

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: ME-500 - Maine Statewide CoC

1A-2. Collaborative Applicant Name: Maine State Housing Authority

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Maine State Housing Authority

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	No
4.	CoC-Funded Victim Service Providers	Yes	Yes	No
5.	CoC-Funded Youth Homeless Organizations	Yes	Yes	No
6.	Disability Advocates	Yes	Yes	Yes
7.	Disability Service Organizations	Yes	Yes	No
8.	Domestic Violence Advocates	Yes	Yes	No
9.	EMS/Crisis Response Team(s)	Yes	Yes	No
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)	No	No	No
13.	Law Enforcement	Yes	No	No
14.	Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates	Yes	Yes	No
15.	LGBT Service Organizations	Yes	Yes	No
16.	Local Government Staff/Officials	Yes	Yes	Yes
17.	Local Jail(s)	No	No	No
18.	Mental Health Service Organizations	Yes	Yes	Yes

19.	Mental Illness Advocates	Yes	Yes	Yes
20.	Non-CoC Funded Youth Homeless Organizations	Yes	Yes	No
21.	Non-CoC-Funded Victim Service Providers	Yes	Yes	No
22.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes	Yes	No
23.	Organizations led by and serving LGBT persons	Yes	Yes	No
24.	Organizations led by and serving people with disabilities	Yes	Yes	No
25.	Other homeless subpopulation advocates	Yes	Yes	Yes
26.	Public Housing Authorities	Yes	Yes	Yes
27.	School Administrators/Homeless Liaisons	Yes	No	No
28.	Street Outreach Team(s)	Yes	Yes	Yes
29.	Substance Abuse Advocates	Yes	Yes	Yes
30.	Substance Abuse Service Organizations	Yes	Yes	Yes
31.	Youth Advocates	Yes	Yes	No
32.	Youth Service Providers	Yes	Yes	No
Other:(limit 50 characters)				
33.	Veteran Service Providers	Yes	Yes	Yes
34.	State Gov.: DHHS, OBH, OCFS, MSHA, CDC, UMaine	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)MCOOC solicits new members via public notice of monthly meetings & an annual call for new members in our RFP Notice emphasizing our invitation to agencies not currently funded through MCOOC. All these are publicly posted on www.mainehomelessplanning.org & shared by regional & population specific email lists. Targeted outreach & engagement of new members also occurs by our Resource Committee soliciting new members to monthly meetings & quarterly trainings attended by stakeholders from across Maine, many not otherwise familiar w/ MCOOC.

2)The call for new members & all MCOOC notices are posted on our website as WORD/PDF docs which can be read aloud using Text to Speech or translated into other languages using Google Translate. Our CA has an email, cochelpdesk@mainehousing.org for all questions/comments about MCOOC including accommodations for people w/ disabilities. We utilize videoconferencing for all meetings, eliminating the need for people to travel to participate.

3)We work w/Homeless Voices for Justice & w/Homeless Advocacy For All, Maine's two primary homeless self-advocacy groups, to ensure persons

experiencing homelessness &/or formerly homeless persons actively & meaningfully participate. We incorporated Maine's Youth Advisory Board (YAB) in our governance & approved stipends to compensate participating YAB members for time/travel for MCOC activities. YAB membership includes youth w/ lived experience of homelessness.

4)In addition to our regular outreach efforts we worked w/ Cultural Brokers statewide to help us connect w/ migrant workers, asylum seekers, & other New Mainers including efforts to provide non-congregate housing & COVID 19 testing for migrant farm workers & providing culturally appropriate meals/food for people in quarantine shelters. MCOC works w/ organizations serving culturally specific communities who may experience homelessness, including Mano en Mano, Wabanaki Women's Coalition, & Immigrant Resource Center of Maine.

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)MCOC solicits/considers opinions & involvement of Statewide & Regional Homeless Councils (SHC&RHC), HOPWA & ESG subrecipients, RHYA, DV/VAWA, PATH, SSVF, & SAMHSA providers, housing developers, advocates, people who've experienced homelessness, businesses, local, state & federal officials & community members. MCOC & SHC developed a Service Hub structure in Maine to bring together even more stakeholders at a local level to be part of broader efforts & focus on prevention, diversion & Coordinated Entry (CE). MCOC & our Board target outreach to potential stakeholders not already at meetings including Tribal entities. Full MCOC & all committee meetings are open to the public & accessible via phone/video conferencing; there are no membership fees/dues. All are welcome to participate in discussions & share ideas/opinions. Our CA provides an email: cochelpdesk@mainehousing.org where anyone may submit questions/comments on MCOC efforts.

2)Agendas, minutes, notices, etc. are publically posted on our website www.mainehomelessplanning.org prior to meetings. MCOC meetings are public & its activities are standing agenda items at SHC&RHC meetings which are also public monthly forums to solicit/share info, opinions, feedback, best practices & discuss emerging state & local issues & advocacy. We actively encourage everyone present to participate in these discussions.

3)Information is gathered at SHC&RHC meetings, public forums across Maine & National conferences, which MCOC incorporates into all effort to develop improvements, best practices & new approaches to ending & preventing homelessness. For example Landlord risk mitigation; Covid response initiatives, rapid resolution & new diversion efforts were all developed w/ considerable public input. Based in large part on public feedback, MCOC & SHC have

developed a new Service Hub structure in Maine, to bring together even more stakeholders at a local level to be part of our broader efforts & to focus on prevention, diversion & CE.

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)MCOC publicly announced it was open to proposals on our website on Sept 1, 2021 via an RFP that welcomed new proposals, including from organizations not previously funded by MCOC & from Tribal entities & encouraging collaborations w/ Healthcare Organizations & PHAs.

2)In our RFP publicly posted on our website on Sept 1, 2021 we welcomed new proposals from organizations not previously funded by MCOC, including Tribal entities, & encouraging collaborations w/ Healthcare Organizations & PHAs. Following this year’s announcement we received 12 Letters of Intent to apply including 6 from entities not previously funded by MCOC.

3)The MCOC RFP included links to the initial HUD NOFO Announcement & information specific to the MCOC process & deadlines, including how to access the detailed instructions & navigational guides to create an esnaps profile & submit an application to MCOC. All such announcements encourage interested parties to contact staff at MCOC's CA via email for more info.

4)MCOC accepts project applications from all organizations & uses a publicly posted scoring/ranking process for all new/renewal projects including those from entities not previously funded. Final scoring/ranking of all projects determines if any project proposal, including any from entities not previously funded, will be included in the current CoC Program Competition final submission to HUD.

5)To ensure effective communication w/ individuals w/ disabilities in its public notification for proposals from organizations not previously funded, the MCOC posts all info/notifications/materials as WORD &/or PDF documents on its website where they can be read aloud using Text to Speech or translated into other languages using Google Translate by anyone familiar w/ these programs. Our CA maintains an email account: cochelpdesk@mainehousing.org where anyone may submit questions or comments regarding this process, including any needed accommodations.

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:

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|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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)	No
11.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	No
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)MaineHousing & City of Portland, the ESG/ESG-CV recipients in Maine, participate in MCOC & MCOC Board meetings & solicit MCOC input in crafting responses to Con Plans, Annual Action Plan Updates & use of ESG-CV funds. MCOC engages w/ ESG/ESG-CV recipients & subrecipients in planning & allocation discussions. MCOC provides input & recommendations in the development of Plans & allocation of funds. MaineHousing hosted a webinar seeking input on use of ESG-CV funds. Resulting efforts included: Development of TRRP (Temporary Rapid Rehousing Program) to quickly move people from shelters to permanent housing w/ time limited supportive services; use of hotels/motels for wellness/non-congregate shelter; increase diversion efforts; COVID-19 related shelter renovations; hand washing stations; extra cleaning supplies; PPE & hazard pay for front line staff.

2)MCOC previously worked w/ HUD TA to develop ESG policies & procedures, monitoring processes & performance standards. MaineHousing consulted w/ MCOC to incorporate these into their own ESG subrecipient monitoring. MCOC monitors/evaluates ESG recipient & sub-recipient data annually & reviews ESG recipient & sub-recipient performance outcomes & data, ESG HMIS Dashboard Reports, & CAPER, PIT, & HIC annually prior to submission.

3)MCOC includes 7 Con Plan Jurisdictions. Annually, MaineHousing & MCOC compile PIT, HIC, LSA & other reports & distribute them to stakeholders. MCOC has made available & highly publicized annual PIT & HIC data. MCOC ensures that all Con Plan Jurisdictions have access to these reports for their Con Plan & Annual Action Plan updates & provides additional info & TA as needed.

4)MCOC ensures local homeless info/data is communicated to Con Plan Jurisdictions & addressed in Con Plans & Annual updates by providing & publicly posting on our website all PIT, HIC & LSA reports, MCOC's Gaps & Needs Analysis, & any other relevant info/data. MCOC also responds to special requests for information from jurisdictions.

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)	

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)MCOOC collaborates w/youth ed providers who provide early childhood ed, early/head start, child care/child development/healthy start programs, & public schools including early/pre-K by ensuring CoC/ESG programs serving youth &/or families w/children inform clients of ed rights & assist in connecting them w/ McKinney-Vento Educational (M-V Ed) Liaisons. MCOOC also collaborates w/youth ed. providers via its Youth Homelessness Demonstration Program (YHDP). 2)MCOOC has formal partnerships/agreements w/youth providers, head starts, child development, healthy start & childcare in many areas we serve. 3)MCOOC collaborates w/McKinney-Vento SEA&LEAs by requiring CoC/ESG providers inform families w/children & unaccompanied youth of their M-V Ed Assurances Act rights w/forms/flyers. ESG programs are required to have staff to work w/LEA liaisons. Providers working w/homeless youth meet re practices/policy sharing info w/ M-V Ed liaisons. MCOOC/ESG sub-recipients work w/LEAs on enrollment, transportation, ESL, support plans, immunizations, records, testing, etc. HMIS asks if youth are connected to LEAs. The Statewide M-V Ed Lead is an active member of MCOOC/committees. MCOOC also collaborates w/SEA&LEAs via YHDP. 4)MCOOC currently has longstanding agreements/historical partnerships w/SEA&LEAs, DOE & various school districts. The Statewide M-V Ed Lead is an active member of MCOOC/committees. 5)MCOOC collaborates w/local school districts ensuring they work closely w/ family/youth programs. Shelters consult w/school district liaisons to ensure youth in shelter stay enrolled locally & arrange any testing/educational/homeless services needed to stay in school. School liaisons/social workers refer to MCoC partners if students may be homeless/at

risk. All shelters including DV have policies on youth/child educational needs. MCOC also collaborates w/local school districts via YHDP.
 6)MCOC currently has longstanding agreements/historical partnerships w/SEA&LEAs, DOE & various school districts.

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)

The MCOC has adopted written policies/procedures to inform individuals & families who become homeless of their eligibility for education services, including an established universal, standardized form which includes information on the SEA, LEAs, school districts, available education services, how to access those services & eligibility requirements for those services. It is required that agencies which provide services/shelter to households w/ school-aged children have designated staff trained on the use of these forms & policies to ensure connections to education services including enrollment in school are made. These agencies also ensure these connections remain intact & maintain close relationships w/ the school systems/districts in which they're located. Included in MCOC/ESG written policies/procedures it states ESG & CoC recipients will work closely w/ local school districts to ensure households w/ children have information about eligibility for education services. These protocols/procedures for ensuring households w/ children experiencing homelessness know of their eligibility for ed. services were expanded amid the pandemic due to the use of hotel/motels. Shelters/providers consult w/school district liaisons to ensure children in shelter stay enrolled locally & to arrange any testing/educational/homeless/on-site services needed to stay in school. MCOC ensures that providers of services & housing to unaccompanied youth experiencing homelessness make sure connections to education/schools remain intact & have established close relationships with their school systems/districts. MCOC also ensures that youth providers also maintain connections to continuing education services through area Adult Education programs. MCOC, its members, & ESG/CoC recipients ensure connections to & partnerships w/ SEA, LEAs, & local area school districts/systems. The MCOC monitors CoC-funded projects & ESG recipients for adherence/compliance to all of the above strategies/policies.

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
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1.	Birth to 3 years	Yes	No
2.	Child Care and Development Fund	Yes	No
3.	Early Childhood Providers	Yes	No
4.	Early Head Start	Yes	No
5.	Federal Home Visiting Program--(including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	Yes	No
6.	Head Start	Yes	No
7.	Healthy Start	Yes	No
8.	Public Pre-K	Yes	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)MCOC coordinates w/ the Maine Coalition to End Domestic Violence (MCEDV) to provide trainings at least annually for all COC & ESG funded project staff as well as other housing & service providers to address safety & best practices including trauma-informed, victim-centered approaches & planning protocols in serving DV survivors. MCOC Resource Committee coordinates w/ MCEDV on this & other related trainings. Notices for trainings are posted on the MCOC website & shared in multiple forums well in advance to optimize attendance. Trainings are conducted via interactive teleconferencing to increase participation from across the state. The MCEDV & its member organizations work w/ MCOC to also provide trainings to a variety of groups including PHAs, CAP agencies, non-ESG shelters, & non-COC funded housing providers.

2) MCEDV members actively participate in MCOC & provide info/training on best practices in serving survivors of domestic violence, dating violence, sexual assault, stalking & human trafficking to DV & non-DV providers at least annually. An MCEDV member is a Tri-chair for CE & is involved w/ MCOC Coordinated Entry System (CES) to ensure safety/planning protocols are in place. MCOC CES staff are trained on safety, best practices & planning protocols in serving survivors of DV. At the first point of interaction w/ MCOC CES, safety/triage questions are asked & the person is asked if they would prefer to access the DV CES. At least 15% of our EHV vouchers were prioritized for use by DV clients. DV referrals are prioritized to ensure survivors of domestic violence, dating violence, sexual assault, stalking & human trafficking are connected to the most appropriate, trauma-informed, victim-centered services ASAP & strict confidentiality is maintained regarding all PII, in keeping w/ best practices, MCOC policies, & VAWA regulations. MCOC

coordinated w/ MCEDV to provide trainings for all CES access points including the statewide 211.

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 Maine Continuum of Care utilizes available data related to DV, dating violence, sexual assault, stalking & human trafficking from de-identified, aggregate data compiled in a comparable database used by all member agencies of the Maine Coalition to End Domestic Violence (MCEDV) & uses this information as part of its needs & gaps analysis, to ensure that the special needs related to survivors of DV, dating violence, sexual assault, and stalking are assessed and incorporated into all of the various planning processes, policies, and resource allocation efforts within the state of Maine, including the MCOC, Statewide Homeless Council, ESG, CES, DV CES, & Maine's Plan to End & Prevent Homelessness. MCEDV compiles Quarterly Statistical Data Reports & an Annual Family Violence Prevention Services Report reflecting the services provided by the 9 Maine DV Resource Centers. These reports include the number of calls received by DV Resource Center hotlines and service providers; the number of requests for & admissions to DV Shelters, Safe Homes & other DV-specific housing programs; the number of requests for/referrals to DV-related services. The Maine Continuum of Care also looks at DV-related figures from our PIT, HIC, LSA, CAPER, & other available data sources, including the number of people who report fleeing &/or having a history of DV, dating violence, sexual assault, stalking or human trafficking as a reason for seeking shelter or services from non-DV homeless service providers. On a local and statewide level, de-identified, aggregate data related to DV are shared via training, discussions, and in various groups to underscore efforts of Maine's Continuum of Care member organizations toward increased understanding and response to survivors who are homeless as a result of abuse or fleeing abusive partners. The data serve to encourage a coordinated community response, centering survivor safety and holding accountable those who use violence in intimate partnerships.

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)Maine Coalition to End Domestic Violence (MCEDV) works w/MCOC to ensure those fleeing DV, dating violence, sexual assault & stalking can access housing/services unique to their needs that prioritize safety/confidentiality, including trauma-informed, victim-centered services, & development, implementation, & adherence to Emergency Transfer Plans (ETPs) & protocols for DV referrals to Coordinated Entry (CE). Maine's ESG criteria includes maintaining confidentiality of DV client data/PII. MCOC CE protocols prioritize safety/trauma-informed/victim-centered services, including a separate DV CE, if desired.

2) MCoC's CE uses trauma-informed, victim-centered approaches in development, implementation, & adherence to ETPs & protocols for CE DV referrals to ensure safety, confidentiality & maximize client choice.

3)MCOC ensures safety, confidentiality & maximizes client choice w/ a CE that accounts for unique housing/service needs of DV, dating violence, sexual assault & stalking survivors, including a DV specific CE if they choose. MCOC CE incorporates confidentiality/safety protections in policy & ensures access to both DV & non-DV housing/service options as desired. MCOC has many ES, TH & PSH beds dedicated to people fleeing DV & providers operate shelters/service/housing specifically for human trafficking victims accessible via MCOC & DV CE. Many DV clients qualify for non DV-specific housing/rental assistance, ensuring access to many housing types w/ varying support to maximize client choice. MCEDV trains & monitors compliance w/ QA standards for DV providers, who must offer crisis intervention & advocacy services for emotional/physical safety, enhancing survivors' personal agency/autonomy. Each interaction is collaborative, trauma-informed & grounded in the fact that survivors are the authorities regarding risk they face & potential impact of interventions. Advocates provide shelter/housing/services in compliance w/ VAWA confidentiality/non-discrimination standards.

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?
Maine State Housing Authority	53%	Yes-HCV	Yes
Portland Housing Authority	33%	Yes-Both	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)

1)MCOCC has worked with the two largest HAs in the state, Portland Housing Authority (Portland HA) & Maine State Housing Authority (MaineHousing), to adopt homeless admission preferences. MCOCC has done this via written communications, meetings w/ HA leadership, invitations to join MCoC meetings, seeking membership on HA boards & networking at community stakeholder events. MCOCC enjoys a strong relationship with Portland HA, & MaineHousing serves as the MCOCC Collaborative Applicant & is an integral part of the MCOCC. The successful collaborations between MCOCC & the two largest HAs in the state is evidenced by the very high percentage of people experiencing homelessness upon program entry: 53% of MaineHousing new admissions into Public Housing & the Housing Choice Voucher Program in FY20 were people who were experiencing homelessness at entry; & 33% of Portland HA's new admissions into Public Housing and the Housing Choice Voucher Program in FY20 were people who were experiencing homelessness at entry. In collaboration with MCOCC, both Portland HA & MaineHousing have incorporated general or limited homeless preferences in their admin plans. MCOCC continues to work with & encourage all HAs in the state to incorporate Homeless Admission Preference Policies into their Admin Plans. Additionally, MCOCC has secured MOUs from Portland HA & MaineHousing documenting Move On Strategies, which designate preference/practices for current PSH program participants who no longer need intensive services, for their programs, such as allowing current PSH program participants to port existing Project Based Section 8 vouchers to Housing Choice Vouchers. More recently, MCOCC was able to help facilitate the use of EHV vouchers for homeless households with the Housing Authorities in Bangor, Caribou, Lewiston & Waterville, as well as Portland & MaineHousing.

2)N/A, since MCOCC does work closely with these & other PHAs to adopt such policies.

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.		

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
--------------------------------------------------------------------------------	-----

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)MCOC works closely w/ PHAs in Maine & has formalized relationships through its Coordinated Entry System (CES) w/ Maine State Housing Authority (MaineHousing) & the following housing authorities: Portland, Bangor, Lewiston, Waterville, Caribou & Westbrook. Maine's Emergency Shelter & Housing Assistance Program (ESHAP), funded through ESG, provides sub-recipient shelters access to Housing Choice Vouchers (HCVs) & Stability Through Engagement Program (STEP) RRH rental assistance, all of which are part of Maine's CES. MaineHousing & Portland Housing Authority have HAP contracts with CoC-funded entities/projects that participate in the MCOC CES, which provides access to Project-Based Section 8 (PBS8). These housing authorities also allow voucher porting from PBS8 to HCV. Through its local case conferencing efforts, MCOC's CES includes participation from housing authorities that accept referrals through the MCOC CES prioritization/referral process. Through formal agreements, housing authorities prioritized their HUD Mainstream Vouchers for people referred through MCOC's CES local case conferencing groups. Six housing authorities in Maine received a total of 180 Emergency Housing Vouchers (EHVs) through the American Rescue Plan Act, all of which are included in MCOC's CES. MCOC CES provides all EHV referrals to the participating housing authorities.

2)MCOC has Memorandums of Understanding (MOUs) with PHAs formalizing

all of the processes/relationships outlined in the answer to part of this question.

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
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----

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)

N/A

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
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----

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
Maine State Housi...
Bangor Housing Au...
Caribou Housing A...
Lewiston Housing ...
Portland Housing ...

Waterville Housin...

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

Name of PHA: Maine State Housing Authority

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

Name of PHA: Bangor Housing Authority

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

Name of PHA: Caribou Housing Authority

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

Name of PHA: Lewiston Housing Authority

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

Name of PHA: Portland Housing Authority

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

Name of PHA: Waterville 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.	27
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.	25
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.	93%

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)

MCOE continuously assess how well Housing First (HF) approaches are being implemented in their communities. MCOE-funded projects, including scattered site & site-based transitional housing, RRH & PSH, have adopted the HF model. MCOE works closely with its projects' to ensure admission/intake

procedures have no/low barriers to entry, prioritize rapid placement & stabilization in permanent housing & are not requiring service participation or preconditions of program participants. The degree to which projects that have committed to using a HF approach are actually doing so is highlighted through MCOC's CES case conferencing. This process ensures projects who have committed to the HF approach are adhering to it. MCOC monitors all project at least annually, & any complaint/grievance/appeal is reviewed through the HF lens to ensure equity. MCOC consistently engages landlords & property owners to identify an inventory of housing available for RRH/PSH participants. MCOC monitors/scores/ranks projects based on the degree to which projects have adopted a HF approach, including a scoring scale that provides more points for each aspect of the HF approach to which projects attest in their project applications. MCOC is undergoing a systematic review of projects' current operating policies/procedures including intake, referral, & termination policies to ensure that they all appropriately account for using a HF approach. MCOC will further assess project tenant selection/admission policies to ensure projects don't screen out applicants based on rental, credit, criminal histories, sobriety, income, etc. This will ensure that MCOC-funded projects help individuals/families move quickly into permanent housing & that they have strengthened their client-centered service methods.

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

Does your CoC have sufficient resources to ensure each Veteran experiencing homelessness is assisted to quickly move into permanent housing using a Housing First approach?	No
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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)MCoC outreaches unsheltered persons w/a network of statewide providers as referral partners/access points in Maine’s Coordinated Entry System(CES). Maine 211 system is available and able to connect such persons to the network of providers 24/7/365. ESG shelters conduct outreach in their local communities. PATH outreaches to those living w/Serious & Persistent Mental Illness(SPMI) who are homeless/least likely to seek assistance w/o outreach. Maine has a Medicaid IAP TA grant to establish a coordinated/statewide system to ensure people experiencing unsheltered homelessness are identified/engaged. PATH engages eligible persons & establishes trust to assist w/links to housing/vouchers; Mainstream Resources; case management/services. Youth providers are contracted by ME DHHS for

outreach. MCoC coordinates w/street outreach efforts & by-name list initiatives to meet the needs of unsheltered people in Maine. These efforts identify the least likely to engage/request assistance. SSVF programs conduct continuous street/community outreach to ensure identification of homeless Vets.
2)Street outreach covers 100% of MCoC geographic area.
3)Street outreach within the MCoC is conducted at least daily & connects the unsheltered to homeless services 24/7/365.
4)MCoC tailored outreach to the least likely to request assistance by: coordinating with regional street outreach efforts & by-name list initiatives to meet the needs of unsheltered people statewide. MCoC CES uses PATH as its primary outreach resource, which is designed to aggressively & systematically provide outreach to those least likely to seek assistance. All of these efforts are tailored to those least likely to engage/request assistance, are targeted to meet the needs of each individual & address service gaps, including for specific subpopulations that are reluctant to seek assistance such as LGBTQ, persons fleeing DV, unsheltered youth & those suffering w/SPMI/SUD.

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.”	309	276

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)MCOOC systematically keeps program staff up-to-date on mainstream resources available for program participants by: regularly disseminating info to MCOOC membership; holding regular mainstream resource, SOAR, GA, rental assistance/subsidy & other trainings on mainstream resources including but not limited to SNAP, TANF, SSI/DI, Medicaid, Medicare, VA benefits. MCOOC works w/ programs directly to ensure collaboration & consumer access to programs/benefits. State/local mainstream program staff regularly attend MCOOC meetings & provide updates. Recent trainings included access to Tax Credit/Stimulus checks, Vaccination clinics, & Rent Relief.

2)MCOOC disseminates availability of mainstream resources & other assistance info to projects by posting all trainings/related mainstream resource info on its website on a regular basis, at least monthly. MCoC systematically informs programs/staff on mainstream resources available through frequent trainings & TA which are publicly posted & circulated via email lists, & through monthly Policy & Resource Committee updates. All Trainings are now Web based & accessible from anywhere via computer or phone.

3)MCOOC works w/ projects to collaborate w/ healthcare orgs to assist program participants w/ health insurance by: holding trainings; working w/ community orgs that assist program participants to apply for health insurance including Medicaid & VA Medical Services. MCoC monitors & provides TA to projects on their ability to connect participants to healthcare & health insurance.

4)MCOOC provides assistance w/ access to & effective utilization of Medicaid & other benefits by: holding trainings; working w/ community orgs that assist program participants to apply for Medicaid & other benefits. MCoC monitors & scores projects based on their ability to connect participants to health insurance, including Medicaid & other benefits. ME DHHS oversees Medicaid & is a long-standing MCOOC member. MCOOC has been a key advocate in Maine's expanding Medicaid.

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)MCOC CES covers 100 percent of our geographic area using a statewide Service Hub model w/ 211/outreach programs/other access points. It's a no-wrong-door person-centered model w/ statewide access/standard assessment & coordinated referral/housing placements so people receive appropriate interventions.

2)MCOC is receiving TA, building upon HUD-funded CE TA to assist w/CES while also undergoing an entire system redesign w/ the intent of improving the system for people experiencing homelessness in Maine. This redesign aims to create a system-wide, coordinated response to ending/preventing homelessness in every aspect of the system from diversion to shelter to housing. This redesign shall ensure every aspect of the system addresses those least likely to seek assistance/hardest to serve populations. Currently, CES utilizes MCOC's Affirmatively Furthering Fair Housing policy, outreach, and orgs have culturally sensitive staff & translation services to address these populations. There is info/training for housing navigators, outreach workers & other stakeholders. Referral orgs work together to find those most in need of housing intervention/support & least likely to seek out assistance in the absence of special outreach & provide info/access to needed resources.

3)MCOC CES assessment will prioritize those most in need of assistance & ensure they rapidly receive assistance. MCOC's CES will have a standardized assessment process ensuring uniform decision making & care coordination. There are 2 standardized assessment elements to evaluate need for resources: Length of Time Homeless (LOTH) & Vulnerability. This prioritization process aligns w/ HUD's Notice Prioritizing Persons Experiencing Chronic Homelessness & Other Vulnerable Homeless Persons in PSH & is encouraged by performance-based funding of ESG recipients.

4)CE process will include completing assessment w/in a specific number of days for rapid prioritization/referral for available resources via case conferencing.

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

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

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

1.	The CoC's board and decisionmaking bodies are representative of the population served in the CoC.	No
2.	The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.	Yes
3.	The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.	Yes
4.	The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups.	Yes
5.	The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.	Yes
6.	The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.	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.	MCOE will be hiring a consultant to help us with strategies to address racial disparities.	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)

MCOCC adopted "Community Standards: Racial Equity Policy & Standards" to improve overall racial equity in the provision/outcomes of assistance, beyond the areas identified (ID'd) in its racial disparity assessment. MCOCC has a person-centered system that works to eliminate racial disparities. In 2019 the MCoC Board of Directors adopted the following commitment statement to promote racial equity: Institutional & systematic racism contributes to the oppression of people of color, creating inequity, poverty & homelessness. This commitment includes the proactive reinforcement of policies/practices/attitudes/actions to produce equitable power, access, opportunities, treatment, impacts & outcomes for all." To address racial disparities w/in the system, MCOCC/MCOCC Board ensure that: Project staff are representative of the persons accessing homeless services; MCoC continuously ID's the causes of racial disparities in the system, ID's/implements strategies & resources available to reduce disparities in its homeless system. MCOCC Board annually: assesses the scope of racial disparity for homelessness in Maine; assesses how programs/systems provide connections to services/housing at equitable rates for equitable outcomes across races/ethnicities; works w/ communities to ensure racial disparities are not perpetuated w/in the system; shares findings w/ all stakeholders to build an understanding of the scope of racial disparity & how it impacts the homeless system. MCOCC Board is responsible for: establishing policies & prioritizing strategies addressing racial equity; reviewing system performance disaggregated by race, specifically for Length of Time Homeless & Exits to Permanent Housing to identify/address disparities w/in the system; ensuring communities of color/those historically marginalized are represented at leadership/decision-making bodies; identifying strategies to operationalize/implement racial equity in planning/implementation work.

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.	11	9
2.	Review and recommend revisions to local policies addressing homelessness related to coordinated entry, services, and housing.	11	9
3.	Participate on CoC committees, subcommittees, or workgroups.	10	9

4.	Included in the decisionmaking processes related to addressing homelessness.	11	9
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).	No
3.	The CoC works with organizations to create volunteer opportunities for program participants.	No
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, 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)To address immediate needs providers including street outreach delivered basic necessities. Bagged meals, Naloxone, first aid kits, fentanyl test strips, public health/harm reduction tools, clothing, were delivered to people in wellness centers/hotels/people outside/in encampments. Meal/other essentials delivery to unsheltered observed the CDC Interim Guidance on People Experiencing Unsheltered Homelessness (unsheltered). MCoC used a whole community approach to build coalitions including persons w/ lived experience to meet unsheltered's needs during the pandemic. Per CDC guidance, overflow sites/wellness centers/hotels were established to accommodate shelter decompression/higher shelter demand. Isolation/Quarantine sites were set up for people w/COVID-19/awaiting testing-results/exposed. Outreach/community staff ensured unsheltered had access to services, provided up-to-date info on COVID-19 including vaccines. Social distancing/PPE was provided.

2)Maine quickly established wellness shelters in public spaces then contracts w/hotels. ESG-CV \$ granted to shelters to staff/manage hotels. Provided startup/operational \$ for temp 24/hr shelters to social distance/reduce spread of COVID-19. W/Maine CDC/DHHS communities w/ higher homeless% were ID'd as ideal places for wellness shelters to social distance/decrease unsheltered homelessness. 130beds that would've been eliminated were kept via temp shelters. Maine created a Temp RRH Program using a Housing 1st model to quickly house guests staying in hotel/motels during the pandemic. This provided housing/move-in help/rental assistance/RRH case management/services.

3)To address immediate safety needs for people in congregate TH wellness centers/hotels were used to decongregate/ social distance/reduce risk. Targeted RRH \$ was used for ppl in TH specifically high risk pops. Staff

continued to follow-up w/ ppl in TH to ensure their basic needs were being met, they had access to PPE/testing/vaccines/basic necessities, etc.

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)

MCOC has improved its readiness for future public health emergencies by looking at lessons/best practices learned from the COVID-19 Pandemic & long-term systems improvement. MCOC is well positioned to respond to future public health emergencies, including natural disasters and weather-related states of emergency, by utilizing the emergency planning processes developed through this pandemic, all of which can be applied to future needs. MCOC is well poised to: stand up temp shelters quickly; establish testing/vaccination sites including on site at shelters; create quarantine/isolation sites & utilize hotel/motels/university/other public spaces as non-congregate shelter/warming centers; disseminate PPE; work collaboratively with FEMA & the CDC; conduct outreach safely w/ social distancing; rapidly implement CDC guidance/recommendations/best practices; improve/increase lines of communication/information sharing; amend/establish related policies/protocols; rapidly allocate & distribute emergency funding. Maine is one of the very few states that quickly/efficiently utilized Rent Relief & EHV.MCOC, the Statewide Homeless Council & MaineHousing worked w/ Corporation for Supportive Housing to analyze & redesign the homeless services system & did so amid the pandemic. Maine is designing a regional service delivery system, incorporated into MCOC's CES, to nurture a regional, nimble approach to providing homeless services that account for best practices/lessons learned in the pandemic. MCOC & its stakeholder partners continue to work on facilitating creative, innovative, collaborative responses to improve its readiness for future emergencies & to end & prevent homelessness.

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)MCOC worked with ESG Recipients to quickly to utilize ESG-CV funds to establish safety measures including temporary wellness shelters, first using public spaces like gyms & armories, now using hotels. We had four hotels set

up for overflow during the winter months. MaineHousing contracts with hotels for rooms & ESG-CV funds are granted to the local shelters to staff & manage the hotel usage. Funds were also used to erect physical partitions within shelters to mitigate spread in those facilities. Testing and vaccine incentives were also made available using ESG-CV funds; as well as to safely transport people to appointments.

2) Maine also created a Temporary Rapid Re-Housing Program, TRRP-COVID-19 Response that uses a Housing First intervention designed to quickly house guests staying in temporary shelters & hotel/motels during the Coronavirus pandemic. The program aims to provide housing identification, move-in & rental assistance, & Rapid ReHousing case management & services.

3) Eviction Prevention is a key component of Maine's COVID-19 response. The pandemic has caused congregate shelters to lower their bed capacities, making prevention work more important than ever. To that end, Maine has implemented a Rapid Resolution training program. This program has been implemented by 15 agencies to prevent evictions and homelessness. This program has quickly utilized ESG-CV funding, along with EHV's and Rent Relief funds to prevent evictions.

4) ESG-CV funded shelters have been provided with grants which have been utilized to obtain healthcare supplies such as personal protective equipment, contactless thermometers, rapid COVID-19 testing supplies, and other supplies to maintain safety within shelters and other sites utilized by people experiencing homelessness.

5) ESG-CV funded Shelters worked w/municipalities in providing portable toilet and handwashing stations at homeless encampments & additional cleaning supplies to sufficiently sanitize shelter spaces.

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) MCOC coordinated w/ mainstream health/local & state health agencies/clinics/Maine CDC (MCDC) to decrease the spread of COVID-19 in numerous ways including: collaborating to quickly/publicly share up-to-date COVID-19 info/guidance from health entities on MCOC's website. Info shared on the site included safety measures, best practices, resources, guidance/training related to maintaining/improving safety measures for housed/sheltered/unsheltered populations & staff & info on accessing PPE, COVID-19 testing/vaccines, wellness/quarantine/isolation shelter resources. MCOC solicited guidance/implemented practices from mainstream health including: going to all remote meetings for COC activities to reduce physical contact/promote social distancing; de-congregating shelters by increasing space between mats/beds; establishing quarantine/wellness shelters to keep people w/COVID-19 isolated from others to prevent its spread; distributing PPE; practicing social distancing in all aspects of the homeless system. MCOC coordinated w/ health entities/MCDC to obtain/disseminate critical info/guidance at meetings attended by executive level & front line staff. Working w/

mainstream health entities/MCDC, testing/vaccines were made available to sheltered/unsheltered populations & front line staff in the first groups to receive vaccines in Maine.

2)MCOOC coordinated w/ mainstream health/local & state health/MCDC to ensure safety measures were implemented throughout the pandemic per CDC guidelines including: Reducing capacity in shelters for social distancing; PPE distribution/use for staff/clients; on site testing; \$ for shelters to operate 24/7 & to implement wellness measures & staffing; creating temp wellness shelters 1st using public spaces & then hotels; establishing isolation/quarantine hotels; RRH grants for 4 shelters for housing sheltered/unsheltered; rent relief to reduce returns to homelessness; diversion to prevent people from entering the homeless/shelter system.

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)MCOOC added a new page on our www.mainehomelessplanning.org website to quickly & publicly share the most up-to-date COVID-19 info w/ homeless service providers & the general public. The website is the primary means of public communication for both the MCOOC & the Statewide Homeless Council (SHC) & multiple committees/other groups working to end & prevent homelessness in Maine. Info shared on the site included safety measures, best practices, resources, guidance & links to trainings related to maintaining/improving safety measures for housed/sheltered/unsheltered populations & staff, & info on accessing PPE, COVID-19 testing & vaccines, wellness/quarantine/isolation shelter & Rent Relief/Eviction Prevention resources to help people stay housed. Sources of this info included HUD, FEMA, USICH, NAEH, State & Federal CDC Offices, & Maine.gov. All MCOOC, SHC, & Committee meetings were entirely remote to reduce physical contact among providers & allow participation by as many providers & interested parties as possible. Meetings of both groups include COVID-19 as a standing agenda item & regular presentations by representatives from the Maine CDC (MCDC). MCDC disseminated up-to-date info regularly & attended meetings. Info was translated into diff languages to increase access to info/remove barriers.

2)The most up-to-date info regarding local restrictions was publicly posted on the MCOOC website as soon as it became available & was shared at all regular meetings of both MCOOC & SHC.

3)The most up-to-date info regarding vaccine implementation, availability & access was publicly posted on the MCOOC website as soon as it became available & was shared at all regular meetings of both MCOOC & SHC. Working w/ MCDC, vaccinations were made available to sheltered/unsheltered populations, & front line staff, all of whom were in the first groups to receive vaccinations in Maine. Info was translated into diff languages to increase access to info/remove barriers.

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)

MCOCC identified eligible individuals/families experiencing homelessness for COVID-19 vaccination by working closely with public health entities throughout the state, which advocated for people in congregate shelter settings to be prioritized as a high risk/vulnerable group. This was successful & these populations were prioritized in Tier 1 of Maine's prioritization for COVID-19 vaccines. MCOCC & other stakeholder groups/providers worked with Maine CDC to have people experiencing unsheltered homelessness prioritized for vaccinations & to have shelter/outreach staff recognized as Front Line Workers to receive vaccinations early on thus lowering risk of spreading COVID-19. MCOCC & other stakeholder groups/providers worked to have vaccinations administered at shelter & project locations including MCOCC Tenant-based projects. When Maine adjusted its vaccine prioritization per FedCDC guidance & went to an age-based priority system, Shelter/outreach staff worked to identify people/families experiencing homelessness not yet vaccinated who fit into these new priorities & ensured they knew they were eligible for vaccines. Vaccination clinics for people experiencing homelessness were held & information was disseminated broadly via the MCOCC website & at MCOCC & other stakeholder meetings to ensure people/families experiencing homelessness in Maine eligible for vaccination were identified & had access to vaccines if they so chose. Info was translated into different languages to increase access to info/remove barriers to COVID-19 vaccines. MCOCC Homeless Veteran Action Committee reached out homeless vets & their families w/ info and resources. Maine DHHS offered grants to help outreach to at-risk pops such as Youth & Refugees/Asylum Seekers to increase vaccinations.

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)

MCoC worked with the Maine Coalition to End Domestic Violence (MCEDV) & DV Resource Centers (DVRCs) to provide technical assistance and support for social service orgs & mainstream emergency shelters. The Statewide DV Helpline saw an 8% increase in calls, emails, text messages & other contacts through FY20 and into FY21. Contacts from FY19 to FY21 went up significantly (phone calls up 61%, other electronic communications went up approx. 200%) indicating the continued need for trauma-informed services for those fleeing DV. These contacts came in from around the state; both DV & mainstream shelters

experienced increased need for safe emergency shelter for those fleeing DV, sexual assault, & trafficking. MCoC reported 184 DV survivors sought emergency shelter and support services at mainstream shelters while over 600 survivors and their families sought safety at DVRC shelters in FY2021. MCoC Resource Committee partnered with MCEDV to offer training on VAWA protections for those in subsidized housing. Shelters and Housing Providers regularly partner with their local DVRCs to provide victim-centered, comprehensive services to DV survivors. Survivors were sheltered in hotels and DV shelters and prioritized for housing resources through our EHV allocation. In spite of the challenges of the pandemic, the DV response systems expanded access to supportive resources, never closing nor reducing hours. Shelters remained open and use of hotels to maintain physical distance and for quarantine purposes, including for DV programs, increased throughout the state.

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 MCOCC continues to develop our CES, we have been actively engaging with a HUD TA provider throughout the Pandemic, taking into account the challenges the Pandemic posed as an integral part of the design process. MCOCC also adjusted the TA request after the start of the Pandemic, understanding that coordinated entry would be deeply affected by the spread of COVID-19. MCOCC CES weekly committee meetings were held virtually so that the design process could continue to move forward. The CES committee has also begun looking at a new common assessment, as both the use of the VI-SPDAT & the Pandemic have highlighted racial disparities in our system. Access to Emergency Shelters, a primary access point to CES, was impacted by COVID-19, necessitating the creation and use of Wellness/Quarantine/Isolation shelters. CES Assessments and referrals were conducted primarily by phone, rather than in person to help reduce the spread of COVID-19. Weekly Case Conferencing by local providers and PATH Outreach workers were conducted virtually as they developed and prioritized by-name lists. MCOCC utilized CES to implement Emergency Housing Vouchers (EHVs) quickly and efficiently so that households in FEMA funded hotels and those with the longest LOTH, both sheltered and unsheltered, could be connected to permanent housing and thus aid in the stop of the spread of COVID-19 among homeless individuals. MCOCC used similar methods in the dispersion of new resources such as ESG funded RRH and diversion programs, which were put in place to rapidly respond to help curb the spread of COVID-19. From the outset of the CE design process, MCOCC has worked to build a flexible and adaptive process so that it is able to respond to crises as they arise.

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.	09/01/2021
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.	10/04/2021

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

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

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

1E-2a.	Project Review and Ranking Process–Addressing Severity of Needs and Vulnerabilities.	
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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 MCOC review, ranking, rating & selection processes & tools prioritize projects that serve homeless individuals & families w/ the most severe needs & vulnerabilities. MCOC scoring, ranking, & selection policies & procedures prioritize severity of needs & vulnerability of participants by factoring in Chronic Homelessness, Longest Histories of Homelessness, DV/Abuse/victimization/trafficking, low or no income, criminal history, unaccompanied youth, Veterans, Mental Illness, Substance Use Disorder, disabilities, & for DV Projects their ability to improve client safety. MCOC Project scoring for both new & renewal projects applications consider the degree to which projects have implemented a Housing First (HF) approach while allowing partial points for working towards HF but still having service requirements based on client severity of need/vulnerabilities, prioritize Chronically Homeless, & other serve high- need/vulnerable populations as described above to provide additional points for projects that reduce barriers to project entry while still serving populations w/ severe needs & vulnerabilities.

2)Our performance-based scoring questions account for project type & population served and have variable thresholds to receive full points. This ensures projects serving very high-need/vulnerable populations that are the least likely to achieve some of the higher performance benchmarks are equitably scored. The ranking/selection processes are directly related to this point system & these scoring metrics. MCoC has included HUD's notice CPD-14-012 for prioritizing Chronically Homeless in its Written Standards & Coordinated Entry System assessment & prioritization processes, which are also scoring/ranking metrics for project selection. MCOC funded projects for these hard to serve populations are vital in both urban centers & rural areas both of which have high demand and insufficient resources per MCoC's Gaps & Needs Analysis.

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)MCOC Board voted to hire someone to provide culturally sensitive training/TA w/ the aim to acknowledge racial inequities in the system & develop strategies

to correct them. Part of this work will include developing clear strategies to obtain input & include persons of different races, particularly those over-represented in the local homelessness population, when determining the scoring/ranking factors used to review project applications. MCOC Board will develop a subcommittee to address racial disparities to make systemic changes which will address the entire system, including this aspect. MCOC will specifically outreach BIPOC-led orgs w/ the goal of having their voice & expertise around the table & in leadership roles to inform the entire system & MCOC structure to better address racial inequities & implicit bias.

2)MCOC Board voted to hire someone to provide culturally sensitive training/TA w/ the aim to acknowledge racial inequities in the system & develop strategies to correct them. Part of this work will include ensuring persons of different races, particularly those over-represented in the local homelessness population, are included in MCOC's Selection Committee, the group responsible for the review/scoring/ranking process for new/renewal new project applications.

3)This year MCOC included a question on its scoring tool for new project applications addressing racial equity. New projects scored an additional 2 points if their project apps clearly describes how it is using a race equity lens to address racial disparities in the homeless service system. MCOC Board voted to hire someone to provide culturally sensitive training/TA w/ the aim to acknowledge racial inequities in the system & develop strategies to correct them. Part of this work will include the degree to which MCOC project program participants mirror the homeless population demographics & how projects promote racial equity where individuals & families of different races are over-represented.

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)MCOC has written Reallocation Procedures in Governance outlining both voluntary & involuntary reallocation. Voluntary reallocations are initiated by the applicant. Involuntary reallocations are renewal projects that are entirely eliminated or have renewal funding reduced by MCOC. MCOC may use involuntary reallocation for reasons including unspent funds, repeated negative monitoring findings, or scoring very low during the competition. The reallocation process was approved by the full MCOC as part of Governance. MCOC uses reallocation to ensure progress toward HUD identified priorities, high performance standards & effective use of funds. Through annual project monitoring, MCOC analyzes projects per its Gaps & Needs Analysis & whether a project's funding in whole or in part should be reallocated to make resources

available for new projects better aligning w/ needs. MCOC reviews performance of existing projects to determine the viability of reallocation to create new high performing projects. A Committee monitors project performance including APRs & data quality resulting in a threshold score. If projects fail to meet these thresholds they are provided TA & put on a Performance Improvement Plan (PIP). If the performance benchmarks in the PIP are not met, MCOC & its Board initiate involuntary reallocation to create higher performing projects.

2) While no projects were targeted for reallocation this year, two projects voluntarily reallocated.

3) In this year's competition, two projects were voluntarily reallocated by the applicant; one in recognition of lack of progress & one due to identification of other resources to support the project, freeing up funds for other applicants.

4) N/A (two projects were reallocated)

5) The Reallocation process is communicated to all applicants by wide dissemination/public posting of the Governance, included w/in MCOC minutes also posted publicly & through monitoring results/TA to projects.

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

Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2016 and FY 2021?	No
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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.	10/21/2021
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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.	11/16/2021
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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.	WellSky
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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.	Statewide
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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.	05/13/2021
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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)MCoC works with the Maine Coalition to End Domestic Violence (MCEDV) to establish data protocols & submission guidelines for all DV Resource Centers (DVRCs) & Coalition Member Programs. Each DVRC & Member Program uses the same HMIS comparable database that collects the same data elements required in the HUD-published 2020 HMIS Data Standards, allowing for standardized DV specific data across the state. MaineHousing, MCoC's HMIS Lead Agency, meets regularly MCEDV to discuss data standards & quality issues that affect outcome measures. MCEDV sits on the MCoC Data Standards committee to hear HMIS concerns & relay them to the DV system's Operations Administrator for review. As of October 1, 2021 the HMIS Comparable Database in use is updated for the 2022 Data Standards.
2)The current HMIS Comparable Database functionality allows DVRCs & MCEDV to pull reports & submit de-identified aggregated system performance measures data for each project to MaineHousing, MCoC, the SAGE platform, & other funders as needed. Reports are submitted directly to the HMIS Lead or directly into SAGE.

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	1,579	169	1,264	89.65%
2. Safe Haven (SH) beds	15	0	15	100.00%
3. Transitional Housing (TH) beds	1,083	136	940	99.26%
4. Rapid Re-Housing (RRH) beds	276	4	272	100.00%
5. Permanent Supportive Housing	2,525	7	2,501	99.32%
6. Other Permanent Housing (OPH)	123	84	39	100.00%

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)

N/A (All Bed Coverage Rates are above 85%)

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.	98.00%
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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)

N/A (DV Bed Coverage rate is above 85%)

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)MCOCC's response system includes assessments which asks self-identified reasons people became homeless for the first time/are requesting assistance (updated to include COVID-related reasons) & tracks/analyzes this data. This is part of our Coordinated Entry System (CES) & used to create a list of risk factors for people becoming homeless for the first time. These are included in Maine's Plan to End & Prevent Homelessness (Maine's Plan).

2)The MCOCC plans & directs diversion/prevention resources/services based on the identified risk factors by incorporating them in Maine's Plan & CES, including diversion & prevention. Maine's Plan guides interventions for individuals & families at risk of becoming homeless. MCOCC addresses individuals & families at risk of becoming homeless through its CES, which includes an initial diversion/prevention evaluation wherein people & families are identified as being at risk through a series of safety-planning and diversion questions. Once identified as being at risk the CES attempts to divert them from entering the homeless shelter system &/or prevent them from becoming homeless. This is done through identification of natural supports if safe/appropriate, and/or referrals to appropriate services throughout the state including CDBG-funded outreach, ESG prevention/RRH, SSVF outreach/prevention/RRH, PATH outreach, local/state funded short/medium term rental assistance, municipal general assistance, community legal services, eviction prevention programs, COVID-related resources including rent relief. MCOCC has comprehensive discharge plans which identify people at risk of being discharged to homelessness & the ways this can be prevented.

3)Maine's Statewide Homeless Council, MCOCC & MCOCC Board are responsible for overseeing this strategy to reduce the number of individuals & families experiencing homelessness for the first time.

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

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

(limit 2,000 characters)

1) Average LOTH for persons in ES & SH increased by only 2 nights in 2020 vs 2019; however, average LOTH for ES, SH & TH increased by 46 nights in that time. Most TH in MCOC is targeted to populations (Youth, DV, SPMI) that may struggle to quickly move to PH. The primary strategy implemented by MCOC to reduce the LOTH for inds/fams remains Maine’s Long Term Stayer (LTS) Initiative that prioritizes housing subsidies/services for CH/LTS. Other actions include RRH from shelters. MCOC CES uses LOTH as a means of assessment & prioritization for housing/services. Though this strategy’s intent is to, w/ vulnerability, prioritize people for housing/resources, it also helps reduce LOTH. The Veteran CES By-Name List effort also targets/prioritizes CH Vets w/ very long histories of homelessness, who when housed, help to reduce overall LOTH. MCOC is actively seeking to convert TH housing & rental subsidies to PH/PSH as TH skews overall LOTH. MCOC is working to increase the overall affordable housing stock as lack of housing & low vacancies effects LOTH.

2) HMIS data is used to identify the longest LOTH. There is a list of the people throughout the state w/ the longest histories of homelessness (LTS), compiled by HMIS data, Outreach data, & third party verifications, which is reviewed monthly & used at local/regional levels to further identify/house CH/LTS utilizing S+C and other vouchers & available housing. More strategies include: landlord outreach/engagement; Housing Navigator services; coordination of PATH w/ shelters & navigators; Housing First; partner w/ MeDHHS for services/housing; partner w/ PHAs. MCOC’s CES uses LOTH as a means of assessment & prioritization for housing/services & is the primary strategy for identifying & housing individuals & persons in families with the longest LOTH.

3) Maine’s Statewide & Regional Homeless Councils, the MCOC, & MCOC Board are responsible for overseeing Maine’s strategy to reduce the LOT people 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) MCOC strategies to increase successful PH placement from ES, SH, TH, &

RRH include: ESHAP program offers incentive funding for this performance measure; ESG funded shelters must have Housing Navigators on staff who focus on engaging clients from crisis to stabilization in & retention of the most appropriate housing resource. Navigators work w/ clients to develop Housing Stability Plans emphasizing client choice. Other strategies include: getting PHAs to prioritize & establish set asides for homeless populations; working w/ LIHTC developers to target homeless pops; increasing the supply of dedicated PSH for homeless pops; advocating for more permanent housing; partnering w/ PHAs for the Mainstream Voucher Program; advocating for more targeted rental subsidies.

2)MCOCC strategies to increase successful PH placement & retention include: Establishing Moving On Strategies w/ PHAs & affordable housing developers. ESHAP program offers Incentive funding for this performance measure; all ESG funded shelters must have Housing Navigators on staff who focus on engaging clients from crisis to stabilization in & retention of the most appropriate housing resource. Navigators work w/ clients to develop Housing Stability Plans emphasizing client choice & connect clients w/ Community Agencies/ACT/PATH for ongoing supports for stability in & promoting community integration to reduce returns to homelessness; non-ESHAP housing navigators; developing supportive landlord relationships; using private/local/state funds to assist w/back rent/utilities. Other strategies include: Maine's Plan to End & Prevent Homelessness includes the goal of PH appropriate to individual or family needs w/ an adequate support network to ensure stability & retention in housing. MCOCC, through relationship work & targeted outreach, is developing Moving On strategies, with local PHAs & housing developers, to ensure people exit from PH to PH destinations. In 2020, our PH % of Successful Exits/Retention was 97%.

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)MCOCC has identified risk factors of returns to homelessness by tracking & analyzing data via data sharing, improved tracking of returns & reasons for returns across multiple shelters, & reviewing Stella Sys PM Reports. Before, shelters only identified returns in their own system. Other strategies include: providers review HMIS data & identify returns & corresponding reasons for returns; MCOCC CES statewide data sharing & longitudinal systems data analysis.

2)In the 2021 HDX Competition Report, Total Returns to Homelessness in 2 Years was 11%. MCOCC strategies for reducing returns: ESHAP program offers Incentive funding for this performance measure, all ESG funded shelters have Housing Navigators who focus on engaging clients from crisis to stabilization in & retention of the most appropriate housing resource. Navigators work w/ clients to develop Housing Stability Plans, including retention strategies. MCOCC has identified that most returns occur in the first 6 months & has shifted follow-

up support so more follow-up/outreach services are delivered in the first 6 months of move-in, w/ services adjusting down over time, or as needed for better housing stability/retention. Other strategies include: CE, safety-planning & diversion which includes identification of natural supports when safe/appropriate, & promotes community integration to reduce returns to homelessness; non-ESHAP housing navigators; developing supportive landlord relationships; using private/local/state funds to assist w/back rent/utilities; referrals to appropriate services statewide including-CDBG-funded outreach, ESG/CDBG/SSVF prevention/RRH, PATH outreach, municipal general assistance, community legal services, eviction prevention education/programs, tenant rights & education programs, rent smart & Wrap Around Services. 3)Maine's Statewide & Regional Homeless Councils, the MCOC & MCOC Board are responsible for overseeing Maine's strategy to reduce the rate at which people return to homelessness.

2C-5.	Increasing Employment Cash Income-Strategy.	
	NOFO Section VII.B.5.f.	
	Describe in the field below:	
1.	your CoC's strategy to increase employment income;	
2.	how your CoC works with mainstream employment organizations to help individuals and families increase their cash income; and	
3.	provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase income from employment.	

(limit 2,000 characters)

1) As the MCoC has chosen to focus on the most difficult pops to house & employ, many of which have severe challenges to gain/maintain employment, we do not concentrate solely on employment income. Instead, we assist them in applying for/maintaining any mainstream income resources. However, participants seeking assistance with employment resources are referred to one of Maine's 19 CareerCenters(CCs), DOL & Voc Rehab for job listings/trainings/job fairs; Resource Committee alerts for work opportunities; Vocational Clubhouses help w/ training, job retention, transportation; Navigators help people w/ employment goals; work w/ Adult Ed & community college job training programs & hospital Employment Specialists to increase skill sets & attain higher paying jobs; advocacy to increase minimum wage; work w/ Hire A Vet initiative. Trainings/monitoring/TA helps projects w/ strategies. MCOC strategies to increase access to employment include relationships & connecting people w/ day labor orgs; job development w/ local retailers; work w/ CCs, DOL & Voc Rehab to access job listings/employment fairs; work w/ hospital Employment Specialists to increase access to employment opportunities; work w/ Hire-A-Vet initiative, CAP agencies & local Workforce Development Boards. 2)MCOC strategies for working w/ employment orgs to increase cash income are; work w/ CCs/DOL/Voc Rehab for access to job listings/trainings/fairs/employment opportunities; MCOC Resource Committee alerts providers to employment opportunities/resources; Vocational Clubhouses help w/ training/job retention/transportation/transitional employment; navigators help people w/ employment goals; work w/ Adult Ed, Goodwill Industries & community college job training & hospitals' Employment Specialists for connections to employment opportunities; work w/ Hire A Vet initiative, CAP agencies & local WDBs.

3)Maine's Regional Homeless Councils, MCOC & MCOC Board oversee MCOC's strategy to increase jobs & income from employment.

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

Describe in the field below how your CoC:

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

(limit 2,000 characters)

1.MCOC promotes the Hire A Vet program, an effort of ME DOL, Bureau of Veteran Services & community partners to offer Veteran job-seekers, including current/formerly homeless Vets a chance to learn about jobs/resources. MCOC & its members partner w/ community orgs to promote job fairs & outreach to employers regularly. MCOC partners w/ CareerCenters to promote job fairs, including on-line events. MCOC & its members have great relationships w/ day labor orgs - the largest employer for many project participants in service-center areas & regularly leads to transitioning from day labor to gainful employment. MCOC & its member orgs work w/ retailers/restaurants to establish additional connections to employment opportunities.

2.MCOC & its members work w/ Vocational Clubhouses & ACT Teams to provide connections to meaningful education & training including on-the-job training & employment opportunities, which further recovery & well-being. MCOC also works w/ employment orgs, CareerCenters, DOL, DOC & Voc Rehab, CAP Agencies, ME DHHS, GA Workfare, & volunteer opportunities which create connections to meaningful education/training including on-the-job training & employment; Adult Ed & community colleges for education/training opportunities; & hospital Employment Specialists to facilitate access to meaningful employment opportunities that further the well-being of project residents. MCOC & its member orgs also work w/ retailers/restaurants for meaningful connections to employment opportunities for project participants. The Portland Opportunity Crew program offers panhandlers & project participants \$12.15/hr to work on beautification projects in parks & open spaces & links them w/ services, such as job training/support that further recovery efforts/well-being & has led to gainful employment opportunities & Portland Family Shelter offers a Ready to Work program for immigrants/asylum seekers. Youth specific employment programs include Learn to Earn & Goodwill Workforce Solutions.

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)MCOOC deliberately works w/ the most vulnerable w/ the longest LOTH who are the most distrusting due to Serious & Persistent Mental Illness & are less likely to agree to apply for benefits which include affirming a disability or SPMI diagnosis. One MCOOC strategy to increase non-employment cash income is developing strong trusting relationships. W/ these relationships providers engage people & eventually they are willing/able to access non-employment cash income resources. Other strategies include: helping consumers access/retain/increase mainstream benefits: Municipal General Assistance, VA service-connected & non service-connected disability benefits, unemployment insurance, TANF, SSI/SSDI, Social Security Survivor's Benefits, worker's compensation, LIHEAP, etc. MCOOC holds SOAR & other mainstream nonemployment cash income trainings for providers statewide. Rent Smart trainings assists w/ increasing non-employment cash income. CoC program-funded projects are assisted to implement strategies w/ frequent trainings/annual monitoring/TA. Legislative advocacy to create & increase access to nonemployment cash income.

2)MCOOC strategies to increase access to non-employment cash sources include: helping consumers apply for/access/retain/increase mainstream benefits: Municipal General Assistance, VA service-connected & non service connected disability benefits, unemployment insurance, TANF, SSI/SSDI, Social Security Survivor's Benefits, worker's compensation, LIHEAP, etc. MCOOC holds SOAR & other mainstream non-employment cash income trainings for providers statewide. Rent smart trainings assists w/ access to nonemployment cash income. CAP agencies assist recipients of federal nonemployment cash benefits meet requirements to increase/retain access. Legislative advocacy to create & increase access to non-employment cash income.

3)Maine's Statewide & Regional Homeless Councils, MCOOC & MCOOC Board oversee our strategies to increase non-employment cash income.

3A. Coordination with Housing and Healthcare Bonus Points

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

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

Is your CoC applying for a new PSH or RRH project(s) that uses housing subsidies or subsidized housing units which are not funded through the CoC or ESG Programs to help individuals and families experiencing homelessness?	Yes
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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	Yes
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.)?	No
2.	Is project eligibility for program participants in the new PH-PSH or PH-RRH project based on CoC Program fair housing requirements and not restricted by the health care service provider?	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
Riverlands House	PSH	23	Housing

3A-3. List of Projects.

1. What is the name of the new project? Riverlands House

2. Select the new project type: PSH

**3. Enter the rank number of the project on
your CoC's Priority Listing:** 23

4. Select the type of leverage: Housing

3B. New Projects With Rehabilitation/New Construction Costs

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

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

Is your CoC requesting funding for any new project application requesting \$200,000 or more in funding for housing rehabilitation or new construction?	Yes
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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)

1)The Riverlands Permanent Supportive Housing Project will create at least 6 - 1BR PSH units. Project has certified that it will comply with Section 3 of the HUD Act of 1968 and HUD’s 24 CFR part 75 (previously covered under part 135, as referenced in the Project Application Certifications). Project will ensure that employment & other economic opportunities generated by the funding request shall, to the greatest extent feasible, be directed to low/very low income persons, particularly recipients of government assistance for housing, & to business concerns which provide economic opportunities to low/very low income persons. This includes training, employment, contracting & other economic opportunities in connection with the rehabilitation/construction. This will be ensured by a preference for hiring low/very low income persons, including for Section 3 for competitive contracts greater than \$100k; ads on the MaineHousing websites; outreaching to social service/employment/community/youth build centers & other programs/organizations serving low/very low income; and local newspaper ads.

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

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

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

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

N/A

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
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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	Yes
2.	PH-RRH or Joint TH/RRH Component	Yes

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:	1,974
2.	Enter the number of survivors your CoC is currently serving:	700
3.	Unmet Need:	1,274

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	
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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 number of DV survivors needing housing &/or services in element 1 is a combination of the number of DV Survivors currently in DV specific ES & TH (MCOOC does not have any DV specific Safe Havens), the number of clients currently in non-DV specific ES, TH, & SH who reported they were a DV Victim/Survivor in HMIS, & the number of requests for DV sheltering services received by Maine Domestic Violence Resource Centers (DVRCs) during the same timeframe. The number of DV Survivors currently being served in element 2 was determined by combining the number of DV Survivors currently in DV specific ES & TH & the number of clients currently in non-DV specific ES, TH, & SH who reported they were a DV Victim/Survivor in HMIS.

2)The data sources used to arrive at these figures were HMIS (WellSky) and Maine's DV Comparable Database (EmpowerDB), which includes data on calls from those seeking assistance w/ shelter or housing who were not able to enter a shelter or housing project.

3)The biggest barrier to meeting the housing needs of all DV Victims/Survivors in Maine is the general lack of safe affordable housing, & more specifically, a lack of PSH & RRH that offer specialized supportive services to meet the unique need of DV survivors. Trafficking survivors face additional barriers to safe housing. Trafficking survivors may have limited employment history, or bad credit related to their trafficking situation. Some survivors have experienced forced criminality & that criminal history can be a barrier to housing. For survivors who have not lived independently, additional supports in building landlord relationships, establishing a plan to pay monthly rent & safety planning for life in the community are paramount. The Maine Coalition to End Domestic Violence collaborates w/ other agencies to address the needs of DV Survivors in Maine, including partnering w/ non-VSPs who work w/ DV Survivors to provide DV specific trauma-informed sheltering services in specific regions.

4A-3.	New Support Services Only Coordinated Entry (SSO-CE) DV Bonus Project–Applicant Information.	
	NOFO Section II.B.11.(c)	

Enter in the chart below information about the project applicant applying for the new SSO-CE DV Bonus project:

1. Applicant Name	Maine Coalition to End Domestic Violence
2. Project Name	MCEDV SSO-CE FY2021

4A-3a.	New SSO-CE Project–Addressing Coordinated Entry Inadequacy.	
	NOFO Section II.B.11.(c)	

Describe in the field below:

1.	how the current Coordinated Entry is inadequate to address the needs of survivors of domestic violence, dating violence, sexual assault, or stalking; and
2.	how the proposed project addresses inadequacies identified in element 1. above.

(limit 2,000 characters)

1. Maine CES is currently in a re-design phase. No CE process addresses the needs of those fleeing DV, SA, Stalking, or Trafficking. Those fleeing unsafe situations require a more immediate response than our CE system would allow. Survivors require stricter handling of their PII during assessment, case conferencing, & referral processes than the current CES allows to protect confidentiality & decrease inadvertent disclosures of data. DVRCs are experts in the field, supporting survivors in Maine w/ regionally & culturally specific services to address the physical & emotional safety, privacy, & confidentiality needs of referrals, while mainstream CES access points may not have that same level of knowledge & experience. Trafficking survivors may have limited employment history, bad credit, forced criminality or criminal history that can be barriers to housing. DVRCs maintain client choice & access to a range of housing resources.

2. A separate, confidential CES that is trauma-informed & victim centered would allow survivors of DV, SA, & Trafficking to access services & housing resources in Maine w/out disclosing PII. With the development of a separate DV-CES, advocates have access to DV specific resources w/ a focus on survivor safety & housing choice. Mainstream CE will use a by-name list available to service & housing providers while the separate DV-CES will allow survivors' data & location to remain private & allowing DV referrals access to resources contained in the mainstream CES. This may be achieved using a separate list that integrates w/ the mainstream list, each overseen by a statewide coordinator. The coordinators work w/ each other & share information across the systems. The CE design committee includes members working at DVRCs directly w/ the intent of incorporating their feedback into the process. This project fills a critical need in the development of the Service Hubs & the integration of CE, both statewide & DV specific, into Hub design & practice.

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
Maine Coalition t...
Safe Voices
Preble Street

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	Maine Coalition to End Domestic Violence
2.	Rate of Housing Placement of DV Survivors–Percentage	88.00%
3.	Rate of Housing Retention of DV Survivors–Percentage	91.00%

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.a.MCEDV calculated the number using the annually reported data (FY21, October 1, 2020 - September 30, 2021) from each DV Member Program in Maine - total adults moved into permanent housing/total adults served.
 b.Using the performance measures submitted for all ESHAP projects to MaineHousing for the most recent quarter - of those who exited to permanent housing in October 2020 - March 2021 who then returned to homelessness in April 2021 - September 2021.
 2.Each DV Member Program and MCEDV use the same comparable database as approved by the CoC, and this data is sourced from that database. The use of a comparable database, mandatory for all VSPs, is encoded into law.

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. MCEDV partners with the 8 DV Member Programs (DVRCs) in Maine to ensure that DV survivors experiencing homelessness are assessed quickly as they prepare to move into safe, affordable housing.
2. Housing survivors who have been made homeless because they are fleeing violence requires a different prioritization system. It is critical to appropriately balance needs of DV and those more traditionally Homeless as they have different characteristics that are equally urgent. The DVRCs each have their own Emergency Transfer Plan to safely and rapidly assist survivors to move to a confidential residence as needed. DVRCs work together to offer services to DV survivors in every county.
3. DVRCs offer comprehensive support & advocacy services, including housing navigation, connection to & assistance in applying for state & federal benefits, legal services & court accompaniment, child welfare specific advocacy, & financial stability support as survivors and their children move through the first days and months of transition to independence and liberation. The Maine Secretary of State operates, in collaboration with DVRCs, the Address Confidentiality Program, allowing survivors to maintain safety through privacy from online address lists. DVRCs assist survivors with retaining household integrity & increasing safety through legal services, such as PFAs, and avoiding homelessness all together through the use of diversion funding.
4. DVRCs continue supporting survivors as they move out of subsidized housing and into permanent homes, providing case management to survivors for as long as needed. Advocates address and help dismantle barriers to housing stability after subsidy-end, often with community partners, offering economic justice programs with matched savings and financial literacy, education, & employment coaching. DVRCs are members of the State CASH Coalition assisting survivors with tax preparation, allowing them to access the child tax credits and other benefits.

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)

- 1>MCEDV and partner programs developed and deliver a 44-hour training for new staff & volunteers on safety planning, ethics, active listening, and trauma-

informed advocacy called the Core Advocacy, Intervention, Response, and Ethics Training. Each advocate works directly with survivors of DV and trafficking to assess risk and deeply understand the dangerousness of each individual's circumstances in order to create a safety plan that addresses immediate needs and has the flexibility to address additional risks as they arise. Recognizing that the point of separation from an abusive partner is the most dangerous time for the survivor, Advocates attend to a clear and present danger that can become more dangerous as survivors establish their independence.

2>All DVRC locations maintain private offices and quiet spaces where survivors can meet one-on-one with advocates to discuss individual circumstances and obtain services and support. All DVRCs maintain privacy, safety, and security for all through locked external doors, external cameras and entry processes. Conversations with shelter residents are conducted in private spaces where other residents can not overhear the exchange. A parent and their children are sheltered together and have access to support groups for children, as well as advocates experienced in working with the child protective services.

3>Couples are interviewed separately should that occurrence arise.

4>DV Member Programs and MCEDV operate solely with client choice as the basis of all program enrollment and service delivery. Survivors can work with a single DVRC, but if that survivor needs to move to another part of the state, they can continue service with original DVRC and receive a warm-referral to the DVRC in their new area. Housing location is not disclosed and is known only to the voucher holder, the Authority, and the DV Advocate. DV survivors can always choose what information is included in their electronic records.

5>MCEDV partners with DVRCs to provide emergency shelter. All Shelters have reinforced glass or bars on windows, call buttons with direct communication to shelter staff or law enforcement, and cameras & high-lumens lighting on exterior entrances. All hallways and common spaces are maintained with improved lighting and access to DVRC staff through call buttons or other similar services. MaineHousing inspects all Shelter sites annually for structural compliance and monitors each program separately for program & data compliance.

6>All DV emergency shelters are in confidential locations. Transitional Housing units operated by DVRCs are not publicly identified as such and are indistinguishable from the rest of the community but equipped with appropriate safety & security systems. The CoC & MSHA adheres to maintaining that confidentiality in documentation, reports, and any publicized information. All repair people, service technicians, or other third-party service providers must submit to background checks and agree to maintain the privacy of the location - this is encoded into MOUs and service contracts at each DVRC.

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)

MCEDV and DVRCs maintain strict confidentiality within each organization and only share personally identifiable information outside the organization with informed, voluntary, time-limited, and written consent from survivors. MCEDV

does not have access to the personally identifying data compiled by each DVRC. It maintains the comparable database and provides technical assistance and training to ensure data integrity and reporting compliance and obtains deidentified, aggregate data from DVRCs on a monthly, quarterly, and yearly basis. At each emergency shelter and transitional housing site the physical location is private - known only to the DVRC and, in some cases, the property owner. There is security glass or bars on windows, locks, and panic buttons in key locations in the residence. MCEDV and partner DVRCs conduct thorough background checks on staff and volunteers and provide continued training in trauma-informed practices addressing confidentiality and privacy for adults and children. We maintain collaborative relations w/ local and statewide law enforcement organizations. MCEDV and DVRC Navigators develop professional relationships w/landlords and PHAs to offer support & advocacy to survivors should concerns arise or incidents occur that may jeopardize the survivors' housing status and/or safety. All DVRCs services are survivor centered. We adapt the services offered and delivery methods based on survivor input, including exit surveys and service delivery surveys conducted in an ongoing way through the year. MCEDV offers training, consultation, and technical assistance to statewide and multi-regional entities seeking to improve their domestic abuse responses. We also support the work of our members, who provide these same services in their local communities.

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.MCEDV and the DVRCs rapidly place survivors in housing of choice by honoring participant agency and preference by working together and sharing resources and knowledge around the state. MCEDV brings over 40 years of advocating for and with survivors for justice while they find the peace and liberation desired. MCEDV acts in a liaison role with MaineHousing, PHAs, & Housing Developers to provide the DV specific housing and address concerns that might arise for survivors while living in a home.
2.DVRCs and MCEDV do not restrict survivors' access to housing or shelter nor does any organization use punitive measures to prohibit a survivor from

accessing housing services. DVRC staff meet survivors where they are at and use a housing-first model for determining best resource and service options. We center survivor agency and autonomy in all interactions, when developing policies & procedures. We approach each other and the survivors who choose to work with us with mutual respect. All services are provided on a voluntary basis and in compliance with FVPSA and VOCA regulations regarding confidentiality. Each provider is held to the Quality Assurance Standards of service delivery developed by MCEDV with survivor input and agreed to by the DVRCs.

3. Every staff member at MCEDV and the DVRCs attend trauma-informed practices training & over 40 hours of new hire and continued yearly training addressing the intersections of DV & homelessness. MCEDV creates & develops trainings in collaboration with survivors and DVRC staff to train the trainer and provide the best knowledge available. This is the core of professional practice and advocates continue to engage with survivors using the most promising practices available. All staff are trained and held accountable to the Quality Assurance Plan for service delivery. Each DVRC and MCEDV collects outcome data from all trainings and offers feedback surveys to survivors regularly. We are committed to continued improvement.

4. Advocates use a variety of methodologies while assisting survivors including active listening, crisis intervention, trauma-informed coaching, specifically developing safety plans that address survivor choice, current relationship reality, children's needs, etc... We strive to create an environment that is inclusive, welcoming, destigmatizing, and non-retraumatizing. Advocates provide holistic services and attend to survivors' emotional as well as physical safety while attending to the practical needs of survivors. DV & Trafficking survivors have told us that they need physical, emotional, & financial distance to make the move into liberation. MCEDV manages a grant funded Liberation Fund to provide flexible direct financial assistance to survivors. These are low-barrier and immediately accessible.

5. MCEDV & DVRCs continue to address knowledge gaps in cultural competencies by actively seeking out partnerships with organizations that serve those with lived experience. We partner with New Mainer organizations, BIPOC-led and LGBTQ+-led organizations that also address survivor needs, disability rights, and Indigenous survivor organizations to increase our knowledge of available resources and to offer services to survivors in the most trauma sensitive and culturally-appropriate manner. DVRC partners often serve as fiscal sponsors for emerging organizations addressing specific cultural gaps. MCEDV partners with the Wabanaki Women's Coalition, representing the 5 Tribal Nations, in Wabanaki Territory. These two Coalitions provide mutual TA. MCEDV encourages philanthropists to allocate their financial resources to Tribal communities and WWC.

6. MCEDV partners with DVRCs to offer support groups addressing a wide range of topics - financial literacy, DV general support, etc... childcare is offered when needed. Meetings transitioned quickly to remote meeting platform during the COVID-19 pandemic. They will continue with in-person or remote options as restrictions due to public health concerns ease.

7. Partner programs offer workshops, support groups, 1:1 discussions, etc... regarding childcare, access to child support, justice & courts system involvement, and general parenting support for often newly single parents who must remain in contact with their abuser. MCEDV supports each DVRC to hire special-focus advocates who work with families who are child welfare system involved. These DV-CPS Advocates provide information, support, and guidance for parents as well as training and TA for CPS Workers.

DV Member Programs in collaboration with MCEDV partner with culturally specific organizations offering additional support groups and advocacy. Examples include the Immigrant Resource Center of Maine and Maine TransNet. These organizations support DVRCs and MCEDV with developing culturally correct and responsive

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>MCEDV is well positioned to support survivors through the partnerships we have with the eight (8) domestic violence resource centers (DVRCs) in Maine. Advocates and volunteers are required to complete MCEDV’s Comprehensive Advocacy, Intervention, Response & Ethics Training (CAIRET). This 44-hour training defines domestic abuse and violence and its intersection with trauma, mental health, and substance abuse as well as the civil and criminal justice systems. It provides best current practices for safety planning and social & systems change advocacy. Within CAIRET are specific modules for advocates who provide specialized services such as shelter, legal advocacy, and working with children affected by domestic violence. This orientation to domestic abuse and violence provides the foundation from which Advocates have the knowledge and experience to provide supportive services such as safety & self-sufficiency planning, assistance with public benefits and referral to community resources. In addition to general advocacy, most DVRCs have a housing navigator on staff. Housing Navigation is a focused, outcome-oriented service helps people want to obtain and maintain stable, long-term housing of their choice. MCEDV has fiscal authority and maintains quality assurance standards for self and the DVRCs. We in compliance and maintain a spotless 40-year record of clean financial audits & performance measures. Advocates provide supportive services with the agreement of the survivor. These services range from legal advocacy, such as drafting PFA Orders, collecting evidence of abuse, attending court hearings, interactions with the child protective services, and assisting survivors with obtaining personal records, to applying for housing vouchers, SNAP benefits, or preparing tax returns for child tax credit eligibility. Advocates offer 1:1 and group support, including specific groups for elders, LGBTQIA+, youth, and those with disabilities. With support from MCEDV and their own boards, DVRCs established transitional housing programs in the late 1990s. The programs have consistently grown to include housing navigation to increase successful placement in permanent housing ever since. DVRCs successfully operate transitional housing programs from Madawaska to Sanford...and all regions in between...with locally informed programming in partnership with the diverse communities in those regions.

2.MCEDV and the DV Member Programs are mature organizations who have been providing service and advocacy to survivors of DV and Trafficking in Maine since the late 1970s. MCEDV provides training and technical assistance to ensure member DVRCs meet the Quality Assurance Standards for services

to domestic violence survivors that includes emergency shelter, transitional housing, individual advocacy, support and educational groups, helpline, and legal advocacy for survivors from diverse populations. MCEDV and its member programs have provided this broad spectrum of services for over 40 years. In addition to programmatic support, MCEDV conducts subrecipient monitoring to ensure the DVRCs' compliance with Part 200: Uniform Administrative, Cost Principles and Audit Requirements for Federal Awards and Chapter 148-C: Maine Uniform Accounting and Auditing Practices Act for Community Agencies. The financial stability, organizational structure and operations are integral to the quality and delivery of supportive services to domestic violence survivors. From FY19 - FY21, nearly 1000 survivors moved into permanent housing, 500 into Transitional Housing with supports, and DVRCs sheltered almost 2000 individuals. We know that advocacy in the legal system is critical for survivors as they maintain their homes and. A yearly average of 5000 individuals were assisted with legal advocacy since FY19. Almost 400 survivors have received direct cash assistance through the Liberation Fund, a flexible fund addressing immediate financial support for survivors since its start in 2020. All the member programs/partners in the grant are monitored by Maine Housing for compliance and outcomes under the ESG/ESHAP program as well as by MCEDV. The Coalition and member programs successfully received and implemented innovative programming through VAWA OVW Grants, including Rural, Legal Services for Victims, and Consolidated Youth Grants, and received the civil rights and financial administration training required of all such grantees.

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. MCEDV and the DVRCs rapidly place survivors in housing of choice by honoring participant agency and preference by working together and sharing resources and knowledge around the state. As a statewide Coalition, MCEDV offers regionally specific housing navigation and general advocacy services to survivors of DV and their families. MCEDV facilitates sharing information about housing availability for survivors around the state and will provide information to DVRCs through the comparable database.
2. DVRCs and MCEDV will not restrict survivors' access to housing or shelter for

any non-HUD mandated reason. No organization will use punitive measures to prohibit a survivor from accessing housing services. DVRC staff meet survivors where they are at and use a housing-first model for determining best resource and service options. Survivors with mental illness, substance use disorders, or other challenges are supported through advocacy at the DV program and with referrals to other services in their area. Many DV Member Program staff are survivors themselves and able to provide both professional level advocacy and peer level support.

3. Every staff member at MCEDV and the DVRCs attend trauma-informed practices training and the Comprehensive Advocacy, Intervention, Response & Ethics Training (CAIRET). This MCEDV developed, 44-hour training defines domestic abuse and violence and its intersection with trauma, mental health, and substance abuse as well as the civil and criminal justice systems. It provides best current practices for safety planning and social & systems change advocacy. Within CAIRET are specific modules for advocates who provide specialized services such as shelter, legal advocacy, and working with children affected by domestic violence. This orientation to domestic abuse and violence provides the foundation from which Advocates have the knowledge and experience to provide supportive services such as safety & self-sufficiency planning, assistance with public benefits and referral to community resources. This is the core of professional practice and advocates continue to engage with survivors using the most promising practices available.

4. Advocates use a variety of methodologies while assisting survivors including trauma-informed coaching, specifically developing safety plans that address survivor choice, current relationship reality, children's needs, etc... We strive to create an environment that is inclusive, welcoming, destigmatizing, and non-retraumatizing. Advocates attend to survivors' emotional as well as physical safety.

5. MCEDV & DVRCs continue to address knowledge gaps in cultural competencies by actively seeking out partnerships with organizations that serve those with lived experience. We partner with New Mainer organizations, BIPOC-led and LGBTQ+-led survivor organizations, disability rights organizations, and Indigenous survivor organizations to increase our knowledge of available resources and to offer services to survivors in the most trauma sensitive and culturally-appropriate manner. We share resources as well as receiving and providing technical assistance to the Wabanaki Women's Coalition. DV Member Programs works closely with local organizations that provide specific resources in their area.

6. MCEDV partners with DVRCs to offer support groups addressing a wide range of topics - financial literacy, DV general support, etc... support groups are not mandatory and childcare is offered when needed. Meetings transitioned quickly to remote meeting platform during the COVID-19 pandemic. They will continue with in-person or remote options as restrictions due to public health concerns ease.

7. Partner programs offer workshops, support groups, 1:1 discussions, etc... regarding childcare, access to child support, justice & courts system involvement, and general parenting support for often newly single parents who must remain in contact with their abuser.

This project supports the only shelter in Maine dedicated to serving those fleeing Sex Trafficking. Since FY19, we have seen a 19% increase survivors of sex trafficking accessing services and emergency shelter. Our DV Member Programs in collaboration with MCEDV partner with culturally specific organizations offering additional support groups and advocacy - examples include the Immigrant Resource Center of Maine and Maine TransNet. These

organizations support DVRCs and MCEDV with developing culturally correct and responsive approaches to specific needs that a survivor might have as well referring them to the best, most appropriate resource available.

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	Safe Voices
2.	Rate of Housing Placement of DV Survivors–Percentage	50.00%
3.	Rate of Housing Retention of DV Survivors–Percentage	100.00%

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. Rate of housing is calculated based on the amount of residents served in the shelter in fiscal year 2019-2020, divided by the number of residents exiting to a "permanent housing location".
2. The retention rate is calculated using those residents who exited to permanent housing and evaluating how many of those returned to a shelter situation, of which there were none. Safe Voices uses an HMIS comparable database that has been approved by the CoC to record and calculate these statistics.

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. Residents of Safe Voices domestic violence shelters are assessed for their housing needs prior to entering into the shelter system. The process starts from the initial request for shelter where advocates explore to see if it is possible to divert a survivor from shelter by assisting them to access another safe location. When this is not possible, and a survivor must enter the shelter system to be safe, they are immediately set up with a primary advocate who will complete the shelter intake and assessment.
2. The MCoC does not have a formal Coordinated Entry System at this time. Safe Voices is currently using the CoC approved VI-SPADAT tool to assess housing vulnerabilities and barriers. This tool is being phased out and will be replaced with the Maine NavSEA as an eligibility tool for accessing Navigator support services. When the CES does identify a prioritization tool that they see fit to use, Safe Voices will also participate in the use of the approved assessment. Currently, a in house case conferencing meeting occurs weekly to identify and prioritize housing needs of families in shelter.
3. The advocates assist in connecting survivors to desired support services through referrals both in agency and to outside support agencies. Once a survivor has been in the shelter for at least 14 days they are connected to a Housing Navigator who works in conjunction with the shelter advocates to help survivors find appropriate, safe housing.
4. Navigators continue to work with survivors who choose to engage in these services even after they have moved out of the shelter and into their own community-based housing. Navigators meet with survivors a minimum of one time per month, but often more frequently, to work on housing stability goals to ensure that survivors are able to stay safely housed. Goals are created and often include increasing income through education and employment to help ensure that survivors are able to sustain their rent even after the housing subsidy ends.

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)

1. Safe Voices primary focus is the safety and support of the survivors that we serve. This starts with the intentional hiring and training for all of the staff. Every intern, volunteer and staff person who works with survivors is required to complete a MCEdV created and approved 50 hour comprehensive training with 12 observed role plays prior to having direct contact with survivors. There are many additional trainings required of Safe Voices staff who work at the shelters including overdose prevention and response, NARCAN administration, CPR/First Aid Training, Mandated Reporting, strangulation training, suicide prevention training and much more. 3 additional trainings that relate directly to safety that staff are required to attend are the ODARA training and the Jackie Campbell's Danger Assessment Certification Training and Certification to enroll participants into the Address Confidentiality Program. These trainings are specific to domestic violence situations. The ODARA is a tool used by law enforcement to assess the risk that an offender will assault a partner again. The Danger Assessment helps to determine the level of danger a victim has of being killed by their intimate partner. The Address Confidentiality Program certification allows staff to enroll survivors in a program that assists in keeping the physical address a secret location by way of diverting mail through the state program to reduce the chance an abuser can locate a survivor after they have fled.
2. Advocates meet with clients in private office spaces within the shelter. The spaces are set up to be warm and welcoming, taking into consideration confidentiality, comfort and designed with a trauma responsive approach.
3. Each survivor has their own private room for them and their family. Each resident has a key to lock their individual spaces and staff maintain a master key to access the rooms as well in the event of an emergency or if someone has locked themselves out of their room. We offer various communal spaces within the shelter for survivors to gather together including the living room, kitchen, quiet room and outdoor spaces that are private and sheltered from view of others in the neighborhoods.
4. Once a survivor has entered the shelter, they meet regularly with their advocate and navigator to develop a set of long and short term goals for themselves. These goals are self-determined by the survivor based on what they feel their priorities are all while keeping the "housing first" model as a focal point of all conversations. Survivors are presented with options and resources that may meet their needs and staff will help assist the survivor with determining what the best course of action is for them.
5. Safe Voices shelters are in confidential, undisclosed locations that are monitored with 24-hour security. The buildings have an old Victorian home feel while still attending to safety as the number one priority. While not obvious from the road, the windows on the first floor of our shelters are barred secure to ensure that they cannot be accessed from the outside. All doors are heavy steel controlled by push button control panels with specific codes that are changed often. There are security cameras on all exterior doors and recordings can be accessed remotely by all members of the shelter management team remotely at any time. There are additional silent panic alarms embedded throughout the shelters that will alert the local law enforcement should there ever be an emergency.
6. Safe Voices shelters are in confidential, undisclosed locations that are monitored with 24-hour security. The Address Confidentiality Program certification allows staff to enroll survivors in a program that assists in keeping the physical address a secret location by way of diverting mail through the state program to reduce the chance an abuser can locate a survivor after they have fled.

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)

Safe Voices has 45 years of demonstrated history of keeping people safe through our services and shelters. We attend to safety in a variety of ways including: maintaining confidential shelters in undisclosed locations, convening collaborative community meetings in response to high risk situations, and using a secure confidential database that does not share information about program participants with anyone outside of the Safe Voices staff. All staff must pass background checks prior to employment and abide by the strict confidentiality requirements set forth by VAWA.

We have made an intentional practice of centering survivor's voices in our work. Survivors are the experts in their own life and are the best people to help us evaluate our environments, approaches and programing. Shelter residents are offered an opportunity to share with staff what they feel is helpful for them during their stay at the shelter and also what changes or additions they feel would be beneficial. These surveys are optional and can be kept anonymous should the survivor prefer anonymity. In the last fiscal year we conducted 162 of these surveys and 99% of respondents indicated that they knew of more ways to plan for their safety after their stay at our shelter.

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.Safe Voices operates using a trauma-informed, victim-centered approach. We strongly believe that survivors are the experts in their own lives and are the ones who best know what they need.

2. All services offered by Safe Voices are completely voluntary and a survivor can opt out of any service offered at any time. All people without regard to race, ancestry or national origin, sex, immigration status, age, religion, physical or mental disability, sexual orientation, gender identity or gender expression who are fleeing domestic abuse and/or human sex trafficking are eligible for all services provided by Safe Voices.
3. There are various groups offered within Safe Voices and in the community that address trauma. Survivors in the shelters have access to an informational book and board that provide resources locally. Additionally we have partnered with community therapists in the past to provide onsite support services. There is also a lending library full of books on trauma, DV, resiliency etc. for survivors to access whenever they choose.
4. Our advocates work with survivors in the shelters to examine their strengths and areas of need. Using the initial assessment of these strengths and needs the advocates assist in developing a plan of care led by the survivor to develop and meet goals they establish for themselves. These goals can encompass housing, educational, financial, medical, mental health, parenting, employment goals and any other areas that a survivor may identify. Again, this is a voluntary service to the people served at shelters and there are no punitive consequences for not participating and or not obtaining goals in the timeframe set. All survivors entering the shelter are provided both verbally and in writing guidelines for maintaining a safe shelter stay.
5. Staff participate in ongoing trainings around anti-racism, diversity, equity and inclusion and we collaborate with other supportive agencies for ongoing support, referrals and trainings as needed including Immigrant Refugee Services of Maine, Elder Abuse Institute of Maine, Seniors Plus, Catholic Charities, Maine TransNet, YWCA, Her Safety Net and more. We recently underwent an internal self-assessment of the accessibility of our services across all areas of our agency and are actively implementing plans to for ongoing enhancement of our services.
6. Another service offered to survivors at the shelter is that of domestic violence specific support groups. Support groups are offered both in person at the shelter itself and in our outreach offices as well as virtually. Residents of the shelter are welcomed and encouraged to attend both of these groups as they choose but attendance is not mandatory.
7. We also offer a support group specific to families who have experience working with the child protective system. Safe Voices employs a CPS Liaison who is available to support survivors of domestic violence who are engaged with the CPS system. In addition to these support services, child advocacy is provided to the families in the shelter as we work with local schools, McKinney Vento Liaisons, Head Start programs, Advocates for Children, local Child Advocacy Center and our own in-house youth advocates to connect families to invaluable resources and support the difficult transition.

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.Domestic Violence advocates begin to connect survivors in need of support services to resources from the initial point of contact with Safe Voices. This often comes by way of accessing our Helpline which is staffed 24 hours per day, 7 days per week by fully trained Safe Voices advocates. Survivors can provide as little or as much information as they feel comfortable with while the advocates listen, seek to understand, validate feelings, strategize and safety plan. When a survivor cannot be safely diverted from shelter, a plan is made to get the survivor and their children to the shelter.

2.Once a survivor has arrived at shelter, the advocates warmly welcome them and begin to assess their needs. Sometimes a survivor may come to us already enrolled in case management services and with a strong network of formal and informal supports already in place. However, more frequently, people arrive at our shelter scared and alone with only the clothing on their backs and no safe supports. Often the survivor has had to abandon the minimal supports they had in order to be safe. This often means leaving friends, family, schooling, educational settings, medical providers and religious or cultural supports or connections behind. We operate on a "housing first" model in which we approach every one of the needs with the focus of housing in mind. Within 48 hours of a survivor entering the shelter, the intake assessment is completed understanding that some paperwork is essential to complete upon arrival while also attending to the survivor to ensure they feel safe and able to complete the paperwork. Within 10 days of a survivor entering the shelter, a plan of care and the Danger Assessment are completed. The plan of care will assist the survivor and advocate in identifying strengths and developing goals. The Danger Assessment is crucial in the development of a comprehensive safety plan. Once goals have been identified, the advocate will work collaboratively with the survivor and any other supports the survivor identifies to connect to local support service agencies. It is always preferable to make a "warm referral" and assist the survivor with making the initial contact to the other agency and connecting them personally. We connect survivors with support services in the community and attempt to reduce barriers and at times, bring the service providers to the shelter or administrative building to facilitate a face to face referral in a place that feels familiar and safe to survivors. Providers who have partnered with us to bring services to the survivors include, Sexual Assault Prevention and Response Services, Maine Family Planning, AA Groups, mental health counselors and career service supports. In addition to these outside agencies we partner with, we also have various Safe Voices advocates who support our survivors to access resources including our youth advocates, civil and criminal court advocates, CPS Liaison and Human Trafficking Outreach Coordinator. As with all services, these supports are available but optional. Once a survivor has been in our shelter for at least 14 days they will be connected to a Housing Navigator who will do conduct a housing assessment and determine housing prioritization. The Navigator works collaboratively with the survivor and the shelter advocate to determine what housing placement and subsidy best fits the needs of the survivor. The Navigator works with the survivor with housing search, advocacy and placement. They continue to support the survivor once housed for up to 2 years to help ensure they stay stably housed and safe.

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. Safe Voices domestic violence shelter has been in operation since 1977. The DV shelter has been participating successfully in the Home to Stay ESHAP program through Maine Housing Authority since it began. Through trainings & resources allotted by that program, it is evident that Housing Navigators are instrumental in making it possible for survivors to find & obtain housing, & to remain safely housed. Currently only one of the Safe Voices shelters is funded through Maine Housing & has access to specialized vouchers & navigator services. The other smaller 6 bed shelter is not funded by Maine Housing & does not have access to these resources. This request for funding would allow us to expand the crucial services to the other shelter residents where we have far fewer exits to permanent housing & limited access to housing subsidies. The survivors at the Trafficking Safe House are coming to us w/ higher barriers, less resources & far less choice. The majority of survivors in the Safe House are experiencing chronic homelessness w/ poor or no rental history & often w/ a criminal record that makes finding a safe & affordable rental virtually impossible. Having access to vouchers for these survivors, coupled w/ the support services of a housing navigator & a financial landlord incentive, we anticipate being major factors in our ability to house significantly more survivors & reduce recidivism. The funds would be used in 3 parts; to fund 10 housing vouchers for the Trafficking Safe House residents, provide a onetime landlord incentive to invite landlords to take the chance renting to someone who they may be hesitant to rent to, & fund a full time Housing Navigator for the Safe House. We will adopt the same eligibility & prioritization tools approved by the CoC.

2. All services offered by Safe Voices are completely voluntary & a survivor can opt out of any service at any time. All people without regard to race, ancestry or national origin, sex, immigration status, age, religion, physical or mental disability, sexual orientation, gender identity or gender expression who are fleeing domestic abuse &/or human sex trafficking are eligible for all services provided by Safe Voices.

3. There are many groups offered by Safe Voices & in the community that address trauma. Survivors in shelters have access to informational books & board that provide resources locally. Additionally we have partnered w/ community therapists to provide onsite support services. There is a lending library full of books on trauma, DV, resiliency etc. for survivors to access whenever they choose. Staff are all trained in trauma responsive care & will make appropriate outside referrals as needed.

4.The navigator will work w/ survivors in this shelter to find housing, advocate w/ landlords for the survivors & assist the survivor once housed to remain safe & stable in their new home while focusing on self-sufficiency. This navigator role would mimic the successful navigator role in the other shelter. The navigator will work collaboratively w/ the shelter advocate to assess & support the housing needs of the survivor. They will utilize the proven model set up by MaineHousing's Navigator Program. The navigator will focus on housing stability goals that may cross over w/ goals developed & supported by the shelter advocates. As w/ the existing model, all services will be available to all residents & will be completely optional. This includes support groups, child advocacy, case management & housing placement.

5.Staff participate in ongoing trainings around anti-racism, diversity, equity & inclusion & collaborate w/ other agencies for ongoing support, referrals & trainings as needed including Immigrant Refugee Services of Maine, Elder Abuse Institute of Maine, Seniors Plus, Catholic Charities, Maine TransNet, YWCA, Her Safety Net & more. We recently underwent an internal self-assessment of the accessibility of our services across all areas of our agency & are actively implementing plans for ongoing enhancement of our services.

6.Another service offered to survivors at the shelter is domestic violence specific support groups. Support groups are offered both in person at the shelter itself & in our outreach offices as well as virtually. Residents of the shelter are welcomed & encouraged to attend both of these groups as they choose but attendance is not mandatory.

7.We also offer a support group specific to families who have experience working w/ the child protective system. Safe Voices employs a CPS Liaison who is available to support survivors of domestic violence who are engaged w/ the CPS system. In addition to these support services, child advocacy is provided to families in the shelter as we work w/ local schools, McKinney Vento Liaisons, Head Start programs, Advocates for Children, local Child Advocacy Center & our own in-house youth advocates to connect families to invaluable resources & support the difficult transition.

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	Preble Street
2.	Rate of Housing Placement of DV Survivors–Percentage	47.00%
3.	Rate of Housing Retention of DV Survivors–Percentage	92.00%

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. In FY21, Preble Street Anti-Trafficking Services (PSATS) served 53 clients who met the federal definition of homelessness at intake and were fleeing, or were attempting to flee, domestic violence with no other residence and without the resources or support networks to obtain other permanent housing.

Of those 53, 25 clients obtained permanent housing during the year, calculating a housing placement rate of 47%.

Of the 25 clients who obtained permanent housing, 23 maintained their housing, calculating a housing retention rate of 92%.

2. PSATS utilizes ClientTrack, a comparable database, and internal Excel reports to track and manage client data and outcomes.

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. PSATS uses a Housing First approach (including mobile advocacy, community engagement, and flexible financial assistance) to move survivors quickly into permanent housing and connect to mainstream resources (including income supports, insurance, and SNAP, etc.). Focusing on cultivating relationships with landlords and helping clients increase income, access safe and affordable permanent housing to begin their path towards healing, the team uses a low-barrier, harm reduction, and victim-centered approach. Caseworkers work with survivors, supporting them to take the lead in defining goals and making their own safety assessment. Caseworkers provide options without mandates or restrictions. By focusing on the strengths of the survivor and allowing them autonomy, including how/when/where to access services, survivors can take steps to regain control over their life and maximize their ability to live independently.

2.The project is consistent with Maine's CoC CE process and prioritizes moving survivors into TH or rapidly rehousing any client served in a PS program or through the CoC that is currently homeless and is an adult fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, human trafficking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child.

3.PSATS connects survivors to supportive services through non-compulsory comprehensive and victim-centered case management. PSATS views the client as the expert in their own history and the best assessor of their own needs. With the survivor as lead, caseworkers have connected clients with various resources, including physical and mental health care services, job training and placement, SSI, SNAP benefits and more.

4.Clients served by PSATS increase their income or access alternative housing supports (such as vouchers) to sustain their housing and ensure stability after the housing subsidy ended.

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)

1.Preble Street (PS) understands its role in protecting personal information and adheres to all confidentiality and safety planning requirements in line with funder expectations and best practice standards for safety planning with survivors. All staff are trained at orientation and annually and bound by a comprehensive confidentiality policy to ensure client information is protected via all means of communication. Personal information is stored securely and protected, and information is never transferred to any individual or agency, except when given signed consent.

All staff are trained in trauma informed services, motivational interviewing, and assessment for triggers and risks to safety, security, and healing. Caseworkers focus on rapport-building and gaining informed consent from the client to voluntarily disclose as much or as little personal information as directed by them, before conducting a safety and needs assessment and developing an individual service plan, which includes a safety plan.

Client safety planning is continually addressed through case management service provision from initial contact and screening, including an assessment of

risks of harm for a client's physical, mental, and sexual health. Safety plans are revisited a minimum of every 90 days, or more frequently if the client requests.

2.Client intake interviews take place at the location identified as "safest" by the client. When possible, clients based in Southern Maine are interviewed at the PS Healing Center where PSATS staff offices are located, and private counseling rooms are available. Rooms are equipped with noise cancelling and white noise devices for added privacy.

3.Per program policy, clients are always interviewed alone - with each member of a couple separated - or with a trained interpreter, as needed.

4.PS utilizes rental assistance through a scattered site model and works with survivors to identify and decide what/where is safe for them. Within the first weeks of service, a housing search is conducted with the caseworker and client together. Clients choose which region is safest for them to live and what units best meet their safety needs.

5.The program does not operate congregate living facilities.

6.The scattered site apartments are confidential and only known to the caseworker and client.

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)

PSATS evaluates its ability to ensure safety by having clients complete a survey every 3 months to measure the impact of services on their feelings and experience of safety as well as working with outside evaluators and obtaining continuous client feedback on a monthly basis. Caseworkers respond to client feedback regarding safety and adjust safety plans and service delivery accordingly.

Safety planning can include contracting with service partners to ensure limited English proficiency or needs of people who are deaf or hard of hearing are addressed. We work to ensure meaningful safety planning by implementing a comprehensive safety planning process that includes a range of options for people with disabilities or special needs. Safety plans also include workaround issues of community safety (i.e., places where clients can safely meet, access services, travel, and live in a way that feels safe for the client.)

All staff are trained at orientation and annually and are bound by a comprehensive confidentiality policy to ensure client information is protected via all means of communication. Client safety is a core component of PSATS programming; and at intake, caseworkers develop individual safety plans in collaboration with clients. These plans are reviewed regularly and updated as circumstances change.

All staff are trained in trauma informed services and motivational interviewing.

PSATS focuses on rapport-building and gaining informed consent from the client to voluntarily disclose as much or as little personal information as directed by them before conducting a safety and needs assessment and developing an individual service plan. Clients may choose to terminate services at any time, for any reason, and will have a clear understanding of the grievance policy, should they be unhappy with services delivered.

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. PSATS utilizes a Housing First model combined with a trauma informed, harm reduction approach, cultural sensitivity, and survivor-informed services. Staff focus on rapport-building and gaining informed consent from the client to voluntarily disclose as much or as little personal information as directed by them, before conducting a safety and needs assessment and developing an individual support plan.

Staff support program participants in making choices while clients lead the process. Using a Housing First RRH model to quickly move people into permanent housing is key to helping survivors find stability and begin the healing process. All services are provided in alignment with participants' preferences through an environment of mutual respect. The program does not use punitive interventions and ensures interactions between staff and clients are based on equality, minimizing power differentials as much as possible. This focus is reflected in the professional development training structure and supports offered by Preble Street to staff.

2. PSATS trauma informed, victim-centered, rights-based, empowerment model provides a coordinated community-wide response to support the safety, security, and healing of DV survivors. As part of our commitment to provide trauma informed services, Preble Street fosters a professional development training structure and supports to ensure that we provide the most effective services for all DV survivors, including trafficking victims. As an entry point of social services across Maine, Preble Street emphasizes training staff on issues related to human trafficking, domestic violence, and sexual abuse, as well as

physical abuse and trauma and its impact on different populations to best support trauma informed services regardless of their identified victimization. Staff are trained in trauma informed services, motivational interviewing, and assessment for triggers and risks to safety, security, and healing.

3. Assessment, intervention, and casework services are part of a proven low-barrier holistic, seamless approach to engaging and supporting people experiencing homelessness, helping them navigate systems and seize opportunities to reach a place of permanence. Program participants have access to information on the effects of trauma and are supported in accessing counseling or other services to help the process trauma and begin to heal.

4. Caseworkers build trusting relationships and help survivors work toward their goals using the following best practices:
 "Trauma Informed Care: Staff are mindful of how to best address each person's immediate basic needs while taking into consideration the impact of past and/or recent trauma such as abuse, neglect, and trafficking, etc.
 "Motivational Interviewing: Assist clients in recognizing and utilizing their intrinsic motivation to change behaviors and realize their goals.
 "Strengths Based: Emphasizes clients' self-determination or strengths and helps them see themselves as resourceful and resilient agents in the face of adversity. Preble Street staff use a client-led process that empowers clients to set goals for their future using their assets/strengths.

5. All staff, including caseworkers, are regularly trained on cultural responsiveness, how to be responsive to individual needs and to provide inclusive services and equal access to all clients. Caseworkers provide multicultural support through materials in multiple languages, translation services, and informed connections to community services. Preble Street has a clear nondiscrimination policy and take all issues of bias seriously.

6. Preble Street programming meets the distinct and varied needs of clients through a comprehensive array of services, including access to shelter and basic needs; casework services, including assessment, goal setting, and referrals and linkage with community providers, including physical and mental health care, addiction treatment, employment services, educational opportunities, parenting classes, childcare, etc.; as well as crisis intervention, support for legal assistance, family reunification, and opportunities for connection with other program participants (e.g., groups and peer-to-peer connections).

7. Preble Street provides support to parents, including referrals to childcare subsidy programs and client assistance funds set aside to cover the cost of emergency childcare. Caseworkers regularly support clients accessing housing and resources that are suitable for their families, including children.

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.
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(limit 5,000 characters)

1. Survivors are offered housing-focused support services to assist them in quickly moving into permanent housing and maintaining their safety through housing identification, case management, and financial assistance. Using a Housing First Approach, appropriate housing is identified by caseworkers through Preble Street's existing and growing landlord and housing provider partnerships, as well as the survivor's own assessment of where they wish to live and which housing type works best for them and/or their family. Clients may identify their own housing as long as the unit meets habitability standards and is rented by a legitimate landlord. Transitional housing will be available to clients who need immediate housing placement. Clients can remain in transitional units for up to 6 months. During placement in transitional units, clients will receive intensive optional case management that will prepare them to move into permanent housing, including resources to increase income and connect to other housing vouchers, when appropriate. For clients accessing rapid rehousing, progressive financial assistance is flexible to ensure that survivors are leading their own path forward and quickly moving out of crisis towards stability. Caseworkers, working under the mobile advocacy model, meet collaboratively with survivors to assess the amount and level of financial assistance to maximize their ability to live independently and retain housing. Financial assistance includes covering costs such as security deposits, moving costs, rent, childcare, transportation, employment-related costs, etc. This assistance is provided without other program requirements and is not solely based on other forms of income or assistance.

2. Survivors are offered case management support to work towards developing personal goals in support of obtaining and remaining in housing. Caseworkers offer housing case management and support services for up to 24 months, including ongoing safety planning and a focus on tools needed for community integration as a key support for retaining housing. Caseworkers offer support services and assist clients in applying for disability income and/or connecting to other government benefits as well as connecting to employment opportunities, based on individual need. They also coordinate with the Maine CoC, community providers, and across Preble Street programs to ensure these services support the survivor to remain in permanent housing.

Preble Street works with many partners statewide and offers clients connections to support services, including:

- "Child custody
- "Bad credit history
- "Civil and Criminal Legal services
- "Education
- "Job training
- "Employment
- "Social security benefits
- "Access to food
- "Physical/mental healthcare
- "Drug and alcohol treatment
- "Childcare

4A-4f.	Trauma-Informed, Victim-Centered Approaches–New Project Implementation.	
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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. PSATS use a Housing First model combined with a trauma informed, harm reduction approach, cultural sensitivity, and survivor-informed services. Staff will focus on rapport-building and gaining informed consent from the client to voluntarily disclose as much or as little personal information as directed by them, before conducting a safety and needs assessment and developing an individual support plan.

Staff will support program participants in making choices and allow them to lead the process. Using a Housing First model, this program will operate Transitional Housing (TH) to Rapid Re-Housing (RRH) to quickly move people into permanent housing. A rapid move to permanent housing is key to helping survivors find stability and begin the healing process. All services will continue to be provided in alignment with participants' preferences through an environment of mutual respect. The joint housing program will not use punitive interventions and will ensure interactions between staff and clients are based on equality, minimizing power differentials as much as possible. This focus will be reflected in the professional development training structure and supports offered by Preble Street to staff.

2. PSATS trauma informed, victim-centered, rights-based, empowerment model will continue to provide a coordinated community-wide response to support the safety, security, and healing of DV survivors. As part of our commitment to provide trauma informed services, Preble Street fosters a professional development training structure and supports to ensure that we provide the most effective services for all DV survivors, including trafficking victims. As an entry point of social services across Maine, Preble Street emphasizes training staff on issues related to human trafficking, domestic violence, and sexual abuse, as well as physical abuse and trauma and its impact on different populations to best support trauma informed services regardless of their identified victimization. Staff will continue to be trained in trauma informed services, motivational interviewing, and assessment for triggers and risks to safety, security, and healing.

3. Assessment, intervention, and casework services are part of a proven low-barrier holistic, seamless approach to engaging and supporting people experiencing homelessness, helping them navigate systems and seize

opportunities to reach a place of permanence. Program participants will have access to information on the effects of trauma and will be supported in accessing counseling or other services to help the process trauma and begin to heal.

4. Caseworkers will build trusting relationships and help survivors work toward their goals using the following best practices:
"Trauma Informed Care: Staff are mindful of how to best address each person's immediate basic needs while taking into consideration the impact of past and/or recent trauma such as abuse, neglect, and trafficking, etc.
"Motivational Interviewing: Assist clients in recognizing and utilizing their intrinsic motivation to change behaviors and realize their goals.
"Strengths Based: Emphasizes clients' self-determination or strengths and helps them see themselves as resourceful and resilient agents in the face of adversity. Preble Street staff use a client-led process that empowers clients to set goals for their future using their assets/strengths.

5. All staff, including caseworkers, are regularly trained on cultural competence, how to be responsive to individual needs and to provide inclusive services and equal access to all clients. Caseworkers provide multicultural support through materials in multiple languages, translation services, and informed connections to community services. Preble Street has a clear nondiscrimination policy and take all issues of bias seriously.

6. Preble Street programming will continue to meet the distinct and varied needs of clients through a comprehensive array of services, including access to shelter and basic needs; casework services, including assessment, goal setting, and referrals and linkage with community providers, including physical and mental health care, addiction treatment, employment services, educational opportunities, parenting classes, childcare, etc.; as well as crisis intervention, support for legal assistance, family reunification, and opportunities for connection with other program participants (e.g., groups and peer-to-peer connections).

7. PSATS will provide support to parents, including referrals to childcare subsidy programs and client assistance funds set aside to cover the cost of emergency childcare. Caseworkers regularly support clients accessing housing and resources that are suitable for their families, including children.

4B. Attachments Screen For All Application Questions

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

Attachments must match the questions they are associated with.

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

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

Document Type	Required?	Document Description	Date Attached
1C-14. CE Assessment Tool	Yes	CE Assessment Tool	11/10/2021
1C-7. PHA Homeless Preference	No	PHA Homeless Pref...	11/03/2021
1C-7. PHA Moving On Preference	No	PHA Moving On Pre...	11/03/2021
1E-1. Local Competition Announcement	Yes	Local Competition...	11/03/2021
1E-2. Project Review and Selection Process	Yes	Project Review an...	11/16/2021
1E-5. Public Posting–Projects Rejected-Reduced	Yes	Public Posting- P...	11/08/2021
1E-5a. Public Posting–Projects Accepted	Yes	Public Posting Pr...	11/03/2021
1E-6. Web Posting–CoC-Approved Consolidated Application	Yes	Web Posting - CoC...	11/16/2021
3A-1a. Housing Leveraging Commitments	No	Housing Leverage ...	11/03/2021
3A-2a. Healthcare Formal Agreements	No		
3C-2. Project List for Other Federal Statutes	No		

Attachment Details

Document Description: CE Assessment Tool

Attachment Details

Document Description: PHA Homeless Preference

Attachment Details

Document Description: PHA Moving On Preference

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: Web Posting - CoC Approved Consolidated Application

Attachment Details

Document Description: Housing Leverage Commitment

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. CoC Identification	09/15/2021
1B. Inclusive Structure	09/27/2021
1C. Coordination	11/04/2021
1C. Coordination continued	11/09/2021
1D. Addressing COVID-19	11/05/2021
1E. Project Review/Ranking	11/16/2021
2A. HMIS Implementation	11/02/2021
2B. Point-in-Time (PIT) Count	09/15/2021
2C. System Performance	10/27/2021
3A. Housing/Healthcare Bonus Points	11/03/2021
3B. Rehabilitation/New Construction Costs	11/01/2021

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3C. Serving Homeless Under Other Federal Statutes	10/27/2021
4A. DV Bonus Application	11/08/2021
4B. Attachments Screen	11/16/2021
Submission Summary	No Input Required

Administration

Interviewer's Name _____	Agency _____	<input type="checkbox"/> Team <input type="checkbox"/> Staff <input type="checkbox"/> Volunteer
Survey Date DD/MM/YYYY ___/___/____	Survey Time ___:___	Survey Location _____

Opening Script

Every assessor in your community regardless of organization completing the VI-SPDAT should use the same introductory script. In that script you should highlight the following information:

- the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc.)
- the purpose of the VI-SPDAT being completed
- that it usually takes less than 7 minutes to complete
- that only “Yes,” “No,” or one-word answers are being sought
- that any question can be skipped or refused
- where the information is going to be stored
- that if the participant does not understand a question that clarification can be provided
- the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

Basic Information

PARENT 1	First Name _____	Nickname _____	Last Name _____
	In what language do you feel best able to express yourself? _____		
	Date of Birth DD/MM/YYYY ___/___/____	Age _____	Social Security Number _____
		Consent to participate <input type="checkbox"/> Yes <input type="checkbox"/> No	
PARENT 2	<input type="checkbox"/> No second parent currently part of the household		
	First Name _____	Nickname _____	Last Name _____
	In what language do you feel best able to express yourself? _____		
Date of Birth DD/MM/YYYY ___/___/____	Age _____	Social Security Number _____	Consent to participate <input type="checkbox"/> Yes <input type="checkbox"/> No
IF EITHER HEAD OF HOUSEHOLD IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1.			SCORE: _____

Children

1. How many children under the age of 18 are currently with you? _____ Refused
2. How many children under the age of 18 are not currently with your family, but you have reason to believe they will be joining you when you get housed? _____ Refused
3. **IF HOUSEHOLD INCLUDES A FEMALE:** Is any member of the family currently pregnant? Y N Refused
4. Please provide a list of children's names and ages:

First Name	Last Name	Age	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IF THERE IS A SINGLE PARENT WITH 2+ CHILDREN, AND/OR A CHILD AGED 11 OR YOUNGER, AND/OR A CURRENT PREGNANCY, THEN SCORE 1 FOR **FAMILY SIZE**. **SCORE:**

IF THERE ARE TWO PARENTS WITH 3+ CHILDREN, AND/OR A CHILD AGED 6 OR YOUNGER, AND/OR A CURRENT PREGNANCY, THEN SCORE 1 FOR **FAMILY SIZE**.

A. History of Housing and Homelessness

5. Where do you and your family sleep most frequently? (check one)
 - Shelters
 - Transitional Housing
 - Safe Haven
 - Outdoors**
 - Other (specify):** _____
 - Refused**

IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER", "TRANSITIONAL HOUSING", OR "SAFE HAVEN", THEN SCORE 1. **SCORE:**

6. How long has it been since you and your family lived in permanent stable housing? _____ Refused
7. In the last three years, how many times have you and your family been homeless? _____ Refused

IF THE FAMILY HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1. **SCORE:**

B. Risks

8. In the past six months, how many times have you or anyone in your family...

- a) Received health care at an emergency department/room? ___ Refused
- b) Taken an ambulance to the hospital? ___ Refused
- c) Been hospitalized as an inpatient? ___ Refused
- d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines? ___ Refused
- e) Talked to police because they witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told them that they must move along? ___ Refused
- f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between? ___ Refused

IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR EMERGENCY SERVICE USE. **SCORE:**

- 9. Have you or anyone in your family been attacked or beaten up since they've become homeless? Y N Refused
- 10. Have you or anyone in your family threatened to or tried to harm themselves or anyone else in the last year? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF HARM. **SCORE:**

- 11. Do you or anyone in your family have any legal stuff going on right now that may result in them being locked up, having to pay fines, or that make it more difficult to rent a place to live? Y N Refused

IF "YES," THEN SCORE 1 FOR LEGAL ISSUES. **SCORE:**

- 12. Does anybody force or trick you or anyone in your family to do things that you do not want to do? Y N Refused
- 13. Do you or anyone in your family ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone they don't know, share a needle, or anything like that? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF EXPLOITATION. **SCORE:**

C. Socialization & Daily Functioning

14. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you or anyone in your family owe them money? **Y** **N** Refused

15. Do you or anyone in your family get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that? **Y** **N** Refused

IF "YES" TO QUESTION 14 OR "NO" TO QUESTION 15, THEN SCORE 1 FOR MONEY MANAGEMENT. **SCORE:**

16. Does everyone in your family have planned activities, other than just surviving, that make them feel happy and fulfilled? **Y** **N** Refused

IF "NO," THEN SCORE 1 FOR MEANINGFUL DAILY ACTIVITY. **SCORE:**

17. Is everyone in your family currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that? **Y** **N** Refused

IF "NO," THEN SCORE 1 FOR SELF-CARE. **SCORE:**

18. Is your family's current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because other family or friends caused your family to become evicted? **Y** **N** Refused

IF "YES," THEN SCORE 1 FOR SOCIAL RELATIONSHIPS. **SCORE:**

D. Wellness

19. Has your family ever had to leave an apartment, shelter program, or other place you were staying because of the physical health of you or anyone in your family? **Y** **N** Refused

20. Do you or anyone in your family have any chronic health issues with your liver, kidneys, stomach, lungs or heart? **Y** **N** Refused

21. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you or anyone in your family? **Y** **N** Refused

22. Does anyone in your family have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help? **Y** **N** Refused

23. When someone in your family is sick or not feeling well, does your family avoid getting medical help? **Y** **N** Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR PHYSICAL HEALTH. **SCORE:**

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

FAMILIES

AMERICAN VERSION 2.0

24. Has drinking or drug use by you or anyone in your family led your family to being kicked out of an apartment or program where you were staying in the past? **Y** N Refused

25. Will drinking or drug use make it difficult for your family to stay housed or afford your housing? **Y** N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR SUBSTANCE USE.

SCORE:

26. Has your family ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:

a) A mental health issue or concern? **Y** N Refused

b) A past head injury? **Y** N Refused

c) A learning disability, developmental disability, or other impairment? **Y** N Refused

27. Do you or anyone in your family have any mental health or brain issues that would make it hard for your family to live independently because help would be needed? **Y** N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR MENTAL HEALTH.

SCORE:

28. **IF THE FAMILY SCORED 1 EACH FOR PHYSICAL HEALTH, SUBSTANCE USE, AND MENTAL HEALTH:** Does any single member of your household have a medical condition, mental health concerns, **and** experience with problematic substance use? **Y** N N/A or Refused

IF "YES", SCORE 1 FOR TRI-MORBIDITY.

SCORE:

29. Are there any medications that a doctor said you or anyone in your family should be taking that, for whatever reason, they are not taking? **Y** N Refused

30. Are there any medications like painkillers that you or anyone in your family don't take the way the doctor prescribed or where they sell the medication? **Y** N Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR MEDICATIONS.

SCORE:

31. **YES OR NO:** Has your family's current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you or anyone in your family have experienced? **Y** N Refused

IF "YES", SCORE 1 FOR ABUSE AND TRAUMA.

SCORE:

E. Family Unit

32. Are there any children that have been removed from the family by a child protection service within the last 180 days? **Y** N Refused

33. Do you have any family legal issues that are being resolved in court or need to be resolved in court that would impact your housing or who may live within your housing? **Y** N Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR FAMILY LEGAL ISSUES.

SCORE:

34. In the last 180 days have any children lived with family or friends because of your homelessness or housing situation? **Y** N Refused

35. Has any child in the family experienced abuse or trauma in the last 180 days? **Y** N Refused

36. **IF THERE ARE SCHOOL-AGED CHILDREN:** Do your children attend school more often than not each week? Y **N** N/A or Refused

IF "YES" TO ANY OF QUESTIONS 34 OR 35, OR "NO" TO QUESTION 36, SCORE 1 FOR NEEDS OF CHILDREN.

SCORE:

37. Have the members of your family changed in the last 180 days, due to things like divorce, your kids coming back to live with you, someone leaving for military service or incarceration, a relative moving in, or anything like that? **Y** N Refused

38. Do you anticipate any other adults or children coming to live with you within the first 180 days of being housed? **Y** N Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR FAMILY STABILITY.

SCORE:

39. Do you have two or more planned activities each week as a family such as outings to the park, going to the library, visiting other family, watching a family movie, or anything like that? Y **N** Refused

40. After school, or on weekends or days when there isn't school, is the total time children spend each day where there is no interaction with you or another responsible adult...

a) 3 or more hours per day for children aged 13 or older? **Y** N Refused

b) 2 or more hours per day for children aged 12 or younger? **Y** N Refused

41. **IF THERE ARE CHILDREN BOTH 12 AND UNDER & 13 AND OVER:** Do your older kids spend 2 or more hours on a typical day helping their younger sibling(s) with things like getting ready for school, helping with homework, making them dinner, bathing them, or anything like that? **Y** N N/A or Refused

IF "NO" TO QUESTION 39, OR "YES" TO ANY OF QUESTIONS 40 OR 41, SCORE 1 FOR PARENTAL ENGAGEMENT.

SCORE:

Scoring Summary

DOMAIN	SUBTOTAL	RESULTS
PRE-SURVEY	/2	Score: Recommendation: 0-3 no housing intervention 4-8 an assessment for Rapid Re-Housing 9+ an assessment for Permanent Supportive Housing/Housing First
A. HISTORY OF HOUSING & HOMELESSNESS	/2	
B. RISKS	/4	
C. SOCIALIZATION & DAILY FUNCTIONS	/4	
D. WELLNESS	/6	
E. FAMILY UNIT	/4	
GRAND TOTAL:	/22	

Follow-Up Questions

On a regular day, where is it easiest to find you and what time of day is easiest to do so?	place: _____ time: ____ : ____ or _____
Is there a phone number and/or email where someone can safely get in touch with you or leave you a message?	phone: (____) _____ - _____ email: _____
Ok, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused

Communities are encouraged to think of additional questions that may be relevant to the programs being operated or your specific local context. This may include questions related to:

- military service and nature of discharge
- ageing out of care
- mobility issues
- legal status in country
- income and source of it
- current restrictions on where a person can legally reside
- children that may reside with the adult at some point in the future
- safety planning

Administration

Interviewer's Name _____	Agency _____	<input type="checkbox"/> Team <input type="checkbox"/> Staff <input type="checkbox"/> Volunteer
Survey Date DD/MM/YYYY ___/___/____	Survey Time ___:___	Survey Location _____

Opening Script

"My name is [interviewer name] and I work for a group called Preble Street Veterans Housing Services. I have a 10-minute survey that I would like to complete with you. The answers will help us determine how we can best support you with available resources. Most questions only require a Yes or No. Some questions require a one-word answer. I'll be honest, some questions are personal in nature, but know you can skip or refuse any question. The information collected goes in to HMIS. If you do not understand a question, let me know and I would be happy to clarify. If it seems to me that you don't understand a question I will also do my best to explain it to you without you needing to ask for clarification. One last thing we should chat about. I've been doing this long enough to know that some people will tell me what they want me to hear rather than telling me – or even themselves – the truth. It's up to you, but the more honest you are, the better we can figure out how best to support you."

Basic Information

First Name _____	Nickname _____	Last Name _____
In what language do you feel best able to express yourself? _____		
Date of Birth DD/MM/YYYY ___/___/____	Age _____	Social Security Number _____
		Consent to participate <input type="checkbox"/> Yes <input type="checkbox"/> No

IF THE PERSON IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1.

SCORE:

A. History of Housing and Homelessness

1. Where do you sleep most frequently? (check one)

- Shelters
- Transitional Housing
- Safe Haven
- Outdoors**
- Other (specify):**

Refused

IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER", "TRANSITIONAL HOUSING", OR "SAFE HAVEN", THEN SCORE 1.

SCORE:

2. How long has it been since you lived in permanent stable housing? _____

Refused

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

Refused

IF THE PERSON HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1.

SCORE:

B. Risks

4. In the past six months, how many times have you...

a) Received health care at an emergency department/room? _____

Refused

b) Taken an ambulance to the hospital? _____

Refused

c) Been hospitalized as an inpatient? _____

Refused

d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines? _____

Refused

e) Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along? _____

Refused

f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between? _____

Refused

IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR EMERGENCY SERVICE USE.

SCORE:

5. Have you been attacked or beaten up since you've become homeless? Y N Refused

6. Have you threatened to or tried to harm yourself or anyone else in the last year? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF HARM.

SCORE:

7. Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live? Y N Refused

IF "YES," THEN SCORE 1 FOR LEGAL ISSUES.

SCORE:

8. Does anybody force or trick you to do things that you do not want to do? Y N Refused

9. Do you ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF EXPLOITATION.

SCORE:

C. Socialization & Daily Functioning

10. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money? Y N Refused

11. Do you get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that? Y N Refused

IF "YES" TO QUESTION 10 OR "NO" TO QUESTION 11, THEN SCORE 1 FOR MONEY MANAGEMENT.

SCORE:

12. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled? Y N Refused

IF "NO," THEN SCORE 1 FOR MEANINGFUL DAILY ACTIVITY.

SCORE:

13. Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that? Y N Refused

IF "NO," THEN SCORE 1 FOR SELF-CARE.

SCORE:

14. Is your current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because family or friends caused you to become evicted? Y N Refused

IF "YES," THEN SCORE 1 FOR SOCIAL RELATIONSHIPS.

SCORE:

D. Wellness

15. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health? Y N Refused
16. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart? Y N Refused
17. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you? Y N Refused
18. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help? Y N Refused
19. When you are sick or not feeling well, do you avoid getting help? Y N Refused
20. *FOR FEMALE RESPONDENTS ONLY:* Are you currently pregnant? Y N N/A or Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **PHYSICAL HEALTH**.

SCORE:

21. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past? Y N Refused
22. Will drinking or drug use make it difficult for you to stay housed or afford your housing? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **SUBSTANCE USE**.

SCORE:

23. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:
- a) A mental health issue or concern? Y N Refused
- b) A past head injury? Y N Refused
- c) A learning disability, developmental disability, or other impairment? Y N Refused
24. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **MENTAL HEALTH**.

SCORE:

IF THE RESPONDENT SCORED 1 FOR **PHYSICAL HEALTH** AND 1 FOR **SUBSTANCE USE** AND 1 FOR **MENTAL HEALTH**, SCORE 1 FOR **TRI-MORBIDITY**.

SCORE:

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

SINGLE ADULTS

AMERICAN VERSION 2.0

25. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking? Y N Refused

26. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication? Y N Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR MEDICATIONS.

SCORE:

27. **YES OR NO:** Has your current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you have experienced? Y N Refused

IF "YES", SCORE 1 FOR ABUSE AND TRAUMA.

SCORE:

Scoring Summary

DOMAIN	SUBTOTAL	RESULTS
PRE-SURVEY	/1	Score: Recommendation: 0-3: no housing intervention 4-7: an assessment for Rapid Re-Housing 8+: an assessment for Permanent Supportive Housing/Housing First
A. HISTORY OF HOUSING & HOMELESSNESS	/2	
B. RISKS	/4	
C. SOCIALIZATION & DAILY FUNCTIONS	/4	
D. WELLNESS	/6	
GRAND TOTAL:	/17	

Follow-Up Questions

On a regular day, where is it easiest to find you and what time of day is easiest to do so?	place: _____ time: ___ : ___ or _____
Is there a phone number and/or email where someone can safely get in touch with you or leave you a message?	phone: (____) _____ - _____ email: _____
Ok, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused

Communities are encouraged to think of additional questions that may be relevant to the programs being operated or your specific local context. This may include questions related to:

- military service and nature of discharge
- legal status in country
- children that may reside with the adult at some point in the future
- ageing out of care
- income and source of it
- safety planning
- mobility issues
- current restrictions on where a person can legally reside

UCAP INTERIM HOUSING PLAN

Updated 10/4/16

Direct – Program Enrollment Type and Date

Program Referral

Referral Date **Date of referred enrollment**

<input type="checkbox"/>	SSVF	<input type="checkbox"/>	SSVF		
<input type="checkbox"/>	HUD-VASH	<input type="checkbox"/>	Healthcare for Homeless Veterans		
<input type="checkbox"/>	Grant and Per-Diem	<input type="checkbox"/>	Other Veteran Community Providers		
<input type="checkbox"/>	Other Community	<input type="checkbox"/>	Mainstream Community Resources		

In the space below, describe the short-term steps taken to ensure a warm hand-off to appropriate provider. Also indicate any resources use to ensure immediate health and safety has been provided)

Administration

Interviewer's Name _____	Agency _____	<input type="checkbox"/> Team <input type="checkbox"/> Staff <input type="checkbox"/> Volunteer
Survey Date DD/MM/YYYY ___/___/____	Survey Time ___ : ___	Survey Location _____

Opening Script

Every assessor in your community regardless of organization completing the VI-SPDAT should use the same introductory script. In that script you should highlight the following information:

- the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc.)
- the purpose of the VI-SPDAT being completed
- that it usually takes less than 7 minutes to complete
- that only “Yes,” “No,” or one-word answers are being sought
- that any question can be skipped or refused
- where the information is going to be stored
- that if the participant does not understand a question that clarification can be provided
- the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

Basic Information

First Name _____	Nickname _____	Last Name _____
In what language do you feel best able to express yourself? _____		
Date of Birth DD/MM/YYYY ___/___/____	Age _____	Social Security Number _____
		Consent to participate <input type="checkbox"/> Yes <input type="checkbox"/> No

IF THE PERSON IS 17 YEARS OF AGE OR LESS, THEN SCORE 1.

SCORE:

A. History of Housing and Homelessness

1. Where do you sleep most frequently? (check one)

- Shelters **Couch surfing** **Other (specify):**
 Transitional Housing **Outdoors**
 Safe Haven **Refused** _____

IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER", "TRANSITIONAL HOUSING", OR "SAFE HAVEN", THEN SCORE 1. **SCORE:**

2. How long has it been since you lived in permanent stable housing? _____ Refused

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

IF THE PERSON HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1. **SCORE:**

B. Risks

4. In the past six months, how many times have you...

- a) Received health care at an emergency department/room? _____ Refused
 b) Taken an ambulance to the hospital? _____ Refused
 c) Been hospitalized as an inpatient? _____ Refused
 d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines? _____ Refused
 e) Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along? _____ Refused
 f) Stayed one or more nights in a holding cell, jail, prison or juvenile detention, whether it was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between? _____ Refused

IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR EMERGENCY SERVICE USE. **SCORE:**

5. Have you been attacked or beaten up since you've become homeless? **Y** N Refused

6. Have you threatened to or tried to harm yourself or anyone else in the last year? **Y** N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF HARM. **SCORE:**

7. Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live? **Y** N Refused
8. Were you ever incarcerated when younger than age 18? **Y** N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR LEGAL ISSUES. **SCORE:**

9. Does anybody force or trick you to do things that you do not want to do? **Y** N Refused
10. Do you ever do things that may be considered to be risky like exchange sex for money, food, drugs, or a place to stay, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that? **Y** N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF EXPLOITATION. **SCORE:**

C. Socialization & Daily Functioning

11. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money? **Y** N Refused
12. Do you get any money from the government, an inheritance, an allowance, working under the table, a regular job, or anything like that? Y **N** Refused

IF "YES" TO QUESTION 11 OR "NO" TO QUESTION 12, THEN SCORE 1 FOR MONEY MANAGEMENT. **SCORE:**

13. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled? Y **N** Refused

IF "NO," THEN SCORE 1 FOR MEANINGFUL DAILY ACTIVITY. **SCORE:**

14. Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that? Y **N** Refused

IF "NO," THEN SCORE 1 FOR SELF-CARE. **SCORE:**

15. Is your current lack of stable housing...

- a) Because you ran away from your family home, a group home or a foster home? **Y** N Refused
- b) Because of a difference in religious or cultural beliefs from your parents, guardians or caregivers? **Y** N Refused
- c) Because your family or friends caused you to become homeless? **Y** N Refused
- d) Because of conflicts around gender identity or sexual orientation? **Y** N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **SOCIAL RELATIONSHIPS**.

SCORE:

- e) Because of violence at home between family members? **Y** N Refused
- f) Because of an unhealthy or abusive relationship, either at home or elsewhere? **Y** N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **ABUSE/TRAUMA**.

SCORE:

D. Wellness

- 16. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health? **Y** N Refused
- 17. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart? **Y** N Refused
- 18. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you? **Y** N Refused
- 19. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help? **Y** N Refused
- 20. When you are sick or not feeling well, do you avoid getting medical help? **Y** N Refused
- 21. Are you currently pregnant, have you ever been pregnant, or have you ever gotten someone pregnant? **Y** N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **PHYSICAL HEALTH**.

SCORE:

NEXT STEP TOOL FOR HOMELESS YOUTH

SINGLE YOUTH

AMERICAN VERSION 1.0

22. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past? **Y** N Refused
23. Will drinking or drug use make it difficult for you to stay housed or afford your housing? **Y** N Refused
24. If you've ever used marijuana, did you ever try it at age 12 or younger? **Y** N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR SUBSTANCE USE.

SCORE:

25. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:

- a) A mental health issue or concern? **Y** N Refused
- b) A past head injury? **Y** N Refused
- c) A learning disability, developmental disability, or other impairment? **Y** N Refused

26. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help? **Y** N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR MENTAL HEALTH.

SCORE:

IF THE RESPONENT SCORED 1 FOR PHYSICAL HEALTH AND 1 FOR SUBSTANCE USE AND 1 FOR MENTAL HEALTH, SCORE 1 FOR TRI-MORBIDITY.

SCORE:

27. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking? **Y** N Refused
28. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication? **Y** N Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR MEDICATIONS.

SCORE:

Scoring Summary

DOMAIN	SUBTOTAL	RESULTS
PRE-SURVEY	/1	Score: Recommendation: 0-3: no moderate or high intensity services be provided at this time 4-7: assessment for time-limited supports with moderate intensity 8+: assessment for long-term housing with high service intensity
A. HISTORY OF HOUSING & HOMELESSNESS	/2	
B. RISKS	/4	
C. SOCIALIZATION & DAILY FUNCTIONS	/5	
D. WELLNESS	/5	
GRAND TOTAL:	/17	

Follow-Up Questions

On a regular day, where is it easiest to find you and what time of day is easiest to do so?	place: _____ time: ___ : ___ or
Is there a phone number and/or email where someone can get in touch with you or leave you a message?	phone: (____) _____ - _____ email: _____
Ok, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused

Communities are encouraged to think of additional questions that may be relevant to the programs being operated or your specific local context. This may include questions related to:

- military service and nature of discharge
- ageing out of care
- mobility issues
- legal status in country
- income and source of it
- current restrictions on where a person can legally reside
- children that may reside with the youth at some point in the future
- safety planning

Maine State Housing Authority Homeless Preference Policies 2021:

4-III.C. SELECTION METHOD

PHAs must describe the method for selecting applicant families from the waiting list, including the system of admission preferences that the PHA will use [24 CFR 982.202(d)].

Local Preferences [24 CFR 982.207; HCV p. 4-16]

PHAs are permitted to establish local preferences, and to give priority to serving families that meet those criteria. HUD specifically authorizes and places restrictions on certain types of local preferences. HUD also permits the PHA to establish other local preferences, at its discretion. Any local preferences established must be consistent with the PHA plan and the consolidated plan, and must be based on local housing needs and priorities that can be documented by generally accepted data sources.

MaineHousing Policy

It is MaineHousing policy that a priority and/or preference, as well as date and time of the application, establish placement position on a waiting list. Families who have also applied for Project Based Vouchers will be selected according to Chapter 17.

Priority and Local Preference Admissions

1. Priority a. MaineHousing will offer a priority to any family that has been terminated from the HCV program due to insufficient program funding.

b. Homeless Priority

MaineHousing will set aside 60% of available funding for undedicated vouchers for any applicant family that:

- 1) Is an active STEP voucher holder who has successfully completed 18 months with the STEP program and without assistance would be spending more than 30% of the family's income on housing, or**
- 2) Is homeless, and**
- 3) Is referred by a provider receiving Stabilization Share funds under the MaineHousing Emergency Shelter and Housing Assistance Program and receiving additional case management follow-up from the provider's navigator under the Home to Stay Program; or**
- 4) is referred by a Bridging Rental Assistance Program caseworker, or homeless shelter or domestic violence provider that is not receiving Stabilization Share funds under the MaineHousing Emergency Shelter and Housing Assistance Program and meets MaineHousing's jurisdictional preference. MaineHousing maintains a list of approved providers.**

Portland Housing Authority, Homeless Preference Policies, 2021:

Regular HCV Funding

Regular HCV funding may be used to assist any eligible family on the waiting list. Families are selected from the waiting list according to the policies provided in Section 4-III.C.

4-III.C. SELECTION METHOD

PHAs must describe the method for selecting applicant families from the waiting list, including the system of admission preferences that the PHA will use [24 CFR 982.202(d)].

Local Preferences [24 CFR 982.207; HCV p. 4-16]

PHAs are permitted to establish local preferences, and to give priority to serving families that meet those criteria. HUD specifically authorizes and places restrictions on certain types of local preferences. HUD also permits the PHA to establish other local preferences, at its discretion.

Any local preferences established must be consistent with the PHA plan and the consolidated plan, and must be based on local housing needs and priorities that can be documented by generally accepted data sources.

PHA Policy

The PHA will use the following local preferences, as well as date and time of the application, establish placement position on a waiting list. Families who have also applied for Project Based Vouchers will be selected according to Chapter 17.

Preferences:

The following preference groups are prioritized and offered vouchers based on qualification for funding, availability of vouchers, and the administrative need to for PHA to utilize available vouchers. All households must be on the Centralized Waitlist prior to receiving a voucher.

- (1) The PHA will offer a preference to any participating family that has been terminated from its HCV program due to insufficient program funding.***
- (2) PHA, under the direction of the Department of Housing and Urban Development, may give preference for tenant-based assistance to persons displaced by natural or national disaster as designated by the Federal Emergency Management Agency (FEMA) until such time that funding designated for this preference has been committed.***
- (3) The PHA may offer a preference to families who include victims of domestic violence, dating violence, sexual assault, or stalking who are seeking an emergency transfer under VAWA from***

PHA's public housing program or other covered housing program operated by PHA.

(4) The PHA may offer a preference to FYI-TPV recipients who have successfully completed 36 months with the FYI-TPV Program and can demonstrate an ongoing need for assistance. (see Chapter 19 for details)

(5) The PHA may offer a preference to current Bridging Rental Assistance Program recipients

(6) The PHA may offer a preference to VASH recipients who no longer qualify or choose to receive VASH services if HCV's are currently available. (see Chapter 19 for details)

(7) The PHA may offer a preference to First-Place recipients. (see Chapter 19 for details)

(8) The PHA may offer a preference to up to 40 families that meet the criteria for the Limited Preference Program for Chronically Homeless (LPPCC) program (see Chapter 19 for details)

For all other applicants the following Point System applies: Portland Housing gives preference to an applicant family on the waiting list if they qualify for one or more of the preference categories listed below. Local Preference points are cumulative and are added to the applicant family's priority points (if any) to determine an applicant family's position on the waiting list

<i>Local Preference</i>	<i>Points</i>
<i>Family with minor children, and/or Elderly, and/or disabled</i>	<i>5 points</i>
<i>Families with a member who lives or works within the area of PHA's area of operation.</i>	<i>2 Point</i>
<i>Families who are currently homeless under HUD definition and/or have a Rent Burden of more than 50% of family income.</i>	<i>1 Point</i>

The PHA will first assist families that have been terminated from the HCV program due to insufficient funding and then assist families that qualify for the VAWA preference.

**MEMORANDUM OF UNDERSTANDING
BETWEEN
MAINE STATE HOUSING AUTHORITY AND
MAINE CONTINUUM OF CARE**

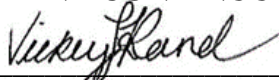
Affordability is a primary issue preventing current permanent supportive housing (PSH) tenants living in MCOC-funded projects who are no longer in need of or desire of intensive services from moving on. Many tenants in PSH are on fixed incomes (often SSI/SSD) or employed in jobs that are intermittent and pay low wages. Given the extremely low-income nature of PSH tenants, Move On programs often include partnerships regarding rental assistance and/or units with affordable rents such as Section 8 vouchers and public housing units.

The purpose of this Memorandum of Understanding (MOU) is to describe and formalize the existing collaborative relationship between the Maine State Housing Authority (MaineHousing) and the Maine Continuum of Care (MCOC).

This MOU is evidence of the current participation and continuing commitment in working jointly to implement Move On Strategies. MaineHousing has awarded Project-Based Section 8, through previous RFP processes, to numerous properties in its jurisdiction, including MCOC-funded PSH properties. MaineHousing allows current Project-Based Section 8 holders, including people living in MCOC-funded PSH projects and non MCOC-funded PSH projects, to port their Project-Based voucher to a Tenant-Based voucher upon move-out, if they have been under lease in the PBV unit for one year or more, pending Tenant-Based voucher availability at the discretion of MaineHousing. This creates the opportunity for people living in MCOC-funded PSH who no longer desire intensive supportive services to Move On to housing with a mechanism to make the rent affordable.

This MOU represents the entire MOU and understanding of the parties. This MOU may be amended in as long as there is agreement in writing by both parties.

MAINE CONTINUUM OF CARE



Signature

Name: Vickey Rand

Title: MCOC Tri-Chair

Date: 9/6/19

MAINE STATE HOUSING AUTHORITY



Signature

Name: Allison Gallagher

Title: Director of Housing Choice Vouchers

Date: 9/6/19

**MEMORANDUM OF UNDERSTANDING
BETWEEN
PORTLAND HOUSING AUTHORITY AND
MAINE CONTINUUM OF CARE**

Affordability is a primary issue preventing current permanent supportive housing (PSH) tenants living in MCOC-funded projects who are no longer in need of or desire of intensive services from moving on. Many tenants in PSH are on fixed incomes (often SSI/SSD) or employed in jobs that are intermittent and pay low wages. Given the extremely low-income nature of PSH tenants, Move On programs often include partnerships regarding rental assistance and/or units with affordable rents such as Section 8 vouchers and public housing units.

The purpose of this Memorandum of Understanding (MOU) is to describe and formalize the existing collaborative relationship between the Portland Housing Authority (PHA) and the Maine Continuum of Care (MCOC).

This MOU is evidence of the current participation and continuing commitment in working jointly to implement Move On Strategies. PHA has awarded Project-Based Section 8, through previous RFP processes, to numerous properties in its jurisdiction, including MCOC-funded PSH properties. PHA allows current Project-Based Section 8 holders, including people living in MCOC-funded PSH (i.e. Huston Commons and Logan Place), and non MCOC-funded PSH (i.e. Florence House), to port their Project-Based voucher to a Tenant-Based voucher upon move-out, if they have been under lease in the PBV unit for one year or more, pending Tenant-Based voucher availability at the discretion of PHA. This creates opportunity for people living in MCOC-funded PSH who no longer desire intensive supportive services to Move On to housing with a mechanism to make the rent affordable.

This Agreement represents the entire Agreement and understanding of the parties. This agreement may be amended in as long as there is agreement by both parties.

MAINE CONTINUUM OF CARE

Vickey Rand
Signature

Name: Vickey Rand

Title: MCOC Tri-Chair

Date: 8/27/19

PORTLAND HOUSING AUTHORITY

Mark B. Adelson
Signature

Name: Mark B. Adelson

Title: Executive Director

Date: 8/27/19

**MEMORANDUM OF UNDERSTANDING
BETWEEN
COMMUNITY HOUSING OF MAINE AND
MAINE CONTINUUM OF CARE**

Affordability is a primary issue preventing current permanent supportive housing (PSH) tenants living in MCOC-funded projects who are no longer in need of or desire of intensive services from moving on. Many tenants in PSH are on fixed incomes (often SSI/SSD) or employed in jobs that are intermittent and pay low wages. Given the extremely low-income nature of PSH tenants, Move On programs often include partnerships regarding rental assistance and/or units with affordable rents such as Section 8 vouchers and public housing units.

The purpose of this Memorandum of Understanding (MOU) is to describe and formalize the existing collaborative relationship between Community Housing of Maine (CHOM) and the Maine Continuum of Care (MCOC).

This MOU is evidence of the current participation and continuing commitment in working jointly to implement Move On Strategies. CHOM and the MCOC work collaboratively to implement Move On strategies, and CHOM is welcoming of people exiting MCOC-funded (i.e. Huston Commons and Logan Place), and non MCOC-funded PSH and non MCOC-funded PSH (i.e. Florence House) as an MCOC Move On strategy. CHOM, being an affordable housing developer, and the largest provider of supportive housing for people experiencing homelessness in Maine, welcomes and encourages people who have experienced homelessness, currently residing in MCOC-funded and non MCOC-funded PSH into its affordable housing portfolio. This creates opportunity for people living in MCOC-funded PSH who no longer desire intensive supportive services to Move On to housing with affordable rents.

This Agreement represents the entire Agreement and understanding of the parties. This agreement may be amended in as long as there is agreement by both parties.

MAINE CONTINUUM OF CARE

Vickey Rand
Signature

Name: Vickey Rand

Title: MCOC Tri-Chair

Date: 8/28/19

COMMUNITY HOUSING OF MAINE

Kyra Walker
Signature

Name: Kyra Walker

Title: Chief Operating Officer

Date: 8/28/19



September 20, 2019

To Whom It May Concern,

Avesta Housing is a nonprofit affordable housing provider with 45+ years of experience as a leader in affordable housing development and property management in southern Maine and New Hampshire. Our mission is to improve lives and strengthen communities by promoting and providing quality affordable homes for people in need.

This mission aligns us closely with the work of the Maine Continuum of Care (MCoC). We have an over a decade-long established relationship with the MCoC and support the MCoC's Move On Strategies. As such, we welcome tenants exiting CoC-funded housing programs to apply for housing in Avesta-managed properties. Additionally, we work closely with members of the CoC to maximize supportive resources available to Avesta tenants in order promote housing stability.

Sincerely,

Dana Totman
President & Chief Executive Officer
Avesta Housing

MAINE HOMELESS PLANNING

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SEPTEMBER 1, 2021 | [SCOTT TIBBITTS](#) | [NEWS](#)

The Maine Continuum of Care is pleased to announce this Request for Proposals for the 2021 CoC NOFO Competition!

The Maine Continuum of Care (MCoC) invites interested eligible agencies, including agencies that have not previously received MCoC grants, to apply for funding to create housing and related services for those experiencing homelessness in Maine.

New this year, Indian Tribes and Tribally Designated Housing Entities are eligible to apply for Continuum of Care funding. HUD is also strongly encouraging collaborations between homeless service providers and Healthcare organizations, and between homeless service providers and Public Housing Agencies.

The PDF summary below highlights some of the important information in the FY 2021 CoC NOFO released on August 18, 2021, but it is not intended to be exhaustive or complete. All applicants must read the full NOFO Notice and all related HUD and e-snaps guidance for additional details. (See links to the Comprehensive NOFO announcement and other resources, in the PDF)

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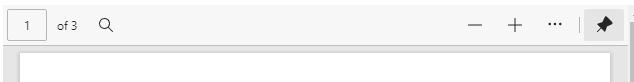
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Funding Opportunity Title: Notice of Funding Opportunity (NOFO) for the Fiscal Year (FY) 2021 Continuum of Care Program Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants

Funding Opportunity Number: FR-6500-N-25

Assistance Listing Number: 14.267 (formerly CFDA number)

Due Date for Consolidated Applications: Full CoC Consolidated Application Due 11/16/2021

All Maine Continuum of Care New and Renewal Project Applications are due in e-snaps no later than **5:00 PM on Friday October 8, 2021** to allow time for review, scoring, ranking and notification of results prior to the final Consolidated Application submission.

Comprehensive NOFO announcement and additional information is available at:

- <https://www.hudexchange.info/news/fy-2021-coc-program-competition/> and
- https://www.hud.gov/program_offices/comm_planning/coc/competition and
- <https://www.grants.gov/web/grants/view-opportunity.html?oppId=335322>

Applicants are required to complete and submit their applications via e-snaps. More information about e-snaps, including detailed instructions and guidance can be found on the [e-snaps page](#).

Training and Resources: The CoC Program interim rule, training materials, detailed instructions, and program resources are available via the HUD Exchange at:

<https://www.hudexchange.info/programs/coc/>

Questions: Project applicants that require information and technical support concerning this NOFO and the application in e-snaps may submit an inquiry to CoCNOFO@hud.gov. Two days prior to the application deadline, this email address will respond only to emergency technical support questions.

SNAPS is now using two different listservs to communicate competition and program updates.

All Applicants are encouraged to subscribe to these listservs to receive important updates:

[Sign up for SNAPS Competition Information](#)

[Sign up for SNAPS Program Information](#)

HUD Homeless Assistance Mailing List: If you have not already done so, we encourage you to subscribe to relevant HUD Mailing Lists by visiting:

<https://www.hudexchange.info/maillinglist/subscribe/>

For Further Information regarding Maine CoC specific requirements: Questions should be directed to MaineHousing at cohelpdesk@mainehousing.org. This notice and other MCoC related information will be posted on the www.MaineHomelessPlanning.org website. MCoC encourages all interested parties to subscribe to this website to receive notices of any new posts.

Available Funds: HUD is again using the Tier 1 / Tier 2 funding methodology. Tier 1 is now equal to 100% of the Annual Renewal Demand (ARD). The ARD is the amount needed to fully fund all eligible Renewal Projects. For Maine, our **2021 total ARD is \$14,222,725.**

In addition, if we qualify by the criteria established in the NOFO, there is a **CoC Bonus of \$711,136 for one or more eligible New Projects that meet the project eligibility and threshold requirements established by HUD in the 2021 NOFO.**

There is also a Domestic Violence (DV) Project Bonus of \$1,025,254.

Planning Grant funding for 2021 is **\$426,682** (only the Collaborative Applicant may apply for Planning Grant funds).

Eligible Applicants: Eligible Project Applicants are identified in Section V. subsection A. of the NOFO.

Eligible Costs: 24 CFR 578.37 through 578.63 identify the eligible costs for which funding may be requested under the CoC Program. HUD will reject any requests for ineligible costs.

Local Competition Deadlines: HUD *requires* that all Project Applications be submitted to their CoC no later than 30 days before the CoC Consolidated Application deadline of November 16, 2021. The CoC must notify all Project Applicants no later than 15 days before the final FY 2021 CoC Application deadline whether their Project Applications will be accepted and ranked, rejected, or reduced as part of the CoC Consolidated Application submission.

For Maine: All Project Applications (both New and Renewal) must be submitted in e-snaps no later than 5:00 PM on Friday, October 8, 2021. Applicants will be notified of the MCoC Scoring and Ranking results no later than October 22, 2021.

Please note: MCoC is requiring each Applicant, both New and Renewal, to also submit letters documenting Match Funding commitments and a Self-Certification statement regarding the financial feasibility of their Project(s). These additional documents are not part of the e-snaps application and must be emailed separately to cohelpdesk@mainehousing.org by Oct. 8, 2021.

MCoC Request for Renewal Project Applications: Renewal Projects will be reviewed based on annual Monitoring results and any new information found in their 2021 Renewal Application.

All Renewal Applicants must review each eligible Renewal Project listed under their agency on the 2021 Grant Inventory Worksheet (GIW) found at:

<https://www.hud.gov/sites/dfiles/CPD/documents/CoC/2021/GIW/FY%202021%20ME-500%20GIW.xlsx>

If your Agency does NOT intend to Renew any eligible grant, or intends to reduce the amount requested, you must notify MCoC by sending the Applicant Name, Project Name, Grant Number, and Total ARA as listed on the 2021 Grant Inventory Worksheet (link above) to cohelpdesk@mainehousing.org by **September 8, 2021**. If you are requesting a reduction to the ARA, please also specify the new amount. Any and all Reduced or Reallocated funds will be made available to eligible New Projects as outlined in the 2021 NOFO.

MCoC Request for New Project Applications, Expansion Applications, and Transition

Applications: New, Expansion, and Transition Project proposals will be reviewed based primarily on their 2021 Project Applications submitted via e-snaps no later than **Friday, October 8, 2021.**

However, MCoC requests that all agencies intending to submit a New, Expansion, or Transition Project Application provide a brief summary (no more than one page) of the following information to cochelpdesk@mainehousing.org for each Project proposal, no later than 5:00 PM on Wednesday Sept. 15, 2021:

1. Description of the proposed new/expansion/transition activities, services, staffing or capacity, including specific figures of current and proposed eligible activities.
2. Description of the community's need for the proposed activities.
3. Description of the target population to be served and agency's understanding of or experience working with the population.
4. Description of how the project activities will assist clients to access mainstream resources, increase incomes, rapidly access safe, affordable housing that meets their needs, and maximize their ability to live independently.
5. If the proposal includes development of new housing, describe the type, size, number, and location(s) of the housing units.

CoC Program Implementation: The following list highlights important information and concepts. This is not an exhaustive list of considerations or requirements. All applicants and CoC stakeholders should carefully review 24 CFR part 578, the FY 2021 CoC NOFO, and other HUD instructions and guidance for comprehensive information.

HUD's Homeless Policy Priorities for 2021:

- Ending Homelessness for All Persons.
- Using a Housing First Approach
- Reducing Unsheltered Homelessness
- Improving System Performance
- Partnering with Housing, Health, and Service Agencies
- Racial Equity
- Persons with Lived Experience

Project Application Scoring/Ranking criteria: Please refer to the "MCoC FY21 Scoring Criteria and Ranking Procedures" documents which will be posted on the www.mainehomelessplanning.org website as soon as they are finalized and approved.

Additional information related to MCoC in general and this NOFO competition in particular will be posted on the www.mainehomelessplanning.org website. If you have not already done so, we encourage you to subscribe to this site in order to receive automatic notifications whenever new information is posted there.

MCoC meets regularly on the third Thursday of each month from 1:00PM to 3:00PM via Ring Central teleconferencing. Please see the Agendas posted on www.mainehomelessplanning.org prior to each meeting for more details. Meetings are open and we welcome participation by anyone with an interest in helping us work toward ending and preventing homelessness in the state of Maine.

MCoC also includes a number of committees that focus on particular aspects of the work we do. These include the Project Committee, HMIS & Data Committee, Resource Committee, Youth Action Board, Homeless Veteran's Action Committee, and many others. If you have an interest in a specific topic or population, please consider joining a committee, even if you are not able to attend the full MCoC meetings.

MAINE HOMELESS PLANNING

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OCTOBER 4, 2021 | [SCOTT TIBBITTS](#) | [NEWS](#) | [EDIT](#)

2021 MCOC New and Renewal Application Scoring Tools

The Maine Continuum of Care (MCOC) has established scoring criteria and tools for New and Renewal Project Applications submitted as part of the 2021 HUD CoC NOFO Competition.

Linked below are copies of the New and Renewal Project Scoring Tools to be used by this year's Selection Committee. These materials are being posted in advance of the local Project Application submission deadline of October 8, 2021 so that all Project Applicants will have an understanding of what factors MCOC will be considering during the scoring and ranking process and can ensure these elements are addressed in their applications.

Hi Scott Tibbitts

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MAINE CONTINUUM OF CARE			
2021 NEW PROJECT MCOC SCORECARD			
HOUSING	HMIS ONLY	CEI ONLY	Scores

[New post] 2021 MCOC New and Renewal Application Scoring Tools - Message (HTML)

File Message Tell me what you want to do...

Delete Reply Reply All Forward Move Mark Unread Categorize Follow Up Translate Zoom Search Archive Archive Phish Alert

Delete Respond Quick Steps Move Tags Editing Zoom Barracuda Networks KnowBe4

Maine Homeless Planning <donotreply@wordpress.com> Scott Tibbitts 1:38 PM

[New post] 2021 MCOC New and Renewal Application Scoring Tools

Retention Policy 5 Year Delete Inbox (5 years) Expires 10/4/2026

If there are problems with how this message is displayed, click here to view it in a web browser.
Click here to download pictures. To help protect your privacy, Outlook prevented automatic download of some pictures in this message.

EXTERNAL EMAIL

Scott Tibbitts posted: "The Maine Continuum of Care (MCOC) has established scoring criteria and tools for New and Renewal Project Applications submitted as part of the 2021 HUD CoC NOFO Competition. Linked below are copies of the New and Renewal Project Scoring Tools to be u"

New post on Maine Homeless Planning

2021 MCOC New and Renewal Application Scoring Tools

by [Scott Tibbitts](#)

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[MCOC-New-Project-Scoring-Tool-FINAL](#) Download

[MCOC-Renewal-Project-Scoring-Tool-FINAL](#) Download

Videos are not displayed in this email and must be [viewed on the website](#).

[Scott Tibbitts](#) | October 4, 2021 at 1:37 pm | Categories: [News](#) | URL: <https://wp.me/p3LZeR-1TN>

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Trouble clicking? Copy and paste this URL into your browser:
<http://www.mainehomelessplanning.org/2021-mcoc-new-and-renewal-application-scoring-tools/>

Screenshot of the public posting of the Scoring Tools. The Scoring Tools are included in the Project Review and Selection Process Attachment.

MAINE CONTINUUM OF CARE

2021 NEW PROJECT MCOC SCORECARD

	HOUSING	HMIS ONLY	CES ONLY	Scores
1. HUD Eligibility and HUD and COC Priorities				
The following project types are inclusive of DV Bonus eligible project types.				
<i>HUD and COC Priorities From Application</i>				
Permanently Supportive Housing with no services (paid by COC)	10			
Permanently Supportive Housing with services (paid by COC)	9			
Transition Grant				
Rapid Rehousing Project	8			
TH-PH/RRH Joint Component Project	7			
HMIS Expansion (Reallocation Only)		5		
Coordinated Entry			6	
Housing First and/or Low Barrier to Entry (8 boxes, 1 pts per check box) <i>Data Source: Application Qs</i>	8			
Participation in Coordinated Entry, CE Partner, Development of CE, or planning for implementation upon execution of the grant agreement	5			
2. Capacity/Experience				
Commitment to participate in HMIS or for DV providers a comparable database allowing for project level data to be reviewed and evaluated	10	10	10	
Experience operating HUD/Federal/Other State funded programs (Up to 10 Points: 2 pts per year of experience)	10	10	10	
Agency level participation in COC Activities (5 pts if eligible to vote at CoC and 5 pts if agency participated in any COC committee)	10	10	10	
Experience operating project(s) of similar type and scope to the project proposed, and the populations for whom it's designed (2 pts per year of experience)	10	10	10	
3. Project and System Level Performance				
Does the projects application explain how this project will contribute toward improving system performance measures: Length of Time Homeless; Returns to Homelessness; Exits to Permanent Housing; Number of Persons Homeless; New/Increased/Maintained Income; First Time Homeless; Successful Placement or Retention in Permanent Housing. (1 pt for each category addressed)	7	10	10	
Will this project increase the available number beds/units (Bricks & Mortar) of:				
PSH	5			
Will this project address any of the recommendations identified in the Gaps and Needs Analysis report?	7	7	7	
4. Serving High Need Populations (based on Application Narrative)				
May Choose More Than One				
Chronic/ Long Term Stayer	2			
Disability/ Vulnerability (including mental health and substance use)	2			
Veterans	1			
Families with children	1			
Unaccompanied Youth (under 25)	1			
Domestic Violence	1			
5. Cost Effectiveness				
From Application				
<i>Financial Information and Match (10 Pts.)</i>				
Does the project application present financial information in accordance with HUD and other funding source requirements?	5	5	5	
Match resources account for at least 25% of amount requested and bricks and mortar projects requires 100% match	5	5	5	
Budget staffing and expenses are adequate to support the proposed project in a cost effective manner	5	5	5	
Total of Page One:				

2021 NEW Project MCOC SCORECARD			
	HOUSING	HMIS ONLY	CES ONLY
6. Project Design and Activities			
<i>For Housing Projects</i>			
Application clearly demonstrates how the project will assist clients to access mainstream resources, increase income, and maximize ability to live independently?	2		
Application clearly describes how it is using a race equity lens to address racial disparities in the homeless service system	2		
Application clearly describes that the type and location of the housing proposed will fit the community's need for the proposed project activities; and demonstrates an understanding of the needs of the clients to be served.	2		
Application demonstrates a clear plan to assist clients to rapidly secure and maintain housing that is safe, affordable, and meets their needs and for domestic violence providers their ability to improve safety for the population they serve.	2		
Application clearly describes the types of supportive services that will be offered to clients, including the role of project staff and coordination with other providers, to maximize positive outcomes for clients and for domestic violence providers their ability to improve safety for the population they serve.	2		
<i>For Coordinated Entry Projects Only</i>			
The project's proposed activities will assist in the implementation and/or capacity of the Coordinated Entry system.			2
The project's proposed activities will assist the CoC in meeting federal guidelines and timelines regarding Coordinated Entry.			2
The project's proposed activities will assist the CoC in establishing a client-focused system that is accessible and coordinated.			6
The centralized or coordinated assessment system is easily available/reachable for all persons within the CoC's geographic area who are seeking information regarding homelessness assistance. The system must also be accessible for persons with disabilities within the CoC's geographic area.			2
There is a strategy for advertising that is designed specifically to reach homeless persons with the highest barriers within the CoC's geographic area.			2
There is a standardized assessment process.			2
Ensures program participants are directed to appropriate housing and services that fit their needs.			2
The proposed project has a specific plan to coordinate and integrate with other mainstream health, social services, and employment programs and ensure that program participants are assisted to obtain benefits from the mainstream programs for which they may be eligible (e.g., Medicare, Medicaid, SSI, SNAP, local Workforce office, early childhood education).			2
<i>For HMIS Projects Only</i>			
The project's proposed activities will help improve the quality and functionality of the existing HMIS system, to the benefit of the CoC		4	
The project's proposed activities will help ensure compliance with federal reporting requirements pertaining to data, including HIC, PIC, LSA, and CAPER reports.		4	
The project's proposed activities will help ensure the CoC has a fully functional, operational, and funded HMIS system.		4	
Are the HMIS funds expended in a way that is consistent with the CoC's funding strategy for the HMIS and furthers the CoC's HMIS implementation.		3	
The HMIS collects all Universal Data Elements as set forth in the HMIS Data Standards.		2	
HMIS has the ability to unduplicate client records.		2	
reporting (e.g., APR, quarterly reports, data for CAPER/ESG reporting) and other reports required by other federal partners.		2	
7. Timeliness			
Application clearly describes a plan for rapid implementation of the project, including a schedule of proposed activities after grant award.	2	2	2
8. Partnerships			
Project has a formal partnership with a Public Housing Authority, Healthcare Organization and/or an Indian Tribe or Tribally Designated Housing Entities (1 pt per type of partnership)	3		
		Total of Page Two:	
		Total from Page One:	
Total	120	100	100

MCOC NEW PROJECTS Scoring Guide 2021

1. HUD Eligibility and HUD and COC Priorities

		HUD and COC Priorities From Application
<p>Note: This question is determining the type of project. To find the answer GOTO: Section 3A, Q4. There are several answers: PH, TH, TH & PH-RRH, HMIS. PH can mean a) Permanently Supportive Housing (PSH) with Services, b) PSH with no services, or c) Rapid Rehousing. TH can mean Transitional Housing (TH) for special populations or TH other (not special populations). HMIS is Renewal HMIS. The number of points awarded is determined by which type of projects is being proposed.</p>		
a) Permanently Supportive Housing with NO services (paid by COC)	10 pts	Project Type: Section 3A, Q5: PH To see if it's PSH or RRH GOTO: Q5a If PSH , then → To check if it includes services GOTO: Section 6A, Q5: The box for Supportive Services is NOT marked, then 10 pts
b) Permanently Supportive Housing with services (paid by COC) (No Transition Grants in 2021)	9 pts	Project Type: Section 3A, Q5: PH To see if it's PSH or RRH GOTO: Q5a If PSH , then → To check if it includes services GOTO: Section 6A, Q5: The box for Supportive Services IS marked, then 9 pts
c) Rapid Rehousing Project	8 pts	Project Type: Section 3A, Q5: PH To see if it's PSH or RRH GOTO: Q5a If RRH , then 8 pts
d) TH-PH/RRH Joint Component Project	7 pts	Project Type: Section 3A, Q5: Joint TH & PH-RRH , then 7 pts
e) HMIS Expansion	5 pts	Project Type: Section 3A, Q5: HMIS , then 5 pts
f) Coordinated Entry	6 pts	Project Type: Section 3A, Q5: SSO To see if the type of SSO GOTO: Section 3B, Q5: If Coordinated Entry , then 6 pts
Housing First and/or Low Barrier to Entry (8 boxes, 1 pts per check box) <i>Data Source: Application Qs</i>	Up to 8 pts	GOTO Section 3B, Q5 Housing First: 5a, 5b, and 5c. 5b: 1 pt per box plus 5c: 1 pt per box (total possible=8 points) [Note 5d is auto-filled, partial points are possible for this Q] [N/A for SSO/ CE]
Participation in Coordinated Entry, CE Partner, Development of CE, or planning for implementation upon execution of grant agreement.	5 pts	Section 3B, Q4: If yes, , then 5 pts For SSO/ CE project, 5 pts

2. Capacity/Experience

Commitment to participate in HMIS or for DV providers a comparable database allowing for project level data to be reviewed and evaluated	10 pts	If application is submitted, then 10 pts (this is simply required and therefore not specifically asked in the application itself)
Experience operating HUD/ Fed funded programs	10 pts	GOTO Section 2B, Q1 ,Q2 , & Q3 <i>Review Narrative.</i> Award 10 pts if demonstrated
Agency level participation in COC Activities	10 pts	Review Section 2B, experience/MCOC &/Or committee attendance Award 10 pts if demonstrated
Experience operating project(s) of similar type and scope to the project proposed, and the populations for whom it's designed (if applicable).	10 pts	GOTO Section 2B, Q1, Q2, and <u>Q3</u> <i>Review Narrative.</i> Award 10 pts if demonstrated

3. Project and System Level Performance

Does the projects application explain how this project will contribute toward improving system performance measures: Length of Time Homeless, Returns to Homelessness, Exits to Permanent Housing, Number of Persons Homeless, New/Increased/Maintained Income, First Time Homeless, Successful Placement or Retention in Permanent Housing.	7 pts	GOTO Section 3B, <u>Q1</u> <i>Provide a description that addresses the entire scope of the proposed project.</i> Narrative.
Will this project increase the available number of beds/units (Bricks & Mortar) of: PSH	5 pts	GOTO Section 3B, <u>Q1</u> <i>Provide a description that addresses the entire scope of the proposed project,</i> Narrative, does it describe increasing the number of beds/ units. Also GOTO Section 4B, does the project provide additional beds, units? If so than 5 pts (vouchers are not considered 'new beds/units' in this context)

Will this project address any of the recommendations identified in the Gaps and Needs Analysis Report.	7pts	GOTO Section 3B, <u>Q1</u> Narrative, Gaps and Needs Summary If working to address the needs of homeless populations and end homelessness, than 10pts .
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4. Serving High Need Populations (based on Application Narrative)

May Choose More Than One	Up to 8 pts	Need to review two questions: - GOTO Section 3B: Q1: Review the narrative to determine which populations are served. - GOTO Section 3B: Q3. Identify checked boxes. (Disability/Vulnerable = Substance Abuse, Mental Illness, HIV AIDS) Add points based on population focus, boxes checked.
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The definition of chronic homeless includes disability, and therefore receive double points.

5. Cost Effectiveness

Does the project application present financial information in accordance with HUD and other funding source requirements?	5 pts	If the project submitted the application appropriately, then 5 pts
Matched resources account for at least 25% of amount requested	5 pts	GOTO Section 6J. Divide line 12 (Total Match) by line 9 (Total Assistance Plus Admin). If it is 25% or more: 5 pts
Budget staffing and expenses are adequate to support the proposed project	5 pts	GOTO Section 6J. line 8. Are Admin expenses within the 10% cap? If yes, 5 pts

6. Project Design and Activities (narrative and other questions)

HOUSING PROJECTS		
Application clearly demonstrates how the project will assist clients to access mainstream resources, increase income, and maximize ability to live independently?	2 pts	GOTO Section 4A, <u>Q2</u> , <i>What specific plan does this project have to specifically coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible?</i> . Review the narrative. Award 2 pts if demonstrated.
Application clearly describes proposed activities and target population; demonstrates the community's need for the proposed activities; and demonstrates an understanding of the needs of clients to be served, for domestic violence providers their ability to improve safety for the population they serve.	2 pts	GOTO Section 3B, <u>Q1</u> and Section 5B (Project Participants), and Section 3B Question 8a (if available) <i>Describe the local market conditions that necessitate a project of this size</i> Award 2 pts if demonstrated.

Application clearly describes that the type and location of the housing proposed will fit the community's need for the proposed project activities; and demonstrates an understanding of the needs of the clients to be served.	2 pts	GOTO <i>and</i> Section 4B (Housing Type and Location) and Section 3B Question 8b (if available) <i>Describe how the project will be integrated into the neighborhood.</i> Award 2 pts if demonstrated.
Application demonstrates a clear plan to assist clients to rapidly secure and maintain housing that is safe, affordable, and meets their needs.	2 pts	GOTO Section 4A <u>Q1</u> Award 2 pts if they describe how participants will be assisted to obtain and remaining in housing.
Application clearly describes the types of supportive services that will be offered to clients, including the role of project staff and coordination with other providers, to maximize positive outcomes for clients.	2 pts	GOTO Section 4A, Q2, Q3 Award 2 pts if demonstrated.
COORDINATED ENTRY		
The project's proposed activities will assist in the implementation and/or capacity of the Coordinated Entry system.		GOTO Section 3B, Q1, Review the narrative. Award 10 pts if demonstrated.
The project's proposed activities will assist the CoC in meeting federal guidelines and timelines regarding Coordinated Entry.		GOTO Section 3B, <u>Q1</u> Review the narrative. Award 10 pts if demonstrated. Award 10 pts if demonstrated. *Note different question than previous year.
The project's proposed activities will assist the CoC in establishing a client-focused system that is accessible and coordinated.		GOTO Section 3B, <u>Q4c</u> <i>Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance, and Q4e Describe the referral process and how the coordinated entry process ensures that participants are directed to appropriate housing and/or services.</i> Award 10 pts if demonstrated.
For HMIS Projects Only		
The project's proposed activities will help improve the quality and functionality of the existing HMIS system, to the benefit of the CoC		
The project's proposed activities will help ensure compliance with federal reporting requirements pertaining to data, including HIC, PIT, AHAR, and CAPER reports.		
The project's proposed activities will help ensure the CoC has a fully functional, operational, and funded HMIS system.		

7. Timeliness

Application clearly describes a plan for rapid implementation of the project, including a schedule of proposed activities after grant award.	2 pts	GOTO Section 3B, <u>Q2</u> Review the timelines described, considering the type of project. Award 2 pts if timely implementation is demonstrated.
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8. Partnerships

Project has a formal partnership with a Public Housing Authority, Healthcare Organization and/or an Indian Tribe or Tribally Designated Housing Entities (1 pt per type of partnership)	3 pts	GOTO Section 2A to see if qualifying Subrecipients are listed, Section 4A Q2 narrative and Section 6I and 7A for In-kind match commitment information or other partnership MOUs. Award 1 pts per partnership type.
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The MAINE CONTINUUM OF CARE

MCOC RENEWAL SCORECARD 2021

Agency/Project Name: _____

Scorer Number: _____

	MAX Pts	HMIS ONLY	CE ONLY	POINTS
Project Effectiveness				
Housing First and/or Low Barrier to Entry (8 boxes, 2 pts per check box) <i>Data Source: Application 3b and 3c</i>	16			
Performance Measures				
<i>Data Source: Monitoring</i>				
Length of Stay	7			
RRH- On average, participants stay in project "a minimum of 180" days				
PSH - On average, participants stay in project "a minimum of 180" days				
TH- On average, participants stay in project less than twenty four months				
Exits to Permanent Housing	18			
RRH- Min of "80%" move to or remain PH (Floor 65%=8 pts, Goal 80% = 16 pts, Exceeds Goal = 85% + = 18 pts)				
PSH- Min of "80%" move to or remain in PH (Floor 65%=8 pts, Goal 80% = 16 pts, Exceeds Goal = 85% + = 18 pts)				
TH- Min of "65%" move to PH (Floor 65%=8 pts, Goal 80% = 16 pts, Exceeds Goal = 85% + = 18 pts)				
Returns to Homelessness , Data Source: TBD	5			
New, Increased or Maintained Income for Project Stayers	5			
New, Increased or Maintained Income for Project Leavers	5			
Serving High Needs Populations (Local approach)				
<i>Data Source: Application Question + Narrative</i>				
Chronic Homeless	2		2	
Long Term Stayers	1		1	
Veterans	1		1	
Families with children	1		1	
Unaccompanied Youth (under 25)	1		1	
Domestic Violence	1		1	
Substance use	1		1	
Mental Illness	1		1	
HIV AIDS	1		1	
LOCAL EVALUATION - MAINE COC				
Project Cost Effectiveness - Local				
<i>Data Source: Monitoring</i>				
Budget staffing and expenses are adequate to support the proposed project	5	5	5	
Matched resources account for at least 25% of amount requested	5	5	5	
Quarterly drawdowns ("yes," 1 pt; "no," 0 pts)	1	1	1	
Money recaptured by HUD at end of contract year ("yes," 0 pts; "no," 1 pt)	1	1	1	
COC Participation - Local				
<i>Data Source: Monitoring</i>				
Is the Applicant Agency currently an eligible voting member of MCOC?	7	7	7	
Does the Applicant Agency participate in any MCOC committee?	3	3	3	
Total of Page One:				

MCOC RENEWAL SCORECARD 2021

	MCOC	HMIS ONLY	CE ONLY
LOCAL EVALUATION - MAINE COC - Continued			
COC Review - Local			
<i>Data Source: Application and Supplements.</i>			
Does the applicant provide documented, secured minimum match letter(s)? [Attached]	1	1	1
Is the Project Financially feasible? [Self Certification, Attached.]	1	1	1
Project Type - Local			
Permanently Supportive Housing with no services (paid by COC) [10 pts]	10		
Permanently Supportive Housing with services (paid by COC) [9 pts]	9		
Transitional Housing for Special Populations (DV, Youth, SUD) [8 pts]	8		
Rapid Rehousing Project [7 pts]	7		
Transitional Housing, other (not Special Populations) [5 pts]	5		
SSO Coordinated Entry			6
Renewal HMIS		10	
For Special Projects			
<i>Coordinated Entry ONLY Application Review</i>			
The project's activities will assist in the implementation and/or capacity of the Coordinated Entry system.			10
The project's activities will assist the CoC in meeting federal guidelines and timelines regarding Coordinated Entry.			10
The project's activities will assist the CoC in establishing a client-focused system that is accessible and coordinated.			10
The centralized or coordinated assessment system is easily available/reachable for all persons within the CoC's geographic area who are seeking information regarding homelessness assistance. The system must also be accessible for persons with disabilities within the CoC's geographic area.			6
There is a strategy for advertising that is designed specifically to reach homeless persons with the highest barriers within the CoC's geographic area.			6
There is a standardized assessment process.			6
Ensures program participants are directed to appropriate housing and services that fit their needs.			6
The proposed project has a specific plan to coordinate and integrate with other mainstream health, social services, and employment programs and ensure that program participants are assisted to obtain benefits from the mainstream programs for which they may be eligible (e.g., Medicare, Medicaid, SSI, Food Stamps, local Workforce office, early childhood education).			6
<i>HMIS ONLY Application Review</i>			
Percentage of new users that receive initial HMIS training based on percentage *[1 point for 10% points]		10	
Was the Longitudinal System Analysis (LSA) completed by the HMIS Lead and accepted by HUD as accurate and complete information from HMIS?		10	
Has the info available in HMIS and reported to HUD on the annual Housing Inventory Chart (HIC) been accurate to meet the needs of the NOFA and COC?		10	
Is the HMIS system available 365 days a year 24/7 with the ability to produce updates minimally 2 times a day		10	
Can HMIS produce System Performance Measures as outlined by HUD?		6	
Are the HMIS funds expended in a way that is consistent with the CoC's funding strategy for the HMIS and furthers the CoC's HMIS implementation.		5	
The HMIS collects all Universal Data Elements as set forth in the HMIS Data Standards.		5	
HMIS has the ability to unduplicate client records.		5	
The HMIS produces all HUDrequired reports and provides data as needed for HUD reporting (e.g., APR, quarterly reports, data for CAPER/ESG reporting) and other reports required by other federal partners.		5	
Total of Page Two:			
Total from Page One:			
Total	100	100	100

Renewal Project Score Guide 2021

Project Effectiveness		
Housing First and/or Low Barrier to Entry (8 boxes, 2 pts per check box) <i>Data Source: Application</i> 3b and 3c	16 pts	<i>Application</i> Section 3B, questions 3b and 3c
Performance Measures		
Length of Stay	7 pts	<i>Monitoring Threshold Spreadsheet</i> (column AO) Average Length of stay
Exits to Permanent Housing	18 pts	<i>Monitoring Threshold Spreadsheet</i> RRH/ PH Q21. Still in PH or left for PH TH Q20. Leavers move from TH to PH
Returns to Homelessness, Data Source: TBD	5 pts	All projects receive 5 pts
New, Increased or Maintained Income for Project Stayers	5 pts	<i>Monitoring Threshold Spreadsheet</i> (AN) Maintain/increase income for stayers
New, Increased or Maintained Income for Project Leavers	5 pts	<i>Monitoring Threshold Spreadsheet</i> 18. Leavers w increased or maintained income
Serving High Needs Populations (Local approach)		
Serving High Needs Populations	10 pts	<i>Application</i> Section 3B, questions 1 and 2a Points are awarded for all populations described in the narrative (Q1) or checked (Q2a)
LOCAL EVALUATION - MAINE COC		
Project Cost Effectiveness - Local		
Budget staffing and expenses are adequate to support the proposed project	5 pts	<i>Monitoring Threshold Spreadsheet</i> Q6. Budget Clear/Complete
Matched resources account for at least 25% of amount requested	5 pts	<i>Monitoring Threshold Spreadsheet</i> Q7. Match meets requirements
Quarterly drawdowns ("yes," 1 pt; "no," 0 pts)	1 pts	<i>Monitoring Threshold Spreadsheet</i> Q4. Drawdowns quarterly Application Section "Recipient Performance" Q3
Money recaptured by HUD at end of contract year ("yes," 0 pts; "no," 1 pt)	1 pts	<i>Monitoring Threshold Spreadsheet</i> Q5. Recaptured funds from HUD (no) Application Section "Recipient Performance" Q4
COC Participation - Local		
Is the Applicant Agency currently an eligible voting member of MCOC?	7 pts	<i>Monitoring Threshold Spreadsheet</i> Q26. COC Participation
Does the Applicant Agency participate in any MCOC committee?	3 pts	<i>Committee knowledge/ Attendance lists</i>

COC Review - Local		
Does the applicant provide documented, secured minimum match letter?	1 pt	<i>Monitoring Threshold Spreadsheet</i> (AP) Minimum match letter
Is the Project Financially feasible?	1 pt	<i>Monitoring Threshold Spreadsheet</i> (AQ). Financial feasibility letter
Project Type - Local		Go to the <i>Application</i>
Permanently Supportive Housing with no services (paid by COC)	10 pts	Project Type: Section 3A, Q6: PH To see if it's PSH or RRH GOTO 6a: PSH then→ To check if it includes services GOTO: Section 6A, Q5: The box for Supportive Services is NOT marked
Permanently Supportive Housing with services (paid by COC)	9 pts	Project Type: Section 3A, Q6: PH To see if it's PSH or RRH GOTO 6a: PSH then→ To check if it includes services GOTO: Section 6A, Q5: The box for Supportive Services IS marked
Transitional Housing for Special Populations (DV, Youth, SUD)	8 pts	Project Type: Section 3A, Q6: TH To see if it's for Special Populations GOTO: Section 3B, Q2: DV, Youth and/or Substance Abuse are marked.
Rapid Rehousing Project	7 pts	Project Type: Section 3A, Q6: PH To see if it's PSH or RRH GOTO 6a: RRH
Transitional Housing, other (not Special Populations)	5 pts	Project Type: Section 3A, Q6: TH To see if it's for Special Populations GOTO: Section 3B, Q2: DV, Youth and/or Substance Abuse are NOT marked
Renewal HMIS	10 pts	Project Type: Section 3A, Q6: HMIS
Renewal CES	6 pts	Project Type: Section 3A, Q6: SSO
For Special Projects		
<i>Coordinated Entry ONLY Application Review</i>		
The project's activities will assist in the implementation and/or capacity of the Coordinated Entry system.	10 pts	<i>Monitoring Threshold Spreadsheet</i> TAB 6 CES; 1. Assist in application
The project's activities will assist the CoC in meeting federal guidelines and timelines regarding Coordinated Entry.	10 pts	<i>Monitoring Threshold Spreadsheet</i> TAB 6 CES; 2. Assist in meeting federal guidelines
The project's activities will assist the CoC in establishing a client-focused system that is accessible and coordinated.	10 pts	<i>Monitoring Threshold Spreadsheet</i> TAB 6 CES; 3. Client focused system
The centralized or coordinated assessment system is easily available/reachable for all persons within the CoC's geographic area who are seeking information regarding homelessness assistance. The system must	6 pts	Application Section 3b, Q4a and 4b

also be accessible for persons with disabilities within the CoC's geographic area.		
There is a strategy for advertising that is designed specifically to reach homeless persons with the highest barriers within the CoC's geographic area.	6 pts	<i>Application</i> Section 3b, Q4c
There is a standardized assessment process.	6 pts	<i>Application</i> Section 3b, Q4d
Ensures program participants are directed to appropriate housing and services that fit their needs.	6 pts	<i>Application</i> Section 3b, Q4e
The proposed project has a specific plan to coordinate and integrate with other mainstream health, social services, and employment programs and ensure that program participants are assisted to obtain benefits from the mainstream programs for which they may be eligible (e.g., Medicare, Medicaid, SSI, Food Stamps, local Workforce office, early childhood education).	6 pts	<i>Monitoring Threshold Spreadsheet</i> TAB 6 CES; 4. Integrate mainstream resources
HMIS ONLY Application Review		
Percentage of new users that receive initial HMIS training based on percentage *[1 point for 10% points]	10 pts	<i>Monitoring Threshold Spreadsheet</i> TAB 8 HMIS; 1. Pct new users trained
Was the Longitudinal System Analysis (LSA) completed by the HMIS Lead and accepted by HUD as accurate and complete information from HMIS?	10 pts	<i>Monitoring Threshold Spreadsheet</i> TAB 8 HMIS; 2. LSA complete and accepted
Has the info available in HMIS and reported to HUD on the annual Housing Inventory Chart (HIC) been accurate to meet the needs of the NOFA and COC?	10 pts	<i>Monitoring Threshold Spreadsheet</i> TAB 8 HMIS; 3. HIC accurate for NOFA and COC
Is the HMIS system available 365 days a year 24/7 with the ability to produce updates minimally 2 times a day	10 pts	<i>Monitoring Threshold Spreadsheet</i> TAB 8 HMIS; 4. HMIS available 365/24/7
Can HMIS produce System Performance Measures as outlined by HUD?	6 pts	<i>Monitoring Threshold Spreadsheet</i> TAB 8 HMIS; 5. HMIS produces System Performance Measures
Are the HMIS funds expended in a way that is consistent with the CoC's funding strategy for the HMIS and furthers the CoC's HMIS implementation.	5 pts	<i>Monitoring Threshold Spreadsheet</i> TAB 8 HMIS; 6. Funds expended consistent with COC funding strategy
The HMIS collects all Universal Data Elements as set forth in the HMIS Data Standards.	5 pts	<i>Application</i> Section 4A Q1 – OR- <i>Monitoring Threshold Spreadsheet</i> TAB 8 HMIS; 7. Collects UDEs
HMIS has the ability to induplicate client records.	5 pts	<i>Application</i> Section 4A Q4 – OR – <i>Monitoring Threshold Spreadsheet</i> TAB 8 HMIS; 8. Ability to Unduplicate records
The HMIS produces all HUD required reports and provides data as needed for HUD reporting (e.g., APR, quarterly reports, data for CAPER/ESG reporting) and other reports required by other federal partners.	5 pts	<i>Application</i> Section 4a Q3 – OR- <i>Monitoring Threshold Spreadsheet</i> TAB 8 HMIS; 9. Produces all HUD reports

MCOC Ranking Protocols:

- **Scored Projects:**
 - Renewal Projects are ranked in order according to Score and placed starting at the top of Tier 1.
 - New Projects are ranked in order according to Score and placed below all renewal projects.
- **Exceptions for Renewal Projects:**
 - HMIS Renewal is ranked as the last fully funded project, at the bottom of Tier 1 (not placed on the Tier 1/Tier 2 line).
 - Coordinated Entry Renewal is ranked in Tier 1, above HMIS.
 - First-Time Renewal Projects: in recognition of possible delays and the difficulties of starting a new project, First-Time Renewals will be placed in Tier 1 above CE/HMIS in order according to score among other First-Time Renewals - UNLESS their original score would have placed them higher on the list.
- **Ties**
 - In Tier 1, tied projects are ranked by dollar amount, from largest to smallest.
 - In Tier 2, tied projects are ranked by dollar amount, from smallest to largest.
- **Tier 1/ Tier 2 Split:**
 - If a Project falls on the line between Tier 1 and Tier 2, and HUD does not have sufficient funds to cover the Tier 2 portion, they will make a determination as to the viability of the project based on the Tier 1 amount alone. Therefore, if a project is split between Tier 1 and Tier 2, MCOC reserves the right to adjust their ranking in order to maximize the potential funding.
- **Adjustments**
 - Bonuses: MCOC reserves the right to adjust the ranking of any project in order to take advantage of Bonus Funding or Bonus Points made available by HUD.
 - Gaps and Needs: MCOC reserves the right to adjust the ranking of any project in order to better address clearly identified gaps and/or needs on our homeless response system.
 - Priorities: MCOC reserves the right to adjust the ranking of any project in order to better address clearly identified HUD or MCOC priorities.

The MAINE CONTINUUM OF CARE

MCOC RENEWAL SCORECARD 2021

Agency/Project Name: KBH Supportive Housing

Scorer Number: _____

	MAX Pts	HMIS ONLY	CE ONLY	POINTS
Project Effectiveness				
Housing First and/or Low Barrier to Entry (8 boxes, 2 pts per check box) <i>Data Source: Application 3b and 3c</i>	16			12
Performance Measures				
<i>Data Source: Monitoring</i>				
Length of Stay	7			
RRH- On average, participants stay in project "a minimum of 180" days				
PSH - On average, participants stay in project "a minimum of 180" days				7
TH- On average, participants stay in project less than twenty four months				
Exits to Permanent Housing	18			
RRH- Min of "80%" move to or remain PH (Floor 65%=8 pts, Goal 80% = 16 pts, Exceeds Goal = 85% + = 18 pts)				
PSH- Min of "80%" move to or remain in PH (Floor 65%=8 pts, Goal 80% = 16 pts, Exceeds Goal = 85% + = 18 pts)				18
TH- Min of "65%" move to PH (Floor 65%=8 pts, Goal 80% = 16 pts, Exceeds Goal = 85% + = 18 pts)				
Returns to Homelessness , Data Source: TBD	5			5
New, Increased or Maintained Income for Project Stayers	5			5
New, Increased or Maintained Income for Project Leavers	5			5
Serving High Needs Populations (Local approach)				
<i>Data Source: Application Question + Narrative</i>				
Chronic Homeless	2		2	2
Long Term Stayers	1		1	
Veterans	1		1	1
Families with children	1		1	
Unaccompanied Youth (under 25)	1		1	1
Domestic Violence	1		1	1
Substance use	1		1	1
Mental Illness	1		1	1
HIV AIDS	1		1	
LOCAL EVALUATION - MAINE COC				
Project Cost Effectiveness - Local				
<i>Data Source: Monitoring</i>				
Budget staffing and expenses are adequate to support the proposed project	5	5	5	5
Matched resources account for at least 25% of amount requested	5	5	5	5
Quarterly drawdowns ("yes," 1 pt; "no," 0 pts)	1	1	1	1
Money recaptured by HUD at end of contract year ("yes," 0 pts; "no," 1 pt)	1	1	1	1
COC Participation - Local				
<i>Data Source: Monitoring</i>				
Is the Applicant Agency currently an eligible voting member of MCOC?	7	7	7	7
Does the Applicant Agency participate in any MCOC committee?	3	3	3	3
Total of Page One:				

MCOC RENEWAL SCORECARD 2021

	MCOC	HMIS ONLY	CE ONLY	
LOCAL EVALUATION - MAINE COC - Continued				
COC Review - Local				
<i>Data Source: Application and Supplements.</i>				
Does the applicant provide documented, secured minimum match letter(s)? [Attached]	1	1	1	1
Is the Project Financially feasible? [Self Certification, Attached.]	1	1	1	1
Project Type - Local				
Permanently Supportive Housing with no services (paid by COC) [10 pts]	10			10
Permanently Supportive Housing with services (paid by COC) [9 pts]	9			
Transitional Housing for Special Populations (DV, Youth, SUD) [8 pts]	8			
Rapid Rehousing Project [7 pts]	7			
Transitional Housing, other (not Special Populations) [5 pts]	5			
SSO Coordinated Entry				
Renewal HMIS		10		
For Special Projects				
<i>Coordinated Entry ONLY Application Review</i>				
The project's activities will assist in the implementation and/or capacity of the Coordinated Entry system.			10	
The project's activities will assist the CoC in meeting federal guidelines and timelines regarding Coordinated Entry.			10	
The project's activities will assist the CoC in establishing a client-focused system that is accessible and coordinated.			10	
The centralized or coordinated assessment system is easily available/reachable for all persons within the CoC's geographic area who are seeking information regarding homelessness assistance. The system must also be accessible for persons with disabilities within the CoC's geographic area.			6	
There is a strategy for advertising that is designed specifically to reach homeless persons with the highest barriers within the CoC's geographic area.			6	
There is a standardized assessment process.			6	
Ensures program participants are directed to appropriate housing and services that fit their needs.			6	
The proposed project has a specific plan to coordinate and integrate with other mainstream health, social services, and employment programs and ensure that program participants are assisted to obtain benefits from the mainstream programs for which they may be eligible (e.g., Medicare, Medicaid, SSI, Food Stamps, local Workforce office, early childhood education).			6	
<i>HMIS ONLY Application Review</i>				
Percentage of new users that receive initial HMIS training based on percentage *[1 point for 10% points]		10		
Was the Longitudinal System Analysis (LSA) completed by the HMIS Lead and accepted by HUD as accurate and complete information from HMIS?		10		
Has the info available in HMIS and reported to HUD on the annual Housing Inventory Chart (HIC) been accurate to meet the needs of the NOFA and COC?		10		
Is the HMIS system available 365 days a year 24/7 with the ability to produce updates minimally 2 times a day		10		
Can HMIS produce System Performance Measures as outlined by HUD?		6		
Are the HMIS funds expended in a way that is consistent with the CoC's funding strategy for the HMIS and furthers the CoC's HMIS implementation.		5		
The HMIS collects all Universal Data Elements as set forth in the HMIS Data Standards.		5		
HMIS has the ability to unduplicate client records.		5		
The HMIS produces all HUDrequired reports and provides data as needed for HUD reporting (e.g., APR, quarterly reports, data for CAPER/ESG reporting) and other reports required by other federal partners.		5		
Total of Page Two:				
Total from Page One:				
Total	100	100	100	88

MCOC Project Ranking 2021

CoC's Annual Renewal Demand	\$14,222,725
Tier 1 Amount (100% of ARD this year)	\$14,222,725
Tier 2 (incl. non DV Bonus)	\$711,136
Bonus (non DV)	\$711,136
DV Bonus	\$1,025,254
Reallocation	\$493,683
Planning	\$426,682

Max Project \$

Tier 1 + 2 = T1+T2+DV Bonus + T1+T2+DV+Plan

\$14,933,861 \$15,959,115 \$16,385,797

Reallocation + non-DV bonus
\$1,204,819

< (this amount is already included as part of the Tier 1 ARD total)
(Planning Grants are not scored or ranked, just reviewed)

Totals

RANK	Score	Tier	Applicant Name	Project Name	Project Type	Component Type	Amount Requested	Running total	TIER 1	TIER 2	Amount Awarded
1	95	1	City of Bangor	TRA Consolidated 8715	Renewal	TRA	\$470,506	\$470,506	\$470,506		
2	95	1	City of Bangor	TRA Consolidated 8714	Renewal	TRA	\$424,257	\$894,763	\$894,763		
3	95	1	City of Bangor	TRA 8716	Renewal	TRA	\$141,151	\$1,035,914	\$1,035,914		
4	94	1	State of Maine, DHHS	Maine 1	Renewal	TRA	\$3,658,066	\$4,693,980	\$4,693,980		
5	94	1	State of Maine, DHHS	Portland 13	Renewal	TRA	\$2,925,092	\$7,619,072	\$7,619,072		
6	94	1	State of Maine, DHHS	Maine 2	Renewal	TRA	\$2,353,656	\$9,972,728	\$9,972,728		
7	94	1	State of Maine, DHHS	Penobscot 1	Renewal	TRA	\$557,744	\$10,530,472	\$10,530,472		
8	94	1	State of Maine, DHHS	Maine 23	Renewal	TRA	\$447,301	\$10,977,773	\$10,977,773		
9	94	1	State of Maine, DHHS	Maine 10	Renewal	TRA	\$324,391	\$11,302,164	\$11,302,164		
10	94	1	State of Maine, DHHS	SB York County	Renewal	SRA	\$190,507	\$11,492,671	\$11,492,671		
11	94	1	State of Maine, DHHS	Portland 12	Renewal	TEA	\$157,163	\$11,649,834	\$11,649,834		
12	94	1	State of Maine, DHHS	SB MHBR	Renewal	SRA	\$45,967	\$11,695,801	\$11,695,801		
13	94	1	OHI	Chailia Apartments	Renewal	PH	\$40,566	\$11,736,367	\$11,736,367		
14	92	1	Preble Street	Houston Commons	Renewal	PH	\$477,648	\$12,214,015	\$12,214,015		
15	92	1	Preble Street	Logan Place	Renewal	PH	\$310,118	\$12,524,133	\$12,524,133		
16	91	1	Community Housing of Maine, Inc	Permanent Housing for Homeless Veteran	Renewal	PH	\$28,413	\$12,552,546	\$12,552,546		
17	88	1	Kennebec Behavioral Health	Mid Maine Supported Housing	Renewal	PH	\$47,251	\$12,599,797	\$12,599,797		
18	88	1	Tedford Housing	Everett Street Supportive Housing	Renewal	PH	\$16,283	\$12,616,080	\$12,616,080		
19	86	1	New Beginnings	Transitional Living Program for Homeless Y	Renewal	TH	\$164,339	\$12,780,419	\$12,780,419		
20	60*	1	Preble Street	Survivor RRH*	1st Renewal	PH	\$306,249	\$13,086,668	\$13,086,668		
21	58*	1	Through These Doors	DV Bonus 2019*	1st Renewal	PH	\$297,486	\$13,384,154	\$13,384,154		
22	94**	1	Maine State Housing Authority	State of Maine HMIS**	Renewal	HMIS	\$344,888	\$13,729,042	\$13,729,042		
23	116	1/2	VOA	Riverlands (PH-PSH)	New	PH	\$1,044,136	\$14,773,178	\$493,683	\$550,453	
24	110 [#]	2	Preble Street	RRH	New	PH	\$160,683	\$15,433,861		\$711,136	
25	111 [#]	2	Preble Street	PSH	New	PH	\$500,000	\$15,273,178		\$1,211,136	
26	108	2	Preble Street	Survivor (Joint TH & PH-RRH)	New	Jt T&P-RR	\$278,284	\$15,712,145		\$1,489,420	
27	106	2	MCEDV	PH-RRH (Joint TH & PH-RRH)	New	Jt T&P-RR	\$496,740	\$16,208,885		\$1,986,160	
28	103	2	Safe Voices	Safe Voices (Joint TH & PH-RRH)	New	Jt T&P-RR	\$149,940	\$16,358,825		\$2,136,100	
29	94	2	MCEDV	SSO-CES	New	SSO	\$100,100	\$16,458,925		\$2,236,200	

T1 cuts-off at \$14,222,725

DV bonus = \$1,025,254
total DVB ask \$1,025,064

These apps specified DV Bonus \$

*1st time renewals -no APR's yet -protocols place them above HMIS unless scored/ranked higher

**Protocols place HMIS at the bottom of T1, but not to be split, to ensure funding

[#]Rank order adjusted at request of Applicant & approved by MCOC based on Gaps and Needs.

Renewal Req	\$13,729,042	T1 total ask	\$14,222,725	T2 total ask	\$2,236,200	Total awarded	\$0
New Requests	\$2,729,883						\$0
Total Requests	\$16,458,925						

N/A	Maine State Housing Authority	MCOC Planning	Planning	\$426,682							\$426,682
-----	-------------------------------	---------------	----------	-----------	--	--	--	--	--	--	-----------

Reviewed and approved by the Selection Committee - not scored or ranked.

N/A

The Maine Continuum of Care did not reject or reduce any projects in the 2021 NOFO Competition. We encourage project applicants to work together to reach agreements on the best way to maximize the limited resources available through this process. Projects may decide to amend their budgets in light of these discussions, but the MCOC does not direct or dictate those changes.

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OCTOBER 21, 2021 | SCOTT TIBBITTS | NEWS

DRAFT MCoC 2021 New and Renewal Project Scoring and Ranking Results

The attached excel spreadsheet details the recommended Scoring and Ranking results from the 2021 MCoC Selection Committee. All New and Renewal Project Applications were Scored using the appropriate Scoring Tools, previously posted here, and Ranked according to the MCoC Ranking Protocols.

This information will be shared and discussed at today's MCoC meeting and put to a vote for inclusion in this year's NOFO application. We do not have enough funding available to fully fund all of the applications we received this year.

Per the MCoC Ranking Protocols, "MCoC reserves the right to adjust the ranking of any project in order to take advantage of Bonus Funding or Bonus Points made available by HUD." MCoC may also adjust Ranking to address Gaps and Needs, and MCoC or HUD Priorities. However, adjustments to Ranking will not change the amount of funding that is available.

Therefore, in the interest of maximizing available CoC funding and creating additional projects which benefit the various populations served by our Continuum, the MCoC may ask new project applicants to look at and adjust their budgets so that our Continuum can fund as many new applications as possible, while still ensure that those projects are feasible. If the full MCoC makes such a recommendation, we would ask that new projects work with the NOFO Committee to revisit their budgets and begin making adjustments as soon as possible.

[2021-MCoC-Project-Ranking-Tool-draft](#)

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FW: [New post] DRAFT MCOE 2021 New and Renewal Project Scoring and Ranking Results - Message (HTML)

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Scott Tibbitts All Lovejoy; lawa.conte@bangormaine.gov; Bonnie-Jean Brooks; Kathy Bennett; Brandi Farrington; Brenda Perry; cathy.corlow@bangormaine.gov; Chris Bidwell; Clare Dwyer; Cullen Ryan; Danielle; Elena Schmidt; giff@tedfordhousing.org; Jennifer Iacovelli; Jennifer S; Jill Graza; Kelly Watson; Lauren Bustard; Lisa Royce; + 33 10/21/2021

FW: [New post] DRAFT MCOE 2021 New and Renewal Project Scoring and Ranking Results

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Sorry for the short notice, but please try to send a representative to today's MCOE meeting where this information will be discussed and voted on.

From: Maine Homeless Planning <donotreply@wordpress.com>
Sent: Thursday, October 21, 2021 11:54 AM
To: Scott Tibbitts <stibbitts@mainehousing.org>
Subject: [New post] DRAFT MCOE 2021 New and Renewal Project Scoring and Ranking Results

EXTERNAL EMAIL

Scott Tibbitts posted: "The attached excel spreadsheet details the recommended Scoring and Ranking results from the 2021 MCoC Selection Committee. All New and Renewal Project Applications were Scored using the appropriate Scoring Tools, previously posted here, and Ranked accord"

New post on Maine Homeless Planning

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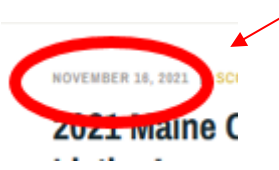
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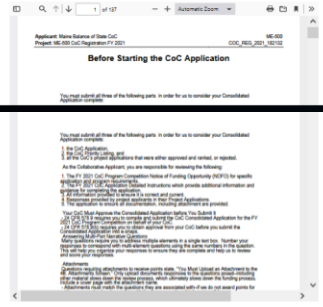
NOVEMBER 18, 2021 | SCOTT TIBBITTS | NEWS | EDIT

2021 Maine Continuum of Care NOFO Application and Project Priority Listing!

The Maine Continuum of Care Consolidated Application for HUD Homeless Assistance Program Funding and the accompanying Project Priority Listing for 2021 are now complete! This was a particularly challenging year – HUD skipped the Application process last year, so we were all a little out of practice, and this was the first time everything, from the NOFO Committee meetings to the Selection, Scoring and Ranking of Projects was handled entirely remotely!

Thank you to EVERYONE who worked so hard – whether on the CoC level application, one or more project level applications, participating on committees or in discussions at various meetings – to help us collect and assemble all the information that goes into this final product. It is a tremendous amount of work, but it is just the beginning – the projects created and funded through this process will help to provide housing and related services to some of the most vulnerable members of our communities every single day, and that makes it worth all the effort. Thank you again!

[The Application and the Listing are submitted to HUD electronically through a system called 'esnapas'. The PDF versions here are generated by that system. For those not familiar with esnapas, narrative answers have specific character count limits, so lots of abbreviations and acronyms are used to save space and pack as much information into each box as possible. If you have any questions about any of the information here, feel free to send us an email at cochehelp@mainehousing.org]



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Maine Homeless Planning <donotreply@wordpress.com> Scott Tibbitts 9:51 AM

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EXTERNAL EMAIL

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New post on Maine Homeless Planning

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by [Scott Tibbitts](#)

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Scott Tibbitts | November 16, 2021 at 9:50 am | Tags: [MCOC](#) | Categories: [News](#) | URL: <https://wp.me/p3LZeR-1VH>

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14 Maine Street, Suite 100
Brunswick, ME 04011
Tel: 207-373-1140
Fax: 207-373-1160
www.voanne.org

October 6, 2021

Daniel Brennan
Director
MaineHousing
26 Edison Drive
Augusta, ME 04330

Dear Mr. Brennan:

Please accept this letter of commitment for the grant application being submitted by Volunteers of America Northern New England (VOANNE) for the FY-21 HUD Continuum of Care (CoC). The overall goal is to support the development and implementation of a coordinated community approach to preventing and ending homelessness and sharing that experience with and mobilizing communities around Maine toward the same end.

VOANNE is proposing to acquire and rehabilitate six (6) units of permanent supportive housing as a new project for Maine in the greater Androscoggin County region.

As a new project to expand permanent supportive housing in Maine, VOANNE is requesting approximately \$1,028,656 from this year's CoC funding application. VOANNE is anticipating receiving a match of \$876,192 from MaineHousing broken into two components: (1) \$717,000 as a capital match for the acquisition, rehabilitation or new construction of the permanent housing, and (2) \$159,192 in operational funding for rental assistance from the dedication of project-based Section 8 vouchers to the project.

Should MaineHousing be unable to offer this level of match requirement, VOANNE is committed to finding alternative funding sources to meet our match obligation for this project.

Thank you for your consideration of our application. Please, feel free to reach out to me if you have any further questions.

Sincerely,



Richard A. Hooks Wayman
President and CEO

October 6, 2021

Richard A. Hooks Wayman
President & CEO
Volunteers of America Northern New England
14 Maine ST, Suite 100
Brunswick, ME 04011

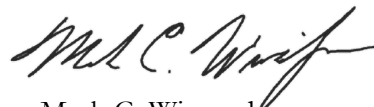
Dear Rich,

I am pleased to offer a letter of support for VOANNE's application for HUD CoC funding. MaineHousing will make match subsidy financing available in 2022 for the development of Maine projects. The MaineHousing funding will serve as match funding for projects submitted to the Maine Continuum of Care (MCOC) for purposes of inclusion in the MCOC application to the 2021 HUD Continuum of Care Homeless Assistance Program.

Conditions of MaineHousing funding will be detailed along with future program guidelines, which will require you to submit an application once your project has been awarded funding from HUD. MaineHousing funding is contingent upon an award of matching HUD funding. MaineHousing funding would be available for use after January 1, 2022.

I hope this letter meets your application requirements. Please let me know if I can be of further assistance.

Sincerely,



Mark C. Wiesendanger
Director of Development