Before Starting the CoC Application

You must submit all three of the following parts in order for us to consider your Consolidated Application complete:

1. the CoC Application,
2. the CoC Priority Listing, and
3. all the CoC's project applications that were either approved and ranked, or rejected.

 As the Collaborative Applicant, you are responsible for reviewing the following:

1. The FY 2021 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2021 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.

 Your CoC Must Approve the Consolidated Application before You Submit It
 - 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2021 CoC Program Competition on behalf of your CoC.
 - 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.
 Answering Multi-Part Narrative Questions
 Many questions require you to address multiple elements in a single text box. Number your responses to correspond with multi-element questions using the same numbers in the question. This will help you organize your responses to ensure they are complete and help us to review and score your responses.

 Attachments
 Questions requiring attachments to receive points state, "You Must Upload an Attachment to the 4B. Attachments Screen." Only upload documents responsive to the questions posed–including other material slows down the review process, which ultimately slows down the funding process. Include a cover page with the attachment name.
 - Attachments must match the questions they are associated with–if we do not award points for evidence you upload and associate with the wrong question, this is not a valid reason for you to appeal HUD's funding determination.
 - We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).

1A. Continuum of Care (CoC) Identification

To help you complete the CoC Application, HUD published resources at
https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
 - Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program
Competition
 - FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC
Application score by giving specific guidance on how to respond to many questions and
providing specific information about attachments you must upload
 - 24 CFR part 578

1A-1. CoC Name and Number: MD-506 - Carroll County CoC

1A-2. Collaborative Applicant Name: Carroll County, Commissioners of

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Carroll County, Commissioners of

1B. Coordination and Engagement–Inclusive Structure and Participation

To help you complete the CoC Application, HUD published resources at
https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
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1B-1.	Inclusive Structure and Participation–Participation in Coordinated Entry.	
	NOFO Sections VII.B.1.a.(1), VII.B.1.e., VII.B.1.n., and VII.B.1.p.	

	In the chart below for the period from May 1, 2020 to April 30, 2021:
1.	select yes or no in the chart below if the entity listed participates in CoC meetings, voted–including selecting CoC Board members, and participated in your CoC's coordinated entry system; or
2.	select Nonexistent if the organization does not exist in your CoC's geographic area:

	Organization/Person	Participated in CoC Meetings	Voted, Including Electing of CoC Board Members	Participated in CoC's Coordinated Entry System
1.	**Affordable Housing Developer(s)**	Yes	Yes	No
2.	**Agencies serving survivors of human trafficking**	Yes	Yes	Yes
3.	**CDBG/HOME/ESG Entitlement Jurisdiction**	Nonexistent	No	No
4.	**CoC-Funded Victim Service Providers**	Nonexistent	No	No
5.	**CoC-Funded Youth Homeless Organizations**	Nonexistent	No	No
6.	**Disability Advocates**	Yes	Yes	No
7.	**Disability Service Organizations**	Yes	Yes	Yes
8.	**Domestic Violence Advocates**	Yes	Yes	Yes
9.	**EMS/Crisis Response Team(s)**	No	No	No
10.	**Homeless or Formerly Homeless Persons**	Yes	Yes	Yes
11.	**Hospital(s)**	Yes	Yes	No
12.	**Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)**	Nonexistent	No	No
13.	**Law Enforcement**	Yes	Yes	No
14.	**Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates**	Yes	Yes	No
15.	**LGBT Service Organizations**	No	No	No
16.	**Local Government Staff/Officials**	Yes	Yes	Yes
17.	**Local Jail(s)**	No	No	No
18.	**Mental Health Service Organizations**	Yes	Yes	Yes

19.	**Mental Illness Advocates**	Yes	Yes	Yes
20.	**Non-CoC Funded Youth Homeless Organizations**	Yes	Yes	Yes
21.	**Non-CoC-Funded Victim Service Providers**	Yes	Yes	Yes
22.	**Organizations led by and serving Black, Brown, Indigenous and other People of Color**	No	No	No
23.	**Organizations led by and serving LGBT persons**	No	No	No
24.	**Organizations led by and serving people with disabilities**	Yes	Yes	No
25.	**Other homeless subpopulation advocates**	Yes	Yes	Yes
26.	**Public Housing Authorities**	Yes	Yes	Yes
27.	**School Administrators/Homeless Liaisons**	Yes	Yes	No
28.	**Street Outreach Team(s)**	Yes	Yes	Yes
29.	**Substance Abuse Advocates**	Yes	Yes	Yes
30.	**Substance Abuse Service Organizations**	Yes	Yes	Yes
31.	**Youth Advocates**	Yes	Yes	No
32.	**Youth Service Providers**	Yes	Yes	No
	Other:(limit 50 characters)			
33.	Veterans Organizations	Yes	Yes	Yes
34.	Community Action Agency/Shelter Provider	Yes	Yes	Yes

1B-2.	**Open Invitation for New Members.**	
	NOFO Section VII.B.1.a.(2)	

	Describe in the field below how your CoC:
1.	**communicated the invitation process annually to solicit new members to join the CoC;**
2.	**ensured effective communication with individuals with disabilities, including the availability of accessible electronic formats;**
3.	**conducted outreach to ensure persons experiencing homelessness or formerly homeless persons are encouraged to join your CoC; and**
4.	**invited organizations serving culturally specific communities experiencing homelessness in the geographic area to address equity (e.g., Black, Latino, Indigenous, persons with disabilities).**

(limit 2,000 characters)

(1) The CoC communicates invitations to join the CoC throughout the year and annually surveys the CoC listserv for others that may be interested in becoming a member. An invitation statement is on the CoC's web page and open to the CoC's entire geographic area. Bi-Monthly meetings are held in an accessible, central location, and during the COVID-19 pandemic, a virtual option has been available. At each meeting names and email addresses are updated to ensure all members are included on the CoC listserv. Meeting reminders, minutes and agendas are distributed two weeks prior to each meeting. The CoC reaches out to new non-profits who provide services to the homeless/at risk population to invite them to join the CoC and present on their services. (2) The Collaborative Applicant's website complies with all ADA requirements. In addition, all CoC announcements and documents are uploaded to the website as PDFs and are accessible documents. (3) Those experiencing homelessness or who were formally homeless are encouraged to join the CoC and currently has three members who fall in these categories. Agency staff often accompany those with lived experience to CoC meetings. Even if individuals choose not to attend the CoC, information shared at the meeting is relayed to shelter residents to gather

feedback regarding the delivery of homeless services. The CoC strategy is also to provide individuals, with the assistance of staff, the opportunity to attend virtual meetings. To broaden this option, locations throughout the CoC's geographic area will be identified and wi-fi enabled tablets will be available for virtual access. (4) This past year the Chair of the CoC joined the Board of Carroll Citizens for Racial Equality to seek and share information regarding culturally specific communities and expand the CoC's reach. Work is developing with local Government leadership to include race equity discussions to help identify a common mission in addressing equity.

1B-3.	CoC's Strategy to Solicit/Consider Opinions on Preventing and Ending Homelessness.	
	NOFO Section VII.B.1.a.(3)	

	Describe in the field below how your CoC:
1.	solicited and considered opinions from a broad array of organizations and individuals that have knowledge of homelessness, or an interest in preventing and ending homelessness;
2.	communicated information during public meetings or other forums your CoC uses to solicit public information; and
3.	took into consideration information gathered in public meetings or forums to address improvements or new approaches to preventing and ending homelessness.

(limit 2,000 characters)

1) CoC members attend bi-monthly meetings open to the public where knowledge, opinions, and resources are shared by anyone attending. CoC's strategies to solicit and consider opinions include the continual invitation of organizations and individuals that have knowledge of homelessness or an interest in preventing and ending to join the CoC listserv or attend meetings thereby giving the opportunity to provide opinions. Agencies providing unique services outside of the CoC's geographic area are invited to share information on their services and partner agencies. This provides an opportunity for the CoC to learn from new organizations and individuals that have knowledge of homelessness or an interest in preventing and ending. 2) In order to communicate public meetings and other related forums, the CoC meetings are advertised on their web page. A listserv is also used to communicate via email with all members and interested parties. During COVID, virtual meetings allowed the CoC to continue to share and solicit critical COVID- related agency information and safety protocols. 3) Information gathered during public meetings is discussed at the local Homelessness Board meetings and the CoC's Executive Board. The CoC's Co-chairs sit on the Senior Opioid Policy Group/Behavioral Health Advisory Council and Population Heath Governance Committee allowing information to be shared and gathered across the CoC's region including between all agencies in the community serving vulnerable populations. Although COVID limited in-person forums, the CoC is actively planning the return of community engagement. Daily Emergency Operations Center virtual meetings provided a platform to share critical COVID homeless response information to an array of community agencies some of whom had not been active CoC partners prior to the Pandemic. New approaches and access to resources in the community resulted through these meetings and recommendations made by those on the EOC.

1B-4.	Public Notification for Proposals from Organizations Not Previously Funded.	
	NOFO Section VII.B.1.a.(4)	

	Describe in the field below how your CoC notified the public:
1.	that your CoC's local competition was open and accepting project applications;
2.	that your CoC will consider project applications from organizations that have not previously received CoC Program funding;
3.	about how project applicants must submit their project applications;
4.	about how your CoC would determine which project applications it would submit to HUD for funding; and
5.	how your CoC effectively communicated with individuals with disabilities, including making information accessible in electronic formats.

(limit 2,000 characters)

(1) The CoC has adopted a transparent process to notify the public of the CoC NOFO. On 9/13/21 the CoC announced it was open to new and existing grantees via a public notice on the Collaborative Applicant's (local government) web page, a public press release, and a public Facebook post. In addition, the notification was sent directly to existing grantees and to all members of the local homelessness board which is open to the public. (2) All notifications specifically invited new applicants to apply for funding and included the funding available for the bonus and DV Bonus. (3) All notifications included the steps necessary to apply to the CoC, a link to HUD's NOFO, the timeline for project submissions, and the local Rank and Review Policy which detailed the scoring criteria for new applicants as well as existing projects. Finally the notification included phone, email and address of the local CoC contact for any questions. (4) Included in the public notification was a link to the CoC website which included the CoC's Rank and Review Policy adopted by the CoC Board for the 2021 NOFO. The policy included details about funding levels, selection criteria, tiers and ranking, selection and scoring including the most recent HUD CoC Rating and Ranking tool, and the Appeals process. (5) The Collaborative Applicant's (local government) website has been updated to comply with all ADA requirements, in addition all CoC announcements and documents link to PDFs that are in an electronically accessible format.

1C. Coordination and Engagement–Coordination with Federal, State, Local, Private, and Other Organiza

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1C-1.	**Coordination with Federal, State, Local, Private, and Other Organizations.**
	NOFO Section VII.B.1.b.

	In the chart below:
1.	**select yes or no for entities listed that are included in your CoC's coordination, planning, and operations of projects that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness; or**
2.	**select Nonexistent if the organization does not exist within your CoC's geographic area.**

	Entities or Organizations Your CoC Coordinates with for Planning or Operations of Projects	**Coordinates with Planning or Operations of Projects**
1.	**Funding Collaboratives**	Nonexistent
2.	**Head Start Program**	Yes
3.	**Housing and services programs funded through Local Government**	Yes
4.	**Housing and services programs funded through other Federal Resources (non-CoC)**	Yes
5.	**Housing and services programs funded through private entities, including Foundations**	Yes
6.	**Housing and services programs funded through State Government**	Yes
7.	**Housing and services programs funded through U.S. Department of Health and Human Services (HHS)**	Yes
8.	**Housing and services programs funded through U.S. Department of Justice (DOJ)**	Yes
9.	**Housing Opportunities for Persons with AIDS (HOPWA)**	Yes
10.	**Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)**	Nonexistent
11.	**Organizations led by and serving Black, Brown, Indigenous and other People of Color**	No
12.	**Organizations led by and serving LGBT persons**	No
13.	**Organizations led by and serving people with disabilities**	Yes
14.	**Private Foundations**	Yes
15.	**Public Housing Authorities**	Yes
16.	**Runaway and Homeless Youth (RHY)**	Nonexistent
17.	**Temporary Assistance for Needy Families (TANF)**	Yes
	Other:(limit 50 characters)	

18.	Community Action Agency/Shelter Provider	Yes

1C-2.	CoC Consultation with ESG Program Recipients.	
	NOFO Section VII.B.1.b.	

	Describe in the field below how your CoC:	
1.	consulted with ESG Program recipients in planning and allocating ESG and ESG-CV funds;	
2.	participated in evaluating and reporting performance of ESG Program recipients and subrecipients;	
3.	provided Point-in-Time (PIT) count and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area; and	
4.	provided information to Consolidated Plan Jurisdictions within your CoC's geographic area so it could be addressed in Consolidated Plan update.	

(limit 2,000 characters)

(1) Located in a non-entitlement jurisdiction, the CoC works with the State of MD, the direct recipient of ESG, to plan for and allocate ESG funds. The CoC's Collaborative Applicant (CA) submits an annual competitive application to the State, which is the only application to ESG from the CoC's geographic area. The State supports the CoC's needs each year with funding for emergency shelters and RRH for adults and youth. During COVID the CA received 2 allocations of ESG-CV funding which was used for homeless outreach, prevention, emergency shelter and RRH. The State provides technical assistance & monitors the ESG funds received to utilize funds in the most effective way. The CA describes the need for homeless services in the CoC's geographic area and includes shelter and housing data; housing stabilization strategies; emergency shelter policies; use of Housing First, outreach across the CoC's geographic area; connection of clients to mainstream vouchers and resources; strategies to address returns to homelessness and reducing the length of time homeless; coordinated entry; project outcomes; & coordination among public and private agencies. (2) The CA's staff monitors, evaluates, and reports to the State of Maryland on the performance of the CoC's ESG sub-recipients. Quarterly, performance is reviewed by the CoC Board. If a project is underperforming, staff meets with the sub-recipient to develop a Corrective Action Plan. The CoC also provides data to the State of Maryland through the state-wide data warehouse detailing the impact of ESG funds. (3) The CoC provides PIT and HIC data through MD's data warehouse as part of the State's Consolidated Plan. (4) Annually the CoC reviews the State's Consolidated Plan and provides feedback regarding local needs and challenges. The CoC is diligent about meeting its local goals while remaining consistent with the State's Consolidated Plan.

1C-3.	Ensuring Families are not Separated.	
	NOFO Section VII.B.1.c.	

	Select yes or no in the chart below to indicate how your CoC ensures emergency shelter, transitional housing, and permanent housing (PSH and RRH) do not deny admission or separate family members regardless of each family member's self-reported gender:	

1.	Conducted mandatory training for all CoC- and ESG-funded service providers to ensure families are	No

	not separated.	
2.	Conducted optional training for all CoC- and ESG-funded service providers to ensure families are not separated.	Yes
3.	Worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.	Yes
4.	Worked with ESG recipient(s) to identify both CoC- and ESG-funded facilities within your CoC's geographic area that might be out of compliance and took steps to work directly with those facilities to bring them into compliance.	Yes
5.	Sought assistance from HUD by submitting AAQs or requesting technical assistance to resolve noncompliance of service providers.	No
6.	Other. (limit 150 characters)	
	Successful and recently expanded Family Unification Program (FUP) for families at risk of separation.	Yes

1C-4.	CoC Collaboration Related to Children and Youth–SEAs, LEAs, Local Liaisons & State Coordinators.	
	NOFO Section VII.B.1.d.	

	Describe in the field below:	
1.	how your CoC collaborates with youth education providers;	
2.	your CoC's formal partnerships with youth education providers;	
3.	how your CoC collaborates with State Education Agency (SEA) and Local Education Agency (LEA);	
4.	your CoC's formal partnerships with SEAs and LEAs;	
5.	how your CoC collaborates with school districts; and	
6.	your CoC's formal partnerships with school districts.	

(limit 2,000 characters)

1) The CoC coordinates collaboration between all providers who serve homeless children, and youth education providers such as Head Start, Community Action Agency's (CAA) Family Center, State Home Visiting Program (SHVP) and the Boys & Girls Club. A two-generation approach with whole family planning is now utilized in the family shelter. 2) Direct recipients of CoC funding do have partnerships in place and inform CoC of needs. The CAA, a direct recipient, has a formal MOU with the local school system. The CoC has an MOU with the State to conduct an annual youth homeless count. 3) A LEA Representative from the school district attends CoC meetings, serves on CoC committees, and brings issues to the CoC. The McKinney-Vento LEA representative works to remove barriers to education for homeless youth and collaborates with all CoC homeless service providers who serve children, ages Pre-K through 12th grade. Via Title I and other funding sources, LEA staff partner with CoC homeless service providers to arrange for tutoring and counseling services for students living in shelter and in other living arrangements. The LEA works to locate and enroll students, arrange transportation services and meet other student needs. The LEA also serves on the CoC subcommittee for homeless youth. This committee carries out the expectations of the McKinney-Vento SEA to survey and support unaccompanied youth under age 24. The LEA participates in outreach activities to spread awareness of the SEA's effort to identify and serve at-risk homeless youth. The LEA works collaboratively to assist with the CoC PIT Survey by advertising the PIT Count to homeless families and surveys homeless unsheltered individuals with school-aged children. 4) All CoC shelter providers for families with children have an MOU with the SHVP and the CAA, a direct recipient of CoC funding, has an MOU with the LEA to prevent homelessness among families with children. 5)6) In the CoC the School District and LEA are

the same.

1C-4a.	CoC Collaboration Related to Children and Youth–Educational Services–Informing Individuals and Families Experiencing Homelessness about Eligibility.	
	NOFO Section VII.B.1.d.	

Describe in the field below written policies and procedures your CoC adopted to inform individuals and families who become homeless of their eligibility for educational services.

(limit 2,000 characters)

All CoC shelter and housing programs have written policies in place to ensure all children are enrolled in educational services. When a family with school-aged children enters emergency shelter, the shelter manager contacts the LEA Pupil Personnel Worker (PPW). The PPW works with the family and shelter management to verify the homeless status and to expedite the school enrollment process. Students may continue to attend their current school (school of origin) unless the parent prefers the student transfer to the school where the shelter is located. The PPW arranges transportation for students. Due to COVID, while all schools in the region were closed for in-person instruction, shelter staff converted unused space into a dedicated learning center for school-aged children to attend virtual classes and complete work. Shelter staff notify families about LEA tutoring and counseling services available during the shelter stay and encourage families to participate. Shelter management and the PPWs collaborate during the family's stay at the shelter to provide these services and address concerns. When a family is scheduled to leave the shelter the PPW is notified so that continuity of services can be maintained and any necessary arrangements for school can be made. If a young child is not school-aged, shelter staff will make a referral to early childhood programs, such as Head Start or Community Action Agency's Family Center, both two-generation programs. The CoC and youth educational partners collaborate to identify homeless individuals for services. Because youth and educational partners serve on the CoC Homelessness Board, all parties are aware of each other's services and refer students and their families to appropriate agencies as needed.

1C-4b.	CoC Collaboration Related to Children and Youth–Educational Services–Written/Formal Agreements or Partnerships with Early Childhood Services Providers.	
	NOFO Section VII.B.1.d.	

Select yes or no in the chart below to indicate whether your CoC has written formal agreements or partnerships with the listed providers of early childhood services:

		MOU/MOA	Other Formal Agreement
1.	Birth to 3 years	Yes	Yes
2.	Child Care and Development Fund	No	No
3.	Early Childhood Providers	Yes	Yes
4.	Early Head Start	Yes	Yes
5.	Federal Home Visiting Program–(including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	No	No

6.	**Head Start**	Yes	Yes
7.	**Healthy Start**	No	No
8.	**Public Pre-K**	Yes	Yes
9.	**Tribal Home Visiting Program**	No	No
	Other (limit 150 characters)		
10.	State of Maryland Home Visiting Program	Yes	Yes

1C-5.	**Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors–Annual Training–Best Practices.**	
	NOFO Section VII.B.1.e.	

	Describe in the field below how your CoC coordinates to provide training for:
1.	**Project staff that addresses safety and best practices (e.g., trauma-informed, victim-centered) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually); and**
2.	**Coordinated Entry staff that addresses safety and best practices (e.g., trauma informed care) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually).**

(limit 2,000 characters)

(1) The CoC's Domestic Violence (DV) service provider and local law enforcement certified trauma trainer are available to provide trauma-informed and victim-centered trainings to all project staff upon request. The CoC has developed a schedule where a variety of trainings are provided on a rotating basis at each of the CoC bi-monthly meetings. This approach provides an opportunity for attendees to request specific staff trainings on safety and planning protocols for serving survivors of domestic violence. The CoC has collaborated with the funded agencies that have projects in this competition and have utilized the CAA's Licensed Clinical Social Worker as an additional resource. All trainings include new and existing project staff. (2) The CoC's Domestic Violence (DV) service provider and local law enforcement certified trauma trainer are available to provide trauma-informed and victim-centered trainings to all coordinated entry staff upon request. The CoC has developed a schedule where a variety of trainings are provided on a rotating basis at each of the CoC bi-monthly meetings. This approach provides an opportunity for attendees to request specific staff trainings on safety and planning protocols for serving survivors of domestic violence. The CoC has collaborated with the funded agencies that have projects in this competition and have utilized the CAA's Licensed Clinical Social Worker as an additional resource. All trainings include new and existing coordinated entry staff.

1C-5a.	**Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors–Using De-identified Aggregate Data.**	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC uses de-identified aggregate data from a comparable database to assess the special needs related to domestic violence, dating violence, sexual assault, and stalking survivors.

(limit 2,000 characters)

Data for domestic violence survivors is collected utilizing a comparable database, while preserving anonymity of survivors and following the protections put in place by The Violence Against Women Act (VAWA). The comparable database includes all data elements available in HMIS. Monthly reports are submitted to the CoC Co-chair and HMIS lead, including the number of domestic violence survivors served and residing in the Domestic Violence Safe House (DVSH), as well the demographics of those served. Semi-annual performance measure reports are also submitted to the CoC Executive Board. The CoC Executive Board reviews this aggregate data and reports at large community meetings held by the CoC. The CoC examines the aggregate data in order to determine the size of the population affected by domestic violence and homelessness. The CoC supported the construction of the community's new DVSH through the Collaborative's Applicant sponsorship of a Community Development Block Grant. Springboard Community Services, the agency that manages the DVSH, utilizes the aggregate data by reporting it to the Maryland Office of Crime Prevention, Youth and Victim Services. This agency grants both state funding and pass-through Federal funding from DOJ and HHS. The Domestic Violence provider for the CoC is a voting member on the CoC, sits on the CoC Executive board, and routinely communicates the special needs of survivors of domestic violence, dating violence, sexual assault, stalking, and other forms of intimate partner violence.

1C-5b.	**Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors–Coordinated Assessment–Safety, Planning, and Confidentiality Protocols.**	
	NOFO Section VII.B.1.e.	

	Describe in the field below how your CoC's coordinated entry system protocols incorporate trauma-informed, victim-centered approaches while maximizing client choice for housing and services that:
1.	**prioritize safety;**
2.	**use emergency transfer plan; and**
3.	**ensure confidentiality.**

(limit 2,000 characters)

1) In the CoC, Springboard Community Services (SCS) operates a Domestic Violence (DV) Safe House (DVSH) and provides trauma-informed, victim-centered services; prioritizing the safety needs of DV, sexual assault and stalking survivors impacted by intimate partner violence (IPV) with residential and nonresidential services funded with local, state and federal (DOJ/HHS) funds. To prioritize safety CoC Coordinated Entry (CE) partners are trained to ask clients first about safety and to call the 24-hour DV Hotline to have the survivor and dependents sheltered. This includes clients connected during CoC street outreach. DVSH services are delivered at no cost and provides meals, clothing, and toiletries. The DVSH is in an undisclosed location to provide the most secure setting for survivors. The survivors' choice to engage in services does not dictate the safety and support given during the stay. A survivor may choose to not continue safe housing as defined by the CoC; the SCS staff then help develop a safety plan. 2) CE assessment immediately screens for IPV. CoC protocols include an emergency transfer plan from the CE site to the DVSH, providing free transportation and security, if needed. 3) The CoC, via CE Policy, maximizes the survivor's choice for housing and services while ensuring confidentiality. CAA staff are trained annually in agency privacy protocols and do not disclose any information without a two-way release. Participants

complete a CE release of information form during their initial appointment, to ensure confidentiality, while preserving continuity of service. When a DV related event occurs, no information is shared regardless of release request. If a survivor does choose to enter DV services, CAA staff are removed from the case and transfer to DV staff to ensure confidentiality. SCS staff are trained in the MD Safe at Home Address Confidentiality program (ACP) which provides a substitute address and free confidential mail-forwarding service.

1C-6.	**Addressing the Needs of Lesbian, Gay, Bisexual, Transgender–Anti-Discrimination Policy and Training.**	
	NOFO Section VII.B.1.f.	

	1.	**Did your CoC implement a written CoC-wide anti-discrimination policy ensuring that LGBT individuals and families receive supportive services, shelter, and housing free from discrimination?**	No
	2.	**Did your CoC conduct annual CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity (Equal Access Final Rule)?**	Yes
	3.	**Did your CoC conduct annual CoC-wide training with providers on how to effectively implement Equal Access to Housing in HUD Programs in Accordance with an Individual's Gender Identity (Gender Identity Final Rule)?**	Yes

1C-7.	**Public Housing Agencies within Your CoC's Geographic Area–New Admissions–General/Limited Preference–Moving On Strategy. You Must Upload an Attachment(s) to the 4B. Attachments Screen.**	
	NOFO Section VII.B.1.g.	

	Enter information in the chart below for the two largest PHAs highlighted in gray on the CoC-PHA Crosswalk Report at https://files.hudexchange.info/resources/documents/FY-2020-CoC-PHA-Crosswalk-Report.pdf or the two PHAs your CoC has a working relationship with–if there is only one PHA in your CoC's geographic area, provide information on the one:	

Public Housing Agency Name	**Enter the Percent of New Admissions into Public Housing and Housing Choice Voucher Program During FY 2020 who were experiencing homelessness at entry**	**Does the PHA have a General or Limited Homeless Preference?**	**Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?**
Carroll County, Maryland	29%	Yes-HCV	Yes
City of Westminster, Maryland	37%	Yes-HCV	No

1C-7a.	**Written Policies on Homeless Admission Preferences with PHAs.**	
	NOFO Section VII.B.1.g.	

	Describe in the field below:	
	1.	**steps your CoC has taken, with the two largest PHAs within your CoC's geographic area or the two PHAs your CoC has working relationships with, to adopt a homeless admission preference–if your CoC only has one PHA within its geographic area, you may respond for the one; or**
	2.	**state that your CoC has not worked with the PHAs in its geographic area to adopt a homeless admission preference.**

(limit 2,000 characters)

(1) Both PHAs in the CoC's geographic area have a homeless admission preference in their written Administrative Plan. The CoC's largest PHA is also the Collaborative Applicant for the CoC, recipient of ESG funding and operates a State-funded RRH program for homeless youth and administers the HOPWA long-term housing program on behalf of the local Health Department. PHA leadership is active on the CoC Executive Committee as well as the local Homelessness Board and its committees. (2) N/A

1C-7b.	Moving On Strategy with Affordable Housing Providers.	
	Not Scored–For Information Only	

Select yes or no in the chart below to indicate affordable housing providers in your CoC's jurisdiction that your recipients use to move program participants to other subsidized housing:

1.	Multifamily assisted housing owners	No
2.	PHA	Yes
3.	Low Income Tax Credit (LIHTC) developments	No
4.	Local low-income housing programs	Yes
	Other (limit 150 characters)	
5.		

1C-7c.	Including PHA-Funded Units in Your CoC's Coordinated Entry System.	
	NOFO Section VII.B.1.g.	

Does your CoC include PHA-funded units in the CoC's coordinated entry process?	No

1C-7c.1.	Method for Including PHA-Funded Units in Your CoC's Coordinated Entry System.	
	NOFO Section VII.B.1.g.	

	If you selected yes in question 1C-7c., describe in the field below:
1.	how your CoC includes the units in its Coordinated Entry process; and
2.	whether your CoC's practices are formalized in written agreements with the PHA, e.g., MOUs.

(limit 2,000 characters)

N/A

1C-7d.	Submitting CoC and PHA Joint Applications for Funding for People Experiencing Homelessness.	
	NOFO Section VII.B.1.g.	

Did your CoC coordinate with a PHA(s) to submit a joint application(s) for funding of projects serving families experiencing	Yes

homelessness (e.g., applications for mainstream vouchers, Family Unification Program (FUP), other non-federal programs)?	

1C-7d.1.	**CoC and PHA Joint Application–Experience–Benefits.**	
	NOFO Section VII.B.1.g.	

	If you selected yes to question 1C-7d, describe in the field below:	
1.	the type of joint project applied for;	
2.	whether the application was approved; and	
3.	how your CoC and families experiencing homelessness benefited from the coordination.	

(limit 2,000 characters)

(1)(2) Over the past two years the CoC's largest PHA, also the Collaborative Applicant, has applied for and been awarded 131 specialized vouchers, assisting an additional 131 households. These vouchers consist of 108 Mainstream vouchers, 15 VASH vouchers and 8 additional FUP vouchers. (3) The PHA works in conjunction with the local regional veteran's office, Public Child Welfare Agency, and other allied agencies to identify individuals who meet the specific criteria for each voucher program. These vouchers enable residents in the CoC's geographic area who are homeless or at risk of homelessness to secure safe and stable housing. The PHA has an independent wait list for each voucher program that can provide assistance on a first come first serve basis. This enables families with greatest need that meet the program criteria to by-pass the PHA's main HCV waitlist, which currently has a waiting period of over 36 months and receive assistance immediately. The PHA works along with the allied agencies to provide additional supports and case management to ensure the households success in remaining stably housed.

1C-7e.	**Coordinating with PHA(s) to Apply for or Implement HCV Dedicated to Homelessness Including American Rescue Plan Vouchers.**	
	NOFO Section VII.B.1.g.	

Did your CoC coordinate with any PHA to apply for or implement funding provided for Housing Choice Vouchers dedicated to homelessness, including vouchers provided through the American Rescue Plan?	No

1C-7e.1.	**Coordinating with PHA(s) to Administer Emergency Housing Voucher (EHV) Program–List of PHAs with MOUs.**	
	Not Scored–For Information Only	

Did your CoC enter into a Memorandum of Understanding (MOU) with any PHA to administer the EHV Program?	No

If you select yes, you must use the list feature below to enter the name of every PHA your CoC has entered into a MOU with to administer the Emergency Housing Voucher Program.	
PHA	
This list contains no items	

1C. Coordination and Engagement–Coordination with Federal, State, Local, Private, and Other Organiza

1C-8.	Discharge Planning Coordination.	
	NOFO Section VII.B.1.h.	

Select yes or no in the chart below to indicate whether your CoC actively coordinates with the systems of care listed to ensure persons who have resided in them longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs.

1. Foster Care	Yes
2. Health Care	Yes
3. Mental Health Care	Yes
4. Correctional Facilities	Yes

1C-9.	Housing First–Lowering Barriers to Entry.	
	NOFO Section VII.B.1.i.	

1.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2021 CoC Program Competition.	3
2.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2021 CoC Program Competition that have adopted the Housing First approach.	3
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-Coordinated Entry projects the CoC has ranked in its CoC Priority Listing in the FY 2021 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

1C-9a.	Housing First–Project Evaluation.	
	NOFO Section VII.B.1.i.	

Describe in the field below how your CoC regularly evaluates projects to ensure those that commit to using a Housing First approach are prioritizing rapid placement and stabilization in permanent housing and are not requiring service participation or preconditions of program participants.

(limit 2,000 characters)

The Collaborative Applicant monitors CoC projects annually with procedure and participant file reviews, including Housing First compliance. Project participant files must show that housing provision is clearly separate from treatment services. In addition, HMIS data is analyzed quarterly for wait list procedures

and that project participation is based on Risk Priority Rating (RPR), ensuring Housing First. Performance measures are also reviewed to confirm projects are at capacity and implementing a move-on strategy to ensure rapid placements and stabilization of CoC projects. CoC fully embraces the Housing First Approach, providing quick, equitable access to services without preconditions or barriers to entry. Programs are all low barrier, not requiring service participation or preconditions of participants, and all CoC staff have been trained in CE policies and Housing First. CoC partner agencies share service plans to ensure no requirements or preconditions are given to participants. CE is conducted in person, over the phone (verbal statements are allowed in place of signatures due to COVID) and in the field to ensure equal access and rapid placement. Participant/family complete the CoC approved Needs Assessment in CE, which provides a RPR to access services. This objectively ensures those with the highest need are served first, both in shelter and housing programs. Collectively, RPR scores are compiled and CoC staff meet bi-weekly to assess eligibility, compare to referrals and update as needed. This allows for rapid prioritization of those most in need for housing services. CE case workers meet with participants monthly to update individual RPRs.

1C-9b.	Housing First–Veterans.	
	Not Scored–For Information Only	

Does your CoC have sufficient resources to ensure each Veteran experiencing homelessness is assisted to quickly move into permanent housing using a Housing First approach?	No

1C-10.	Street Outreach–Scope.	
	NOFO Section VII.B.1.j.	

	Describe in the field below:	
1.	your CoC's street outreach efforts, including the methods it uses to ensure all persons experiencing unsheltered homelessness are identified and engaged;	
2.	whether your CoC's Street Outreach covers 100 percent of the CoC's geographic area;	
3.	how often your CoC conducts street outreach; and	
4.	how your CoC tailored its street outreach to persons experiencing homelessness who are least likely to request assistance.	

(limit 2,000 characters)

(1) CoC's efforts include partnering with local org.'s to build an outreach team comprised of providers across a variety of service sectors. The team developed rapport with community partners, such as food pantries, soup kitchens, and public libraries. The street outreach also identifies unsheltered homeless individuals with the help of law enforcement and Crisis Intervention Teams; not to criminalize homelessness but making these agencies part of the "no wrong point of contact" to quickly connect individuals to resources. Engagement Methods include a trauma-informed lens, using peer support staff to train non-CoC agencies and maintaining a set schedule of visiting all homeless encampments across the region. The team is also trained in fair housing practices. (2) Housing and services are marketed broadly and to all homeless in the geographic area. Additional COVID funding allows new staff to conduct regularly scheduled outreach throughout the entire area and as needed when

new encampments are located. (3) Street outreach is conducted several times per week in the CoC's largest city, and several times per month in outlying rural areas. Outreach staff are also available at any time to respond to newly identified participants or to those in crisis wherever they are. The CoC annually conducts the Point in Time, participates in homeless youth counts and advertises services at community resource fairs designed for street homeless. (4) The CoC outreach plan specifically targets those who are least likely to engage in services, regardless of disability, behavioral health status, etc., including victims of DV, by meeting individuals where they are, and providing necessary supplies knowing many unsheltered are resistant to services inside an agency. CoC utilizes best practices in providing effective communication for persons with disabilities including large print materials, staff trained in ASL, and services for persons with LEP including translation of fliers and documents.

1C-11.	**Criminalization of Homelessness.**	
	NOFO Section VII.B.1.k.	

Select yes or no in the chart below to indicate strategies your CoC implemented to prevent the criminalization of homelessness in your CoC's geographic area:

1.	**Engaged/educated local policymakers**	Yes
2.	**Engaged/educated law enforcement**	Yes
3.	**Engaged/educated local business leaders**	Yes
4.	**Implemented communitywide plans**	Yes
5.	**Other:(limit 500 characters)**	
	Local law enforcement and the Behavioral Health Authority have developed a Law Enforcement Assisted Diversion (LEAD) pilot program in the CoC's largest city. LEAD is a harm reduction-based public safety program designed to assist people before they enter the criminal justice system.	Yes

1C-12.	**Rapid Rehousing–RRH Beds as Reported in the Housing Inventory Count (HIC).**	
	NOFO Section VII.B.1.l.	

	2020	2021
Enter the total number of RRH beds available to serve all populations as reported in the HIC–only enter bed data for projects that have an inventory type of "Current."	32	32

1C-13.	**Mainstream Benefits and Other Assistance–Healthcare–Enrollment/Effective Utilization.**	
	NOFO Section VII.B.1.m.	

Indicate in the chart below whether your CoC assists persons experiencing homelessness with enrolling in health insurance and effectively using Medicaid and other benefits.

Type of Health Care	**Assist with**	**Assist with**

		Enrollment?	Utilization of Benefits?
1.	**Public Health Care Benefits (State or Federal benefits, Medicaid, Indian Health Services)**	Yes	Yes
2.	**Private Insurers**	Yes	Yes
3.	**Nonprofit, Philanthropic**	Yes	Yes
4.	**Other (limit 150 characters)**		
	COVID Medical Respite for Vulnerable Homeless Persons (CDBG Funded)	Yes	Yes

1C-13a.	**Mainstream Benefits and Other Assistance–Information and Training.**	
	NOFO Section VII.B.1.m	

	Describe in the field below how your CoC provides information and training to CoC Program-funded projects by:	
1.	**systemically providing up to date information on mainstream resources available for program participants (e.g., Food Stamps, SSI, TANF, substance abuse programs) within your CoC's geographic area;**	
2.	**communicating information about available mainstream resources and other assistance and how often your CoC communicates this information;**	
3.	**working with projects to collaborate with healthcare organizations to assist program participants with enrolling in health insurance; and**	
4.	**providing assistance with the effective use of Medicaid and other benefits.**	

(limit 2,000 characters)

1) CoC coordinates annual trainings to provide current information on mainstream resources available to program participants. Trainings include Dept of Social Services (DSS) to assist individuals in applying for mainstream benefits (TANF, TDAP, SNAP) & educating partners on available benefits. Local homeless serving agencies also provide training on homeless services to DSS and local homelessness board. Community Health Center (CHC) provides information on accessing full-time walk-in substance abuse screening & integrated health services, including ambulatory detox and Narcan training, Health Dept informs the CoC about mental health services, Medicare/Medicaid assistance, SOAR applications to expedite SSI/SSDI, and CAA trains on applications for Energy Assistance. Staff at all agencies can assist participants to complete applications and provide transportation to appointments. Colloborative Applicant has added 3 Housing Stability staff to increase participant access to mainstream benefits, of which 2 are trained to complete SOAR applications. 2) CoC holds bi-monthly meetings and providers share information about benefits & services for people who are homeless. DSS, CHC, Local Behavioral Health Authority and CAA attend community meetings and sit on the CoC Exec. Board. The CoC sends email alerts, press releases, and social media news to disseminate information. 3)The CAA, direct recipient of CoC funds, is a VITA site, in conjunction with the Affordable Care Act and clients who receive these services are also screened for healthcare needs & referred to Navigation services at CHC, where they are assisted in applying for and enrolling in Medicaid. 4) CHC is a host site for full-time state health exchange insurance and Medicaid enrollment services. Clients who may be eligible for other public/private services & resources are provided referrals, navigation, and case management. The director of CHC is the Co-Chair of the CoC Board.

1C-14.	**Centralized or Coordinated Entry System–Assessment Tool. You Must Upload an Attachment to the 4B.**	

	Attachments Screen.	
	NOFO Section VII.B.1.n.	

	Describe in the field below how your CoC's coordinated entry system:	
1.	covers 100 percent of your CoC's geographic area;	
2.	reaches people who are least likely to apply for homeless assistance in the absence of special outreach;	
3.	prioritizes people most in need of assistance; and	
4.	ensures people most in need of assistance receive assistance in a timely manner.	

(limit 2,000 characters)

1) CoC's CE policy embodies a "no wrong door" approach to services by deploying housing stability coordinators and outreach workers to encampments, soup kitchens, food pantries and libraries across 100% of the CoC's geographic area. Homeless Diversion and eligibility screening, as part of the CE process, is available at Community Action Agency (CAA), DSS, PHA, Community Health Center, DV Provider and Area Agency on Aging. CE is also available through Street Outreach efforts, ensuring that the unsheltered individuals across the entire geographic region are placed on eligibility lists for services. 2) Projects for Assistance in Transition from Homelessness (PATH) workers, homeless case managers and peer support specialists work directly in encampments and unsheltered locations so that those least likely to come in for services, including youth, chronic homeless and those with behavioral health challenges are screened through CE and referred to appropriate services. With increased ESG-CV funds, CAA added a new position to specifically increase outreach to the homeless population. This position also tracks, through CE, participants who may exit shelter prior to being placed into permanent housing, to re-engage those individuals in services. 3) During CE clients' answers to ten domains result in a numerical score. Higher scores indicate a greater vulnerability and an immediate need for shelter or RRH services. Domain areas include health, housing status, income, substance abuse, mental health, well-being, education, basic needs, financial, and family status. When two clients have the same score, the length of time homeless is considered, for eligibility list purposes. Safety protocols for survivors of violence are included in CE. 4) Clients are placed on multiple eligibility lists through CE to ensure timely assistance, especially for those most vulnerable.

1C-15.	Promoting Racial Equity in Homelessness–Assessing Racial Disparities.	
	NOFO Section VII.B.1.o.	

Did your CoC conduct an assessment of whether disparities in the provision or outcome of homeless assistance exists within the last 3 years?	Yes

1C-15a.	Racial Disparities Assessment Results.	
	NOFO Section VII.B.1.o.	

Select yes or no in the chart below to indicate the findings from your CoC's most recent racial disparities assessment.

1.	People of different races or ethnicities are more likely to receive homeless assistance.	Yes
2.	People of different races or ethnicities are less likely to receive homeless assistance.	No
3.	People of different races or ethnicities are more likely to receive a positive outcome from homeless assistance.	Yes
4.	People of different races or ethnicities are less likely to receive a positive outcome from homeless assistance.	No
5.	There are no racial or ethnic disparities in the provision or outcome of homeless assistance.	No
6.	The results are inconclusive for racial or ethnic disparities in the provision or outcome of homeless assistance.	No

1C-15b.	Strategies to Address Racial Disparities.	
	NOFO Section VII.B.1.o.	

Select yes or no in the chart below to indicate the strategies your CoC is using to address any racial disparities.

1.	The CoC's board and decisionmaking bodies are representative of the population served in the CoC.	No
2.	The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.	Yes
3.	The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.	Yes
4.	The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups.	Yes
5.	The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.	Yes
6.	The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.	No
7.	The CoC has staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness.	Yes
8.	The CoC is educating organizations, stakeholders, boards of directors for local and national nonprofit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.	Yes
9.	The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.	Yes
10.	The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.	Yes
11.	The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.	Yes
	Other:(limit 500 characters)	
12.	Participation in the Carroll Citizens for Racial Equality (CCRE) committee by several members of the CoC. CCRE aims to educate and raise consciousness on diversity and equity issues via training and advocacy.	Yes

1C-15c.	Promoting Racial Equity in Homelessness Beyond Areas Identified in Racial Disparity Assessment.	
	NOFO Section VII.B.1.o.	

> Describe in the field below the steps your CoC and homeless providers have taken to improve racial equity in the provision and outcomes of assistance beyond just those areas identified in the racial disparity assessment.

(limit 2,000 characters)

Members of the CoC Executive Board are active participants in the Local Health Dept.'s Cultural and Linguistic Appropriate Services (CLAS) and Health Equity Workgroup. Additional members include outpatient mental health clinics, the local hospital, the community health center, faith-based organizations, and non-profits, all organizations serving homeless, vulnerable and at-risk populations. Each agency is looking internally at its own policies and procedures, mission and value statements, and demographics to ensure they are welcoming, reflective of the populations they serve, and free from systemic barriers to services. Members of this workgroup have developed strategic plans to update policies and procedures using an equity lens, while also taking inventory of, and correcting current practices that may create obstacles to housing and other services based on inequitable access and opportunities (i.e., transportation, limited English proficiency, etc.) In addition, data around the social determinants of health, demographic information from HMIS and from the United Way's ALICE report is being disaggregated by race, to help determine whether other disparities, such as situational or generational poverty, language barriers, disabilities, or sexual and/or gender identity directly correlate to risk factors associated with homelessness.

1C-16.	**Persons with Lived Experience–Active CoC Participation.**	
	NOFO Section VII.B.1.p.	

> Enter in the chart below the number of people with lived experience who currently participate in your CoC under the five categories listed:

	Level of Active Participation	Number of People with Lived Experience Within the Last 7 Years or Current Program Participant	Number of People with Lived Experience Coming from Unsheltered Situations
1.	Included and provide input that is incorporated in the local planning process.	2	2
2.	Review and recommend revisions to local policies addressing homelessness related to coordinated entry, services, and housing.	1	0
3.	Participate on CoC committees, subcommittees, or workgroups.	2	1
4.	Included in the decisionmaking processes related to addressing homelessness.	1	1
5.	Included in the development or revision of your CoC's local competition rating factors.	0	0

1C-17.	**Promoting Volunteerism and Community Service.**	
	NOFO Section VII.B.1.r.	

> Select yes or no in the chart below to indicate steps your CoC has taken to promote and support community engagement among people experiencing homelessness in the CoC's geographic area:

1.	**The CoC trains provider organization staff on connecting program participants and people experiencing homelessness with education and job training opportunities.**	Yes
2.	**The CoC trains provider organization staff on facilitating informal employment opportunities for program participants and people experiencing homelessness (e.g., babysitting, housekeeping, food delivery, data entry).**	Yes
3.	**The CoC works with organizations to create volunteer opportunities for program participants.**	Yes
4.	**The CoC works with community organizations to create opportunities for civic participation for people experiencing homelessness (e.g., townhall forums, meeting with public officials).**	Yes
5.	**Provider organizations within the CoC have incentives for employment and/or volunteerism.**	Yes
6.	**Other:(limit 500 characters)**	
	CAA, a CoC provider modified its recruiting practice/standards to prioritize lived experience over education. All entry level positions no longer require a degree. By removing this potential barrier, candidates with lived experience can apply and CAA can offer a peer-type environment in their service delivery model. CAA partners with Drug courts and States Attorney to consider criminal background exceptions when appropriate supportive services are in place to ensure a successful job placement.	Yes

1D. Addressing COVID-19 in the CoC's Geographic Area

To help you complete the CoC Application, HUD published resources at
https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
 - Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program
Competition
 - FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC
Application score by giving specific guidance on how to respond to many questions and
providing specific information about attachments you must upload
 - 24 CFR part 578

1D-1.	**Safety Protocols Implemented to Address Immediate Needs of People Experiencing Unsheltered, Congregate Emergency Shelter, Transitional Housing Homelessness.**	
	NOFO Section VII.B.1.q.	

	Describe in the field below protocols your CoC implemented during the COVID-19 pandemic to address immediate safety needs for individuals and families living in:
1.	**unsheltered situations;**
2.	**congregate emergency shelters; and**
3.	**transitional housing.**

(limit 2,000 characters)

1) At the start of the pandemic, portable handwashing stations and toilets were provided for unsheltered living in homeless encampments. Daily, critical food, hygiene, and safety supplies were distributed. Up to date COVID safety precaution info was provided, along with red/green cards individuals could place on tents to identify (based on symptoms) if it was safe for others to approach. Per CDC guidance, the CoC worked with local law enforcement to ensure no encampments were cleared. CAA staff created a phone tree and called sheltered and street homeless weekly to provide information and inquire about symptoms and needs. Additional ESG-CV Rapid Re-housing dollars were made available and utilized to immediately house those who were vulnerable and eligible for RRH. In partnership with the CAA, community health center, local government, and public schools, a medical respite was opened to provide a safe, sanitary space for at-risk homeless individuals. The respite provided COVID screening, quarantine space, socially distanced sleeping arrangements, hygiene and meal space for those unsheltered and at most risk for severe COVID complications. For homeless adults not eligible for medical respite, a day center utilizing CDBG COVID funding was opened providing meals, laundry, showers, charging stations, case mgt. and education regarding COVID. 2) No emergency shelters were closed. To ensure safety, the CoC's congregate shelter reduced its capacity through voluntary exits, and by opening a temporary night-by-night shelter and day center with CDBG COVID funding. CE identified vulnerable participants who were placed in motels and provided daily meals. Family Shelter capacity was also reduced, and a temporary overflow space was made available for quarantining families. Masks, PPE, and cleaning supplies were provided to all shelter participants and staff. In partnership with

the community health center, COVID education, screening and testing were also available. 3) CoC has no transitional housing programs.

1D-2.	Improving Readiness for Future Public Health Emergencies.	
	NOFO Section VII.B.1.q.	

Describe in the field below how your CoC improved readiness for future public health emergencies.

(limit 2,000 characters)

Overall, COVID demonstrated that the existing robust partnerships, combined with strategic use of new financial resources allowed the CoC to rapidly deploy a comprehensive response while keeping staff and participants safe. These lessons will inform the CoC's response to future health emergencies including improved readiness by creating a COVID homeless workgroup that met weekly to discuss the community's response to the pandemic; specifically related to ensuring the safety of homeless individuals and families, and for staff that continued to provide services. Even as the pandemic has eased the group continues to meet to review gaps in services, duplicative services, and areas where more efficient response was required. This group included representatives from local Government, specifically the Depts. of Citizen Services and Emergency Management, the Local Health Dept. (HD), local hospital, community health center, the Community Action Agency, and DSS. The CoC opened a medical respite, providing space for vulnerable street homeless adults to recover or quarantine from COVID. The respite served 36 unique individuals, housing 18. The respite is in the process of becoming operational year-round. In addition, all sheltered and unsheltered participants 65 and older, and older adults with chronic health conditions were placed in local hotels to decrease their risk of exposure. 100% were housed and remain housed. Agencies serving homeless families and individuals relied heavily on real-time COVID data from the Local Health Officer, and on feedback from the homeless community on how and where to safely deliver services remotely. The CoC partnered with Community Health Center and HD to administer routine COVID testing in shelters and day center. After a shelter outbreak, the CoC was prepared to utilize hotels for quarantine. CoC partners built relationships with local hotel managers early on, which proved useful during the shelter outbreak.

1D-3.	CoC Coordination to Distribute ESG Cares Act (ESG-CV) Funds.	
	NOFO Section VII.B.1.q	

	Describe in the field below how your CoC coordinated with ESG-CV recipients to distribute funds to address:
1.	safety measures;
2.	housing assistance;
3.	eviction prevention;
4.	healthcare supplies; and
5.	sanitary supplies.

(limit 2,000 characters)

The Collaborative Applicant (CA) is the recipient of ESG-CV funding and coordinated the distribution of ESG-CV funds with the approval of the CoC Board. The CA participated in weekly calls with the State (ESG recipient) to share best practices and COVID response. (1) The Community Action Agency (CAA) implemented a building screener at the complex, which houses the Dept of Citizen Services (DCS), the family shelter and the community health center (CHC). As the CAA remained open during the pandemic, the screener was paramount in identifying customers entering the building displaying COVID symptoms. The CHC accepted possible COVID customers for more in-depth testing and treatment. (2) The Street Outreach team (SOT) through the CoC worked to connect street homeless with immediate access to ESG-CV funds to enter RRH. Hotel placements were used, for extremely vulnerable individuals and for DV clients. (3) Prior to the eviction moratoriums, the CoC worked with the DCS to provide rental assistance for those facing homelessness due to eviction. Eviction prevention recipients also indicated a need for assistance with pending utility termination, which posed a health threat. Funds were used to hire three housing stability coordinators who work to identify potential evictions and connect recipients with services needed to divert from eviction and homelessness. (4) The recipients of ESG funds, specifically the CAA and DCS worked with the SOT and PATH caseworkers to identify street homeless individuals in need of healthcare supplies, which were distributed directly. (5) Through the CoC's CAA, sanitary supplies were distributed to both RRH clients and street homeless. Masks, PPE and disinfecting products were made available. At certain homeless encampments, DCS installed temporary hand-washing stations and portable toilets.

1D-4.	CoC Coordination with Mainstream Health.	
	NOFO Section VII.B.1.q.	

	Describe in the field below how your CoC coordinated with mainstream health (e.g., local and state health agencies, hospitals) during the COVID-19 pandemic to:
1.	decrease the spread of COVID-19; and
2.	ensure safety measures were implemented (e.g., social distancing, hand washing/sanitizing, masks).

(limit 2,000 characters)

(1) The CoC coordinated with Mainstream Health agencies -local health dept (HD), local hospital, community health center - to decrease the spread of COVID by providing a medical respite for vulnerable homeless individuals. Entrance into respite was based on factors such as age, disability, and unsheltered status, with referrals from the CAA, HD and local hospital. The respite provided on-site tents and indoor socially distanced space for individuals to quarantine and/or recover from COVID without utilizing hospital space. In addition, the HD monitored all encampments for potential COVID outbreaks and updated the entire community on best practices to contain and reduce possible spread. The CoC partnered with the CHC and HD to administer routine COVID testing in shelters and day center. During the first year of the pandemic, shelter had one positive case, discovered via routine testing. Testing through the HD was also made available to staff throughout the CoC's emergency shelter system. (2) All safety measures implemented were in response to daily updates from the local health officer. The HD and local government immediately provided hand-washing stations and PPE across homeless encampments. Mask wearing was enforced across all CoC programs, commercial deep

cleaning was performed, and plastic barriers were installed in staff and sleeping areas. Shelter capacity was voluntarily reduced to accommodate social distancing and when possible, non-support staff worked remotely. Alternatives to congregate shelter included: Hotel placement, medical respite, night-by-night shelter and a day center. As metrics and data changed, the Local Health Officer, through emails and virtual meetings, provided guidance around best practices to ensure safety, including how and when to open buildings and offices to in-person services. CoC members regularly attended HUD's COVID-19 Office Hours to learn best practices from other shelter systems.

1D-5.	Communicating Information to Homeless Service Providers.	
	NOFO Section VII.B.1.q.	

	Describe in the field below how your CoC communicated information to homeless service providers during the COVID-19 pandemic on:	
1.	safety measures;	
2.	changing local restrictions; and	
3.	vaccine implementation.	

(limit 2,000 characters)

(1) The CoC created a COVID homeless workgroup that met weekly to discuss the community's response to the pandemic; specifically related to ensuring the safety of homeless individuals and families, and for staff that continued to provide services. The CoC continued to hold their bi-monthly virtual meetings throughout the pandemic. During each meeting, updates were provided regarding closures, re-opening and safety protocols for each agency and for the community. For those unable to attend virtually, minutes were quickly distributed via email and posted to the CoC webpage. CoC members, shelter providers and homeless service providers regularly attended HUD's COVID-19 Office Hours to learn best practices from other shelter systems. What was learned was then communicated at COVID homeless workgroup and CoC bi-monthly meetings. (2) The Health Officer, following CDC guidance, relayed changing local restrictions as determined by real-time local COVID data, and State-wide emergency orders. As the Health Officer is a member of the CoC Board, changing restrictions were disseminated through the CoC distribution channels and in the workgroup and bi-monthly meetings. (3) As vaccines became available, the Community Action Agency, in partnership with the Health Officer, identified those prioritized for vaccination, including the elderly, disabled and street homeless. The Health Dept. also worked directly with staff at each homeless provider to provide factual vaccine information, in order to encourage vulnerable homeless individuals to receive the vaccine. In addition, the Health Dept and CoC worked together to register shelter participants for community-based vaccine clinics. Free public transportation was made available for all participants. Through the use of ESG CV funds, the CAA will also provide financial incentives, to increase vaccination rates.

1D-6.	Identifying Eligible Persons Experiencing Homelessness for COVID-19 Vaccination.	
	NOFO Section VII.B.1.q.	

Describe in the field below how your CoC identified eligible individuals and families experiencing homelessness for COVID-19 vaccination based on local protocol.	

(limit 2,000 characters)

The Community Action Agency (CAA), CoC funded recipient, worked closely with the Local Health Dept and the Community Health Center to provide vaccinations for all experiencing homelessness across the region. As supply was ample, everyone staying in shelter or in encampments were eligible to receive the vaccine. Information on vaccine safety and guidelines were posted throughout the shelter system, and street outreach teams worked to inform those living in unsheltered places. Knowing many unsheltered individuals were hesitant to be vaccinated, Health Department staff worked alongside street outreach teams to vaccinate individuals living in encampments.

1D-7.	**Addressing Possible Increases in Domestic Violence.**	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC addressed possible increases in domestic violence calls for assistance due to requirements to stay at home, increased unemployment, etc. during the COVID-19 pandemic.	

(limit 2,000 characters)

The DV provider did not have an increase in DV calls for assistance during the first year of the pandemic. This is attributed to survivors being isolated in their homes without the ability to call given they were in such close proximity to their abuser. However, over the course of the last 7 months there has been an increase of 37% of hotline and Lethality Assessment Protocol (LAP) calls. This is not because there was a true increase in DV instances, but due to communities opening up providing survivors the space to call. The DV provider also noted that there were increased levels of stress in families given the financial and emotional toll the pandemic was having on relationships. The DV provider noticed this trend and has adjusted staffing patterns to fit needs, allowing for more staff coverage. The LAP line, which is similar to a hotline, allows agencies who have an interaction with a suspected DV victim, to assess the risk level. After the assessment is complete the individual conducting the screening contacts the LAP line, provides information and allows the victim the opportunity to speak with DV Safe House staff for resources, safety planning, shelter, etc. Whenever an LAP is conducted a follow-up call or visit to the home is made. In order to assure housing with this increase in calls, hotels are being used when shelter reaches capacity using ESG-CV funding from the CoC. Completion of the County's first permanent and expanded DV Safe House is projected for January 1, 2022, and will allow the DV Provider to house and serve twice the current capacity while still using hoteling when needed. The DV provider will train CoC members on how to conduct LAPs and the process of referring DV victims directly through the LAP line.

1D-8.	**Adjusting Centralized or Coordinated Entry System.**	
	NOFO Section VII.B.1.n.	

Describe in the field below how your CoC adjusted its coordinated entry system to account for rapid changes related to the onset and continuation of the COVID-19 pandemic.

(limit 2,000 characters)

Coordinated Entry operated throughout the pandemic, adjusting operations to ensure clients continued to receive services and support. The Community Action Agency (CAA) remained open, with staff in the office, for the duration of the pandemic. Shelter and Housing programs also continued to operate and accept new clients. Coordinated Entry appointments shifted to over-the-phone, and verbal consent documented by staff was accepted in lieu of signatures. CE staff met participants outside in encampments during street outreach and at the Community Action Agency's Day Center for in-person appointments. Staff and clients practiced social distancing and mask wearing was enforced. Coordinated Entry priorities were amended to prioritize those over 65, and then those with chronic health conditions, which increased the risk for COVID-19 complications, as identified by the CDC. Participants with the highest COVID-19 vulnerabilities were considered first, then if COVID-19 risk was similar, the participant with the highest level of need, determined by the Universal Needs Assessment, would enter services first. CE continues to utilize the COVID-19 vulnerabilities and will do so until COVID-19 risk is diminished. CAA staff reviewed all available HUD waivers and utilized the waiver not requiring participants to show proof of income to enter into shelter.

1E. Project Capacity, Review, and Ranking–Local Competition

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
 - Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
 - FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
 - 24 CFR part 578

1E-1.	Announcement of 30-Day Local Competition Deadline–Advance Public Notice of How Your CoC Would Review, Rank, and Select Projects. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.2.a. and 2.g.	

1.	Enter the date your CoC published the 30-day submission deadline for project applications for your CoC's local competition.	09/13/2021
2.	Enter the date your CoC publicly posted its local scoring and rating criteria, including point values, in advance of the local review and ranking process.	09/13/2021

1E-2.	Project Review and Ranking Process Your CoC Used in Its Local Competition. You Must Upload an Attachment to the 4B. Attachments Screen. We use the response to this question as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria listed below.	
	NOFO Section VII.B.2.a., 2.b., 2.c., and 2.d.	

	Select yes or no in the chart below to indicate how your CoC ranked and selected project applications during your local competition:	

1.	Established total points available for each project application type.	Yes
2.	At least 33 percent of the total points were based on objective criteria for the project application (e.g., cost effectiveness, timely draws, utilization rate, match, leverage), performance data, type of population served (e.g., DV, youth, Veterans, chronic homelessness), or type of housing proposed (e.g., PSH, RRH).	Yes
3.	At least 20 percent of the total points were based on system performance criteria for the project application (e.g., exits to permanent housing destinations, retention of permanent housing, length of time homeless, returns to homelessness).	Yes
4.	Used data from a comparable database to score projects submitted by victim service providers.	Yes
5.	Used objective criteria to evaluate how projects submitted by victim service providers improved safety for the population they serve.	Yes
6.	Used a specific method for evaluating projects based on the CoC's analysis of rapid returns to permanent housing.	Yes

1E-2a.	Project Review and Ranking Process–Addressing Severity of Needs and Vulnerabilities.	

	NOFO Section VII.B.2.d.

	Describe in the field below how your CoC reviewed, scored, and selected projects based on:
1.	the specific severity of needs and vulnerabilities your CoC considered when ranking and selecting projects; and
2.	considerations your CoC gave to projects that provide housing and services to the hardest to serve populations that could result in lower performance levels but are projects your CoC needs in its geographic area.

(limit 2,000 characters)

(1) The CoC reviewed, scored and selected projects based on the severity of need and vulnerabilities of clients served. During the Rank and Review Process, all projects are required to provide reasonable assurance that they use or will use Coordinated Entry. Coordinated Entry uses the Continuum's Universal Needs Assessment to prioritize clients with the highest vulnerability including a history of abuse or victimization; criminal history; street homelessness; chronic homelessness; current or past substance use; or low/no income. During the annual monitoring of existing projects, records are reviewed to ensure clients with the highest Needs Assessment scores, and thus the highest severity of need and vulnerability, are being served by the project. The CoC annual monitoring result, which includes this review, is part of the points awarded during project ranking. (2) The CoC only has 3 PSH projects to rank and one Coordinated Entry Project. The PSH projects prioritize all beds for chronically homeless and these are the only 3 projects in the Continuum's geographic area prioritizing permanent housing for chronically homeless. The CoC Rating Tool includes points for the project's contributions to the System Performance Measures including Length of Stay (Maximum of 20 points) and Exits to Permanent Housing (Maximum 25 points). Since the same population is served in all projects, the use of the rating tool results is valid. For a new project, the rating tool includes an evaluation of the Design of Housing and Supportive Services that demonstrates an understanding of the population to be served (45 points). Project review includes the project's plan to assist clients to rapidly secure and maintain housing. No new project applications were submitted to the CoC for this round of funding for the Bonus Project or the DV Bonus.

1E-3.	Promoting Racial Equity in the Local Review and Ranking Process.	
	NOFO Section VII.B.2.e.	

	Describe in the field below how your CoC:
1.	obtained input and included persons of different races, particularly those over-represented in the local homelessness population, when determining the rating factors used to review project applications;
2.	included persons of different races, particularly those over-represented in the local homelessness population, in the review, selection, and ranking process;
3.	rated and ranked projects based on the degree to which their program participants mirror the homeless population demographics (e.g., considers how a project promotes racial equity where individuals and families of different races are over-represented).

(limit 2,000 characters)

(1) The CoC had 3 PSH projects to rank in this round of funding, all prioritizing chronically homeless. The CoC and its funded partners strive to promote an inclusive membership and employee base that is reflective of the clients served by the CoC's housing and supportive services. All members of the CoC Board

and funded partners were given the opportunity to review and comment on the proposed rating and ranking tool and approved the final version of the tool to be used to rank this year's projects. (2) The CoC did not receive any new project applications for consideration in this round despite a robust and public outreach effort. Thus, the ranking was between 3 PSH projects all prioritizing chronically homeless. The score was driven by the objective criteria contained in the ranking tool instead of using a more subjective ranking by individual reviewers or a presentation of projects to CoC Board members. (3) Data around racial disparities and equity was reviewed by the CoC. Black and Hispanic populations are over-represented at entry into the system through CE. Black individuals and families represent 13% of all entries into CE in FY20 yet are only 3.9% of the overall population in the CoC region. Although over-represented upon entry, black individuals and families' positive exits, including PH, are the same for both white and black participants, indicating no disparities in the ranked and rated projects serving persons of different races. The CoC added to the ranking tool this year all the Equity categories in the HUD Tool including Agency Leadership, Governance and Policies and Program Participant Outcomes. Together these criteria were worth 35 points. In addition to using the criteria to rank the projects submitted, the CoC will review the Equity Factors with agencies as the CoC strives to better represent the clients we all are devoted to serving.

1E-4.	**Reallocation–Reviewing Performance of Existing Projects. We use the response to this question as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criterion below.**
	NOFO Section VII.B.2.f.

	Describe in the field below:
1.	**your CoC's reallocation process, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed;**
2.	**whether your CoC identified any projects through this process during your local competition this year;**
3.	**whether your CoC reallocated any low performing or less needed projects during its local competition this year;**
4.	**why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable; and**
5.	**how your CoC communicated the reallocation process to project applicants.**

(limit 2,000 characters)

(1) The CoC has a written reallocation policy. The CoC Board reviews performance of all renewal projects annually, including a performance evaluation based on HMIS, HMIS data quality, APRs, Project Applications and other HUD tools. Projects are also evaluated based on their contribution to HUD Policy Priorities and the System Performance Measures. The Collaborative Applicant monitors all projects annually and presents fiscal, management & capacity issues to the CoC Board. Based on this multifaceted performance review, the CoC Board can recommend corrective action for a grantee, and if there are continuing performance issues after 1-year, involuntary reallocation. Voluntary reallocations are considered with priority given to plans that create new permanent supportive housing. (2) The CoC did not identify a project to reallocate this year; however, there are concerns about underspending with one of the CoC's PSH projects. The PSH project that is underspending has provided a corrective action plan and will be monitored quarterly during the current grant year. If the issues remain unresolved, the project will be considered for

involuntary reallocation per the CoC Policy. (3) The CoC has three PSH and one Coordinated Entry projects and none of the four projects were recommended for reallocation this year. (4) The CoC Board, after reviewing current year performance, did not recommend involuntary reallocation, because of the impact COVID had on the availability of rental units over the last year. The CoC Board required a corrective action plan from 1 PSH project and will monitor project performance quarterly in the upcoming grant year instead of annually. (5) All CoC funded agencies are represented on the CoC Board which is responsible for the creation and implementation of the Reallocation Policy. Per the CoC Board's Conflict of Interest Policy, agencies recuse themselves from any vote regarding their own projects.

1E-4a.	**Reallocation Between FY 2016 and FY 2021. We use the response to this question as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criterion below.**	
	NOFO Section VII.B.2.f.	

Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2016 and FY 2021?	No

1E-5.	**Projects Rejected/Reduced–Public Posting. You Must Upload an Attachment to the 4B. Attachments Screen if You Select Yes.**	
	NOFO Section VII.B.2.g.	

1.	**Did your CoC reject or reduce any project application(s)?**	No
2.	**If you selected yes, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps.**	

1E-5a.	**Projects Accepted–Public Posting. You Must Upload an Attachment to the 4B. Attachments Screen.**	
	NOFO Section VII.B.2.g.	

Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.	10/22/2021

1E-6.	**Web Posting of CoC-Approved Consolidated Application. You Must Upload an Attachment to the 4B. Attachments Screen.**	
	NOFO Section VII.B.2.g.	

Enter the date your CoC's Consolidated Application was posted on the CoC's website or affiliate's website–which included: **1. the CoC Application;** **2. Priority Listings; and** **3. all projects accepted, ranked where required, or rejected.**	11/09/2021

2A. Homeless Management Information System (HMIS) Implementation

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
 - Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
 - FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
 - 24 CFR part 578

2A-1.	HMIS Vendor.	
	Not Scored–For Information Only	

Enter the name of the HMIS Vendor your CoC is currently using.	Wellsky (Community Service Point)

2A-2.	HMIS Implementation Coverage Area.	
	Not Scored–For Information Only	

Select from dropdown menu your CoC's HMIS coverage area.	Single CoC

2A-3.	HIC Data Submission in HDX.	
	NOFO Section VII.B.3.a.	

Enter the date your CoC submitted its 2021 HIC data into HDX.	05/13/2021

2A-4.	HMIS Implementation–Comparable Database for DV.	
	NOFO Section VII.B.3.b.	

	Describe in the field below actions your CoC and HMIS Lead have taken to ensure DV housing and service providers in your CoC:	
1.	**have a comparable database that collects the same data elements required in the HUD-published 2020 HMIS Data Standards; and**	
2.	**submit de-identified aggregated system performance measures data for each project in the comparable database to your CoC and HMIS lead.**	

(limit 2,000 characters)

(1) Data for domestic violence survivors is collected utilizing a comparable database, while preserving anonymity of survivors and following the protections put in place by The Violence Against Women Act (VAWA). The comparable database includes all data elements available in HMIS. The HMIS Lead has worked with the CoC's Domestic Violence provider to develop the data elements that are comparable with the HMIS data standards and that are reported on other CoC funded projects. (2) Monthly reports are submitted to the CoC Co-chair and HMIS lead, including the number of domestic violence survivors served and residing in the Domestic Violence Safe House, as well the demographics of those served. All data reported is de-identified aggregate to protect the anonymity of survivors. Semi-annual system performance measure reports are also submitted to the CoC Executive Board. The CoC Executive Board reviews this aggregate data and reports at large community meetings held by the CoC. The CoC examines the aggregate data in order to determine the size of the population affected by domestic violence and homelessness.

2A-5.	Bed Coverage Rate–Using HIC, HMIS Data–CoC Merger Bonus Points.	
	NOFO Section VII.B.3.c. and VII.B.7.	

Enter 2021 HIC and HMIS data in the chart below by project type:	

Project Type	Total Beds 2021 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
1. Emergency Shelter (ES) beds	140	7	133	100.00%
2. Safe Haven (SH) beds	0	0	0	
3. Transitional Housing (TH) beds	0	0	0	
4. Rapid Re-Housing (RRH) beds	32	0	32	100.00%
5. Permanent Supportive Housing	59	0	59	100.00%
6. Other Permanent Housing (OPH)	0	0	0	

2A-5a.	Partial Credit for Bed Coverage Rates at or Below 84.99 for Any Project Type in Question 2A-5.	
	NOFO Section VII.B.3.c.	

	For each project type with a bed coverage rate that is at or below 84.99 percent in question 2A-5, describe:
1.	steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type; and
2.	how your CoC will implement the steps described to increase bed coverage to at least 85 percent.

(limit 2,000 characters)

N/A

2A-5b.	Bed Coverage Rate in Comparable Databases.	
	NOFO Section VII.B.3.c.	

Enter the percentage of beds covered in comparable databases in your CoC's geographic area.	100.00%

2A-5b.1.	Partial Credit for Bed Coverage Rates at or Below 84.99 for Question 2A-5b.	
	NOFO Section VII.B.3.c.	

	If the bed coverage rate entered in question 2A-5b. is 84.99 percent or less, describe in the field below:
1.	steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent; and
2.	how your CoC will implement the steps described to increase bed coverage to at least 85 percent.

(limit 2,000 characters)

N/A

2A-6.	Longitudinal System Analysis (LSA) Submission in HDX 2.0.	
	NOFO Section VII.B.3.d.	

Did your CoC submit LSA data to HUD in HDX 2.0 by January 15, 2021, 8 p.m. EST?	Yes

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

To help you complete the CoC Application, HUD published resources at
https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
 - Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program
Competition
 - FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC
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 - 24 CFR part 578

2B-1.	Sheltered and Unsheltered PIT Count–Commitment for Calendar Year 2022	
	NOFO Section VII.B.4.b.	

Does your CoC commit to conducting a sheltered and unsheltered PIT count in Calendar Year 2022?	No

2B-2.	Unsheltered Youth PIT Count–Commitment for Calendar Year 2022.	
	NOFO Section VII.B.4.b.	

Does your CoC commit to implementing an unsheltered youth PIT count in Calendar Year 2022 that includes consultation and participation from youth serving organizations and youth with lived experience?	Yes

2C. System Performance

To help you complete the CoC Application, HUD published resources at
https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
 - Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program
Competition
 - FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC
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 - 24 CFR part 578

2C-1.	Reduction in the Number of First Time Homeless–Risk Factors.	
	NOFO Section VII.B.5.b.	

	Describe in the field below:
1.	how your CoC determined which risk factors your CoC uses to identify persons becoming homeless for the first time;
2.	how your CoC addresses individuals and families at risk of becoming homeless; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the number of individuals and families experiencing homelessness for the first time or to end homelessness for individuals and families.

(limit 2,000 characters)

1) CoC Exec. Committee collects and analyzes local data from HMIS, United
Way ALICE report, Public Schools, Workforce Development Board, Health
Dept, and the CAA (CE/shelter provider). This data informs strategic planning to
address the highest occurring risk factors in the CoC. Currently, CoC identified
risk factors for first time homeless (FTH) include: Risk Priority Rating
(determined by CE Universal Needs Assessment), income (below 200% of
poverty), Earned Income Tax Credit eligibility, threat of eviction, eviction notice,
and utility cut-off. 2) CoC has robust prevention services to assist individuals or
families who are at imminent risk of homelessness due to income insecurity,
eviction, or utility cut off. Services are accessed directly via walk-in, phone,
email, or community partner referral. All at-risk individuals participate in a
screening process, with homeless diversion and connections to resources as
the first goals. CoC collaborates with foundations, faith-based charities, and
local agencies to raise funds to meet needs, resolve lease violations, and
prevent eviction. CAA staff review and certify eligibility for services, advocate on
behalf of the client, and leverage local funding to prevent homelessness. Over
the last several years FTH has trended down, however this year indicated a
small increase of 19 individuals. This is attributed to the impact of COVID on
vulnerable individuals who were unable to couch surf or double up, due to
concerns on the potential to spread COVID. CAA and Collaborative Applicant
have added staff positions to increase prevention and diversion. Under a new
partnership, the local court shares eviction case information so staff can reach
individuals prior to being evicted. Staff contact those facing eviction with the
CAA distributing ERAP funds. 3) CoC Board, comprised of community leaders
and stakeholders, is responsible for overseeing the CoC's strategy to reduce
the number of individuals and families experiencing FTH.

2C-2.	Length of Time Homeless–Strategy to Reduce.	
	NOFO Section VII.B.5.c.	

	Describe in the field below:	
1.	your CoC's strategy to reduce the length of time individuals and persons in families remain homeless;	
2.	how your CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and	
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the length of time individuals and families remain homeless.	

(limit 2,000 characters)

(1) CoC strategy to reduce LOT homeless is a collaborative system of assessment and intake through coordinated entry (CE), housing first/low-barrier housing and shelter services, new case management positions, and increase in available housing vouchers. The Community Action Agency (CAA) shelter/CE provider has transformed agency structure to provide client-centered, wrap-around services that engage homeless persons immediately. The CAA has fully integrated Shelter and Housing with Employment and Financial Education Services; holds bi-weekly staff meetings to discuss high-barrier clients with long shelter stays, works with participants to incentivize and secure housing; provide strength-based, trauma-informed case management and motivational interviewing techniques; and hired a new case manager to conduct outreach to chronically street homeless, and follow up services to participants choosing to leave shelter. 2) CoC identifies LOT via HMIS data. The CoC CE team meets bi-weekly to provide multi-disciplinary support to street homeless, utilizing a chronic homeless By-Name-List; the CoC's PHAs and CAA are members of the Landlord Association to network and build partnerships; CoC successfully re-organized shelter system to add a year-round Night-By-Night shelter and 6 PSH units, and increase case management. The CoC has successfully decreased LOT homeless by 39 days, from 172 to 133. CAA partners with the CoC's largest PHA to access Mainstream vouchers for homeless with a disability and Housing Choice vouchers for those with the longest LOT. The CAA and PHA also have an active move on strategy to free up PSH units. 3) CoC Board is responsible for overseeing the CoC's strategy to reduce the LOT individuals and families remain homeless.

2C-3.	Exits to Permanent Housing Destinations/Retention of Permanent Housing.	
	NOFO Section VII.B.5.d.	

	Describe in the field below how your CoC will increase the rate that individuals and persons in families residing in:	
1.	emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations; and	
2.	permanent housing projects retain their permanent housing or exit to permanent housing destinations.	

(limit 2,000 characters)

1) The CoC's strategy to increase the rate at which individuals and families in emergency shelter (ES) and rapid rehousing (RRH) exit to permanent housing (PH) destinations is to offer intensive case management services, maintain a strong rapport with landlords, and identify potential barriers to retaining

permanent housing. This includes CoC staff attendance at local landlord meetings, conflict resolution, tenant education, job skills training with Workforce Dev. Bd. (WIOA), and financial assistance with security deposit, first month's rent and utility assistance. Overall self-sufficiency is greatly increased with these additional supports. All housing and shelter programs follow a Housing First Model to ensure everyone has immediate access to available beds and units. CE staff work closely with shelter and RRH staff to identify eligible participants immediately to fully utilize available funding. Both CoC's PHAs dedicate vouchers for homeless, and the Collaborative Applicant added 3 staff who provide assistance with navigating the various housing voucher application processes. 2) The CoC's strategy to increase the rate at which individuals and families in PH retain their PH or exit to PH destinations centers around housing stability, using a person-centered approach. Housing stability includes connection to mainstream benefits, access to SOAR, landlord connections, conflict resolution, job skills training with AJC, financial education, tenant education, and financial assistance through security deposits, first month's rent and utility assistance. CoC's Collaborative Applicant added 3 staff to assist tenants in completing applications for HCV and Mainstream vouchers, a part of the PHA's Move-On Strategy. They also support the CAA with intensive case management and community referrals. The CoC consistently retains 90% of clients in PH.

2C-4.	Returns to Homelessness–CoC's Strategy to Reduce Rate.	
	NOFO Section VII.B.5.e.	

	Describe in the field below:	
1.	how your CoC identifies individuals and families who return to homelessness;	
2.	your CoC's strategy to reduce the rate of additional returns to homelessness; and	
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the rate individuals and persons in families return to homelessness.	

(limit 2,000 characters)

1) COVID has had a significant impact on returns to homelessness, placing already vulnerable individuals back on the streets. Eviction moratoriums did not protect those who were doubled up or from landlords who chose to let leases expire displacing tenants into homelessness. CoC identifies the common factors of those who return to homelessness by using Universal Needs Assessment data including housing, health, income, mental health, substance abuse, education, basic needs, financial, and family status. The most common factors identified in the CoC that contribute to returns include recurring substance abuse, and a lack of income, affordable housing, employment and affordable childcare. CoC collects and analyzes local data and information from United Way, Public Schools, Workforce Development Board, Health Dept and CAA/shelter provider. Data is reviewed by the CoC Board and used for strategic planning decisions. 2) CoC's strategy to reduce returns to homelessness is to provide comprehensive supports and services to address the most common risk factors. All homeless individuals are referred to entitlement programs, SSI/SSDI Outreach Access and Recovery Program, energy assistance, financial education and employment services. To combat substance abuse, additional county and state funding has been invested in prevention, treatment, and detox services. State and local funds support a Mobile Crisis Response Team that collaborates with homeless service providers. CoC's homeless case managers

follow up with newly housed individuals and families at 30, 60, and 90 days to ensure the household is thriving, maintaining housing, and provides services if needed. Using ESG-CV and Emergency Rental Assistance Program funds, CAA and the CoC's Collaborative Applicant has added case mgt. staff to enhance prevention and follow up services. 3) CoC Board is responsible for overseeing the CoC's strategy to reduce the rate individuals and persons in families return to homelessness.

2C-5.	Increasing Employment Cash Income-Strategy.	
	NOFO Section VII.B.5.f.	

	Describe in the field below:	
1.	your CoC's strategy to increase employment income;	
2.	how your CoC works with mainstream employment organizations to help individuals and families increase their cash income; and	
3.	provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase income from employment.	

(limit 2,000 characters)

(1) The CoC's strategy to increase employment income is to maintain strong partnerships with Community Action Agency (CAA), AJC(WIOA), Dept. Of Rehabilitation Services (DORS), local community college, and SNAP Employment and Training Program. CAA provides job training program and refer to the AJC (WIOA) for additional skill assessments, job readiness evaluations, online program and software assessments, interview preparation, internship and training opportunities, job fairs and resume writing. The AJC (WIOA) has received significant increases in funding due to COVID to enhance and increase programs over the next 3 years with an emphasis on those most impacted by COVID including homeless. CoC funded programs uses motivational interviewing & partnerships to encourage clients to work or volunteer to increase self-worth and prepare for employment. The CoC monitors participant income growth via HMIS data. (2) CAA job training program is a DORS Accredited Vendor, assisting individuals with disabilities to secure employment and is the CoC's only SNAP Employment and Training Provider. The CAA job training program has a Job Developer who assist those with significant barriers to employment by developing relationships with local employers to provide employment opportunities. Fully integrated with CAA shelter/housing services, the job training program can rapidly secure employment for unemployed homeless clients and provide ongoing job support to ensure continued employment. All AJC (WIOA) partners (CAA, DSS, and DORS) meet quarterly to collaborate and use a universal referral to streamline services and ensure maximum participation. (3) The CoC Board, comprised of community leaders and stakeholders, is responsible for overseeing the CoC's strategy to increase job and income growth from employment.

2C-5a.	Increasing Employment Cash Income–Workforce Development–Education–Training.	
	NOFO Section VII.B.5.f.	

	Describe in the field below how your CoC:	

1.	promoted partnerships and access to employment opportunities with private employers and private employment organizations, such as holding job fairs, outreach to employers, and partnering with staffing agencies; and
2.	is working with public and private organizations to provide meaningful education and training, on-the-job training, internships, and employment opportunities for program participants.

(limit 2,000 characters)

1) The CoC promotes partnerships and access to employment opportunities by connecting public and private employers with the homeless community, and those who support them. America's Job Center (AJC) and CAA (shelter/housing/job training provider) are members of the CoC Board. The AJC (WIOA), CAA, Dept of Social Services, higher education, Supported Employment, and the Senior Community Services Employment Program work collaboratively to provide employment services customized to the unique needs of homeless and formerly homeless. The AJC (WIOA) has received significant increases in funding due to COVID to enhance and increase programs over the next 3 years with an emphasis on those most impacted by COVID including homeless. The CAA job training participants receive priority service, including dedicated funding, with the AJC (WIOA). Outreach is conducted to connect with employers who will hire high barrier individuals. Fully integrated with CAA shelter/housing services, the job training program can rapidly secure employment for unemployed homeless clients and provide ongoing job support to ensure continued employment. (2) The CAA job training program is a Dept of Rehabilitation Services (DORS) Accredited Vendor. The CAA partnered with the local Community College to administer the SNAP Employment & Training Program. CAA job curriculum is accredited with State Higher Education, and clients can earn a college certificate for course completion. The CAA provides daily, meaningful education & training services for participants and refers clients to additional mainstream services, AJC training opportunities, and employment operating the community's free clothing store. Homeless individuals are immediately given meaningful training by serving their community while learning valuable employment skills. Job training and solid mainstream partnerships provide for clients' long-term recovery and well-being. These combined efforts have led to a 4% increase in income in the last year.

2C-5b.	Increasing Non-employment Cash Income.	
	NOFO Section VII.B.5.f.	

	Describe in the field below:
1.	your CoC's strategy to increase non-employment cash income;
2.	your CoC's strategy to increase access to non-employment cash sources; and
3.	provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase non-employment cash income.

(limit 2,000 characters)

(1) All CoC clients complete a Universal Needs Assessment during program intake to assess for income and food insecurities. These results identify needed non-cash benefits (i.e., SSI SSDI, TDAP, TANF, SNAP, WIC etc.) Clients are immediately referred to appropriate resources. Additionally, there are staff throughout various organizations trained to complete Social Security applications in the SSI/SSDI, Outreach, Access and Recovery (SOAR) model to expedite the process of attaining social security benefits; two new staff were trained this year. The CoC plans to continue to increase those trained in the

SOAR model by identifying student interns and key staff to be trained to decrease wait times to be linked to a SOAR case manager. During intake clients are given a community resource packet including soup kitchens and food pantries to supplement needs and entitlements. (2) CoC case managers assist clients in accessing non-cash benefits by preparing complex applications, providing transportation to appointments and collecting required documents. Local Department of Social Services is a member of the CoC Executive Committee, and conducts training, and provides access to benefits at their office or in the community. CAA shelter and housing staff assess benefit eligibility during service plan meetings and provide ongoing support and information. The CAAs job training program is the CoC's SNAP Employment & Training Program, participants can start immediately to fulfil their work program requirements, expediting food stamps and cash assistance. CoC Executive Board Members also include the local health department and the Community Health Center; these partners work closely to diagnosis and document disabilities to access additional cash benefits. (3) The CoC Board, comprised of community leaders and stakeholders, is responsible for overseeing the CoC's strategy to increase non-employment cash income.

3A. Coordination with Housing and Healthcare Bonus Points

To help you complete the CoC Application, HUD published resources at
https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
 - Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program
Competition
 - FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC
Application score by giving specific guidance on how to respond to many questions and
providing specific information about attachments you must upload
 - 24 CFR part 578

3A-1.	**New PH-PSH/PH-RRH Project–Leveraging Housing Resources.**	
	NOFO Section VII.B.6.a.	

Is your CoC applying for a new PSH or RRH project(s) that uses housing subsidies or subsidized housing units which are not funded through the CoC or ESG Programs to help individuals and families experiencing homelessness?	No

3A-1a.	**New PH-PSH/PH-RRH Project–Leveraging Housing Commitment. You Must Upload an Attachment to the 4B. Attachments Screen.**	
	NOFO Section VII.B.6.a.	

Select yes or no in the chart below to indicate the organization(s) that provided the subsidies or subsidized housing units for the proposed new PH-PSH or PH-RRH project(s).

1.	**Private organizations**	No
2.	**State or local government**	No
3.	**Public Housing Agencies, including use of a set aside or limited preference**	No
4.	**Faith-based organizations**	No
5.	**Federal programs other than the CoC or ESG Programs**	No

3A-2.	**New PSH/RRH Project–Leveraging Healthcare Resources.**	
	NOFO Section VII.B.6.b.	

Is your CoC applying for a new PSH or RRH project that uses healthcare resources to help individuals and families experiencing homelessness?	No

3A-2a.	Formal Written Agreements–Value of Commitment–Project Restrictions. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.6.b.	

| 1. | Did your CoC obtain a formal written agreement that includes:
(a) the project name;
(b) value of the commitment; and
(c) specific dates that healthcare resources will be provided (e.g., 1-year, term of grant, etc.)? | No |
| 2. | Is project eligibility for program participants in the new PH-PSH or PH-RRH project based on CoC Program fair housing requirements and not restricted by the health care service provider? | No |

3A-3.	Leveraging Housing Resources–Leveraging Healthcare Resources–List of Projects.	
	NOFO Sections VII.B.6.a. and VII.B.6.b.	

If you selected yes to question 3A-1. or 3A-2., use the list feature icon to enter information on each project you intend for HUD to evaluate to determine if they meet the bonus points criteria.

Project Name	Project Type	Rank Number	Leverage Type
This list contains no items			

3B. New Projects With Rehabilitation/New Construction Costs

To help you complete the CoC Application, HUD published resources at
https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
 - Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program
Competition
 - FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC
Application score by giving specific guidance on how to respond to many questions and
providing specific information about attachments you must upload
 - 24 CFR part 578

3B-1.	Rehabilitation/New Construction Costs–New Projects.	
	NOFO Section VII.B.1.r.	

Is your CoC requesting funding for any new project application requesting $200,000 or more in funding for housing rehabilitation or new construction?	No

3B-2.	Rehabilitation/New Construction Costs–New Projects.	
	NOFO Section VII.B.1.s.	

	If you answered yes to question 3B-1, describe in the field below actions CoC Program-funded project applicants will take to comply with:
1.	**Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u); and**
2.	**HUD's implementing rules at 24 CFR part 75 to provide employment and training opportunities for low- and very-low-income persons, as well as contracting and other economic opportunities for businesses that provide economic opportunities to low- and very-low-income persons.**

(limit 2,000 characters)

3C. Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes

To help you complete the CoC Application, HUD published resources at
https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
 - Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program
Competition
 - FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC
Application score by giving specific guidance on how to respond to many questions and
providing specific information about attachments you must upload
 - 24 CFR part 578

3C-1.	**Designating SSO/TH/Joint TH and PH-RRH Component Projects to Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.**	
	NOFO Section VII.C.	

Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes?	No

3C-2.	**Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes. You Must Upload an Attachment to the 4B. Attachments Screen.**	
	NOFO Section VII.C.	

	If you answered yes to question 3C-1, describe in the field below:	
1.	**how serving this population is of equal or greater priority, which means that it is equally or more cost effective in meeting the overall goals and objectives of the plan submitted under Section 427(b)(1)(B) of the Act, especially with respect to children and unaccompanied youth than serving the homeless as defined in paragraphs (1), (2), and (4) of the definition of homeless in 24 CFR 578.3; and**
2.	**how your CoC will meet requirements described in Section 427(b)(1)(F) of the Act.**

(limit 2,000 characters)

4A. DV Bonus Application

To help you complete the CoC Application, HUD published resources at
https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
 - Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program
Competition
 - FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC
Application score by giving specific guidance on how to respond to many questions and
providing specific information about attachments you must upload
 - 24 CFR part 578

4A-1.	**New DV Bonus Project Applications.**	
	NOFO Section II.B.11.e.	

Did your CoC submit one or more new project applications for DV Bonus Funding?	No
Applicant Name	
This list contains no items	

4B. Attachments Screen For All Application Questions

We prefer that you use PDF files, though other file types are supported. Please only use zip files if necessary.

Attachments must match the questions they are associated with.

Only upload documents responsive to the questions posed–including other material slows down the review process, which ultimately slows down the funding process.

We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).

Document Type	Required?	Document Description	Date Attached
1C-14. CE Assessment Tool	Yes	CE Assessment Tool	11/08/2021
1C-7. PHA Homeless Preference	No	PHA Homeless Pref...	11/08/2021
1C-7. PHA Moving On Preference	No	PHA Moving On Pre...	11/05/2021
1E-1. Local Competition Announcement	Yes	Local Competition...	11/09/2021
1E-2. Project Review and Selection Process	Yes	Project Review an...	11/09/2021
1E-5. Public Posting–Projects Rejected-Reduced	Yes	Public Posting Pr...	11/09/2021
1E-5a. Public Posting–Projects Accepted	Yes	Public Posting - ...	11/05/2021
1E-6. Web Posting–CoC-Approved Consolidated Application	Yes		
3A-1a. Housing Leveraging Commitments	No		
3A-2a. Healthcare Formal Agreements	No		
3C-2. Project List for Other Federal Statutes	No		

Attachment Details

Document Description: CE Assessment Tool

Attachment Details

Document Description: PHA Homeless Preference - Carroll County and City of Westminster, Maryland PHAs

Attachment Details

Document Description: PHA Moving On Preference - Carroll County, Maryland PHA

Attachment Details

Document Description: Local Competition Announcement

Attachment Details

Document Description: Project Review and Selection Process

Attachment Details

Document Description: Public Posting Projects Reduced Rejected

Attachment Details

Document Description: Public Posting - Projects Accepted

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. CoC Identification	10/28/2021
1B. Inclusive Structure	11/08/2021
1C. Coordination	11/09/2021
1C. Coordination continued	11/08/2021
1D. Addressing COVID-19	11/05/2021
1E. Project Review/Ranking	11/09/2021
2A. HMIS Implementation	10/28/2021
2B. Point-in-Time (PIT) Count	11/05/2021
2C. System Performance	11/08/2021
3A. Housing/Healthcare Bonus Points	10/28/2021
3B. Rehabilitation/New Construction Costs	10/28/2021

3C. Serving Homeless Under Other Federal Statutes	10/28/2021
4A. DV Bonus Application	10/28/2021
4B. Attachments Screen	Please Complete
Submission Summary	No Input Required

CE Assessment Tool

NEEDS ASSESSMENT

NAME: _____

DATE: _____ STAFF COMPLETING: _____

This assessment is used to help us get to know you. This will help us provide services and refer you to community partners.

Directions: Please mark the statement that best describes your current situation in each column.

(1) Housing Status	(2) Health Status	(3) Income Status	(4) Substance Abuse Status	(5) Mental Health Status
□ Residence with safe, acceptable housing and without financial aid/support	□ Health is excellent, no chronic disease, no pain, easy access to healthcare □ Health insurance/provider meets all of health needs	□ Permanent full-time employment with livable wage and full benefits/ retirement/ disability	□ No history of substance abuse □ No substance abuse in the past 5 years or more	□ No history of mental health issues
□ Safe, acceptable, funded housing (ex. Section 8/HUD)	□ Health is good, some health conditions, but receiving healthcare □ Health insurance/provider meets most of health needs	□ Employment with Livable wage without full benefits and paying bills on time	□ No substance abuse in the past 1-5 years and engaged in sobriety support	□ Some history of mental health issues
□ Behind on rent (but no official notice) □ Couch surfing	□ Health is stable, several health conditions, but receiving care from multiple doctors, mostly able to manage care □ Health insurance/provider meets some health needs	□ Employment w/some outside financial support services (i.e. government assistance, social security, food stamps, food pantry, etc.)	□ No substance abuse in the past 6 months – 1 year and engaged in sobriety support	□ Long history of mental health issues; currently does not impact everyday life
□ Facing eviction/ set out from home within 14 days □ Currently residing in a shelter □ Released from jail/prison/institution within the last 90 days	□ Receiving treatment for an ongoing illness/diagnosis by a medical specialist □ Used the ER more than 1 time in the past 90days □ Not taking medication as prescribed/ doesn't have medication	□ Not enough employment income to meet basic needs; Outside financial support services necessary (i.e. government assistance, social security, food stamps, food pantry, etc.)	□ Substance abuse in the past 6 months □ Relapse in the past 6 months □ Actively seeking treatment or substance abuse support services	□ Frequent mental health issues; currently makes everyday life difficult to manage □ Actively seeking treatment or mental health support services
□ Sleeping in a car □ Sleeping in the woods □ Sleeping in an area not meant for human beings	□ Has a chronic and severe health diagnosis with liver, kidneys, stomach, lungs, heart, or HIV/AIDS □ Stayed overnight in the hospital within the last 90 days □ Unable to meet medical needs without help	□ No employment or income	□ Currently abusing alcohol □ Currently abusing drug(s) □ Recent substance use, but not seeking or participating in treatment	□ Feeling pressure to harm self or others □ Current mental health diagnosis or symptoms, but not seeking or participating in treatment

Approved July 2020

(6) Well-Being Status	(7) Education Status	(8) Basic Needs Status	(9) Financial Status	(10) Family Status
□ Feels safe and secure □ Has ongoing community, family, or friend support	□ Completed post-secondary training or specialized employment training (certificate program, associates, bachelors, etc.)	□ I feel in control of my household □ I have daily, planned activities that make me feel happy and fulfilled	□ Excellent credit/ Saving for Retirement/ has emergency saving	□ No dependent child □ Independently provides consistent education, support, and structure to child(ren)
□ Building some community support, but would like more	□ Enrolled in post-secondary training, technical or professional training, college/has some college credits	□ Independently meets basic needs (eat, cook, shower, clothing, transportation, phone or internet, etc.) □ Independently maintains daily schedule	□ Moderate credit rating/Maintaining a budget/Has some savings	□ Currently working with agency or group to provide consistent education, support, and structure to child(ren)/has some support from family/friends
□ Little or no community, friends, or family support □ Used crisis service (i.e. Mobile Treatment, hospital, hotline, etc.) within the last 6 months □ Sometimes I feel unsafe	□ Has a GED/diploma and has basic reading, writing, and math skills	□ Meets most basic needs (eat, cook, shower, clothing, transportation, phone or internet, etc.)/needs support to meet basic needs □ Maintains daily schedule with support (i.e. friends, family, agency)	□ Some debt, but able to make regular payments/Meeting current needs but not able to save	□ Unsure if child is receiving the best services and support/would like additional resources, information, and/or support for child(ren)
In the last 90 days: □ Forced to do something for money or things? □ Abused by someone in home or family unit □ Victim of a crime	□ No GED/diploma, but has some reading, writing, math skills and/or currently enrolled in literacy or diploma program	□ Can meet a few basic needs (eat, cook, shower, clothing, transportation, phone or internet, etc.) □ Sometimes able to maintain daily schedule	□ Poor/No credit history □ Owes IRS, HUD, or other government agency □ Several unpaid bills within the last 6 months □ No Bank Account	□ Child experienced trauma in the last 90 days □ Child is missing a lot of school, failing, and/or struggling to do well in school? □ Child needs reliable daycare so parents can work
□ I fear for my safety daily □ I am being abused	□ No GED/diploma and does not have reading, writing, math skills	□ Unable to meet any basic needs (eat, cook, shower, clothing, transportation, phone or internet, etc.) □ Unable to maintain daily schedule	□ Unable to pay bills or make money decisions on my own	□ Fears for child's safety □ Child is being abused

Notes:

_____

_____

_____

_____

_____

Approved July 2020

PHA Homeless Preference

Carroll County, Maryland PHA

and

City of Westminster, Maryland

PHA Homeless Preference
Carroll County, Maryland PHA

Carroll County MD (MD-506)
2021 CoC Attachment 1C-7

SELECTION FOR HCV ASSISTANCE

When there is insufficient funding available, no applicants are selected from the waiting list. As vouchers become available, families on the waiting list must be selected for assistance in accordance with the policies described in this section of the Administrative Plan. The order in which families are selected from the waiting list depends on the selection preferences for which the family qualifies and the availability of any targeted funding. PHAs must describe the method for selecting applicant families from the waiting list, including the system of admission preferences that the PHA will use [24 CFR 982.202(d)].

Based on the PHA's turnover and the availability of funding, groups of families will be selected from the waiting list to form a final eligibility "call in." Selection from the pool will be based on an eligibility meeting and completion of verification.

Income Targeting [24 CFR 982.201(b)(2)]

HUD requires that extremely low-income (ELI) families make up at least 75% of the families admitted to the HCV Program during the PHA's fiscal year. ELI families are those with annual incomes at or below 30% of the area median income. To ensure this requirement is met, a PHA may select ELI families ahead of other families on the waiting list. The PHA will monitor progress in meeting the ELI requirement throughout the fiscal year.

Families continuously assisted under the 1937 Housing Act and families living in eligible low-income housing that are displaced as a result of prepayment of a mortgage or voluntary termination of a mortgage insurance contract are not counted for income targeting purposes.

Local Preferences

PHAs are permitted to establish local preferences, and to give priority to serving families that meet those preferences/criteria. HUD specifically authorizes and places restrictions on certain types of local preferences. HUD also permits PHAs to establish other local preferences at its discretion. Carroll County Housing's preferences are based on local housing needs and priorities that can be documented by generally accepted data sources. HUD Notice PIH 98-64 eliminated the requirement for public notice and a period for public comment when changing the PHA's preference system. If an applicant makes a false statement in order to qualify for a local preference, the PHA will deny the family admission to the program.

An applicant will not be granted any local preference if any member of the family has been evicted from housing assisted under a 1937 Housing Act program during the past five years because of drug-related criminal activity. Carroll County Housing will grant an exception to such a family if the responsible member has successfully completed a rehabilitation program and the evicted person clearly did not participate in or know about the drug-related activity.

Carroll County Housing has the following local preferences:

- **Residency—**families who live, work, or have been hired to work in Carroll County.

- **Disability—**families with a head of household or spouse of the head of household is a person with a disability. Proof of disability will be required at time of selection from the waiting list. HUD regulations prohibit admission preferences for specific types of disabilities, and families must still meet the residency preference.

- **Veterans—**individuals who can prove they served in active duty in the Armed Forces.

- **Homeless—**an individual who is currently homeless and able to verify prior residency of at least six months in Carroll County.

- **Permanent Supportive Housing—**families who have been homeless who are now in this federal program.

- **Victims of Domestic Violence—**individuals who have been subjected to or victimized by a member of the family or household within the past six months. Carroll County Housing will require evidence that the family has been displaced as a result of fleeing violence in the home. Families are also eligible for this preference if there is proof that the family is currently living in a situation where they are being subjected to or victimized by violence in the home. The following criteria are used to establish a family's eligibility for this preference:
  - ➢ Actual or threatened violence directed against the applicant or the applicant's family by a spouse or other household member who lives in the unit with the family.
  - ➢ The actual or threatened violence must have occurred within the past 180 days or be of a continuing nature.

An applicant who lives in a violent neighborhood or is fearful of other violence outside the household is not considered involuntarily displaced.

To qualify for this preference, the abuser must still reside in the unit from which the victim was displaced. The applicant must certify that the abuser will not reside with the applicant unless the PHA gives prior written approval. Carroll County Housing will approve the return of the abuser to the household if a counselor, therapist, or other knowledgeable professional recommends in writing that the individual be allowed to reside with the family. If the abuser returns to the family without approval of the PHA, housing assistance will be denied or terminated.

PHA Homeless Preference

City of Westminster, Maryland PHA

CITY OF WESTMINSTER PUBLIC HOUSING AGENCY

ADMINISTRATIVE PLAN

SECTION 8 HOUSING CHOICE VOUCHER PROGRAM

HUD Fiscal Year 2020-2021

Common Council
Gregory Pecoraro Council President
Tony Chiavacci
Ann Gilbert
Benjamin Yingling
Kevin Dayhoff
Joe Dominick– Mayor

Cindy Valenzisi – PHA Executive Director

C. LOCAL PREFERENCES [24 CFR 982.207]

The PHA uses the following local preference system:

The waitlist will be managed by date, time and preference. Only one preference will be considered to be active on the waitlist. All prefernces must be verified.

Preferred status on the waiting list will be given to the following ranking preferences:

- Persons who are <u>working</u> at least 20 hours per week at minimum wage within the City of Westminster corporate boundaries and is verified , and meet income requirements per HUD definition;
- Persons who are <u>living</u> within the City of Westminster corporate boundaries and meet income requirements per HUD definition; (a lease from an owner or agent will be required for verification purposes.)
- Persons who are elderly (age 62 or older) or have a disability and living within the City limits.
- Persons who are living in a sponsored homeless shelter in the City and are receiving case management from the shelter programs sponsored by Human Services Programs of Carroll County.
- Victims of domestic violence.
    - *Domestic violence* means actual or threatened violence by a member of a household directed at him/herself or another member of his/her household. The domestic violence should have occurred recently or be of a continuing nature. The definition of recent for this purpose would mean within a six month period. An applicant may qualify for a *preference for vic*tims of domestic violence if the applicant:
    - Vacated a unit because of officially (police or courts) documented domestic violence;
    - Lives in a unit with a person who engages in violence documented as above. The applicant must certify that the person who engaged in the violence does not reside with the applicant family unless the PHA gives advance written approval.

Note: Only one preference will be allowed.

Treatment of Single Applicants

Singles Preference

Single applicants who are elderly, disabled, or displaced will be given a selection priority over all "Other Single" applicants regardless of preference status. "Other Singles" denotes a one-person household in which the individual member is not elderly, disabled, or displaced by government action. Such applicants will be placed on the waiting list in accordance with any other preferences to which they are entitled, but they cannot be selected for assistance before any one-person elderly, disabled or displaced family regardless of local preferences.

All families with children and families who include an elderly person or a person with a disability [24 CFR 100.80] shall be given a selection priority over all other applicants.

PHA Moving On Preference

Carroll County, Maryland PHA

Carroll County MD (MD-506)
2021 CoC Attachment 1C-7

Accessibility of the Application Process

Carroll County Housing ensures that the application process is accessible to those who might have difficulty complying with the normal PHA application process, including people with disabilities, certain elderly individuals, as well as persons with limited English proficiency. The PHA must provide reasonable accommodations for individuals with disabilities. Carroll County Housing's office and the application process must be fully accessible, or the PHA must provide an alternate approach that provides full access to the application process. Chapter 2 provides a full discussion of policies related to providing reasonable accommodations for people with disabilities.

Special Admissions [24CFR 982.54(d)(e), 982.203]

HUD may periodically award funding that is targeted for specific families. Carroll County Housing must then use the assistance for those families under Special Admission procedures.

Special Admissions families will be placed on the waiting list. The PHA maintains separate records of these admissions. Following are examples of situations in which funding may be designated by HUD for specific families:

- Fifteen Veterans Affairs Supportive Housing (VASH) vouchers that are selected by a referral from the VA Maryland Health Care Systems (VAMHCS) – Baltimore VA Medical Center. The HUD-VASH Program combines the Department of Housing and Urban Development (HUD) Housing Choice Voucher (HCV) rental assistance for homeless veterans and their families with case management and clinical services provided by the Department of Veterans Affairs (VA) at its medical centers and in the community.

- Fifty-three vouchers for the Mainstream Voucher Program that enable families having an adult with disabilities to lease affordable private housing of their choice. Mainstream program vouchers also assist persons with disabilities who often face difficulties in locating suitable and accessible housing on the private market. Priority will be given to families who are transitioning out of institutional and other segregated settings, at serious risk of institutionalization, homeless, or at risk of becoming homeless. The Mainstream Voucher Program also helps to further the goals of the Americans with Disabilities Act by helping persons with disabilities live in the most integrated setting. The program encourages partnerships with health and human services agencies with a demonstrated capacity to coordinate voluntary services and supports to enable individuals to live independently in the community.

- Bridge Subsidy is referred by Department of Housing and Community Development, the Development Disabilities Administration-specified Centers for Independent Living, the Coordinating Center, and the Department of Aging.

- Twenty-five Family Unification Program (FUP) vouchers that are selected by a referral from Department of Social Services must meet preferences. FUP vouchers are for families whose lack of adequate housing is a primary factor in the imminent placement of the family's child, or children, in out-of-home care; or the delay in the discharge of the child or children, to the family from out-of-home care. FUP vouchers are also issued for youths of at least 18 years old and not more than 24 who do not have adequate housing and who left foster care or will leave foster care within 90 days, in accordance with a transition plan described in Section 475(5)(H) of the Social Security Act, and are homeless or at risk of becoming homeless at age 16 or older. A FUP youth voucher must not exceed 36 months, unless the youth enters into a five-year Family Self-Sufficiency Program Contract of Participation.

Carroll County Housing has a program that allows a homeless admission preference on the HCV waiting list for a limited number of vouchers. Carroll County has been working with the Continuum of Care and local homeless shelters to address housing needs identified by the community. The program sets aside two vouchers for this preference.

Carroll County will receive referrals only from Human Services Program of Carroll County for families to allow two vouchers to go under lease that meet the criteria for the HCV Program. The families must be able to verify prior residency in Carroll County for at least six months prior to the family's admission into the shelter program. The Human Services Program will submit a referral to Carroll County Housing indicating that they have met all the criteria outlined for the preference, as well as basic criteria for determining eligibility for the HCV Program. The families must apply to the HCV waiting list if they are not currently on the list. Human Services Program will continue to work with these families to remain housed and to assist in locating a unit and following up on all aspects of the program and leasing.

Carroll County also receives referrals from the Health Department and allows for 20 vouchers to assist with homeless individuals wanting to obtain permanent housing. Health Department caseworkers ensure these individuals are successful in not only receiving housing assistance but also being able to maintain their eligibility for housing assistance.

MANAGING THE WAITING LIST

The PHA must have policies regarding organizing and managing the waiting list of applicant families, including:

- Opening the list to new applicants
- Closing the list to new applicants
- Notifying the public of waiting list openings and closings
- Updating the waiting list
- Purging the list of families that are no longer interested in or eligible for assistance
- Conducting outreach to ensure a sufficient number of applicants

Local Competition Announcement

1. 9/13/21 Public Posting Carroll County Government Website (Collaborative Applicant) – 2021 CoC Funding Availability

2. 9/13/21 Public Posting Carroll County Government Website (Collaborative Applicant) – 2021 Continuum of Care Rank and Review Policy

3. 9/13/21 Press Release – 2021 CoC Funding Availability

4. 9/13/21 Facebook Post Carroll County Government Website (Collaborative Applicant) – 2021 CoC Funding Availability

Circle of Caring Homelessness Board

Public Notice

Calendar Events

Public Notice

September 13, 2021

2021 Notice of Funding Opportunity - Continuum of Care Programs for the Homeless

September 10, 2021. In response to HUD's release of the Continuum of Care (CoC) application, the Carroll County Circle of Caring Homelessness Board is inviting applications from new or existing CoC agencies to provide housing for homeless populations in Carroll County, Maryland. Agencies may apply for the renewal of existing CoC projects, may propose a reallocation of an existing project or may propose a new project or expansion of an existing project. While the CoC has not recommended the reallocation of an underperforming project for the 2021 competition, the CoC has $20,515 available for an eligible new or expansion project. In addition, the CoC has $50,000 available for a new eligible project serving victims of domestic violence. Successful applicants will demonstrate a history of successful management of programs for the homeless and the capacity to provide or arrange for services for homeless populations. All applications will be scored using the 2021 Continuum of Care Rank and Review Policy posted at: https://www.carrollcountymd.gov/government/directory/citizen-services/circle-of-caring-homelessness-board/public-notice/

To review Continuum of Care requirements, including eligible programs, go to: https://www.hudexchange.info/programs/e-snaps/fy-2021-coc-program-nofa-coc-program-competition/

Important Dates - Carroll County CoC

9/13/21	Notice of CoC NOFO and Scoring Criteria publicly posted and distributed to Circle
9/17/21	LOIs due from interested applicants - existing or new projects
9/17/21	Instructions and criteria sent to all agencies submitting LOI
10/16/21	All project applications due to Grants Office via PDF
10/22/21	Written notice sent to all successful and unsuccessful applicants

9/17/21	LOIs due from interested applicants - existing or new projects
9/17/21	Instructions and criteria sent to all agencies submitting LOI
10/16/21	All project applications due to Grants Office via PDF
10/22/21	Written notice sent to all successful and unsuccessful applicants
10/29/21	Final projects must be uploaded to Esnaps
11/4/21	Board of County Commissioner approval
11/16/21	CoC Deadline

Contact information:

- Corey Hardinger
- lhardinger@carrollcountymd.gov
- Carroll County Department of Management & Budget/Grants Office
- 225 North Center Street
- Westminster, MD 21157
- 410-386-2448

ACCESSIBILITY NOTICE: The Americans with Disabilities Act applies to the Carroll County Government and its programs, services, activities, and facilities. Anyone requiring an auxiliary aid or service for effective communication or who has a complaint should contact The Department of Citizen Services, 410.386.3600 or 1.888.302.8978 or MD Relay 7-1-1/1.800.735.2258 or email ada@carrollcountymd.gov as soon as possible but no later than 72 hours before the scheduled event.

Carroll County Government

GOVERNMENT   RESIDENTS   BUSINESSES   VISITORS   SERVICES   QUICK LINKS

- Corey Hardinger
- lhardinger@carrollcountymd.gov
- Carroll County Department of Management & Budget/Grants Office
- 225 North Center Street
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September 13, 2021

2021 Continuum of Care Rank and Review Policy

September 25, 2020

The STATE OF MARYLAND - CDBG PROGRAM COVID FUNDING APPLICATION – ROUND 2

June 9, 2020

Click here for Community Development Block Grant Program COVID Funding

To review Continuum of Care requirements, including eligible programs, go to:

https://www.hudexchange.info/news/the-fy-2019-coc-program-competition-opening-and-updates/

September 25, 2019

CARROLL COUNTY
CIRCLE OF CARING HOMELESSNESS BOARD
Continuum of Care Policy

Policy on: Continuum of Care Project Ranking and Selection

Approved by Carroll County CoC Executive Committee

Date: 9/10/21

Purpose: To document the Carroll County, MD- 506 2021 Continuum of Care (Continuum of Care) Project Ranking and Selection Process

2021 HUD NOFA

The U.S. Department of Housing and Urban Development (HUD) released the 2021 Notice of Funding Availability https://www.hudexchange.info/programs/e-snaps/fy-2021-coc-program-nofa-coc-program-competition/ on August 18, 2021

The amount of available funding may not be enough to fund eligible renewal projects in 2021; therefore, HUD will continue to require Collaborative Applicants to rank all projects, except Continuum of Care planning and UFA Costs, in two Tiers. Tier 1 is equal to 100 percent of the Continuum of Care's 2021 Annual Renewal Demand (ARD). Tier 2 is the sum of all projects requested less the Continuum of Care's ARD. In addition, a bonus is available for new projects or an expansion of existing projects as described in HUD's NOFA and a bonus project serving victims of domestic violence is being offered.

2021 Continuum of Care Funding Carroll County (MD-506)

Category	2021 Grant Funding
Total Renewal Projects = $410,313 (ARD)	
Tier I (COC ARD)	$410,313
Tier 2 (All projects requested less ARD)	TBD
Bonus	$20,515
DV Bonus	$50,000
Total Potential 2021 Funding	**$480,828**

Carroll County NOFA

On September 10, 2021, The Carroll County Homelessness Board issued a NOFA for the 2021 Continuum

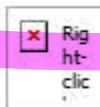Carroll County Government <carrollcounty@service.govdelivery.com>
To ○ Standiford, Deborah

Reply | Reply All | Forward | ⋯

Mon 9/13/2021 4:02 PM

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Click here to download pictures. To help protect your privacy, Outlook prevented automatic download of some pictures in this message.

--- PRESS RELEASE ---
For Immediate Release

2021 Notice of Funding Opportunity Continuum of Care Programs for the Homeless

Westminster, MD, September 13, 2021 - In response to HUD's release of the Continuum of Care (CoC) application, the Carroll County Circle of Caring Homelessness Board is inviting applications from new or existing CoC agencies to provide housing for homeless populations in Carroll County, Maryland. Agencies may apply for the renewal of existing CoC projects, may propose a reallocation of an existing project or may propose a new project or expansion of an existing project. While the CoC has not recommended the reallocation of an underperforming project for the 2021 competition, the CoC has $20,515 available for an eligible new or expansion project. In addition, the CoC has $50,000 available for a new eligible project serving victims of domestic violence. Successful applicants will demonstrate a history of successful management of programs for the homeless and the capacity to provide or arrange for services for homeless populations. All applications will be scored using the 2021 Continuum of Care Rank and Review Policy posted at:

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Contact information:
Corey Hardinger
lhardinger@carrollcountymd.gov

Carroll County Department of Management & Budget/Grants Office
225 North Center Street
Westminster, MD 21157
410-386-2448

facebook.com/CarrollCountyGovernmentMD/

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NOTICE OF FUNDING
OPPORTUNITY
CONTINUUM OF CARE
PROGRAMS FOR THE HOMELESS

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2021 Notice of Funding Opportunity Continuum of Care
Programs for the Homeless

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Carroll County Government Maryland
5 hrs ·

Carroll County's Agricultural Land Preservation effort is the most
successful in the State of Maryland, preserving more farms and more
acres through the purchase of land preservation easements than any
other county in Maryland.

5.0   5 out of 5 · Based on the opinion of 18
people

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7,929 people like this

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385 check-ins

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(410) 386-2400

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9/13/2021

Project Review and Selection Process

1. Scoring Tool Used (entire PDF)

2. One Scored Project Application (Page 17)

3. Final Scores All Projects (Page 30)

Navigation Pane

Version 5.0

GENERAL	ABOUT THE TOOL	RAW HIC DATA	LIST OF PROJECTS TO BE REVIEWED			
RATING	CUSTOMIZE RATING CRITERIA	RENEW. + EXP. THRESHOLD	RENEW. + EXP. RATING TOOL	NEW PROJECTS THRESHOLD	NEW PROJECTS RATING TOOL	ALTERNATIVE RATING TOOL	RATING RESULTS
RANKING	FUNDING CEILINGS + PRIORITIES	FUNDING ANALYSIS + RANKING				

ABOUT THE CoC PROGRAM RATING & RANKING TOOL

ABOUT THE TOOL

HUD is providing this Rating and Ranking Tool to help CoCs design and implement a comprehensive annual CoC competition application review process. It has several customization features so you can choose the rating factors that are most relevant to your CoC and the priorities your CoC has adopted to inform system (re)design.

DISCLAIMER: HUD is explicitly stating that use of this tool is optional, is not being promoted over other tools CoCs currently use, and does not guarantee:
• additional points in the Fiscal Year (FY) 2021 Continuum of Care Program (CoC) Competition;
• CoC applications will be consistent with all NOFO requirements; and
• HUD will award CoCs with full points or funding.

The tool provides a strong framework for implementing a data-driven rating process and a ranking process informed by system priorities and capacity analysis (if available) and it satisfies the objective criteria requirement in the FY 2021 CoC Program NOFO. HUD strongly encourages CoCs to read the CoC Program NOFO carefully to determine if there are new opportunities, priorities, or expectations that your CoC might need to assess outside this tool. The Priority Listing is the official project ranking record for the CoC Program NOFO. HUD is not requiring CoCs to use this tool, nor is it preferred over other rating tools or processes, use of the tool does not guarantee additional points on the CoC Program application. HUD has made this tool available to CoCs for use in their year-round NOFO planning process. Feedback on the tool is welcome.

Microsoft Excel 2003 or higher is required when using this tool. When opening the tool workbook, you might need to click **"Enable Content", "Enable Editing",** and/or **"Enable Macros"** buttons in the yellow bar at the top of your screen. This is necessary for the macros and formulas to run correctly within the spreadsheet. If you get an error message, please check to see if the yellow bar is present and click these buttons before attempting to use the tool further. If you encounter a bug while using the tool, click **"End"** in the error pop-up, then navigate back to this tab and click the **"Turn On Macros"** button in the top right corner to ensure the underlying code is not disrupted before resuming. CoCs can submit technical questions about the Rating and Ranking Tool, including requesting help with bugs in the Tool, through the esnaps competition AAQ desk.

Due to the complexity of the tool, problems might occur when multiple Excel files are open at the same time. To help alleviate this problem, you should close all other Excel files on your computer before running the following parts of the tool:
• Generating list of projects from Raw HIC data
• Populating rating results
• Generating project ranking

For further guidance, see the Guidance Document on HUD's website.

MIGRATING DATA TO NEWER VERSIONS OF THE TOOL

The version of the CoC Program Rating and Ranking Tool created for the FY21 CoC Program NOFO (Version 5.0 and higher) contains updates to the project that can have their performance rated with the addition of TH+RRH projects and changes to how available funding in the NOFO is entered in the tool on the 'FUNDING CEILINGS + PRIORITIES' tab, CoCs are strongly encouraged to use Version 5.0 for the FY21 CoC NOFO process. The Tool has been updated to reflect the FY21 NOFO to the greatest extent possible. CoCs are responsible for verifying that the rating and ranking process they use is consistent with the NOFO.

If a CoC has started using an earlier version of the Tool, the tool can be "upgraded" using the new Update Tool feature (see PROCESS FOR MIGRATING DATA USING UPDATE TOOL FEATURE). This feature automates and enhances the old data migration process (see ORIGINAL PROCESS FOR MIGRATING DATA (NO LONGER NECESSARY)), pulling CoC's entered data and specified criteria from the old version of the tool into the latest version of the tool. The feature will pull in all the data and saved choices in the tabs before the 'FUNDING ANALYSIS + RANKING' tab. The resulting file with have the same name as the old version of the tool, plus a "_FIXED" suffix at the end.

If a CoC decides to use earlier versions of the tool for the FY18 and FY19 CoC NOFO process, they should review the HUD threshold requirements in the 'RENEW. + EXP. THRESHOLD' and 'NEW PROJECTS THRESHOLD' tabs and the NOFO information in the "General Funding Information" and "HUD CoC Program NOFO Opportunities" sections of the 'FUNDING CEILINGS + PRIORITIES' tab carefully to take into account any changes in HUD requirements or NOFO opportunities in the FY21 CoC NOFO.

PROCESS FOR MIGRATING DATA USING UPDATE TOOL FEATURE
1. In the latest tool downloaded from the HUD Exchange page, navigate to the **'ABOUT THE TOOL'** tab.
2. Click the "Update Tool" button in the top-right corner.
3. Follow the prompts to select your out-of-date tool with the data in it.
4. Wait up to 5 minutes for the tool to pull in all entered data and specified criteria. A pop-up will confirm the update is complete.

Click on this button to import your HIC data and generate the list of projects to be reviewed. If you prefer not to use the raw HIC data, skip this tab and proceed directly to the LIST OF PROJECTS TO BE REVIEWED tab to enter project data directly.

Row #	Year	Proj. Type	Organization Name	HMIS Org ID	Project Name	HMIS Proj ID	Geo Code	HMIS-Participating	Inventory Type	Bed Type	Target Pop.	Beds HH w/ Children	Units HH w/ Children	Beds HH w/o Children	Beds HH w/ only Children	Veteran Beds HH w/ Children	Youth Beds HH w/ Children	CH Beds HH w/ Children	Veteran Beds HH w/o Children
501895	2021	PSH	Human Services Programs of Carroll County Inc.	2	HSP Permanent Housing for Persons with Disabilities Transition	966	249013	Yes	C		NA	7	1	7		0	0	7	0
500221	2021	PSH	Human Services Programs of Carroll County Inc.	2	Permanent Supportive Housing I	18	249013	Yes	C		NA	7	2	12		0	0	7	2
500226	2021	PSH	MD Department of Health and Mental Hygiene	38	Shelter Plus Care	615	249013	Yes	C		NA	0	0	11		0	0	0	0

Row #	Youth Beds HH w/o Children	CH Beds HH w/o Children	CH Beds HH w/ only Children	Victim Service Provider	Additional Federal Funding?	Additional Federal Funding: HUD-VASH	Additional Federal Funding: SSVF	Additional Federal Funding: GPD	Additional Federal Funding: GPD-BH	Additional Federal Funding: GPD-LD	Additional Federal Funding: GPD-HH	Additional Federal Funding: GPD-CT	Additional Federal Funding: GPD-SITH	Additional Federal Funding: GPD-TP	Additional Federal Funding: HCHV	Additional Federal Funding: HCHV-CRS	Additional Federal Funding: HCHV-SH	Additional Federal Funding: BCP	Additional Federal Funding: TLP	Additional Federal Funding: MGH	Additional Federal Funding: HOPWA	Additional Federal Funding: HOPWA-HMV	Additional Federal Funding: HOPWA-PH	Additional Federal Funding: HOPWA-STSF	Additional Federal Funding: HOPWA-TH	Additional Federal Funding: PIH	Additional Federal Funding: Other	Housing Type	McKinney-Vento
501895	0	7		No	No	No	No	No							No			No	No	No	No					No	No	Tenant based - scattered site	Yes
500221	0	12		No	No	No	No	No							No			No	No	No	No					No	No	Tenant based - scattered site	Yes
500226	0	11		No	No	No	No	No							No			No	No	No	No					No	No	Tenant based - scattered site	Yes

Row #	McKinney-Vento: Esg	McKinney-Vento: EsgEs	McKinney-Vento: EsgRrh	McKinney-Vento: Esg-CV	McKinney-Vento: Esg-CV Es	McKinney-Vento: Esg-CV Rrh	McKinney-Vento: Coc	McKinney-Vento: CocSh	McKinney-Vento: CocTh	McKinney-Vento: CocPsh	McKinney-Vento: CocRrh	McKinney-Vento: CocSro	McKinney-Vento: SpC	McKinney-Vento: S8	McKinney-Vento: SHP	McKinney-Vento: YHDP	Year-Round Beds	Total Seasonal Beds	Availability Start Date	Availability End Date	Overflow Beds	PIT Count	Total Beds	Utilization Rate	Last Update On
501895	No						Yes			Yes			No	No	No		14					14	14	100%	5/7/2021 21:37
500221	No						Yes			Yes			No	No	No		19					19	19	100%	5/7/2021 21:38
500226	No						Yes			Yes			No	No	No		11					11	11	100%	5/7/2021 21:51

LIST OF PROJECTS TO BE REVIEWED

Sort projects by:

You can sort the project list below using the drop down selection to the left. Please note that you cannot sort by "Renewal, New, Expansion…." until you have completed the green section of this form

						McKinney-Vento:		**Use your Grant Inventory Worksheet and project spending records to complete these columns**			
Project ID	Organization Name	Project Name	Project Type	General/ DV	McKinney-Vento	McKinney-Vento: YHDP	Grant Number	CoC Amount Awarded Last Operating Year	CoC Amount Expended Last Operating Year	CoC Funding Requested	Renewal, New, Expansion, Reallocate, Ignore
966	Human Services Programs of Carroll	Permanent Supportive Housing Transition	PSH	General	Yes		MD0438T3B061900	$ 74,314	$ 74,230	$ 77,308	Renewal
18	Human Services Programs of Carroll	Permanent Supportive Housing I	PSH	General	Yes		MD0135L3B062013	$ 161,097	$ 160,090	$ 167,174	Renewal
615	MD Department of Health and Ment	Shelter Plus Care	PSH	General	Yes		MD0133L3B062013	$ 129,053	$ 99,245	$ 133,733	Renewal
NA	Human Services Programs of Carroll	Coordinated Intake	C/I	General	Yes		MD0139L3B061911	$ 32,098	$ 32,098	$ 32,098	Renewal

= *Auto-populated cell. Cannot be edited*

☑ **Check once you have confirmed the bed inventory listed for the projects below is consistent with the number of beds listed for each project in your CoC's Grant Inventory Worksheet.**

Project ID	Geo Code	All Fam Beds	DV Fam Beds	CH Fam Beds	Vet Fam Beds	Par Youth Beds	Beds HH w/o Children	Beds HH w/ only Children	All Ind Beds	DV Ind Beds	CH Beds HH w/o Children	CH Beds HH w/ only Children	Total CH Ind Beds	Vet Ind Beds	Single Youth Beds	Is 100% Dedicated + or CH Fam (Yes/No)	Is 100% Dedicated + or CH Ind (Yes/No)	Is 100% DV (Yes/No)
966	249013	7	0	7	0	0	7		7	0	7		7	0	0			No
18	249013	7	0	7	2	0	12		12	0	12		12	2	0			No
615	249013	0	0	0	0	0	11		11	0	11		11	0	0			No
NA	249013	0							0	0			0					

NAVIGATION

GO	Customize Threshold Requirements
GO	Filter Rating Factors
GO	Customize Renewal/Expansion Project Rating Tool
GO	Customize New Project Rating Tool

CUSTOMIZE NEW AND RENEWAL/EXPANSION PROJECT THRESHOLD REQUIREMENTS

CoC Threshold Requirements
(Delete the X in the box next to any requirements you do not wish to include.)

X	Coordinated Entry Participation
X	Housing First and/or Low Barrier Implementation
X	Documented, secured minimum match
X	Project has reasonable costs per permanent housing exit, as defined locally
X	Project is financially feasible
X	Applicant is active CoC participant
X	Application is complete and data are consistent
X	Data quality at or above 90%
X	Bed/unit utilization rate at or above 90%
X	Acceptable organizational audit/financial review

*(The first five requirements ar...
the rating process either as Th...
Fa...*

FILTER RATING FACTORS

Select project type to edit

Select...	*Using these drop-down menus, select which rating factors to show and customize*

Select special populati...

Select...

CUSTOMIZE RENEWAL/EXPANSION PROJECT RATING TOOL

Delete the X in the box besides any rating factor below that you do not wish to include. If desired, adjust the factor/goal and point value for each measure. You can add additional locally-defined criteria below. See the Data Source Chart for information about where to obtain data to use in scoring.

Performance Measures

	Measure	Factor/Goal		Max Point Value	
Length of Stay					
X	RRH (General) - On average, participants spend XX days from project entry to residential move-in	15	days	20	points
X	RRH (DV) - On average, participants spend XX days from project entry to residential move-in	30	days	20	points
X	PSH (General) - On average, participants spend XX days from project entry to residential move-in	15	days	20	points
X	PSH (DV) - On average, participants spend XX days from project entry to residential move-in	15	days	20	points
X	TH (General) - On average, participants stay in project XX days	180	days	20	points
X	TH (DV) - On average, participants stay in project XX days	180	days	20	points
X	TH+RRH (General) - TH Component (General) - On average, participants stay in project XX days	180	days	10	points
X	TH+RRH (DV) - TH Component - On average, participants stay in project XX days	180	days	10	points
X	TH+RRH (General) - RRH Component - On average, participants spend XX days from project entry to residential move-in	15	days	10	points
X	TH+RRH (DV) - RRH Component - On average, participants spend XX days from project entry to residential move-in	15	days	10	points
Exits to Permanent Housing					
X	RRH (General) - Minimum percent move to permanent housing	90	%	25	points
X	RRH (DV) - Minimum percent move to permanent housing	80	%	25	points
X	PSH (General) - Minimum percent remain in or move to permanent housing	90	%	25	points
X	PSH (DV) - Minimum percent remain in or move to permanent housing	90	%	25	points
X	TH (General) - Minimum percent move to permanent housing	90	%	25	points
X	TH (DV) - Minimum percent move to permanent housing	90	%	25	points
X	TH+RRH (General) - RRH Component - Minimum percent move to permanent housing	90	%	25	points
X	TH+RRH (DV) - RRH Component - Minimum percent move to permanent housing	90	%	25	points

Returns to Homelessness (if data is available for project)

X	RRH (General) - Maximum percent of participants return to homelessness within 12 months of exit to permanent housing	10	%	15	points
X	RRH (DV) - Maximum percent of participants return to homelessness within 12 months of exit to permanent housing	20	%	10	points
X	PSH (General) - Maximum percent of participants return to homelessness within 12 months of exit to permanent housing	10	%	15	points
X	PSH (DV) - Maximum percent of participants return to homelessness within 12 months of exit to permanent housing	20	%	10	points
X	TH (General) - Maximum percent of participants return to homelessness within 12 months of exit to permanent housing	10	%	15	points
X	TH (DV) - Maximum percent of participants return to homelessness within 12 months of exit to permanent housing	20	%	10	points
X	TH+RRH (General) - RRH Component - Maximum percent of participants return to homelessness within 12 months of exit to permanent housing	10	%	15	points
X	TH+RRH (DV) - RRH Component - Maximum percent of participants return to homelessness within 12 months of exit to permanent housing	20	%	10	points

New or Increased Income and Earned Income

X	RRH (General) - Minimum percent of participants with new or increased earned income for project stayers	8	%	2.5	points
X	RRH (DV) - Minimum percent of participants with new or increased earned income for project stayers	8	%	2.5	points
X	PSH (General) - Minimum percent of participants with new or increased earned income for project stayers	8	%	2.5	points
X	PSH (DV) - Minimum percent of participants with new or increased earned income for project stayers	8	%	2.5	points
X	TH (General) - Minimum percent of participants with new or increased earned income for project stayers	8	%	2.5	points
X	TH (DV) - Minimum percent of participants with new or increased earned income for project stayers	8	%	2.5	points
X	TH+RRH (General) - RRH Component - Minimum percent of participants with new or increased earned income for project stayers	8	%	2.5	points
X	TH+RRH (DV) - RRH Component - Minimum percent of participants with new or increased earned income for project stayers	8	%	2.5	points
X	RRH (General) - Minimum percent of participants with new or increased non-employment income for project stayers	10	%	2.5	points
X	RRH (DV) - Minimum percent of participants with new or increased non-employment income for project stayers	10	%	2.5	points
X	PSH (General) - Minimum percent of participants with new or increased non-employment income for project stayers	10	%	2.5	points
X	PSH (DV) - Minimum percent of participants with new or increased non-employment income for project stayers	10	%	2.5	points
X	TH (General) - Minimum percent of participants with new or increased non-employment income for project stayers	10	%	2.5	points
X	TH (DV) - Minimum percent of participants with new or increased non-employment income for project stayers	10	%	2.5	points
X	TH+RRH (General) - RRH Component - Minimum percent of participants with new or increased non-employment income for project stayers	10	%	2.5	points
X	TH+RRH (DV) - RRH Component - Minimum percent of participants with new or increased non-employment income for project stayers	10	%	2.5	points
X	RRH (General) - Minimum percent of participants with new or increased earned income for project leavers	15	%	2.5	points
X	RRH (DV) - Minimum percent of participants with new or increased earned income for project leavers	15	%	2.5	points
X	PSH (General) - Minimum percent of participants with new or increased earned income for project leavers	15	%	2.5	points
X	PSH (DV) - Minimum percent of participants with new or increased earned income for project leavers	15	%	2.5	points
X	TH (General) - Minimum percent of participants with new or increased earned income for project leavers	15	%	2.5	points
X	TH (DV) - Minimum percent of participants with new or increased earned income for project leavers	15	%	2.5	points
X	TH+RRH (General) - RRH Component - Minimum percent of participants with new or increased earned income for project leavers	15	%	2.5	points
X	TH+RRH (DV) - RRH Component - Minimum percent of participants with new or increased earned income for project leavers	15	%	2.5	points
X	RRH (General) - Minimum percent of participants with new or increased non-employment income for project leavers	25	%	2.5	points
X	RRH (DV) - Minimum percent of participants with new or increased non-employment income for project leavers	25	%	2.5	points
X	PSH (General) - Minimum percent of participants with new or increased non-employment income for project leavers	25	%	2.5	points
X	PSH (DV) - Minimum percent of participants with new or increased non-employment income for project leavers	25	%	2.5	points
X	TH (General) - Minimum percent of participants with new or increased non-employment income for project leavers	25	%	2.5	points
X	TH (DV) - Minimum percent of participants with new or increased non-employment income for project leavers	25	%	2.5	points
X	TH+RRH (General) - RRH Component - Minimum percent of participants with new or increased non-employment income for project leavers	25	%	2.5	points
X	TH+RRH (DV) - RRH Component - Minimum percent of participants with new or increased non-employment income for project leavers	25	%	2.5	points

Serve High Need Populations *(select from drop-down menu)*

X	Project focuses on chronically homeless people				
X	RRH (General) - XX% of participants are chronically homeless	95	%	20	points
X	RRH (DV) - XX% of participants are chronically homeless		%		points
X	PSH (General) - XX% of participants are chronically homeless	95	%	20	points
X	PSH (DV) - XX% of participants are chronically homeless		%		points
X	TH (General) - XX% of participants are chronically homeless	95	%	20	points
X	TH (DV) - XX% of participants are chronically homeless		%		points
X	TH+RRH (General) - RRH Component - XX% of participants are chronically homeless	95	%	20	points
X	TH+RRH (DV) - RRH Component - XX% of participants are chronically homeless		%		points

Project Effectiveness

X	RRH (General) - Costs are within local average cost per positive housing exit for project type	Yes	20	points
X	RRH (DV) - Costs are within local average cost per positive housing exit for project type	Yes	10	points
X	PSH (General) - Costs are within local average cost per positive housing exit for project type	Yes	20	points

X	PSH (DV) - Costs are within local average cost per positive housing exit for project type	Yes	10	points
X	TH (General) - Costs are within local average cost per positive housing exit for project type	Yes	20	points
X	TH (DV) - Costs are within local average cost per positive housing exit for project type	Yes	10	points
X	TH+RRH (General) - RRH Component - Costs are within local average cost per positive housing exit for project type	Yes	20	points
X	TH+RRH (DV) - RRH Component - Costs are within local average cost per positive housing exit for project type	Yes	10	points
X	RRH (General) - Coordinated Entry Participation- Minimum percent of entries to project from CE referral (or alternative system for DV projects)	95 %	10	points
X	RRH (DV) - Coordinated Entry Participation- Minimum percent of entries to project from CE referral (or alternative system for DV projects)	95 %	10	points
X	PSH (General) - Coordinated Entry Participation- Minimum percent of entries to project from CE referral (or alternative system for DV projects)	95 %	10	points
X	PSH (DV) - Coordinated Entry Participation- Minimum percent of entries to project from CE referral (or alternative system for DV projects)	95 %	10	points
X	TH (General) - Coordinated Entry Participation- Minimum percent of entries to project from CE referral (or alternative system for DV projects)	95 %	10	points
X	TH (DV) - Coordinated Entry Participation- Minimum percent of entries to project from CE referral (or alternative system for DV projects)	95 %	10	points
X	TH+RRH (General) - RRH Component - Coordinated Entry Participation- Minimum percent of entries to project from CE referral (or alternative system for DV	95 %	10	points
X	TH+RRH (DV) - RRH Component - Coordinated Entry Participation- Minimum percent of entries to project from CE referral (or alternative system for DV projects)	95 %	10	points
X	RRH (General) - Housing First and/or Low Barrier Implementation (General) - CoC assessment of fidelity to Housing First from CoC monitoring or review of project policies and procedures	Yes	10	points
X	RRH (DV) - Housing First and/or Low Barrier Implementation - CoC assessment of fidelity to Housing First from CoC monitoring or review of project policies and procedures	Yes	10	points
X	PSH (General) - Housing First and/or Low Barrier Implementation (General) - CoC assessment of fidelity to Housing First from CoC monitoring or review of project policies and procedures	Yes	10	points
X	PSH (DV) - Housing First and/or Low Barrier Implementation - CoC assessment of fidelity to Housing First from CoC monitoring or review of project policies and procedures	Yes	10	points
X	TH (General) - Housing First and/or Low Barrier Implementation (General) - CoC assessment of fidelity to Housing First from CoC monitoring or review of project policies and procedures	Yes	10	points
X	TH (DV) - Housing First and/or Low Barrier Implementation - CoC assessment of fidelity to Housing First from CoC monitoring or review of project policies and procedures	Yes	10	points
X	TH+RRH (General) - RRH Component - Housing First and/or Low Barrier Implementation (General) - CoC assessment of fidelity to Housing First from CoC monitoring or review of project policies and procedures	Yes	10	points
X	TH+RRH (DV) - RRH Component - Housing First and/or Low Barrier Implementation - CoC assessment of fidelity to Housing First from CoC monitoring or review of project policies and procedures	Yes	10	points

Equity Factors

Agency Leadership, Governance, and Policies

X	Recipient has under-represented individuals (BIPOC, LGBTQ+, etc) in managerial and leadership positions	Yes	5	points
X	Recipient's board of directors includes representation from more than one person with lived experience	Yes	5	points
X	Recipient has relational process for receiving and incorporating feedback from persons with lived experience	Yes	5	points
X	Recipient has reviewed internal policies and procedures with an equity lens and has a plan for developing and implementing equitable policies that do not impose undue barriers	Yes	5	points

Program Participant Outcomes

X	Recipient has reviewed program participant outcomes with an equity lens, including the disaggregation of data by race, ethnicity, gender identity, and/or age	Yes	5	points
X	Recipient has identified programmatic changes needed to make program participant outcomes more equitable and developed a plan to make those changes	Yes	5	points
X	Recipient is working with HMIS lead to develop a schedule for reviewing HMIS data with disaggregation by race, ethnicity, gender identity, and or/age	Yes	5	points

Other and Local Criteria   *(select from drop-down menu)*

X	CoC Monitoring Score	Project is operating in conformance with CoC Standards	Yes	10	points

Total Maximum Score		
RRH-General projects:	175	points
RRH-DV projects:	140	points
PSH-General projects:	175	points
PSH-DV projects:	140	points
TH-General projects:	175	points
TH-DV projects:	140	points
TH+RRH-General projects:	175	points
TH+RRH-DV projects:	140	points

CUSTOMIZE NEW PROJECT RATING TOOL

Experience	**Factor/Goal**	**Max Point Valu**
X General-A. Describe the experience of the applicant and sub-recipients (if any) in working with the proposed population and in providing housing similar to that proposed in the application.		15 points

DV-A. Describe the experience of the applicant and sub-recipients (if any) in working with the proposed population and in providing housing similar to that

| X | DV-A. Describe the experience of the applicant and sub-recipients (if any) in working with the proposed population and in providing housing similar to that proposed in the application. | 15 | points |

| X | General-B. Describe experience with utilizing a Housing First approach. Include 1) eligibility criteria; 2) process for accepting new clients; 3) process and criteria for exiting clients. Must demonstrate there are no preconditions to entry, allowing entry regardless of current or past substance abuse, income, criminal records (with exceptions of restrictions imposed by federal, state, or local law or ordinance), marital status, familial status, self-disclosed or perceived sexual orientation, gender identity or gender expression. Must demonstrate the project has a process to address situations that may jeopardize housing or project assistance to ensure that project participation is terminated in only the most severe cases. | 10 | points |

| X | DV-B. Describe experience with utilizing a Housing First approach. Include 1) eligibility criteria; 2) process for accepting new clients; 3) process and criteria for exiting clients. Must demonstrate there are no preconditions to entry, allowing entry regardless of current or past substance abuse, income, criminal records (with exceptions of restrictions imposed by federal, state, or local law or ordinance), marital status, familial status, self-disclosed or perceived sexual orientation, gender identity or gender expression. Must demonstrate the project has a process to address situations that may jeopardize housing or project assistance to ensure that project participation is terminated in only the most severe cases. | 10 | points |

| X | General-C. Describe experience in effectively utilizing federal funds including HUD grants and other public funding, including satisfactory drawdowns and performance for existing grants as evidenced by timely reimbursement of subrecipients (if applicable), regular drawdowns, timely resolution of monitoring findings, and timely submission of required reporting on existing grants. | 5 | points |

| X | DV-C. Describe experience in effectively utilizing federal funds including HUD grants and other public funding, including satisfactory drawdowns and performance for existing grants as evidenced by timely reimbursement of subrecipients (if applicable), regular drawdowns, timely resolution of monitoring findings, and timely submission of required reporting on existing grants. | 5 | points |

Design of Housing & Supportive Services

| X | General-A. Extent to which the applicant 1) Demonstrates understanding of the needs of the clients to be served. 2) Demonstrates that type, scale, and location of the housing fit the needs of the clients to be served. 3) Demonstrates that type and scale of the all supportive services, regardless of funding source, meets the needs of clients to be served. 4) Demonstrates how clients will be assisted in obtaining mainstream benefits. 5) Establishes performances measures for housing and income that are objective, measurable, trackable and meet or exceed any established HUD or CoC benchmarks. | 15 | points |

| X | DV-A. Extent to which the applicant 1) Demonstrates understanding of the needs of the clients to be served. 2) Demonstrates that type, scale, and location of the housing fit the needs of the clients to be served. 3) Demonstrates that type and scale of the all supportive services, regardless of funding source, meets the needs of clients to be served. 4) Demonstrates how clients will be assisted in obtaining mainstream benefits. 5) Establishes performances measures for housing and income that are objective, measurable, trackable and meet or exceed any established HUD or CoC benchmarks. | 15 | points |

| X | General-B. Describe the plan to assist clients to rapidly secure and maintain permanent housing that is safe, affordable, accessible, and acceptable to their needs. | 5 | points |

| X | DV-B. Describe the plan to assist clients to rapidly secure and maintain permanent housing that is safe, affordable, accessible, and acceptable to their needs. | 5 | points |

| X | General-C. Describe how clients will be assisted to increase employment and/or income and to maximize their ability to live independently. | 5 | points |

| X | DV-C. Describe how clients will be assisted to increase employment and/or income and to maximize their ability to live independently. | 5 | points |

| X | General-D. Project leverages housing resources with housing subsidies or units not funded through the CoC or ESG programs. | 10 | points |

| X | DV-D. Project leverages housing resources with housing subsidies or units not funded through the CoC or ESG programs. | 10 | points |

| X | General-E. Project leverages health resources, including a partnership commitment with a healthcare organization. | 10 | points |

| X | DV-E. Project leverages health resources, including a partnership commitment with a healthcare organization. | 10 | points |

Timeliness

| X | General-A. Describe plan for rapid implementation of the program, documenting how the project will be ready to begin housing the first program participant. Provide a detailed schedule of proposed activities for 60 days, 120 days, and 180 days after grant award. | 10 | points |

| X | DV-A. Describe plan for rapid implementation of the program, documenting how the project will be ready to begin housing the first program participant. Provide a detailed schedule of proposed activities for 60 days, 120 days, and 180 days after grant award. | 10 | points |

Financial

X	General-A. Project is cost-effective when projected cost per person served is compared to CoC average within project type.	5	points
X	DV-A. Project is cost-effective when projected cost per person served is compared to CoC average within project type.	5	points
	B. Organization's most recent audit:		
X	General-1. Found no exceptions to standard practicess	5	points
X	DV-1. Found no exceptions to standard practicess	5	points
X	General-2. Identified agency as 'low risk'	5	points
X	DV-2. Identified agency as 'low risk'	5	points
X	General-3. Indicates no findings	5	points
X	DV-3. Indicates no findings	5	points
X	General-C. Documented match amount meets HUD requirements.	5	points

X	DV-C. Documented match amount meets HUD requirements.		5	points
X	General-D. Budgeted costs are reasonable, allocable, and allowable.		20	points
X	DV-D. Budgeted costs are reasonable, allocable, and allowable.		20	points

Project Effectiveness

X	General-Coordinated Entry Participation- Minimum percent of entries projected to come from CE referrals	95	%	5	points
X	DV-Coordinated Entry Participation- Minimum percent of entries projected to come from CE referrals	95	%	5	points

Equity Factors

Agency Leadership, Governance, and Policies

X	New project has under-represented individuals (BIPOC, LGBTQ+, etc) in managerial and leadership positions	Yes	5	points
X	New project's organizational board of directors includes representation from more than one person with lived experience (per 578.75(g))	Yes	5	points
X	New project has relational process for receiving and incorporating feedback from persons with lived experience or a plan to create one	Yes	5	points
X	New project has reviewed internal policies and procedures with an equity lens and has a plan for developing and implementing equitable policies that do not impose undue barriers that exacerbate disparities and outcomes	Yes	5	points

Program Participant Outcomes

X	New project describes their plan for reviewing program participant outcomes with an equity lens, including the disaggregation of data by race, ethnicity, gender identity, and/or age. If already implementing a plan, describe findings from outcomes review	5	points
X	New project describes plan to review whether programmatic changes are needed to make program participant outcomes more equitable and developed a plan to make those changes. If already implementing plan, describe findings from review	5	points
X	New project describes plan to work with HMIS lead to develop a schedule for reviewing HMIS data with disaggregation by race, ethnicity, gender identity, and or/age. If already implementing plan, describe findings from review	5	points

Other and Local Criteria

Total Maximum Score	General projects: 85	points

RENEWAL/EXPANSION THRESHOLD REQUIREMENTS

Project Name: √ Permanent Supportive Housing Transition (966)

Organization Name: Human Services Programs of Carroll County Inc

Project Type: PSH

Project Identifier: 966

Completed projects will be moved to the bottom of the list.

If you would like to change the project type, please do so in the HIC and re-copy the data to the RAW HIC DATA tab, or do so in the LIST OF PROJECTS TO BE REVIEWED.

Renewal/Expansion Projects
Threshold Review Complete

100%

THRESHOLD REQUIREMENTS	YES/NO

For each threshold, select "Yes" if applicant has fulfilled the threshold requirement and is eligible to submit an application.

☑ Yes to all

Stakeholders should NOT assume all requirements are fully addressed through this tool. CoC Program application requirements change periodically and annual NOFAs may provide more detailed guidance. The CoC collaborative applicant and project applicants should carefully review the annual NOFA criteria each year.

HUD THRESHOLD REQUIREMENTS

1. Applicant has Active SAM registration with current information, and maintains an active SAM registration annually.	Yes
2. Applicant has Valid DUNS/TIN/EIN number in application.	Yes
3. CoC Program Eligibility – Project applicants and potential subrecipients meet the eligibility requirements of the CoC Program as described in the Act and the Rule and provide evidence of eligibility required in the application (e.g., nonprofit documentation).	Yes
4. Financial and Management Capacity: Project applicants and subrecipients demonstrate the financial and management capacity and experience to carry out the project as detailed in the project application and the capacity to administer federal funds.	Yes
5. Certifications - Project applicants submit the required certifications specified in the NOFO.	Yes
6. Population Served - The population to be served meets program eligibility requirements as described in the Act, the Rule, and the NOFO.	Yes
7. HMIS Participation - Project applicants, except Collaborative Applicants that only receive awards for CoC planning costs and, if applicable, UFA Costs, agree to participate in a local HMIS system. However, in accordance with Section 407 of the Act, any victim service provider that is a recipient or subrecipient not disclose, for purposes of HMIS, any personally identifying information about any client. Victim service providers use a comparable database that captures the required HMIS data in addition to meeting the needs of the local HMIS.	Yes

8. Applicant has no Outstanding Delinquent Federal Debts – It is HUD policy, consistent with the purposes and intent of 31 U.S.C. 3720B and 28 U.S.C. 3201(e), that applicants with outstanding delinquent federal debt will not be eligible to receive an award of funds unless.
 	
  a) A negotiated repayment schedule is established and the repayment schedule is not delinquent, or
 	
  b) Other arrangements satisfactory to HUD are made before the award of funds by HUD
	Yes

9. Applicant has no Debarments and/or Suspensions – In accordance with 2 CFR 2424, no award of federal funds may be made to debarred or suspended applicants, or those proposed to be debarred or suspended from doing business with the Federal government.	Yes

10. Pre-selection Review of Performance - If your organization has delinquent federal debt or is excluded from doing business with the Federal government, the organization may be ineligible for an award. In addition, before making a Federal award, HUD reviews information available through any OMB-designated repositories of government-wide eligibility qualification or financial integrity information, such as Federal Awardee Performance and Integrity Information System (FAPIIS), and the "Do Not Pay" website. HUD reserves the right to:
 	
  a) Deny funding, or with a renewal or continuing award, consider suspension or termination of an award immediately for cause;
 	
  b) Require the removal of any key individual from association with management or implementation of the award; and
 	
  c) Make provisions or revisions regarding the method of payment or financial reporting requirements
	Yes

RENEWAL/EXPANSION THRESHOLD REQUIREMENTS

Project Name: √ Permanent Supportive Housing Transition (966)

Organization Name: Human Services Programs of Carroll County Inc

Project Type: PSH

Project Identifier: 966

Completed projects will be moved to the bottom of the list.

If you would like to change the project type, please do so in the HIC and re-copy the data to the RAW HIC DATA tab, or do so in the LIST OF PROJECTS TO BE REVIEWED.

Renewal/Expansion Projects
Threshold Review Complete

100%

THRESHOLD REQUIREMENTS	YES/NO
11. Sufficiency of Financial Management System - HUD will not award or disburse funds to applicants that do not have a financial management system that meets Federal standards as described at 2 CFR 200.302. HUD may arrange for a survey of financial management systems for applicants selected for award who have not previously received Federal financial assistance, where HUD Program officials have reason to question whether a financial management system meets Federal standards, or for applicants considered high risk based on past performance or financial management findings.	Yes
12. False Statements - A false statement in an application is grounds for denial or termination of an award and may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment. Recipient or applicant confirms all statements are truthful.	Yes
13. Mandatory Disclosure Requirement - Recipients or applicants disclose in writing to the awarding program office at HUD, all violations of Federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the Federal award within ten days after learning of the violation. Recipients that have received a Federal award including the term and condition outlined in Appendix XII to 2 CFR part 200—Award Term and Condition for Recipient Integrity and Performance Matters are required to report certain civil, criminal, or administrative proceedings to SAM. Failure to make required disclosures can result in any of the remedies described in § 200.338 Remedies for noncompliance, including suspension or debarment. (See also 2 CFR part 180, 31 U.S.C. 3321,and.S.C. 2313.)	Yes
14. Prohibition Against Lobbying Activities - Applicants are subject to the provisions of Section 319 of Public Law 101-121, 31 U.S.C. 1352, (the Byrd Amendment), and 24 CFR part 87, which prohibit recipients of federal awards from using appropriated funds for lobbying the executive or legislative branches of the Federal government in connection with a Federal award. All applicants submit with their application the signed Certification Regarding Lobbying included in the Application download from Grants.gov. In addition, applicants disclose, using Standard Form LLL (SFLLL), "Disclosure of Lobbying Activities," any funds, other than federally appropriated funds, that will be or have been used to influence federal employees, members of Congress, or congressional staff regarding specific awards. Federally-recognized Indian tribes and tribally designated housing entities (TDHEs) established by federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage of the Byrd Amendment, but state-recognized Indian tribes and TDHEs established only under state law shall comply with this requirement. Applicants submit the SFLLL if they have used or intend to use non-federal funds for lobbying activities.	Yes
15. Equal Participation of Faith-Based Organizations in HUD Programs and Activities – Projects ensure that all projects meet the requirements under 24 CFR 5.109. On April 4, 2016, HUD amended 24 CFR 5.109 consistent with E.O. 13559, entitled Fundamental Principles and Policymaking Criteria for Partnerships with Faith-Based and Other Neighborhood Organizations (75 Fed. Reg. 71319 (Nov. 22, 2010)). (See 81 FR 19355). These regulations apply to all HUD programs and activities, including all of HUD's Native American Programs, except as may be otherwise provided in the respective program regulations, or unless inconsistent with the respective program authorizing statute.	Yes
16. Resolution of Civil Rights Matters - Outstanding civil rights matters be resolved before the application submission deadline. Project applicants, who after review are confirmed to have civil rights matters unresolved at the application submission deadline, will be deemed ineligible. Their applications will receive no further review, will not be rated and ranked, and will not receive funding.	Yes

CoC THRESHOLD REQUIREMENTS

For each requirement, select "Yes" if the project has provided reasonable assurances that the project will meet the requirement, has been given an exception by the CoC or will request a waiver from HUD. Otherwise select "No".

Coordinated Entry Participation	Yes
Housing First and/or Low Barrier Implementation	Yes
Documented, secured minimum match	Yes
Project has reasonable costs per permanent housing exit, as defined locally	Yes
Project is financially feasible	Yes
Applicant is active CoC participant	Yes
Application is complete and data are consistent	Yes

RENEWAL/EXPANSION THRESHOLD REQUIREMENTS

Project Name:	√ Permanent Supportive Housing Transition (966)
Organization Name:	Human Services Programs of Carroll County Inc
Project Type:	PSH
Project Identifier:	966

Completed projects will be moved to the bottom of the list.

If you would like to change the project type, please do so in the HIC and re-copy the data to the RAW HIC DATA tab, or do so in the LIST OF PROJECTS TO BE REVIEWED.

Renewal/Expansion Projects
Threshold Review Complete

100%

THRESHOLD REQUIREMENTS	YES/NO
Data quality at or above 90%	Yes
Bed/unit utilization rate at or above 90%	Yes
Acceptable organizational audit/financial review	Yes

RENEWAL/EXPANSION PROJECT RATING TOOL

Project Name: √ Permanent Supportive Housing Transition (966)   Print Blank Template   Print Report Card

Organization Name: Human Services Programs of Carroll County Inc

Project Type: PSH (General)   Renewal/Expansion Projects
                                                                                 Rating Complete

Project Identifier: 966   **Met all threshold requirements**   100%

RATING FACTOR	PERFORMANCE GOAL	PERFORMANCE		POINTS AWARDED		MAX POINT VALUE
PERFORMANCE MEASURES						
Length of Stay						
Permanent Supportive-Housing	On average, participants are placed in housing 15 days after referral to PSH	58	days	0	out of	20
Exits to Permanent Housing						
Permanent Supportive-Housing	90% remain in or move to PH	100	%	25	out of	25
Returns to Homelessness						
Within 12 months of exit to permanent housing	≤ 10% of participants return to homelessness within 12 months of exit to PH	0	%	15	out of	15
New or Increased Income and Earned Income						
Earned income for project stayers	8%+ of participants with new or increased income	0	%	0.0	out of	2.5
Non-employment income for project stayers	10%+ of participants with new or increased income	0	%	0.0	out of	2.5
Earned income for project leavers	15%+ of participants with new or increased income	NA	%	2.5	out of	2.5
Non-employment income for project leavers	25%+ of participants with new or increased income	NA	%	2.5	out of	2.5
	Performance Measures Subtotal			45	out of	**70**
SERVE HIGH NEED POPULATIONS						
Permanent Supportive-Housing	≥ 95% of participants are chronically homeless	100	%	20.0	out of	20
	Serve High Need Populations Subtotal			20	out of	**20**
PROJECT EFFECTIVENESS						
Project has reasonable costs	Costs are within local average cost per positive housing exit for project type	Yes		20	out of	20
Coordinated Entry Participation	≥ 95% of entries to project from CE referrals	100	%	10	out of	10
Housing First and/or Low Barrier Implementation	Commits to applying Housing First model	Yes		10	out of	10
	Project Effectiveness Subtotal			40	out of	**40**
EQUITY FACTORS						
Agency Leadership, Governance, and Policies						
Recipient Management & Leadership Positions	BIPOC, LGBTQIA+, etc representation	Yes		5	out of	5
Recipient Board of Directors	BIPOC, LGBTQIA+, etc representation	Yes		5	out of	5
Process for receiving & incorporating feedback	Process includes persons with lived experience	Yes		5	out of	5
Internal Policies and Procedures	Policies with equitable lense, no undue barriers	Yes		5	out of	5
Program Participant Outcomes						
Outcomes with an equity lens	Data disaggregated by race, ethnicity, etc.	Yes		5	out of	5

RENEWAL/EXPANSION PROJECT RATING TOOL

Project Name: √ Permanent Supportive Housing Transition (966)   Print Blank Template   Print Report Card

Organization Name: Human Services Programs of Carroll County Inc

Project Type: PSH (General)   Renewal/Expansion Projects
                                                                                              Rating Complete
Project Identifier: 966   **Met all threshold requirements**   100%

RATING FACTOR	PERFORMANCE GOAL	PERFORMANCE	POINTS AWARDED		MAX POINT VALUE
Program changes for equitable outcomes	Plan to create more equitable program outcomes	Yes	5	out of	5
HMIS data review with equity lens	Plan to review disaggregated data	Yes	5	out of	5
	Equity Factors Subtotal		35	out of	**35**

OTHER AND LOCAL CRITERIA					
CoC Monitoring Score	Project is operating in conformance to CoC standards	Yes	10	out of	10
	Other and Local Criteria Subtotal		10	out of	**10**

	TOTAL SCORE		150	out of	**175**
	Weighted Rating Score		86	out of	**100**

PROJECT FINANCIAL INFORMATION			
CoC funding requested	*NOTE: Edit on the LIST OF PROJECTS TO BE REVIEWED tab*	$	77,308
Amount of other public funding (federal, state, county, city)			
Amount of private funding			
TOTAL PROJECT COST		$	77,308
CoC Amount Awarded Last Operating Year	*NOTE: Edit on the LIST OF PROJECTS TO BE REVIEWED tab*	$	74,314
CoC Amount Expended Last Operating Year	*NOTE: Edit on the LIST OF PROJECTS TO BE REVIEWED tab*	$	74,230
Percent of CoC funding expended last operating year			100%

NEW PROJECTS THRESHOLD REQUIREMENTS

Project Name: _____

Organization Name: _____

Project Type: _____

Project Identifier: _____

Completed projects will be moved to the bottom of the list

If you would like to change the project type, please do so in the HIC and re-copy the data to the RAW HIC DATA tab, or do so in the LIST OF PROJECTS TO BE REVIEWED.

New Projects
Threshold Review Complete

0%

THRESHOLD REQUIREMENTS	YES/NO

For each threshold, select "Yes" if applicant has fulfilled the threshold requirement and is eligible to submit an application.

☐ Yes to all

Stakeholders should NOT assume all requirements are fully addressed through this tool. CoC Program application requirements change periodically and annual NOFAs may provide more detailed guidance. The CoC collaborative

HUD THRESHOLD REQUIREMENTS

1. Applicant has Active SAM registration with current information, and maintains an active SAM registration annually.

2. Applicant has Valid DUNS/TIN/EIN number in application.

3. CoC Program Eligibility – Project applicants and potential subrecipients meet the eligibility requirements of the CoC Program as described in the Act and the Rule and provide evidence of eligibility required in the application (e.g., nonprofit documentation).

4. Financial and Management Capacity: Project applicants and subrecipients demonstrate the financial and management capacity and experience to carry out the project as detailed in the project application and the capacity to administer federal funds.

5. Certifications - Project applicants submit the required certifications specified in the NOFO.

6. Population Served - The population to be served meets program eligibility requirements as described in the Act, the Rule, and the NOFO.

7. HMIS Participation - Project applicants, except Collaborative Applicants that only receive awards for CoC planning costs and, if applicable, UFA Costs, agree to participate in a local HMIS system. However, in accordance with Section 407 of the Act, any victim service provider that is a recipient or subrecipient not disclose, for purposes of HMIS, any personally identifying information about any client. Victim service providers use a comparable database that captures the required HMIS data in addition to meeting the needs of the local HMIS.

8. Applicant has no Outstanding Delinquent Federal Debts – It is HUD policy, consistent with the purposes and intent of 31 U.S.C. 3720B and 28 U.S.C. 3201(e), that applicants with outstanding delinquent federal debt will not be eligible to receive an award of funds unless.

   a) A negotiated repayment schedule is established and the repayment schedule is not delinquent, or

   b) Other arrangements satisfactory to HUD are made before the award of funds by HUD

9. Applicant has no Debarments and/or Suspensions – In accordance with 2 CFR 2424, no award of federal funds may be made to debarred or suspended applicants, or those proposed to be debarred or suspended from doing business with the Federal government.

10. Pre-selection Review of Performance - If your organization has delinquent federal debt or is excluded from doing business with the Federal government, the organization may be ineligible for an award. In addition, before making a Federal award, HUD reviews information available through any OMB-designated repositories of government-wide eligibility qualification or financial integrity information, such as Federal Awardee Performance and Integrity Information System (FAPIIS), and the "Do Not Pay" website. HUD reserves the right to:

   a) Deny funding, or with a renewal or continuing award, consider suspension or termination of an award immediately for cause;

   b) Require the removal of any key individual from association with management or implementation of the award; and

   c) Make provisions or revisions regarding the method of payment or financial reporting requirements

NEW PROJECTS THRESHOLD REQUIREMENTS

Project Name: _____

Organization Name: _____

Project Type: _____

Project Identifier: _____

Completed projects will be moved to the bottom of the list

If you would like to change the project type, please do so in the HIC and re-copy the data to the RAW HIC DATA tab, or do so in the LIST OF PROJECTS TO BE REVIEWED.

New Projects
Threshold Review Complete

| 0% |

THRESHOLD REQUIREMENTS	YES/NO
11. Sufficiency of Financial Management System - HUD will not award or disburse funds to applicants that do not have a financial management system that meets Federal standards as described at 2 CFR 200.302. HUD may arrange for a survey of financial management systems for applicants selected for award who have not previously received Federal financial assistance, where HUD Program officials have reason to question whether a financial management system meets Federal standards, or for applicants considered high risk based on past performance or financial management findings.	
12. False Statements - A false statement in an application is grounds for denial or termination of an award and may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment. Recipient or applicant confirms all statements are truthful.	
13. Mandatory Disclosure Requirement - Recipients or applicants disclose in writing to the awarding program office at HUD, all violations of Federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the Federal award within ten days after learning of the violation. Recipients that have received a Federal award including the term and condition outlined in Appendix XII to 2 CFR part 200—Award Term and Condition for Recipient Integrity and Performance Matters are required to report certain civil, criminal, or administrative proceedings to SAM. Failure to make required disclosures can result in any of the remedies described in § 200.338 Remedies for noncompliance, including suspension or debarment. (See also 2 CFR part 180, 31 U.S.C. 3321,and.S.C. 2313.)	
14. Prohibition Against Lobbying Activities - Applicants are subject to the provisions of Section 319 of Public Law 101-121, 31 U.S.C. 1352, (the Byrd Amendment), and 24 CFR part 87, which prohibit recipients of federal awards from using appropriated funds for lobbying the executive or legislative branches of the Federal government in connection with a Federal award. All applicants submit with their application the signed Certification Regarding Lobbying included in the Application download from Grants.gov. In addition, applicants disclose, using Standard Form LLL (SFLLL), "Disclosure of Lobbying Activities," any funds, other than federally appropriated funds, that will be or have been used to influence federal employees, members of Congress, or congressional staff regarding specific awards. Federally-recognized Indian tribes and tribally designated housing entities (TDHEs) established by federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage of the Byrd Amendment, but state-recognized Indian tribes and TDHEs established only under state law shall comply with this requirement. Applicants submit the SFLLL if they have used or intend to use non-federal funds for lobbying activities.	
15. Equal Participation of Faith-Based Organizations in HUD Programs and Activities – Projects ensure that all projects meet the requirements under 24 CFR 5.109. On April 4, 2016, HUD amended 24 CFR 5.109 consistent with E.O. 13559, entitled Fundamental Principles and Policymaking Criteria for Partnerships with Faith-Based and Other Neighborhood Organizations (75 Fed. Reg. 71319 (Nov. 22, 2010)). (See 81 FR 19355). These regulations apply to all HUD programs and activities, including all of HUD's Native American Programs, except as may be otherwise provided in the respective program regulations, or unless inconsistent with the respective program authorizing statute.	
16. Resolution of Civil Rights Matters - Outstanding civil rights matters be resolved before the application submission deadline. Project applicants, who after review are confirmed to have civil rights matters unresolved at the application submission deadline, will be deemed ineligible. Their applications will receive no further review, will not be rated and ranked, and will not receive funding.	

CoC THRESHOLD REQUIREMENTS	
For each requirement, select "Yes" if the project has provided reasonable assurances that the project will meet the requirement, has been given an exception by the CoC or will request a waiver from HUD. Otherwise select "No".	
Coordinated Entry Participation	
Housing First and/or Low Barrier Implementation	
Documented, secured minimum match	
Project has reasonable costs per permanent housing exit, as defined locally	
Project is financially feasible	
Applicant is active CoC participant	

NEW PROJECTS THRESHOLD REQUIREMENTS

Project Name: _____

Organization Name: _____

Project Type: _____

Project Identifier: _____

Completed projects will be moved to the bottom of the list

If you would like to change the project type, please do so in the HIC and re-copy the data to the RAW HIC DATA tab, or do so in the LIST OF PROJECTS TO BE REVIEWED.

New Projects
Threshold Review Complete

| 0% |

THRESHOLD REQUIREMENTS	YES/NO
Application is complete and data are consistent	
Data quality at or above 90%	
Bed/unit utilization rate at or above 90%	
Acceptable organizational audit/financial review	

NEW PROJECTS RATING TOOL

Project Name:		Print Blank Template		Print Report Card
Organization Name:			New Projects	
Project Type:			Rating Complete	
Project Identifier:		Met all threshold requirements	0%	

RATING FACTOR	POINTS AWARDED		MAX POINT VALUE
EXPERIENCE			
Experience Subtotal	0	out of	0
DESIGN OF HOUSING & SUPPORTIVE SERVICES			
Design of Housing & Supportive Services Subtotal	0	out of	0
TIMELINESS			
Timeliness Subtotal	0	out of	0
FINANCIAL			
B. Audit			
Financial Subtotal	0	out of	0
PROJECT EFFECTIVENESS			
Project Effectiveness Subtotal	0	out of	0
EQUITY FACTORS			
Agency Leadership, Governance, and Policies			
Recipient has BIPOC individuals in managerial and leadership positions		out of	5
Recipient's board of directors includes representation from persons with lived experience		out of	5
Recipient has process for receiving and incorporating feedback from persons with lived experience		out of	5
Recipient has reviewed internal policies and procedures with an equity lens and has a plan for updating policies that currently center white dominant culture		out of	5
Program Participant Outcomes			
Recipient has reviewed program participant outcomes with an equity lens, including the disaggregation of data by race, ethnicity, gender identity, and/or age		out of	5
Recipient has identified programmatic changes needed to make program participant outcomes more equitable and developed a plan to make those changes		out of	5
Recipient is working with HMIS lead to develop a schedule for reviewing HMIS data with disaggregation by race, ethnicity, gender identity, and or/age		out of	5
Equity Factors Subtotal	0	out of	35
OTHER AND LOCAL CRITERIA			
Other and Local Criteria Subtotal	0	out of	0
TOTAL SCORE	0	out of	35
Weighted Rating Score		out of	100

PROJECT FINANCIAL INFORMATION		
CoC funding requested	*NOTE: Edit on the LIST OF PROJECTS TO BE REVIEWED tab*	$ -
Amount of other public funding (federal, state, county, city)		
Amount of private funding		
TOTAL PROJECT COST		$ -

Sort projects by:

You can sort the ...
using the drop-d...

RATING TABLE

Project ID	Grant Number	Renewal, New, Expansion, Reallocate
		#N/A

ALTERNATIVE RATING TOOL

project list below
own selection to the left.

Project Name	Organization Name

☐ Yes to all threshold requirements

ENTER VALUES FOR ALL PROJECTS

Project Type	General/ DV	McKinney-Vento: YHDP	Met All HUD Threshold Requirements	Met All CoC Threshold Requirements	Weighted Rating Score (out of 100)

e any edits, make
e before moving on.

the threshold and
s will pull from any
saved projects

RATING RESULTS

Sort projects by:

You can sort the project list below using the drop down selection to the left.

Make sure to save any rating you've done before running.

RATING RESULTS

Project ID	Grant Number	Renewal, New, Expansion, Reallocate	Project Name	Organization Name	Project Type	General/ DV	McKinney - Vento: YHDP	All Fam Beds	DV Fam Beds	CH Fam Beds	Vet Fam Beds	Par Youth Beds	All Ind Beds
NA	MD0139L3B061911	Renewal	Coordinated Intake	Human Services Programs of Car	C/I	General	0	0	0	0	0	0	0
18	MD0135L3B062013	Renewal	Permanent Supportive Housing I	Human Services Programs of Car	PSH	General	0	7	0	7	2	0	12
966	MD0438T3B061900	Renewal	Permanent Supportive Housing Tr	Human Services Programs of Car	PSH	General	0	7	0	7	0	0	7
615	MD0133L3B062013	Renewal	Shelter Plus Care	MD Department of Health and N	PSH	General	0	0	0	0	0	0	11

Sort projec

= Not all requirements met or threshold scoring not started

RATING

Project ID	DV Ind Beds	Total CH Ind Beds	Vet Ind Beds	Single Youth Beds	Is 100% Dedicated + or CH Fam (Yes/No)	Is 100% Dedicated + or CH Ind (Yes/No)	CoC Funding Requested	Amount of Other Public Funding (Federal, state, county, city)	Amount of private Funding	CoC Amount Expended Last Operating Year	Met All HUD Threshold Requirements	Met All CoC Threshold Requirements	Weighted Rating Score
NA	0	0	0	0			$32,098			$32,098			NOT RATED
18	0	12	2	0			$167,174			$160,090		Yes	97
966	0	7	0	0			$77,308			$74,230		Yes	86
615	0	11	0	0			$133,733			$99,245		Yes	70

GENERAL FUNDING INFORMATION

Annual Renewal Demand (ARD): $ 410,313.00	**CoC Bonus Funding:** $ -	**DV Bonus:** $ -	**Tier 1 Funding:** $ 410,313.00 *ARD – YHDP Renewal*	**Tier 2 Funding:** $ - *+ DV Bonus*

FY2021 HUD CoC PROGRAM NOFO OPPORTUNITIES

Project Types to Consider for CoC Bonus/Reallocation:
- ☑ New PSH for 100% Dedicated PLUS or chronically homeless individuals
- ☑ New PSH for 100% Dedicated PLUS or chronically homeless families
- ☑ New RRH for Individuals
- ☑ New RRH for families
- ☑ New TH+RRH for Families
- ☑ New TH+RRH for Individuals
- ☐ New HMIS
- ☐ New SSO coordinated entry

Project Types to Consider for DV Bonus Funding:
- ☑ New RRH for individuals
- ☑ New RRH for families
- ☑ New TH+RRH for individuals
- ☑ New TH+RRH for families
- ☑ New SSO coordinated entry

FUNDING CEILINGS AND PRIORITIES BY PROJECT TYPE AND POPULATION

For each project type/population combination, specify the maximum number of beds (renewal and new combined), maximum level of funding (ceiling), and relative priority. If beds or $ are left blank, then projects within that category will not be capped. If the table below is blank, then projects will be ranked solely based on their rating scores. The ranking list will be generated in the following order:

1) HMIS and non-DV bonus-funded SSO-coordinated entry projects will be listed first in Tier 1 because they are required elements of a CoC's system. This does not mean that HUD is encouraging you to rank them first; rather you should set local policies on their relative priority and move them accordingly after the initial ranking is generated.

2) CoC Bonus/new DV bonus-funded projects will be ranked just like other projects, and will be highlighted in pink/gray formatting. You should set local policies on their relative priority and move them accordingly after the initial ranking is generated.

3) Projects in the high priority categories, listed in order of their rating score, up to the maximum number of beds or funding level specified for each project type/population.

4) Projects in the medium priority categories, listed in order of their rating score, up to the maximum number of beds or funding level specified for each project type/population.

5) Projects in the low priority categories, listed in order of their rating score, up to the maximum number of beds or funding level specified for each project type/population.

6) Projects with unspecified priority, listed in order of their rating score.

7) Other SSO grants.

Projects that exceed the beds or $ targets specified on the chart will be listed in the "Projects Not Selected for Funding" section of the FUNDING ANALYSIS + RANKING tab because they represent inventory above the needs of the system. The CoC NOFO Committee may want to solicit additional projects to fill project type and population targets that are not met for this CoC Program NOFO or subsequent NOFOs.

[Instructions on Completing Funding Ceilings and Priorities]

Total $ Need Specified Below: $ -

	PSH Beds	PSH $	PSH Priority	RRH Beds	RRH $	RRH Priority	TH Beds	TH $	TH Priority	TH+RRH Beds	TH+RRH $	TH+RRH Priority
All Families ☑												
DV Families ☐												
Chronically Homeless Families ☐												
Veteran Families ☐												
Parenting Youth ☐												
All Individuals ☑												
DV Individuals ☐												
Chronically Homeless Individuals ☐												
Veteran Individuals ☐												
Single Youth ☑												

FUNDING ANALYSIS + RANKING

CoC Bonus Funding	$0	**DV Bonus Funding**	$0
Allocated	$0	Allocated	$0
% Allocated	0%	% Allocated	0%
Remaining	$0	Remaining	$0

Tier 1 (ARD - YHDP)	$410,313	**Tier 2 (CoC Bonus)**
Allocated to DV Bonus	$0	*Allocated to DV Bonus*
Allocated from Tier 1	$410,313	Allocated from Tier 2
Remaining*	$0	Remaining
*If DV Bonus not selected this will be subtracted from Tier 1		

FUNDING ANALYSIS TABLE

	PSH		RRH		TH		TH+RRH	
	Allocated	% of Ceiling	Allocated	% of Ceiling	Allocated	% of Ceiling	Allocated	% of Ceiling
All Families	14 Beds $244,482	- -	0 Beds $0	- -	0 Beds $0	- -	0 Beds $0	- -
DV Families	0 Beds $0	- -	0 Beds $0	- -	0 Beds $0	- -	0 Beds $0	- -
Chronically Homeless Families	14 Beds $244,482	- -	0 Beds $0	- -	0 Beds $0	- -	0 Beds $0	- -
Veteran Families	2 Beds $167,174	- -	0 Beds $0	- -	0 Beds $0	- -	0 Beds $0	- -
Parenting Youth	0 Beds $0	- -	0 Beds $0	- -	0 Beds $0	- -	0 Beds $0	- -
All Individuals	30 Beds $378,215	- -	0 Beds $0	- -	0 Beds $0	- -	0 Beds $0	- -
DV Individuals	0 Beds $0	- -	0 Beds $0	- -	0 Beds $0	- -	0 Beds $0	- -
Chronically Homeless Individuals	30 Beds $378,215	- -	0 Beds $0	- -	0 Beds $0	- -	0 Beds $0	- -
Veteran Individuals	2 Beds $167,174	- -	0 Beds $0	- -	0 Beds $0	- -	0 Beds $0	- -
Single Youth	0 Beds $0	- -	0 Beds $0	- -	0 Beds $0	- -	0 Beds $0	- -

Ranking	Priority Level	Weighted Rating Score	Renewal, New, Expansion, Reallocate	Grant Number	Project Type	General/DV	Organization Name	Project Name	CoC Funding Requested	CoC Amount Expended Last Operating Year
0		NOT RATED	Renewal	MD0139L3B061911	C/I	General	Human Services Progr	Coordinated Intake	$ 32,098	$ 32,098
0		97	Renewal	MD0135L3B062013	PSH	General	Human Services Progr	Permanent Supporti	$ 167,174	$ 160,090
0		86	Renewal	MD0438T3B061900	PSH	General	Human Services Progr	Permanent Supporti	$ 77,308	$ 74,230
0		70	Renewal	MD0133L3B062013	PSH	General	MD Department of He	Shelter Plus Care	$ 133,733	$ 99,245
									$ -	$ -
									$ -	$ -
									$ -	$ -
									$ -	$ -
									$ -	$ -
									$ -	$ -
									$ -	$ -
									$ -	$ -
									$ -	$ -
									$ -	$ -
									$ -	$ -
									$ -	$ -
									$ -	$ -

$0		Projects Exceeding ARD + CoC Bonus + DV Bonus	
$0		Amount	$0
$0			
$0			

MANUALLY EDIT!

CoC Funding Recommendation (manual entry)	All Fam Beds	DV Fam Beds	CH Fam Beds	Vet Fam Beds	Par Youth Beds	All Ind Beds	DV Ind Beds	Total CH Ind Beds	Vet Ind Beds	Single Youth Beds	Is 100% Dedicated + or CH Fam (Yes/No)	Is 100% Dedicated + or CH Ind (Yes/No)	Is 100% DV (Yes/No)	Met All HUD Threshold Requirements	Met All CoC Threshold Requirements	Project ID
$ 32,098	0	0	0	0	0	0	0	0	0	0						NA
$ 167,174	7	0	7	2	0	12	0	12	2	0			No		Yes	18
$ 77,308	7	0	7	0	0	7	0	7	0	0			No		Yes	966
$ 133,733	0	0	0	0	0	11	0	11	0	0			No		Yes	615
$ -																
$ -																
$ -																
$ -																
$ -																
$ -																
$ -																
$ -																
$ -																
$ -																

Projects Rejected/Reduced Public Posting

The CoC did not reduce or reject any projects during the 2021 CoC Competition

Public Posting – Projects Accepted

1. Final Scores for Ranking New and Renewal Projects

2. Individual Notifications for Accepted Projects

3. Public Posting of Ranking and Accepted Projects

Carroll County MD (MD--506) 2021 Continuum of Care
Projects Ranked and Accepted

RATING RESULTS

Sort projects by:

You can sort the project list below using the drop down selection to the left.

Make sure to save any rating you've done before running.

= Not all requirements met or threshold scoring not started

RATING RESULTS

Project ID	Grant Number	Renewal, New, Expansion, Reallocate	Project Name	Organization Name	Project Type	General/ DV	McKinney - Vento: YHDP	All Fam Beds	DV Fam Beds	CH Fam Beds	Vet Fam Beds	Par Youth Beds	All Ind Beds	DV Ind Beds	Total CH Ind Beds	Vet Ind Beds	Single Youth Beds	Is 100% Dedicated + or CH Fam (Yes/No)	Is 100% Dedicated + or CH Ind (Yes/No)	CoC Funding Requested	Amount of Other Public Funding (Federal, state, county, city)	Amount of private Funding	CoC Amount Expended Last Operating Year	Met All HUD Threshold Requirements	Met All CoC Threshold Requirements	Weighted Rating Score
NA	MD0139L3B061911	Renewal	Coordinated Intake	Human Services Programs of Car	C/I	General	0	0	0	0	0	0	0	0	0	0	0			$32,098			$32,098			NOT RATED
18	MD0135L3B062013	Renewal	Permanent Supportive Housing I	Human Services Programs of Car	PSH	General	0	7	0	7	2	0	12	0	12	2	0			$167,174			$160,090		Yes	97
966	MD0438T3B061900	Renewal	Permanent Supportive Housing Tr	Human Services Programs of Car	PSH	General	0	7	0	7	0	0	7	0	7	0	0			$77,308			$74,230		Yes	86
615	MD0133L3B062013	Renewal	Shelter Plus Care	MD Department of Health and M	PSH	General	0	0	0	0	0	0	11	0	11	0	0			$133,733			$99,245		Yes	70

Hi Scott

The CoC has voted to include your projects in the 2021 CoC. Please see the attached letter.

Thanks

Debby

Debby Standiford
Grants Manager
Carroll County Government
225 N. Center Street
Westminster, MD 21157
410-386-2212 (Office)
410-848-0003 (Fax)

Carroll County Government

225 North Center Street
Westminster, Maryland 21157
410-386-2082; 1-888-302-8978
fax 410-848-0003
MD Relay 711/800-735-2258

**Department of Management
and Budget**

Ted Zaleski, Director

October 25, 2021

Scott Yard, Executive Director
Human Services Program of Carroll County, Inc.
10 Distillery Drive
Westminster, MD 21157

Re: Project Application Acceptance – 2021 Continuum of Care

Dear Mr. Yard:

The Circle of Caring Homelessness Board voted to include the following project in Carroll County's 2021 Continuum of Care (MD-506) submission:

Rank	Tier	Renewal Projects (1 year projects)	Grant Request
1	1	**HSP – Permanent Supportive Housing Transition**	$77,308
2	1	**HSP – Permanent Supportive Housing I**	$167,174
NA	1	**SSO – Coordinated Intake and Assessment***	$32,098

* Per the CoC Ranking Policy, CE is not ranked

Thank you for all your contributions to and support for the Circle of Caring Homelessness Board in Carroll County.

Sincerely,

Debby Standiford
Grants Manager

From:	Standiford, Deborah
To:	Priya Arokiaswamy (Priya.Arokiaswamy@maryland.gov)
Cc:	Amy Baker (amy.baker@maryland.gov)
Subject:	2021 CoC Project Acceptance
Date:	Monday, October 25, 2021 4:32:00 PM
Attachments:	2021 Carroll CoC Acceptance Letter MDH.pdf

Hi Priya

The CoC has voted to include your project in the 2021 CoC. Please see the attached letter.
Thanks

Debby

Debby Standiford
Grants Manager
Carroll County Government
225 N. Center Street
Westminster, MD 21157
410-386-2212 (Office)
410-848-0003 (Fax)

Carroll County Government

225 North Center Street
Westminster, Maryland 21157
410-386-2082; 1-888-302-8978
fax 410-848-0003
MD Relay 711/800-735-2258

**Department of Management
and Budget**

Ted Zaleski, Director

October 25, 2021

Priya Arokiaswamy, MSM, MBA
Director, Housing and Recovery Supports
Department of Health- Behavioral Health Administration
Spring Grove Hospital Center- Dix Building
55 Wade Avenue
Catonsville MD 21228

Re: Project Application Acceptance – 2021 Continuum of Care

Dear Ms. Arokiaswamy:

The Circle of Caring Homelessness Board voted to include the following project in Carroll County's 2021 Continuum of Care (MD-506) submission:

Type	Rank	Tier	Project	Grant Request
Renewal	3	1	**Shelter Plus Care – The Carroll County Bureau of Prevention, Wellness and Recovery**	$133,733

Thank you for all your contributions to and support for the Circle of Caring Homelessness Board in Carroll County.

Sincerely,

Debby Standiford
Grants Manager

cc: A. Baker, CCHD

Carroll County Government

GOVERNMENT   RESIDENTS   BUSINESSES   VISITORS   SERVICES   QUICK LINKS

Circle of Caring Homelessness Board

Public Notice

Calendar Events

Public Notice

October 26, 2021

[Click here for the 2021 Continuum of Care Projects Ranked and Accepted](#)

September 13, 2021

2021 Notice of Funding Opportunity - Continuum of Care Programs for the Homeless

September 10, 2021. In response to HUD's release of the Continuum of Care (CoC) application, the Carroll County Circle of Caring Homelessness Board is inviting applications from new or existing CoC agencies to provide housing for homeless populations in Carroll County, Maryland. Agencies may apply for the renewal of existing CoC projects, may propose a reallocation of an existing project or may propose a ne nsion of an existing project. While the CoC has

Carroll County MD (MD--506) 2021 Continuum of Care
Projects Ranked and Accepted

RATING RESULTS

Sort projects by:	You can sort the project list below using the drop down selection to the left.		Make sure to save any rating you've done before running.			Not all requirements met or threshold scoring not started

RATING RESULTS

Project ID	Grant Number	Renewal, New, Expansion, Reallocate	Project Name	Organization Name	Project Type	General/ DV	McKinney - Vento: YHDP	All Fam Beds	DV Fam Beds	CH Fam Beds	Vet Fam Beds	Par Youth Beds	All Ind Beds	DV Ind Beds	Total CH Ind Beds	Vet Ind Beds	Single Youth Beds	Is 100% Dedicated + or CH Fam (Yes/No)	Is 100% Dedicated + or CH Ind (Yes/No)	CoC Funding Requested	Amount of Other Public Funding (Federal, state, county, city)	Amount of private Funding	CoC Amount Expended Last Operating Year	Met All HUD Threshold Requirements	Met All CoC Threshold Requirements	Weighted Rating Score
NA	MD0120L39061911	Renewal	Coordinated Intake	Human Services Programs of Ca C/I	General		0	0	0	0	0	0	0	0	0	0	0			$32,098			$32,098			NOT RATED
18	MD0135L39062013	Renewal	Permanent Supportive Housing I	Human Services Programs of Ca PSH	General		0	7	0	7	2	0	12	0	12	2	0			$167,174			$160,090	Yes		97
966	MD0438T39061900	Renewal	Permanent Supportive Housing Tr	Human Services Programs of Ca PSH	General		0	7	0	7	0	0	7	0	7	0	0			$77,308			$74,230	Yes		86
615	MD0133L39062013	Renewal	Shelter Plus Care	MD Department of Health and N PSH	General		0	0	0	0	0	0	11	0	11	0	0			$133,732			$99,245	Yes		70