# **Furthering Equity Report Form**

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| **Organization Name:** *[Insert Organization Name Here]* |
| **Action #1:** Expand training opportunities for all staff with a particular focus on front-line program staff on specific diversity, equity and inclusion topics, such as implicit bias, creating an equitable culture, understanding the effects of racial trauma, Anti-racism and Anti-oppression, and responding to persons with disabilities. ***Note: The Rating and Ranking Committee has taken into consideration that some organizations do not need to expand upon training, but should be able to demonstrate how they continue to provide specific training to current and new staff.*** |
| **Did you accomplish this action? \_\_\_\_ YES \_\_\_\_\_ NO****If yes,** provide 1 or 2 examples of new or continuing training you offered to front-line staff that promote diversity, equity and inclusion, and cover topics mentioned in action item 1. |
| **Provider Response:**

|  |  |
| --- | --- |
| Training #1 Title: | Training Topics: |
| Training #2 Title: | Training Topics: |

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| **Action #2:** Review agency documents to assess if program policies, practices and procedures are inclusive and sensitive to the various cultures of those receiving homeless services, and update policies as necessary to ensure inclusion and sensitivity. |
| **Did you accomplish this action? \_\_\_\_\_ YES \_\_\_\_\_\_ NO****If yes,** please identify 1-2 documents or processes that were reviewed, if the review resulted in a need for changes in the documents or process, and if the updates implemented ensure CoC funded programs continue to be inclusive and sensitive to various cultures. |
| **Provider Response:**

|  |  |
| --- | --- |
| **Document or process #1 that was reviewed:**  | **Results of Review: Were changes needed? Yes/No** |
| Identify the type of change or update needed: | Describe the changes/updates made: |
|  **Document or process #2 that was reviewed:** | **Results of Review: Were changes needed? Yes/No** |
| Identify the type of change or update needed: | Describe the changes/updates made: |
|  |  |

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| **Action #3:** Identify barriers to participation faced by under-served groups, including but not limited to racial, ethnic, gender, and persons with disabilities, and amend agency policies and protocols to reduce these barriers. |
| **Did you accomplish this action? \_\_\_\_\_YES \_\_\_\_\_\_NO****If yes,** upon review of your CoC funded programs, what 1-2 barriers, if any, were identified? If barriers were identified, give concrete examples of how these barriers are being addressed.  |
| **Provider Response:**

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| --- | --- |
| Description of Barrier 1: | Concrete example of how barrier 1 is being addressed: |
| Description of Barrier 2: | Concrete example of how barrier 1 is being addressed: |
| Not applicable: No barriers were identified. |  |

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| **Action #4:** Provide training on recruiting practices to support diversifying front-line staff and leadership. |
| **Did you accomplish this action? \_\_\_\_\_YES \_\_\_\_\_\_NO****If yes,** what is the source of the training and has it resulted in more diversity of staff and leadership? Use the chart below to describe the demographics of your current front-line staff and leadership. This will form will provide a baseline for future evaluation. Please further note if your staff and leadership reflect the diversity of those you serve and is the experience/expertise of your diverse staff reflected in program implementation.  |
| **Provider Response:**

|  |  |
| --- | --- |
| Did your organization provide training on how to diversify front line staff and leadership? *[* ***Yes /No]*** | Provide the name or person or entity that provides the training. |

**Provide information about the diversity of your front-line staff by adding the number of persons in the chart below.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Race:** | # African American/Black: |  |  |
| **Ethnicity** | # Latino(a)(x): | # Non- Latino(a)(x): |  |
| **Gender** | # Female: | # Male: | # Non-Traditional or Non-Conforming Gender: |
| **Persons with Disability** | # Yes, some form of disabling condition: | # No known disabling condition: |  |
| **Persons with Lived Experience** | # Yes: | # None: |  |
| **Age** | # Minors under 18 and Transition aged 18-24: | # Adults age 25+: | # Seniors age 60+: |

**Provide information about the diversity of your agency leadership (administration or Board) in the chart below.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Race** | # African American/Black: |  |  |
| **Ethnicity** | # Latino(a)(x): | # Non- Latino(a)(x): |  |
| Gender | # Female: | # Male: | # Non-Traditional or Non-Conforming Gender: |
| Persons with Disability | # Yes, some form of disabling condition: | # No known disabling condition: |  |
| Persons with Lived Experience | # Yes: | # None: |  |
| Age | # Minors under 18 and Transition aged 18-24: | # Adults age 25+: | # Seniors age 60+: |

**Provide 1-2 concrete examples of how you incorporate the experience or expertise of your diverse personnel in program implementation.**

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| Example 1: |
| Example 2: |

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| **Action 5: Participate in training on Equal Access and Anti-Discrimination offered by the CoC.** |
| **Did you accomplish this action? \_\_\_\_\_YES \_\_\_\_\_\_NO****If yes,** did one or more staff members attend a training on Equal Access and Anti-Discrimination offered by the CoC? |
| **Provider Response:**

|  |  |
| --- | --- |
| Did one or more staff members attend training on Equal Access/Anti-Discrimination [ ***Yes / No]*** | Number trained: |

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| **R and R Committee Review Use Only** |
|  | **Organization** **Committed****to Action under the** **2022 NOFO (Y/N)** | **Points Received**(1 point per action. Half points can be given for partial responses) |
| **Action 1- Training** |  |  |
| **Action 2- Reviewing agency documents and policies** |  |  |
| **Action 3 - Identifying barriers** |  |  |
| **Action 4 - Training on Diversifying Staff** |  |  |
| **Action 5 – Equal Access and Anti-Discrimination training** |  |  |
|  | **Total Points** |  |