identity.

Transgender: Umbrella term for people whose gender identity is different from their assigned sex, often shortened to "trans."

Transgender man: Person who was assigned female at birth but who identifies as a man.

Transgender woman: Person who was assigned male at birth but identifies as a woman.

Transitioning (Gender Transition): Process that some transgender people go through to live as the gender with which they identify rather than the sex assigned to them at birth. A complex process that occurs over a long period of time and can include various personal, medical, and legal steps. Transitioning **does not** require medical treatment. **Avoid** the phrase "sex change."

Transsexual: An older term that originated in the medical and psychological communities. Unlike transgender, transsexual is **not** an umbrella term. Many transgender people do not identify as transsexual and prefer the word transgender.

Access to Sex-Segregated Services and Facilities

All individuals seeking services have the right to placement and services that align with their gender identity. This right is never contingent upon having received any medical treatment to physically change the body. Likewise, those who do not identify as male or female have a right to placement and services that best supports their own personal safety. No person's placement or acceptance for service in a sex-segregated facility can be refused based upon a determination that their appearance or behavior does not conform to gender stereotypes. Facilities that legally separate participants by sex must serve all who identify with that gender, without requiring documentation.

Access to Family Services and Facilities

All families, regardless of composition or gender identities within the family, have the right to placement and services in accordance with their needs, including placement in congregate facilities. Perceived non-congruence of gender identity or expression of any family member does not constitute an acceptable reason for refusal of services/placement.

Access to Restrooms/Bathrooms>Showers/Personal Care Areas

Facility restrooms/bathrooms/showers and personal care areas must be open for use consistent with gender identity by all program participants. No barriers to the use and availability of restrooms/bathrooms/showers and personal care areas can be imposed due to appearance or bodily/physical/biological characteristics. No participant can be required to produce legal documentation of gender identity to determine appropriate use of facilities. It is a violation of the Equal Access Rule to institute specific provisions such as schedules by which transgender program participants can use bathrooms/showers and personal care areas separate from cisgender program participants.

Ensuring Safety & Privacy

All individuals receiving services and placement have a right to safety and privacy. In instances when safety or privacy concerns are brought forth, programs and organizations must demonstrate non-discriminatory applied response. Fair and open use of a program and facilities space and features is a right of all. Any client's discomfort with transgender and /or gender non-conforming identity is not cause for limiting the transgender or gender non- conforming person's enjoyment and use of the facility and its features, either physically or programmatically.

Affirming Use of Names and Personal Gender Pronouns

Program participants have the right to be called by preferred name and referred to by the gender pronoun that they designate and that matches their gender identity.

Homeless Management Information System (HMIS) Data Collection

With respect to gender questions in HMIS collection systems, program participants must be given all gender response choices and have their selection recorded accordingly.

Appendix D: Homeless Children and Youth Education Policy

Federal law ensures educational rights and protections for children and youth 18-24 experiencing homelessness. Every school district in CT is required to designate a homeless liaison that is responsible for ensuring the identification, school enrollment, attendance and opportunities for academic success of students in homeless situations. In addition, HUD establishes requirements for CoCs and project applicants through the annual CoC competition and the CT 503 CoC has established related requirements. This document summarizes basic information about the CoC responsibilities and recipients/sub-recipients of CoC and ESG funds.

For more information or to find contact information for your local homeless liaison please visit: <http://youth-help.org>. Information is also available at the National Center for Homeless Education: <http://center.serve.org/nche/briefs.php>

Responsibilities of CoC

The Delaware Continuum of Care, through Centralized Intake Delaware, is responsible for coordinating with local school districts in the following ways:

- Helping to identify children and youth who are eligible for educational services. If a child or youth does not have a fixed, regular, adequate place to sleep at night, he or she is eligible. This includes those living in places not meant for human habitation, emergency shelters, transitional housing, motels/hotels, campgrounds, or in doubled-up situations.
- Helping to ensure that all families with children and youth who qualify in your area are informed about their educational rights and their eligibility for educational services and they receive those services.
- Attending relevant meetings and planning events held by local school districts.
- Ensuring that the local school districts homeless liaisons are aware of 211 and Centralized Intake processes for connecting homeless families and youth to ESG & CoC resources and helping to resolve any issues that might arise in linking eligible households to those resources.
- Helping to ensure that when placing families in emergency or transitional housing, consideration is given to the educational needs of children, including placing children as close as possible to schools of origin and early childhood care and education programs.

Responsibilities of Recipients/Sub-recipients: *Sample Policy*

Recipients and sub-recipients of CoC and ESG funds serving families with children and/or youth 18-24 are responsible for the items outlined in the sample policy below. The intent is to ensure providers are in compliance with the requirements established under federal law, by HUD through the annual CoC project application and by the DE-CoC. All projects receiving CoC funds that are serving families with children and/or youth 18-24 are required to have similar policies. Projects may opt to adapt the sample policy below or to adopt a different policy that fulfills the requirements.

Purpose:

To ensure that participants in [PROJECT NAME] are informed and assisted in understanding their educational rights established under Subtitle VII-B of the McKinney-Vento Homeless Assistance Act, reauthorized by Title X, Part C of the No Child Left Behind Act. To ensure that children and youth are immediately enrolled in school, as

required by federal and State law, & to ensure that they are connected to educational services to help them succeed in school.

Policy:

1. All housing, whether temporary or permanent, provided by the CoC project shall be located in neighborhoods that are accessible to community resources and services, including schools, libraries, and other educational services.
2. The Program Director and/or his/her designee is responsible for:
 - a. Ensuring that all families with children and youth participating in this project are informed about their educational rights and their eligibility for educational services at intake and as necessary thereafter.
 - b. Ensuring that no matter where they live, how long they have lived there, or how long they plan to stay, all children and youth participating in the project are enrolled in school immediately, even if they lack the paperwork normally required. Enrollment shall occur as quickly as possible and within no more than 48 hours of project entry. Children and youth who are not required by State law to enroll in school, shall be encouraged but not required to enroll.
 - c. Advocating as necessary to ensure that homeless students are able to choose to continue to attend their school of origin (i.e., where they went before becoming homeless or the school in which they were last enrolled), or the local school where they live currently. Students have the right, if feasible, to attend their school of origin the entire time they are homeless and until the end of the academic year during which they find permanent housing.
 - d. Advocating on behalf of homeless students as necessary to ensure that they receive the services for which they are eligible, including assistance from the local school district's homeless liaison, early childhood education programs, Head Start, services for disabled students, free school meals, services for English language learners, gifted and talented services, before and after school care, and referrals to health, mental health, dental and other services.
 - e. Helping homeless students to succeed in school and to get help from the local homeless education liaison, as necessary.
 - f. Developing relationships with colleges to access higher education services specifically for homeless youth.
 - g. Designating a staff person who is responsible for:
 - i. Helping participants to understand their educational rights
 - ii. Ensuring that children and youth are enrolled in school & connected to services
 - iii. Ensuring that children and youth receive the transportation services to which they are entitled (i.e., school districts must provide transportation to and from schools of origin, as necessary).
 - iv. These need not be the only responsibilities of the designated staff person.
 - h. Ensuring that the designated person is involved in the development of participant's service plans where there are extensive or significant unmet educational needs.
 - i. Ensuring that no policies, procedures, or practices that are inconsistent or interfere with the educational rights established under federal law are adopted by the project.





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Final Audit Report

2021-11-15

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