

## 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](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

**1A-1. CoC Name and Number:** MD-513 - Wicomico, Somerset, Worcester Counties CoC

**1A-2. Collaborative Applicant Name:** Somerset County Health Department

**1A-3. CoC Designation:** CA

**1A-4. HMIS Lead:** Somerset County Health Department

## 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](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:  
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<b>1B-1.</b>	<b>Inclusive Structure and Participation–Participation in Coordinated Entry.</b>	
	NOFO Sections VII.B.1.a.(1), VII.B.1.e., VII.B.1.n., and VII.B.1.p.	

In the chart below for the period from May 1, 2020 to April 30, 2021:

1.	select yes or no in the chart below if the entity listed participates in CoC meetings, voted—including selecting CoC Board members, and participated in your CoC’s coordinated entry system; or
2.	select Nonexistent if the organization does not exist in your CoC’s geographic area:

	Organization/Person	Participated in CoC Meetings	Voted, Including Electing of CoC Board Members	Participated in CoC’s Coordinated Entry System
1.	Affordable Housing Developer(s)	Yes	Yes	No
2.	Agencies serving survivors of human trafficking	Yes	Yes	Yes
3.	CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
4.	CoC-Funded Victim Service Providers	Nonexistent	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	Yes	Yes	Yes
16.	Local Government Staff/Officials	Yes	Yes	Yes
17.	Local Jail(s)	Yes	Yes	No
18.	Mental Health Service Organizations	Yes	Yes	Yes

19.	Mental Illness Advocates	Yes	Yes	Yes
20.	Non-CoC Funded Youth Homeless Organizations	Yes	Yes	Yes
21.	Non-CoC-Funded Victim Service Providers	Yes	Yes	Yes
22.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Nonexistent	No	No
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	No
27.	School Administrators/Homeless Liaisons	Yes	Yes	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.	Veteran Agencies - VA staff, SSVF agencies	Yes	Yes	Yes
34.	Fair Housing Organization; 211 hotline	Yes	Yes	Yes

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

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

**(limit 2,000 characters)**

1. The CoC has an open invitation listed on the HALS CoC website noting the date and time of monthly meetings and contact information for those who wish to join the CoC. In addition to the website, an annual news release is sent to local media to invite new members to attend the next scheduled meeting which also includes the meeting schedule. Nearly every CoC meeting includes a new attendee, who is given time to discuss their program or express an opinion about how to address homelessness.

2. The CoC maintains an active email list of over 150 members that is used to communicate with the entire group. All CoC email list members are reminded at each meeting to send any correspondence to the CoC email contact person, who will then forward all correspondence. Additionally, all documents are on accessible electronic formats to ensure effective communication with individuals with disabilities. If any CoC member has problems accessing information, CoC staff will provide assistance.

3. A homeless advisory council was established in 2019, which is strictly for

folks who are experiencing or have experienced homelessness. The group facilitator updates the entire CoC membership monthly with council opinions and advice. It is also a goal to have at least one member of this small group attend the monthly CoC meetings.

4. All organizations within our CoC assist all in need of help equally, but we do have two organizations that focus on specific communities (Haitian Creole and Latino) in our area: the Lower Shore Vulnerable Populations Task Force and Telamon. These organizations both participate in CoC meetings.

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

Describe in the field below how your CoC:

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

**(limit 2,000 characters)**

1. Prior to each monthly CoC meeting, an agenda is prepared and sent to all recipients on the email list. When these topics are presented in the meeting, CoC members are encouraged to express opinions and expertise.

2. At CoC meetings, members and guests are given the opportunity to present information on their programs and share information on upcoming meetings, forums, job fairs, landlord engagement, life skills training, etc. that is also provided in the minutes sent out after the meeting for those that could not attend. Some agenda items require a vote from the CoC membership: these items are discussed at length and CoC members are given time to discuss and ask questions before the final vote is held. Several of our CoC members have websites and social media that they use to disseminate information to the public and also receive feedback, which could then be shared with the entire membership.

3. We have broad representation of individuals on our CoC and most are involved with other meeting groups or forums that may be of interest to the CoC membership. Many agencies conduct needs assessments or focus groups on topics that are adjacent to homelessness and all are encouraged to present at CoC meetings. We use these monthly meetings to educate CoC members who are serving folks experiencing homelessness with programs that may meet their needs.

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. When the HUD CoC NOFO competition is opened, the CoC solicits project applications by notifying the CoC membership via email as well as submitting a notice on the website that gives full information on available funding for both renewal and new projects with a contact person to request assistance in submitting a project application.

2. In the notice referenced above, the collaborative agent encourages agencies who have not previously been funded through a NOFO to submit a new or bonus project. Deadlines are clearly stated to ensure they meet HUD and CoC requirements.

3. The notice distributed via email to the CoC and submitted to the website states that new project applicants must submit their project applications via e-snaps by a specific date, along with a letter of interest to be received prior to the full application.

4. A new project from an organization not previously funded will be vetted by the CoC using specific determination criteria. The HMIS system administrator will pull the project(s) into the priority listing. The project is reviewed to determine if it meets project threshold requirements as determined by the HUD rating and and ranking tool. If all criteria are met, the project will be ranked by the committee.

5. All of the distributed information from our CoC is sent via email and posted online. Both of these formats are accessible to individuals with disabilities.

## 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](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)	Yes
10.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent
11.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Nonexistent
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)	Yes
17.	Temporary Assistance for Needy Families (TANF)	Yes
	Other:(limit 50 characters)	

18.		
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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. The CoC retained complete oversight of ESG and the additional ESG-CV funding from the state. All ESG program recipients were members of the governance committee and were all involved in planning. Meetings were held with the state ESG funded agency (DHCD) and ESG sub-recipients regarding fund allocation. The CoC previously utilized the DHCD HSP Policy Manual as a basis for the HALS CoC HSP Policy Manual and continued to provide guidance and instructions for ESG sub-recipients.

2. The CoC participated in evaluating and reporting performance of ESG recipients and sub-recipients through entry in our HMIS database and quarterly reporting. The State of Maryland required all ESG recipients to utilize the HMIS chosen by their CoC and from that, the CoC's HMIS administrator provided quarterly reports to be uploaded to the State through the SAGE system.

3. The HMIS system administrator provided PIT and HIC data to the Consolidated Plan jurisdiction through email distribution and posting on the CoC lead website.

4. The HMIS system administrator also provided information to the two Consolidated Plan jurisdictions on at least an annual basis but if required by guidelines, more frequently.

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.	Yes
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.	Yes
6. Other. (limit 150 characters)	

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 3 local boards of education have been actively collaborating with the CoC since its inception in 2002. These boards as well as Head Start providers participate in CoC meetings, Youth REACH MD count (except in 2020 due to COVID-related cancellation), the homeless needs subcommittee and also keep CoC membership aware of activities through meeting and email list participation.

2. The CoC does not have any formal partnerships with youth education providers.

3. The State Education Agency is in constant communication with our Local Education Agencies (boards of education) and provides direction and coordination during Youth REACH counts. The SEA has worked with the LEAs and CoC for the past 5 years to survey children in schools who lack fixed permanent addresses.

4. The three local boards of education are very involved in the activities of the CoC, but we do not have any formal partnerships with these LEAs. We have no formal partnership with our local State Education Agency.

5. Each of the 3 school districts visits shelters and other homeless providers to ensure that children who are experiencing homelessness or living with other family are able to maintain educational consistency. In our rural communities, the LEAs know these children by name and follow them as they move from school to school.

6. Each school district has MOUs with county government to provide educational services to children experiencing homelessness.

1C-4a. CoC Collaboration Related to Children and Youth—Educational Services—Informing Individuals and Families Experiencing Homelessness about Eligibility.	
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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)**

The CoC developed a policy to ensure that the educational needs of homeless children are met, which requires the Board of Education and Head Start liaisons to collaborate and provide annual reports of the number of homeless children being assisted. To inform families about educational services, these entities must:

- (1) provide written material to parents informing them of their rights;
- (2) ensure that children are enrolled in school immediately to connect them to services and provide needed supplies and materials;
- (3) identify homeless children/youth, determine best interests, monitor registration/enrollment and resolve enrollment disputes;
- (4) collaborate with shelters and other agencies to identify homeless youth and inform families of their eligibility for McKinney Vento services; and
- (5) inform parents of their right to keep children in the school of origin or for the child to attend the school located where they are temporarily living.

CoC and ESG-funded projects ensure that all children are enrolled in early childhood programs or in school and are connected to appropriate education-related services in the community. The CoC supplemented this policy by establishing the Youth REACH MD workgroup in 2015, composed of all youth providers to outreach to youth to identify the reasons they became homeless.

<b>1C-4b.</b>	<b>CoC Collaboration Related to Children and Youth–Educational Services–Written/Formal Agreements or Partnerships with Early Childhood Services Providers.</b>	
	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	No
2.	Child Care and Development Fund	No	No
3.	Early Childhood Providers	No	No
4.	Early Head Start	No	No
5.	Federal Home Visiting Program–(including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	No	No
6.	Head Start	No	No
7.	Healthy Start	No	No
8.	Public Pre-K	No	No
9.	Tribal Home Visiting Program	No	No
	Other (limit 150 characters)		
10.			

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. Life Crisis provides an annual training to the full CoC on domestic violence safety planning, trauma informed care and victim centered care approaches and gives an overview of all services provided. This training is included in meeting minutes for future reference and as a resource for members unable to attend the live training. Life Crisis provides high quality therapy at no cost to victims of domestic violence, sexual assault and child abuse as well as survivors or homicide. Life Crisis works with children, adults and family members who have been adversely impacted by the trauma of child abuse, domestic violence, adults sexually abused as children, victims or sexual assault, sex trafficking and rape. Services are also provided to the victim's family members as needed and upon request. Therapeutic services include individual treatment, family sessions and support groups by therapists in treating trauma and interpersonal violence. These services are trauma-informed and best-practice and evidence based. Services are individualized to meet the needs of all seeking help.

2. Life Crisis operates the 24/7 crisis line and 211, therefore providing a major coordinated entry component for the CoC. Safety is the primary concern for victims of domestic violence and Life Crisis maintains planning protocols on their website. All of this is discussed with those seeking services. Therapeutic services begin with an assessment to determine the best victim-centered treatment plan and trauma-informed care plan to meet the needs of the individual or family. Treatment will be a collaboration between the therapist and those seeking help. Therapists at Life Crisis are a part of a comprehensive care team that will provide as much support as needed.

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 local domestic violence agency, Life Crisis, provides de-identified aggregate data from a comparable database to the CoC that assesses the special needs related to domestic violence, dating violence, sexual assault and stalking. DV victims receive a minimum of 6 months and a maximum of 24

months rent, with case management and support services. At the end of the rapid rehousing process, they continue to receive case management services catered to aid their special needs related to specific traumas: therapeutic services begin with an assessment to determine the best victim-centered treatment plan and trauma-informed care plan to meet the needs of the individual or family. Treatment is collaborative between the therapist and domestic violence survivor, and as much support as is needed will be provided.

<b>1C-5b.</b>	<b>Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors—Coordinated Assessment—Safety, Planning, and Confidentiality Protocols.</b>	
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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:

<b>1.</b>	<b>prioritize safety;</b>
<b>2.</b>	<b>use emergency transfer plan; and</b>
<b>3.</b>	<b>ensure confidentiality.</b>

**(limit 2,000 characters)**

1. The CoC coordinated entry tool screens for victims of domestic violence and agency staff are trained to refer to Life Crisis. Our CoC uses a no wrong door model for coordinated entry, supplemented by 211 which is managed by Life Crisis. DV survivors are given victim-centered, trauma-informed services that align with best practices, and generally stay at the safe house for 60 days but can stay longer if safe housing cannot be located.

2. Often, Life Crisis receives the initial call about people fleeing domestic violence and takes immediate steps to get them to the safety of their shelter.

3. CoC and domestic violence staff were involved in the planning and implementation of the coordinated entry process which maximizes client choice for housing and services while ensuring safety and confidentiality. The DV provider utilizes a comparable database that also ensures confidentiality of client identity.

<b>1C-6.</b>	<b>Addressing the Needs of Lesbian, Gay, Bisexual, Transgender—Anti-Discrimination Policy and Training.</b>	
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NOFO Section VII.B.1.f.

<b>1.</b>	<b>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?</b>	Yes
<b>2.</b>	<b>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)?</b>	Yes
<b>3.</b>	<b>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)?</b>	Yes

<b>1C-7.</b>	<b>Public Housing Agencies within Your CoC’s Geographic Area—New Admissions—General/Limited</b>	
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<b>Preference—Moving On Strategy. You Must Upload an Attachment(s) to the 4B. Attachments Screen.</b>	
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?
MD Department of Housing and Community Development	0%	No	Yes
Wicomico Housing Authority	0%	No	Yes

<b>1C-7a. Written Policies on Homeless Admission Preferences with PHAs.</b>	
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)**

Neither of the PHAs that provide housing have a specific housing preference, although they do serve homeless individuals.

Establishment of a homeless preference has been in the works but until then, we do collaborate with the PHAs to serve homeless individuals. Both PHAs are active CoC members that collaborate with the CoC to provide Emergency Housing Vouchers (EHVs), and an MOU has been signed by the CoC Lead and both PHAs.

Additionally, one of the local PHAs (Maryland Department of Housing and Community Development) is the only local PHA that manages HUD VASH vouchers.

<b>1C-7b. Moving On Strategy with Affordable Housing Providers.</b>	
Not Scored—For Information Only	

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

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

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

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

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)?	No
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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)**

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

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

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

Did your CoC enter into a Memorandum of Understanding (MOU) with any PHA to administer the EHV Program?	Yes
---	-----

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
MD Department of ...
Wicomico Housing ...

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

**Name of PHA:** MD Department of Housing and Community  
Development

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

**Name of PHA:** Wicomico Housing Authority



## 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.	7
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.	7
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-coordinated entry projects the CoC has ranked in its CoC Priority Listing in the FY 2021 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

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

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

**(limit 2,000 characters)**

The CoC holds regular meetings to discuss projects, participants and wait list clients. The projects that adhere to the Housing First approach regularly confirm that there are no preconditions to assistance nor service participation requirements.

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
---	-----

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. All 3 counties in our CoC have PATH and SSVF programs and 2 have HSP/ESG funded agencies who conduct street outreach of homeless individuals. In addition, each county health department has peer support specialists who connect people with substance abuse issues with needed services. These peer support specialists refer clients they meet on the street to PATH & HSP/ESG case managers for assistance.

2. The CoC's street outreach covers 100% of the CoC's geographic area.

3. PATH, SSVF and HSP/ESG-funded street outreach case managers travel to locations where unsheltered homeless either frequent or live (such as encampments) on a weekly basis.

4. Thanks to additional funding from HSP/ESG, the CoC's street outreach has been strengthened. In continuation of changes made in 2018 where the CoC mandated street outreach, the PATH program continues to be conducted by visiting those who are street homeless outside of shelters and agencies and who are least likely to request assistance. Regular outreach is still being conducted by one county's HOT team to engage and stabilize those who are most vulnerable. PATH and ESG refer these individuals to permanent supportive housing.

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

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

1.	Engaged/educated local policymakers	Yes
2.	Engaged/educated law enforcement	Yes
3.	Engaged/educated local business leaders	Yes
4.	Implemented communitywide plans	Yes
5.	Other:(limit 500 characters)	

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

	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.”	98	93

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;
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 informs its members throughout the year about available

mainstream resources to program participants such as the Affordable Care Act, Medicaid, SOAR, SSI, TANF, WIC, VA medical benefits and substance abuse and mental health services though agenda topics at regular CoC meetings. These presentations are distributed in written form via meeting minutes. The governance committee has representation from local health departments (which oversee public mental health and substance abuse services, ACT benefits and WIC) and also local departments of social services which oversee state disability income, Medicaid, SNAP and TANF. The SOAR program is an ongoing state program working to combat the opioid crisis. The largest mental health provider in the CoC takes the lead for SOAR and conducts monthly case conferencing with SOAR case managers and also provides primary care services.

2. Through the CoC email group, mainstream resource availability information and materials are distributed to all members. The CoC website also contains the annually updated HALS Resource Guide.

3. All CoC member agencies assist their participants in obtaining food stamps and Medicaid upon entry. Worcester County Health Department is the lead agency for our region for health insurance available under the Affordable Care Act. During the open enrollment period for the ACA, information is distributed via the CoC email group to ensure all members are aware of this resource.

4. The CoC reviews Medicaid and other benefits through their quarterly review of agency HMIS data to ensure that individuals and families are connected to Medicaid and other benefits through the case management available at CoC HSP agencies.

1C-14.	Centralized or Coordinated Entry System–Assessment Tool. You Must Upload an Attachment to the 4B. Attachments Screen.	
NOFO Section VII.B.1.n.		

Describe in the field below how your CoC’s coordinated entry system:

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

**(limit 2,000 characters)**

1. Our CoC's coordinated entry system is based on the no wrong door approach to ensure that all geographic areas are covered. The CoC's geographic area consists of three counties and our coordinated entry contains resources separated by each county, if appropriate. Some resources will accept individuals from multiple counties and those are noted as well.

2. The CoC continues to monitor and evaluate the effectiveness of the coordinated assessment system to ensure that it reaches those people who are least likely to apply for homelessness assistance. Our tool was modified to include COVID-19 resources and we continue to divert to emergency shelters as possible and still utilize outreach workers to seek out those who are street homeless or individuals living in encampments. Two groups within the CoC continue to seek out and connect with chronically homeless individuals and

assist them with shelter PSH or HUD VASH vouchers, on a weekly and bi-weekly basis.

3. The assessment tool includes a self-sufficiency outcome matrix which allows for prioritization of rapid rehousing and permanent housing for those clients most in need. We continue to offer case management services for need identification and follow-up.

4. Agencies work to identify needs using the coordinated assessment tool and matrix and once needs are identified, agencies work together to find services in a timely manner for clients most in need of assistance. The CoC monitors the coordinated entry system to ensure timeliness of services and it continues to be a dynamic and evolving process.

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.	Yes
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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.		

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 participates in Fair Housing training through a local agency (Telamon) who received HUD funding to address all forms of discrimination based on all forms or protected classes under the Fair Housing Act and Equal Access. Specific to racial equity, there is a racial equity subcommittee within the CoC, and the HMIS lead participates in webinars and online trainings geared towards promoting racial equity in homelessness. Information from the LSA is shared with the full CoC as well.

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
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1.	Included and provide input that is incorporated in the local planning process.	2	2
2.	Review and recommend revisions to local policies addressing homelessness related to coordinated entry, services, and housing.	2	2
3.	Participate on CoC committees, subcommittees, or workgroups.	2	2
4.	Included in the decisionmaking processes related to addressing homelessness.	2	2
5.	Included in the development or revision of your CoC's local competition rating factors.	2	2

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)	

## 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](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.	<b>Safety Protocols Implemented to Address Immediate Needs of People Experiencing Unsheltered, Congregate Emergency Shelter, Transitional Housing Homelessness.</b>	
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NOFO Section VII.B.1.q.	
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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:	
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1.	unsheltered situations;	
2.	congregate emergency shelters; and	
3.	transitional housing.	

**(limit 2,000 characters)**

1. Staff who normally canvass for unsheltered individuals were put on hold at the immediate onset of the pandemic. Several of the shelters began to provide food distribution to anyone who needed it (shelter guests or not) by utilizing outside distribution methods at several locations. Outreach workers began traveling to encampments again to distribute food and began working towards securing hand washing stations and portable toilets as many locations that the street homeless population used for these needs closed. The county with the largest number of unsheltered individuals created a tent city with 25 tents, food distribution and bathroom/shower facilities. Additional unsheltered individuals were given hotel/motel stays.

2. The CoC began to provide information to shelters as soon as guidance emerged from the CDC and HUD. Emergency shelters did not lock down entirely, but did not accept any new guests at the beginning of the pandemic in order to protect current guests and staff members. Shelters reported implementing temperature checks, increased cleaning protocols and working towards distancing. Shelters with food service limited the number of guests and began feeding in shifts to maintain distancing. Intakes were completed over the phone.

3. The two transitional housing providers in the CoC implemented temperature checks and physical distancing measures.



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)**

COVID-19 was an incredible test of just how well the CoC could respond to a serious and novel emergency situation. The CoC immediately began to hold weekly update meetings in which all members could describe what they were dealing with, the protocols in place, what was working or not working, and how to quickly adjust in order to continue serving those in need to the best of their ability.

The experience of having to navigate a continually-evolving pandemic by receiving and implementing often changing information forced the CoC to re-evaluate many processes, both during the height of the pandemic and going forward.

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)**

1. As soon as ESG-CV funding was announced, it was decided that the two agencies most familiar with HSP regulations would be receiving the majority of funds for distribution. All current HSP agencies within our CoC were provided with funding to purchase PPE. Additionally, vehicles used to transport any homeless individuals or families were outfitted with safety equipment that will protect clients and staff.

2. Hotel rooms were secured to house individuals for a two-week quarantine period that will precede entry into an emergency shelter. The work for this was separated into two agencies with the most experience with HSP regulations: one agency covered Somerset and Wicomico counties and the other covered Wicomico and Worcester. Funding was provided to hotels directly so these agencies would not have to front any money.

3. Homeless prevention funds were able to be used to help prevent evictions. At the beginning of the pandemic when no court-generated eviction letters could be generated, a letter from the landlord would suffice in order to receive assistance.

4. All current HSP agencies were issued funds to purchase healthcare supplies.

5. All current HSP agencies were issued funds to purchase sanitary supplies.

Additionally, the coordinated assessment tool was updated to reflect additional resources at the beginning of the pandemic.

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 lead is the Somerset County Health Department who also works closely with both Wicomico and Worcester county health departments. Immediate action was taken to safeguard guests currently in shelters by increased cleaning, health/temperature screenings, physical spacing and by stopping new admissions. For homeless individuals and families who could not be sheltered, hotel/motel stays were available (with prioritization for the most vulnerable). Further on in the pandemic, some clients were quarantined in hotels/motels and then released to a shelter.

2. Weekly virtual meetings and conference calls were held and safety measures were discussed and reported on by each agency. HSP agencies received funding to purchase PPE and the directors of each agency confirmed what their safety measures were and that they were being implemented.

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. Almost immediately at the onset of the pandemic, the CoC lead began holding conference calls with the entire membership to disseminate guidance and share information about COVID-19 safety measures. These conference calls were held weekly and any additional information was distributed via email from the CoC lead to the entire membership to ensure continuity of information.

2. Governmental and health department representatives from all three jurisdictions within the CoC presented local restriction information via press releases, emails and attendance at the weekly update meetings.

3. The CoC worked closely with each Health Department and the local hospitals to advocate for the vaccination of the homeless population while in shelter as

well as those unsheltered. Each Health Department worked side by side with our local hospitals, Tidal Health and Atlantic General, to provide access to vaccinations, education and resources to the homeless population.

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)**

When the state of Maryland shut down in March due to the pandemic, the CoC Lead immediately initiated a subcommittee to meet weekly to concentrate on COVID-19 and this new way of life we were all entering.

This subcommittee membership consisted of all shelters and outreach workers in the Tri-County area. COVID vaccination information was also put on the agenda during our monthly CoC meetings, so all other agencies were aware of any updates or, if they had questions themselves, could discuss with the entire membership.

The CoC Lead also attended the CoC Peersharing weekly meeting conducted by DHCD. Information from this meeting and daily emails regarding vaccine implementation were forwarded to all CoC members to ensure they were always aware of any changes, funding, programs and CDC guidelines and policies enacted due to COVID-19.

The CoC worked closely with each Health Department and the local hospitals to advocate for the vaccination of the homeless population while in shelter as well as those unsheltered. Each Health Department worked side by side with our local hospitals, Tidal Health and Atlantic General to provide access to vaccinations, education and resources to the homeless population.

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)**

Information was shared from the CoC's DV shelter that courts were closed for the majority of cases, but protective orders were still being issued as needed. Although no new guests were accepted into the DV shelter's building, clients were still able to be served by the arrangement of hotel/motel stays. Once safe to do so, clients were again allowed to stay within the building. During the weekly CoC pandemic meetings, the DV provider advised to have clients in crisis continue to contact 211 for assistance.

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)**

The coordinated entry tool used by the CoC was quickly revised to add resources for eviction prevention related to COVID-19 and released to the entire CoC for immediate usage. The coordinated entry process was modified to run through one agency who would do referrals from there.

# 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](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

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- 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.	09/14/2021
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.	09/14/2021

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.	No
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 has a required mandate within its Governance Charter that all new and renewal projects must be housing first and low barrier. The CoC lead maintains the wait list of people in need of PSH and refers the most vulnerable and/or chronically homeless to fill these vacancies.
2. The CoC utilized the same rating and ranking tools as in previous years, including a CoC-created rubric that scores projects based on severity of needs that each project provided to chronically homeless individuals as well as other CoC renewal project goals. The renewal projects included two shelter plus care projects which had lower rubric scores, but which are very much needed in our CoC.

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 rating factors were developed for the previous competition (2019) and the committee involved consisted of six members, five white women and one Black woman. This year's committee included new members but the racial demographics remained the same.
2. The review, selection and ranking process was completed by the same committee.
3. The rating and ranking process this year did not include a specific measurement of demographics, but the CoC is working diligently to better address racial equity in all aspects of homelessness.

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

Describe in the field below:

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

**(limit 2,000 characters)**

1. The CoC has documented reallocation process that was developed in 2016, modified and approved in 2018 and is available to all CoC members. The steps are:
  - Prior to the CoC NOFO competition, each CoC-funded project is asked about their desire to voluntarily reallocate their project.
  - If problems are identified as a result of annual project monitoring and issues are not corrected within the specified time period, the governance committee may notify the CoC-funded PSH project that they will recommend reallocation to the full CoC. At the next CoC meeting after the project is notified, the findings of the monitoring review will be given to the full CoC and they will be asked to vote on whether or not to reallocate the project in the new CoC NOFO competition.
2. No projects were identified using this criteria for this year.
3. No projects were reallocated this year.
4. Not applicable.
5. The reallocation process was communicated to all possible project applicants as a part of the publicly-posted NOFO announcement.

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.	<b>Projects Accepted–Public Posting. You Must Upload an Attachment to the 4B. Attachments Screen.</b>	
	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.	11/03/2021
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1E-6.	<b>Web Posting of CoC-Approved Consolidated Application. You Must Upload an Attachment to the 4B. Attachments Screen.</b>	
	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.	11/14/2021
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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](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  
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 - 24 CFR part 578

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

Enter the name of the HMIS Vendor your CoC is currently using.	WellSky
--	---------

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

Select from dropdown menu your CoC's HMIS coverage area.	Single CoC
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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.	05/14/2021
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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 DV provider in our CoC utilizes a comparable database which is held to the same data quality standards as the HMIS program. Meaning, they collect information as outlined in the 2020 HMIS Data Standards

2. The DV provider is able to submit reports with de-identified aggregated data for their project to the CoC and HMIS lead.

<b>2A-5.</b>	<b>Bed Coverage Rate—Using HIC, HMIS Data—CoC Merger Bonus Points.</b>	
	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	122	7	115	100.00%
2. Safe Haven (SH) beds	0	0	0	
3. Transitional Housing (TH) beds	20	0	20	100.00%
4. Rapid Re-Housing (RRH) beds	93	0	93	100.00%
5. Permanent Supportive Housing	276	0	276	100.00%
6. Other Permanent Housing (OPH)	0	0	0	

<b>2A-5a.</b>	<b>Partial Credit for Bed Coverage Rates at or Below 84.99 for Any Project Type in Question 2A-5.</b>	
	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)**

<b>2A-5b.</b>	<b>Bed Coverage Rate in Comparable Databases.</b>	
	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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<b>2A-5b.1.</b>	<b>Partial Credit for Bed Coverage Rates at or Below 84.99 for Question 2A-5b.</b>	
	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)**

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](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

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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](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

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- 24 CFR part 578

<b>2C-1.</b>	<b>Reduction in the Number of First Time Homeless—Risk Factors.</b>	
	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. Our continuum uses coordinated entry to identify risk factors for becoming homeless. The primary risk factors we have identified include mental health and/or substance abuse issues, lack of affordable housing, low incomes, and a lack of accessibility to transportation due to being a rural area. Our CoC borders two other states as well as another CoC and people will travel to our CoC as we have more shelter beds. These folks are identified as first time homeless even though they may have been identified in their original CoC's HMIS as homeless. To garner the input and opinions of current or formerly homeless individuals in regard to risk factors, the CoC also formed a Homeless Advisory Council.

2. The strategy the CoC utilizes to address individuals and families at risk of becoming homeless is to increase services and supports through the Homelessness Solutions Program (HSP). This program increased funds available for shelters, rapid rehousing, outreach, prevention and case management. Case management has been a large part of our ongoing strategy to address homelessness.

3. Two CoC subcommittees (Homeless Needs and Rating/Ranking/Evaluation) are tasked with addressing first time homelessness and share their recommendations with the Governance committee. The CoC has the ultimate responsibility for all strategies to reduce the numbers of first-time homeless.

<b>2C-2.</b>	<b>Length of Time Homeless—Strategy to Reduce.</b>	
	NOFO Section VII.B.5.c.	

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

**(limit 2,000 characters)**

1. With this year being heavily influenced by COVID, we attempted to reduce the time that individuals and families remained homeless by utilizing federal funds to aid with hotel/motel stays and continue to work towards permanent housing for these individuals and families.

2. The self-sufficiency matrix that is completed along with coordinated entry helps to identify individuals and families with the longest lengths of time homeless, which we then prioritize. APR reports pulled quarterly from HMIS also aid in identifying agencies that are not meeting performance standards. These agencies will receive guidance for modifications that will get them to meet or exceed the performance standard threshold. We also prioritize those with the longest history of homelessness in filling PSH vacancies.

3. Several subcommittees work on this objective. The Veteran Affairs subcommittee is still working to end veteran homelessness, which has been delayed by the impact of COVID. This subcommittee conducts case conferencing to discuss the by-name list. Also, the Rating/Ranking/Evaluation subcommittee reviews ALT data and reports results to the Homelessness Solutions subcommittee. Ultimately, the CoC lead is responsible for reducing the length of time spent homeless.

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

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

**(limit 2,000 characters)**

1. The CoC's strategy to increase exits to permanent housing destinations from ES, SH, TH and RRH is based on increased HSP funding for RRH services (including case management). The CoC monitors the HSP program and its case management staff in their outreach work to those experiencing homelessness to exit to permanent housing.

2. We continue to prioritize housing the most vulnerable and chronically homeless individuals, even while dealing with the stresses of working with the continued pandemic. Case managers maintain constant communication with new clients and communicate regularly with established clients to ensure they do not encounter difficulties which could lead to loss of housing. Additionally, CoC-funded programs ensure that families are housed together and are not

separated.

<b>2C-4.</b>	<b>Returns to Homelessness–CoC’s Strategy to Reduce Rate.</b>	
	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. To identify individuals and families who return to homelessness, the CoC utilizes reports generated from HMIS, the open HMIS system and regular follow-ups by case managers. Our open HMIS system allows agency staff who receive coordinated entry referrals to immediately see prior instances of homelessness during the initial intake process. Additional case management funding allows our case managers to seek information from the previous providing agency to determine the reasons that resulted in the return to homelessness. Case managers can then work together to address this new homelessness instance and address sustainability. A new service plan can then be created to aid the individual or family with resources to exit homelessness, such as increased income or budgeting assistance.

2. Using continued tracking of homelessness return rates and partnerships between shelters and rapid rehousing agencies, we will continue to analyze which individuals, families and agencies may need more assistance.

3. Two CoC subcommittees, Homelessness Solutions and Rating/Ranking/Evaluation, are tasked with overseeing the strategies to reduce the rate of return to homelessness. The ultimate responsibility for this strategy lies with the CoC lead.

<b>2C-5.</b>	<b>Increasing Employment Cash Income-Strategy.</b>	
	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 access to employment and therefore increased employment income is based upon continued partnership with CoC member agencies One Stop Job Market, Department of Labor, Tri-County Workforce Development, Goodwill Employment Program, Telamon, Homeless Veterans Reintegration Program, Wor-Wic Community College and the work of case management staff at shelters, rapid rehousing and prevention programs

who connect their participants to employment opportunities.

2. PSH and HSP case managers refer their clients to agencies providing mainstream employment to help them increase their cash income. They then provide follow-up to determine if the client needs additional supports to maintain employment. If employment is lost, case managers can assist in securing a job and providing follow-up and support.

3. The Homeless Needs Subcommittee is responsible for oversight of the CoC's strategy to increase job and income growth through employment. The ultimate strategic responsibility to increase job and income growth through employment is with the CoC lead.

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 continues to partner with Goodwill, Telamon, Wor-Wic Community College and the State Department of Labor with partners to help people gain employment skills. COVID has made employment difficult in our area but we continue to cultivate these partnerships. Additionally, one of our SSVF agencies continues to implement the Homeless Veteran Reintegration Program.

2. Each CoC-funded PSH project has case managers that work with residents to assist them in increasing their employment opportunities if they are able to work. A weekly job journal is distributed through the CoC (and outside of our membership as well) and our case managers will refer clients to these listings as well as other programs offered by the CoC.

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 continues to use SOAR as a method to increase non-employment cash income for our disabled homeless individuals and families. When an individual is disabled and applies for social security benefits, they can then receive monthly disability income from the state. Their case managers help them apply for this funding. SOAR case managers get those they are assisting



to sign a release so that monthly case conferencing can be held at the SOAR workgroup meetings. The state SOAR lead participates in these meetings to give us advice on new and pending SOAR cases to ensure the state continues it's high rate of approved SOAR cases.

2. To increase access to non-employment cash sources, the CoC is constantly encouraging member agencies (especially those with case managers) to become SOAR trained and qualified. Each of our PATH and SSVF agencies have case managers trained in SOAR.

3. Our largest mental health provider in the area (Lower Shore Clinic) assumed the lead for the SOAR workgroup as they have the most trained case managers plus the largest number of people needing Social Security benefits. The SOAR lead keeps the CoC advised of progress, and the Homeless Needs Subcommittee is also responsible for overseeing the CoC's strategy to increase non-employment cash income. The ultimate responsibility for the strategy is with the CoC lead.

### 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](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:  
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<b>3A-1.</b>	<b>New PH-PSH/PH-RRH Project—Leveraging Housing Resources.</b>	
	<b>NOFO Section VII.B.6.a.</b>	

<b>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?</b>	No
--	----

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

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

<b>3A-2.</b>	<b>New PSH/RRH Project—Leveraging Healthcare Resources.</b>	
	<b>NOFO Section VII.B.6.b.</b>	

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

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

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

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

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

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

### 3B. New Projects With Rehabilitation/New Construction Costs

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:  
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 - 24 CFR part 578

<b>3B-1.</b>	<b>Rehabilitation/New Construction Costs–New Projects.</b>	
	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
--	----

<b>3B-2.</b>	<b>Rehabilitation/New Construction Costs–New Projects.</b>	
	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](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:  
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<b>3C-1.</b>	<b>Designating SSO/TH/Joint TH and PH-RRH Component Projects to Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.</b>	
	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
--	----

<b>3C-2.</b>	<b>Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes. You Must Upload an Attachment to the 4B. Attachments Screen.</b>	
	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](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

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- 24 CFR part 578

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

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