

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: MA-519 - Attleboro, Taunton/Bristol County CoC

1A-2. Collaborative Applicant Name: Community Counseling of Bristol County, Inc.

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Community Counseling of Bristol County, Inc.

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	Yes
2.	Agencies serving survivors of human trafficking	Yes	Yes	Yes
3.	CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
4.	CoC-Funded Victim Service Providers	No	No	No
5.	CoC-Funded Youth Homeless Organizations	Yes	Yes	Yes
6.	Disability Advocates	Yes	Yes	Yes
7.	Disability Service Organizations	Yes	Yes	Yes
8.	Domestic Violence Advocates	Yes	Yes	Yes
9.	EMS/Crisis Response Team(s)	Yes	Yes	Yes
10.	Homeless or Formerly Homeless Persons	Yes	Yes	Yes
11.	Hospital(s)	Yes	Yes	Yes
12.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent	No	No
13.	Law Enforcement	Yes	Yes	Yes
14.	Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates	Yes	Yes	Yes
15.	LGBT Service Organizations	Nonexistent	No	No
16.	Local Government Staff/Officials	Yes	Yes	Yes
17.	Local Jail(s)	Yes	No	Yes
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	Yes	Yes	Yes
23.	Organizations led by and serving LGBT persons	Yes	Yes	Yes
24.	Organizations led by and serving people with disabilities	Yes	Yes	Yes
25.	Other homeless subpopulation advocates	Yes	Yes	Yes
26.	Public Housing Authorities	Yes	Yes	Yes
27.	School Administrators/Homeless Liaisons	Yes	No	Yes
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	Yes
32.	Youth Service Providers	Yes	Yes	Yes
	Other:(limit 50 characters)			
33.	Faith-based organizations	Yes	Yes	Yes
34.				

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 GBCATCH Continuum of Care worked this year, in the midst of a pandemic to outreach additional organizations and sup populations to join the CoC and become an active participant in the planning. The CoC elected a new Board Chair with ties to faith-based organizations and a number of groups and agencies not directly funded by the Continuum of Care funds. This increased outreach to educational organizations and colleges, elder services, youth services, as well as those more focused on prison outreach and culturally specific communities. 2. Emails were sent out as well as numerous ongoing virtual conversations with leadership of other organizations. The ability to begin utilizing virtual meetings due to the need to be socially distanced actually allowed for others who may have had difficulty with driving to a meeting to attend the monthly CoC meetings as well as some of the sub committees. 3. Through various activities including listening sessions at the local soup kitchens, the awareness of the GBCATCH Continuum of Care has increased for those who are actually experiencing homelessness. An increased presence on social media as well as more frequent communication from the executive board has worked to ensure all populations have a voice within the Continuum. 4.

Through individual work of the collaborative applicant as well as an increase awareness and presentations at the GBCATCH CoC meetings (including a presentation showing the racial disparities of those experiencing homelessness in the continuum) the current membership of GBCATCH has been tasked with inviting organizations who serve culturally specific communities in the Continuum to join and engage in the GBCATCH Continuum of Care.

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)

The GBCATCH CoC continues to seek out ideas and innovation from a variety of organizations and individuals to end homelessness. 1. The CoC has reintroduced a relationship with faith-based organizations that were only peripherally involved in the past with the Continuum. Their opinion and work have been sought out this year to assist with exploring ways to best serve those experiencing homelessness as well as the local college to increase active engagement in the continuum. 2. Public forums were held at the local soup kitchens (advertised through the soup kitchen) to solicit the opinion of those experiencing homelessness in particular for Emergency Housing Vouchers available in the area. Additionally, email notices have increased to a variety of work groups throughout the continuum of care to ensure other organizations including health care are involved in the meetings. 3. The Continuum of Care meetings have worked to be more cognizant of the needs for conversation during meetings to find new approaches and clarify priorities for the Continuum in the effort to end homelessness.

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 sent out a notice of the NOFO to all homeless providers regarding the potential for new funds, both renewals and new funds. Also the CoC announced the local competition at both the monthly CoC meetings as well as other community meetings. The announcement was sent to multiple distribution lists and placed on both the Collaborative Applicant Facebook page and website as well as the CoC Facebook page. Additional emails were specifically sent out to city officials to announce the local competition. 2. The announcements and the local notice encouraged applications from organizations that have not previously received CoC funding. 3. The notice requested a Letter of Intent from all who wished to apply for funding. 4. The notice of intent explained that a vote would be taken at the CoC meeting September 17th to determine which programs would provide services needed within the community. 5. 1. The CoC posted the notice for local competition on social media as well as web sites in the Continuum. Announcements were made at various meetings in the community including a presentation done at all local coalitions including The Prevention and Wellness Network, the Community Crisis Intervention Teams, the Self Sufficiency Meeting in Attleboro, The Suicide Prevention Coalition, the Taunton Opioid and Substance Use Task Force, and the local soup kitchens and homeless day shelter to reach out to potential new members and those who can offer a special perspective.

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

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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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	Yes
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)	No
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	Yes
12.	Organizations led by and serving LGBT persons	Yes
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.	Service programs funded through faith based initiatives	Yes
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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. Although no cities in the CoC receive ESG funds directly for services, the state Department of Housing and Community Development distributes funds that may be used throughout the CoC. the CoC actively consults with Catholic Social Services, the (ESG) sub-recipient in the planning and allocation of ESG funds. 2. As the ESG program participates in HMIS as well as Coordinated Entry the CoC has garnered additional access to the reporting and performance of the program. As Catholic Social Services is a major provider for ESG and CoC programs including PSH the CoC is a significant part of the planning for the ESG funds usage. These interactions occur between the CoC and the ESG recipient in the planning and allocation of funds at monthly CoC meetings, as needed in specific client cases, and at annual reviews of how ESG funds were distributed and planning for the coming year. 3. The CoC is involved in the Taunton and Attleboro Consolidated Plan jurisdiction process and provides Point-in-Time (PIT) and Housing Inventory Count (HIC) data to these jurisdictions 4. the CoC reviews any Consolidated Plan updates from both jurisdictions. The Taunton and Attleboro Community Development staff participate in the CoC meetings and any updates to the Ten Year 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 not separated.	No
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)	
	No

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 Continuum of care works closely with education providers throughout the continuum. McKinney Vento liaisons for the school districts are invited to CoC meetings and participate in other committee meetings including the family services committee which meets monthly. Families are placed in emergency shelter through the commonwealth and all shelters work with the providers in the area to ensure children's educational needs are met. 2. The shelters in the area serving children and families may not have a formal partnership but have provided for children's needs throughout the continuum. 3. The CoC collaborates with the State Education and local education agencies frequently and has even more so throughout the Covid pandemic. There were systems put in place to ensure children in shelter were able to access and obtain virtual classrooms throughout the school year. Additionally, supplies were readily available to the shelter providers to ensure children were provided with an appropriate education during this time. 4. The CoC works with a conglomerate of Continuum across the commonwealth. This allows for more effective communication with the state education agency. Through the consortium we are able to leverage knowledge and advocacy for needs of children in our area. 5. The CoC cooperates with local school districts mainly through the services provided by the local shelter providers. Additionally, McKinney Vento providers in the schools attend CoC meetings and have been trained on how to access Coordinated Entry. Many of the schools have also been trained on other specific services available including Flex services through MassHealth. 6. The largest school districts in the Continuum are members of the Continuum of Care.

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)

Families with children throughout the Commonwealth of Massachusetts utilize a state operated system for shelter and services. This system includes both

emergency shelter and homeless prevention services referred to as Emergency Assistance (EA) Through the EA system families are educated on their rights for educational services for both the adults and their children. The system utilizes case managers, often separate from housing specialists, who work with families on their day to day needs including ensuring they are receiving all educational services available. The agencies within the Continuum are an active part of the CoC. Additionally through Family Services meetings, speakers from the educational system present on rights of students and families and opportunities available. These meetings consist of the case managers working directly with families in the Continuum.

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	No	Yes
2.	Child Care and Development Fund	No	Yes
3.	Early Childhood Providers	No	Yes
4.	Early Head Start	No	Yes
5.	Federal Home Visiting Program–(including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	No	No
6.	Head Start	No	Yes
7.	Healthy Start	No	Yes
8.	Public Pre-K	No	Yes
9.	Tribal Home Visiting Program	No	No
	Other (limit 150 characters)		
10.		No	No

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. All staff working with the collaborative applicant take part in rigorous training throughout the year through both online courses and training (mainly virtual throughout the pandemic) on issues of domestic violence, trauma informed care

and a victim centered approach). Additionally, New Hope's (the domestic violence provider in the CoC) Education Department has extensive history in providing training on trauma informed care, assessments and safety planning. All New Hope staff receive 35 hours of training on these topics at the start of their employment. Prior to COVID quarterly trainings were available per year. The pandemic allowed for us to think differently about training and online modules were produced. This allows for staff both with the agency as well as other agencies and partners including, Healthy Families staff, police, WIC staff, Title IX staff at colleges and universities, and other non-profit staff to take part in these important training opportunities. 2. Coordinated entry staff participate in these trainings as well through both the collaborative applicant and the agency in the CoC specializing in working with those who are survivors of domestic violence. The approach for working with those facing domestic violence is based on screening in versus screening out and also is trauma informed. The Coordinated Entry staff are knowledgeable of the DV hotline and help to bridge those seeking services with the hotline. Training for the domestic violence hotline is separate from the 35 hour training, and is an additional module.

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)

The CoC works closely with the agency that provides services to those who have survived domestic violence. The agency utilizes a separate system, Empower DS, to provide de-identified aggregate data to the Continuum. This assists the Continuum in program planning to serve special populations including those who are survivors of domestic violence, dating violence, sexual assault, and stalking. Through the data base the Continuum is able to see the specific needs of the population and make adjustments to programming to reflect a response to those needs.

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.The CoC is fortunate to have an experiences provider of Domestic Violence (DV) services, New Hope, the sole provider of emergency shelter in the GBCATCH CoC for individuals and families fleeing DV. When completing an

assessment with the CoC's Coordinated Entry System, referred to as The CALL, if an individual has identified DV as an issue in their lives, victims are referred immediately to New Hope. Additionally, if a client begins services in a program not specifically geared toward victims of DV and it is discovered they may be in danger the DV program is contacted immediately for placement and safety planning. New Hope also refers its own clients to coordinated entry if they are experiencing homelessness. New Hope uses a trauma-informed and victim-centered service model that prioritizes safety, confidentiality, and client choice to identify appropriate housing and supports for DV victims. New Hope staff connect with each participant using a supportive, non-judgmental approach which is crucial when assisting victims who have been through the trauma of DV. In some cases trauma issues and safety concerns may cause families to move earlier than hoped into less than permanent situations. The program continues to engage these families in developing safe affordable opportunities. New Hope as an active member of the CoC will provide ongoing training to providers addressing the unique needs of persons fleeing domestic violence. 2. As clients who identify as being in danger due to DV are referred to New Hope for further assessment and safety planning, The CALL ensures the most qualified program provides services for victims of DV. 3. New Hope follows strict confidentiality laws regarding the sharing of information and it is up to the individual to determine what, if any, information is shared with other agencies. Releases of information are always completed in order to share information with client's permission that adhere to strict time limits.

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?	Yes
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?
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Taunton Housing Authority	21%	Yes-HCV	Yes
Department of Housing and Community Development	10%	Yes-HCV	Yes

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)

The CoC continues to garner relationships with the two largest PHA's within the Continuum of Care. The Taunton Housing Authority is an active member of the CoC now and have provided a preference for those who are facing homelessness. The housing authority is pulling from the Coordinated Entry system for a small project partnership with the Collaborative applicant. Additionally, the state public housing authority is providing not only section 8 vouchers within the area but also overseeing the Emergency Housing Vouchers (EHV's) in the continuum which have a homeless preference for housing opportunities. The CoC will continue to work with the housing authorities to address the increasing households experiencing homelessness in the area. The DHCD housing authority is also in discussion regarding the implementation of a move on plan throughout the housing authority.

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

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?	Yes
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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)

1. A partnership exists between the collaborative applicant and the public housing authority for one property in their portfolio. This property houses 5 individuals who are currently homeless. The collaborative applicant pulls an applicant from the permanent supportive housing waitlist to fill any vacancies within this property. Those prioritized for this property are households who currently qualify for permanent supportive housing. 2. There is a formal written agreement between the collaborative applicant and the housing authority for the rent up of these specific units. This project is a collaborative effort where the housing authority provides the project based rental assistance and the collaborative applicant provides case management and support through CSPECH programing or other avenues within the agency.

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

Yes

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. The Collaborative applicant is currently involved in a program partnering with the Taunton Housing authority to provide services to households in a project based housing unit utilizing CSP-CHI (community support program for Chronically Homeless individuals) funds for service provision. An additional program between the housing authority and CoC members is the transitional housing program for families experiencing homelessness. 2. Both of these ongoing programs continue to be approved for housing and service provision for individuals and families who are experiencing homelessness in the area. 3. The program for individuals has benefited households on the waitlist with coordinated entry enter into safe, stable, decent, and affordable housing. Services are provided through Community Counseling of Bristol County to

ensure members are able to access mainstream resources including mental health services, substance use services, as well as financial benefits, etc. This has allowed households experiencing homelessness to directly benefit. The transitional housing program for families allows families experiencing homelessness to move into public housing units with case management. This helps families increase skills necessary for successful housing stabilization and allows them to shift into a permanent housing unit upon availability.

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?	Yes
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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?	Yes
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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
Department of Hou...

1C-7e.1. List of PHAs with MOUs

Name of PHA: Department of Housing and Community
Development Commonwealth of Massachusetts

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.	5
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.	5
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)

Although programs within the Continuum of Care are monitored by HUD directly the CoC continues to evaluate the use of a Housing First model with programing. Through Coordinated Entry applicants are not denied for any reason other than sex offenses. Applicants may enter the supportive housing

waitlists and the by name list regardless of willingness to participate in programming. Referrals are made based on who is determined to have the highest level of need first and any agency that rejects a referral must state the reason. This assists with accountability to the commitment to serve clients with a housing first model

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?	Yes
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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. While the Continuum of care does not have any direct funding for street outreach, members of the CoC have taken up the responsibility to work to ensure all persons experiencing unsheltered homeless are identified and engaged. This primarily is tasked to the two significant soup kitchens in the most populated areas of the continuum. Both are operated by individuals and organizations with a strong reputation among those experiencing homelessness to be non-judgmental, operating with a trauma informed approach and easily reached. 2. The Street outreach efforts cover the entirety of the Continuum of care through the volunteer efforts of those in the local soup kitchens as well as local religious organizations operating throughout the continuum. Training has been conducted with these groups to explain coordinate entry and they understand the coordinate entry staff will meet with anyone experiencing homelessness upon learning of their whereabouts. 3. Additionally the mental health services of Eliot Community Services regularly conducts street efforts on a daily basis throughout the continuum. They meet with those experiencing unsheltered homelessness and offer referrals for additional services including assessment with coordinated entry, mental health services, and emergency shelter when available. 4. By utilizing volunteers in the community who are well known to be compassionate and trauma informed the Continuum is able to reach those who may not otherwise request assistance. Through the willingness to meet persons where they are physically as well as where they are in their journey in homelessness the Continuum has been able to slowly gain access to those most unwilling to accept or request assistance.

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	No
5.	Other:(limit 500 characters)	

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.”	0	0

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 Enrollment?	Assist with 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)		

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;
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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. The CoC provides training in monthly meetings regarding any updates for eligibility of mainstream services. In addition, population specific training are held in the Family Services Committee meetings to ensure staff are aware of up to day information regarding mainstream resources. 2. The CoC disseminates notice of available mainstream resources through list serve emails as well as through monthly meetings for the entire CoC and committee meetings. 3. The CoC Collaborative Applicant is a Designated Certified Application Counselor Organization and has over 20 counselors available to enroll individuals and families onto Masshealth/Medicaid or the Health Connector. There are also a number of other health care connectors throughout a variety of organizations in the CoC. All CoC organizations are aware of where the connectors are located and can refer clients for assistance with enrolling in health insurance. In addition referrals can be made through Coordinated Entry to a health care connector. 4. Many of the clients we serve struggle with mental illness and have a difficult time with the application process and staff will accompany them to the appointment if they need support. The CoC understands the importance of accessing services needed to obtain and maintain housing. Many of the programs utilize Medicaid and other benefits to ensure clients receive the necessary medical and supportive services needed to be successful. 5. There is no specific agency responsible for overseeing the CoC's strategy for mainstream benefits but all agencies work with the households they serve to obtain and maintain mainstream benefits

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)

The Coordinated entry system utilizes both a centralized phone number and email address to ensure coverage of the entire geographic area. The case manager for Coordinated Entry will meet with those experiencing homelessness throughout the continuum to provide assessment, diversion and placement into permanent housing. 2. Through cooperation with other volunteer groups as well as outreach provided through a mental health agency the system is able to reach those who are least likely to apply for assistance. Through utilizing relationships with those who are trusted in the community the coordinated entry system is able to garner new relationships with those least likely to trust others for assistance. 3. The Coordinated entry system utilizes the length of time homeless, a evaluation (the VI-SPDAT), as well as case conferencing to

determine those most in need of assistance. This allows the system to understand the full scope of a households needs and prioritize those deemed most in need of assistance to end their homeless situation. 4. The Coordinated entry system utilizes not only CoC funded programs for placement but works closely with other funding and housing opportunities to rehouse households as quickly as possible. This includes Medicaid funded housing assistance, DMH, BSAS housing, and mainstream public housing opportunities.

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
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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.	No
4.	People of different races or ethnicities are less likely to receive a positive outcome from homeless assistance.	Yes
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.	Yes
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.	The CoC has changed its priorities for placement into CoC funded programs to ensure those from groups who are overrepresented in those experiencing a housing crisis are prioritized for placement	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)

The CoC continues to research best practices to education the community on issues of racial disparity. The largest agency within the continuum has taken a strong stance on correcting issues of disparity among the agency and in the community as a whole. A Diversity, Equity, and Inclusion committee has been formed and is in the process of reviewing all aspects of the agency to create a more equitable workplace. This includes hiring practices, training, onboarding, and interaction with clients. Ongoing training opportunities have taken place as well as the formation of an affinity group to allow open communication among staff regarding issues of race and equality. This further education has allowed for training in the Continuum as well as research was conducted to determine the equitable practices among the CoC. This has resulted in a decision to eliminate the current ranking tool used to prioritize services. The Continuum is currently looking for a new tool to more accurately understand level of need and has utilized information gathered in meetings to discuss the by name list to better determine which households currently have the highest level of need

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.	3	1
2.	Review and recommend revisions to local policies addressing homelessness related to coordinated entry, services, and housing.	3	1
3.	Participate on CoC committees, subcommittees, or workgroups.	3	1
4.	Included in the decisionmaking processes related to addressing homelessness.	3	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)	
		No

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. As Covid-19 began to show a prevalence in the CoC a team began working together with the state to create an opportunity for unsheltered persons to move into a noncongregate setting where case management, testing, and safety could be provided. A local organization stepped up to organize a collaborative effort throughout the continuum for these vital services. This effort included mental health centers, medical centers, volunteers, local businesses, coordinated entry, and substance use treatment. Those facing an unsheltered situation were offered assistance in a local motel where they were able to remain socially distanced and obtain vital services and testing. Additionally, as soon as possible, unsheltered homeless were among the first offered a Covid-19 vaccine. 2. Congregate shelters in the continuum quickly moved to provide safety in the facilities. The individual shelter in the area first took advantage of a tent set up by the Massachusetts Emergency Management Agency to allow for those currently staying in shelter to remain socially distanced. Changes were made to operation of the facility including how meals were provided. Eventually, the congregate shelter was able to relocate to a local hotel to ensure guests were able to maintain social distancing. Again, guests, were offered testing opportunities and also were among the first offered the vaccine when it became available. 3. Although there is no transitional housing currently offered through the Continuum of Care funds there are transitional housing opportunities in the Continuum. These programs allowed for clients to remain in their current placement throughout the time of the health emergency to ensure they had a safe place to remain socially distant and shelter in place when necessary. Frequent testing opportunities as well as the vaccine were offered to these clients as soon as the vaccine became available.

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)

The Covid-19 health emergency brought to light many factors in maintaining safety for some of our most vulnerable populations. While funding will always be a factor the lessons learned in the rapid implementation of de-congregated shelter will be vital for future public health emergencies. The Continuum gained great knowledge as to how to best keep people safe and education people on how to best navigate public health crisis. This has included a revamping of a plan for a new shelter for individuals in the continuum. The model will be less of a congregate model and more of a dorm style setting. This will allow for social distancing if necessary and will help in maintaining safety. Additionally the relationships and procedures created in the model of utilizing motels for overnight stays will be vital in the next crisis. The procedures to maintain safety in a motel setting were created through lessons during this health crisis. This did however, allow for a template to be created that can be replicated if necessarily quickly in future events. Additionally, the relationships with the medical health center has only strengthened during this crisis. Through education of the health center, the Continuum was able to access important treatments (including testing and vaccines) to ensure those who were experiencing homelessness were able to access services quickly.

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 MA-519 Continuum of care does not receive any ESG funds directly. Funds are received through the state's ESG funds for some areas of need. During the Covid-19 crisis steps were taken to ensure safety to those in congregate emergency shelter. 1. ESG – CV funds were first utilized to open a separate , heated tent area at the location of the emergency shelter for individuals. Families were moved into scattered site facilities to ensure the ability to socially distance. 2. Additional RRH funds were in place to help rapidly rehousing individuals. 3. The Commonwealth of MA put into place stringent eviction moratoriums throughout the most intense months of the Covid-19 crisis which enabled households to remain housed. 4. No known specific health care supplies were purchased with ESG – CV funds, but 5.

Sanitary supplies including masks, hand sanitizer, as well as clean supplies were purchased. Additionally, cleaning companies performed cleaning to ensure the congregate settings were as clean as possible. Eventually, with the aid of both ESG-CV funds, FEMA and state funds the congregate shelter as able to move temporarily into a motel to allow for safety and an additional temporary shelter was opened in an alternate motel to ensure those living on the street had a safe place to shelter.

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 worked closely with medical providers including Manet Community Health, Seven Hills Foundation, and both Morton and Sturdy hospitals, throughout the continuum to obtain information, testing, vaccines, and access to medical care to decrease the spread of Covid-19 among those served. The CoC worked with local organizations and volunteer groups to distribute masks, gloves, and cleaning supplies to those facing homelessness and conditions that were not able to accommodate social distancing. Local food pantries, soup kitchens and services providers altered the way in which they provide services including meals fixed to go to decrease the spread of Covid-19. Additionally, the local health organization partnered with the continuum of care to provide testing and vaccines to those experiencing homelessness and those working or volunteering within those experiencing homelessness. 2. The CoC provided education as to best practices for safety measures including mask wearing, cleaning and social distancing. This information was disseminated among Permanent Supportive Housing programs, emergency shelters, transitional housing, as well as the local soup kitchen, food pantries, and locations where those experiencing homelessness tend to congregate. The local health agencies assisted in providing education and supplies necessary to remain safe.

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 MA-519 CoC is an extremely small continuum allowing for close communication of homeless service providers. The most up to date safety information was frequently distributed through email blasts to continuum

members and through other social services groups in the area. 2. Local restrictions for service providers as well as the community as a whole was widely publicized throughout the pandemic and the CoC pushed this information out to local providers and those experiencing homelessness in the community. Through information provided at monthly meeting with the CoC to subcommittee meetings including individual and family services meetings, service providers were able to remain up to date with the current protocols and restrictions in the community. 3. Once vaccines became available the CoC worked with the local health organization to prioritize those served by the CoC and those staff and volunteers providing services. The Collaborative applicant organized a campaign to provide vaccines to any who wished to be vaccinated within the populations. This included registering for vaccine clinics and providing transportation to these clinics with the local health organization and another organization providing vaccinations early in the process going to the local soup kitchen to provide vaccines on site. All shelter providers were notified of the opportunity for vaccines and they registered clients with the collaborative applicant. Appointments were scheduled for both the first and second vaccines. If necessary transportation was provided to clients to ensure they had access as quickly as possible

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)

Locally, due to support by the local government, the collaborative applicant, and the local health center, those experiencing homelessness were among the first to receive eligibility for the vaccines when they became available. Along with service providers, the local agencies understood the necessity to allow those experiencing homelessness, who could not always remain socially distanced and faced more risk of becoming infected to obtain eligibility early for the vaccines. The local health center allowed for the Collaborative Applicant, who is also a health care provider, to register those experiencing homelessness to be vaccinated along with the staff in the agency. Vaccination clinics were set up and those experiencing homelessness in on the streets as well as in shelter were able to obtain appointments for the vaccine available. This also included supportive housing clients and any clients who were residing in congregate care facilities. Case managers assisted with transportation when necessary and ensured those wishing to be vaccinated were able to make their appointments. Additionally, soon after the vaccine became available a separate health organization worked with the Continuum to schedule a vaccination "bus" to come to the local soup kitchen and provide a vaccine to any who desired to be vaccinated at this location.

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 Continuum of care is lucky to have an excellent provider of domestic violence services within the region, New Hope Inc.. While domestic violence services are woefully underfunded in the state and shelter need far exceeds capacity it was vital for the CoC to remain vigilant to potential increases in domestic violence issues in homes across the Continuum. The Coordinated Entry specialist maintained close contact with the domestic violence service provider (New Hope) to help mitigate any confusion one may face when trying to seek services. The Coordinated entry specialist was able to provide appropriate referrals for shelter or for safety planning when necessary. New Hope, additionally provided additional training and support to the coordinated entry specialist to ensure any services available were provided to the community.

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)

As the pandemic reached the areas within our continuum of care it became imperative to shift focus toward safety for those most vulnerable to the disease. The CoC was forced to make rapid adjustments to services provided to account for those most at risk within the community. Concrete steps were taken to adjust to the changes in environment. The coordinated entry system shifted focus to educating the community in the areas of diversion and tenancy preservation. Callers were notified of the various moratoriums on evictions and how they can utilize these moratoriums appropriately to maintain housing. Also, those needing shelter services were placed in the new non congregate shelter temporarily enacted to ensure those on the street could remain safe during the pandemic. Once in shelter coordinated entry services were provided to ensure anyone eligible entered the waitlist for supportive housing and were enrolled in ESG rapid rehousing services available through the state. As the main individual shelter depopulated at various times throughout the pandemic which continues today, the coordinated entry system had to focus on diversion and harm reduction services to provide care to those most vulnerable.

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.	09/03/2021
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.	09/23/2021

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.	No
6.	Used a specific method for evaluating projects based on the CoC's analysis of rapid returns to permanent housing.	No

1E-2a.	Project Review and Ranking Process–Addressing Severity of Needs and Vulnerabilities.	
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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's Application Committee responsible for developing the proposed rankings to be voted on by the CoC considered the severity of needs and vulnerabilities in establishing priority rankings for FY 2021 project applications. The criteria for ranking utilized by the GBCATCH Application Committee incorporated both HUD priorities and community priorities established through a year long planning process that included representation from the Mayor of Taunton and Attleboro's Community Development and Human Services Departments. The Committee first looked at the primary target population for each project and the projects who were serving the chronically homeless, have low or zero incomes, are living unsheltered, and/or have severe disabilities or barriers due to criminal histories were accorded higher ranking, with lower priority for those with less severe needs. Priority consideration is also given to families with children and those who might have problems accessing housing or services due to barriers, such as poor credit or inability to access state shelters.

2. A spreadsheet was also developed that looked at applicants to score them and included the following: utilization rates on a quarterly basis, funding utilization, length of stay in permanent housing, % of beds dedicated to chronically homeless, increasing housing stability, commitment to housing first principles, full participation in the GBCATCH coordinated entry system, and percentage of clients in the following populations: chronically homeless, veterans, families with children and unaccompanied youth, and those fleeing domestic violence. The CoC also looked at the number of individuals in each project who were connected to benefits, had a steady income, and on health insurance.

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 continues to solicit input from the community through open forums at the local soup kitchens and resource centers. 2. All CoC members were invited to join the ranking and rating committee. There was representation of native Americans on the committee as well as those from the LGBTQ+ population. 3. The Continuum of Care has altered its priority listing to better reflect issues of

past discrimination and racial equity. The Priority for placement will begin to take into account those from overrepresented populations in the homeless community. At this time, as the programs take the person referred to them by coordinated entry it did not account for those who are overrepresented in our system. The projects were only rated on the degree to which they agree to accept those referred for services based on the CoC's priorities.

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. Throughout the next year the CoC plans to rewrite the process for reallocation as the Collaborative Applicant had to shift focus this year due to the pandemic. 2. Once written the CoC will place this policy as well as updated CoC policies up for a formal vote. 3. The CoC will provide the information to applicants who are interested in applying for CoC funds in the next Request for Proposal. 4. The CoC is currently a very small CoC with only three permanent Supportive Housing Programs. Additionally the CoC funds Coordinated Entry and has previously funded HMIS. It is difficult at this time due to the size of the CoC to reallocate funds. While it is difficult to reallocate funds due to the lack of participants the CoC continues to look at how each program is performing and how they can reach Continuum goals each year. Additionally, for the past two RFP's, only three agencies have stepped up to apply for funds. This year, an additional agency has applied as a sub-recipient for the DV Bonus Project. This would increase the participation of agencies by 25%. 5. Through communication with past participating agencies as well as new non-profits in the Continuum the CoC hopes additional agencies will attempt to provide services through CoC funds as available. The hope for additional participation due to an increase in advertising and capacity building will provide greater competition and therefore allow for low performing programs to be reallocated.

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
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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.	10/18/2021
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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.	11/05/2021
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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.	CASEWORTHY
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2A-2.	HMIS Implementation Coverage Area.	
	Not Scored—For Information Only	

Select from dropdown menu your CoC's HMIS coverage area.	Multiple CoCs
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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.	04/20/2021
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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. The Domestic Violence provider for the area currently utilized Empower to collect necessary data elements for their programs. The data elements collected are the same as the 2020 HMIS Data Standards. 2. The domestic violence provider does not currently hold any grants requiring system performance measures to be submitted to the CoC as they hold no CoC grants. They are able to provide comparable data to the continuum to assist with planning and service delivery in the area. The agency has applied to utilize the DV Bonus for a new and vital Rapid Rehousing program in the continuum. they will be able to provide data needed for system performance measures for the project.

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	241	18	223	100.00%
2. Safe Haven (SH) beds	0	0	0	
3. Transitional Housing (TH) beds	42	0	12	28.57%
4. Rapid Re-Housing (RRH) beds	0	0	0	
5. Permanent Supportive Housing	98	0	71	72.45%
6. Other Permanent Housing (OPH)	6	0	0	0.00%

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)

1. The continuum of care is currently looking at ways to increase coverage rate or programs to at least 85 percent over the next year. Due to an increase in programing through other avenues the coverage rate has dropped below 85%. One collaborative permanent housing project is in the process of being created in HMIS in order to input the necessary information on these households. Additionally the CoC continued to work with the VA to institute the most appropriate ways to obtain information on their housing programs. Due to a shift in focus due to Covid the VA had to shift focus this year. They are interested in participating in the system but have been unable at this point to dedicate the time and efforts toward this project. 2. The CoC will work with a contracted company to build out a program to input the information on the current housing program collaboration between the public housing authority and the collaborative applicant. Additionally the CoC will meet with VA officials to

determine if it is possible to merge their HMIS information into our system in order to provide a more accurate picture of progress within the system.

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%
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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)

1. The continuum of care is currently looking at ways to increase coverage rate or programs to at least 85 percent over the next year. Due to an increase in programing through other avenues the coverage rate has dropped below 85%. One collaborative permanent housing project is in the process of being created in HMIS in order to input the necessary information on these households. Additionally the CoC continued to work with the VA to institute the most appropriate ways to obtain information on their housing programs. Due to a shift in focus due to Covid the VA had to shift focus this year. They are interested in participating in the system but have been unable at this point to dedicate the time and efforts toward this project. 2. The CoC will work with a contracted company to build out a program to input the information on the current housing program collaboration between the public housing authority and the collaborative applicant. Additionally the CoC will meet with VA officials to determine if it is possible to merge their HMIS information into our system in order to provide a more accurate picture of progress within the system.

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
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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 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

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?	Yes
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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
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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 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

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. Although it is difficult to ascertain the exact risk factors to identify persons becoming homeless for the first time the CoC has taken a look at common factors exhibited in those that are becoming homeless for the first time in our area. This year has been a unique challenge with the ongoing challenges exacerbated due to Covid-19. Due to various eviction moratoriums in place through the federal government as well as state moratoriums we have been able to prevent a number of households from becoming homeless. Those that are facing untreated mental health disorders or substance use disorders appear to be those that are often falling into homelessness for the first time due to difficulty in obtaining services and treatment. 2. The CoC has worked closely with legal services to ensure those in the community understand their legal rights as a tenant and have trained agencies on the eviction moratoriums and safety net of services available during this time. Additionally the Collaborative applicant has worked with the CoC and a large Accountable Care Organization (ACO) to provide flex services to eligible households receiving Medicaid to address issues placing them at risk of becoming homeless. 3. The CoC has two main organizations responsible for overseeing the CoC's strategy to reduce the number of households becoming homeless. Catholic Social services through their ESG work as well as Community Counseling of Bristol County with their work as the collaborative applicant and through Coordinated Entry and Flex Services.

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)

The CoC utilized different techniques and strategies to reduce the length of time households remain homeless. The CoC engages in a By Name List for Individual in the Continuum to determine available housing options including supportive housing, mainstream subsidized housing, rapid rehousing, and flex services. Additionally, the CoC works with the family shelter providers to ensure HomeBase funds (rapid rehousing funds supplied by the Commonwealth of MA for families who are experiencing homelessness) are used to house families as quickly as possible. As the state operates and determines placement for families in shelter it is difficult for the CoC to have any control with overall strategies. Often larger families are placed in the CoC that did not originate in the CoC due to the housing market available. (scattered site shelters in the CoC are larger units than those in nearby CoC's). 2. The CoC utilized data obtained at intake for CE (Coordinated Entry) to determine those households with the longest length of time homeless. 3. The Collaborative applicant, Community Counseling of Bristol County, oversees the CE program and works to oversee the strategy for reducing the length of time 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 continues to look at best practices to locate, obtain, and retain permanent housing options for persons experiencing homelessness. The CoC's collaborative applicant has entered into a substantial contract with a MassHealth (Medicaid) provider to provide flex services in the area. This has allowed for an increase in assistance with applications for subsidized housing throughout the area, both privately owned as well as public housing authorities. The CoC has found that many who struggle with obtaining permanent housing find increased difficulty with maintaining status on waitlists for housing due to their transitory nature. The addition of these case management services has allowed for someone to closely assist those seeking housing to maintain on waitlists and obtain housing that is more sustainable. 2. Permanent housing projects continue to work closely with landlords to maintain housing in the continuums. The CoC will continue to try to engage landlords and invite them to be a part of the Continuum of Care. The CoC understands the importance of the voice of the landlord in the overall planning for the continuum. The CoC commits to holding a public listening session for landlords throughout the

continuum this year and will widely publicize the event. This will allow the CoC to explain its purpose and allow for relationship building with new landlords in the area.

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. The CoC is a small continuum which allows for better anecdotal tracking of those returning to homelessness. The CoC communicates with the department of housing and community development (DHCD) regarding families who return to homelessness and attempt to utilize the EA system (Emergency assistance system) set up by the state. The CoC is able to see through the HMIS system when a household has returned to homelessness and seeking services. 2. The CoC continues to try to increase affordable housing units in the area and ensure households are placed in housing that is sustainable. This reduces the rate of return to homelessness. Through the inclusion of flex services through MassHealth, more households have been able to access affordable and subsidized housing units as opposed to entering into units they will not be able to maintain in the long term. 3. The CoC utilizes the expertise of those providing the services to assist in the strategy to reduce the rate of households returning to homelessness. Those agencies providing direct services to families, including Catholic Social Services, and Justice Resource Institute primarily along with New Home the provider of Domestic violence services are responsible for strategy to reduce returns to homelessness for families. Community Counseling of Bristol County along with other organizations including Our Daily Bread Resource center, and Attleboro Area Interfaith Collaborative have worked with the CoC including those with lived experience to better understand the reasons for returns to homelessness. These new more robust collaborations will allow for a better understanding of the causes and allow for more improved strategies in the future.

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 for those served relies on individualized case management to work with households to reduce barriers to employment. This includes sealing CORI's aiding with applications and resume's and utilizing the resource centers such as Our Daily Bread to increase computer skills. The additional barriers placed this year due to Covid-19 have certainly affected employment in the area. Many businesses were forced to close temporarily or permanently and many households found themselves laid off of work. As businesses begin to reopen the CoC continues to encourage households to look at opportunities for employment. The CoC also works with local resources to resolve issues of childcare and transportation to and from work. The CoC has increased more active membership with organizations including the St Vincent DePaul reentry program and Pave your Path. These programs work specifically to increase skills necessary for sustainable employment. 2. The Continuum of Care has provided a great deal of advocacy in the strategy to increase employment income throughout the past year. Due to barriers placed in the area because of Covid-19 the employment center in one of the larger towns of the CoC closed. This is a vital piece of the Continuum and a necessary resource for those in the community seeking employment. The CoC has members who are advocating for the center to reopen. 3. The chair of the CoC is responsible for oversight of all strategies for the Continuum. The individual organizations including Pave your Path, St Vincent DePaul, as well as the agencies with housing from the CoC including Catholic Social Services and Community Counseling of Bristol County all work to create a strategy for performance improvements.

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 this year faced the same challenged faced across the country and around the world in the shift to ensure our householdls were safe from Covid-19. This shift in focus and due to various state and local mandates many employers were forced to lay off employees. Additionally, children across the state were taught virtually which meant parents were unable to work. When opportunities arose throughout the year agencies within the continuum would encourage households to apply for positions where mandated workers were lacking. Again, this was limited due to the barriers including childcare and health issues of many served by the Continuum. 2. The CoC is now working with a variety of organizations to prepare households for employment. Agencies including SerJobs, Pave Your Path, St Vincent DePaul, and Our Daily Bread are all taking the opportunity to train households for more sustainable employment opportunities. Program Participants in shelter as well as supportive housing are referred to these agencies to assist them with skills necessary to succeed in the workplace. Additionally, the CoC works with Mass Rehab for opportunities to further education and training of the participants when they qualify for these services.

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. The CoC had to shift strategies this year to attempt to work with households to increase non-employment cash income. Due to Covid-19 shut downs the CoC focused on training agencies as to how to access these services online and through other virtual avenues created by the agencies providing cash income assistance. 2. The CoC worked diligently this year to ensure all households in the area were aware and had access to non-employment income when eligible. As Covid became more prevalent in the area many of the offices for mainstream resource closed to in person meetings. This created additional barriers for those served as they often have difficulty with navigating the systems online and over the phone. The CoC worked through the by name list as well as trainings with many agencies to better understand how to navigate services during shut downs. Through MassHealth Flexible services as well as coordinated entry and the by name list the CoC worked to increase access to non-employment cash resources for those eligible. 3. Because of the shift in focus the organizations responsible for overseeing the strategy to increase non-employment cash income relied with the agencies providing housing services and Coordinated Entry. Catholic Social Services as well as Community Counseling of Bristol County were able to continue to work directly with households during the pandemic utilizing PPE and all safety precautions available. These agencies worked with households through Coordinated Entry, Emergency Shelter, Supportive Housing, Homeless prevention and Rapid Rehousing, as well as Flex Services through MassHealth to create a strategy to maintain and obtain non-employment cash benefits when eligible.

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
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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?	Yes
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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.)?	Yes
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?	Yes

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
Housing is Health...	PSH	6	Healthcare

3A-3. List of Projects.

1. What is the name of the new project? Housing is Healthcare

2. Select the new project type: PSH

**3. Enter the rank number of the project on
your CoC's Priority Listing:** 6

4. Select the type of leverage: Healthcare

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:

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- 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:

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- 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
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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?	Yes
--	-----

4A-1a.	DV Bonus Project Types.	
	NOFO Section II.B.11.	

Select yes or no in the chart below to indicate the type(s) of new DV Bonus project(s) your CoC included in its FY 2021 Priority Listing.

Project Type	
1. SSO Coordinated Entry	No
2. PH-RRH or Joint TH/RRH Component	Yes

You must click “Save” after selecting Yes for element 1 SSO Coordinated Entry to view questions 4A-3 and 4A-3a.

4A-2.	Number of Domestic Violence Survivors in Your CoC's Geographic Area.	
	NOFO Section II.B.11.	

1.	Enter the number of survivors that need housing or services:	200
2.	Enter the number of survivors your CoC is currently serving:	40
3.	Unmet Need:	160

4A-2a.	Calculating Local Need for New DV Projects.	
	NOFO Section II.B.11.	

Describe in the field below:

1.	how your CoC calculated the number of DV survivors needing housing or services in question 4A-2 element 1 and element 2; and
2.	the data source (e.g. comparable database, other administrative data, external data source, HMIS for non-DV projects); or
3.	if your CoC is unable to meet the needs of all survivors please explain in your response all barriers to meeting those needs.

(limit 2,000 characters)

1. The CoC utilized information provided by the main provider for domestic violence services to determine the number of households in the area currently facing a housing crisis due to Domestic Violence. The agency assisted a total of 40 households over the past year with emergency shelter. This number is slightly higher than previous years and it is thought this may be due to the increases stressors including the pandemic. Additionally there are over 200 households receiving other services at the agency who are facing a housing crisis. 2. The agency utilizes a database referred to as Empower to collect data. 3. The CoC continues to struggle along with the remainder of the country in meeting the housing needs of those who are faced with domestic violence along with any others in a housing crisis. The Commonwealth currently holds a vacancy rate of approximately 3.5%. Rents are increasing at an exorbitant rate which is only increasing difficulty in obtaining and maintaining safe, decent, affordable housing for all groups. This is evident in cases of domestic violence as well. Often these households are facing financial difficulties due to the incidents of domestic violence and the need to leave without the ability to save or secure income. The housing market seems to have a sense of prejudice against those who have faced domestic violence which increases barriers to meeting the housing needs in the Continuum. The CoC continues to work to educate the community on these issues to counteract those beliefs that someone who has faced domestic violence will not be a good tenant.

4A-4.	New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects–Project Applicant Information.	
	NOFO Section II.B.11.	
	Use the list feature icon to enter information on each unique project applicant applying for New PH-RRH and Joint TH and PH-RRH Component DV Bonus projects–only enter project applicant information once, regardless of how many DV Bonus projects that applicant is applying for.	

Applicant Name

New Hope Inc.

Project Applicants Applying for New PH-RRH and Joint TH and PH-RRH DV Bonus Projects

4A-4.	New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects–Project Applicant Information–Rate of Housing Placement and Rate of Housing Retention–Project Applicant Experience.	
	NOFO Section II.B.11.	

Enter information in the chart below on the project applicant applying for one or more New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects included on your CoC's FY 2021 Priority Listing:

1.	Applicant Name	New Hope Inc.
2.	Rate of Housing Placement of DV Survivors–Percentage	15.00%
3.	Rate of Housing Retention of DV Survivors–Percentage	15.00%

4A-4a.	Calculating the Rate of Housing Placement and the Rate of Housing Retention–Project Applicant Experience.	
	NOFO Section II.B.11.	

Describe in the field below:

1.	how the project applicant calculated the rate of housing placement and rate of housing retention reported in question 4A-4; and
2.	the data source (e.g. comparable database, other administrative data, external data source, HMIS for non-DV projects).

(limit 1,000 characters)

1. The project applicant utilized the number of clients served in shelter over the course of a year as well as those served through the DV hotline and other services provided. This small service provider works closely with those housed to maintain follow up and understand retention rates. 2. The agency utilizes a program called Empower to collect data regarding those served, services needed, and provided.

4A-4b.	Providing Housing to DV Survivor–Project Applicant Experience.	
	NOFO Section II.B.11.	

Describe in the field below how the project applicant:

1.	ensured DV survivors experiencing homelessness were assisted to quickly move into safe affordable housing;
2.	prioritized survivors—you must address the process the project applicant used, e.g., Coordinated Entry, prioritization list, CoC's emergency transfer plan, etc.;
3.	connected survivors to supportive services; and
4.	moved clients from assisted housing to housing they could sustain—address housing stability after the housing subsidy ends.

(limit 2,000 characters)

1. New Hope Inc. works within the overall system in the commonwealth of

Massachusetts to provide emergency shelter to those seeking safety from domestic violence. Upon entering shelter survivors are assigned a caseworker to determine both strengths and needs and develop goals for rebuilding their lives. One main goal is to obtain safe and affordable housing. Staff support survivors in learning their options and making their own choices about what is best for them and their families. The agency works with households to determine safety needs and then work to move them into safe, decent affordable housing as quickly as possible. Through utilization of the website set up by the Commonwealth for all state aided public housing units, households are placed on waitlists in areas they are safe and willing to live throughout the entirety of the Commonwealth. Additionally, households utilize state funds for families referred to as HomeBase funds to help rapidly rehouse them and also works with the ESG recipient serving the continuum to access rapid rehousing funds. New Hope provides a number of supportive services for survivors and works collaboratively with agencies within the Continuum to ensure all needs are met. New Hope provides individual and group counseling to survivors and can refer to other providers for psychiatric and substance use services. Additional supportive services are provided by New Hope directly including group support, housing support, and access to mainstream resources. 4. New Hope works to move households into sustainable housing as quickly as possible. Through assistance with maintaining clients on waitlists for subsidized housing, utilizing housing authorities with a homeless preference and utilizing services including Flex services for households with MassHealth (Medicaid) the agency is able to access affordable housing to ensure the household is able to maintain safe, decent, affordable housing

4A-4c.	Ensuring DV Survivor Safety–Project Applicant Experience.	
	NOFO Section II.B.11.	

	Describe in the field below examples of how the project applicant ensured the safety of DV survivors experiencing homelessness by:
1.	training staff on safety planning;
2.	adjusting intake space to better ensure a private conversation;
3.	conducting separate interviews/intake with each member of a couple;
4.	working with survivors to have them identify what is safe for them as it relates to scattered site units and/or rental assistance;
5.	maintaining bars on windows, fixing lights in the hallways, etc. for congregate living spaces operated by the applicant; and
6.	keeping the location confidential for dedicated units and/or congregate living spaces set-aside solely for use by survivors.

(limit 5,000 characters)

years which includes extensive experience insuring the safety of survivors. All new Hope staff received mandatory 35 hours of training upon hire, which includes training on safety planning, cycle of violence, trauma informed practices and issues of confidentiality. Additionally, staff receive one-on-one training on safety planning after the 35 our training. provides extensive training on safety planning upon employment with the agency. 2. New Hope office space is set up in a fashion to allow for private conversations with those served. When one enters the facility there is a sense of calm and safety. The staff as well as the structure are adept at working with those facing domestic violence and the needs of this population. 3. As the staff understands the cycles of

violence and the necessity for safety interviews are carefully conducted in order to ensure those who may be facing issues of domestic violence are safe to disclose. 4. Working with survivors through various programs including past transitional housing programs has allowed for the agency to gain great experience. Allowing survivors choice is paramount to healing and this is understood by the agency. 5. The agency currently provides emergency shelter and all safety protocols are in place. 6. All conversations, including intakes, are done in private offices and information is shared on a need to know basis within the agency. The current emergency shelter is a confidential shelter providing space solely for survivors. Additionally, any rapid rehousing units in the community would remain confidential.

4A-4c.1.	Evaluating Ability to Ensure DV Survivor Safety–Project Applicant Experience.	
	NOFO Section II.B.11.	

Describe in the field below how the project evaluated its ability to ensure the safety of DV survivors the project served.

(limit 2,000 characters)

New Hope has worked with survivors for over 40 years. Additionally, they operated a transitional housing program for 15 years. In this work they have extensive experience working with landlords to ensure adequate housing for their participants. Their leadership staff have long histories in the field. New Hope has strong connections in the Greater Attleboro/Taunton area and can provide access to needed services such as SNAP, SSDI, Health Insurance and the like to ensure ongoing stability. Additionally, New hope has experience in providing on-going counseling services and safety planning to survivors in the community.

4A-4d.	Trauma-Informed, Victim-Centered Approaches–Project Applicant Experience.	
	NOFO Section II.B.11.	

Describe in the field below examples of the project applicant's experience in using trauma-informed, victim-centered approaches to meet needs of DV survivors in each of the following areas:

1.	prioritizing program participant choice and rapid placement and stabilization in permanent housing consistent with participants' preferences;
2.	establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
3.	providing program participants access to information on trauma, e.g., training staff on providing program participants with information on trauma;
4.	emphasizing program participants' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;
5.	centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;
6.	providing opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
7.	offering support for parenting, e.g., parenting classes, childcare.

(limit 5,000 characters)

1. New Hope has provided services to survivors of domestic violence for over 40 years. New hope has long used trauma-informed approach in our work. In doing so, through emergency shelter, transitional housing, as well as navigation and case management services, the agency understands the importance of utilizing a survivor centered approach. As was evident in the transitional housing program previously operated by the agency. In this program, the survivors were the first ones to determine the type of housing that would fit their needs. Only then would the agency seek out landlords and locations that work meet the specific needs of the survivor. Case workers receive ongoing training on housing advocacy. The Senior Housing Advocate for the agency has worked with New Hope on housing and housing strategies for over 10 years. 2. In the past New Hope has participated in a Learning Collaborative with the Department of Public Health to initiate a model called the Full Frame Initiative. This framework is based on 5 domains: safety, stability, mastery, social connectedness and access to resources. This work lead the agency to update the intake assessments. The shelter runs on low-rules, and participants are not required to participate in any activity as a condition of services. The agency conducts regular training with staff and hires only those who come with a value system of mutual respect. The agency does not operate with punitive interventions but works with the survivors to create a plan for success and stability. 3. Program participants are provided on-going counseling while engaged in services with New Hope which include information on trauma and the effects of trauma. This allows the participants the opportunity to understand and heal. The VP of clinical Services, who oversees both our counseling and residential programs, has over 35 years in the work and is an adjunct professor at Bridgewater State University, teaching such techniques. 4. In working with survivors the agency focuses on the survivor's strengths to build a safety plan as well as an ongoing plan for stability and success. Plans are created with the participant to ensure engagement and respect. 5. New Hope also has taken a cognizant approach to ensuring there is cultural understanding and diversity in the workplace. The agency has staff consisting of many different cultural backgrounds and are able to speak languages most commonly spoken in the Continuum including English, Spanish, Portuguese, and Haitian Creole. This helps ensure survivors are comfortable to engage in services and realize the agency focuses on diversity and inclusivity. Through the past year staff have received training on diversity, equity and inclusion and the agency has recently hired their first DEI (Diversity, Equity and Inclusion) Director. 6. The agency has had to shift how groups are operated during the pandemic to ensure safety from transmission of infection. The emergency shelter continued to provide opportunities for group work and well a peer-to peer availability. Spiritual needs were met throughout the community with online availability and virtual opportunities for many faiths and spiritual connections. As opportunities reopen the agency continues to work with survivors to ensure there is the availability for groups and mentorships. 7. New Hope understands the effects domestic violence has with children and the additional stressors of parenting as a survivor. The agency works with parents to ensure access to local resources including groups at public libraries, advocacy in the schools, YMCA's, and local childcare opportunities.

4A-4e.	Meeting Service Needs of DV Survivors–Project Applicant Experience.	
	NOFO Section II.B.11.	

	Describe in the field below:
1.	supportive services the project applicant provided to domestic violence survivors experiencing homelessness while quickly moving them into permanent housing and addressing their safety needs; and
2.	provide examples of how the project applicant provided the supportive services to domestic violence survivors.

(limit 5,000 characters)

1. New Hope Inc. has over 40 years of experience working with survivors of domestic violence and sexual assault. Currently the agency provides confidential emergency shelter to individuals and families who are currently fleeing domestic violence. Services provided to shelter participants include individual and group counseling. Participants also can attend educational programming on financial literacy, parenting skills, coping skills, basic life skills, and art activities, to name a few. Children in shelter receive services from specialized child therapist, which includes play therapy. The case manager will work with participants to determine housing needs and assist with applications to housing. Staff assist with other community resources required. Once housing is located, new Hope assists with helping the survivor insure safety and obtain needed household goods. While in shelter and even prior to entering shelter, through the Domestic violence hotline and outreach efforts, the staff work with survivors on safety planning and on-going counseling services. As soon as possible the staff work to move the household back into permanent housing while continuing safety planning and integration into their community.
2. The agency provides emergency shelter currently to those fleeing domestic violence. The agency provides counseling services for those faced with domestic violence, sexual assault, stalking and human trafficking. Additionally, supportive services are provided including case management and assistance with access to mainstream resources including SSI, SSDI, SNAP, childcare, health insurance and educational needs.

4A-4f.	Trauma-Informed, Victim-Centered Approaches–New Project Implementation.	
	NOFO Section II.B.11.	

	Provide examples in the field below of how the new project will:
1.	prioritize program participant choice and rapid placement and stabilization in permanent housing consistent with participants' preferences;
2.	establish and maintain an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
3.	provide program participants access to information on trauma, e.g., training staff on providing program participants with information on trauma;
4.	place emphasis on program participants' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;
5.	center on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;
6.	provide opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
7.	offer support for parenting, e.g., parenting classes, childcare.

(limit 5,000 characters)

1. The new Rapid Rehousing program with New Hope Inc. will increase availability of rental assistance to survivors as they strive to regain permanent

housing and financial stability. The program will work with survivors for the survivor to determine the housing that will best fit the needs of their household. Participants will be signing a lease and will be ultimately making the decisions as to the housing they will enter. 2. The agency conducts regular training with staff and hires only those who come with a value system of mutual respect. The agency does not operate with punitive interventions but works with the survivors to create a plan for success and stability. 3. Program participants are provided on-going counseling while engaged in services with New Hope which include information on trauma and the effects of trauma. This allows the participants the opportunity to understand the impact of violence on their lives and begin to heal. 4. In working with survivors the agency focuses on the survivor's strengths to build a safety plan as well as an ongoing plan for stability and success. Plans are created with the participant to ensure engagement and respect. 5. New Hope also has taken a cognizant approach to ensuring there is cultural understanding and diversity in the workplace. The agency has staff consisting of many different cultural backgrounds and are able to speak languages most commonly spoken in the Continuum including English and Spanish. This helps ensure survivors are comfortable to engage in services and realize the agency focuses on diversity and inclusivity. 6. During the early stages of the COVID-19 pandemic shelter participants were placed in extended stay hotels to ensure social distancing and safety. Services were provide to each person in the hotel and/or via HIPPA compliant video application. The agency has had to shift how groups are operated during the pandemic to ensure safety from transmission of infection. The emergency shelter continued to provide opportunities for group work and well a peer-to peer availability. Spiritual needs were met throughout the community with online availability and virtual opportunities for many faiths and spiritual connections. As opportunities reopen the agency continues to work with survivors to ensure there is the availability for groups and mentorships. 7. New Hope provides support not only to adults and parents but to their children. Based on the Adverse Childhood Effects study done by Kaiser, staff recognize the long term effects of violence on children. Staff work to mitigate these effects while the children are in shelter. Staff also support parents to ensure they understand the impact as well as the best ways to support their children. New Hope understands the effects domestic violence has with children and the additional stressors of parenting as a survivor. The agency works with parents to ensure access to local resources including groups at public libraries, advocacy in the schools, YMCA's, and local childcare opportunities.

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	COORDINATED ENTRY...	10/25/2021
1C-7. PHA Homeless Preference	No	1C-7 PHA HOMELESS...	11/04/2021
1C-7. PHA Moving On Preference	No		
1E-1. Local Competition Announcement	Yes	LOCAL COMPETITION...	10/18/2021
1E-2. Project Review and Selection Process	Yes	PROJECT REVIEW AN...	10/27/2021
1E-5. Public Posting—Projects Rejected-Reduced	Yes	PUBLIC POSTING-PR...	10/25/2021
1E-5a. Public Posting—Projects Accepted	Yes	PUBLIC POSTING PR...	10/27/2021
1E-6. Web Posting—CoC-Approved Consolidated Application	Yes		
3A-1a. Housing Leveraging Commitments	No	HOUSING LEVERAGIN...	11/01/2021
3A-2a. Healthcare Formal Agreements	No	HEALTHCARE FORMAL...	11/04/2021
3C-2. Project List for Other Federal Statutes	No		

Attachment Details

Document Description: COORDINATED ENTRY ASSESSMENT TOOL
1C-14

Attachment Details

Document Description: 1C-7 PHA HOMELESS PREFERENCE

Attachment Details

Document Description:

Attachment Details

Document Description: LOCAL COMPETITION ANNOUNCEMENT

Attachment Details

Document Description: PROJECT REVIEW AND SELECTION
PROCESS

Attachment Details

Document Description: PUBLIC POSTING-PROJECTS REJECTED-
REDUCED

Attachment Details

Document Description: PUBLIC POSTING PROJECTS ACCEPTED

Attachment Details

Document Description:

Attachment Details

Document Description: HOUSING LEVERAGING COMMITMENTS

Attachment Details

Document Description: HEALTHCARE FORMAL AGREEMENT

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. CoC Identification	10/06/2021
1B. Inclusive Structure	11/04/2021
1C. Coordination	11/04/2021
1C. Coordination continued	11/04/2021
1D. Addressing COVID-19	10/25/2021
1E. Project Review/Ranking	11/04/2021
2A. HMIS Implementation	10/25/2021
2B. Point-in-Time (PIT) Count	10/12/2021
2C. System Performance	10/14/2021
3A. Housing/Healthcare Bonus Points	10/14/2021
3B. Rehabilitation/New Construction Costs	10/13/2021

FY2021 CoC Application	Page 58	11/04/2021
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3C. Serving Homeless Under Other Federal Statutes	10/13/2021
4A. DV Bonus Application	10/18/2021
4B. Attachments Screen	Please Complete
Submission Summary	No Input Required



MA-519

CENTRALIZED OR COORDINATED ASSESSMENT SYSTEM

1C-14

VULNERABILITY INDEX – SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

SINGLE ADULTS

AMERICAN VERSION 3.0

ADMINISTRATION

First Name:		Last Name:	
Date:		Race/Ethnicity:	
Start Time:		Gender Identity (Male, Female, Transgender, Other):	
End Time:		Identifies as LGBTQ2+? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Survey Location - Shelter, Outreach, Drop In, or Other (specify):		Date of Birth: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Previous VI-SPDAT completed?	Yes No	Ever served in the military?	<input type="checkbox"/> Yes <input type="checkbox"/> No
VI-SPDAT Score:		Pet(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No	

OPENING SPEAKING POINTS

Cover the following in the opening explanation of the VI-SPDAT each time:

- The purpose of doing the triage
- Approximately how long it will take
- How to answer the questions (yes, no or simple one-word answers)
- That they can get clarification if they do not understand a question
- That they can skip or refuse to answer any question
- Where the information is stored
- The importance of being as honest as they feel comfortable being
- That some answers provided may need further verification from other sources (like whether or not they meet the definition of chronic homelessness)
- Consent to participate in the process

Disclaimer:

OrgCode Consulting, Inc. (OrgCode) cannot control the way in which the VI-SPDAT and SPDAT products will be used, applied or integrated by communities, agencies or frontline staff. OrgCode assumes no legal responsibility or liability for the decisions that are made or services that are received in conjunction with the tools.



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SECTION ONE: PRESENTING NEEDS

1. Most days can you:

- | | | | |
|--|----------------------------|----------------------------|--|
| a. Find a safe place to sleep | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> R |
| b. Access a bathroom when you need it | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> R |
| c. Access a shower when you need it | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> R |
| d. Get food | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> R |
| e. Get water or other non-alcoholic beverages to stay hydrated | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> R |
| f. Get clothing or access laundry when you need it | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> R |
| g. Safely store your stuff | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> R <input type="checkbox"/> NA |

Score 1 if NO to Question 1 a, b, c, d, e, f or g

☐

SECTION TWO: HOUSING HISTORY & CHRONIC HOMELESSNESS DETERMINATION

2. How long has it been since you lived in stable, permanent housing?
(is this in days or months or years?)

3. In the last three years, how many times have you been homeless?

4. IF THE ANSWER TO QUESTION 3 IS 4 OR MORE:

Thinking about those last three years and the different times you were homeless, if you add up all the months you were homeless, what is the total length of time you have experienced homelessness?

 months

5. Do you have any diagnosed, documented, disabling conditions?

☐ Y ☐ N ☐ RScore 1 if any of the following conditions are met:☐

- If the person:
 - experienced 1 or more consecutive years of homelessness or
 - 4+ episodes of homelessness and the total duration of homelessness is 12+ months
 - AND answered Yes to Question 5

6. Have you ever lived in a home that you own or an apartment in your name?

☐ Y ☐ N ☐ R

7. Have you ever been evicted?

☐ Y ☐ N ☐ R

Score 1 if NO to Question 6 and/or YES to Question 7

☐

SECTION THREE: VULNERABILITIES AND HOUSING SUPPORT NEEDS

8. In the last 6 months, how many times have you:

- a. Gone to the emergency room/department _____
- b. Taken an ambulance _____
- c. Been hospitalized as an inpatient _____
- d. Used a crisis service or hotline for such concerns as family or intimate partner violence or suicide prevention _____
- e. Talked to police because you witnessed a crime, were the victim of a crime, were the alleged perpetrator of a crime, or because they asked you to move along because of loitering, sleeping in a public place or anything like that _____
- f. Stayed one or more nights in jail, a holding cell or prison _____

If the total number of interactions equals 4 or more, score 1.

☐

9. Since you have been homeless:

- a. Have you been beaten up or assaulted ☐ Y ☐ N ☐ R
- b. Have you threatened to beat up or assault someone else ☐ Y ☐ N ☐ R
- c. Have you threatened to harm yourself or harmed yourself ☐ Y ☐ N ☐ R
- d. Has anyone threatened you with violence or made you feel unsafe ☐ Y ☐ N ☐ R
- e. Has anyone tried to control you through violence or threats of violence whether that be a stranger, friend, partner, relative or parent ☐ Y ☐ N ☐ R

If YES to any of Question 9, score 1.

☐

10. Do you have any legal stuff going on right now that may result in any of the following:

- a. Being locked up ☐ Y ☐ N ☐ R
- b. Having to pay fines or fees that you cannot afford ☐ Y ☐ N ☐ R
- c. Impact your ability to get housing ☐ Y ☐ N ☐ R
- d. Impact where you could live in your housing ☐ Y ☐ N ☐ R

11. Have you ever been convicted of a crime that makes it difficult to access or maintain housing?

- ☐ Y ☐ N ☐ R

If YES to any of Question 10 and/or YES to Question 11, score 1.

☐


VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

SINGLE ADULTS

AMERICAN VERSION 3.0

12. Does anyone trick, manipulate, exploit or force you to do things you do not want to do? ☐ Y ☐ N ☐ R

13. Where do you sleep most frequently? (select one response)

☐ Shelters ☐ Transitional Housing ☐ Safe Haven ☐ Couch Surfing
☐ Outdoors ☐ Car ☐ Other _____

14. Do you ever do things that may be considered to be risky or harmful like run drugs, share a needle, do sex work, or anything like that? ☐ Y ☐ N ☐ R

Score 1 if any of the following conditions are met:

- YES to Question 12;
- If the person stays any place other than Shelters, Transitional Housing or Safe Haven in Question 13;
- YES to Question 14.

15. Is there anybody that thinks you owe them money like a family member, friend, past landlord, business, bookie, dealer, bank, credit card company, utility company or anyone like that? ☐ Y ☐ N ☐ R

16. Do you get any money from the government, a job, working under the table, day labor, an inheritance or a pension, or anything like that? ☐ Y ☐ N ☐ R

17. Do you ever gamble with money you cannot afford to lose or have debts associated with gambling? ☐ Y ☐ N ☐ R

Score 1 if any of the following conditions are met:

- YES to Question 15;
- NO to Question 16;
- YES to Question 17.

18. Do you have planned activities, other than activities for survival, at least four days per week that make you feel happy and fulfilled? ☐ Y ☐ N ☐ R

If NO to Question 18, score 1.

19. Do you have a collection of belongings that gets in the way with your ability to access services or housing? ☐ Y ☐ N ☐ R

If YES to Question 19, score 1.

20. Would you say that your current homelessness was caused by any of the following:

- a. A relationship that broke down ☐ Y ☐ N ☐ R
- b. An unhealthy or abusive relationship ☐ Y ☐ N ☐ R
- c. Because family or friends caused you to lose your housing ☐ Y ☐ N ☐ R



VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

SINGLE ADULTS

AMERICAN VERSION 3.0

21. Do most of your family and friends have stable housing? ☐ Y ☐ N ☐ R

If YES to any of Question 20, and/or NO to Question 21, score 1.

22. Are you 60 years of age or older? ☐ Y ☐ N ☐ R

23. Do you have any physical or mental health issues or cognitive issues including a brain injury, that you would require assistance to access or keep housing? ☐ Y ☐ N ☐ R

24. Are you currently pregnant? (If applicable) ☐ Y ☐ N ☐ R

If YES to Question 22, and/or YES to Question 23, and/or YES to Question 24, score 1.

25. Do you use alcohol or drugs in a way that it:

- a. Impacts your life in a negative way most days ☐ Y ☐ N ☐ R ☐ NA
- b. Makes it hard to access housing ☐ Y ☐ N ☐ R ☐ NA
- c. Would require assistance to maintain housing ☐ Y ☐ N ☐ R ☐ NA

If YES to any of Question 25, score 1

26. Are there any medications that, for whatever reason:

- a. A doctor said you should be taking but you are not taking ☐ Y ☐ N ☐ R ☐ NA
- b. You sell instead of taking ☐ Y ☐ N ☐ R ☐ NA
- c. You use in a way other than how it is prescribed ☐ Y ☐ N ☐ R ☐ NA
- d. You find impossible to take, forget to take or choose not to take ☐ Y ☐ N ☐ R ☐ NA

If YES to any of Question 26, score 1.

27. Has your homelessness been caused by any recent or past trauma or abuse? ☐ Y ☐ N ☐ R

If YES to Question 27, score 1.

TOTAL SCORE



VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

SINGLE ADULTS

AMERICAN VERSION 3.0

SCORING RANGE	COURSE OF ACTION
0-3	Assess for least intensive service supports
4-7	Assess for moderate and often time-limited supports
8+	Assess for high intensity supports lasting for a longer duration of time and perhaps even permanently

CONTACT INFORMATION

On a typical day, what is the best way to reach you?

If that is unsuccessful, what is the next best way to reach you?



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In accordance with regulations from HUD for CoC PSH programs, those who are designated as chronic homeless¹ will take priority for placement then accounting for those with special circumstances listed in the priority list. Only after all of those who are designated as chronic homeless have been assessed for placement will the CoC look at those who are experiencing homelessness with a disability but do not meet the time frame category for a chronic homeless designation.



¹ "Chronically homeless" is defined in section 401(2) of the McKinney-Vento Homeless Assistance Act, 42 U.S.C. 11360 (McKinney-Vento Act or Act), as an individual or family that is homeless and resides in a place not meant for human habitation, a safe haven, or in an emergency shelter, and has been homeless and residing in such a place for at least 1 year or on at least four separate occasions in the last 3 years. The statutory definition also requires that the individual or family has a head of household with a diagnosable substance use disorder, serious mental illness, developmental disability, posttraumatic stress disorder, cognitive impairments resulting from a brain injury, or chronic physical illness or disability.



MA-519

PHA HOMELESS PREFERENCE AND MOVING ON PLAN

1C-7

11/4/2021

**EMERGENCY APPLICATION FOR
FEDERALLY-AIDED HOUSING**

Date of Receipt: _____
Time of Receipt: _____
Control Number: _____
Barrier Fee: _____
First Floor: _____
Elderly/Handicapped: _____
Race: _____
Priority Category: _____
Preference Category: _____
Language: _____

Incomplete applications will not be processed. Please complete all information requested on the application. If a question is not applicable, please write N/A. Make sure you sign the last page.

(PLEASE PRINT)

Name of Applicant: _____

Mailing Address of Applicant: _____

City/Town: _____ State: _____ Zip: _____

Telephone Number that Applicant can be Reached at: _____

This Emergency Application must include written verification by a third party as to the priority status that you are claiming. The Housing Authority will not accept this application without third party verification, and a completed Standard Application. Verification includes letters from social workers, shelters, social service agencies, or code enforcement agencies that confirm that you meet the definition of "homeless applicant". Your application will not be processed until you have provided everything required by the Emergency Application Package and a completed Standard Application.

In order to be found eligible for Emergency Case Status, you must be a "Homeless Applicant" as defined below AND qualify for one of the priorities listed below.

Definition of Homeless Applicant

An Applicant who:

- (a) is without a place to live or is in a living situation in which there is a significant, immediate, and is a direct threat to the life or safety of the applicant or a household member which situation would be alleviated by placement in a unit of appropriate size, and
- (b) has made reasonable efforts to locate alternative housing, and
- (c) has not caused or substantially contributed to the safety or life threatening situation, and
- (d) has pursued available ways to prevent or avoid the situation by seeking assistance through the courts or appropriate administrative or enforcement agencies, and
- (e) is displaced from the residence in which the applicant household lived at least nine (9) months of the year.

(Attach supporting documentation and return with complete Emergency Application Package)

PRIORITY 4— EMERGENCY CASE PLAN CATEGORIES

- A. Homeless and Facing a Significant Immediate and Direct Threat to the Life or Safety of the Applicant or any Household Member for Causes Other than the Fault of the Applicant or Member of the Applicant Household.

If you have checked off Priority 4A, you must attach: Proof of No-Fault Loss of Housing such as summary process summons and complaint, court decision and execution from the court.

- B. Severe Medical Emergencies. An applicant is suffering from a severe medical emergency if the applicant household is suffering from an illness or injury posing a severe and medically documented threat to life which has been significantly caused by the lack of suitable housing or as to which the lack of suitable housing is a substantial impediment to treatment or recovery.

If you have checked off Priority 4B, you must attach:

1. Proof of Medical Condition such as certification by physician on Housing Authority form.
2. Proof of Unsuitable Housing such as letter from landlord, visiting nurse or Board of Health documenting unsuitability of current housing, or photographs of current housing showing unsuitable features.

- C. Abusive Situation. An applicant is in an abusive situation if the applicant or member of the applicant household is determined by the LHA to be a victim of abuse as defined in the Abuse Prevention Act (G.L. c.209A, §1), which abuse constitutes a significant and direct threat to life or safety. The Abuse Prevention Act defines "abuse" as the occurrence of one or more of the following acts between "family or household members": (1) attempting to cause or causing physical harm; (2) placing another in fear of imminent serious physical harm; or (3) causing another to engage in involuntarily in sexual relations by force, threat or duress. "Family or household members" are individuals who are related by blood or marriage, have a child together, or who now or formerly resided in the same household or dated each other.

If you have checked off Priority 4C, you must attach: Proof of Abusive Situation such as copies of medical reports, police reports, restraining orders, applications for criminal complaints, social service evaluations.

EMERGENCY APPLICATIONS SUBMITTED WITHOUT REQUIRED DOCUMENTATION WILL BE DENIED.

APPLICANT'S CERTIFICATION:

I certify that the information that I have given in this application is true and correct, and I understand that any false statement or misrepresentation may result in the rejection of my application. I authorize the Housing Authority to make inquiries to verify the information that I have provided in this application.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY. I understand a photocopy of this application and a photo copy of this signature is valid as the original.

Applicants Signature

Date

Reviewer's Signature

Date

(Attach supporting documentation and return with complete Emergency Application Package)

1. Do you meet each of the requirements of the definition of "Homeless Applicant" set out on the previous page? (check one)

YES ☐ NO ☐

If YES, describe how you meet each of the above requirements: _____

2. On what day did you become, or will you become displaced from your primary residence?
Day _____ Month _____ Year _____

3. **Local Preference, Emergency Applicants Only.** If you are homeless and applying for Emergency Housing you may choose to be considered a resident from the city/town from which you were displaced or a resident in the city/town in which you are temporarily housed.

Please provide the name of the community you choose to be declared a resident for the purposes of tenant selection.

ALL EMERGENCY APPLICANTS MUST ATTACH PROOF OF HOMELESSNESS. ACCEPTABLE VERIFICATION INCLUDES LETTERS FROM SOCIAL WORKERS, SHELTERS, SOCIAL SERVICE AGENCIES, OR CODE ENFORCEMENT AGENCIES THAT CONFIRM THAT YOU MEET THE DEFINITION OF "HOMELESS APPLICANT".

4. Check off the priority category that you believe applies to your situation:

Priority 1: Displaced by Natural Forces such as a fire not due to the negligence of intentional act of applicant, or member of applicant's household, or by an earthquake, or flood, or by a disaster declared or formally recognized under disaster relief laws.

If you have checked off Priority 1, you must attach proof of Displacement by Natural Forces such as report from Fire Department, letter from Board of Health or other government agency documenting destruction of your residence by earthquake, flood or other disaster.

Priority 2: Displaced by Public Action such as the building of a low rent public housing project, a public slum clearance, urban renewal project or other public improvement.

If you have checked off Priority 2, you must attach proof of Displacement by Public Action such as Relocation Notice, letter from Urban Renewal or other government agency documenting for public works project.

Priority 3: Displacement due to enforcement of minimum standards of fitness for human habitation established by Article 2 of the State Sanitary Code or local ordinances.

If you have checked off Priority 3, you must attach proof of Displacement due to State Sanitary Code enforcement such as a copy of the complaint listing code violations, placard, notices or letter from Board of Health documenting condemnation.

(Attach supporting documentation and return with complete Emergency Application Package)

20.24 PREFERENCES

The tenant selection plan for the PBV site includes the specific admission preferences used to select applicants from the waiting list. On a case-by-case basis, DHCD or its designee may approve a project sponsor's request to combine preferences, e.g., homeless veterans. These preferences would be subject to approval and outlined in the project's affirmative fair housing marketing plan and tenant selection plan.

20.24.1 Pre-Qualifying for Certain Preference Units

In some instances, it is appropriate to require that applicants pre-qualify for a preference in order to avoid issuing selection letters to applicants who would not otherwise be eligible and delaying the lease-up of the unit. DHCD or its designee will identify these units before the selection process begins. In these instances, upon receipt of an application for units in these projects – where the household size meets the preference units' bedroom size – DHCD or its designee will inform the applicant that if they wish to be considered for these units, they must submit documentation to pre-qualify their eligibility for this priority consideration. The letter to the applicant will include:

1. A description of the preference criteria for priority consideration;
2. A description listing what documentation is required to verify eligibility for this consideration;
3. A list of entities appropriate to verify the applicant's eligibility for the priority consideration.

When making selections for these units, applicants who have been pre-qualified will be selected before all other applicants.

20.24.2 Regional Residency Preference

A regional residency preference will be applied as a ranking preference to all PBV applicants. Applicants may apply to units outside of their region, but they will not be selected until all applicants with a residency preference have been exhausted. A regional residency preference will not apply to PBV projects that have received DHCD approval for an owner-maintained, site-based waiting list.

20.24.3 Homeless Preference

DHCD may approve homeless criteria for occupancy of units that are created to address the issue of homelessness.

An applicant will generally be considered homeless, unless otherwise provided by DHCD, if the applicant lacks a fixed, regular, and adequate nighttime residence and has a primary nighttime residence that is:

- A supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing), or
- An institution in which they have been residents for more than 30 consecutive days and no subsequent residences have been identified and they lack the resources and support networks needed to obtain access to housing, or

- A public or private place not designed for, or ordinarily used as, a regular sleeping place for human beings.

20.24.4 Homeless Veterans Preference

An applicant will generally be considered a veteran, unless otherwise provided by DHCD or its designee, if the applicant:

- Served in the active military, navy, or air service; and
- Was discharged or released from such service under conditions other than dishonorable.

20.24.5 Youth Aging Out Preference

DHCD may approve a PBV preference for youth aging out of foster care and receiving supportive services.

20.24.6 Preference for Certain Disability Projects

DHCD may agree to provide a preference for projects serving persons with disabilities who live in institutions or are at risk of institutionalization.

Tenant Selection for Community Based Housing (CBH) Units

CBH is a state bond-financed program that provides 0% deferred loans for housing for disabled people who are institutionalized or at risk of institutionalization. Clients of the MA Department of Mental Health (DMH) and the MA Department of Developmental Services (DDS) are not eligible for CBH units (because they are eligible for the state-financed Facilities Consolidation Fund (FCF) program). When CBH development funds are included in any units selected for PBV, priority shall be provided as follows:

- First Priority: Persons with disabilities (as that term is defined in 760 CMR 60.02) who are living in institutions or are at risk of institutionalization, and are not eligible for the FCF program as set out in St. 2004, c.290, Line Item 4000-8200. Of all persons eligible for this priority, for units that incorporate special design features, preference shall be given to those persons with a documented need for the special design features.
- Second Priority: All persons with disabilities living in institutions or at risk of institutionalization.
- Third Priority: All persons with disabilities.

Eligibility for first priority will be documented by a Massachusetts Rehabilitation Commission (MRC)-approved entity.

Tenant Selection for Facilities Consolidation Funds (FCF) Units

FCF is a state bond-financed program that funds community-based housing for clients of the MA Department of Mental Health (DMH) and MA Department of Developmental Services (DDS) who

require services. When FCF development funds are included in any unit selected for PBV, priority shall be provided as follows:

- First Priority: FCF-eligible clients who require services in accordance with the criteria outlined below in Preference for Disabled Households Needing Services.
- Second Priority: All other disabled clients requiring services in accordance with the criteria outlined below in Preference for Disabled Households Needing Services.
- Eligibility for first priority in units funded with FCF will be documented by a DMH- or DDS-approved entity.

Preference for Disabled Households Needing Services

DHCD may support projects that require preference be given to disabled households that need services offered at a particular project in accordance with the following HUD conditions and criteria:

1. Preference cannot be granted to persons with a specific disability.
2. The project sponsor must document that the applicant has a disability that significantly interferes with their ability to obtain and maintain themselves in housing; and
3. Who, without appropriate services, will not be able to obtain or maintain themselves in housing; and
4. For whom such services cannot be provided in a non-segregated setting (i.e. a tenant-based voucher for an independently selected unit would not meet the needs of the applicant).
5. Disabled residents shall not be required to accept the particular services offered at the project.
6. In advertising the project, the owner may advertise the project as offering services for a particular type of disability; however, the project must be open to all otherwise eligible persons with disabilities who may benefit from the services provided.

Tenant Eligibility for Preference for Disabled Households Needing Services

The owner/project sponsor must identify in their application which professional organization and/or independent individual(s) will make the assessment that a disabled applicant meets the HUD criteria listed above. Such professionals could include licensed medical, psychological, or allied mental health and/or human services professionals. Whomever the owner/project sponsor selects to make the assessment must sign a certification form that either attests to or rejects each applicant's need for services in accordance with said section.

Applicant eligibility will be made by the owner/project sponsor.

Applicant Referrals for Units with Disability Preference

All disabled applicant referrals will be made from the project's site specific waiting list maintained by DHCD or its designee. The owner/project sponsor will send all applicant referrals written notification of their selection determination, with a copy to DHCD or its designee.

20.24.7 Applicant Right to Appeal Denial of PBV Unit Based on Failure to Demonstrate Need for Services Offered

Any applicant denied preference consideration for a project providing services must be offered the right to appeal the decision made by the owner/project sponsor. The owner/project sponsor must include in their PBV application to DHCD the specific criteria they will use to assess an applicant's need for services.

20.24.8 Transfer Preference

MTW Policy

DHCD or its designee may provide a PBV transfer preference for families who have verified educational opportunities or employment offers that are more than 25 miles from the family's current PB unit and/or for over or under-housed families who are willing to move to another PB unit in another region within DHCD's jurisdiction. The PB transfer preference is subject to availability of another PB unit within a 25-mile radius of the educational opportunity or employment offer. The over-/under-housed PB transfer preference will be consistent with family composition and DHCD occupancy standards.

20.24.9 Other Preferences

DHCD may establish other tenant selection preferences for its PBV projects, provided these preferences support DHCD's mission. DHCD will amend this PBV plan and announce any new preference(s) on DHCD's website at www.mass.gov/dhcd/.

20.25 SCREENING

When the owner selects from the list of referrals provided by DHCD or its designee in accordance with its approved written tenant selection plan, the owner may screen prospective applicants based in the order in which the applicant contacts the owner, comes to see the unit, and completes the owner's selection requirements.

DHCD or Designee Responsibility

DHCD or its designee will not verify an applicant's Section 8 eligibility until after the owner has screened and selected the tenant(s).

DHCD or its designee will inform owners of their responsibility to screen prospective tenants, and will provide owners with the required known name and address information, at the time of the turnover HQS inspection or before. DHCD or its designee will not provide any additional information to the owner, such as tenancy history, criminal history, etc.

Owner Responsibility

The owner is responsible for screening and selection of the family to occupy the owner's unit. When screening families the owner may consider a family's background with respect to the following factors:

- Payment of rent and utility bills;
- Caring for a unit and premises;
- Respecting the rights of other residents to the peaceful enjoyment of their housing;



MA-519

1E-1 LOCAL COMPETITION ANNOUNCEMENT

NOTICE OF LOCAL COMPETITION

POSTED 9/3/2021

This screenshot shows a Facebook group page for 'Improving Taunton'. The page is set to 'Visible' and 'General'. A post by Angie Eddings Clarke, dated September 3 at 10:41 AM, is the main focus. The post text reads: 'ATTENTION MEMBERS!!! HUD Continuum of Care FY 2021 Notice of Funding Opportunity (NOFO). The local competition for funding is now open! There is significant opportunity to apply for growth within the continuum including bonuses for specific populations. Please note a letter of intent to apply is due SEPTEMBER 10th, 2021. See the CCBC website for additional information.' Below the text is a link to 'COMCOUNSELING.ORG' and a title 'Community Counseling of Bristol County - Mental Health Treatment and Recovery'. The post has 3 likes and 1 comment. A comment by Ellen Bruder Moore Abramowitz is visible, linking to the same website. To the right of the post, there are sections for 'Recent media' and 'Upcoming Events', including a 'Campaign Rally Featuring Timmy Brown' scheduled for tomorrow at 6:30 PM EDT. The bottom of the screen shows a taskbar with various open applications and a system clock indicating 2:08 PM on 9/14/21.

POSTED 8/29/21

This screenshot shows a Facebook group page for 'Greater Bristol County Attleboro Taunton Coalition to End H...'. The page is set to 'Private' and 'Visible'. A post by Olivia Behrens, dated August 29 at 9:25 AM, is the main focus. The post text reads: 'ATTENTION MEMBERS!!! HUD Continuum of Care FY 2021 Notice of Funding Opportunity (NOFO). The local competition for funding is now open! There is significant opportunity to apply for growth within the continuum including bonuses for specific populations. ... See More'. Below the text is a video thumbnail showing a man speaking. The video title is 'CCBC: Community Supportive Housing' and the description is 'A variety of housing and treatment options for individuals with disa...'. The post has 1 like and 1 comment. To the right of the post, there are sections for 'About' and 'Rooms'. The 'About' section lists the group as 'Private' and 'Visible'. The 'Rooms' section has a 'Create Rooms' button. The bottom of the screen shows a taskbar with various open applications and a system clock indicating 2:08 PM on 9/14/21.

EMAIL

Adam Scanlon <Adam.Scanlon@mahouse.gov>; Alex D'Agostino <adagostino@attleboropolice.org>; Alison Dulak <adulak@arcnbc.org>; Alyssa Duphily <alyssa.duphily@cfcinc.org>; Amanda Blount <ablount@theliteracycenter.com>; Amilcar Ferreira <aferreira@masshirebristol.org>; Andrew Bardetti <abardetti@sccls.org>; Angela Clarke <aclarke@comcounseling.org>; April Funches <april.c.funches@state.ma.us>; Ayman Kafel (POP Team) <akafel@attleboropolice.org>; Benjamin Lucas <lucas.benjamin@mail.house.gov>; Beth Rossi at work <Coa@nortonmaus.com>; Bishop William Stout <livingwordoflife@lwolc.org>; Bonnie Paiva <bpaiva@jri.org>; Brad Marshall <bmarshall@town.rehoboth.ma.us>; Brittney Faria <bfaria@seekonk-ma.gov>; Cathleen DeSimone <c3desimone@bridgew.edu>; Charlene Bonenfant <cbonenfant@taunton-ma.gov>; Colleen Hibbert-Kapler <chibbertkapler@sccls.org>; Cynthia Sierra <csierra@manetchc.org>; Dana Hanson <Dana.Hanson@mail.house.gov>; Dave Arruda <pastordavidarruda@verizon.net>; Deborah Kirby <dkirby@manetchc.org>; Diana Reeves <rdianam@aol.com>; Sandra Frechette <Sandra.Frechette@bristolcolder.org>; Adam Scanlon <Adam.Scanlon@mahouse.gov>; Adrianna Clark <adrianna@attleboroiaic.org>; Alex D'Agostino <adagostino@attleboropolice.org>; 'Alexandra Rothstein' <arohtstein@paveyourpath.org>; Alyssa Duphily <alyssa.duphily@cfcinc.org>; Amanda Blount <ablount@theliteracycenter.com>; Amy Rhilinger <arhilinger@sailsinc.org>; Angela Clarke <aclarke@comcounseling.org>; Angela Godinez <agodinez@selfhelpinc.org>; April Funches <april.c.funches@state.ma.us>; Ashleigh Walsh <awalsh@theliteracycenter.com>; Ashworth, Katie <Katie.Ashworth@bristolcc.edu>; Audra Emmanuel <eindependence@yahoo.com>; Benjamin Lucas <lucas.benjamin@mail.house.gov>; Beth Rossi at work <Coa@nortonmaus.com>; Bishop William Stout <livingwordoflife@lwolc.org>; Brad Marshall <bmarshall@town.rehoboth.ma.us>; Briana Auclair <faavets@gmail.com>; Brittney Faria <bfaria@seekonk-ma.gov>; Candice Gabrey <CGabrey@oldcolonymca.org>; Carissa Phillips <hfpcarissa@gmail.com>; Carrie S ylvia <csylvia@sailsinc.org>; Cathleen DeSimone <c3desimone@bridgew.edu>; Charlie & Wendy Oliver <cw.oliver@comcast.net>; 'Cheri Epps' <cherie@new-hope.org>; 'Chris Weylman' <cweylman@communityvna.com>; Colleen Hibbert-Kapler <chibbertkapler@sccls.org>; Cynthia Sierra <csierra@manetchc.org>; D. Anne Olsen <daolsen711@hotmail.com>; Dana Hanson <Dana.Hanson@mail.house.gov>; Dawn McKetchnie <dmcketchnie@communityvna.com>; Deanna Canada <coaoutreachdc@cityofattleboro.us>; Deb Ebert, RN <debert@attleboroschools.com>; Deborah Kirby <dkirby@manetchc.org>; Desmond, Brittany <Brittany.Desmond@uhsinc.com>; 'Diana Reeves' <rdianam@aol.com>; Eleni Tsoukatos <etsoukatos@sailsinc.org>; Ellen Dore <bethanyfellowship516@yahoo.com>; Estelle Flette <eflette@nortonmaus.com>; Evelyn Sanford <bluewolf25@comcast.net>; Father Flavio <flaviogillio@gmail.com>; Gail Mocklin <gmocklin@paveyourpath.org>; Gary Ayrassian <cityplanner@cityofattleboro.us>; Happiness Unak a <hunaka@cssdioc.org>; Heather Beyer <HBeyer@cssdioc.org>; Jaaskelian, Kathy <boopersmom@comcast.net>; Jacqui O'Brien <healthnurse@cityofattleboro.us>; Janet Blair <janbblair@aol.com>; Janet Richardi <jrichardi@supportunitedway.org>; Jen Evans <artjen@aol.com>; Jenna Massoud <jenna.massoud@mail.house.gov>; Jenna Orellana <jorellana@theliteracycenter.com>; Jim Hawkins - State Rep Attleboro <James.Hawkins@mahouse.gov>; Joan Badger <jbadger@nattleboro.com>; Joseph Morra <jmorra@sailsinc.org>; Judy Little <judylittle@comcast.net>; Kathy Sullivan <ksullivan@attleboroschools.com>; Kelly Ledoux <kledoux@arcnbc.org>; Kerri Gaudette <kgaudette@naschools.net>; Kim Kroeger <KKroeger@manetchc.org>; Lisa Moony - NA School Nurse <lmooney@naschools.net>; Lisa Nelson <ljnelson54@gmail.com>; Lisa Piscatelli <lisa@attleboroiaic.org>; Lisa Pollack <LBPollack@gmail.com>; Mackenzie Donovan <mdonovan@oldcolonymca.org>; Mary Beth Lynch <coaoutreachmbl@cityofattleboro.us>; Mary Beth Wauczinski <mwauczinski@selfhelpinc.org>; Mary Flaherty <mflare13@yahoo.com>; Mayor Paul Heroux <paulheroux@cityofattleboro.us>; Melissa Badger <mbadger@naschools.net>; 'Melissa DeSouza' <melissa.desouza@state.ma.us>; Melissa Tucker <coa@cityofattleboro.us>; Michael Riley <Miker@vetshouse.org>; Michelle St. Pierre <michelest.pierre93@gmail.com>; Nancy Durkin <nancy.durkin@southbaycommunityservices.com>; Nancy Lawson <nlawson@cafbh.org>; 'O'Hara, Kathryn' <Kathryn.O'Hara@bristolcc.edu>; Pamela Tarallo <ptarallo@icloud.com>; Pastor Luis Peguero <luisbpeguero@hotmail.com>; 'Peter Kortright' <pfkortright@gmail.com>; Sandra McGunigle <smcgunigle@manetchc.org>; Sara Link - United Way <slink@supportunitedway.org>; Sarah Angelovski <sangelovski@attleboroschools.com>; Sarah Harris <sharris@southbaycommunityservices.com>; Sheila Chasse <schasse@cssdioc.org>; Tammy Saad <fss@attleborohousing.org>; Tara Major <tara.major@mahouse.gov>; Tecia Silva <healthoutreach@cityofattleboro.us>; Teresa Lemaire <tlemaire@kdc.org>; Timothy Veglas <Timothy.Veglas@USE.SalvationArmy.Org>; Tom Roche <hfppresident@gmail.com>; Trish Harvey <Trish.Harvey@bristolcc.edu>; Ty Waterman <tywaterman1918@gmail.com>; veteransdirector@cityofattleboro.us; 'Viera, Nikita' <Nikita.Viera@bristolcc.edu>; Wilfred Leslie <Wil.Leslie@USE.SalvationArmy.Org>; Woods, Krista <Krista.Woods@mail.house.gov>; Zara Brockman <zarabrockman@veteransinc.org>

FW: LOCAL HUD COC COMPETITION ANNOUNCEMENT - Message (HTML)

Thu 8/26/2021 4:21 PM
 frechetteathome <frechetteathome@comcast.net>
 FW: LOCAL HUD COC COMPETITION ANNOUNCEMENT

Adam Scanlon; Adrianna Clark; Alex D'Agostino; Alexandra Rothstein; Alyssa Duphily; Amanda Blount; Amy Rhilinger; Angela Clarke; Angela Godinez; April Funches; Ashleigh Walsh; Ashworth, Katie; Audra Emmanuel; Benjamin Lucas; Beth Rossi at work; Bishop William Stout; Brad Marshall; Briana Auclair; Brittney Faria; Candice Gabrey; Carissa Phillips; Carrie S ylvia; Cathleen DeSimone; Charlie & Wendy Oliver; Cheri Epps; Chris Weylman; Colleen Hibbert-Kapler; Cynthia Sierra; D. Anne Olsen; Dana Hanson; Dawn McKetchnie; Deanna Canada; Deb Ebert, RN; Deborah Kirby; Desmond, Brittany; Diana Reeves; Eleni Tsoukatos; Ellen Dore; Estelle Flette; Evelyn Sanford; Father Flavio; Gail Mocklin; Gary Ayrassian; Happiness Unak a; Heather Beyer; Jaaskelian, Kathy; Jacqui O'Brien; Janet Blair; Janet Richardi; Jen Evans; Jenna Massoud; Jenna Orellana; Jim Hawkins - State Rep Attleboro; Joan Badger; Joseph Morra; Judy Little; Kathy Sullivan; Kelly Ledoux;

EXTERNAL TO CCRG - Carefully Check The address these E-Mails are Coming from.

LOCAL COMPETITION ANNOUNCEMENT-final.docx.pdf
 421 KB

GBCATCH

LOCAL COMPETITION ANNOUNCEMENT

Please see attached information regarding the local competition for the HUD Continuum of Care FY 2021 Notice of Funding Opportunity (NOFO). There is significant opportunity to apply for growth within out continuum including both a potential DV Bonus and a CoC Bonus. Please note a letter of intent to apply is due SEPTEMBER 10th, 2021.

POSTED ON WEBSITE OF COLLABORATIVE APPLICANT

8/27/2021

CCBC: Community Support Services

comcounseling.org/services/community-support.php

Apps Gmail YouTube Maps SoCo_Prod - 8.0 Login | ADP Workfo... HousingWorks.net... Ehana Circulation Outline for a Contin... Other bookmarks Reading list

CCBC ABOUT SERVICES RESOURCES EMPLOYMENT DONATE CONTACT

Coalition to End Homelessness (GBCATCH) also known as the MA-519 Continuum of Care (CoC). The GBCATCH Application Committee has published the CoC Funding Decisions for the HUD Application for FY 2019 CoC Program. There was no official competition for FY 2020 due to COVID 19. Available now is the request for interest in the FY 2021 local competition for HUD CoC funded programs. Below please find the link to those documents and other relevant CoC information.

If you have any input or questions please contact:

Ellen Bruder-Moore Abramowitz, MBA
Vice President, Housing and Community Initiatives
Community Counseling of Bristol County
1 Washington Street
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Documents

- The GBCATCH Vision and Mission Statement
- The GBCATCH Governance Charter
- HUD Continuum of Care (CoC) FY 2021 Local Competition

Windows Taskbar: 11:30 AM

Proof of correction to website:

Download Edit Properties New

/services/

Name	Size	Changed
adult-elder-services.php	6 KB	7/2/2021 11:12 AM
adult-hiv-services.php	5 KB	10/7/2019 3:23 PM
adult-outpatient-mental-health.php	5 KB	3/13/2017 5:28 PM
adult-substance-abuse.php	6 KB	2/10/2020 1:44 PM
child-and-family.php	12 KB	3/4/2020 12:26 PM
coc-community-crisis-intervention.php	6 KB	2/4/2015 9:30 PM
coc-prevention-wellness-trust.php	4 KB	2/4/2015 9:30 PM
community-bhcop.php	6 KB	3/4/2020 1:15 PM
community-crisis-intervention-team.php	5 KB	8/18/2015 9:53 AM
community-recovery-support-navigator.php	5 KB	3/4/2020 1:17 PM
community-support.php	11 KB	8/27/2021 2:20 PM
community-supportive-housing.php	17 KB	8/27/2021 9:06 AM
community-support-program.php	8 KB	3/4/2020 1:17 PM
family-community-service-agency.php	9 KB	10/27/2020 1:50 PM
family-flexible-support-services.php	4 KB	9/23/2016 2:40 PM
family-in-home-therapy.php	8 KB	3/9/2021 4:19 PM
family-outpatient-services.php	5 KB	3/4/2020 12:32 PM
family-school-based-services.php	5 KB	9/6/2019 10:53 AM
family-specialized-trauma-treatment.php	6 KB	2/4/2015 9:30 PM
family-stabilization-team.php	1 KB	2/4/2015 9:30 PM

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Issued: August 19, 2021

INTRODUCTION

The Greater Bristol County/Attleboro/Taunton Coalition to End Homelessness (GBCATCH) is accepting proposals for Continuum of Care Homeless Assistance funding from the U.S. Department of Housing and Urban Development (HUD).

BACKGROUND

HUD publishes a CoC Notice of Funding Availability (NOFO) for each funding year. The 2021 NOFO was published on August 18, 2021 with a deadline of November 16, 2021.

A single, consolidated submission of all selected projects in CoC MA-519 will be submitted to HUD by Community Counseling of Bristol County, Inc. (CCBC) as the Collaborative Applicant representing GBCATCH. Funding will be derived from Federal Fiscal Year 2021 allocations of HUD funds and is subject to funding availability under the NOFO. GBCATCH reserves the right to request that applicant organizations submit adjusted project budgets based on the amount of funding made available by HUD.

FUNDS AVAILABILITY

The amount of funding estimated to be available from HUD is \$854,968 for Tier 1 (Estimated ARD at 100 Percent) which is based on the amount of currently funded projects eligible for renewal funding. HUD has announced that for our CoC there is \$54,554 available for Continuum of Care Bonus in addition to that amount. New projects can be funded only through reallocation of existing project funding or through bonus funds. Additionally, HUD has announced that there is \$163,663 for Domestic Violence Projects as described below.

KEY INFORMATION

- a. Threshold Requirements -- All projects must meet the threshold criteria shown in the attached Appendix A – Threshold Criteria for Continuum of Care Grant Proposals.
- b. Proposed funding for new projects cannot supplant funding from other sources.
- c. Participants in CoC-funded projects must meet HUD's eligibility requirements, which vary by program component. More information on the CoC regulations is found below.
- d. Permanent Supportive Housing projects may serve families or individuals. An adult participant in each household served in any permanent supportive housing program must be disabled.
- e. Projects may not charge participants program fees in any program.
- f. Funds are not available for transitional housing, except in the new component, which combines transitional housing and rapid re-housing.

- g. Emergency shelter and services are not eligible for funding under the CoC Program.
- h. All eligible funding costs except leasing must be matched with no less than a 25 percent cash or in-kind match. Leasing costs are not required to be matched.
- i. HUD will allow new projects to request 1 year of funding with a longer initial grant term not to exceed 18 months.
- j. Any new projects requesting capital costs (i.e. new construction, acquisition, or rehabilitation) are not eligible for 1 year requests. If 1-year of funding is requested for new projects with capital costs, HUD will increase the grant term to 3-years and the new project will be required to spend the funds requested over a 3-year period.
- k. Any new expansion project that is submitted to expand an eligible renewal CoC program-funded project may only request a 1-year grant term, regardless of the project type
- l. Any new project that requests tenant-based rental assistance may request a 1-year, 2-year, 3-year, 4-year, or 5-year grant term.
- m. Any new project that requests leasing costs—either leasing costs only or leasing costs plus other costs (i.e. supportive services, HMIS) may only request up to a 3-year grant term
- n. Any new project that requests project -based rental assistance or sponsor-based rental assistance, or operating costs may request up to a 15-year grant term; however the project applicant may only request up to 5 years of funds. Funding for the remainder of the term is subject to availability.
- o. Any new project that requests operating costs, supportive services, only, HMIS and project administrative costs may request 1-year, 2-year, 3-year, 4-year, or 5-year grant terms
- p. Collaborative efforts by community agencies are encouraged.

The HUD 2021 NOFO was published on August 18, 2021 including:

[NOTICE OF FUNDING OPPORTUNITY \(NOFO\) FOR FY 2021 CONTINUUM OF CARE PROGRAM COMPETITION](#)

HUD 2021 NOFO additional information:

[NATIONAL ALLIANCE TO END HOMELESSNESS: WHAT'S NEW IN THE 2021 NOFO](#)

Description of Projects:

Renewal Projects. The total amount of funding estimated to be available for Renewal Projects (and those taking advantage of the transition grant—see Eligible Projects) from HUD is \$854,968: this amount is based on the amount of currently funded projects eligible for renewal funding; this is also referred to as the Annual Renewal Demand (ARD) determined by HUD.

New Projects can be funded through reallocation from existing projects or through a bonus funding process, as described in this RFP. New project activities are limited by HUD to permanent supportive housing, rapid re-housing, joint transitional/ rapid re-housing, and coordinated intake and assessment programs. HUD strictly limits the type of projects for which reallocated or bonus funds may be used.

- **New Project through a CoC Bonus.** It is anticipated that the total amount of funding to be available through a CoC Bonus is approximately 5% of the ARD which for Greater Bristol County/Attleboro/Taunton CoC is \$54,554.
- **New Project through a DV Bonus.** The total amount of funding which the Greater Bristol County/Attleboro/Taunton CoC may apply for under this bonus will be 10% of its Final Pro Rata Need (FPRN) or approximately \$163,663.

Additional funds may also be available through the reallocation process as determined by the Greater Bristol County/Attleboro/Taunton CoC's Performance Review Committee (PRC).

Tier 1 will be equal to 100% of the CoC's Annual Renewal Demand (ARD) or \$ 854,968; Tier 2 is the difference between Tier 1 and the total ARD plus any amount available for bonus amounts. For Greater Bristol County/Attleboro/Taunton CoC, it is estimated that Tier 2 will be \$.

DEADLINE

A letter of Intent as described below is due by **September 10, 2021**. Both renewal and new project proposals must be submitted to GBCATCH by **5:00 p.m. on October 1, 2021**. Submission procedures are described below.

• Renewal Projects

Projects currently funded under the CoC Supportive Housing Program (SHP) are eligible for renewal for FY 2021 funds if they have a HUD agreement that expires in Calendar Year 2021. Projects may renew as is, or they may be part of transition, expansion or consolidated projects as further described in this section:

- **“Transition Grants:”** This year, HUD is permitting HUD transition grants that will allow renewal projects to “transition” from one CoC Program component to another during the CoC Program Competition. Transition Grants are not an additional source of funding but rather, would be part of the existing Annual Renewal Demand (ARD) amount for the CoC. No more than 50% of each transition grant may be used for costs of eligible activities of the program component originally funded, transition grants in this competition are eligible for renewal in subsequent fiscal years for eligible activities of the new program component and eligibility to receive a transition grant requires renewal project applicants to have the consent of its CoC and meet all other criteria and standards in the NOFO. *See Section III.B.2.Z of the HUD NOFO for further details.*

- “Expansion Projects:” Projects currently funded under the CoC Supportive Housing Program (SHP) may apply to expand an existing renewal project in accordance with the NOFO. *See Section III.C.2.j of the HUD NOFO for further details.*
- “Consolidated Projects:” Eligible renewal project applicants have the ability to consolidate two or more eligible renewal projects into one project application during the application process. This means that a CoC Program recipient no longer must wait for a grant agreement amendment to be executed to consolidate two or more grants before it can apply for a single consolidated project in the CoC Competition. Consultation with the GBCATCH prior to undertaking this opportunity is required as HUD must confirm eligibility to consolidate projects. *See Section II.B.6 and V.B.4.a.(7) of the HUD NOFO for further details.*
- **New Continuum of Care Projects (Bonus Project)**
 - “PH-PSH Projects” New permanent supportive housing projects that will serve 100% chronically homeless individuals or persons who meet the definition of Dedicated PLUS (see Section III.C.2.g) families are eligible to apply in this competition. Permanent housing is community-based housing, the purpose of which is to provide housing without a designated length of stay. Grant funds may be used for leasing, rental assistance, operating costs and supportive services; definitions and guidance for each of these items is at 24 CFR 578.43-578.63.
 - “New PH-RRH, Joint TH and PH-RRH” must follow a housing first approach and may serve persons who qualify as homeless under paragraphs (1), (2), or (4) or 24 CFR 578.3.
 - “New Coordinated SSO Projects for Coordinated Entry (SSO-CE)” to develop or operate a centralized or coordinated assessment system.
 - “New Dedicated HMIS Project” for the costs at 24 CFR 578.37(a)(4) that can only be carried out by the HMIS Lead, which is the recipient or subrecipient of an HMIS grant and is listed on the HMIS Lead form in the CoC Applicant Profile in *e-snaps*. Additionally, if the CoC has organizations within its geographic area that are victim service providers, the HMIS Lead, or subrecipient, may request HMIS funds for a comparable database. Victim service providers may also request HMIS funds in their project application budgets to enter data into a comparable database.
 - **New Continuum of Care Projects (DV Bonus Project)**

The Consolidated Appropriations Act, 2021 provides up to \$53 million for “rapid re-housing projects and supportive services projects providing coordinated, entry, and for eligible activities that the Secretary determines to be critical in order to assist survivors of domestic violence, dating violence sexual assault, or stalking.” Additionally, up to 50 million is added to the amount from the Further Consolidated Appropriations Act, 2020 as HUD did not conduct an FY2020 CoC Program Competition, but instead only awarded eligible renewal projects. Therefore, the total amount of DV Bonus funding is \$102 million which will be used for new DV-specific project applications where 100 percent of the participants are or will be survivors of domestic

violence, dating violence, sexual assault, or stalking. See Section II.B.11.e of the NOFO for additional information. The GBCATCH CoC may apply for up to \$163,663.00.

- “New PH-RRH Projects” dedicated to serving survivors of domestic violence, dating violence, sexual assault, or stalking that are defined as homeless (24 CFR 578.3)
- “New Joint TH and PH-RRH Projects” component projects defined in Section III B.2.q of this NOFO dedicated to serving survivors of domestic violence dating violence, sexual assault, or stalking who are defined a homeless (24 CRF 578.3)
- “New SSO-Coordinated Entry Project” to implement policies, procedures, and practices that equip the CoC’s coordinated entry to better meet the needs of survivors of domestic violence, dating violence, sexual assault or stalking.

Additional information related to these projects for both CoC Bonus project and DV Bonus Project:

- PSH projects cannot combine the following types of assistance in a single structure or housing unit:
 - Leasing and acquisition, rehabilitation or new construction;
 - Tenant-based rental assistance and acquisition, rehabilitation, or new construction;
 - Short or medium-term rental assistance and acquisition, rehabilitation or new construction;
 - Rental assistance and leasing, and
 - Rental assistance and operating
 - All projects must follow the written policies and procedures established by the CoC for determining and prioritizing which eligible families and individuals will receive rapid rehousing assistance, as well as the amount or percentage of rent that each program participant must pay.
- ❑ All projects may set a maximum amount or percentage of rental assistance that a program participant may receive, a maximum number of months that a program participant may receive rental assistance, and/or a maximum number of times that a program participant may receive rental assistance. The recipient may also require program participants to share in the costs of rent.
 - ❑ Rental assistance, where applicable, must be limited to no more than 24 months to a household.
 - ❑ All projects may provide supportive services for no longer than 6 months after rental assistance stops.
 - ❑ All projects must re-evaluate, not less than once annually, that the program participant lacks sufficient resources and support networks necessary to retain housing without Continuum of Care assistance and the types and amounts of assistance that the program participant needs to retain housing. The recipient may require each program participant receiving assistance to notify the recipient of changes in the program participant’s income or other circumstances (e.g., changes in household composition) that affect the program participant’s need for assistance. When notified of a relevant change, the recipient must reevaluate the program participant’s eligibility and the amount/types of assistance that the program participant needs.

- ❑ All projects must adopt a client center approach to services, removing barriers to entry, and may not require service participation requirements or preconditions.
- ❑ All projects must meet the threshold criteria shown in the application package
- ❑ New projects may only be funded through reallocation of funds from existing projects or through the Continuum of Care Bonus projects. HUD strictly limits the type of projects for which reallocated or bonus funds may be used.

Eligible Populations

Populations who may be served by each of the project types are, as follow:

1. Permanent Supportive Housing (PSH)

- All PSH projects must dedicate 100% of the units to chronically homeless individuals and/or chronically homeless families as defined by HUD or persons who meet the definition of Dedicated PLUS.
- Project applicants must demonstrate that they will first serve the chronically homeless according to the order of priority established in Notice CPD-14-012: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons.
- Disabilities: All PSH projects must serve exclusively disabled households as defined by HUD.
- PSH projects may serve survivors of domestic violence, dating violence, sexual assault, or stalking as defined in paragraph (4) at 24 CFR 578.3.

2. Rapid Re-Housing (RRH)

- All projects must serve 100% literally homeless families and/or single adults coming from emergency shelters and/or unsheltered locations or meeting the criteria of paragraph (1), (2), or (4) of the HUD definition of homeless including survivors of domestic violence, dating violence, sexual assault, or stalking as defined in paragraph (4) at 24 CFR 578.3.
- Persons in transitional housing are not eligible for either project type, even if they met the criteria described above prior to entering the Transitional Housing (TH) Program, unless they meet the criteria of category (4) definition of homelessness at 24 CFR 578.3 (survivors of domestic violence, dating violence, sexual assault, or stalking as defined). A household would meet category 4 of the definition of homelessness if they are fleeing or attempting to flee from domestic violence and meet all other requirements, regardless of where they are residing.

3. Joint Transitional Housing (TH) and Rapid Re-Housing Component Projects

- Individuals and families experiencing homelessness including those survivors of domestic violence, dating violence, sexual assault or stalking as defined in paragraph (4) at 24 CFR 578.3.
- Combines the TH and RRH components into a single project.
- Joint TH and RRH projects must provide low-barrier, temporary housing while individuals and families quickly move to permanent housing with a seamless program design. Projects must have the capacity to provide both kinds of assistance to each participant.

4. Supportive Services Only – Coordinated Entry Projects

- Supportive Services Only-coordinated entry project to implement policies, procedures, and practices that equip the CoC's coordinated entry to better meet the needs of survivors of domestic violence, dating violence, sexual assault or stalking.

Eligible Costs

The following guidance indicates the costs that may be included in program budgets, to be paid for by the CoC grant or by matching funds.

Rental Assistance

Rental assistance for homeless individuals and families, including tenant-based rental assistance. Grant funds may be used for security deposits in an amount not to exceed two months of rent, as well as last month's rent.

Leasing

The costs of leasing scattered site units to provide housing to homeless persons.

Leasing: Limits on rent costs. Rents paid must be reasonable in relation to comparable space or units, and may not be more than the owner charges others for comparable units. Rents for residential units cannot exceed the HUD Fair Market Rent (FMR).

Utilities. Utilities are not a leasing line item. If utilities are not provided by the landlord, utility costs are an operating cost.

Security deposits and first and last month's rent. Grant funds may be used to pay security deposits, in an amount not to exceed two months of actual rent, as well as last month's rent.

Supportive Services in PSH and RRH Programs Must Relate to Housing Stability.

Supportive services must be necessary to assist program participants obtain and maintain housing and agencies must conduct an annual assessment of the service needs of the program participants and adjust services accordingly to achieve those ends.

Supportive Services

The eligible costs of supportive services that address the special needs of the program participants.

Eligible supportive services costs:

- ❑ Reasonable one-time moving costs
- ❑ Case management
- ❑ Food—meals or groceries for program participants
- ❑ Housing search and counseling services
- ❑ Life skills training
- ❑ Outreach services
- ❑ Transportation

- ❑ Utility deposits (one-time fee, paid to utility companies)
- ❑ Direct provision of services: 1) costs of labor, supplies, and materials; and 2) salary and benefit packages of service delivery staff.

Ineligible costs: Any cost that is not described as an eligible cost is not an eligible cost.

Operating Costs

Grant funds may be used to pay the costs of the day-to-day operation of permanent supportive housing in a single structure or individual housing units.

Eligible operating costs:

- ❑ Maintenance and repair of housing
- ❑ Property taxes and insurance
- ❑ Building security for a structure where more than 50 percent of the units or area is paid for with grant funds
- ❑ Electricity, gas, and water
- ❑ Furniture
- ❑ Equipment.

Ineligible costs Program funds may not be used for rental assistance and operating costs in the same project. Program funds may not be used for the maintenance and repair of housing where the costs of maintaining and repairing the housing are included in the lease.

Matching Funds

The grantee must match all funds, except for leasing funds, with no less than 25% of funds or in-kind contributions from other sources. Guidance regarding cash and in-kind match is at 24 CFR 578.73. Cash match must be used for the costs of activities that are eligible CoC Program costs. Appendix C provides information required to document match.

Homeless Management Information System

All successful project applicants—with the exception of entities that are victim service providers—must participate in the CoC’s Homeless Management Information System (HMIS).

Coordinated Entry/Assessment System

All successful applicants must participate in the CoC’s coordinated entry/assessment system.

Grant Term

Renewal and new projects may only apply for one year grant terms.

Please note: any new project application that includes leasing—either leasing alone or leasing costs plus other costs (e.g. supportive services, HMIS, etc.)—may only request up to a 1-year grant term.

BONUS FUNDS

Bonus funds may be used to create the following types of new projects:

1. New permanent supportive housing projects that will primarily serve chronically homeless individuals and families including youth experiencing chronic homelessness.
2. New rapid rehousing projects that will serve homeless individuals and families who enter directly from the streets or emergency shelters, including youth up to age 24, and includes persons fleeing violence as defined by HUD.
3. New joint component projects, which will combine transitional housing and rapid rehousing into a single project to serve individuals and families experiencing homelessness
4. Supportive services only – coordinated entry projects to develop or operate a coordinated assessment system

REALLOCATED FUNDS

Continuums of Care may reduce or eliminate funds from eligible renewal projects and reallocate the funds to create or expand the following types of projects:

1. Permanent supportive housing projects that will primarily serve chronically homeless individuals and families including youth experiencing chronic homelessness.
2. Rapid rehousing projects that will serve homeless individuals and families who enter directly from the streets or emergency shelters, including youth up to age 24, and includes persons fleeing violence as defined by HUD.
3. Joint component projects, which will combine transitional housing and rapid re-housing into a single project to serve individuals and families experiencing homelessness.
4. Supportive Services projects for centralized or coordinated assessment systems.

PROJECT RANKING PROCESS

HUD requires that all projects be ranked and prioritized in a two-tiered list. Tier 1 will be the top priority projects. Tier 2 will be lower priority projects. Either new or renewal projects may be ranked in Tier 1 or Tier 2. The placement of each project on the priority list will be determined through a multi-stage process including review by the GBCATCH Performance and Evaluation Committee and the GBCATCH Application Committee, prior to review by the GBCATCH Continuum of Care voting membership.

Based on the highly competitive nature of the grant program, ranking of each project will be critical in determining the likelihood of funding. Projects ranked in Tier 2, particularly at the bottom of Tier 2, have a low probability of funding. New projects created through reallocation or bonus funding may be included in either Tier 1 or Tier 2.

Renewal projects will be reviewed and ranked through the CoC process based on performance. New project proposals will be reviewed in reference to organizational capacity, strategic priority, project approach and design, and cost effectiveness and ranked through the CoC process.

HUD PROGRAM INFORMATION

All parties intending to apply for funding are strongly encouraged to review the program regulations, including those organizations that are currently or were previously funded. Proposals that do not conform to the regulations will not be considered for funding. The regulations and other information for the Continuum of Care Program may be found at [this link](#).

FUNDS AVAILABILITY

Once awarded by HUD, grant funds are estimated to be made available by HUD by **the first half**

of calendar year 2022. However, the awarding of funds and the timing of awards and grant-making by HUD is outside of the control of the GBCATCH/MA-519 CoC. Agencies seeking renewal funding must be aware of all operating year start and end dates and must make arrangements to accommodate any period for which a HUD funding award is denied or delayed. It should be noted that projects created through reallocation are not renewal projects and may have different start dates than the grants from which funds were taken.

SUBMISSION PROCEDURE

Please prepare and submit a project letter of intent and submit by **September 10th at 5 pm** including the following information:

Nature of Project (Renewal Project, Bonus Project, or New Project (from reallocated funds)):

Project Title:

Project Summary (1 paragraph):

Program type (Permanent Supportive Housing, Rapid Re-Housing, New “Joint Project”, Supportive Services including HMIS and Coordinated Intake):

Proposed Funding Amount:

Contact person and contact information:

Name and contact information of person responsible for preparing final application in eSNAPS:

Please submit the letter of intent on applicant’s letterhead, signed by executive director (or appropriate similar position), including the items listed in Appendix A, Part II, via email or postal mail to:

By E-Mail:

ebruder-moore@comcounseling.org

Please include “2019 NOFO LOI” in the subject line.

By Postal Mail:

Attn: Ellen Bruder-Moore Abramowitz

GBCATCH c/o CCBC

1 Washington Street

Taunton, MA 02780

NOTE: The Consolidated Appropriations Act, 2021 (Public Law 116-260, approved December 27, 2020) amended title IV section 435 of the Act to allow Indian Tribes and Tribally designated Housing Entities (TDHE) to be Collaborative Applicants, eligible entities, or subrecipients of the CoC Program in addition to amending title IV section 401 to add the terms :Formula Area” and “Indian Tribe.” These amendments mean that not only may Tribes and EDHE’s apply for grants through other CoCs but that formula areas, as that term is defined in the Indian Housing block Grant program at 24 CFR 1000.302, are eligible to be added to the geographic areas of existing CoC’s or may be included in newly formed CoCs. HUD has chosen to implement integration of Tribes and TDHEs into the CoC program in stages because tribal consultation is not yet complete. For the FY 2021 competition, Tribes and TDHEs will be eligible to apply for projects through existing CoCs only.

The applicant will enter the formal grant application via HUD’s eSNAPS online portal, following the timeline distributed by GBCATCH for the FY2021 CoC NOFO application process.

GBCATCH may request additional information for any project, if needed pursuant to the CoC NOFO or related materials. If your project is selected for submission to HUD, you may be requested to provide additional information within a timeframe to be specified by GBCATCH.

This RFP and the 2021 CoC NOFO Information will be added to the GBCATCH Facebook Page (<https://www.facebook.com/Greater-Bristol-County-Attleboro-Taunton-Coalition-to-end-Homelessness-1450711035143268/?ref=bookmarks>) and the CCBC Website (www.comcounseling.org) .

Please direct any questions to Irene Frechette, Chair, GBCATCH at frechetteathome@comcast.net, or Ellen Bruder-Moore Abramowitz, Collaborative Applicant for GBCATCH, ebruder-moore@comcounseling.org.

Appendix A

Threshold Criteria for Continuum of Care Grant Proposals

I. Criteria for Continuum of Care Grant Participation

- a) Must have documentation of having served HUD-eligible homeless persons or families, through activities that are eligible under the CoC Interim Rule, during the twelve months prior to the deadline stated in the Request for Proposals
- b) Must propose an eligible activity for an eligible homeless population, pursuant to HUD requirements
- c) Must be an eligible contractor for federal funds per <https://www.sam.gov/>, must have a current tax exempt status as verified by the IRS and must not owe any overdue tax debts, as documented on IRS 990 submissions to the IRS
- d) Must not propose to use HUD funds to supplant current funding
- e) Must identify matching funds prior to application submission
- f) Must provide the information listed below in Section II and must have satisfactory organizational status, experience and capacity to submit, implement and operate the proposed project, as determined by GBCATCH

II. Information on Organizational Status

Sponsors of CoC projects must provide the following items to the GBCATCH for review:

- a) Signed letter of intent to apply for CoC Funding
- b) Copy of Code of Conduct
- c) IRS 501(c)3 designation letter (status in place for at least one year prior to application deadline)
- d) Most current APR on file with HUD (*e-snaps* prior to April 1, 2019, or SAGE after April 1, 2019.) Please indicate the date the APR was submitted.



MA-519

PROJECT REVIEW AND SELECTION PROCESS

1E-2

THE GBCATCH CoC's Rating and Ranking committee evaluated all programs currently in existence in the small CoC. The agencies with programs took advantage over the past two years in merging a number of smaller programs to create a total of 3 Permanent Supportive Housing programs, along with the Coordinated Entry and Planning programs. This makes ranking programs difficult as it is a small Continuum and all programs are well operated and necessary for the community.

The committee looked at the Ranking Tool created by HUD and made changes to better fit the needs of the area. This included looking at major factors suggested by the HUD tool in the APR's of existing programs. Because the programs are high performing it was decided they would remain in Tier 1 along with the required program Coordinated Entry. The new new proposed projects were ranking afterwards based on population served by the projects.

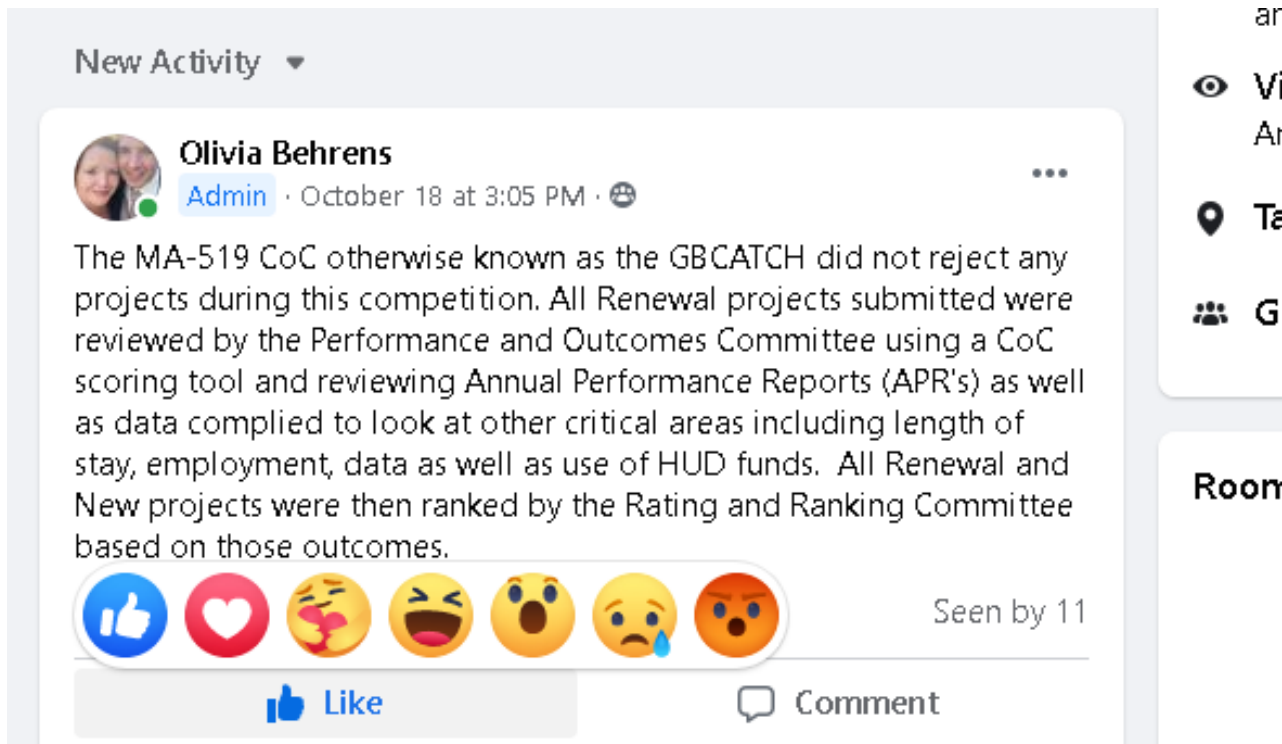
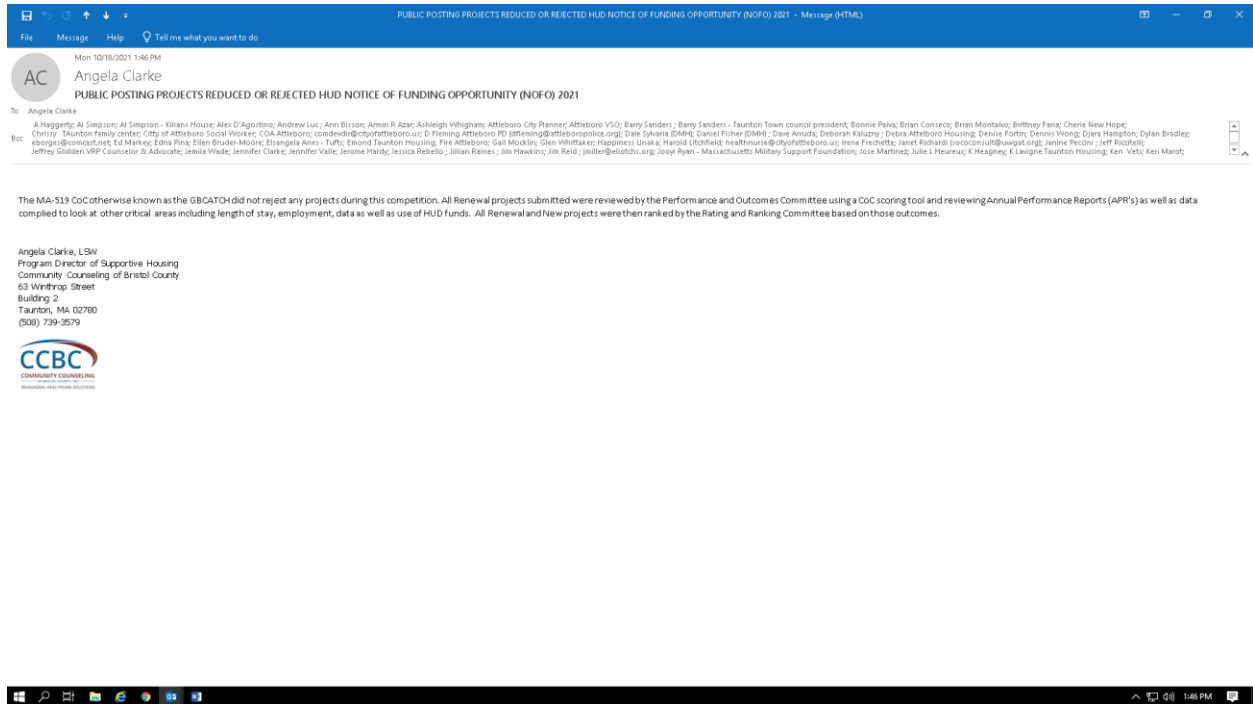


MA-519

Project Rejected/Reduced Notification

1E-5

10/18/2021





MA-519

PROJECTS ACCEPTED NOTIFICATION

1E-5a

FileMessageHelpTell me what you want to do

IgnoreXDeleteArchiveReplyReply AllForwardMoreMeeting

Individual Ser...HRTo ManagerTeam EmailDoneReply & DeleteCreate New

RulesOneNoteMoveActionsMark UnreadCategorizeFollow UpTranslateFindRelatedSelectRead AloudZoom

DeleteRespondQuick StepsMoveTagsEditingSpeechZoom

AC

Mon 10/25/21 1:53 PM

Angela Clarke

GBCATCH Rating and Ranking 2021 HUD NOFO

To Angela Clarke

Bcc

A Haggerty; Al Simpson - Killans House; Alex D'Agostino; Andrew Luc; Ann Bisson; Armin R Azar; Ashleigh Whigham; Attleboro City Planner; Attleboro VSO; Barry Sanders; Barry Sanders - Taunton Town council president; Bonnie Paiva; Brian Conesco; Brian Montalvo; Brittney Faria; Cherie New Hope; Chrissy Taunton family center; City of Attleboro Social Worker; COA Attleboro; comdevdir@cityofattleboro.us; D Fleming Attleboro PD (dfleming@attleboropolice.org); Dale Sylvia (DMH); Daniel Fisher (DMH); Dave Arruda; Deborah Kaluzny; Debra Attleboro Housing; Denise Fortin; Dennis Wong; Deolinda Silva; Djara Hampton; Dylan Bradley; eborges@comcast.net; Ed Markey; Edna Pina; Ellen Bruder-Moore; Elsangela Anes - Tufts; Emond Taunton Housing; Fire Attleboro; Gail Mocklin; Glen Whittaker; Happiness Unaka; Harold Litchfield; healthnurse@cityofattleboro.us; Irene Frechette; Janet Richardi (sococonsult@uwgat.org); Janine Peccini; Jeff Riccitelli;

GBCATCH

PROJECT RATING AND RANKING

The MA-519, otherwise known as GBCATCH (Greater Bristol County Attleboro Taunton Coalition to end Homelessness) accepted all projects during the 2021 HUD NOFO (Housing and Urban Development Notice of Funding Opportunity) competition. All renewal projects were reviewed by the Performance and Outcomes Committee using guidance from HUD, adapting the HUD tool for rating and ranking, reviewing Annual Performance Reports (APR's), and looking at priorities of persons served by the programs. All Renewal and New projects were then ranked by the committee based on those outcomes. The ranking of projects for this year's competition is found below:

Tier 1:

1. The CALL Coordinated Entry Program

2. Moving Forward II Permanent Supportive Housing Program

3. Steadfast Permanent Supportive Housing Program

4. Homes with Heart Permanent Supportive Housing Program

Tier 2:

1. Rehousing Survivors Rapid Rehousing program for survivors of Domestic Violence

2. Housing is Healthcare Permanent Supportive Housing Program

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Greater Bristol County Attleboro Taunton Coalition to End H...

New Activity ▾

Olivia Behrens
Admin · 21m ·

PROJECT RATING AND RANKING

The MA-SEA, otherwise known as GBCATCH (Greater Bristol County Attleboro Taunton Coalition to End Homelessness) accepted all projects during the 2021 HUD NHDIP Housing and Urban Development Notice of Funding Opportunity's competition. All reviewed projects were reviewed by the Performance and Outcomes Committee using guidance from HUD, adapting the HUD tool for rating and ranking, reviewing Annual Performance Reports (APRs), and looking at priorities of persons served by the programs. All Renewal and New projects were then ranked by the committee based on these outcomes. The ranking of projects for this year's competition is found below:

Tier 1:

1. The GBCU Coordinated Entry Program
2. Moving Forward II Permanent Supportive Housing Program
3. StreetOut Permanent Supportive Housing Program
4. Homes with Heart Permanent Supportive Housing Program

Tier 2:

1. Rehousing Survivors Rapid Rehousing program for survivors of Domestic Violence
2. Housing is Healthcare Permanent Supportive Housing Program

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Taunton, Massachusetts

General

Rooms

Get the Group Together on Video

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Letter of Commitment to Provide Healthcare Services

October 28, 2021

To Whom It May Concern:

The Massachusetts Behavioral Health Partnership (MBHP) supports the MA-519 Continuum of Care request for the HUD NOFO Supportive Housing Program, Housing is Healthcare, using bonus funds. Should the proposal for a new project be funded, MBHP will support enrollment into the Community Support Program for Chronically Homeless Individuals (CSP-CHI) for all eligible project participants.

Behavioral healthcare services will be provided through the CSP-CHI program available through MBHP's Medicaid insurance coverage, and have been shown to effectively assist in sustaining tenancies for this population. The project recipient, Community Counseling of Bristol County, currently provides CSP-CHI services as an approved contracted provider.

CSP-CHI healthcare services will be made available to eligible project participants at the start of the grant and will be available for twelve (12) months minimum. The annual value of this service is estimated to be \$37,887, based on the current allowable daily rate of \$17.30 per person served and the expectation that six chronically homeless project participants will be enrolled.

If I may be of further assistance in the application process, please do not hesitate to contact me.

Sincerely,

Sharon Hanson
Chief Executive Officer
617-686-6975
sharon.hanson@beaconhealthoptions.com



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