

Before Starting the CoC Application

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

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

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

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

Your CoC Must Approve the Consolidated Application before You Submit It
- 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2021 CoC Program Competition on behalf of your CoC.

- 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.

Answering Multi-Part Narrative Questions

Many questions require you to address multiple elements in a single text box. Number your responses to correspond with multi-element questions using the same numbers in the question. This will help you organize your responses to ensure they are complete and help us to review and score your responses.

Attachments

Questions requiring attachments to receive points state, "You Must Upload an Attachment to the 4B. Attachments Screen." Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process. Include a cover page with the attachment name.

- Attachments must match the questions they are associated with—if we do not award points for evidence you upload and associate with the wrong question, this is not a valid reason for you to appeal HUD's funding determination.

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

1A. Continuum of Care (CoC) Identification

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:

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

1A-1. CoC Name and Number: MA-503 - Cape Cod Islands CoC

1A-2. Collaborative Applicant Name: Barnstable County

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Barnstable County

1B. Coordination and Engagement–Inclusive Structure and Participation

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

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

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

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

19.	Mental Illness Advocates	Yes	Yes	Yes
20.	Non-CoC Funded Youth Homeless Organizations	Yes	Yes	Yes
21.	Non-CoC-Funded Victim Service Providers	Yes	Yes	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	Yes
24.	Organizations led by and serving people with disabilities	Yes	Yes	No
25.	Other homeless subpopulation advocates	Yes	Yes	Yes
26.	Public Housing Authorities	Yes	Yes	Yes
27.	School Administrators/Homeless Liaisons	Yes	Yes	No
28.	Street Outreach Team(s)	Yes	Yes	Yes
29.	Substance Abuse Advocates	Yes	Yes	Yes
30.	Substance Abuse Service Organizations	Yes	Yes	Yes
31.	Youth Advocates	Yes	Yes	Yes
32.	Youth Service Providers	Yes	Yes	Yes
Other:(limit 50 characters)				
33.	Veterans Service Providers	Yes	Yes	Yes
34.	Healthcare for the Homeless	Yes	Yes	Yes

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

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

(limit 2,000 characters)

1.The Cape & Islands Regional Network on Homelessness Policy Board (PB) actively recruits members from diverse backgrounds to ensure that its committees and working groups are representative of the geographic area and regional homeless sub-populations. The PB encourages participation by groups with a stated interest in and/or commitment to preventing and ending homelessness. The CoC engages new members by inviting guests to PB and other CoC meetings and by welcoming the presentation of new initiatives and best practices from guests and members. PB meeting announcements are emailed to a wide range of organizations, published in the County e-newsletter (circulation 2,000+), and posted on the County website; all meetings are open to the public and comply with open meeting laws. Meeting minutes are posted on the County website.

2.The CoC ensures effective communication with individuals with disabilities by making documents available online in accessible electronic format (such as PDF); by advertising and providing ASL interpreter services (with advance notice); and by providing communication formats for those with disabilities, such as TTY, Braille, audio, large type, etc. During COVID, all CoC related meetings

have been held virtually, eliminating physical barriers for individuals with mobility disadvantages. CE staff are trained to complete assessments virtually during COVID and to conduct off-site assessments to accommodate those with disabilities utilizing any effective communication tools as needed.

3.The PB & the CoC welcome those with lived experience to join through targeted outreach to agencies such as Homeless Not Hopeless (TH) and Duffy Health Center. Formerly homeless participants include: an Executive Committee member, several PB members, the HMIS Program Manager, numerous direct care staff at service partner organizations, etc.

4.The CoC has conducted additional targeted outreach to the two regional tribes (Mashpee & Aquinnah Wampanoag).

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. The Cape & Islands Regional Network on Homelessness Policy Board (PB) membership includes representatives from faith-based groups, nonprofit homeless agencies, DV providers, disaster planning/prevention agencies, funders, governments, businesses, advocates, public housing agencies, school districts, social service providers, medical professionals, mental health agencies, hospitals, the local community college, affordable housing developers, law enforcement, veterans organizations, and homeless/formerly homeless persons. The PB actively recruits individuals from diverse backgrounds to ensure that its membership is representative of the geographic area and the homeless sub-populations and facilitates participation by groups with a stated interest in preventing and ending homelessness. The CoC engages new members by inviting guests to PB and other CoC meetings and by soliciting the presentation of new initiatives and best practices from guests and members alike.

2. Announcements of meetings are disseminated to a wide range of organizations via email, publication in the County e-newsletter, and posting to the County webpage. All meetings are open to the public and comply with open meeting laws (during COVID, meetings have been held virtually). PB meeting notices and agendas are posted on the County website at least two business days prior to scheduled meetings. Meeting minutes are emailed to PB members and are posted on the Barnstable County website. All information is available to the public upon request.

3. The CoC encourages member agencies to participate in topical webinars sponsored by HUD, USICH, NAEH, and numerous other organizations to promote communitywide sharing of information. The CoC gathers and conveys information to the PB about new approaches and homelessness strategies that have been gleaned from public meetings and forums. Such improvements are in turn discussed by the PB and other CoC committees to inform and guide

future decision making.

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

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

(limit 2,000 characters)

1. The Collaborative Applicant posted a Request for Proposals (RFP) on the Barnstable County Department of Human Services (BCDHS) website and the CoC webpage, emailed notices to over 300 targeted CoC contacts, published an announcement in the BCDHS’s E-Newsletter (2,000+ contacts) and issued a Press Release in the Cape Cod Times.
2. The RFP encouraged applications for New Projects from organizations not previously funded and included a Letter of Intent (LOI) for New Project Proposals. The RFP listed project types being accepted; dates, times, and coordinator contact details for Public Information Sessions; and funding sources and amounts available.
3. Public Information Sessions were held on 9/9/2021; written outlines of the processes for submitting new and renewal project applications were provided to attendees. The RFP highlighted a detailed timeline for all steps in the application process. LOIs were required to determine if proposed new projects met eligibility thresholds; eligible applicants were notified via email to submit their applications in e-snaps by the local submission deadline, with no guarantee that projects would be included in the priority listing.
4. An explanation of the Scoring, Ranking, and Selection process was included in the RFP and in the Public Information Sessions. Each new and renewal project application was reviewed and scored by the Review and Ranking Committee using standardized tools adopted by the CoC and included in the RFP to determine if the project should be considered for prioritization. The Committee also considered additional criteria when ranking projects to avoid any critical service gaps, to prevent potential displacement of vulnerable households, and to protect successful existing projects.
5. The CoC ensured effective communication with individuals with disabilities by providing all documents in electronic format. Most documents are PDFs, some were provided in Word, the LOI was available in Excel.

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

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:

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

In the chart below:

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

	Entities or Organizations Your CoC Coordinates with for Planning or Operations of Projects	Coordinates with Planning or Operations of Projects
1.	Funding Collaboratives	Yes
2.	Head Start Program	Yes
3.	Housing and services programs funded through Local Government	Yes
4.	Housing and services programs funded through other Federal Resources (non-CoC)	Yes
5.	Housing and services programs funded through private entities, including Foundations	Yes
6.	Housing and services programs funded through State Government	Yes
7.	Housing and services programs funded through U.S. Department of Health and Human Services (HHS)	Yes
8.	Housing and services programs funded through U.S. Department of Justice (DOJ)	Nonexistent
9.	Housing Opportunities for Persons with AIDS (HOPWA)	Nonexistent
10.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Yes
11.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes
12.	Organizations led by and serving LGBT persons	Yes
13.	Organizations led by and serving people with disabilities	Yes
14.	Private Foundations	Yes
15.	Public Housing Authorities	Yes
16.	Runaway and Homeless Youth (RHY)	Nonexistent
17.	Temporary Assistance for Needy Families (TANF)	Yes
	Other:(limit 50 characters)	

18.		
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1C-2.	CoC Consultation with ESG Program Recipients.	
	NOFO Section VII.B.1.b.	

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

(limit 2,000 characters)

1. The Mass. Dept. of Housing and Community Development (DHCD), the state ESG recipient, issues RFPs to solicit responses for funding. The CoC Policy Board (PB) & Executive Committee (EC) approved Housing Assistance Corporation (HAC) as the recipient for the region and coordinates with HAC to promote ESG and track program outcomes. HAC's DHCD contract covered the period from April 2016 through to March 2021, which was extended to March 2022 due to the pandemic. HAC's annual ESG allocation for homelessness prevention and RRH for individuals and families is \$44,302 and the CoC has provided details to DHCD through a RFI to increase the allotment to accurately reflect the needs of those experiencing housing instability in the region. Duffy Health Center and Catholic Social Services, who are both CoC grantees and members of the EC, were awarded ESG-CV Round 1 and 2 funds to provide services and resources to address challenges posed by COVID-19 including a testing/isolation/quarantine site, a hotel response for those experiencing unsheltered homelessness due to beds lost to distancing guidelines and a variety of basic needs.

2. HAC submits progress reports to both DHCD and the PB and is required to report any DHCD monitoring findings to the EC.

3. BCDHS is the Collaborative Applicant (CA) and Participating Jurisdiction for the Barnstable County HOME Consortium and the PIT and HIC information, as well as additional details regarding homelessness in the region, are shared directly to inform the Coordinated Plan.

4. The EC and the CA ensure that the local homelessness information is communicated and reflected in Consolidated Plan updates. CoC and HOME staff work closely on sharing information and leveraging resources when possible. In addition, the CoC and HOME staff work with the two entitlement CDBG communities in our region, the Town of Barnstable and Town of Yarmouth, and town representatives participate on the PB, EC and CES Steering Committee.

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. The CoC collaborates with school systems from all towns on the Cape, Nantucket and Martha's Vineyard. Education providers participate in work groups, case coordination and advocacy initiatives, including the Children's Behavioral Health workgroup, the state funded Unaccompanied Homeless Youth and Young Adult (YYA) grant and the Health and Human Services Advisory Council, all led by the Collaborative Applicant.
2. Housing Assistance Corporation (HAC), the regional family shelter lead, has a formal agreement with Horizons for Homeless Children to provide early educational services. The Mass. Dept. of Housing and Community Development (DHCD), the access point for family shelters, has formal agreements with Child Development and Education Inc., L.P. College Inc. and the Community Action Committee of Cape Cod and the Islands to provide child-care and education resources, including child-care vouchers.
3. DHCD and HAC work with the Mass. Dept. of Early and Secondary Education (DESE) to ensure educational access for homeless YYA including transportation to the school they were attending. When a youth enters shelter, HAC contacts the McKinney-Vento Liaisons (MVL) to identify how to meet their educational needs. DESE also works with the Unaccompanied Homeless YYA providers to coordinate systems level services and resources.
4. No formal partnership is in place with an LEA or SEA as DHCD and DESE are state agencies and can share information without a formal agreement.
5. The MVL from the Monomoy district is a member of the Regional Network on Homelessness Policy Board and disseminates information through the System of Care, a monthly meeting that includes a variety of education and behavioral health providers for YYA experiencing housing instability. The MVLs across the

region receive regular updates from the CoC and provide data for the PIT count.
6. The CoC has formal agreements with the Monomoy school district and the Cape Cod Collaborative.

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 CoC follows the MA Department of Housing and Community Development (DHCD) policy requiring all Emergency Shelter (ES) and ESG providers to inform families and unaccompanied youth of their educational rights and to ensure collaboration with the local school district. Massachusetts is the only “right to shelter” state in the country. Right to shelter is a mandate that requires a state or municipality to provide temporary emergency shelter to every man, woman and child who is eligible for services. DHCD administers the statewide family shelter system and maintains a centralized by-name list to place families from all over the Commonwealth into shelters based on household eligibility and availability of units. Families are assigned to available beds regardless of where they are in the state. Consequently, families might be placed into Family Shelters that are not in their hometowns or even in the same county where they had been living.

When a family with children who are (1) in primary and/or secondary school, or (2) at least two years of age and receiving or in need of early intervention, is placed in ES in the CoC region, the McKinney-Vento Liaisons (MVL) work with the family to coordinate the children’s academic needs. They also work with providers to ensure that children are enrolled in schools and connected to appropriate services such as counseling, after school programs, and Head Start. Travel services are also ensured for every child as schools are required to provide transportation for up to 50 miles to keep children within the same school district. MVLs collaborate with the Department of Children and Families and Dept. of Early and Secondary Education to support family services plans and work directly with unaccompanied youth to refer them to the appropriate services. MVL and ES staff work closely with DV shelter staff to provide educational services to and to ensure the safety of children in households fleeing domestic violence.

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

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

		MOU/MOA	Other Formal Agreement
1.	Birth to 3 years	Yes	

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

You must select a response for elements 1 through 9 in question 1C-4b.

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. Under the direction of the CoC Program Manager, and with the approval of the Regional Network Policy Board, the CoC conducts annual DV training for CoC grantees and non-CoC funded community partners and promotes training opportunities for project staff on best practices (trauma-informed, victim-centered) to assess and triage populations with severe needs, including safety and planning protocols for survivors of domestic violence. The most recent training was held on Nov. 10th, 2021. Homeless outreach workers from Duffy Health Center, Housing Assistance Corporation, Vinfen, and Homeless Prevention Council are uniquely positioned to make contact with and provide assessment services to victims of DV who are currently unsheltered and homeless due to fleeing domestic violence, to assist such clients in accessing housing placements and support services through CES, and to refer victims to the local DSP agency if they prefer.

2. Partnering with Independence House, the CES Committee incorporates annual system-wide trainings through a series of instructional modules that train community outreach and CES intake workers to more effectively assess and assist DV victims utilizing a trauma-informed, client-centered approach in working with survivors. Seminar topics include an overview of DV services offered in the region, the use of a harm reduction approach to identify those fleeing DV and/or DV survivors, sensitivity and cultural competency in working with DV survivors, increasing project staff's understanding of the dynamics involved in DV such as power/control, financial instability, trauma, confidentiality, racial inequity in the DV system, short and long-term safety planning and harm reduction approaches that do not further traumatize survivors. The trainings are open to all staff from CoC and non-CoC funded

programs, as well as staff from any other interested collaborative partners; the most recent was held on Nov. 10th, 2021.

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 largest local DV provider in the CoC region is Independence House (IH). IH uses a comparable database to collect data regarding the DV survivors which they serve. Because IH has not received CoC funding to date, aggregated data have not traditionally been shared with the CoC on a regular basis. However, IH has provided ES data for the annual PIT Count and other aggregated datasets for various regional ad hoc analyses. In such datasets, individuals are assigned proxy unique identifiers in lieu of personally identifying information to avoid over-counting and duplication. The CoC has been able to use the de-identified data to quantify the need for more secure housing options, including more Individual and Family ES beds, and a more efficient pathway to safe and stable permanent housing.

Although there are no DVP ES beds in Dukes or Nantucket Counties, DV providers on both islands share information on numbers of hotline calls and types of services requested and accessed. The local Community Health Needs Assessment, local law enforcement, regional organizations, and national DV advisory groups serve as additional sources for DV data.

The CoC uses all accumulated data to guide trainings for project staff and intake workers to learn to assess DV victims using a trauma-informed and client-centered approach, to provide an overview of DV services offered in the region, to use a harm reduction approach to identify those fleeing DV and/or DV survivors, to use sensitivity and cultural competency in working with DV survivors, to understand the dynamics involved in DV, to use harm reduction approaches that do not further traumatize survivors, and to provide for short and long-term safety planning. Trainings are open to all staff from CoC funded programs.

The CoC monitors Grantees on referrals to services for participants who are survivors of DV, and the CoC NOFO scoring tool awards points to projects for the rate at which DV survivors are referred to services.

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. Through the No Wrong Door approach, the CoC's CES has 11 regional access points, one of which is Independence House (IH), a DV service provider. Persons fleeing DV may access CES at any access point and be assessed on site or referred directly to IH. CE assessment tools contain discreet DV evaluation sections, and assessors are trained in trauma-informed communication techniques, with heightened sensitivity to the vulnerabilities of trauma survivors and the goal of restoring survivors' feelings of safety, choice, and control. CES has adopted HUD's Safety Planning model and has specific written policies and procedures to address the needs of persons who are fleeing DV but who are seeking shelter or services from non-DV service providers.

2. Projects funded through the HOME program adhere to the MA Dept. of Housing & Community Development Emergency Transfer Plan. Tenants who are victims of DV, dating violence, sexual assault, or stalking may request an emergency transfer from the tenant's current CoC unit to another unit at the same or another property through CES, regardless of sex, gender identity, or sexual orientation.

3. Through CES, DV clients are offered equal access to all available housing options and supportive services, and decisions regarding location and type of housing and level and type of services are entirely client-driven. CES policies ensure that people fleeing or attempting to flee domestic violence have safe and confidential access to the coordinated entry process and victim services and immediate access to emergency services such as DV hotlines and shelter. The CoC employs a Housing First approach for DV survivors. Intake does not screen applicants out due to employment, income, drug or alcohol use, criminal history, or other factors. Within CES, client information is not shared, client data is de-identified, and all matters related to DV clients, including emergency shelter location, are confidential.

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?
Falmouth Housing Authority	40%	Yes-Both	No
Sandwich Housing Authority	80%	Yes-HCV	Yes

1C-7a. Written Policies on Homeless Admission Preferences with PHAs.

NOFO Section VII.B.1.g.

Describe in the field below:

- 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
- 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. Falmouth Housing Authority's (FHA) Admissions and Continued Occupancy Plan (ACOP) has preferences for applicants who have been involuntarily displaced, are living in sub-standard housing, or are homeless according to the Federal Definition of Homelessness (Title 42, Chapter 119, Subchapter I, of the US Code). In the 2018 NOFA competition, funding for Barnstable Housing Authority's (BHA) Housing First project was cut in half, and BHA decided not to renew its contract at the reduced funding level for the upcoming year. The CoC had only 3 months to find new vouchers for 24 individuals who entered the project from homelessness and who were about to be displaced. The CoC collaborated with FHA to utilize their ACOP-stated displaced/homeless preference to transfer most of those formerly homeless individuals to FHA Housing Choice Vouchers and to maintain their residences without disruption. FHA has also been a CoC grantee, administering the Cape Regional Housing Initiative (CRHI) project for several years. CRHI proved to be financially unsustainable, and FHA decided not to renew their grant for the 2021 CoC competition. Because of their ACOP displaced/homeless preference, FHA was able to transfer all involuntarily displaced formerly homeless program participants to other vouchers and avoid residential disruption. The Sandwich Housing Authority (SHA) established homeless preferences based on local housing needs and priorities, consistent with SHA's Agency Plan and the Consolidated Plan that covers the jurisdiction. These preferences include applicants who are homeless, live in sub-standard housing, are involuntarily displaced, are rent burdened, or have the singles preference detailed in the MA Department of Housing and Community Development Administrative Plan. Discussions with the CoC have included the possibility of making HCVs available for use in a Moving On process for CoC PSH participants.

2. Not applicable.

1C-7b. Moving On Strategy with Affordable Housing Providers.

Not Scored—For Information Only

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

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

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

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

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

If you selected yes in question 1C-7c., describe in the field below:

- | | |
|----|---|
| 1. | how your CoC includes the units in its Coordinated Entry process; and |
| 2. | whether your CoC's practices are formalized in written agreements with the PHA, e.g., MOUs. |

(limit 2,000 characters)

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)

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
The Massachusetts...

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

Name of PHA: The Massachusetts Dept. of Housing and
Community Development

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.	11
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.	11
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-coordinated entry projects the CoC has ranked in its CoC Priority Listing in the FY 2021 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

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

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

(limit 2,000 characters)

The CoC places emphasis on the Housing First model to prioritize access to PSH among people who have been homeless for the longest periods of time and have serious psychiatric disabilities, substance use disorders, and/or other disabilities. The CoC focuses on client-centered service models without barriers

to entering and remaining in the project. All projects in the region funded through the CoC currently utilize the HF model, and the CoC will only accept new project applications that guarantee the project will follow the HF approach. As part of annual Grantee Monitoring, the CoC evaluates all grantees to ensure that projects do not impose predetermined goals or entrance requirements that all clients must meet, do not require participation in services, do not dismiss clients for use of alcohol or drugs, and do not evict clients for non-payment of rent without an opportunity for repayment plans or interventions to assist clients to pay on time. Grantees must supply the CoC with copies of all intake and enrollment forms to ensure that the HF approach is followed. Additionally, new and renewal applications are scored on project adherence to the HF model. The HF approach ensures that participants are provided with housing choices and access to voluntary supportive services tailored to meet their unique needs, focusing on participants' preferences and goals. The CoC monitors Grantees and awards points to project applicants that provide, at a minimum, annual updates to ISPs to accommodate participants' changing service needs; however, program participants are never required to participate in services. To gauge the overall effectiveness of the HF approach on Average Length of Time Homeless, the CoC uses Measure 1 of the System Performance Measures. During FY2020, the CoC saw decreases in Average LOT homeless in days for Metric 1a – 1.2 (-2) and Metric 1b – 1.1 and 1.2 (-48 and -80), despite the negative effect of COVID on housing availability in the region.

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. CoC outreach includes staff from Duffy Health Center, Vinfen, Housing Assistance Corporation, Homeless Prevention Council, MA Dept of Mental Health, MI5, Nantucket Interfaith Council, and Martha’s Vineyard Community Services. The Barnstable and Dennis PDs’ Community Impact Units (CIU) hold weekly Street Outreach Team meetings to identify and coordinate engagement with those in need of services. The Barnstable PD has shared with the CoC a list of all known homeless persons and “diurnal loiterers” to be cross-checked with individuals enrolled in HMIS. The CIUs coordinate monthly multi-agency meetings to address the needs of unsheltered homeless in crisis and ensure

they are offered shelter during bad weather. Officers from all towns in Barnstable, Dukes, and Nantucket Counties are trained in Community Crisis Intervention Training (CCIT) to help homeless persons experiencing a mental health crisis.

2. CoC outreach teams cover 100% of the CoC's geographic area.
3. Team Members conduct outreach at least weekly and share information to target homeless persons in specific locations. Because of COVID, outreach teams have developed strategies to connect with and engage homeless persons through phone calls, text messaging, and virtual meetings, as well as face-to-face encounters with proper protection. In Dukes County, Harbor Homes provides street outreach as the first step toward their ES and TH programs.
4. Street outreach providers share information in weekly meetings to focus on known gathering locations (such as encampments, the Transportation Center, etc.) and continue to make attempts to engage those persons that have been resistant to accepting services and housing. Outreach workers make telephone and internet services available, provide transportation, and use ASL and translator services as needed. The Executive Committee and the Coordinated Entry System Committee are all part of the collaborative effort to address the needs of this challenging population.

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.”	62	70

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	No	No
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. CoC Policy Board, Health and Human Services Advisory Council and Coordinated Entry System meeting agendas are structured to provide presentations and networking to keep participants up to date on mainstream resources. At least one of these meetings occurs each month. CoC leadership includes the Department of Transitional Assistance (SNAP and TANF) and the Barnstable County Dept. of Human Services (BCDHS), the Collaborative Applicant, chairs the Regional Substance Use Council (RSAC) and maintains a robust on-line service directory. County staff provide information on substance use disorders (SUD), effective methods of accessing SUD treatment, recovery, and harm reduction services, including Medically Assisted Therapy and needle exchange. The Health Care for the Homeless provider is trained in SOAR and BCDHS administers the Serving the Health Insurance Needs of Everyone (SHINE) program for Medicare beneficiaries and their families.
2. The CoC disseminates weekly updates on Policy changes from local, state, and federal agencies regarding benefits and SUD programs via in-person meetings, a weekly newsletter to 2000+ recipients, and social media.
3. CoC providers work with veteran organizations, community health centers, senior centers, and local hospitals to assist homeless households apply for VA Benefits, MassHealth/Medicaid and Medicare. Cape Cod Healthcare "Navigators" engage those in shelter, meal programs and in the ER to provide assistance with applying for health insurance.
4. CoC and CES staff meet monthly to strategically link homeless and formerly homeless individuals to programs and resources offered by Medicaid and Medicare. For instance, MassHealth provides PT-1 transportation services to all medical appointments, and staff from CoC agencies assist securing prior authorization documents from providers. CoC connected agencies also network

with a variety of medical and substance use providers and strive to offer a “warm hand-off” for client intakes.

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. The CoC’s CES utilizes a No Wrong Door approach and covers the CoC’s entire geographic area through 11 access points.
2. CES reaches those unlikely to apply for homelessness assistance through outreach & engagement at venues that offer a variety of services, including churches, meal programs, health centers, hospitals, senior centers, libraries, public transportation center, & centralized government offices where residents apply for benefits such as food stamps, Medicaid, and Social Security. CES information is available at the Family Resource Center, a centralized I&R hub for schools and child-care networks. Independence House, a DV service provider, is an access point specializing in trauma informed assessments. Information on CES is posted and updated on the Barnstable County Department of Human Services website and in its bi-weekly e-newsletter that reaches over 1500 regional health and human service organizations (2000+ individual recipients). For those with limited English Proficiency, interpreters and/or translation services are available.
3. The CES uses 3 standardized assessment tools (the VI-SPDAT for single adults, the TAY-VI-SPDAT for youth and young adults, and the MA Balance of State Assessment for families) to prioritize the most vulnerable and most in need of assistance. The CoC’s Written Standards and CES Policies & Procedures have adopted priorities as defined in CPD-16-11. Assessment is completed upon initial contact or after additional engagement with an unsheltered individual and/or family.
4. Chronically homeless individuals and families with the highest vulnerability scores, longest lengths of time homeless, and highest severity of service needs are given priority for placement in available units and are referred to housing as soon as slots open. Assessment results can be reconsidered following additional engagement or if the case conferencing committee agrees that the score is not an accurate reflection of a person’s level of service needs.

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

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

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

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

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

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

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

1.	The CoC's board and decisionmaking bodies are representative of the population served in the CoC.	Yes
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.	No
	Other:(limit 500 characters)	
12.		

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

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

(limit 2,000 characters)

In 2021 the CoC conducted an analysis to determine if racial disparity exists in rates of representation in the homeless population, access to and utilization of services, and service outcomes, using HMIS, MA YYA Grant, CES, and 2021 PIT data. The region’s population is 92% White and 96% non-Hispanic. The largest non-White population is Black (4%), with the remaining 4% a combination of all other races. Because statistics among Hispanic persons closely aligned with their percentage of the population, the report focused on equity issues of the Black population.

Black persons were over-represented in the HMIS population in both persons served and total enrollments and were significantly over-represented in Family ES. Enrollments in other project types were equal to or lower than their percentage of total enrollments. Outcomes were measured by project exit destinations. Black persons achieved a higher rate of Positive and Neutral Outcomes than their percentage of enrollments and a lower rate of Negative Outcomes. In CES, targeted outreach has resulted in Black persons being assessed, referred to, and accepted in PSH projects at a higher rate than their percentage of total CES assessments; the rate of referral returns for Black persons was lower. The rate at which Black persons accessed stable housing was lower than their percentage of total HMIS enrollments. To ensure racial equity, efforts have been made to connect Black participants to housing through targeted communications, guided support services, housing search, landlord outreach, etc.

The most striking observation from this analysis is the hugely disproportionate effect of DV among homeless persons of color, notably enrolled in Family ES. The CoC and its partners are working on community initiatives to stop the violence before it begins, such as culturally sensitive DV awareness trainings and community outreach. The CoC has also adopted an equity lens when making referrals to EHV’s from Family Shelters.

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.	4	3

2.	Review and recommend revisions to local policies addressing homelessness related to coordinated entry, services, and housing.	5	3
3.	Participate on CoC committees, subcommittees, or workgroups.	1	1
4.	Included in the decisionmaking processes related to addressing homelessness.	6	4
5.	Included in the development or revision of your CoC's local competition rating factors.	1	1

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

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

1.	The CoC trains provider organization staff on connecting program participants and people experiencing homelessness with education and job training opportunities.	Yes
2.	The CoC trains provider organization staff on facilitating informal employment opportunities for program participants and people experiencing homelessness (e.g., babysitting, housekeeping, food delivery, data entry).	Yes
3.	The CoC works with organizations to create volunteer opportunities for program participants.	Yes
4.	The CoC works with community organizations to create opportunities for civic participation for people experiencing homelessness (e.g., townhall forums, meeting with public officials).	Yes
5.	Provider organizations within the CoC have incentives for employment and/or volunteerism.	No
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. The CoC Emergency Planning/Winter Response committee met weekly during the onset of COVID-19, and throughout the subsequent surges, to ensure access to needed services and resources for those experiencing homelessness and housing instability. For those experiencing unsheltered homelessness, the CoC utilized funding from the largest healthcare provider, ESG-CV1 and CV2, CDBG funds, private donations and funds from the state YYA homelessness program to provide a motel testing/isolation/quarantine site, food access, mobile shower unit, sanitation facilities including bathrooms and hand washing stations, laundry services, clothing and other basic needs. During days the shower unit was operating, staff from all local outreach teams were on site to offer case management services and referrals to needed resources, including substance use and mental health treatment.
2. The only individual emergency shelter in the region decreased capacity from 50 to 40 due to CDC guidance on distancing. Additionally, 10 overflow beds available at the shelter during previous winter seasons could not be utilized. In response, the CoC partnered with the shelter provider and the Healthcare for the Homeless agency, Duffy, to utilize state and federal funding, including ESG-CV1 and 2 to utilize the Testing/Isolation/Quarantine site to safely move individuals from unsheltered homelessness into the shelter with appropriate time to minimize exposure. Additionally, Duffy and the Hyannis Fire Dept. provided ongoing surveillance testing for shelter guests.
3. Individuals moving into transitional housing programs were tested by Duffy and admitted to the isolation site until 2 negative test results were achieved. Those individuals could move into the programs with minimal risk of exposure. Additionally, those in transitional housing utilized the motel resources when

exhibiting symptoms and/or direct exposure to someone who tested positive until test results indicated a safe return.

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

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

(limit 2,000 characters)

The CoC Executive Committee of the Regional Network on Homelessness produces an annual report on the Winter Weather/Emergency Response service coordination including the number of individuals receiving services, total amount of “bed nights” used and the amount and source of funding to ensure the safety of those experiencing unsheltered homelessness during inclement weather in Barnstable, Dukes and Nantucket counties. The 2020-2021 Winter Season report also included details of all services and resources provided to address COVID-19, as well as the key communication channels that helped to minimize severe outbreaks in the homelessness community. This report is provided annually to the State legislative delegation for Cape Cod and the Islands, as well as the Mass. Executive Office of Health and Human Services (EOHHS) Unaccompanied Homeless Youth and Young Adult commission. In response to the information provided by the CoC, the entire state legislative delegation for the region has signed a letter in support of a request for additional funds to provide motel response, food, case management and other needed resources in anticipation of further guidance on distancing and safety for the 2021-2022 Winter season. The success of the services provided by homelessness provider agencies, the CoC and other community stakeholders during the pandemic has reinforced the importance of a carefully coordinated response and shaped policy decisions at both the state and local levels. Town and state elected officials and representatives from law enforcement, homelessness providers, the CoC, health care agencies, the state Dept. of Mental Health and Dept. of Transitional Assistance and many other key stakeholders have contributed to a new “Homeless Data to Action” committee that has utilized HMIS data accumulated both before and during the pandemic to inform decision making to ensure a robust response to future public health emergencies.

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. ESG funds for MA-503 are funneled through the Mass. Dept. of Housing and Community Development (DHCD). The CoC works with Housing Assistance Corp. (HAC), the Regional Administering Agency, to coordinate ESG distribution. The CoC and Duffy Health Center utilized ESG-CV1 funds and funds from the Cape Cod Healthcare for a testing/isolation/quarantine motel site. Catholic Social Services and Duffy used ESG-CV2 to provide motel rooms during cold/inclement weather due to COVID related decreased shelter capacity.
2. The CoC, outreach staff, the Emergency Shelter and other agencies provided housing search, documentation gathering and landlord outreach to place those in ESG-CV funded motel rooms in stable housing, including prioritization of high-risk individuals. All eligible individuals in programs using ESG-CV1 and 2 funds submitted applications for Mainstream vouchers through 3 housing authorities.
3. HAC is the central distributor of ERAP, ERMA, RAFT and other state and locally funded programs to prevent evictions. The CoC works with HAC and the Tenancy Preservation Program to provide information to eligible households and housing agencies to utilize all available funds to address evictions due to COVID-19.
4. Information on reimbursement for healthcare supplies purchased by CoC funded programs was distributed to all agencies who were instructed to maintain detailed information on COVID related costs per HUD guidance. The CoC also worked with the County Dept. of Public Health to provide additional supplies including test kits, masks and other PPE in the absence of other sources.
5. Sanitary supplies for homelessness programs including the “Coffee House” warming center were purchased through local, state and federal funding. The CoC actively assisted partner agencies to access cleaning supplies, sanitizer and other necessities to minimize risk through MEMA and local donors such as the United Way when items were out of stock.

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

Describe in the field below how your CoC coordinated with mainstream health (e.g., local and state health agencies, hospitals) during the COVID-19 pandemic to:

1.	decrease the spread of COVID-19; and
2.	ensure safety measures were implemented (e.g., social distancing, hand washing/sanitizing, masks).

(limit 2,000 characters)

1. The Regional Network on Homelessness Policy Board includes the CEO of Duffy, a Healthcare for the Homeless provider, and a representative from Cape Cod Healthcare (CCH), the Cape’s largest provider of medical and behavioral health services. In response to COVID-19, the CoC collaborated with providers to minimize risk of outbreak and exposure for those experiencing homelessness. CCH, Duffy and the CoC partners set up a testing/isolation/quarantine motel site for individuals either currently or previously homeless. Unsheltered and sheltered individuals could access the motel program if they tested positive, experienced symptoms, or had exposure to someone who tested positive. This resource limited exposure by providing a place to stay, food, and basic necessities so individuals at risk of spreading COVID didn’t move about the community to meet their needs. Testing was

provided for those entering shelter or transitional housing and they would stay in the motel until a negative result was confirmed, minimizing exposure in congregate settings. Additionally, Martha's Vineyard Hospital funded a winter shelter at a single location where individuals could stay through the day. Previously, the shelter on the island rotated between three locations.

2. Upon resuming services in person, the CoC worked with healthcare providers, the County Dept. of Public Health (DPH) and private donors to ensure PPE were available to staff working with those experiencing homelessness. In person programs, including CES access points, were supplied with PPE, cleaning and sanitation supplies. Masks, hand sanitizer and other items to minimize risk were also given to attendees and staff to take with them. Locations were also secured that offered larger open spaces so programming could take place with appropriate distancing. All resources were funded through federal, state and local governments, local healthcare providers, private funding and DPH.

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. In March 2020 the Cape and Islands Homelessness Emergency Planning/Winter Response committee pivoted to a weekly meeting to coordinate a regional response to COVID-19. Participants included health care agencies, homelessness service providers, first responders, elected officials, food access resources and other key stakeholders. The meetings are ongoing and cover a wide range of topics including the safety of those experiencing homelessness for accessing medical and other services as well as dangers posed by exposure to the elements and interpersonal interactions within the unsheltered. Town Police Depts. are key partners in relaying information to homeless individuals as they continued to provide direct contact during the pandemic. They were also able to inform service providers on locations of camp sites that had been set up and the location of those sleeping in vehicles due to COVID. Additionally, a mobile shower unit was secured and outreach workers and medical professionals were available during hours of operation to provide case management and access to inpatient facilities, including substance detoxification. Safety measures for staff has also been addressed during the meetings.

2. The committee also included members from local town boards who relayed changing restrictions in real time and informed homelessness providers on local responses to address closures, such as providing porta-potties when public bathrooms closed.

3. The healthcare for the homeless provider, the largest healthcare provider in the region and the county Dept. of Public Health (DPH) participated in the meeting and coordinated testing measures through 2020 and vaccine distribution as availability began in 2021. There were multiple vaccine clinics for those experiencing homelessness and the Barnstable Fire Dept., DPH and

Duffy Health Center provided additional vaccine access directly to individual and family shelters, transitional housing programs and other vulnerable populations.

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)

All homeless providers in the region have been participating in a regularly scheduled Emergency Planning meeting since March 2020 and the topic of testing and vaccinations have been included in every agenda. Upon availability of vaccines, this committee collaborated to provide vaccine access to staff and guests at every individual and family shelter, as well as seasonal shelters, transitional housing and Permanent Supportive Housing. Nursing staff from the Duffy Health Center and EMTs from local fire depts. held vaccine clinics at the shelters and also offered mobile clinics for those experiencing unsheltered homelessness. Reporting from the shelters across the region was that over 70% of staff and guests had been fully vaccinated. Additionally, Duffy offered regularly scheduled clinics using the Johnson and Johnson vaccine through the spring and summer and also offered them to any patients during regular visits for therapy, psychiatric or medical appointments. As a Healthcare for the Homeless provider, CoC grantee and Community Health Center, Duffy provides wrap around medical and behavioral health services for a large percentage of homeless and formerly homeless individuals in the region. They have recently hired an RN to conduct outreach to those who have not been vaccinated and disseminate information about the safety of vaccines. Currently, planning for providing vaccine boosters to all eligible patients has been a focus so efforts can initiate as soon as authorization is confirmed.

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)

During COVID, Independence House, the largest DV provider in the CoC region, has reported a rise in the number of severe DV cases and an uptick in requests for services. Since March 2020, 4 Cape & Islands women were killed in acts of DV. In the small Cape Cod town of Mashpee, in July of 2020 the PD investigated 42 cases of DV, twice as many as the year before and almost 3 times as many as the previous 2 years. Lockdown orders have made it harder for DV victims to reach resources, such as access to courts for restraining orders. Isolation brought on by stay-home orders has forced abuse victims to

remain in close quarters with their abusers. Physical and social isolation provides fuel for DV. People of color, LGBTQ individuals and people with disabilities have the worst outcomes and least access to DV services. Policing alone is not enough to combat DV during COVID. Tele-advocacy programs can sustain critical services for survivors during physical distancing mandates; they must be accessible to survivors with disabilities and must ensure victim safety and privacy. In addition to hotlines, tech-based tools like online chat, text messaging, and video calls can also provide services to survivors. More training is needed so that front-line health workers can spot the signs of intimate partner violence. Collaborating with service providers to address mental health and substance abuse issues and to focus more on preventing acts of DV is another important strategy. Independence House encourages abuse survivors to develop a safety plan and tell someone about their situation. Public outreach is key in educating DV victims about after-hours resources, such as 24/7 on-call judges for restraining orders. By increasing public awareness of resources available to the broader community, family, friends, and neighbors may be better able to connect those affected by domestic violence with resources, such as shelters, treatment intervention programs and therapeutic professionals.

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)

During the early stages of the COVID-19 pandemic it became clear that negative outcomes were more likely for older age demographics (over 60), those with co-occurring morbidities such as obesity, diabetes and other chronic health conditions and those living in settings where distancing guidelines were difficult to adhere to. Formerly homeless individuals, those living in shelters and those living unsheltered had high percentages of individuals experiencing these risk factors and were identified as populations that required immediate access to resources to mitigate exposure and outbreaks. The Collaborative Applicant, Barnstable County Dept. of Human Services, drafted the following language to amend the Coordinated Entry Policies and Procedures Prioritization List to incorporate guidance from the CDC and HUD: "In the event of an emergency declaration, the Cape and Islands CoC/CES will consider guidance and waivers of regulations promulgated by the U.S. Department of Housing and Urban Development, its state designee or local emergency management entity, in modifying CES Policies and Procedures". This addition was approved by the Regional Network on Homelessness Executive Committee on an emergency basis in July 2020 and the CES Coordinator worked with local outreach teams to modify the By-Name list to identify high-risk individuals to expedite access to housing resources thus lowering the chance of spreading the virus within vulnerable communities. The additional language was approved on a permanent basis by vote of the Regional Network on Homelessness Policy Board at their September 2020 meeting.

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.	08/26/2021
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.	08/26/2021

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

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

1.	Established total points available for each project application type.	Yes
2.	At least 33 percent of the total points were based on objective criteria for the project application (e.g., cost effectiveness, timely draws, utilization rate, match, leverage), performance data, type of population served (e.g., DV, youth, Veterans, chronic homelessness), or type of housing proposed (e.g., PSH, RRH).	Yes
3.	At least 20 percent of the total points were based on system performance criteria for the project application (e.g., exits to permanent housing destinations, retention of permanent housing, length of time homeless, returns to homelessness).	Yes
4.	Used data from a comparable database to score projects submitted by victim service providers.	No
5.	Used objective criteria to evaluate how projects submitted by victim service providers improved safety for the population they serve.	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:
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- | | |
|----|--|
| 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. In reviewing and ranking projects, the CoC takes into consideration severity of needs and vulnerabilities through the use of standardized objective scoring tools (one for renewal projects that have submitted two or more APRS, one for renewal projects that have submitted one APR, one for renewal projects that have not yet submitted an APR, and one for new projects). The CoC has incorporated HUD priority populations into scoring categories (veterans; survivors of domestic violence; families and children; unaccompanied youth; and chronically homeless individuals and families) and additional vulnerable populations (history of victimization/abuse; criminal history; low or no income; current or past substance use; and resistance to receiving services). The CoC also prioritizes the category of “only project of its kind in the CoC’s geographic area serving a special homeless population” in the scoring of New and Renewal Projects.

2. In the scoring methodology, specific screening questions require applications to list priority populations and additional vulnerable populations to be served by each project. New and Renewal projects can earn up to 5 points for serving priority populations, up to 5 points for serving additional vulnerable populations, and 1 point for being the only project of its kind in the area serving a special homeless population. The CoC scoring tool also awards points to projects based on the percentage of dedicated chronically homeless or DedicatedPLUS beds, to projects that follow the Housing First model, to projects with 100% of participants entering the project from chronic homelessness or literal homelessness, and to projects that prioritize equitable access for traditionally underserved racial and ethnic homeless populations. The scoring tool awards additional points to projects that regularly review and adjust program participants’ ISPs according to current need to promote longer average stays in PSH by the hardest to serve populations.

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. In response to an increased focus on racial equity and the over-representation of certain racial groups in the local homeless population, the

CoC conducted a Racial Equity Analysis of the regional homeless services system to determine if disparities exist in the access to and provision of services for these populations during the period from 7/1/2020 through 6/30/2021. The demographics of the CoC region (92% White, 4% Black, 4% all other races) do not align with those of the rest of the state or country, and despite their small percentage of the general population, Black persons make up 14% of unduplicated individuals entered into HMIS and 15% of all HMIS project enrollments. Rating factors used in NOFO scoring were developed collaboratively by the CoC and reviewed by the Regional Network on Homelessness Policy Board, whose membership includes several members of racial and ethnic minority communities, as well as formerly homeless persons.

2. Traditionally the CoC's NOFA Review and Ranking Committee has been made up of three persons not associated or affiliated with any grant applicants. To enable a greater equity lens for project scoring and ranking, for the FY2021 NOFO, the CoC increased membership in the Review and Ranking committee to five. Membership by representatives of both the minority and homeless/formerly homeless populations (especially those with lived homelessness experience within the past 7 years) was encouraged, and potential committee members were actively recruited. The two additional chairs were filled by candidates who met these qualifications and provided their unique perspectives to the review and selection of new and renewal projects.

3. In the FY2021 NOFO, renewal project applications were awarded points for proof of both racial and ethnic equity as related to access to services and positive outcomes for minority participants. Enrollment and outcome data for each renewal project were obtained from HMIS.

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. Reallocation may be voluntary or involuntary. Project funding may be reallocated: from 1 project into a new project by the same provider or by a different provider, from 1 project into more than 1 new project, from multiple projects into 1 new project, or from multiple projects into more than 1 new project. A grantee may reallocate funds to a new project if the grantee no longer wants to continue a project or no longer needs CoC funding. The CoC may reallocate funds for: unresolved audit finding(s), poor financial management, capacity issues, serving ineligible persons, expenditure on ineligible costs, HMIS non-compliance, non-alignment with CoC funding priorities and federal/state strategic goals, poor participation in CES, low ranking in the Coordinated Application, or evidence of under expenditure of CoC grant award.

The CoC evaluates projects for reallocation during annual Grantee Monitoring. Projects that spend down less than 90% of the previous year's grant (or an average over the previous 3 years) are subject to involuntary reallocation.
2. In 2021 the CoC identified 3 projects that met the criteria for involuntary reallocation.
3. The CoC chose not to enforce involuntary reallocation on the three projects.
4. The CoC's Reallocation Policy allows grantees to appeal, and all three submitted appeals: one was a new project that had not reached 100% utilization, one sustained deaths of participants that could not be quickly replaced, one requires approval for services through the State Dept. of Mental Health and the approval process for vacancies is time-consuming. Prior to Grantee Monitoring, one PSH project decided voluntarily not to renew its CoC funding for the 2021 competition, leaving \$281K available for reallocation.

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.	10/28/2021
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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.	11/10/2021
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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.	Social Solutions
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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.	Single CoC
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2A-3.	HIC Data Submission in HDX.	
	NOFO Section VII.B.3.a.	

Enter the date your CoC submitted its 2021 HIC data into HDX.	04/27/2021
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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. Independence House (IH) is the largest DV housing and service provider in the CoC region. IH is funded through VOCA and FVPSA to maintain its DV Emergency Shelter and to offer services to DV survivors. IH also operates under the auspices of VAWA and is obligated to adhere to Federal data collection requirements. Currently, IH enters required data elements into a comparable database using the Empower software product. However, the CoC was recently made aware that the Empower vendor does not plan to update to become fully compliant with the 2022 HUD Data Standards. The CoC notified IH of this issue and advised the provider to look into procuring a fully compliant software package. Because IH has submitted a New Project Application in the FY2021 NOFO, the CoC has urged IH to complete the procurement as soon as possible. The CoC reached out to the MA Department of Housing and Community Development for recommendations, and we were able to refer IH to Thyme, a fully compliant comparable database product that offers discounts to non-profit organizations and rebates for cloud services.

2. Because IH has never received CoC funding and has never been obligated to contribute information to the System Performance Measures, de-identified aggregated data have not been made available to the CoC on a regular basis to be included in our annual HUD SPM report. If the IH New Project Application is selected by HUD for funding through the CoC NOFO, the HMIS lead will work closely with IH to ensure that all required data elements are collected and entered into a fully compliant comparable database and that aggregated data will be available to the CoC for all HMIS reporting, including System Performance Measures.

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	336	13	323	100.00%
2. Safe Haven (SH) beds	0	0	0	
3. Transitional Housing (TH) beds	97	0	91	93.81%
4. Rapid Re-Housing (RRH) beds	70	0	23	32.86%
5. Permanent Supportive Housing	259	0	244	94.21%
6. Other Permanent Housing (OPH)	6	0	0	0.00%

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

For each project type with a bed coverage rate that is at or below 84.99 percent in question 2A-5, describe:

1.	steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type; and
2.	how your CoC will implement the steps described to increase bed coverage to at least 85 percent.

(limit 2,000 characters)

1. RRH–RRH bed coverage has been an ongoing problem. Of 70 RRH beds on the 2021 HIC, 23 are in 2 projects that fully participate in HMIS. The remaining 47 belong to Housing Assistance Corporation (HAC). These 47 RRH beds are funded through HomeBASE, administered by the MA Department Housing and Community Development (DHCD). DHCD keeps HomeBASE data in a separate database unavailable to the CoC. DHCD only provides a statement of total HomeBASE RRH "beds" and an explanation of their calculation process. The CoC must include these beds from DHCD in the HIC with no access to further data. In late 2020, the CoC was approved for HUD TA with Abt Associates. Working with HAC, we developed a new methodology that will produce an accurate count and ensure 100% HomeBASE RRH bed coverage in HMIS. This method was not fully developed by the time the 2021 HIC was due, and we had to rely on DHCD’s “methodology” again, resulting in a 33% RRH coverage rate. OPH-In 2020 there were 2 OPH projects on the HIC, Champ’s O’Neil House and HAC’s MRVP/SIF. During 2020, Champ changed O’Neil House’s project type to TH, reducing total OPH beds by 84% on the 2021 HIC. As of the 2020 HIC, the HAC MRVP/SIF project participated in HMIS, but funding ran out in June of 2020, and HAC entered an Operating End Date into HMIS. However, the state issued an emergency funding extension to support the 6 vouchers through June of 2021. At the time of the 2021 HIC, the 6 beds were still occupied but HAC did not re-activate the project in HMIS or enter any more project data into HMIS. Thus the 0% bed coverage rate for OPH.

2. The CoC worked with Abt Associates and HAC to establish a new method for counting RRH beds to guarantee an accurate count and 100% coverage. It will be fully implemented by the 2022 HIC. We do not anticipate any new OPH projects in the region, but if any become available, the CoC will encourage HMIS participation through analyses, presentations, collaborations, trainings, incentives, etc.

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

Enter the percentage of beds covered in comparable databases in your CoC’s geographic area.	100.00%
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2A-5b.1.	Partial Credit for Bed Coverage Rates at or Below 84.99 for Question 2A-5b.	
	NOFO Section VII.B.3.c.	

If the bed coverage rate entered in question 2A-5b. is 84.99 percent or less, describe in the field below:

- | | |
|----|--|
| 1. | steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent; and |
| 2. | how your CoC will implement the steps described to increase bed coverage to at least 85 percent. |

(limit 2,000 characters)

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
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- 24 CFR part 578

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

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

(limit 2,000 characters)

1. The CoC uses information from homeless advocacy groups, collaborations with service partners, participation in homelessness seminars, membership in the Statewide CoC organization, regional gaps analysis, YYA Homeless Needs Assessment, analysis of HMIS & PIT data, and ad hoc analyses (such as trends in Emergency Shelter Utilization) to identify risk factors for first time homelessness. Some factors are universal (poverty, lack of affordable housing, unemployment, etc.), and COVID added another layer of housing instability for those already at risk. Other factors pertain to specific groups. Youth: poor relationships with caregivers, sexual orientation/gender identity, neglect, physical/sexual abuse, school expulsion, poor social networks, antisocial behavior, connection to the foster care system, & unstable living conditions. Elders: loss of homes due to death of spouse or divorce & poor financial decisions. Non-elderly adult females: domestic violence is the most prevalent risk factor. All non-elderly adults: chronic health problems, criminal history, mental illness, and addiction.

2. Duffy Health Center offers case management training on “How to Ask Elders Difficult Questions” leading to prevention services upstream. The Tenant Preservation Coordinator and South Coastal Legal Services offer legal help to at-risk elders. Barnstable County administers a state Youth Homelessness grant, partnering with 5 agencies in Barnstable, Dukes, and Nantucket counties to link homeless youth to housing & services. One CoC grantee operates a project dedicated to homeless youth and young adults. DV survivors receive counseling, legal, educational, and housing services through the local DV provider, Independence House. Outreach workers connect with non-elderly adults in a variety of settings. Collaborative partners provide prevention, diversion, & stabilization resources to help at risk individuals and families

maintain their housing.
 3. The CoC Program Manager.

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. The CoC relies on its Coordinated Entry System as its main strategy to reduce the length of time homeless. Through CES, individuals & families are assessed & prioritized for housing placement. Following CPD-16-11, the CoC has incorporated HUD’s prioritization list into its Written Standards and CES Governance Documents, and length of time homeless is a top-priority factor for referring individuals & families to PSH. CES coordinates CoC resources to match those experiencing homelessness to appropriate PSH & informs the CoC of service needs & gaps. To address the limited inventory of rentals in the region the CoC collaborates with housing advocates & developers to increase the number of affordable rental units. Participation in the MA HMIS Data Warehouse will facilitate tracking homelessness across regions to verify length of time homeless without repeated requests for documentation. The addition of EHVs to the CoC’s portfolio increases opportunities to connect families with greatest length of time homeless to available resources.

2. Outreach staff use CES assessment tools to identify & assess persons with the longest length of time homeless for entry into PSH projects & to help them move on to other voucher projects within the region. Family shelter staff prioritize housing search and services for those with the longest stays and focus on streamlining the process for applying for public housing and voucher programs. While the state-funded Family ES system remains separate from the CoC’s CES, the long-term goal is to incorporate family shelter beds into CES. Members of the CES committee and all CES access points have been trained in the statewide online PHA application, which reduces wait time for affordable housing and matches applicants with preferred locations.

3. The Regional Network Policy Board oversees these strategies & works in conjunction with the CES Steering Committee, shelter providers and partner agencies to share data and coordinate resources.

2C-3.	Exits to Permanent Housing Destinations/Retention of Permanent Housing.	
	NOFO Section VII.B.5.d.	
	Describe in the field below how your CoC will increase the rate that individuals and persons in families residing in:	
1.	emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations; and	
2.	permanent housing projects retain their permanent housing or exit to permanent housing destinations.	

(limit 2,000 characters)

1.The CoC’s Coordinated Entry System prioritizes homeless individuals and families to refer to PH destinations, whether CoC-funded or not. Monthly case conferencing is a regular function of the CES Committee, which reviews active cases and collaborates with provider agencies to match the highest priority clients with the “best fit”. Because the operating agencies serve as CE Access Points for the CoC, all Family and Individual Emergency shelters in the region have trained their staff to administer CE assessments and offer CE enrollments to shelter guests. Federal EHV’s have been set aside specifically for families in Emergency Shelter, and referrals have already begun through CES and the administering PHA. To free up CoC-funded PSH beds, the CoC has developed move-on strategies with CoC connected PHAs that shift recipients who no longer require intensive services to other permanent housing mainstream vouchers. The CoC continues outreach to local PH providers who do not currently participate in CES to promote the efficiency of a centralized by-name referral system.

2.The CoC has achieved a rate of 93% of those in PH either retaining or exiting to permanent housing destinations, a 1% increase over last year and a very positive outcome. The average length of stay for persons currently enrolled in PH projects is 1,936 days (as of 6/30/2021), while the average LOS for those who have exited within the past year is 1,106 days. The CoC’s strategy to maintain and/or increase the rate is threefold: to increase income and other cash resources by ensuring that all residents in PH are connected with employment opportunities and mainstream benefits; to continue providing Supportive Services to reinforce habits that promote housing stability; and to assist participants in exiting to permanent housing destinations that are affordable (such as Section 8 voucher or an public housing unit), especially if income continues to be limited.

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

Describe in the field below:

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

(limit 2,000 characters)

1.The CoC identifies returns to homelessness by analyzing HMIS exit data: from 7/1/18 to 6/30/19 there were 966 project exits with documented destinations: 145 exits were returns to Unsheltered and 94 were exits to ES. Over 77% of returns to homelessness represented persons exiting Individual ES, while 17% represented exits from Street Outreach (which, by definition, means Unsheltered). The only individual ES in the CoC region uses a bed register, and clients who do not have at least one “sign in” within 30 days of enrollment are automatically exited and categorized as unsheltered homeless again. HMIS data show that a core group of individuals continually cycle in and out of the shelter, and the returns to homelessness are, by and large, the same core group. 47% of the 94 exits to ES are made up of families moving around among the 4 family ES in the region and do not indicate exits from stable to

unstable living situations. 24% of exits to ES are made up of the individuals who cycle in and out as referenced above. Common factors among individuals returning to homelessness were substance use, mental illness, and co-occurring substance use/mental illness. Among families exiting one ES to enter another, changing family size and/or composition seems to have the greatest influence in such transfers.

2. Although all CoC-funded projects follow the Housing First approach and do not require participation in support services as a qualification for enrollment, grantees strive to engage clients in activities to help them stay successfully housed, such as case management and counseling. The CoC works to ensure that clients exit projects with the maximum number of cash and non-cash benefits possible. Duffy Health Center, a SOAR recipient, assists service providers with the SSI/SSDI application process. Clients can access employment training and job search through Career Opportunities Center and the Mass Rehab Commission.

3. The CoC Program Manager in conjunction with grantees.

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

Describe in the field below:

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

(limit 2,000 characters)

1. The CoC's strategy is to collaborate with grantees to ensure that all participants who are unemployed have access to employment opportunities, while those who are currently employed can explore further education and training to build knowledge, skills, and experience for careers in full-time sustainable fields, rather than seasonal work based on tourism. The Regional Network Policy Board (PB) includes staff from multiple agencies that offer services and resources for training, education, and employment. Each PB meeting includes time for local workforce agencies to describe new services or expansions to their programs. PB meetings are open to the public, and any attendee can bring information which could benefit individuals served by the representative agencies.

2. Representatives from the Job Training and Employment Corporation (JTEC), which oversees the MassHire Career Center and Service, Employment, Redevelopment- Jobs (SER-Jobs: employment services to families receiving TAFDC, RAFT or HomeBASE funding) have presented details of their programs at PB meetings and disseminated information on referrals and how linkages can be developed with partners. The CoC has signed an MOU with JTEC and an MOA with the Cape and Islands Workforce Board, which specializes in workforce development for youth and young adults. Additionally, Housing Assistance Corporation (HAC), a CoC grantee that provides outreach services as part of CES and is the local administering agency for regional family shelters, has signed an MOU with SER-Jobs which includes co-location of staff. The CoC has asked that each grantee make referrals to the programs that would best meet the abilities and preferences of the participants.

3. The PB, in conjunction with the PB Executive Committee, is responsible for overseeing the CoC's strategy to increase jobs and income and includes representatives from various employment, education and training agencies.

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. All individuals and families connected to the Cape and Islands CoC are offered employment opportunities as reported by staff of CES and CoC programs. For homeless families receiving TAFDC, RAFT or HomeBASE funds, the Dept. of Transitional Assistance makes referrals to SER-Jobs which is co-located and has an MOU with Housing Assistance Corporation (HAC), a CoC grant recipient and outreach services provider. SER-Jobs offers resources, training, job development and flex funds for “barrier busting” to pay for needed goods and services to maximize work opportunities. SER-Jobs works with participants for 2 years post-placement for job retention supports. All CoC agencies partner with the MassHire Career Center, which collaborates with private employers to organize job fairs, maintain job listings, assist with interview skills and resume development to build skills for sustainable employment. There are 4 Clubhouses in the region that offer employment services to those diagnosed with a mental health condition. The clubhouse model, an Evidence Based Practice (EBP), works with individuals to identify the level of support needed to return to work. This includes on-the-job training, education on entitlements and support with employer relations.

2. The CoC has a MOU with the Job Training and Employment Corp. (JTEC) which offers education and skills training. This includes up to \$10k per person for certificate programs and trainings like CNA, CDL and medical coding and billing. The JTEC Director gives training at the individual ES and a DV shelter on job skills and readiness. Vinfen, an agency that provides support services to CoC PSH and other projects uses Individualized Placements and Supports (IPS), an EBP, to support employment opportunities, education and job readiness skills. The Mass. Rehabilitation Commission offers education and training opportunities for those with a disability to “maximize their quality of life and economic self-sufficiency”.

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

Describe in the field below:

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

(limit 2,000 characters)

1. The CoC tracks policy updates and advises grantees on changes in eligibility standards for program participants. A supervisor from the MA Department of Transitional Assistance (DTA), who served as Chair of the Regional Network on Homelessness Policy Board (PB) and sits on the PB Executive Committee (EC), regularly reports to PB and EC meeting participants information regarding new or updated programs that can increase entitlements and/or improve outcomes for homeless individuals and families in need of financial assistance. The CoC evaluates APRs to monitor the rate at which program participants are enrolled in benefits and incorporates the data into the NOFO scoring for Renewal Project Applications. Additionally, the overall percentage of program participants with benefits and the measurement of increase in benefits within each project are reviewed during annual site visits and are also reflected in the scoring.
2. The CoC works with grantees to ensure that participants apply for all cash and non-cash benefits for which they might qualify and monitors policies and procedures grantees follow to maximize non-employment cash benefits available to program participants. Duffy Health Center's staff have completed SOAR-training and work with other CoC program staff to assist program participants in applying for SSI and SSDI benefits. Housing Assistance Corporation provides reports to the PB and EC on sources of cash assistance available to participants to cover unexpected expenses, such as utilities arrearages, transportation needs, etc. HAC has also implemented an online application for assistance that provides greater efficiency in applying for benefits and other cash assistance. Case managers at Family Shelters help households with children in obtaining other non-employment income benefits to prepare them for transitioning into permanent housing.
3. The CoC Program Manager is responsible for overseeing the CoC's strategy to increase non-employment cash income.

3A. Coordination with Housing and Healthcare Bonus Points

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

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

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

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

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

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

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

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

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

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

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

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

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

3B. New Projects With Rehabilitation/New Construction Costs

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:

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

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

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

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

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

(limit 2,000 characters)

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

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

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

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

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

If you answered yes to question 3C-1, describe in the field below:

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

(limit 2,000 characters)

4A. DV Bonus Application

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:

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

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

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

4B. Attachments Screen For All Application Questions

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

Attachments must match the questions they are associated with.

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

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

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

Attachment Details

Document Description: CE Assessment Tool

Attachment Details

Document Description: PHA Homeless Preference

Attachment Details

Document Description:

Attachment Details

Document Description: Local Competition Announcement

Attachment Details

Document Description: Project Review and Selection Process

Attachment Details

Document Description: Public Posting - Projects Rejected-Reduced

Attachment Details

Document Description: Public Posting - Projects Accepted

Attachment Details

Document Description:

Attachment Details

Document Description:

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	09/14/2021
1B. Inclusive Structure	11/05/2021
1C. Coordination	Please Complete
1C. Coordination continued	11/10/2021
1D. Addressing COVID-19	11/05/2021
1E. Project Review/Ranking	11/08/2021
2A. HMIS Implementation	11/05/2021
2B. Point-in-Time (PIT) Count	11/04/2021
2C. System Performance	11/05/2021
3A. Housing/Healthcare Bonus Points	11/04/2021
3B. Rehabilitation/New Construction Costs	11/04/2021

FY2021 CoC Application	Page 55	11/10/2021
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3C. Serving Homeless Under Other Federal Statutes	11/04/2021
4A. DV Bonus Application	11/08/2021
4B. Attachments Screen	Please Complete
Submission Summary	No Input Required

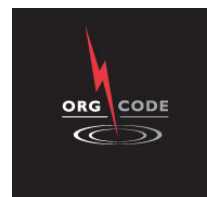
**Vulnerability Index -
Service Prioritization Decision Assistance Tool
(VI-SPDAT)**

Prescreen Triage Tool for Single Adults

AMERICAN VERSION 2.0

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**COMMUNITY
SOLUTIONS**



Welcome to the SPDAT Line of Products

The Service Prioritization Decision Assistance Tool (SPDAT) has been around in various incarnations for over a decade, before being released to the public in 2010. Since its initial release, the use of the SPDAT has been expanding exponentially and is now used in over one thousand communities across the United States, Canada, and Australia.

More communities using the tool means there is an unprecedented demand for versions of the SPDAT, customized for specific client groups or types of users. With the release of SPDAT V4, there have been more current versions of SPDAT products than ever before.

VI-SPDAT Series

The Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) was developed as a pre-screening tool for communities that are very busy and do not have the resources to conduct a full SPDAT assessment for every client. It was made in collaboration with Community Solutions, creators of the Vulnerability Index, as a brief survey that can be conducted to quickly determine whether a client has high, moderate, or low acuity. The use of this survey can help prioritize which clients should be given a full SPDAT assessment first. Because it is a self-reported survey, no special training is required to use the VI-SPDAT.

Current versions available:

- VI-SPDAT V 2.0 for Individuals
- VI-SPDAT V 2.0 for Families
- VI-SPDAT V 1.0 for Youth

All versions are available online at

www.orgcode.com/products/vi-spdatt/

SPDAT Series

The Service Prioritization Decision Assistance Tool (SPDAT) was developed as an assessment tool for front-line workers at agencies that work with homeless clients to prioritize which of those clients should receive assistance first. The SPDAT tools are also designed to help guide case management and improve housing stability outcomes. They provide an in-depth assessment that relies on the assessor's ability to interpret responses and corroborate those with evidence. As a result, this tool may only be used by those who have received proper, up-to-date training provided by OrgCode Consulting, Inc. or an OrgCode certified trainer.

Current versions available:

- SPDAT V 4.0 for Individuals
- SPDAT V 2.0 for Families
- SPDAT V 1.0 for Youth

Information about all versions is available online at

www.orgcode.com/products/spdat/

SPDAT Training Series

To use the SPDAT, training by OrgCode or an OrgCode certified trainer is required. We provide training on a wide variety of topics over a variety of mediums.

The full-day in-person SPDAT Level 1 training provides you the opportunity to bring together as many people as you want to be trained for one low fee. The webinar training allows for a maximum of 15 different computers to be logged into the training at one time. We also offer online courses for individuals that you can do at your own speed.

The training gives you the manual, case studies, application to current practice, a review of each component of the tool, conversation guidance with prospective clients – and more!

Current SPDAT training available:

- Level 0 SPDAT Training: VI-SPDAT for Frontline Workers
- Level 1 SPDAT Training: SPDAT for Frontline Workers
- Level 2 SPDAT Training: SPDAT for Supervisors
- Level 3 SPDAT Training: SPDAT for Trainers

Other related training available:

- Excellence in Housing-Based Case Management
- Coordinated Access & Common Assessment
- Motivational Interviewing
- Objective-Based Interactions

More information about SPDAT training, including pricing, is available online at

<http://www.orgcode.com/product-category/training/spdat/>

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 or the assessor does not understand the 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 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

Appendix A: About the VI-SPDAT

The HEARTH Act and federal regulations require communities to have an assessment tool for coordinated entry - and the VI-SPDAT and SPDAT meet these requirements. Many communities have struggled to comply with this requirement, which demands an investment of considerable time, resources and expertise. Others are making it up as they go along, using “gut instincts” in lieu of solid evidence. Communities need practical, evidence-informed tools that enhance their ability to satisfy federal regulations and quickly implement an effective approach to access and assessment. The VI-SPDAT is a first-of-its-kind tool designed to fill this need, helping communities end homelessness in a quick, strategic fashion.

The VI-SPDAT

The VI-SPDAT was initially created by combining the elements of the Vulnerability Index which was created and implemented by Community Solutions broadly in the 100,000 Homes Campaign, and the SPDAT Prescreen Instrument that was part of the Service Prioritization Decision Assistance Tool. The combination of these two instruments was performed through extensive research and development, and testing. The development process included the direct voice of hundreds of persons with lived experience.

The VI-SPDAT examines factors of current vulnerability and future housing stability. It follows the structure of the SPDAT assessment tool, and is informed by the same research backbone that supports the SPDAT - almost 300 peer reviewed published journal articles, government reports, clinical and quasi-clinical assessment tools, and large data sets. The SPDAT has been independently tested, as well as internally reviewed. The data overwhelmingly shows that when the SPDAT is used properly, housing outcomes are better than when no assessment tool is used.

The VI-SPDAT is a triage tool. It highlights areas of higher acuity, thereby helping to inform the type of support and housing intervention that may be most beneficial to improve long term housing outcomes. It also helps inform the order - or priority - in which people should be served. The VI-SPDAT does not make decisions; it informs decisions. The VI-SPDAT provides data that communities, service providers, and people experiencing homelessness can use to help determine the best course of action next.

Version 2

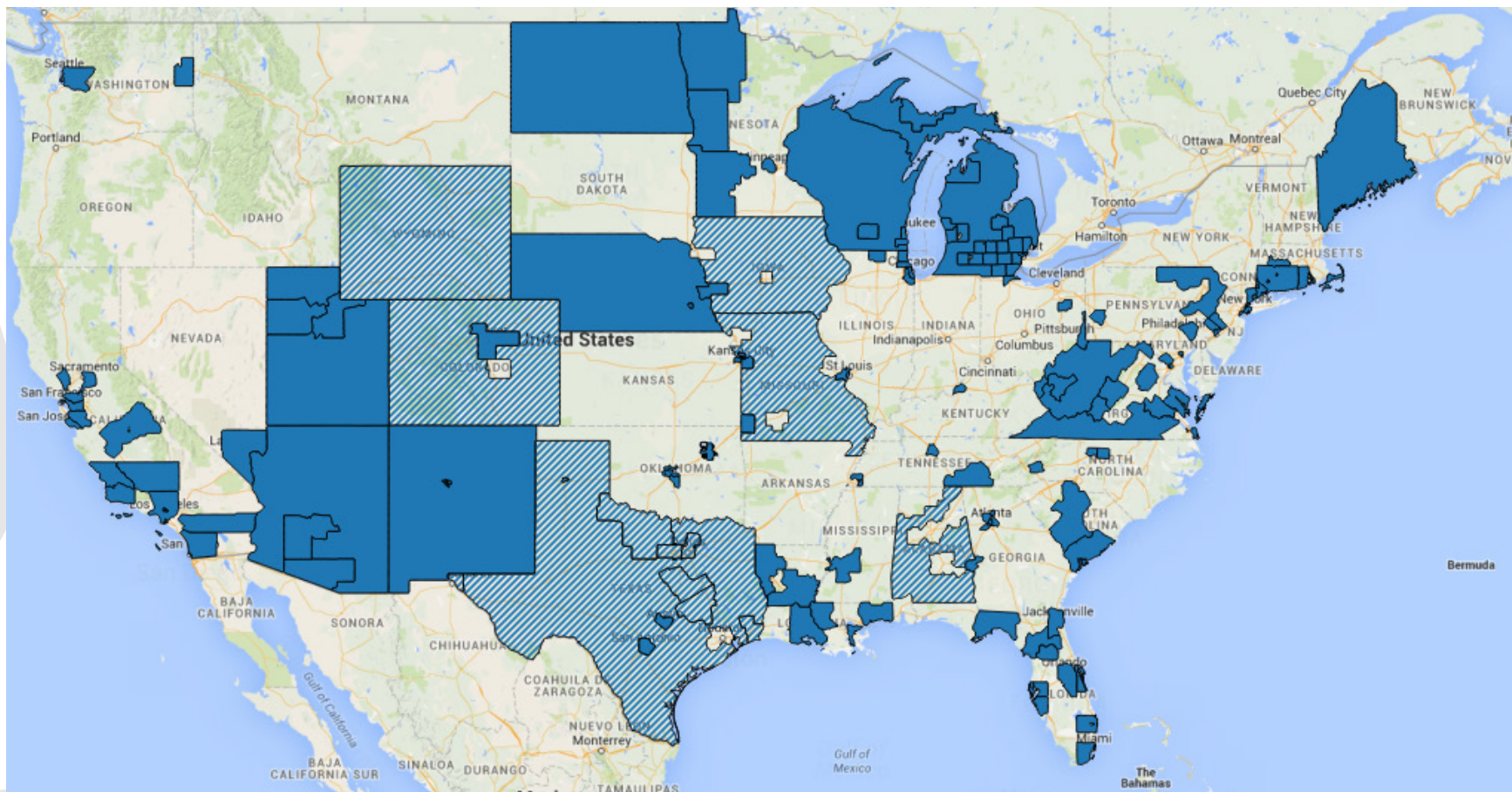
Version 2 builds upon the success of Version 1 of the VI-SPDAT with some refinements. Starting in August 2014, a survey was launched of existing VI-SPDAT users to get their input on what should be amended, improved, or maintained in the tool. Analysis was completed across all of these responses. Further research was conducted. Questions were tested and refined over several months, again including the direct voice of persons with lived experience and frontline practitioners. Input was also gathered from senior government officials that create policy and programs to help ensure alignment with guidelines and funding requirements.

You will notice some differences in Version 2 compared to Version 1. Namely:

- it is shorter, usually taking less than 7 minutes to complete;
- subjective elements through observation are now gone, which means the exact same instrument can be used over the phone or in-person;
- medical, substance use, and mental health questions are all refined;
- you can now explicitly see which component of the full SPDAT each VI-SPDAT question links to; and,
- the scoring range is slightly different (Don't worry, we can provide instructions on how these relate to results from Version 1).

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Since the VI-SPDAT is provided completely free of charge, and no training is required, any community is able to use the VI-SPDAT without the explicit permission of Community Solutions or OrgCode Consulting, Inc. As a result, the VI-SPDAT is being used in more communities than we know of. It is also being used in Canada and Australia.



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

SINGLE ADULTS

AMERICAN VERSION 2.0

A partial list of continua of care (CoCs) in the US where we know the VI-SPDAT is being used includes:

Alabama

- Parts of Alabama Balance of State

Arizona

- Statewide

California

- San Jose/Santa Clara City & County
- San Francisco
- Oakland/Alameda County
- Sacramento City & County
- Richmond/Contra Costa County
- Watsonville/Santa Cruz City & County
- Fresno/Madera County
- Napa City & County
- Los Angeles City & County
- San Diego
- Santa Maria/Santa Barbara County
- Bakersfield/Kern County
- Pasadena
- Riverside City & County
- Glendale
- San Luis Obispo County

Colorado

- Metropolitan Denver Homeless Initiative
- Parts of Colorado Balance of State

Connecticut

- Hartford
- Bridgeport/Stratford/Fairfield
- Connecticut Balance of State
- Norwalk/Fairfield County
- Stamford/Greenwich
- City of Waterbury

District of Columbia

- District of Columbia

Florida

- Sarasota/Bradenton/Manatee, Sarasota Counties
- Tampa/Hillsborough County
- St. Petersburg/Clearwater/Largo/Pinellas County
- Tallahassee/Leon County
- Orlando/Orange, Osceola, Seminole Counties
- Gainesville/Alachua, Putnam Counties
- Jacksonville-Duval, Clay Counties
- Palm Bay/Melbourne/Brevard County
- Ocala/Marion County
- Miami/Dade County
- West Palm Beach/Palm Beach County

Georgia

- Atlanta County
- Fulton County
- Columbus-Muscogee/Russell County
- Marietta/Cobb County
- DeKalb County

Hawaii

- Honolulu

Illinois

- Rockford/Winnebago, Boone Counties
- Waukegan/North Chicago/Lake County
- Chicago
- Cook County

Iowa

- Parts of Iowa Balance of State

Kansas

- Kansas City/Wyandotte County

Kentucky

- Louisville/Jefferson County

Louisiana

- Lafayette/Acadiana
- Shreveport/Bossier/Northwest
- New Orleans/Jefferson Parish
- Baton Rouge
- Alexandria/Central Louisiana CoC

Massachusetts

- Cape Cod Islands
- Springfield/Holyoke/Chicopee/Westfield/Hampden County

Maryland

- Baltimore City
- Montgomery County

Maine

- Statewide

Michigan

- Statewide

Minnesota

- Minneapolis/Hennepin County
- Northwest Minnesota
- Moorhead/West Central Minnesota
- Southwest Minnesota

Missouri

- St. Louis County
- St. Louis City
- Joplin/Jasper, Newton Counties
- Kansas City/Independence/Lee's Summit/Jackson County
- Parts of Missouri Balance of State

Mississippi

- Jackson/Rankin, Madison Counties
- Gulf Port/Gulf Coast Regional

North Carolina

- Winston Salem/Forsyth County
- Asheville/Buncombe County
- Greensboro/High Point

North Dakota

- Statewide

Nebraska

- Statewide

New Mexico

- Statewide

Nevada

- Las Vegas/Clark County

New York

- New York City
- Yonkers/Mount Vernon/New Rochelle/Westchester County

Ohio

- Toledo/Lucas County
- Canton/Massillon/Alliance/Stark County

Oklahoma

- Tulsa City & County/Broken Arrow
- Oklahoma City
- Norman/Cleveland County

Pennsylvania

- Philadelphia
- Lower Marion/Norristown/Abington/Montgomery County
- Allentown/Northeast Pennsylvania
- Lancaster City & County
- Bristol/Bensalem/Bucks County
- Pittsburgh/McKeesport/Penn Hills/Allegheny County

Rhode Island

- Statewide

South Carolina

- Charleston/Low Country
- Columbia/Midlands

Tennessee

- Chattanooga/Southeast Tennessee
- Memphis/Shelby County
- Nashville/Davidson County

Texas

- San Antonio/Bexar County
- Austin/Travis County
- Dallas City & County/Irving
- Fort Worth/Arlington/Tarrant County
- El Paso City and County
- Waco/McLennan County
- Texas Balance of State
- Amarillo
- Wichita Falls/Wise, Palo Pinto, Wichita, Archer Counties
- Bryan/College Station/Brazos Valley
- Beaumont/Port Arthur/South East Texas

Utah

- Statewide

Virginia

- Richmond/Henrico, Chesterfield, Hanover Counties
- Roanoke City & County/Salem
- Virginia Beach
- Portsmouth
- Virginia Balance of State
- Arlington County

Washington

- Seattle/King County
- Spokane City & County

Wisconsin

- Statewide

West Virginia

- Statewide

Wyoming

- Wyoming Statewide is in the process of implementing

**Transition Age Youth -
Vulnerability Index -
Service Prioritization Decision Assistance Tool
(TAY-VI-SPDAT)**

“Next Step Tool for Homeless Youth”

AMERICAN VERSION 1.0

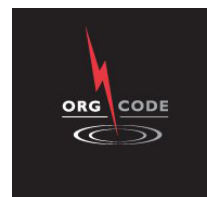
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1 (800) 355-0420 info@orgcode.com www.orgcode.com

**COMMUNITY
SOLUTIONS**



Eric Rice, PhD

USC
SCHOOL OF
SOCIAL WORK



Welcome to the SPDAT Line of Products

The Service Prioritization Decision Assistance Tool (SPDAT) has been around in various incarnations for over a decade, before being released to the public in 2010. Since its initial release, the use of the SPDAT has been expanding exponentially and is now used in over one thousand communities across the United States, Canada, and Australia.

More communities using the tool means there is an unprecedented demand for versions of the SPDAT, customized for specific client groups or types of users. With the release of SPDAT V4, there have been more current versions of SPDAT products than ever before.

VI-SPDAT Series

The Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) was developed as a pre-screening tool for communities that are very busy and do not have the resources to conduct a full SPDAT assessment for every client. It was made in collaboration with Community Solutions, creators of the Vulnerability Index, as a brief survey that can be conducted to quickly determine whether a client has high, moderate, or low acuity. The use of this survey can help prioritize which clients should be given a full SPDAT assessment first. Because it is a self-reported survey, no special training is required to use the VI-SPDAT.

Current versions available:

- VI-SPDAT V 2.0
- Family VI-SPDAT V 2.0
- Next Step Tool for Homeless Youth V 1.0

All versions are available online at

www.orgcode.com/products/vi-spdatt/

SPDAT Series

The Service Prioritization Decision Assistance Tool (SPDAT) was developed as an assessment tool for front-line workers at agencies that work with homeless clients to prioritize which of those clients should receive assistance first. The SPDAT tools are also designed to help guide case management and improve housing stability outcomes. They provide an in-depth assessment that relies on the assessor's ability to interpret responses and corroborate those with evidence. As a result, this tool may only be used by those who have received proper, up-to-date training provided by OrgCode Consulting, Inc. or an OrgCode certified trainer.

Current versions available:

- SPDAT V 4.0 for Individuals
- F-SPDAT V 2.0 for Families
- Y-SPDAT V 1.0 for Youth

Information about all versions is available online at

www.orgcode.com/products/spdat/

SPDAT Training Series

To use the SPDAT assessment product, training by OrgCode or an OrgCode certified trainer is required. We provide training on a wide variety of topics over a variety of mediums.

The full-day in-person SPDAT Level 1 training provides you the opportunity to bring together as many people as you want to be trained for one low fee. The webinar training allows for a maximum of 15 different computers to be logged into the training at one time. We also offer online courses for individuals that you can do at your own speed.

The training gives you the manual, case studies, application to current practice, a review of each component of the tool, conversation guidance with prospective clients – and more!

Current SPDAT training available:

- Level 0 SPDAT Training: VI-SPDAT for Frontline Workers
- Level 1 SPDAT Training: SPDAT for Frontline Workers
- Level 2 SPDAT Training: SPDAT for Supervisors
- Level 3 SPDAT Training: SPDAT for Trainers

Other related training available:

- Excellence in Housing-Based Case Management
- Coordinated Access & Common Assessment
- Motivational Interviewing
- Objective-Based Interactions

More information about SPDAT training, including pricing, is available online at

<http://www.orgcode.com/product-category/training/spdat/>

The TAY-VI-SPDAT – The Next Step Tool for Homeless Youth

OrgCode Consulting, Inc. and Community Solutions joined forces with the Corporation for Supportive Housing (CSH) to combine the best parts of products and expertise to create one streamlined triage tool designed specifically for youth aged 24 or younger.

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
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- children that may reside with the youth at some point in the future
- safety planning

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The Youth – Transition Age Youth Tool from CSH

Released in May 2013, the Corporation for Supportive Housing (CSH) partnered with Dr. Eric Rice, Assistant Professor at the University of Southern California (USC) School of Social Work, to develop a triage tool that targets homeless Transition Age Youth (TAY) for permanent supportive housing. It consists of six items associated with long-term homelessness (five or more years) among transition-aged youth (age 18-24).

Version 2 of the VI-SPDAT

Version 2 builds upon the success of Version 1 of the VI-SPDAT with some refinements. Starting in August 2014, a survey was launched of existing VI-SPDAT users to get their input on what should be amended, improved, or maintained in the tool.

Analysis was completed across all of these responses. Further research was conducted. Questions were tested and refined over several months, again including the direct voice of persons with lived experience and frontline practitioners. Input was also gathered from senior government officials that create policy and programs to help ensure alignment with guidelines and funding requirements.

The TAY-VI-SPDAT – The Next Step Tool for Homeless Youth

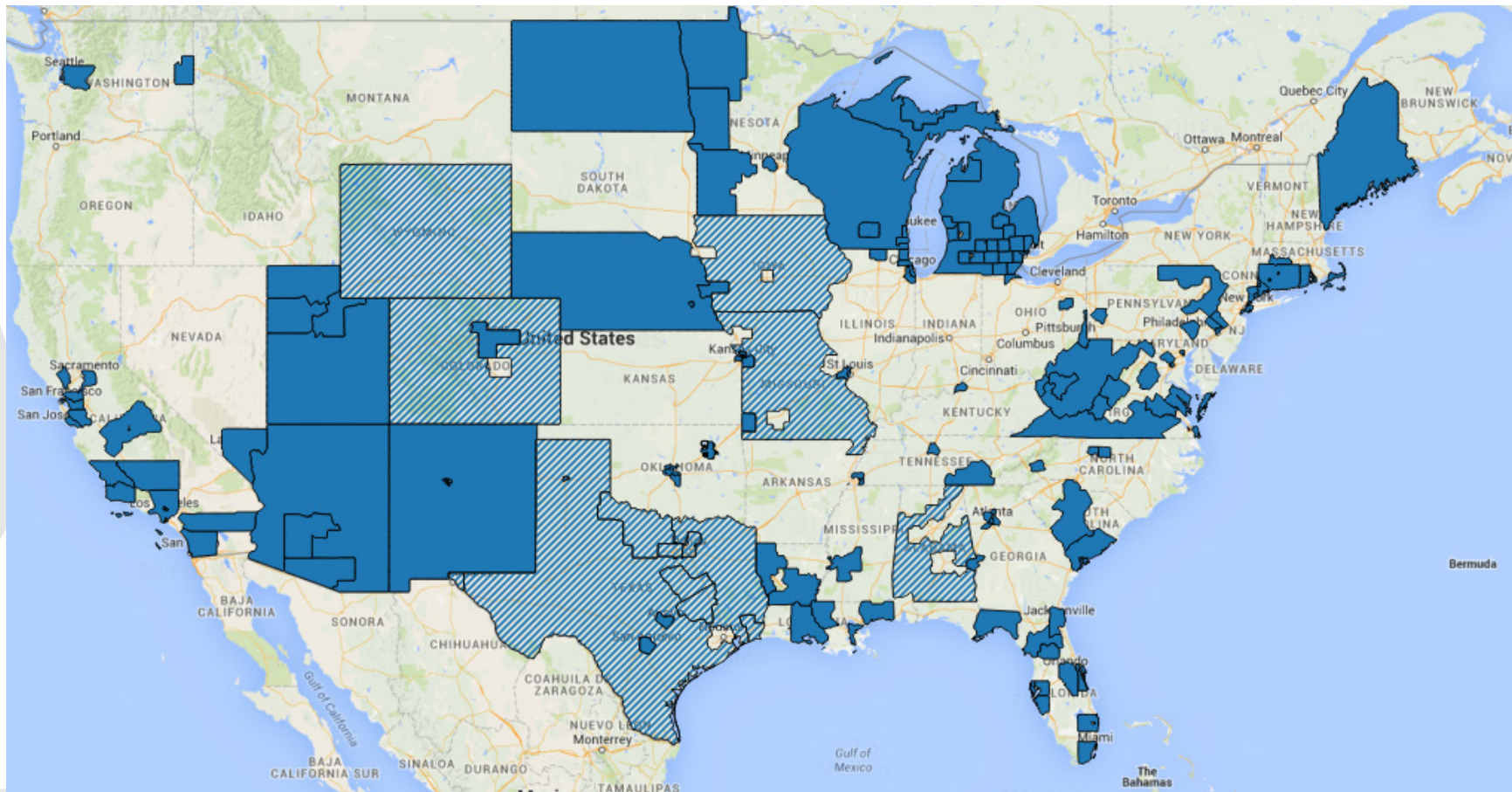
One piece of feedback was the growing concern that youth tended to score lower on the VI-SPDAT, since the Vulnerability Index assesses risk of mortality which is less prevalent among younger populations. So, in version 2 of the VI-SPDAT, OrgCode Consulting, Inc. and Community Solutions joined forces with CSH to combine the best parts of the TAY, the VI, and the SPDAT to create one streamlined triage tool designed specifically for youth aged 24 or younger.

If you are familiar with the VI-SPDAT, you will notice some differences in the TAY-VI-SPDAT compared to VI-SPDAT version 1. Namely:

- it is shorter, usually taking less than 7 minutes to complete;
- subjective elements through observation are now gone, which means the exact same instrument can be used over the phone or in-person;
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NEXT STEP TOOL FOR HOMELESS YOUTH

SINGLE YOUTH

AMERICAN VERSION 1.0

A partial list of continua of care (CoCs) in the US where we know the VI-SPDAT is being used includes:

Alabama

- Parts of Alabama Balance of State

Arizona

- Statewide

California

- San Jose/Santa Clara City & County
- San Francisco
- Oakland/Alameda County
- Sacramento City & County
- Richmond/Contra Costa County
- Watsonville/Santa Cruz City & County
- Fresno/Madera County
- Napa City & County
- Los Angeles City & County
- San Diego
- Santa Maria/Santa Barbara County
- Bakersfield/Kern County
- Pasadena
- Riverside City & County
- Glendale
- San Luis Obispo County

Colorado

- Metropolitan Denver Homeless Initiative
- Parts of Colorado Balance of State

Connecticut

- Hartford
- Bridgeport/Stratford/Fairfield
- Connecticut Balance of State
- Norwalk/Fairfield County
- Stamford/Greenwich
- City of Waterbury

District of Columbia

- District of Columbia

Florida

- Sarasota/Bradenton/Manatee, Sarasota Counties
- Tampa/Hillsborough County
- St. Petersburg/Clearwater/Largo/Pinellas County
- Tallahassee/Leon County
- Orlando/Orange, Osceola, Seminole Counties
- Gainesville/Alachua, Putnam Counties
- Jacksonville-Duval, Clay Counties
- Palm Bay/Melbourne/Brevard County
- Ocala/Marion County
- Miami/Dade County
- West Palm Beach/Palm Beach County

Georgia

- Atlanta County
- Fulton County
- Columbus-Muscogee/Russell County
- Marietta/Cobb County
- DeKalb County

Hawaii

- Honolulu

Illinois

- Rockford/Winnebago, Boone Counties
- Waukegan/North Chicago/Lake County
- Chicago
- Cook County

Iowa

- Parts of Iowa Balance of State

Kansas

- Kansas City/Wyandotte County

Kentucky

- Louisville/Jefferson County

Louisiana

- Lafayette/Acadiana
- Shreveport/Bossier/Northwest
- New Orleans/Jefferson Parish
- Baton Rouge
- Alexandria/Central Louisiana CoC

Massachusetts

- Cape Cod Islands
- Springfield/Holyoke/Chicopee/Westfield/Hampden County

Maryland

- Baltimore City
- Montgomery County

Maine

- Statewide

Michigan

- Statewide

Minnesota

- Minneapolis/Hennepin County
- Northwest Minnesota
- Moorhead/West Central Minnesota
- Southwest Minnesota

Missouri

- St. Louis County
- St. Louis City
- Joplin/Jasper, Newton Counties
- Kansas City/Independence/Lee's Summit/Jackson County
- Parts of Missouri Balance of State

Mississippi

- Jackson/Rankin, Madison Counties
- Gulf Port/Gulf Coast Regional

North Carolina

- Winston Salem/Forsyth County
- Asheville/Buncombe County
- Greensboro/High Point

North Dakota

- Statewide

Nebraska

- Statewide

New Mexico

- Statewide

Nevada

- Las Vegas/Clark County

New York

- New York City
- Yonkers/Mount Vernon/New Rochelle/Westchester County

Ohio

- Toledo/Lucas County
- Canton/Massillon/Alliance/Stark County

Oklahoma

- Tulsa City & County/Broken Arrow
- Oklahoma City
- Norman/Cleveland County

Pennsylvania

- Philadelphia
- Lower Marion/Norristown/Abington/Montgomery County
- Allentown/Northeast Pennsylvania
- Lancaster City & County
- Bristol/Bensalem/Bucks County
- Pittsburgh/McKeesport/Penn Hills/Allegheny County

Rhode Island

- Statewide

South Carolina

- Charleston/Low Country
- Columbia/Midlands

Tennessee

- Chattanooga/Southeast Tennessee
- Memphis/Shelby County
- Nashville/Davidson County

Texas

- San Antonio/Bexar County
- Austin/Travis County
- Dallas City & County/Irving
- Fort Worth/Arlington/Tarrant County
- El Paso City and County
- Waco/McLennan County
- Texas Balance of State
- Amarillo
- Wichita Falls/Wise, Palo Pinto, Wichita, Archer Counties
- Bryan/College Station/Brazos Valley
- Beaumont/Port Arthur/South East Texas

Utah

- Statewide

Virginia

- Richmond/Henrico, Chesterfield, Hanover Counties
- Roanoke City & County/Salem
- Virginia Beach
- Portsmouth
- Virginia Balance of State
- Arlington County

Washington

- Seattle/King County
- Spokane City & County

Wisconsin

- Statewide

West Virginia

- Statewide

Wyoming

- Wyoming Statewide is in the process of implementing

Coordinated Entry Vulnerability Assessment Tool - For Families

Demographic Information		Total Score
Date:	Interviewer/Advocate/Case Manager's Name:	
Referring Agency/Organization Name:	Interviewer/Agency Contact Phone #	
Preferred (Primary) Language:	Secondary Language:	
Full Name of Head of Household	SSN (Optional- last 4 ONLY)	
Date of Birth (xx/xx/xxxx)	Household Description:	
	<input type="checkbox"/> Individual <input type="checkbox"/> Family <input type="checkbox"/> Couple	
How do you prefer to be contacted?	Phone Number:	
<input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Mail		
Email:	Address:	
Alt. Contact Name & Relationship to you:	Alt. Contact Information (Phone/Email/Address):	
Are you fleeing a domestic violence situation?	Gender you identify as:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Agender <input type="checkbox"/> Other	

Household Composition (Use back of page section if more room is needed)			
Name	Gender	Relationship	DOB
		Head of Household	

Coordinated Entry Vulnerability Assessment Tool

Please complete all 7 sections included in this assessment.

Section 1: Misc. Vulnerability Points	
Have you ever served in the military? (for placement and veteran's services referral only)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Town or Zip code of last permanent address? (do not include shelter/other programs)	
Score 1 point if household had 6 or more members	
Score 1 point if Domestic Violence is the cause of the homelessness (within 1 year)	
Score 1 point if applicant is over 60 years old	
Score 3 point if applicant is 18-24 years old	
Section 1 Total:	

Section 2: Housing/Homelessness	
In this section choose only ONE answer in each Part	
Part A.	Tell me about where you have been staying at night (Choose where you have been sleeping most often)
5	Homeless in a place not meant for human habitation
4	Homeless in a shelter
3	In Transitional Housing
2	In substandard housing and/or rent is not affordable (over 30% of income)
1	In stable housing that is only marginally adequate
0	Housing is safe, adequate, and affordable

Part B.	If in Shelter or a place not meant for human habitation, how long have you been staying there?
3	More than 1 year
2	6 months to 1 year
1	1 to 6 months
0	Less than 30 days

Part C.	**Answer Part C ONLY if Part B is Less than 1 year**
If homeless now, have you experienced periods of homelessness at least 4 times in the past 3 years?	
1	Yes
0	No
Section 2 Total:	

Coordinated Entry Vulnerability Assessment Tool

Section 3: Income/Employment		
In this section choose only ONE answer in each Part		
Part A.	Do you have a steady income?	
4	No Income	
2	Some income, not stable, insufficient to afford unsubsidized housing	
1	Income from mainstream benefits, insufficient to afford unsubsidized housing	
0	Income from employment or mainstream benefits, sufficient to afford unsubsidized housing	

Part B.	Do you have a job?	
5	No, I can't work due to disability	
4	No, I have significant barriers e.g. language barrier, no childcare, no transportation, etc.	
2	Yes, but only a few hours a week and sometimes there is no work available/ No, but seeking a job	
1	Yes, I have a disability but work limited hours to supplement SSI/SSDI income	
1	Yes, I work part-time and have regular hours	
0	Yes, I work full-time	
Section 3 Total:		

Section 4: Mental Health/Substance Abuse		
In this section choose only ONE answer in each Part		
Part A.	Have you been diagnosed with a mental illness?	
3	Yes, I am not currently being treated for it	
2	Yes, I am under a doctor's care but I don't always take my medications / follow their instructions	
1	Yes, I am under a doctor's care and take my medication / follow the doctor's instructions	
0	No I do not have a mental illness	

Part B.	Please tell us if you have a history of substance use disorder (SUD)	
4	Yes and I am currently using alcohol or drugs and not in recovery	
3	Yes, but I have been in recovery for less than 6 months	
2	Yes, but I have been in recovery for 6 months to 1 year	
1	Yes, but have been in recovery for more than 1 year	
0	I do not have a substance abuse problem	

Check the box if you wish to be referred **ONLY** to programs providing substance abuse services

Part C.	Please tell us if you have overdosed on drugs or alcohol.	
2	I have had an overdose (OD) or alcohol poisoning within the past 12 months.	
Section 4 Total:		

Coordinated Entry Vulnerability Assessment Tool

Section 5: Physical Health		
In this section choose only ONE answer in each Part		
Part A.	Do you have any chronic health conditions?	
3	Yes, I am not currently being treated for it/them	
2	Yes, I am under a doctor's care but I don't always take my medications / follow their instructions	
1	Yes, I am under a doctor's care and take my medication / follow the doctor's instructions	
0	No I do not have a chronic health condition	

Part B.	Do you have trouble getting around due to a chronic health condition?	
3	Yes, I am in a wheelchair	
2	Yes, I depend on a cane / crutches for mobility	
1	Yes, I can walk a short distance without assistance, but with difficulty	
0	No, I don't have any trouble getting around	

Part C.	Have you ever been diagnosed with HIV/AIDS? (We are only asking you this question as some programs are specifically for people living with HIV/AIDS and we want to know if you are eligible for them.)	
2	Yes	
0	No	

Part D.	How many times have you visited a hospital emergency room in the past 12 months?	
3	10 or more times	
2	5 to 9 times	
1	1 to 4	
0	I have not gone to the emergency room in the past 12 months	
Section 5 Total:		

Section 6: Sexual Orientation/Gender Identity		
Do you identify as LGBTQ?		
2	Yes	
0	No	
Section 6 Total:		

Coordinated Entry Vulnerability Assessment Tool

Section 7: Youth and Young Adult		Please complete ONLY if you are less than 25 years old
Part A: If staying in a shelter or place for human habitation, how long have you been staying there?		
3	More than a year	
2	6 months to 1 year	
1	1 to 6 months	
0	Less than 30 days	
At what age did you first leave home?		

Part B; What type of programming are you interested in?		Place an X in the box
to the right of any answer that fits you.		
Programs that serve only young people		
Programs that serve all people		
Transitional Housing programs (18-24 months with wrap around services and support)		
Rapid Rehousing programs (6-24 month subsidy with fewer services and supports)		
Permanent Supportive Housing programs (I		

Section 7 Total:	
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Total Vulnerability Score: Sections 1-7A	
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Coordinated Entry Vulnerability Assessment Tool

Section 7: Any Further Comments

Under federal and state law the Massachusetts Department of Housing and Community Development does not discriminate on the basis of race, color, sex, sexual orientation, gender identity, national origin, religion, creed, age, disability, familial status, children, marital status, military/veteran status, receipt of public assistance/housing subsidy, ancestry, and genetic information. To file a complaint of discrimination, you may contact the Associate Director, Division of Housing Stabilization, DHCD, 100 Cambridge St., 4th Floor, Boston, MA 02114, tel. (617) 573-11370, TTY (617) 573-1140 for the deaf or hard-of-hearing.

FALMOUTH HOUSING AUTHORITY

10.0 TENANT SELECTION AND ASSIGNMENT PLAN

10.1 PREFERENCES

The Falmouth Housing Authority will select families based on the following preferences within each bedroom size category based on our local housing needs and priorities for all the property we own and/or manage regardless of the source of funds:

- A. The applicant has been involuntarily displaced and is not living in standard permanent housing, or:
 - 1. The applicant has vacated his or her unit as a result of actual physical or mental abuse directed against applicant or one or more members of the applicant's family by a spouse or other member of the applicant household. Appropriate proof of this situation must be provided. The abuser cannot live in the unit without a specific finding by the Housing Authority that appropriate treatment has been received by the abuser.
 - 2. Displacement to avoid reprisals if family members provided information on criminal activities to a law enforcement agency and the law enforcement agency recommends re-housing the family to avoid risk of violence against family members.
 - 3. Displacement by hate crimes if one or more members of the applicant's family have been the victim of hate crimes, and the applicant has vacated a housing unit because of such crimes or the fear associated with such crimes.
 - 4. Displacement by the inaccessibility of a unit because a member of the family has a mobility or other impairment that makes the person unable to use the critical elements of the unit, and the owner is not legally obligated to make changes to the unit that would make critical elements accessible to the disabled person as a reasonable accommodation.
 - 5. Displacement because of HUD disposition of multi-family projects.
 - 6. Homeless according to the Federal Definition of Homelessness (Title 42, Chapter 119, Subchapter I, of the United States Code).

- B. The applicant is living in substandard housing (a homeless family is considered to be living in substandard housing).
- C. The applicant is paying more than 50% of gross monthly income for rent and utilities for at least 90 days.
- D. People who live or work in the Town of Falmouth. The residency preference will not have the purpose or effect of delaying or otherwise denying admission to the program based on the race, color, ethnic origin,

gender, religion, disability, or age of any member of an applicant family. Work is defined as working for at least 15 hours a week for the past 6 months.

- E. People who live or work in the remainder of Barnstable County, Dukes, or Nantucket Counties. Work is defined as working for at least 15 hours a week for the past 6 months.
- F. A veteran of the US Armed Forces with an honorable discharge or his or her surviving spouse.

Based on the above preferences, each of these preferences shall be worth one point each on a preference score except those applicants living or working in the Town of Falmouth shall get five points for that preference. Families with the greatest number of preference points shall be housed before families with a lesser number of points.

The date and time of application will be noted and either it or a lottery will be utilized to determine the sequence within the above-prescribed preferences.

Notwithstanding the above, families who are elderly, disabled, or displaced will be offered housing before other single persons.

Buildings Designed for the Elderly and Disabled (Mixed Population Developments): Preference will be given to elderly and disabled families. If there are no elderly or disabled families on the list, preference will then be given to near-elderly families. If there are no near-elderly families on the waiting list, units will be offered to families who qualify for the appropriate bedroom size using these priorities. All such families will be selected from the waiting list using the preferences as outlined above.

Accessible Units: Accessible units will be first offered to families who may benefit from the accessible features who reside in the development that has the vacancy. If there are no families residing in that development needing the accessible unit, it shall then be offered to families residing in other developments who may benefit from the accessible unit. If there are no families residing in the other developments needing the accessible unit, it shall then be offered to applicants on the waiting list who may benefit from the accessible features. Applicants for these units will be selected utilizing the same preference system as outlined above.

If there are no applicants who would benefit from the accessible features, the units will be offered to other applicants in the order that their names come to the top of the waiting list. Such applicants, however, will be requested to sign a lease rider stating they will accept a transfer (at the Housing Authority's expense) if, at a future time, a family requiring an

accessible feature applies or a family requires a transfer from a non-accessible unit. Any family required to transfer will be given a 30-day notice.

10.1.1 FEDERAL DISASTERS

In the case of a federally declared disaster, the Falmouth Housing Authority reserves the right for its Executive Director to suspend its preference system for whatever duration the Executive Director feels is appropriate and to admit victims of the disaster to the program instead of those who would be normally admitted. Any other provisions of this policy can also be suspended during the emergency at the discretion of the Executive Director so long as the provision suspended does not violate a law. If regulatory waivers are necessary, they shall be promptly requested of the HUD Assistant Secretary for Public and Indian Housing.

10.2 ASSIGNMENT OF BEDROOM SIZES

The following guidelines will determine each family's unit size without overcrowding or over-housing:

Number of Bedrooms	Number of Persons	
	Minimum	Maximum
0	N/A	N/A
1	1	2
2	N/A	N/A
3	N/A	N/A
4	N/A	N/A

These standards are based on the assumption that each bedroom will accommodate no more than two (2) persons.

10.3 SELECTION FROM THE WAITING LIST

The Falmouth Housing Authority shall follow the statutory requirement that at least 40% of newly-admitted families in any fiscal year are families whose annual income is the higher of either 30% of the Area Median Income or the Federal poverty level (defined at <http://www.huduser.org/portal/datasets/il/ill4/index.html> as extremely low-income). To ensure this requirement is met, the Housing Authority shall monitor the incomes of both newly-admitted families and families on the waiting list on a quarterly basis. If it appears that the requirement to house extremely low-income families will not be met, the

Housing Authority will skip higher-income families on the waiting list to reach extremely low-income families.

If there are not enough extremely low-income families on the waiting list we will conduct outreach on a non-discriminatory basis to attract extremely low-income families to reach the statutory requirement.

10.4 OFFER OF A UNIT

When the Falmouth Housing Authority discovers that a unit will become available, we will contact the first family on the waiting list who has the highest priority for this type of unit or development.

The Falmouth Housing Authority will contact the family first by telephone to make the unit offer. If the family cannot be reached by telephone, the family will be notified of a unit offer via first class mail and given the right to view the unit. The family will be given five (5) business days from the date family was contacted by telephone or from the date the letter was received to contact the Falmouth Housing Authority regarding the offer.

This verbal offer and the family's decision must be documented in the tenant file. If the family rejects the offer of the unit, the Falmouth Housing Authority will send the family a letter documenting the offer and the rejection.

SANDWICH HOUSING AUTHORITY

5.0 SELECTING FAMILIES FROM THE WAITING LIST

5.1 WAITING LIST ADMISSIONS AND SPECIAL ADMISSIONS

The Housing Authority may admit an applicant for participation in the program either as a special admission or as a waiting list admission.

If HUD awards funding that is targeted for families with specific characteristics or families living in specific units, the Sandwich Housing Authority will use the assistance for those families. If this occurs, the Sandwich Housing Authority will maintain records demonstrating that these targeted housing choice vouchers were used appropriately. When one of these targeted vouchers turns over, the voucher shall be issued to applicants with the same specific characteristic as the targeted program describes.

5.2 PREFERENCES

Consistent with the Sandwich Housing Authority Agency Plan and its agreement with the Housing Assistance Corporation, the Sandwich Housing Authority will select families based on the following preferences based on local housing needs and priorities. They are consistent with the Sandwich Housing Authority's Agency Plan and the Consolidated Plan that covers our jurisdiction.

- A. Applicants who are homeless, live in sub-standard housing, are involuntarily displaced, are rent burdened, or who have the singles preference all of which are detailed in the Massachusetts Department of Housing and Community Development Administrative Plan that is incorporated by reference into this Administrative Plan.
- B. Applicants who live or work in the Town of Sandwich for all vouchers that are issued to the Sandwich Housing Authority acting solely on its own and not in consort with other neighboring agencies.
- C. All other applicants who do not meet the definitions in the other preference categories.

The Sandwich Housing Authority will not deny a local preference, nor otherwise exclude or penalize a family in admission to the program, solely because the family resides in public housing.

5.3 SELECTION FROM THE WAITING LIST

Based on the above preferences, all families in preference A will be offered housing before any families in preference B, and preference B families will be offered housing before any families in preference C, and so forth.

The date and time of application will be utilized to determine the sequence within the above-prescribed preferences.

Notwithstanding the above, if necessary to meet the statutory requirement that 75% of newly admitted families in any fiscal year be families who are extremely low-income (unless a different target is agreed to by HUD), the Sandwich Housing Authority retains the right to skip higher income families on the waiting to reach extremely low-income families. This measure will only be taken if it appears the goal will not otherwise be met. To ensure this goal is met, the Housing Authority will monitor incomes of newly admitted families and the income of the families on the waiting list.

If there are not enough extremely low-income families on the waiting list, Sandwich Housing Authority will conduct outreach on a non-discriminatory basis to attract extremely low-income families to reach the statutory requirement.

6.0 ASSIGNMENT OF BEDROOM SIZES (SUBSIDY STANDARDS)

The Sandwich Housing Authority will issue a housing choice voucher for a particular bedroom size – the bedroom size is a factor in determining the family's level of assistance. The following guidelines will determine each family's unit size without overcrowding or over-housing:

Number of Bedrooms	Number of Persons	
	Minimum	Maximum
0	1	2
1	1	2
2	2	4
3	3	6
4	4	8
5	5	10

These standards are based on the assumption that each bedroom will accommodate no more than two (2) persons. Two adults will share a bedroom unless related by blood.

In determining bedroom size, the Sandwich Housing Authority will include the presence of children to be born to a pregnant woman, children who are in the process of being

1E-1 Local Announcement - RFP

The Cape & Islands CoC is Accepting New and Renewal Project Applications For:

**Permanent Housing-Permanent Supportive Housing (PH- PSH)
Permanent Housing - Rapid Rehousing (PH- RRH)
Joint Transitional Housing (TH and PH- RRH)
Homeless Management Information System (HMIS)
Supportive Services Only- Coordinated Entry (SSO-CE)
CoC Planning**

**With funding from U.S. Department of Housing and Urban Development (HUD)
2021 Continuum of Care (CoC) Program Competition
Notice of Funding Opportunity FR-6500-N-25 14.267**

**Information Session for Renewal Projects: September 9, 2021, 9:30 AM
Information Session for New Projects: September 9, 2021, 10:15 AM**

**Information sessions will be held utilizing the Microsoft Teams application.
RSVP to daniel.gray@barnstablecounty.org indicating which information session(s) you would like to attend. A calendar invitation will be sent in advance of the meetings with a link to access the sessions.**

Project Applications Must be Submitted in E-SNAPS by October 13, 5:00 PM

MA 503 - Cape and Islands CoC Request for Applications

The Continuum of Care (CoC) Program (24 CFR part 578) is designed to promote a community - wide commitment to the goal of ending homelessness. The FY2021 CoC competition is open to eligible renewal and new projects which are ranked competitively in accordance with HUD priorities and locally identified needs. The highest ranked projects are included in the CoC application submitted to HUD. **Applicants are strongly encouraged to thoroughly review the NOFA on the HUD Exchange at:**

https://www.hud.gov/sites/dfiles/SPM/documents/FY21_Continuum_of_Care_Competition.pdf

The Cape & Islands CoC will submit a consolidated application to HUD for FY 21 competition funds by November 16, 2021, 8 PM EDT. The application may include the following types of project applications:

1. New projects created using funds available through reallocation and/or bonus funds:
 - a. Permanent Housing – Permanent Supportive Housing projects (PH-PSH) that meet requirements of Dedicated PLUS or where 100 percent of the beds are dedicated for chronically homeless individuals and families
 - b. Permanent Housing- Rapid Rehousing (PH-RRH) projects that serve individuals and families, including unaccompanied youth who meet the criteria outlined in the NOFO
 - c. Joint TH and PH-RRH component projects
 - d. Dedicated HMIS
 - e. Supportive Services Only - Coordinated Entry (SSO-CE) to develop or operate a centralized or coordinated assessment system.
2. New projects for Domestic Violence (DV) Bonus may be PH-RRH, Joint TH-RRH, or SSO-CE projects.
3. Expansion of renewal projects in which a renewal project submits a new application to expand its current operations.
4. Consolidated projects in which eligible renewal applicants consolidate two or more (but no more than four) eligible renewal projects.
5. Transition projects in which a renewal project transitions from one CoC program component to another. Requires approval from CoC.
6. Renewal projects.

COMPETITION TIMELINE & DEADLINES *Required by HUD

September 9, 2021: 9:30 AM Information Session for Renewal Projects / 10:15 AM Information Session for New Projects. These sessions will be held through Microsoft Teams.

September 16, 2021: New project applicants must submit Letter of Intent ([Attachment A](#)) to martha.taylor@barnstablecounty.org

September 23, 2021, 5:00 PM: New project applicants notified of eligibility to submit project in e-snaps.

October 13, 2021, 5:00 PM*: Submission of new and renewal project applications in e-snaps. Incomplete or late submissions will not be reviewed or ranked for inclusion in the FY 21 Consolidated Application.

October 14 through October 28, 2021: Review and Ranking Committee reviews and ranks proposals.

By October 29, 2021*: CoC Collaborative Applicant will notify all project applicants in writing no later than 15 days before the application deadline of November 16, 2021, regarding whether their project application will be included in the CoC Priority Listing submission and the amount to be allocated for each project. Project selections, rankings and tier allocation will be provided in writing and published at www.bchumanservices.net. Applicants not selected may appeal and/or apply directly to HUD.

By November 10, 2021*: 8:00 PM EDT Consolidated Application posted at www.bchumanservices.net.

By November 16, 2021*: 8:00 PM EDT Submission of CoC Consolidated Application to HUD.

FY2021 FUNDS AVAILABLE: \$ 2,306,650 including an estimated¹ Annual Renewal Demand (ARD), Permanent Housing Bonus, Domestic Violence Bonus, Reallocation, and Planning Grant.

ARD / Tier 1	\$ 2,039,200
Reallocation portion of Tier 1	\$ 281,701
CoC Bonus / Tier 2	\$ 101,960
Domestic Violence Bonus	\$ 104,314
CoC Planning	\$ 61,176

¹ The ARDs published by HUD on August 18, 2021, are estimates.

Projects submitted to HUD in Tier 1 are expected to be funded if the project meets HUD eligibility and threshold requirements. Tier 2 projects will be awarded funds by HUD based on a comparative score computed using the CoC 's FY2021 application competitive score and project ranking.

REALLOCATION

Reallocation is the process of shifting funds in whole or part from renewal projects to create one or more new projects. The reallocation policy adopted by the Policy Board of the Regional Network is found in **Attachment B**.

SCORING, RANKING AND SELECTION

HUD expects CoCs to implement a thorough review and oversight process at the local level for new and renewal project applications submitted in the FY2021 CoC Program Competition. All complete, timely, and eligible new and renewal applications will be scored by the **CoC Review and Ranking Committee** using the FY2021 Renewal Project Scoring Methodology (**Attachments C through F**) and FY2021 New Project Scoring Methodology (**Attachment G**). Due to the competitiveness of the CoC Grant, submission of projects in e-snaps does not guarantee that a project will be accepted and ranked. Applicants who believe they were denied the opportunity to participate in the local CoC process or who were rejected or reallocated may appeal directly to HUD by submitting a Solo Application.

Scoring and Ranking. For new projects the review and scoring process evaluates the applicant's capacity, cost effectiveness of the proposed project, quality of the application, and if the project addresses identified needs. Renewal projects are evaluated on past performance, cost effectiveness, and performance measures. Planning projects are not included in ranking. All CoC funded projects must align with HUD's policy priorities. These policy priorities include:

- 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

The review and ranking process also considers:

- Adherence to submission deadlines (failure to meet submission deadlines will result in project not being accepted); and
- Timely and thorough responses to requests for clarification and/or additional information from the CoC Review and Ranking Committee.

Finally, before the CoC Review and Ranking Committee completes the scoring and priority ranking process, they may consider additional criteria such as whether the initial scoring is likely to result in critical service gaps and/or potential displacement of vulnerable households. The Committee may also adjust project budgets to keep them within the Tier 1 and Tier 2 limits set by HUD.

The CoC Review and Ranking Committee will publish the final ranking of projects to be included in the CoC application per the timeline set forth by HUD. The Committee's rationale for prioritizing projects is posted on-line and available to the public. The Review and Ranking Committee Roles and Responsibilities can be found in **Attachment H**.

The FY2021 CoC Program Competition NOFO has new information that is important for CoCs to consider as they implement their local competition process. The "What's New, Changes, and Highlights" document can be found in **Attachment I**.

New and Renewal Scoring Methodology tools may be updated based upon guidance received from HUD following the release of this RFP. Scoring tools revised following the release of this document will be posted at www.bchumanservices.net.

Up until October 13, 2021, CoC staff will be available to answer general questions about the local RFP process. Questions from interested parties and new and renewal applicants should be directed to Lee Hamilton in writing at lhamilton@capecod.net.

Requests for clarification of the NOFA, program specific questions, or requests for assistance completing the application should be directed to HUD. A full list of HUD resources is listed on page 91 of the NOFO.

Disclaimer: Guidance and information contained in FR-6500-N-25 14.267 supersedes this notice. All applicants are responsible for reading the HUD NOFO prior to applying for funding and for reviewing HUD Notices regarding the NOFO on the HUD Exchange at https://www.hud.gov/program_offices/comm_planning/coc/competition.

ATTACHMENT A - NEW PROJECT LETTER OF INTENT

MA-503 CAPE COD AND ISLANDS CONTINUUM OF CARE FY2021 NEW PROJECT - LETTER OF INTENT			
Name of Applicant (Agency)		Date:	
Agency Address			
	<i>Street</i>	<i>City/Town</i>	<i>State</i> <i>Zip</i>
Name of Contact Person			
	<i>Name</i>	<i>Email address</i>	<i>Phone number</i>
VERIFY THAT THE CEO/ED OF YOUR AGENCY HAS AUTHORIZED THIS SUBMISSION BY CHECKING THE BOX <input type="checkbox"/> PLEASE CHECK BOX TO INDICATE AUTHORIZATION			
Proposed Project Name		Amount Requested:	
(1) Briefly describe your agency's experience in working with the homeless. DV projects describe your agency's experience in providing services to victims of domestic violence. Non-housing projects describe your agency's experience in homeless information systems and/or coordinated entry systems (1,500 character limit).			
(2) Population to be served by this project (select only one - non-housing projects select N/A)			
Individuals		Families	
Number of individuals to be served	[]	Number of families to be served	[]
Will each person have his/her own unit?	yes <input type="checkbox"/> no <input type="checkbox"/>	Total number of units	[]
If NO, how many units will there be?	[]	Total number of beds	[]
How many persons will be in each unit?	[]	N/A	[]
(3) Project type (select only one)			
<input type="checkbox"/> New Project - PH/PSH	<input type="checkbox"/> DV Bonus - PH/RRH	<input checked="" type="checkbox"/> Expansion	
<input type="checkbox"/> New Project - PH/RRH	<input type="checkbox"/> DV Bonus - Joint TH/RRH	<input type="checkbox"/> Dedicated HMIS	
<input type="checkbox"/> New Project - Joint TH/RRH	<input type="checkbox"/> DV Bonus - SSO/CE	<input type="checkbox"/> SSO/CE	
(4) Category of funding requested for project (may combine Bonus and Reallocated Funds - may not combine DV Bonus with other funds)			
<input type="checkbox"/> CoC Bonus Funds			
<input type="checkbox"/> Reallocated Funds			
<input type="checkbox"/> DV Bonus Funds			

(5) Proposed Project Budget*	
ELIGIBLE COSTS	
1a. Leased Units	
1b. Leased Structures	
2. Rental Assistance	
3. Supportive Services	
4. Operating	
5. HMIS	
6. Subtotal Costs Requested	\$0
7. Admin (up to 10%)	
8. Total Assistance plus Admin Requested	\$0
9. Cash Match	
10. In-Kind Match	
11. Total Match	\$0
12. TOTAL BUDGET	\$0
(6) Proposed Project Location (must be located within the CoC's region - Barnstable, Dukes, or Nantucket County - select as many as apply)	
<input type="checkbox"/> Barnstable County (indicate region) <ul style="list-style-type: none"> <input type="checkbox"/> Upper Cape <input type="checkbox"/> Mid Cape <input type="checkbox"/> Lower Cape 	
<input type="checkbox"/> Dukes County <input type="checkbox"/> Nantucket County	
(7) Will this Project follow the Housing First approach? (non-housing projects select N/A)	
<p>Housing First is a model of housing assistance that prioritizes rapid placement and stabilization in permanent housing that does not have service participation requirements or preconditions (such as sobriety or a minimum income threshold). Transitional housing and supportive service only projects are considered using a Housing First model for the purposes of this NOFA if they operate with low-barriers, work to quickly move people into permanent housing, do not require participation in supportive services, and, for transitional housing projects, do not require any preconditions for moving into the transitional housing (e.g., sobriety or minimum income threshold).</p>	
<input type="checkbox"/> Yes, project will follow the Housing First approach <input type="checkbox"/> No, project will not follow the Housing First approach <input type="checkbox"/> N/A	
(8) Please confirm below that you understand all CoC-funded projects must participate in the following as required by HUD (non-housing projects select N/A)	
<input type="checkbox"/> Homeless Management Information System (HMIS) - for DV Projects, participation in a confidential database comparable to HMIS <input type="checkbox"/> Coordinated Entry System (CES) - for DV Projects, participate in CES following protocols that ensure client safety and confidentiality <input type="checkbox"/> N/A	
<p>NOTE: Check boxes as appropriate. Enter responses into cells highlighted in grey, which can be navigated by using the tab key. Totals for lines 6, 8, 11, and 12 of the Proposed Project Budget will be automatically calculated by embedded formulas and will auto-populate the appropriate cells.</p>	
<p><i>* Budget calculations should be based on FY2021 HUD Fair Market Rents (FMRs) - See Tab 2</i></p>	

ATTACHMENT B – CoC MA 503 REALLOCATION POLICY

Reallocation Policy – March 26, 2018

BACKGROUND

To ensure the strategic allocation of resources and continued progress toward the goal of ending homelessness, in 24 CFR § 578.105(b)(2) and § 578.107(b)(1)(iv), the United States Department of Housing and Urban Development (HUD) authorizes Continuums of Care (CoCs) to reallocate funds from underperforming, underutilized, redundant, non-cost effective, or obsolete programs to create new projects which:

- meet the eligibility and quality thresholds established by HUD under 24 CFR § 578.39 through § 578.63
- meet the requirements as set forth in the annual Notice of Funding Availability (NOFA)
- serve new participants, focusing on the most vulnerable chronically homeless
- increase local housing stock, and
- ensure that all resources are being utilized toward achieving the goal of ending homelessness

Under 24 CFR § 578.7(a)(6), CoCs are mandated to consult with grantees and sub-grantees to establish performance targets appropriate for their specific populations and program types, monitor grantee and sub-grantee performance, evaluate outcomes, and take corrective action where performance does not meet expectation.

POLICY STATEMENT

Reallocation is intended to optimize CoC system performance to achieve the following objectives:

- (1) Meet housing needs for persons as identified in the Coordinated Entry System (CES)
- (2) Provide high-quality, effective programming
- (3) Align funded programming with HEARTH Act priorities as defined in § 427 and HUD priorities as defined in 24 § CFR 576.2

TYPES OF REALLOCATION

Reallocation may be self-initiated by a funded agency (voluntary) or initiated by the Cape and Islands Regional Network on Homelessness Policy Board (Continuum-initiated). Decisions related to Continuum-initiated reallocations will be made in accordance with 24 CFR 578.107(a) and (c), which hold each CoC responsible for the performance, fiduciary accountability, and strategic value of each CoC program project included in its annual Collaborative Application.

Project funding may be reallocated in the following ways:

- Funding (in whole or part) from one project into a new project by the same provider
- Funding (in whole or part) from one project into a new project by a different provider
- Funding (in whole or part) from one project into more than one new project
- Funding (in whole or part) from multiple projects into one new project
- Funding (in whole or part) from multiple projects into more than one new project

Self-Initiated (Voluntary) Reallocation - A grantee may voluntarily request reallocation of project funding if:

- (1) The grantee wishes to move funds to a new eligible project or projects,
- (2) The grantee is no longer interested in continuing a project or part of a project, or
- (3) The grantee no longer needs CoC funding as funding becomes available through other sources.

Grantees may request the reallocation of funds by submitting written notification to the MA-503 Collaborative Applicant and HUD Field Office CoC Representative. A grantee wishing to return funds through the voluntary process must do so in accordance with federal and state requirements and develop a transition plan with the Collaborative Applicant and HUD Field Office to minimize disruption to clients whose housing is supported by CoC grant funds.

Continuum-Initiated (Involuntary) Reallocation – Prior to the submission of the Consolidated Application, the Review and Ranking may make recommendations for reallocation to the Collaborative Applicant; however, the Cape and Islands Regional Network on Homelessness Policy Board maintains full authority to reduce or eliminate any project and reallocate funds to new projects, taking into consideration the following factors as referenced in 24 CFR § 578.107(b) through (d):

- a. Audit finding(s) for which a response is overdue or unsatisfactory
- b. History of inadequate financial management
- c. History of other major capacity issues that have significantly impacted the operation of the project and its performance
- d. History of serving ineligible persons, expending funds on ineligible costs, or failing to expend funds within statutorily established timeframes
- e. HMIS non-compliance
- f. Non-alignment with C&I CoC funding priorities and federal and state strategic goals
- g. Poor participation in Coordinated Entry System
- h. Low ranking in the Coordinated Application
- i. Evidence of underutilization/under expenditure of CoC grant award.ⁱ

The Policy Board, through the Collaborative Applicant, will notify project applicants in writing, outside of e-snaps, of decisions as to whether their project application(s) will be accepted and ranked as part of the CoC Application Priority Listing, rejected, or reduced within a specific timeframe as established by HUD and published in the Notice of Funding Availability. When a project application is rejected or reduced, the CoC must indicate the reasons for the rejection or reduction. Provisions at 24 CFR part 578 set forth an appeal process for eligible applicants who believe they were denied the right to participate in a reasonable manner.

As per 24 CFR § 578.35, grantees who have been subject to involuntary reallocation may appeal the decision by filing a written appeal to HUD within 45 days of the date of the

announcement of the award. HUD will notify the applicant of its decision on the appeal within 60 days of receipt of the written appeal.

ⁱ Reallocation due to underutilization of funds/underspending will be determined according to the following methodology:

- (1) Grantees that spend down 90% of their contract amount either (a) during the most recent contract year OR (b) on average over the last three contract years **WILL NOT** be subject to involuntary reallocation for the next grant cycle.
- (2) Grantees that spend less than 90% of the contract amount either (a) during the most recent contract year OR (b) on average over the last three contract years **WILL** be subject to reallocation of funding. The reallocation amount will be calculated as the most recent contract award amount **MINUS** the higher of:
 - a) Most recent spend down amount from the last complete contract year available, **OR**
 - b) Average of spend down amount over the last three contract years **TIMES 1.1** (represents 10% more than the amount spent down during either period).
- (3) Adjustment to Reallocation Amount – Grantees may request an adjustment to the calculated reallocation amount by submitting documentation of:
 - a) A significant change in spending activity, or
 - b) Circumstances with tenants or other factors that will change in the near future and that will have a significant effect on spending activity.

ATTACHMENT C – PROJECT SCORING METHODOLOGY SUMMARY

MA-503 CAPE COD AND ISLANDS CoC
FY2021 NOFO NEW AND RENEWAL PROJECT SCORING METHODOLOGY

SCORING CATEGORY - FY2021 RENEWAL PROJECTS	MAXIMUM POINTS		
	2+ APRS*	1 APR*	NO APR
INTRODUCTION: THRESHOLD CRITERIA	PASS	PASS	PASS
PART A: PROJECT QUALITY / PROGRAM POPULATION	22	22	22
PART B: PROJECT QUALITY / POLICIES & PROCEDURES	11	11	11
PART C: PROJECT QUALITY / COST EFFECTIVENESS	13	13	6
PART D: PROJECT QUALITY / SYSTEM PERFORMANCE - CASH INCOME AND BENEFITS	30	18	15
PART E: PROJECT QUALITY / DATA QUALITY	18	18	12
PART F: PROJECT QUALITY / PROGRAM OPERATION	13	13	10
PART G: PROJECT QUALITY / EQUITY OF ACCESS AND EQUITY OF OUTCOMES	8	8	2
PART h: PROJECT QUALITY / QUALITY OF APPLICATION	3	3	3
**TOTAL MAXIMUM POINTS	118	106	81

SCORING CATEGORY - FY2021 NEW PROJECTS	MAXIMUM POINTS
INTRODUCTION: THRESHOLD CRITERIA	PASS
PART A: PROJECT QUALITY / ORGANIZATIONAL CAPACITY	8
PART B: PROJECT QUALITY / PROGRAM DESCRIPTION	29
PART C: PROJECT QUALITY / QUALITY OF APPLICATION	3
PART D: PROJECT QUALITY / COST EFFECTIVENESS	4
**TOTAL MAXIMUM POINTS	44

*APR data used in scoring of Project Renewal Applications are drawn from the most recent APR submitted at the time of the CY2021 Grantee Monitoring Site Visit.

** Project rankings are based on the percentage of TOTAL PROJECT SCORE compared to the TOTAL MAXIMUM POSSIBLE POINTS available to Renewal Projects - 2+ APRs, Renewal Projects - 1 APR, Renewal Projects - No APR, and New Projects, respectively.

ATTACHMENT D – RENEWAL PROJECT SCORING METHODOLOGY (2+ APRs)

MA-503 CAPE COD AND ISLANDS CONTINUUM OF CARE FY2021 RENEWAL PROJECT SCORING METHODOLOGY - 2 or more APRs		
Scoring Data Sources: Applicant Surveys, Applications, APRs, Attendance Rosters, CES Database, HMIS Database, Site Visit Checklists	DATA SOURCE	POINTS
INTRODUCTION: PROJECT QUALITY / THRESHOLD CRITERIA (PASS/FAIL)		
[A] All application materials were received by the deadline		PASS
[B] Project is consistent with the Regional Network on Homelessness Strategic Plan and the Consolidated Plan		PASS
[C] No outstanding HUD and/or OIG Audit Findings where Grantee response is overdue or unsatisfactory (with approval from CoC, Grantee may be in process of working to resolve Findings)		PASS
[D] Project complies with the requirements of the CoC Interim Rule (24 CFR part 578): Project fills all vacancies from the Cape Cod and Islands CoC Coordinated Entry System (or for DV projects, from a comparable DV Coordinated Entry System).		PASS
[E] Project complies with the requirements of the CoC Interim Rule (24 CFR part 578): Project participates in the Cape Cod and Islands CoC HMIS (or for DV projects, in a comparable DV homeless information database).		PASS
[F] Project continues to be viable		PASS
INTRODUCTION		PASS
PART A: PROJECT QUALITY / PROGRAM POPULATION		
(1) Project Type a. Permanent Supportive Housing b. Transitional Housing - Permanent Housing/Rapid Re-Housing c. Transitional Housing	APR Q01 - Project Renewal Application	2 2 2 1
(2) Bed and Unit Inventory: Number of beds in project a. 20 or more b. Fewer than 20	HMIS Project Set Up-Project Renewal Application	2 2 1
(3) Bed and unit inventory: % of dedicated Chronically Homeless or DedicatedPLUS beds a. 100% b. 75% c. 50% d. 25% e. Less than 25% but more than 0% f. None	Project Renewal Application	5 5 4 3 2 1 0
(4) Priority populations served by this project - check as many as apply a. Veterans b. Persons fleeing domestic violence, dating violence, sexual assault, and stalking c. Families and Children d. Unaccompanied Youth e. Chronically homeless individuals and families	APR Q01 - Project Renewal Application	5 1 1 1 1 1
(5) Additional vulnerable populations served by this project a. History of victimization/abuse, domestic violence, sexual assault, childhood abuse b. Criminal History c. Low or no income d. Current or past substance use e. Resistance to receiving services f. The only project of its kind in the CoC's geographic area serving a special homeless population/subpopulation	Project Renewal Application - Applicant Survey	6 1 1 1 1 1 1
(6) Does Project follow Housing First approach? a. Yes b. No	Project Renewal Application - Site Visit Checklist	1 1 0
(7) Does Grantee offer Domestic Violence services or referrals to Domestic Violence provider agencies to participants who report a history of Domestic Violence? a. Yes b. No	APR Q14a - Site Visit Checklist	1 1 0
PART A MAXIMUM POSSIBLE POINTS		22
PART B: PROJECT QUALITY / POLICIES & PROCEDURES		
(8) Does Grantee follow CoC Coordinated Entry Policies and Procedures for (check as many as apply): a. Prioritizing the most vulnerable individuals and families as outlined in Written Standards b. Responding to referrals c. Reporting unit vacancies	Site Visit Checklist	3 1 1 1
(9) Are 100% of clients referred through Coordinated Entry System? a. Yes b. No	Site Visit Checklist	1 1 0
10 Does Grantee follow CoC HMIS Policies and Procedures regarding (check as many as apply): a. Project Set Up b. Data Entry	Site Visit Checklist	2 1 1
(11) Does Grantee follow CoC HMIS Policies and Procedures regarding security and privacy, data collection and quality, and project assessments, as outlined in MA HMIS ASIST Participation Agreement? a. Yes b. No	Site Visit Checklist	1 1 0
(12) Does Grantee follow HUD-approved Financial Policies and Procedures for management of CoC funds? a. Yes b. No	Site Visit Checklist	1 1 0

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(13) Has Grantee provided documented 25% Match for current project? a. Yes b. No	Site Visit Checklist	1 1 0
(14) Does Grantee have "Move On" policy to help participants apply for and obtain mainstream housing vouchers? a. Official written policy b. No written policy, but participant service plans include assistance in obtaining mainstream vouchers c. No Move On policy	Site Visit Checklist	2 2 1 0
PART B MAXIMUM POSSIBLE POINTS		11
PART C: PROJECT QUALITY / COST EFFECTIVENESS		
(15) Percentage of STAYERS In Permanent Housing and LEAVERS exiting to PH destination a. 100% (excluding exceptions) b. 90% - 99% c. 80% - 89% d. 70% -79% e. Less than 75%	APR Q23c, HMIS Data Analysis	4 4 3 2 1 0
(16) Percentage of LEAVERS who exited Permanent Housing to return to homelessness (unsheltered or Emergency Shelter) a. 0% b. Greater than 0%	HMIS Data Analysis	1 1 0
(17) Average length of time in PSH a. 180 days or greater b. 90 to 179 days c. Fewer than 90 days	APR Q22b	2 2 1 0
(18) Utilization Rate - Average Daily Utilization During Operating Year / Beds a. 90% or higher b. 80% -89% c. 70% - 79% d. 60% - 69% e. Less than 60%	APR Q2	4 4 3 2 1 0
(19) Cost per Permanent Housing Outcome (STAYERS and LEAVERS) is at or below regional average a. Yes b. No	HMIS Data Analysis	2 2 0
PART C MAXIMUM POSSIBLE POINTS		13
PART D: PROJECT QUALITY / SYSTEM PERFORMANCE - CASH INCOME AND BENEFITS		
(20) Mainstream Benefits: % Households with CASH INCOME of any kind during CURRENT CONTRACT YEAR a. 90% or more b. 75% - 89% c. 60% - 74% d. Less than 60%	APR Q18	3 3 2 1 0
(20-A) Mainstream Benefits: % Households with EARNED INCOME during CURRENT CONTRACT YEAR a. 20% or greater b. 10% to 19% c. 1% to 9% d. No Households	APR Q18	3 3 2 1 0
(20-A-i) Rate of growth in % Households with with EARNED INCOME from PREVIOUS CONTRACT YEAR to CURRENT CONTRACT YEAR a. 20% or greater b. 10% to 19% c. 1% to 9% d. No increase	APR Q18 (FY2016 APR, FY2017 APR)	3 3 2 1 0
(20-B) Mainstream Benefits: % Households with INCREASED EARNED INCOME during CURRENT CONTRACT YEAR a. 20% or greater b. 10% to 19% c. 1% to 9% d. No Households	APR Q19a1	3 3 2 1 0
(20-B-i) Rate of growth in % Households with with INCREASED EARNED INCOME from PREVIOUS CONTRACT YEAR to CURRENT CONTRACT YEAR a. 20% or more b. 10% to 19% c. 1% to 9% d. No increase	APR Q19a1 (FY2016 APR, FY2017 APR)	3 3 2 1 0
(21) Mainstream Benefits: % Households with NON-EMPLOYMENT INCOME of any kind during CURRENT CONTRACT YEAR a. 90% or more b. 75% - 89% c. 60% - 74% d. Less than 60%	APR Q18	3 3 2 1 0

(21-A) Rate of growth in % Households with NON-EMPLOYMENT INCOME from PREVIOUS CONTRACT YEAR to CURRENT CONTRACT YEAR a. 20% or more b. 10% to 19% c. 1% to 9% d. No increase	APR Q18 (FY2016 APR, FY2017 APR)	3 3 2 1 0
(22) Mainstream Benefits: % Households with NON-CASH BENEFITS of any kind a. 90% or more b. 75% - 89% c. 60% - 74% d. Less than 60%	APR Q20b	3 3 2 1 0
(22-A) Rate of growth in % Households with NON-CASH benefits from PREVIOUS CONTRACT YEAR to CURRENT CONTRACT YEAR a. 20% or more b. 10% to 19% c. 1% to 9% d. No increase	APR Q20b	3 3 2 1 0
(23) Health Insurance: % of Total Participants enrolled in health insurance of any kind a. 90% or more b. 75% - 89% c. 60% - 74% d. Less than 60%	APR Q21	3 3 2 1 0
PART D MAXIMUM POSSIBLE POINTS		30
PART E: PROJECT QUALITY / DATA QUALITY		
(24) Is project set up correctly in HMIS with all General Touchpoints Completed? (Check as many as apply) a. Project Descriptors b. Bed and Unit Inventory	HMIS Project Set Up	2 1 1
(25) Data Quality: Personally Identifiable Information (PII) a. 100% b. 80% - 99% c. Below 80%	APR Q06a	2 2 1 0
(26) Data Quality: Universal Data Elements a. 100% b. 80% - 99% c. Below 80%	APR Q06b	2 2 1 0
(27) Data Quality: Income and Housing Data Quality a. 100% b. 80% - 99% c. Below 80%	APR Q06c	2 2 1 0
(28) Data Quality: Chronic Homelessness a. 100% b. 80% - 99% c. Below 80%	APR Q06d	2 2 1 0
(29) Data Quality: Entry Assessments a. 100% b. 80% - 99% c. Below 80%	HMIS Data Validation	2 2 1 0
(30) Data Quality: Annual Assessments COMPLETED a. 100% b. 80% - 99% c. Below 80%	HMIS Data Validation	2 2 1 0
(31) Data Quality: Annual Assessments ON TIME a. 100% b. 80% - 99% c. Below 80%	HMIS Data Validation	2 2 1 0
(32) Data Quality: Exit Assessments a. 100% b. 80% - 99% c. Below 80%	HMIS Data Validation	2 2 1 0
PART E MAXIMUM POSSIBLE POINTS		18
PART F: PROJECT QUALITY / PROGRAM OPERATION		
(33) Timely expenditure of funds - total spend down of most recently completed contract a. Greater than 90% b. Between 80 and 89% c. Less than 80%	APR Grant Information	2 2 1 0
(34) Timely expenditure of funds - average quarterly draw down of current contract a. 25% or more b. 15% to 24% c. Less than 15%	Site Visit Checklist	2 2 1 0

(35) Grantee submitted Annual Performance Report (APR) within 90 days of Contract End Date OR within deadline of APR extension a. Yes b. No	Site Visit Checklist	1 1 0
(36) Grantee has attended at least one CoC / Regional Network technical training within the previous 12-month period, such as Point in Time Count, Tenant Preservation, Policy Board, DV/CES, HUD TTA webinars, CHAMP Application, CoC Start-Up webinar, etc. a. Yes b. No	Attendance Rosters	1 1 0
(37) Grantee participates in Coordinated Entry meetings and Case Coordination meetings as requested by CoC a. Yes b. No	Attendance Rosters	1 1 0
(38) Grantee maintains homeless documentation in accordance with program requirements a. Yes b. No	Site Visit Checklist	1 1 0
(39) Grantee has written intake procedures which require documentation of participant's length of time homeless and qualifying disability a. Yes b. No	Site Visit Checklist	1 1 0
(40) Grantee conducts an annual assessment of service needs of program participants and adjusts services accordingly a. Yes b. No	Site Visit Checklist	1 1 0
(41) Grantee follows occupancy policies as outlined in CPD 6509.2, Chapter 29-3 a. Yes b. No	Site Visit Checklist	1 1 0
(42) Grantee maintains a drug-free workplace a. Yes b. No	Site Visit Checklist	1 1 0
(43) Grantee has undergone Environmental Review within the past 5 years a. Yes b. No	Site Visit Checklist	1 1 0
PART F MAXIMUM POSSIBLE POINTS		13
PART G: PROJECT QUALITY / EQUITY OF ACCESS - EQUITY OF OUTCOMES		
(44) EQUITABLE ACCESS - Project reflects local population: Rate of project enrollments by persons of Black or African American descent is greater than or equal to regional demographic rate (4%) a. Yes b. No	HMIS Data Analysis	1 1 0
(45) EQUITABLE ACCESS - Project reflects local population: Rate of project enrollments by persons of Hispanic/Latino descent is greater than or equal to regional demographic rate (4%) a. Yes b. No	HMIS Data Analysis	1 1 0
(46) EQUITABLE OUTCOMES - Rate of retention of/exits to Permanent Housing (12 months or more) by persons of Black or African American descent (compared to total enrollments by persons of Black or African American descent) a. 100% b. 50%-99% c. 1%-49% d. 0% or N/A	HMIS Data Analysis	3 3 2 1 0
(47) EQUITABLE OUTCOMES - Rate of retention of/exits to Permanent Housing (12 months or more) by persons of Hispanic/Latino descent (compared to total enrollments by persons of Hispanic/Latino descent) a. 100% b. 50%-99% c. 1%-49% d. 0% or N/A	HMIS Data Analysis	3 3 2 1 0
PART G MAXIMUM POSSIBLE POINTS		8
PART H: PROJECT QUALITY / QUALITY OF APPLICATION		
(48) Application components are accurate and complete - Errors refers to substantive errors in data entry; inaccurate, incomplete, or missing information; calculation errors; etc. Typos will not be counted as errors. a. Application has no errors b. Application has between 1 and 3 errors c. Application has between 4 and 6 errors d. Application has more than 6 errors	Project Renewal Application	3 3 2 1 0
PART H MAXIMUM POSSIBLE POINTS		3
TOTAL MAXIMUM POSSIBLE POINTS		118

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ATTACHMENT E – RENEWAL PROJECT SCORING METHODOLOGY (1 APR)

MA-503 CAPE COD AND ISLANDS CONTINUUM OF CARE FY2021 RENEWAL PROJECT SCORING METHODOLOGY - 1 APR		
Scoring Data Sources: Applicant Surveys, Applications, APRs, Attendance Rosters, CES Database, HMIS Database, Site Visit Checklists	DATA SOURCE	POINTS
INTRODUCTION: PROJECT QUALITY / THRESHOLD CRITERIA (PASS/FAIL)		
[A] All application materials were received by the deadline		PASS
[B] Project is consistent with the Regional Network on Homelessness Strategic Plan and the Consolidated Plan		PASS
[C] No outstanding HUD and/or OIG Audit Findings where Grantee response is overdue or unsatisfactory (with approval from CoC, Grantee may be in process of working to resolve Findings)		PASS
[D] Project complies with the requirements of the CoC Interim Rule (24 CFR part 578): Project fills all vacancies from the Cape Cod and Islands CoC Coordinated Entry System (or for DV projects, from a comparable DV Coordinated Entry System).		PASS
[E] Project complies with the requirements of the CoC Interim Rule (24 CFR part 578): Project participates in the Cape Cod and Islands CoC HMIS (or for DV projects, in a comparable DV homeless information database).		PASS
[F] Project continues to be viable		PASS
INTRODUCTION		PASS
PART A: PROJECT QUALITY / PROGRAM POPULATION		
(1) Project Type	APR Q01 - Project Renewal Application	2
a. Permanent Supportive Housing		2
b. Transitional Housing - Permanent Housing/Rapid Re-Housing		2
c. Transitional Housing		1
(2) Bed and Unit Inventory: Number of beds in project	HMIS Project Set Up-Project Renewal Application	2
a. 20 or more		2
b. Fewer than 20		1
(3) Bed and unit inventory: % of dedicated Chronically Homeless or DedicatedPLUS beds	Project Renewal Application	5
a. 100%		5
b. 75%		4
c. 50%		3
d. 25%		2
e. Less than 25% but more than 0%		1
f. None		0
(4) Priority populations served by this project - check as many as apply	APR Q01 - Project Renewal Application	5
a. Veterans		1
b. Persons fleeing domestic violence, dating violence, sexual assault, and stalking		1
c. Families and Children		1
d. Unaccompanied Youth		1
e. Chronically homeless individuals and families		1
(5) Additional vulnerable populations served by this project	Project Renewal Application - Applicant Survey	6
a. History of victimization/abuse, domestic violence, sexual assault, childhood abuse		1
b. Criminal History		1
c. Low or no income		1
d. Current or past substance use		1
e. Resistance to receiving services		1
f. The only project of its kind in the CoC's geographic area serving a special homeless population/ subpopulation		1
(6) Does Project follow Housing First approach?	Project Renewal Application - Site Visit Checklist	1
a. Yes		1
b. No		0
(7) Does Grantee offer Domestic Violence services or referrals to Domestic Violence provider agencies to participants who report a history of Domestic Violence?	APR Q14a - Site Visit Checklist	1
a. Yes		1
b. No		0
PART A MAXIMUM POSSIBLE POINTS		22
PART B: PROJECT QUALITY / POLICIES & PROCEDURES		
(8) Does Grantee follow CoC Coordinated Entry Policies and Procedures for (check as many as apply):	Site Visit Checklist	3
a. Prioritizing the most vulnerable individuals and families as outlined in Written Standards		1
b. Responding to referrals		1
c. Reporting unit vacancies		1
(9) Are 100% of clients referred through Coordinated Entry System?	Site Visit Checklist	1
a. Yes		1
b. No		0
10 Does Grantee follow CoC HMIS Policies and Procedures regarding (check as many as apply):	Site Visit Checklist	2
a. Project Set Up		1
b. Data Entry		1
(11) Does Grantee follow CoC HMIS Policies and Procedures regarding security and privacy, data collection and quality, and project assessments, as outlined in MA HMIS ASIST Participation Agreement?	Site Visit Checklist	1
a. Yes		1
b. No		0
(12) Does Grantee follow HUD-approved Financial Policies and Procedures for management of CoC funds?	Site Visit Checklist	1
a. Yes		1
b. No		0

(13) Has Grantee provided documented 25% Match for current project? a. Yes b. No	Site Visit Checklist	1 1 0
(14) Does Grantee have "Move On" policy to help participants apply for and obtain mainstream housing vouchers? a. Official written policy b. No written policy, but participant service plans include assistance in obtaining mainstream vouchers c. No Move On policy	Site Visit Checklist	2 2 1 0
PART B MAXIMUM POSSIBLE POINTS		11
PART C: PROJECT QUALITY / COST EFFECTIVENESS		
(15) Percentage of STAYERS in Permanent Housing and LEAVERS exiting to PH destination a. 100% (excluding exceptions) b. 90% - 99% c. 80% - 89% d. 70% - 79% e. Less than 75%	APR Q23c, HMIS Data Analysis	4 4 3 2 1 0
(16) Percentage of LEAVERS who exited Permanent Housing to return to homelessness (unsheltered or Emergency Shelter) a. 0% b. Greater than 0%	HMIS Data Analysis	1 1 0
(17) Average length of time in PSH a. 180 days or greater b. 90 to 179 days c. Fewer than 90 days	APR Q22b	2 2 1 0
(18) Utilization Rate - Average Daily Utilization During Operating Year / Beds a. 90% or higher b. 80% - 89% c. 70% - 79% d. 60% - 69% e. Less than 60%	APR Q2	4 4 3 2 1 0
(19) Cost per Permanent Housing Outcome (STAYERS and LEAVERS) is at or below regional average a. Yes b. No	HMIS Data Analysis	2 1 0
PART C MAXIMUM POSSIBLE POINTS		13
PART D: PROJECT QUALITY / SYSTEM PERFORMANCE - CASH INCOME AND BENEFITS		
(20) Mainstream Benefits: % Households with CASH INCOME of any kind during CURRENT CONTRACT YEAR a. 90% or more b. 75% - 89% c. 60% - 74% d. Less than 60%	APR Q18	3 3 2 1 0
(20-A) Mainstream Benefits: % Households with EARNED INCOME during CURRENT CONTRACT YEAR a. 20% or greater b. 10% to 19% c. 1% to 9% d. No Households	APR Q18	3 3 2 1 0
(20-A-i) Rate of growth in % Households with with EARNED INCOME from PREVIOUS CONTRACT YEAR to CURRENT CONTRACT YEAR a. 20% or greater b. 10% to 19% c. 1% to 9% d. No increase	APR Q18 (FY2016 APR, FY2017 APR)	
(20-B) Mainstream Benefits: % Households with INCREASED EARNED INCOME during CURRENT CONTRACT YEAR a. 20% or greater b. 10% to 19% c. 1% to 9% d. No Households	APR Q19a1	3 3 2 1 0
(20-B-i) Rate of growth in % Households with with INCREASED EARNED INCOME from PREVIOUS CONTRACT YEAR to CURRENT CONTRACT YEAR a. 20% or more b. 10% to 19% c. 1% to 9% d. No increase	APR Q19a1 (FY2016 APR, FY2017 APR)	
(21) Mainstream Benefits: % Households with NON-EMPLOYMENT INCOME of any kind during CURRENT CONTRACT YEAR a. 90% or more b. 75% - 89% c. 60% - 74% d. Less than 60%	APR Q18	3 3 2 1 0

(21-A) Rate of growth in % Households with NON-EMPLOYMENT INCOME from PREVIOUS CONTRACT YEAR to CURRENT CONTRACT YEAR a. 20% or more b. 10% to 19% c. 1% to 9% d. No increase	APR Q18 (FY2016 APR, FY2017 APR)	
(22) Mainstream Benefits: % Households with NON-CASH BENEFITS of any kind a. 90% or more b. 75% - 89% c. 60% - 74% d. Less than 60%	APR Q20b	3 3 2 1 0
(22-A) Rate of growth in % Households with NON-CASH benefits from PREVIOUS CONTRACT YEAR to CURRENT CONTRACT YEAR a. 20% or more b. 10% to 19% c. 1% to 9% d. No increase	APR Q20b	
(23) Health Insurance: % of Total Participants enrolled in health insurance of any kind a. 90% or more b. 75% - 89% c. 60% - 74% d. Less than 60%	APR Q21	3 3 2 1 0
PART D MAXIMUM POSSIBLE POINTS		18
PART E: PROJECT QUALITY / DATA QUALITY		
(24) Is project set up correctly in HMIS with all General Touchpoints Completed? (Check as many as apply) a. Project Descriptors b. Bed and Unit Inventory	HMIS Project Set Up	2 1 1
(25) Data Quality: Personally Identifiable Information (PII) a. 100% b. 80% - 99% c. Below 80%	APR Q06a	2 2 1 0
(26) Data Quality: Universal Data Elements a. 100% b. 80% - 99% c. Below 80%	APR Q06b	2 2 1 0
(27) Data Quality: Income and Housing Data Quality a. 100% b. 80% - 99% c. Below 80%	APR Q06c	2 2 1 0
(28) Data Quality: Chronic Homelessness a. 100% b. 80% - 99% c. Below 80%	APR Q06d	2 2 1 0
(29) Data Quality: Entry Assessments a. 100% b. 80% - 99% c. Below 80%	HMIS Data Validation	2 2 1 0
(30) Data Quality: Annual Assessments COMPLETED a. 100% b. 80% - 99% c. Below 80%	HMIS Data Validation	2 2 1 0
(31) Data Quality: Annual Assessments ON TIME a. 100% b. 80% - 99% c. Below 80%	HMIS Data Validation	2 2 1 0
(32) Data Quality: Exit Assessments a. 100% b. 80% - 99% c. Below 80%	HMIS Data Validation	2 2 1 0
PART E MAXIMUM POSSIBLE POINTS		18
PART F: PROJECT QUALITY / PROGRAM OPERATION		
(33) Timely expenditure of funds - total spend down of most recently completed contract a. Greater than 90% b. Between 80 and 89% c. Less than 80%	APR Grant Information	2 2 1 0
(34) Timely expenditure of funds - average quarterly draw down of current contract a. 25% or more b. 15% to 24% c. Less than 15%	Site Visit Checklist	2 2 1 0

(35) Grantee submitted Annual Performance Report (APR) within 90 days of Contract End Date OR within deadline of APR extension a. Yes b. No	Site Visit Checklist	1 1 0
(36) Grantee has attended at least one CoC / Regional Network technical training within the previous 12-month period, such as Point in Time Count, Tenant Preservation, Policy Board, DV/CES, HUD TTA webinars, CHAMP Application, CoC Start-Up webinar, etc. a. Yes b. No	Attendance Rosters	1 1 0
(37) Grantee participates in Coordinated Entry meetings and Case Coordination meetings as requested by CoC a. Yes b. No	Attendance Rosters	1 1 0
(38) Grantee maintains homeless documentation in accordance with program requirements a. Yes b. No	Site Visit Checklist	1 1 0
(39) Grantee has written intake procedures which require documentation of participant's length of time homeless and qualifying disability a. Yes b. No	Site Visit Checklist	1 1 0
(40) Grantee conducts an annual assessment of service needs of program participants and adjusts services accordingly a. Yes b. No	Site Visit Checklist	1 1 0
(41) Grantee follows occupancy policies as outlined in CPD 6509.2, Chapter 29-3 a. Yes b. No	Site Visit Checklist	1 1 0
(42) Grantee maintains a drug-free workplace a. Yes b. No	Site Visit Checklist	1 1 0
(43) Grantee has undergone Environmental Review within the past 5 years a. Yes b. No	Site Visit Checklist	1 1 0
PART F MAXIMUM POSSIBLE POINTS		13
PART G: PROJECT QUALITY / EQUITY OF ACCESS - EQUITY OF OUTCOMES		
(44) EQUITABLE ACCESS - Project reflects local population: Rate of project enrollments by persons of Black or African American descent is greater than or equal to regional demographic rate (4%) a. Yes b. No	HMIS Data Analysis	1 1 0
(45) EQUITABLE ACCESS - Project reflects local population: Rate of project enrollments by persons of Hispanic/Latino descent is greater than or equal to regional demographic rate (4%) a. Yes b. No	HMIS Data Analysis	1 1 0
(46) EQUITABLE OUTCOMES - Rate of retention of/exits to Permanent Housing (12 months or more) by persons of Black or African American descent (compared to total enrollments by persons of Black or African American descent) a. 100% b. 50%-99% c. 1%-49% d. 0% or N/A	HMIS Data Analysis	3 3 2 1 0
(47) EQUITABLE OUTCOMES - Rate of retention of/exits to Permanent Housing (12 months or more) by persons of Hispanic/Latino descent (compared to total enrollments by persons of Hispanic/Latino descent) a. 100% b. 50%-99% c. 1%-49% d. 0% or N/A	HMIS Data Analysis	3 3 2 1 0
PART G MAXIMUM POSSIBLE POINTS		8
PART H: PROJECT QUALITY / QUALITY OF APPLICATION		
(48) Application components are accurate and complete - Errors refers to substantive errors in data entry; inaccurate, incomplete, or missing information; calculation errors; etc. Typos will not be counted as errors. a. Application has no errors b. Application has between 1 and 3 errors c. Application has between 4 and 6 errors d. Application has more than 6 errors	Project Renewal Application	3 3 2 1 0
PART H MAXIMUM POSSIBLE POINTS		3
TOTAL MAXIMUM POSSIBLE POINTS		106

ATTACHMENT F – RENEWAL PROJECT SCORING METHODOLOGY (NO APR)

MA-503 CAPE COD AND ISLANDS CONTINUUM OF CARE FY2021 RENEWAL PROJECT SCORING METHODOLOGY - NO APR		
Scoring Data Sources: Applicant Surveys, Applications, APRs, Attendance Rosters, CES Database, HMIS Database, Site Visit Checklists	DATA SOURCE	POINTS
INTRODUCTION: PROJECT QUALITY / THRESHOLD CRITERIA (PASS/FAIL)		
[A] All application materials were received by the deadline		PASS
[B] Project is consistent with the Regional Network on Homelessness Strategic Plan and the Consolidated Plan		PASS
[C] No outstanding HUD and/or OIG Audit Findings where Grantee response is overdue or unsatisfactory (with approval from CoC, Grantee may be in process of working to resolve Findings)		PASS
[D] Project complies with the requirements of the CoC Interim Rule (24 CFR part 578): Project fills all vacancies from the Cape Cod and Islands CoC Coordinated Entry System (or for DV projects, from a comparable DV Coordinated Entry System).		PASS
[E] Project complies with the requirements of the CoC Interim Rule (24 CFR part 578): Project participates in the Cape Cod and Islands CoC HMIS (or for DV projects, in a comparable DV homeless information database).		PASS
[F] Project continues to be viable		PASS
INTRODUCTION		PASS
PART A: PROJECT QUALITY / PROGRAM POPULATION		
(1) Project Type	Project Renewal Application	2
a. Permanent Supportive Housing		2
b. Transitional Housing - Permanent Housing/Rapid Re-Housing		2
c. Transitional Housing		1
(2) Bed and Unit Inventory: Number of beds in project	HMIS Project Set Up-Project Renewal Application	2
a. 20 or more		2
b. Fewer than 20		1
(3) Bed and unit inventory: % of dedicated Chronically Homeless or DedicatedPLUS beds	Project Renewal Application	5
a. 100%		5
b. 75%		4
c. 50%		3
d. 25%		2
e. Less than 25% but more than 0%		1
f. None		0
(4) Priority populations served by this project - check as many as apply	Project Renewal Application	5
a. Veterans		1
b. Persons fleeing domestic violence, dating violence, sexual assault, and stalking		1
c. Families and Children		1
d. Unaccompanied Youth		1
e. Chronically homeless individuals and families		1
(5) Additional vulnerable populations served by this project	Project Renewal Application - Applicant Survey	6
a. History of victimization/abuse, domestic violence, sexual assault, childhood abuse		1
b. Criminal History		1
c. Low or no income		1
d. Current or past substance use		1
e. Resistance to receiving services		1
f. The only project of its kind in the CoC's geographic area serving a special homeless population/ subpopulation		1
(6) Does Project follow Housing First approach?	Project Renewal Application - Site Visit Checklist	1
a. Yes		1
b. No		0
(7) Does Grantee offer Domestic Violence services or referrals to Domestic Violence provider agencies to participants who report a history of Domestic Violence?	Site Visit Checklist	1
a. Yes		1
b. No		0
PART A MAXIMUM POSSIBLE POINTS		22
PART B: PROJECT QUALITY / POLICIES & PROCEDURES		
(8) Does Grantee follow CoC Coordinated Entry Policies and Procedures for (check as many as apply):	Site Visit Checklist	3
a. Prioritizing the most vulnerable individuals and families as outlined in Written Standards		1
b. Responding to referrals		1
c. Reporting unit vacancies		1
(9) Are 100% of clients referred through Coordinated Entry System?	Site Visit Checklist	1
a. Yes		1
b. No		0
10 Does Grantee follow CoC HMIS Policies and Procedures regarding (check as many as apply):	Site Visit Checklist	2
a. Project Set Up		1
b. Data Entry		1
(11) Does Grantee follow CoC HMIS Policies and Procedures regarding security and privacy, data collection and quality, and project assessments, as outlined in MA HMIS ASIST Participation Agreement?	Site Visit Checklist	1
a. Yes		1
b. No		0
(12) Does Grantee follow HUD-approved Financial Policies and Procedures for management of CoC funds?	Site Visit Checklist	1
a. Yes		1
b. No		0

(13) Has Grantee provided documented 25% Match for current project? a. Yes b. No	Site Visit Checklist	1 1 0
(14) Does Grantee have "Move On" policy to help participants apply for and obtain mainstream housing vouchers? a. Official written policy b. No written policy, but participant service plans include assistance in obtaining mainstream vouchers c. No Move On policy	Site Visit Checklist	2 2 1 0
PART B MAXIMUM POSSIBLE POINTS		11
PART C: PROJECT QUALITY / COST EFFECTIVENESS		
(15) Percentage of STAYERS in Permanent Housing and LEAVERS exiting to PH destination a. 100% (excluding exceptions) b. 90% - 99% c. 80% - 89% d. 70% - 79% e. Less than 75%	HMIS Data Analysis	
(16) Percentage of LEAVERS who exited Permanent Housing to return to homelessness (unsheltered or Emergency Shelter) a. 0% b. Greater than 0%	HMIS Data Analysis	
(17) Average length of time in PSH a. 180 days or greater b. 90 to 179 days c. Fewer than 90 days	HMIS Data Analysis	2 2 1 0
(18) Utilization Rate - Average Daily Utilization During Operating Year / Beds a. 90% or higher b. 80% - 89% c. 70% - 79% d. 60% - 69% e. Less than 60%	HMIS Data Analysis	4 4 3 2 1 0
(19) Cost per Permanent Housing Outcome (STAYERS and LEAVERS) is at or below regional average a. Yes b. No	HMIS Data Analysis	
PART C MAXIMUM POSSIBLE POINTS		6
PART D: PROJECT QUALITY / SYSTEM PERFORMANCE - CASH INCOME AND BENEFITS		
(20) Mainstream Benefits: % Households with CASH INCOME of any kind during CURRENT CONTRACT YEAR a. 90% or more b. 75% - 89% c. 60% - 74% d. Less than 60%	APR Q18	3 3 2 1 0
(20-A) Mainstream Benefits: % Households with EARNED INCOME during CURRENT CONTRACT YEAR a. 20% or greater b. 10% to 19% c. 1% to 9% d. No Households	APR Q18	3 3 2 1 0
(20-A-i) Rate of growth in % Households with with EARNED INCOME from PREVIOUS CONTRACT YEAR to CURRENT CONTRACT YEAR a. 20% or greater b. 10% to 19% c. 1% to 9% d. No increase	APR Q18 (FY2016 APR, FY2017 APR)	
(20-B) Mainstream Benefits: % Households with INCREASED EARNED INCOME during CURRENT CONTRACT YEAR a. 20% or greater b. 10% to 19% c. 1% to 9% d. No Households	APR Q19a1	
(20-B-i) Rate of growth in % Households with with INCREASED EARNED INCOME from PREVIOUS CONTRACT YEAR to CURRENT CONTRACT YEAR a. 20% or more b. 10% to 19% c. 1% to 9% d. No increase	APR Q19a1 (FY2016 APR, FY2017 APR)	
(21) Mainstream Benefits: % Households with NON-EMPLOYMENT INCOME of any kind during CURRENT CONTRACT YEAR a. 90% or more b. 75% - 89% c. 60% - 74% d. Less than 60%	APR Q18	3 3 2 1 0

(21-A) Rate of growth in % Households with NON-EMPLOYMENT INCOME from PREVIOUS CONTRACT YEAR to CURRENT CONTRACT YEAR a. 20% or more b. 10% to 19% c. 1% to 9% d. No increase	APR Q18 (FY2016 APR, FY2017 APR)	
(22) Mainstream Benefits: % Households with NON-CASH BENEFITS of any kind a. 90% or more b. 75% - 89% c. 60% - 74% d. Less than 60%	APR Q20b	3 3 2 1 0
(22-A) Rate of growth in % Households with NON-CASH benefits from PREVIOUS CONTRACT YEAR to CURRENT CONTRACT YEAR a. 20% or more b. 10% to 19% c. 1% to 9% d. No increase	APR Q20b	
(23) Health Insurance: % of Total Participants enrolled in health insurance of any kind a. 90% or more b. 75% - 89% c. 60% - 74% d. Less than 60%	APR Q21	3 3 2 1 0
PART D MAXIMUM POSSIBLE POINTS		15
PART E: PROJECT QUALITY / DATA QUALITY		
(24) Is project set up correctly in HMIS with all General Touchpoints Completed? (Check as many as apply) a. Project Descriptors b. Bed and Unit Inventory	HMIS Project Set Up	2 1 1
(25) Data Quality: Personally Identifiable Information (PII) a. 100% b. 80% - 99% c. Below 80%	APR Q06a	2 2 1 0
(26) Data Quality: Universal Data Elements a. 100% b. 80% - 99% c. Below 80%	APR Q06b	2 2 1 0
(27) Data Quality: Income and Housing Data Quality a. 100% b. 80% - 99% c. Below 80%	APR Q06c	2 2 1 0
(28) Data Quality: Chronic Homelessness a. 100% b. 80% - 99% c. Below 80%	APR Q06d	2 2 1 0
(29) Data Quality: Entry Assessments a. 100% b. 80% - 99% c. Below 80%	HMIS Data Validation	2 2 1 0
(30) Data Quality: Annual Assessments COMPLETED a. 100% b. 80% - 99% c. Below 80%	HMIS Data Validation	
(31) Data Quality: Annual Assessments ON TIME a. 100% b. 80% - 99% c. Below 80%	HMIS Data Validation	
(32) Data Quality: Exit Assessments a. 100% b. 80% - 99% c. Below 80%	HMIS Data Validation	
PART E MAXIMUM POSSIBLE POINTS		12
PART F: PROJECT QUALITY / PROGRAM OPERATION		
(33) Timely expenditure of funds - total spend down of most recently completed contract a. Greater than 90% b. Between 80 and 89% c. Less than 80%	APR Grant Information	
(34) Timely expenditure of funds - average quarterly draw down of current contract a. 25% or more b. 15% to 24% c. Less than 15%	Site Visit Checklist	2 2 1 0

(35) Grantee submitted Annual Performance Report (APR) within 90 days of Contract End Date OR within deadline of APR extension a. Yes b. No	Site Visit Checklist	
(36) Grantee has attended at least one CoC / Regional Network technical training within the previous 12-month period, such as Point in Time Count, Tenant Preservation, Policy Board, DV/CES, HUD TTA webinars, CHAMP Application, CoC Start-Up webinar, etc. a. Yes b. No	Attendance Rosters	1 1 0
(37) Grantee participates in Coordinated Entry meetings and Case Coordination meetings as requested by CoC a. Yes b. No	Attendance Rosters	1 1 0
(38) Grantee maintains homeless documentation in accordance with program requirements a. Yes b. No	Site Visit Checklist	1 1 0
(39) Grantee has written intake procedures which require documentation of participant's length of time homeless and qualifying disability a. Yes b. No	Site Visit Checklist	1 1 0
(40) Grantee conducts an annual assessment of service needs of program participants and adjusts services accordingly a. Yes b. No	Site Visit Checklist	1 1 0
(41) Grantee follows occupancy policies as outlined in CPD 6509.2, Chapter 29-3 a. Yes b. No	Site Visit Checklist	1 1 0
(42) Grantee maintains a drug-free workplace a. Yes b. No	Site Visit Checklist	1 1 0
(43) Grantee has undergone Environmental Review within the past 5 years a. Yes b. No	Site Visit Checklist	1 1 0
PART F MAXIMUM POSSIBLE POINTS		10
PART G: PROJECT QUALITY / EQUITY OF ACCESS - EQUITY OF OUTCOMES		
(44) EQUITABLE ACCESS - Project reflects local population: Rate of project enrollments by persons of Black or African American descent is greater than or equal to regional demographic rate (4%) a. Yes b. No	HMIS Data Analysis	1 1 0
(45) EQUITABLE ACCESS - Project reflects local population: Rate of project enrollments by persons of Hispanic/Latino descent is greater than or equal to regional demographic rate (4%) a. Yes b. No	HMIS Data Analysis	1 1 0
(46) EQUITABLE OUTCOMES - Rate of retention of/exits to Permanent Housing (12 months or more) by persons of Black or African American descent (compared to total enrollments by persons of Black or African American descent) a. 100% b. 50%-99% c. 1%-49% d. 0% or N/A	HMIS Data Analysis	
(47) EQUITABLE OUTCOMES - Rate of retention of/exits to Permanent Housing (12 months or more) by persons of Hispanic/Latino descent (compared to total enrollments by persons of Hispanic/Latino descent) a. 100% b. 50%-99% c. 1%-49% d. 0% or N/A	HMIS Data Analysis	
PART G MAXIMUM POSSIBLE POINTS		2
PART H: PROJECT QUALITY / QUALITY OF APPLICATION		
(48) Application components are accurate and complete - Errors refers to substantive errors in data entry; inaccurate, incomplete, or missing information; calculation errors; etc. Typos will not be counted as errors. a. Application has no errors b. Application has between 1 and 3 errors c. Application has between 4 and 6 errors d. Application has more than 6 errors	Project Renewal Application	3 3 2 1 0
PART H MAXIMUM POSSIBLE POINTS		3
TOTAL MAXIMUM POSSIBLE POINTS		81

FINAL 8-26-2021

MA-503 CoC

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ATTACHMENT G – NEW PROJECT SCORING METHODOLOGY

MA 503 CAPE COD AND ISLANDS CONTINUUM OF CARE FY2021 NEW PROJECT SCORING METHODOLOGY			
Scoring Data Sources: Applicant Surveys, Applications, Letters of Intent, Attendance Rosters			
INTRODUCTION: PROJECT QUALITY / THRESHOLD CRITERIA (PASS/FAIL)			
[A]	All application materials were received by the deadline	PASS	
[B]	Project is consistent with the Regional Network on Homelessness Strategic Plan and the Consolidated Plan	PASS	
[C]	No outstanding HUD and/or OIG Audit Findings where Grantee response is overdue or unsatisfactory (with approval from CoC, Grantee may be in process of working to resolve Findings)	PASS	
[D]	Project complies with the requirements of the CoC Interim Rule (24 CFR part 578): Project will fill all vacancies from the Cape Cod and Islands CoC Coordinated Entry System or for DV projects, from a comparable DV Coordinated Entry System)	PASS	
[E]	Project complies with the requirements of the CoC Interim Rule (24 CFR part 578): Project participants will participate in the Cape Cod and Islands CoC HMIS (or for DV project, in a comparable DV homeless information database)	PASS	
INTRODUCTION		PASS	
PART A: PROJECT QUALITY / ORGANIZATIONAL CAPACITY			
(1)	Organization's Experience - select as many as apply a. Serving homeless populations - for DV projects, experience providing services to victims of domestic violence b. Administering HUD grants (infrastructure) c. Track record of successful fiscal management d. Capacity to participate in Homeless Management information System (HMIS) - for DV projects, capacity to participate in database comparable to HMIS e. Capacity to participate in Coordinated Entry System (CES) - for DV projects, capacity to participate in CES following protocols that ensure client safety and confidentiality	Applicant Survey - Letter of Intent - New Project Application 	5 1 1 1 1
(2)	Participation in CoC / Regional Network on Homelessness - select as many as apply a. Applicant has attended at least one CoC / Regional Network technical training within the previous 12-month period (such as Point in Time Count, DV/CES, HMIS Teams Meetings, HUD TTA webinars, CoC Start-Up webinar, etc.) b. Applicant has attended at least one CES working group meeting within the previous 12 months	Attendance Rosters	2 1
(3)	Anticipated Start Date - Applicant guarantees that project will start by 12/31/2022 a. Yes b. No	Applicant Survey - Letter of Intent	1 1 0
PART A MAXIMUM POSSIBLE POINTS			8
PART B: PROJECT QUALITY / PROGRAM DESCRIPTION			
(4)	Program Description - select as many as apply a. Understands needs of clients to be served b. Demonstrates type and scale of housing to meet client needs c. Demonstrates type and scale of supportive services to meet client needs d. Demonstrates ability and process to help clients obtain mainstream benefits e. Establishes performance measures that are objective, measurable, and trackable	New Project Application	5 1 1 1 1 1
(5)	Type of Project - select only one a. Permanent Supported Housing b. Transitional Housing - Permanent Housing/Rapid Re-Housing c. Transitional Housing d. DV Bonus - PH/RRH e. DV Bonus - Joint TH/RRH f. DV Bonus - SSO/CE g. Expansion h. Dedicated HMIS i. SSO/CE	New Project Application	2 2 2 1 2 2 1 1 1
(6)	Geographic Diversity - select only one a. Upper Cape b. Lower Cape c. Nantucket d. Martha's Vineyard	Letter of Intent - New Project Application	1 1 1 1
(7)	If Project Type is Permanent Supportive Housing, what percentage of beds will be dedicated Chronically Homeless or DedicatedPLUS? a. 100% b. 75% c. 50% d. 25% e. Less than 25% but more than 0% f. None or N/A	Letter of Intent - New Project Application	5 5 4 3 2 1 0
(8)	Priority populations that will be served by this project - select as many as apply a. Veterans b. Persons fleeing domestic violence, dating violence, sexual assault, and stalking c. Families and Children d. Unaccompanied Youth e. Chronically homeless individuals and families	Letter of Intent - New Project Application	5 1 1 1 1 1

(9) Additional vulnerable populations that will be served by this project - select as many as apply	a. History of victimization/abuse, domestic violence, sexual assault, childhood abuse	Letter of Intent - New Project Application - Applicant Survey	6
	b. Criminal History		1
	c. Low or no income		1
	d. Current or past substance use		1
	e. Resistance to receiving services		1
	f. The only project of its kind in the CoC's geographic area serving a special homeless population / subpopulation		1
(10) Will project follow the Housing First approach?		New Project Application	1
a. Yes	1		
	b. No		0
(11) Support Services Identified and Clearly Defined - select as many as apply		New Project Application	2
a. Type of services offered (i.e., Case Management, Legal Advocacy, Benefits, etc.)			1
	b. If Housing First model - client engagement strategies		1
(12) Required Participation - select as many as apply		New Project Application	2
a. Agrees to participate in Homeless Management Information System (HMIS) - for DV projects, agrees to participate in database comparable to HMIS			1
b. Agrees to participate in Coordinated Entry System (CES) - for DV projects, agrees to participate in assessment, housing match, and referral protocols comparable to CES			1
PART B MAXIMUM POSSIBLE POINTS			29
PART C: PROJECT QUALITY / QUALITY OF APPLICATION			
(13) Application components are accurate and complete - Errors refers to substantive errors in data entry; inaccurate, incomplete, or missing information; calculation errors; etc. Typos will not be counted as errors.		New Project Application	3
a. Application has no errors			3
b. Application has between 1 and 3 errors			2
c. Application has between 4 and 6 errors			1
d. Application has more than 6 errors			0
PART C MAXIMUM POSSIBLE POINTS			3
PART D: PROJECT QUALITY / COST EFFECTIVENESS (NEW PROJECTS)			
(14) If there are two or more NEW projects applying for the same funding source and project scores are tied, the FY2020 NEW PROJECT COST EFFECTIVENESS SCORING METHODOLOGY will be applied: total funding requested / total number of project beds / 12 months = monthly cost per bed. Projects will be awarded points according to a comparison of costs per bed. The lowest cost per bed will receive the highest score, the second lowest cost per bed will receive the second highest score, etc.			4
			4
			3
			2
			1
PART D MAXIMUM POSSIBLE POINTS			4
TOTAL MAXIMUM POSSIBLE POINTS			44

ATTACHMENT H – REVIEW AND RANKING COMMITTEE

Cape and Islands Continuum of Care Project Review and Ranking Committee Roles and Responsibilities

The Cape and Islands Regional Network on Homelessness Policy Board is responsible for establishing policy priorities for the CoC. The CoC Project Review and Ranking Committee is charged with evaluating and ranking CoC projects for inclusion in the annual application for funding submitted to HUD by the Collaborative Applicant.

On an annual basis, members of the CoC Project Review and Ranking Committee will:

1. Attest that they do not have a conflict of interest in reviewing and ranking any of the CoC's new or renewal projects
2. Assess the review and ranking process for renewal and new CoC applications and, if necessary, make recommendations to improve to the process
3. Evaluate renewal and new CoC projects and provide recommendations to CoC staff on the ranking of projects based upon HUD and local priorities
4. Agree to commit approximately 6-10 hours on an annual basis to undertake the duties described above.

Adopted by Cape and Islands Regional Network on Homeless Policy Board - July 2016
Updated May 2018

ATTACHMENT I – WHAT’S NEW, CHANGES, AND HIGHLIGHTS

K. Changes from Previous NOFO.

1. The Consolidated Appropriations Act, 2021 (Public Law 116-260, approved December 27, 2020) amended title IV section 435 of the Act to allow Indian Tribes and Tribally Designated Housing Entities (TDHE) to be Collaborative Applicants, eligible entities, or subrecipients of the CoC Program in addition to amending title IV section 401 to add the terms “Formula Area” and “Indian Tribe.” These amendments mean that not only may Tribes and TDHEs apply for grants through other CoCs, but that formula areas, as that term is defined in the Indian Housing Block Grant program at 24 CFR 1000.302, are eligible to be added to the geographic areas of existing CoCs or may be included in newly formed CoCs. HUD has chosen to implement integration of Tribes and TDHEs into the CoC program in stages because tribal consultation is not yet complete. For the FY 2021 competition, Tribes and TDHEs will be eligible to apply for projects through existing CoCs only. Projects sited on trust land or reservations may be eligible if applicants obtain a certification that the projects are consistent with an approved Consolidated Plan. If a Collaborative Applicant is submitting an application for a project sited on trust land or reservations, they should follow the steps described in I.G. of this NOFO to update their CoC Geographic Area. HUD plans to publish PPRNs in FY 2022 for all formula areas and make formula areas available to be claimed by CoCs during the next Registration Process. Additionally, applicants that propose to claim a reservation or trust land geographic area and to locate a project on a reservation or trust land must include a tribal resolution from the tribe authorizing the applicant to do so. Tribes do not need to include a tribal resolution to claim their own reservation or trust land or to site a project on their own reservation or trust land. A tribal resolution is the formal manner in which the tribal government expresses its legislative will in accordance with its organic documents. In the absence of such organic documents, a written expression adopted pursuant to tribal practices will be acceptable. Beginning in the FY 2022 Competition, HUD will publish PPRNs for all formula areas and make formula areas available to be claimed by continuums CoCs during the FY 2022 CoC Program Registration process.

2. Using the Housing First model to prioritize rapid placement and stabilization in permanent housing without service participation requirements or preconditions is returning in the FY 2021 CoC Program Competition.

3. As required by the Consolidated Appropriations Act, 2021 (Public Law 116-260, approved December 27, 2020), HUD will incentivize CoCs that create projects that coordinate with housing providers and healthcare organizations to provide permanent housing and rapid rehousing services.

4. HUD increased the number of points in Section VII.B.1.g of this NOFO related to CoC coordination with Public Housing Agencies (PHAs) to:

- a. add PHA-funded units to CoC coordinated entry;
- b. apply for or implement funding provided for Housing Choice Vouchers dedicated to homelessness, including vouchers provided through the American Rescue Plan of 2021 (Pub. L. 117-2) (the "American Rescue Plan");
- c. prepare and submit joint applications for funding specifically for individuals and families experiencing homelessness; and
- d. established admission preferences for households experiencing homelessness.

5. HUD revised its evaluation of racial disparity from the FY 2019 CoC Program NOFO to place focus on racial equity and increased the number of points in Section VII.B.1.o of this NOFO related to whether people of different races or ethnicities are less likely to receive homeless assistance or positive outcomes, whether racial or ethnic disparities are present, and whether CoCs and homeless providers identified barriers that led to these disparities and have taken steps to eliminate these barriers to improve racial equity. Additionally, points were added to Section VII.B.2.e of this NOFO to determine if CoCs are promoting racial equity related to the local CoC competition related to rating factors; review, selection, and rank process; and rating and ranking projects based on the degree to which program participants mirror homeless population demographics.

6. A new category has been added to Section VII.B of this NOFO to promote inclusion in the local planning process of current and former homeless persons with lived experience to:

- a. address homelessness;
- b. determine how local policies may need to be revised and updated;
- c. participate in CoC meetings and on committees as stakeholders;
- d. provide input for decisions; and
- e. provide input related to the local competition process.

7. Determining the impact of COVID-19 as CoCs faced challenges due to the outbreak of COVID-19 affecting individuals and families experiencing homelessness in congregate and non-congregate shelter or housing as well as increased risks for individuals and families experiencing unsheltered homelessness. Points were added to Section VII.B of this NOFO related to how CoCs addressed challenges resulting from the outbreak of COVID-19 affecting individuals and families experiencing homelessness, including increased calls due to domestic violence, the need for additional assistance related to mainstream benefits and other assistance, and changes needed to the CoC's coordinated entry system.

8. Points are being awarded for coordination with Emergency Solutions Grants (ESG) regarding CARES Act funding and distribution with the CoC's geographic area and use of these funds to address homelessness and COVID-19.

9. Due to the COVID-19 pandemic, most communities could not conduct an unsheltered count in 2021 that is comparable to previous counts. For this year, HUD has determined that the sheltered count is a better reflection of overall changes of homelessness and is not evaluating unsheltered data in this year's NOFO. HUD plans to measure sheltered and unsheltered populations in 2022.

Local Announcement Email

From: Daniel Gray <daniel.gray@barnstablecounty.org> on behalf of Daniel Gray

Sent on: Thursday, August 26, 2021 5:55:29 PM

To:

BCC:

cos@wampanoagtribe-nsn.gov; barbara@wampanoagtribe-nsn.gov; Andy Clyburn <andy.clyburn@town.barnstable.ma.us>; Arlene Rodriguez (arodriguez@capecod.edu) <Arlene Rodriguez (arodriguez@capecod.edu)>; Cassi Danzl (cdanzl@haconcapecod.org) <Cassi Danzl (cdanzl@haconcapecod.org)>; Cathy Gibson <catherine.gibson@state.ma.us>; Christopher Lawson (cmlawson@CapeCodHealth.org) <Christopher Lawson (cmlawson@CapeCodHealth.org)>; Dara Gannon <Dgannon@capecodfoundation.org>; David Rose <david.rose@state.ma.us>; Eddie Murphy <ed.murphy@escsi.org>; Edey Nesmith <cccouncildirector@gmail.com>; Erika Woods (erika.woods@barnstablecounty.org) <Erika Woods (erika.woods@barnstablecounty.org)>; Greg Quilty <capevso@comcast.net>; Hadley Luddy <hadley@hpcpeacod.org>; Heidi Nelson <hnelson@duffyhealthcenter.org>; Jacqueline Lane (jackielane@verizon.net) <Jacqueline Lane (jackielane@verizon.net)>; Jan Kendrick (jkendrick@sccls.org) <Jan Kendrick (jkendrick@sccls.org)>; Jerico Mele <jmele@nantucket-ma.gov>; Joseph Pacheco <joseph.pacheco@barnstablecounty.org>; Joseph Taylor <joe@capeveterans.com>; Karen Tewhey <harborhomesmv@gmail.com>; Lee Hamilton <lhamilton@capecod.net>; Leo Blanford (lbandford@outercape.org) <Leo Blanford (lbandford@outercape.org)>; Lysetta Hurge-Putnam <delta@indhouse.net>; Martha Burzycki (mburzycki@jteccorp.com) <Martha Burzycki (mburzycki@jteccorp.com)>; Martha Taylor <martha.taylor@barnstablecounty.org>; Mary Waygan <MWaygan@yarmouth.ma.us>; Maybelline Willner <mwillner@bsheriff.net>; Megan Homer (megan.homer@jud.state.ma.us) <Megan Homer (megan.homer@jud.state.ma.us)>; Melissa Maguire <mmaguire@monomoy.edu>; Naomi Tavares-Silva <naomi.tavares@state.ma.us>; Paula Schnepf <pkschnepf@gmail.com>; Renee Salisbury <Renee.salisbury@mass.gov>; Susan Mazzarella (smazzarella@cssdioc.org) <Susan Mazzarella (smazzarella@cssdioc.org)>; Suzie Hauptmann <suzie.hauptmann@falmouthma.gov>; Walter Phinney <wphinney@haconcapecod.org>; Alisa Galazzi <agalazzi@haconcapecod.org>; Allen White <hama@capecod.net>; Ann Marie Peters <Apeters@haconcapecod.org>; 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Lou Eppers <louis.eppers@escsi.org>; Maggie Flannigan <maggi@hpcpeacod.org>; Mark Abbott <mabbott@falmouthhumanservices.org>; Mark Bilton <mark.bilton@state.ma.us>; Mark Ells <mark.ells@town.barnstable.ma.us>; Mary LeClair <mleclair2014@comcast.net>; Maureen Linehan <maureen@hpcpeacod.org>; Pat Cawley <pcawley@duffyhealthcenter.org>; Paulette Silvia <paulette.silvia@state.ma.us>; Ray Yox <ryox@sccls.org>; Rick Brigham <rickbrigham@comcast.net>; Robert Hansen <rhansen@use.salvationarmy.org>; Robert Lynch <robert.lynch@use.salvationarmy.org>; Roberta Tambascia <rtambascia@duffyhealthcenter.org>; Thomas Bennett <tbenett@mvcommunityservices.com>; Thomas Cahir <tcahir@capecodrta.org>; Tony Pereira <tpereira@duffyhealthcenter.org>; Cheryl Gallant <cgallant@cccdp.org>; Claire MacNeill <clair.macneill@state.ma.us>; Dave Schropfer <dave@schropfer.com>; Donna Muncherian <donna_muncherian@bha.barnstable.ma.us>; Frank Frederikson, Deputy Chief Yarmouth Police <ffrederickson@yarmouth.ma.us>; Gina Hurley <hurley_gina@barnstable.k12.ma.us>; 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Bob McGillveary <mcgillveary@live.com>; Brenda Fernandez <brenda.fernandez@mwtribe-nsn.gov>; Colleen Danziger <colleen@arcofcapecod.org>; Dan Hoben <dan@capeveterans.com>; Daniel Gray <daniel.gray@barnstablecounty.org>; Debra Demuth <debra.demuth2@state.ma.us>; Derek Lamphier <djlampier@capecodhealth.org>; Derick Bussiere <derick.bussiere@capecodhealth.org>; Dwayne Turmelle <dturmelle@veteranbenefits.us>; Elaine Good <elaine_good@bha.barnstable.ma.us>; Georganna Reed <greed@haconcapecod.org>; Ginny Horvath <virginia.horvath@state.ma.us>; Karen Tewhey <homelessprevention@dukescounty.org>; Katherine Wilson <kwilson@cssdioc.org>; Kim Powers <kpowers@asgcc.org>; Leah Morrissey <lmorrissey@duffyhealthcenter.org>; Leslie Pearce <lpearce@falmouthhousing.org>; Mackenzie Perry <mackenzie@hpcpeacod.org>; Mark Abbott <mark.abbott@falmouthma.gov>; Martha Reed <martha@cssdioc.org>; McFarland, Melody <mfarlandm@vinfen.org>; Michelle Tobey <michelle.tobey@mwtribe-nsn.gov>; Naomi Tavares <naomi.tavares2@state.ma.us>; Nellie McDowell <nmcldowell@duffyhealthcenter.org>; Nikkisha Kennedy <nikkisha.kennedy@mwtribe-nsn.gov>; Patty Alonso <palonso@haconcapecod.org>; Rich Turner <rturner@cssdioc.org>; Robyn Tobey <robyn.tobey@yahoo.com>; Sarah Funk <sfunk@haconcapecod.org>; Shannon Tracy <stracy@haconcapecod.org>; Stephane Ruault <sruault@cssdioc.org>; Tim Regan <tregan@haconcapecod.org>; Nichole DosSantos <ndossantos@duffyhealthcenter.org>

Subject: HUD Continuum of Care NOFA Released- Cape and Islands CoC Information Session Scheduled for Thursday September 9, 2021

Attachments: FY2021 RFP Cape and Islands Application Process and Timelines FINAL 8-26-2021.pdf (1.23 MB), FY2021 LOI - Final 8-26-2021.xlsx (779.05 KB)

Dear Regional Network Policy Board, Continuum of Care Grantees, and Interested Parties,

The U.S. Department of Housing and Urban Development (HUD) has recently released the 2021 Continuum of Care (CoC) Program Competition Notice of Funding Opportunity (NOFO). The NOFO can be found at https://www.hud.gov/sites/dfiles/SPM/documents/FY21_Continuum_of_Care_Competition.pdf and additional supporting documents can be found at https://www.hud.gov/program_offices/comm_planning/coc/competition. The Cape and Islands CoC has \$2,306,650.00 in available funds and is accepting new and renewal CoC project applications for the FY21 consolidated application. The attached document outlines this year's timeline and application process and an update on what's new in the FY21 competition. Please be aware that the deadline for submission of new and renewal project applications into e-snaps is October 13th, 2021 at 5:00 PM and the consolidated application is due by November 16th, 2021.

On Thursday September 9th, 2021 the Collaborative Applicant for the CoC, Barnstable County Department of Human Services, will hold information sessions for new and renewal projects:

- Renewal Projects: 9:30 AM
- New Projects: 10:15 AM

Information sessions will be held utilizing the Microsoft Teams application. RSVP to daniel.gray@barnstablecounty.org indicating which information session(s) you would like to attend. A calendar invitation and any relevant documents will be sent in advance of the meetings with a link to access the sessions.

Thank You!

Dan Gray, Continuum of Care Program Manager

daniel.gray@barnstablecounty.org

Barnstable County Department of Human Services

P.O. Box 427, 3195 Main St., Barnstable, MA 02630

Office: 774/224-0051 | Fax: 774/999-0062

www.bchumanservices.net



LOCAL ANNOUNCEMENT UPDATE – Date and Time Stamp 3

The screenshot shows a WordPress editor interface for a page titled "FY2021 Continuum of Care Notice of Funding Opportunity Update". The top navigation bar includes "CSS Editor", "Barnstable County Human Services", "11" notifications, "0" comments, "New", "View Page", "ExactMetrics 4", and "Duplicate Post". The right side of the top bar shows "Howdy, Barnstable County Human Services" and "Screen Options" and "Help" menus.

A purple "Blurb Settings" panel is open, showing "Preset: Default" and tabs for "Content", "Design", and "Advanced".

The main content area features the following text:

FY2021 Continuum of Care Notice of Funding Opportunity Update

UPDATE - SEPTEMBER 7, 2021: In compliance with newly issued HUD priorities for project application scoring, the [CoC](#) has updated the FY2021 NOFO NEW AND RENEWAL PROJECT SCORING METHODOLOGIES, which may be found as Appendices to the UPDATED REQUEST FOR PROPOSALS (RFP). See below.

On August 18, the U.S. Department of Housing and Urban Development (HUD) announced the FY2021 Notice of Funding Opportunity, including \$2.656 billion in Continuum of Care Program ([CoC](#)) competitive funding available to homeless services organizations across the country for supportive services and housing programs for people experiencing homelessness.

The Continuum of Care Program is the largest source of federal grant funding for homeless services and housing programs serving people experiencing homelessness. By statute, [CoC](#) Program grants must be awarded through an annual NOFO to which nearly 400 Continuum of Care communities apply for grants for approximately 7,000 homeless services projects. This includes both renewals of existing grants and grants for new projects.

As with prior NOFO's Continuum of Care will have the opportunity to renew existing projects, apply for new projects, and to reallocate resources from lower performing projects to better serve people experiencing homelessness. However, this year's NOFO includes some new opportunities. The FY 2021 [CoC](#) Program NOFO will, for the first time, invite Indian Tribes and Tribally Designated Housing entities (TDHE) to apply for grants through the [CoC](#) program. Additionally, the NOFO will provide \$102 million for rapid re-housing, supportive services, and other activities critical to assist survivors of domestic violence, dating violence, sexual assault or stalking.

MA-503 Cape Cod and Islands [CoC](#) is soliciting proposals for new and renewal projects through this competitive application process. Please read the [UPDATED Request for Proposals \(RFP\)](#) for details.

The right sidebar contains "Divi Page Settings" with "Dot Navigation" set to "Off" and "Hide Nav Before Scroll" set to "Default". The "Publish" section shows "Status: Published", "Visibility: Public", and "Published on: Sep 7, 2021 at 10:40". It includes buttons for "Preview Changes", "Update", "Copy to a new draft", "Rewrite & Republish", and "Move to Trash". The "Page Attributes" section shows "Parent" set to "Initiatives".

At the bottom, a Divi status bar shows a red "x" icon, a purple refresh icon, a blue refresh icon, and a green checkmark icon.

NEW PROJECT LETTER OF INTENT DEADLINE EXTENSION

From: Daniel Gray <daniel.gray@barnstablecounty.org>

Sent: Tuesday, September 21, 2021 11:03 AM

Subject: RE: HUD Continuum of Care NOFA Released- Cape and Islands CoC Information Session Scheduled for Thursday September 9, 2021

Hello Everyone,

Please note at this time that applications for new projects as part of the 2021 Continuum of Care program competition will be accepted through **3:00 PM on September 23rd**. New projects can utilize either the \$281,701 in reallocated funding, the \$101,960 in bonus funds, or a combination of the two. These funds can also be used to expand existing projects.

Eligible project types include:

- Permanent Housing-Permanent Supportive Housing (PH-PSH)
- PH-RRH
- Joint TH-PH-RRH

Information on the Notice of Funding Opportunity, including further descriptions of the project types can be found here:

https://www.hud.gov/sites/dfiles/SPM/documents/FY21_Continuum_of_Care_Competition.pdf

With additional information on the competition here:

https://www.hud.gov/program_offices/comm_planning/coc/competition

If you have any further questions, please contact me at this e-mail address or by calling (774) 224-0051

Dan Gray, Continuum of Care Program Manager
Barnstable County Department of Human Services
daniel.gray@barnstablecounty.org
774-224-0051

Cape & Islands CoC - FY 21 CoC Program Competition
Information Session for New Projects
September 9, 2021 10:15 AM
Meeting Held Through Teams

1. Overview of the FY 21 CoC Program Competition – What’s the Same, What’s New, Changes, & Highlights- Dan Gray
 - a. FY 21 Key Changes and Updates
 - b. HUD Priorities
 - c. FY 21 Program Components for New Projects Created Through Reallocation or Bonus
 - i. Permanent Housing-Permanent Supportive Housing (PH-PSH)
 - ii. PH-RRH
 - iii. Joint TH-PH-RRH
 - iv. SSO- Coordinated Entry
 - v. HMIS
 - vi. DV Bonus only RRH and Joint TH-RRH and SSO- CE
2. Local Competition – Lee Hamilton
 - a. Available Funds in FY 21
 - a. Review LOI – LOI for new projects are due by September 16, 2021
 - b. Review timelines
 - c. Review New Project Scoring Tool
3. Review and Ranking Process – Lee Hamilton
4. Other Requirements – Lee Hamilton
 - a. DUNs number and SAM registration
 - b. Code of Conduct must be on file with HUD
 - c. Common Mistakes
5. What new project applicants should consider before submitting a LOI
 - a. Are you eligible to apply?
 - b. Population to be served meets HUD requirements.
 - c. Are you able to support the required match? 25% of entire grant amount except leased housing.
 - d. Is your project an eligible project?
6. Technical Assistance
 - a. HUD Resources – NOFA, Instructional Guides, Detailed Instructions on HUD Exchange

- b. Questions about local process and timelines – Lee Hamilton
- c. Questions pertaining to e-snaps technical issues – e-snaps@hud.gov
- d. Questions related to CoC Program or policy question – CoCNOFO@hud.gov

7. Q&A

Cape & Islands CoC
FY 21 CoC Program Competition
Information Session for Renewal Projects
September 9, 2021 9:30 AM
Meeting Held Through Teams

1. Overview of the FY 21 CoC Program Competition – What’s the Same, What’s New, Changes, & Highlights- Dan Gray
 - a. MA 503 - Funds available in FY 21
 - b. FY 21 HUD Priorities
 - c. FY 21 Renewal Program Components
 - i. PH-PSH
 - ii. PH-RRH
 - iii. Joint TH-PH-RRH
 - iv. TH
 - v. SSO
 - vi. HMIS
2. Local Competition – Lee Hamilton
 - a. Review timelines
 - b. Review Renewal Scoring Tool
3. Review and Ranking Process – Lee Hamilton
4. Other Requirements – Lee Hamilton
 - a. DUNs number and SAM registration
 - b. Code of Conduct must be on file with HUD
 - c. Common Mistakes
5. Technical Assistance
 - a. HUD Resources – NOFA, Instructional Guides, Detailed Instructions on HUD Exchange
 - b. Questions about local process and timelines – Lee Hamilton
 - c. Questions pertaining to e-snaps technical issues – e-snaps@hud.gov
 - d. Questions related to CoC Program or policy question – CoCNOFO@hud.gov
6. Q & A

MA-503 CAPE COD AND ISLANDS CoC
FY2021 NOFO NEW AND RENEWAL PROJECT SCORING METHODOLOGY

SCORING CATEGORY - FY2021 RENEWAL PROJECTS	MAXIMUM POINTS		
	2+ APRS*	1 APR*	NO APR
INTRODUCTION: THRESHOLD CRITERIA	PASS	PASS	PASS
PART A: PROJECT QUALITY / PROGRAM POPULATION	22	22	22
PART B: PROJECT QUALITY / POLICIES & PROCEDURES	11	11	11
PART C: PROJECT QUALITY / COST EFFECTIVENESS	13	13	6
PART D: PROJECT QUALITY / SYSTEM PERFORMANCE - CASH INCOME AND BENEFITS	30	18	15
PART E: PROJECT QUALITY / DATA QUALITY	18	18	12
PART F: PROJECT QUALITY / PROGRAM OPERATION	13	13	10
PART G: PROJECT QUALITY / EQUITY OF ACCESS AND EQUITY OF OUTCOMES	8	8	2
PART h: PROJECT QUALITY / QUALITY OF APPLICATION	3	3	3
**TOTAL MAXIMUM POINTS	118	106	81

SCORING CATEGORY - FY2021 NEW PROJECTS	MAXIMUM POINTS
INTRODUCTION: THRESHOLD CRITERIA	PASS
PART A: PROJECT QUALITY / ORGANIZATIONAL CAPACITY	8
PART B: PROJECT QUALITY / PROGRAM DESCRIPTION	29
PART C: PROJECT QUALITY / QUALITY OF APPLICATION	3
PART D: PROJECT QUALITY / COST EFFECTIVENESS	4
**TOTAL MAXIMUM POINTS	44

*APR data used in scoring of Project Renewal Applications are drawn from the most recent APR submitted at the time of the CY2021 Grantee Monitoring Site Visit.

** Project rankings are based on the percentage of TOTAL PROJECT SCORE compared to the TOTAL MAXIMUM POSSIBLE POINTS available to Renewal Projects - 2+ APRs, Renewal Projects - 1 APR, Renewal Projects - No APR, and New Projects, respectively.

MA-503 CAPE COD AND ISLANDS CONTINUUM OF CARE		
FY2021 RENEWAL PROJECT SCORING METHODOLOGY - 2 or more APRS		
Scoring Data Sources: Applicant Surveys, Applications, APRs, Attendance Rosters, CES Database, HMIS Database, Site Visit Checklists	DATA SOURCE	POINTS
INTRODUCTION: PROJECT QUALITY / THRESHOLD CRITERIA (PASS/FAIL)		
[A] All application materials were received by the deadline		PASS
[B] Project is consistent with the Regional Network on Homelessness Strategic Plan and the Consolidated Plan		PASS
[C] No outstanding HUD and/or OIG Audit Findings where Grantee response is overdue or unsatisfactory (with approval from CoC, Grantee may be in process of working to resolve Findings)		PASS
[D] Project complies with the requirements of the CoC Interim Rule (24 CFR part 578): Project fills all vacancies from the Cape Cod and Islands CoC Coordinated Entry System (or for DV projects, from a comparable DV Coordinated Entry System).		PASS
[E] Project complies with the requirements of the CoC Interim Rule (24 CFR part 578): Project participates in the Cape Cod and Islands CoC HMIS (or for DV projects, in a comparable DV homeless information database).		PASS
[F] Project continues to be viable		PASS
INTRODUCTION		PASS
PART A: PROJECT QUALITY / PROGRAM POPULATION		
(1) Project Type	APR Q01 - Project Renewal Application	2
a. Permanent Supportive Housing		2
b. Transitional Housing - Permanent Housing/Rapid Re-Housing		2
c. Transitional Housing		1
(2) Bed and Unit Inventory: Number of beds in project	HMIS Project Set Up-Project Renewal Application	2
a. 20 or more		2
b. Fewer than 20		1
(3) Bed and unit inventory: % of dedicated Chronically Homeless or DedicatedPLUS beds	Project Renewal Application	5
a. 100%		5
b. 75%		4
c. 50%		3
d. 25%		2
e. Less than 25% but more than 0%		1
f. None		0
(4) Priority populations served by this project - check as many as apply	APR Q01 - Project Renewal Application	5
a. Veterans		1
b. Persons fleeing domestic violence, dating violence, sexual assault, and stalking		1
c. Families and Children		1
d. Unaccompanied Youth		1
e. Chronically homeless individuals and families		1
(5) Additional vulnerable populations served by this project	Project Renewal Application - Applicant Survey	6
a. History of victimization/abuse, domestic violence, sexual assault, childhood abuse		1
b. Criminal History		1
c. Low or no income		1
d. Current or past substance use		1
e. Resistance to receiving services		1
f. The only project of its kind in the CoC's geographic area serving a special homeless population/subpopulation		1
(6) Does Project follow Housing First approach?	Project Renewal Application - Site Visit Checklist	1
a. Yes		1
b. No		0
(7) Does Grantee offer Domestic Violence services or referrals to Domestic Violence provider agencies to participants who report a history of Domestic Violence?	APR Q14a - Site Visit Checklist	1
a. Yes		1
b. No		0
PART A MAXIMUM POSSIBLE POINTS		22
PART B: PROJECT QUALITY / POLICIES & PROCEDURES		
(8) Does Grantee follow CoC Coordinated Entry Policies and Procedures for (check as many as apply):	Site Visit Checklist	3
a. Prioritizing the most vulnerable individuals and families as outlined in Written Standards		1
b. Responding to referrals		1
c. Reporting unit vacancies		1
(9) Are 100% of clients referred through Coordinated Entry System?	Site Visit Checklist	1
a. Yes		1
b. No		0
10 Does Grantee follow CoC HMIS Policies and Procedures regarding (check as many as apply):	Site Visit Checklist	2
a. Project Set Up		1
b. Data Entry		1
(11) Does Grantee follow CoC HMIS Policies and Procedures regarding security and privacy, data collection and quality, and project assessments, as outlined in MA HMIS ASIST Participation Agreement?	Site Visit Checklist	1
a. Yes		1
b. No		0
(12) Does Grantee follow HUD-approved Financial Policies and Procedures for management of CoC funds?	Site Visit Checklist	1
a. Yes		1
b. No		0

(13) Has Grantee provided documented 25% Match for current project? a. Yes b. No	Site Visit Checklist	1 1 0
(14) Does Grantee have "Move On" policy to help participants apply for and obtain mainstream housing vouchers? a. Official written policy b. No written policy, but participant service plans include assistance in obtaining mainstream vouchers c. No Move On policy	Site Visit Checklist	2 2 1 0
PART B MAXIMUM POSSIBLE POINTS		11
PART C: PROJECT QUALITY / COST EFFECTIVENESS		
(15) Percentage of STAYERS In Permanent Housing and LEAVERS exiting to PH destination a. 100% (excluding exceptions) b. 90% - 99% c. 80% - 89% d. 70% -79% e. Less than 75%	APR Q23c, HMIS Data Analysis	4 4 3 2 1 0
(16) Percentage of LEAVERS who exited Permanent Housing to return to homelessness (unsheltered or Emergency Shelter) a. 0% b. Greater than 0%	HMIS Data Analysis	1 1 0
(17) Average length of time in PSH a. 180 days or greater b. 90 to 179 days c. Fewer than 90 days	APR Q22b	2 2 1 0
(18) Utilization Rate - Average Daily Utilization During Operating Year / Beds a. 90% or higher b. 80% -89% c. 70% - 79% d. 60% - 69% e. Less than 60%	APR Q2	4 4 3 2 1 0
(19) Cost per Permanent Housing Outcome (STAYERS and LEAVERS) is at or below regional average a. Yes b. No	HMIS Data Analysis	2 2 0
PART C MAXIMUM POSSIBLE POINTS		13
PART D: PROJECT QUALITY / SYSTEM PERFORMANCE - CASH INCOME AND BENEFITS		
(20) Mainstream Benefits: % Households with CASH INCOME of any kind during CURRENT CONTRACT YEAR a. 90% or more b. 75% - 89% c. 60% - 74% d. Less than 60%	APR Q18	3 3 2 1 0
(20-A) Mainstream Benefits: % Households with EARNED INCOME during CURRENT CONTRACT YEAR a. 20% or greater b. 10% to 19% c. 1% to 9% d. No Households	APR Q18	3 3 2 1 0
(20-A-i) Rate of growth in % Households with with EARNED INCOME from PREVIOUS CONTRACT YEAR to CURRENT CONTRACT YEAR a. 20% or greater b. 10% to 19% c. 1% to 9% d. No increase	APR Q18 (FY2016 APR, FY2017 APR)	3 3 2 1 0
(20-B) Mainstream Benefits: % Households with INCREASED EARNED INCOME during CURRENT CONTRACT YEAR a. 20% or greater b. 10% to 19% c. 1% to 9% d. No Households	APR Q19a1	3 3 2 1 0
(20-B-i) Rate of growth in % Households with with INCREASED EARNED INCOME from PREVIOUS CONTRACT YEAR to CURRENT CONTRACT YEAR a. 20% or more b. 10% to 19% c. 1% to 9% d. No increase	APR Q19a1 (FY2016 APR, FY2017 APR)	3 3 2 1 0
(21) Mainstream Benefits: % Households with NON-EMPLOYMENT INCOME of any kind during CURRENT CONTRACT YEAR a. 90% or more b. 75% - 89% c. 60% - 74% d. Less than 60%	APR Q18	3 3 2 1 0

(21-A) Rate of growth in % Households with NON-EMPLOYMENT INCOME from PREVIOUS CONTRACT YEAR to CURRENT CONTRACT YEAR a. 20% or more b. 10% to 19% c. 1% to 9% d. No increase	APR Q18 (FY2016 APR, FY2017 APR)	3 3 2 1 0
(22) Mainstream Benefits: % Households with NON-CASH BENEFITS of any kind a. 90% or more b. 75% - 89% c. 60% - 74% d. Less than 60%	APR Q20b	3 3 2 1 0
(22-A) Rate of growth in % Households with NON-CASH benefits from PREVIOUS CONTRACT YEAR to CURRENT CONTRACT YEAR a. 20% or more b. 10% to 19% c. 1% to 9% d. No increase	APR Q20b	3 3 2 1 0
(23) Health Insurance: % of Total Participants enrolled in health insurance of any kind a. 90% or more b. 75% - 89% c. 60% - 74% d. Less than 60%	APR Q21	3 3 2 1 0
PART D MAXIMUM POSSIBLE POINTS		30
PART E: PROJECT QUALITY / DATA QUALITY		
(24) Is project set up correctly in HMIS with all General Touchpoints Completed? (Check as many as apply) a. Project Descriptors b. Bed and Unit Inventory	HMIS Project Set Up	2 1 1
(25) Data Quality: Personally Identifiable Information (PII) a. 100% b. 80% - 99% c. Below 80%	APR Q06a	2 2 1 0
(26) Data Quality: Universal Data Elements a. 100% b. 80% - 99% c. Below 80%	APR Q06b	2 2 1 0
(27) Data Quality: Income and Housing Data Quality a. 100% b. 80% - 99% c. Below 80%	APR Q06c	2 2 1 0
(28) Data Quality: Chronic Homelessness a. 100% b. 80% - 99% c. Below 80%	APR Q06d	2 2 1 0
(29) Data Quality: Entry Assessments a. 100% b. 80% - 99% c. Below 80%	HMIS Data Validation	2 2 1 0
(30) Data Quality: Annual Assessments COMPLETED a. 100% b. 80% - 99% c. Below 80%	HMIS Data Validation	2 2 1 0
(31) Data Quality: Annual Assessments ON TIME a. 100% b. 80% - 99% c. Below 80%	HMIS Data Validation	2 2 1 0
(32) Data Quality: Exit Assessments a. 100% b. 80% - 99% c. Below 80%	HMIS Data Validation	2 2 1 0
PART E MAXIMUM POSSIBLE POINTS		18
PART F: PROJECT QUALITY / PROGRAM OPERATION		
(33) Timely expenditure of funds - total spend down of most recently completed contract a. Greater than 90% b. Between 80 and 89% c. Less than 80%	APR Grant Information	2 2 1 0
(34) Timely expenditure of funds - average quarterly draw down of current contract a. 25% or more b. 15% to 24% c. Less than 15%	Site Visit Checklist	2 2 1 0

(35) Grantee submitted Annual Performance Report (APR) within 90 days of Contract End Date OR within deadline of APR extension a. Yes b. No	Site Visit Checklist	1 1 0
(36) Grantee has attended at least one CoC / Regional Network technical training within the previous 12-month period, such as Point in Time Count, Tenant Preservation, Policy Board, DV/CES, HUD TTA webinars, CHAMP Application, CoC Start-Up webinar, etc. a. Yes b. No	Attendance Rosters	1 1 0
(37) Grantee participates in Coordinated Entry meetings and Case Coordination meetings as requested by CoC a. Yes b. No	Attendance Rosters	1 1 0
(38) Grantee maintains homeless documentation in accordance with program requirements a. Yes b. No	Site Visit Checklist	1 1 0
(39) Grantee has written intake procedures which require documentation of participant's length of time homeless and qualifying disability a. Yes b. No	Site Visit Checklist	1 1 0
(40) Grantee conducts an annual assessment of service needs of program participants and adjusts services accordingly a. Yes b. No	Site Visit Checklist	1 1 0
(41) Grantee follows occupancy policies as outlined in CPD 6509.2, Chapter 29-3 a. Yes b. No	Site Visit Checklist	1 1 0
(42) Grantee maintains a drug-free workplace a. Yes b. No	Site Visit Checklist	1 1 0
(43) Grantee has undergone Environmental Review within the past 5 years a. Yes b. No	Site Visit Checklist	1 1 0
PART F MAXIMUM POSSIBLE POINTS		13
PART G: PROJECT QUALITY / EQUITY OF ACCESS - EQUITY OF OUTCOMES		
(44) EQUITABLE ACCESS - Project reflects local population: Rate of project enrollments by persons of Black or African American descent is greater than or equal to regional demographic rate (4%) a. Yes b. No	HMIS Data Analysis	1 1 0
(45) EQUITABLE ACCESS - Project reflects local population: Rate of project enrollments by persons of Hispanic/Latino descent is greater than or equal to regional demographic rate (4%) a. Yes b. No	HMIS Data Analysis	1 1 0
(46) EQUITABLE OUTCOMES - Rate of retention of/exits to Permanent Housing (12 months or more) by persons of Black or African American descent (compared to total enrollments by persons of Black or African American descent) a. 100% b. 50%-99% c. 1%-49% d. 0% or N/A	HMIS Data Analysis	3 3 2 1 0
(47) EQUITABLE OUTCOMES - Rate of retention of/exits to Permanent Housing (12 months or more) by persons of Hispanic/Latino descent (compared to total enrollments by persons of Hispanic/Latino descent) a. 100% b. 50%-99% c. 1%-49% d. 0% or N/A	HMIS Data Analysis	3 3 2 1 0
PART G MAXIMUM POSSIBLE POINTS		8
PART H: PROJECT QUALITY / QUALITY OF APPLICATION		
(48) Application components are accurate and complete - Errors refers to substantive errors in data entry; inaccurate, incomplete, or missing information; calculation errors; etc. Typos will not be counted as errors. a. Application has no errors b. Application has between 1 and 3 errors c. Application has between 4 and 6 errors d. Application has more than 6 errors	Project Renewal Application	3 3 2 1 0
PART H MAXIMUM POSSIBLE POINTS		3
TOTAL MAXIMUM POSSIBLE POINTS		118

MA-503 CAPE COD AND ISLANDS CONTINUUM OF CARE FY2021 RENEWAL PROJECT SCORING METHODOLOGY - 1 APR		
Scoring Data Sources: Applicant Surveys, Applications, APRs, Attendance Rosters, CES Database, HMIS Database, Site Visit Checklists	DATA SOURCE	POINTS
INTRODUCTION: PROJECT QUALITY / THRESHOLD CRITERIA (PASS/FAIL)		
[A] All application materials were received by the deadline		PASS
[B] Project is consistent with the Regional Network on Homelessness Strategic Plan and the Consolidated Plan		PASS
[C] No outstanding HUD and/or OIG Audit Findings where Grantee response is overdue or unsatisfactory (with approval from CoC, Grantee may be in process of working to resolve Findings)		PASS
[D] Project complies with the requirements of the CoC Interim Rule (24 CFR part 578): Project fills all vacancies from the Cape Cod and Islands CoC Coordinated Entry System (or for DV projects, from a comparable DV Coordinated Entry System).		PASS
[E] Project complies with the requirements of the CoC Interim Rule (24 CFR part 578): Project participates in the Cape Cod and Islands CoC HMIS (or for DV projects, in a comparable DV homeless information database).		PASS
[F] Project continues to be viable		PASS
INTRODUCTION		PASS
PART A: PROJECT QUALITY / PROGRAM POPULATION		
(1) Project Type	APR Q01 - Project Renewal Application	2
a. Permanent Supportive Housing		2
b. Transitional Housing - Permanent Housing/Rapid Re-Housing		2
c. Transitional Housing		1
(2) Bed and Unit Inventory: Number of beds in project	HMIS Project Set Up-Project Renewal Application	2
a. 20 or more		2
b. Fewer than 20		1
(3) Bed and unit inventory: % of dedicated Chronically Homeless or DedicatedPLUS beds	Project Renewal Application	5
a. 100%		5
b. 75%		4
c. 50%		3
d. 25%		2
e. Less than 25% but more than 0%		1
f. None		0
(4) Priority populations served by this project - check as many as apply	APR Q01 - Project Renewal Application	5
a. Veterans		1
b. Persons fleeing domestic violence, dating violence, sexual assault, and stalking		1
c. Families and Children		1
d. Unaccompanied Youth		1
e. Chronically homeless individuals and families		1
(5) Additional vulnerable populations served by this project	Project Renewal Application - Applicant Survey	6
a. History of victimization/abuse, domestic violence, sexual assault, childhood abuse		1
b. Criminal History		1
c. Low or no income		1
d. Current or past substance use		1
e. Resistance to receiving services		1
f. The only project of its kind in the CoC's geographic area serving a special homeless population/subpopulation		1
(6) Does Project follow Housing First approach?	Project Renewal Application - Site Visit Checklist	1
a. Yes		1
b. No		0
(7) Does Grantee offer Domestic Violence services or referrals to Domestic Violence provider agencies to participants who report a history of Domestic Violence?	APR Q14a - Site Visit Checklist	1
a. Yes		1
b. No		0
PART A MAXIMUM POSSIBLE POINTS		22
PART B: PROJECT QUALITY / POLICIES & PROCEDURES		
(8) Does Grantee follow CoC Coordinated Entry Policies and Procedures for (check as many as apply):	Site Visit Checklist	3
a. Prioritizing the most vulnerable individuals and families as outlined in Written Standards		1
b. Responding to referrals		1
c. Reporting unit vacancies		1
(9) Are 100% of clients referred through Coordinated Entry System?	Site Visit Checklist	1
a. Yes		1
b. No		0
10 Does Grantee follow CoC HMIS Policies and Procedures regarding (check as many as apply):	Site Visit Checklist	2
a. Project Set Up		1
b. Data Entry		1
(11) Does Grantee follow CoC HMIS Policies and Procedures regarding security and privacy, data collection and quality, and project assessments, as outlined in MA HMIS ASIST Participation Agreement?	Site Visit Checklist	1
a. Yes		1
b. No		0
(12) Does Grantee follow HUD-approved Financial Policies and Procedures for management of CoC funds?	Site Visit Checklist	1
a. Yes		1
b. No		0

(13) Has Grantee provided documented 25% Match for current project? a. Yes b. No	Site Visit Checklist	1 1 0
(14) Does Grantee have "Move On" policy to help participants apply for and obtain mainstream housing vouchers? a. Official written policy b. No written policy, but participant service plans include assistance in obtaining mainstream vouchers c. No Move On policy	Site Visit Checklist	2 2 1 0
PART B MAXIMUM POSSIBLE POINTS		11
PART C: PROJECT QUALITY / COST EFFECTIVENESS		
(15) Percentage of STAYERS In Permanent Housing and LEAVERS exiting to PH destination a. 100% (excluding exceptions) b. 90% - 99% c. 80% - 89% d. 70% -79% e. Less than 75%	APR Q23c, HMIS Data Analysis	4 4 3 2 1 0
(16) Percentage of LEAVERS who exited Permanent Housing to return to homelessness (unsheltered or Emergency Shelter) a. 0% b. Greater than 0%	HMIS Data Analysis	1 1 0
(17) Average length of time in PSH a. 180 days or greater b. 90 to 179 days c. Fewer than 90 days	APR Q22b	2 2 1 0
(18) Utilization Rate - Average Daily Utilization During Operating Year / Beds a. 90% or higher b. 80% -89% c. 70% - 79% d. 60% - 69% e. Less than 60%	APR Q2	4 4 3 2 1 0
(19) Cost per Permanent Housing Outcome (STAYERS and LEAVERS) is at or below regional average a. Yes b. No	HMIS Data Analysis	2 1 0
PART C MAXIMUM POSSIBLE POINTS		13
PART D: PROJECT QUALITY / SYSTEM PERFORMANCE - CASH INCOME AND BENEFITS		
(20) Mainstream Benefits: % Households with CASH INCOME of any kind during CURRENT CONTRACT YEAR a. 90% or more b. 75% - 89% c. 60% - 74% d. Less than 60%	APR Q18	3 3 2 1 0
(20-A) Mainstream Benefits: % Households with EARNED INCOME during CURRENT CONTRACT YEAR a. 20% or greater b. 10% to 19% c. 1% to 9% d. No Households	APR Q18	3 3 2 1 0
(20-A-i) Rate of growth in % Households with with EARNED INCOME from PREVIOUS CONTRACT YEAR to CURRENT CONTRACT YEAR a. 20% or greater b. 10% to 19% c. 1% to 9% d. No increase	APR Q18 (FY2016 APR, FY2017 APR)	
(20-B) Mainstream Benefits: % Households with INCREASED EARNED INCOME during CURRENT CONTRACT YEAR a. 20% or greater b. 10% to 19% c. 1% to 9% d. No Households	APR Q19a1	3 3 2 1 0
(20-B-i) Rate of growth in % Households with with INCREASED EARNED INCOME from PREVIOUS CONTRACT YEAR to CURRENT CONTRACT YEAR a. 20% or more b. 10% to 19% c. 1% to 9% d. No increase	APR Q19a1 (FY2016 APR, FY2017 APR)	
(21) Mainstream Benefits: % Households with NON-EMPLOYMENT INCOME of any kind during CURRENT CONTRACT YEAR a. 90% or more b. 75% - 89% c. 60% - 74% d. Less than 60%	APR Q18	3 3 2 1 0

(21-A) Rate of growth in % Households with NON-EMPLOYMENT INCOME from PREVIOUS CONTRACT YEAR to CURRENT CONTRACT YEAR a. 20% or more b. 10% to 19% c. 1% to 9% d. No increase	APR Q18 (FY2016 APR, FY2017 APR)	
(22) Mainstream Benefits: % Households with NON-CASH BENEFITS of any kind a. 90% or more b. 75% - 89% c. 60% - 74% d. Less than 60%	APR Q20b	3 3 2 1 0
(22-A) Rate of growth in % Households with NON-CASH benefits from PREVIOUS CONTRACT YEAR to CURRENT CONTRACT YEAR a. 20% or more b. 10% to 19% c. 1% to 9% d. No increase	APR Q20b	
(23) Health Insurance: % of Total Participants enrolled in health insurance of any kind a. 90% or more b. 75% - 89% c. 60% - 74% d. Less than 60%	APR Q21	3 3 2 1 0
PART D MAXIMUM POSSIBLE POINTS		18
PART E: PROJECT QUALITY / DATA QUALITY		
(24) Is project set up correctly in HMIS with all General Touchpoints Completed? (Check as many as apply) a. Project Descriptors b. Bed and Unit Inventory	HMIS Project Set Up	2 1 1
(25) Data Quality: Personally Identifiable Information (PII) a. 100% b. 80% - 99% c. Below 80%	APR Q06a	2 2 1 0
(26) Data Quality: Universal Data Elements a. 100% b. 80% - 99% c. Below 80%	APR Q06b	2 2 1 0
(27) Data Quality: Income and Housing Data Quality a. 100% b. 80% - 99% c. Below 80%	APR Q06c	2 2 1 0
(28) Data Quality: Chronic Homelessness a. 100% b. 80% - 99% c. Below 80%	APR Q06d	2 2 1 0
(29) Data Quality: Entry Assessments a. 100% b. 80% - 99% c. Below 80%	HMIS Data Validation	2 2 1 0
(30) Data Quality: Annual Assessments COMPLETED a. 100% b. 80% - 99% c. Below 80%	HMIS Data Validation	2 2 1 0
(31) Data Quality: Annual Assessments ON TIME a. 100% b. 80% - 99% c. Below 80%	HMIS Data Validation	2 2 1 0
(32) Data Quality: Exit Assessments a. 100% b. 80% - 99% c. Below 80%	HMIS Data Validation	2 2 1 0
PART E MAXIMUM POSSIBLE POINTS		18
PART F: PROJECT QUALITY / PROGRAM OPERATION		
(33) Timely expenditure of funds - total spend down of most recently completed contract a. Greater than 90% b. Between 80 and 89% c. Less than 80%	APR Grant Information	2 2 1 0
(34) Timely expenditure of funds - average quarterly draw down of current contract a. 25% or more b. 15% to 24% c. Less than 15%	Site Visit Checklist	2 2 1 0

(35) Grantee submitted Annual Performance Report (APR) within 90 days of Contract End Date OR within deadline of APR extension a. Yes b. No	Site Visit Checklist	1 1 0
(36) Grantee has attended at least one CoC / Regional Network technical training within the previous 12-month period, such as Point in Time Count, Tenant Preservation, Policy Board, DV/CES, HUD TTA webinars, CHAMP Application, CoC Start-Up webinar, etc. a. Yes b. No	Attendance Rosters	1 1 0
(37) Grantee participates in Coordinated Entry meetings and Case Coordination meetings as requested by CoC a. Yes b. No	Attendance Rosters	1 1 0
(38) Grantee maintains homeless documentation in accordance with program requirements a. Yes b. No	Site Visit Checklist	1 1 0
(39) Grantee has written intake procedures which require documentation of participant's length of time homeless and qualifying disability a. Yes b. No	Site Visit Checklist	1 1 0
(40) Grantee conducts an annual assessment of service needs of program participants and adjusts services accordingly a. Yes b. No	Site Visit Checklist	1 1 0
(41) Grantee follows occupancy policies as outlined in CPD 6509.2, Chapter 29-3 a. Yes b. No	Site Visit Checklist	1 1 0
(42) Grantee maintains a drug-free workplace a. Yes b. No	Site Visit Checklist	1 1 0
(43) Grantee has undergone Environmental Review within the past 5 years a. Yes b. No	Site Visit Checklist	1 1 0
PART F MAXIMUM POSSIBLE POINTS		13
PART G: PROJECT QUALITY / EQUITY OF ACCESS - EQUITY OF OUTCOMES		
(44) EQUITABLE ACCESS - Project reflects local population: Rate of project enrollments by persons of Black or African American descent is greater than or equal to regional demographic rate (4%) a. Yes b. No	HMIS Data Analysis	1 1 0
(45) EQUITABLE ACCESS - Project reflects local population: Rate of project enrollments by persons of Hispanic/Latino descent is greater than or equal to regional demographic rate (4%) a. Yes b. No	HMIS Data Analysis	1 1 0
(46) EQUITABLE OUTCOMES - Rate of retention of/exits to Permanent Housing (12 months or more) by persons of Black or African American descent (compared to total enrollments by persons of Black or African American descent) a. 100% b. 50%-99% c. 1%-49% d. 0% or N/A	HMIS Data Analysis	3 3 2 1 0
(47) EQUITABLE OUTCOMES - Rate of retention of/exits to Permanent Housing (12 months or more) by persons of Hispanic/Latino descent (compared to total enrollments by persons of Hispanic/Latino descent) a. 100% b. 50%-99% c. 1%-49% d. 0% or N/A	HMIS Data Analysis	3 3 2 1 0
PART G MAXIMUM POSSIBLE POINTS		8
PART H: PROJECT QUALITY / QUALITY OF APPLICATION		
(48) Application components are accurate and complete - Errors refers to substantive errors in data entry; inaccurate, incomplete, or missing information; calculation errors; etc. Typos will not be counted as errors. a. Application has no errors b. Application has between 1 and 3 errors c. Application has between 4 and 6 errors d. Application has more than 6 errors	Project Renewal Application	3 3 2 1 0
PART H MAXIMUM POSSIBLE POINTS		3
TOTAL MAXIMUM POSSIBLE POINTS		106

MA-503 CAPE COD AND ISLANDS CONTINUUM OF CARE FY2021 RENEWAL PROJECT SCORING METHODOLOGY - NO APR		
Scoring Data Sources: Applicant Surveys, Applications, APRs, Attendance Rosters, CES Database, HMIS Database, Site Visit Checklists	DATA SOURCE	POINTS
INTRODUCTION: PROJECT QUALITY / THRESHOLD CRITERIA (PASS/FAIL)		
[A] All application materials were received by the deadline		PASS
[B] Project is consistent with the Regional Network on Homelessness Strategic Plan and the Consolidated Plan		PASS
[C] No outstanding HUD and/or OIG Audit Findings where Grantee response is overdue or unsatisfactory (with approval from CoC, Grantee may be in process of working to resolve Findings)		PASS
[D] Project complies with the requirements of the CoC Interim Rule (24 CFR part 578): Project fills all vacancies from the Cape Cod and Islands CoC Coordinated Entry System (or for DV projects, from a comparable DV Coordinated Entry System).		PASS
[E] Project complies with the requirements of the CoC Interim Rule (24 CFR part 578): Project participates in the Cape Cod and Islands CoC HMIS (or for DV projects, in a comparable DV homeless information database).		PASS
[F] Project continues to be viable		PASS
INTRODUCTION		PASS
PART A: PROJECT QUALITY / PROGRAM POPULATION		
(1) Project Type	Project Renewal Application	2
a. Permanent Supportive Housing		2
b. Transitional Housing - Permanent Housing/Rapid Re-Housing		2
c. Transitional Housing		1
(2) Bed and Unit Inventory: Number of beds in project	HMIS Project Set Up-Project Renewal Application	2
a. 20 or more		2
b. Fewer than 20		1
(3) Bed and unit inventory: % of dedicated Chronically Homeless or DedicatedPLUS beds	Project Renewal Application	5
a. 100%		5
b. 75%		4
c. 50%		3
d. 25%		2
e. Less than 25% but more than 0%		1
f. None		0
(4) Priority populations served by this project - check as many as apply	Project Renewal Application	5
a. Veterans		1
b. Persons fleeing domestic violence, dating violence, sexual assault, and stalking		1
c. Families and Children		1
d. Unaccompanied Youth		1
e. Chronically homeless individuals and families		1
(5) Additional vulnerable populations served by this project	Project Renewal Application - Applicant Survey	6
a. History of victimization/abuse, domestic violence, sexual assault, childhood abuse		1
b. Criminal History		1
c. Low or no income		1
d. Current or past substance use		1
e. Resistance to receiving services		1
f. The only project of its kind in the CoC's geographic area serving a special homeless population/subpopulation		1
(6) Does Project follow Housing First approach?	Project Renewal Application - Site Visit Checklist	1
a. Yes		1
b. No		0
(7) Does Grantee offer Domestic Violence services or referrals to Domestic Violence provider agencies to participants who report a history of Domestic Violence?	Site Visit Checklist	1
a. Yes		1
b. No		0
PART A MAXIMUM POSSIBLE POINTS		22
PART B: PROJECT QUALITY / POLICIES & PROCEDURES		
(8) Does Grantee follow CoC Coordinated Entry Policies and Procedures for (check as many as apply):	Site Visit Checklist	3
a. Prioritizing the most vulnerable individuals and families as outlined in Written Standards		1
b. Responding to referrals		1
c. Reporting unit vacancies		1
(9) Are 100% of clients referred through Coordinated Entry System?	Site Visit Checklist	1
a. Yes		1
b. No		0
10 Does Grantee follow CoC HMIS Policies and Procedures regarding (check as many as apply):	Site Visit Checklist	2
a. Project Set Up		1
b. Data Entry		1
(11) Does Grantee follow CoC HMIS Policies and Procedures regarding security and privacy, data collection and quality, and project assessments, as outlined in MA HMIS ASIST Participation Agreement?	Site Visit Checklist	1
a. Yes		1
b. No		0
(12) Does Grantee follow HUD-approved Financial Policies and Procedures for management of CoC funds?	Site Visit Checklist	1
a. Yes		1
b. No		0

(13) Has Grantee provided documented 25% Match for current project? a. Yes b. No	Site Visit Checklist	1 1 0
(14) Does Grantee have "Move On" policy to help participants apply for and obtain mainstream housing vouchers? a. Official written policy b. No written policy, but participant service plans include assistance in obtaining mainstream vouchers c. No Move On policy	Site Visit Checklist	2 2 1 0
PART B MAXIMUM POSSIBLE POINTS		11
PART C: PROJECT QUALITY / COST EFFECTIVENESS		
(15) Percentage of STAYERS In Permanent Housing and LEAVERS exiting to PH destination a. 100% (excluding exceptions) b. 90% - 99% c. 80% - 89% d. 70% -79% e. Less than 75%	HMIS Data Analysis	
(16) Percentage of LEAVERS who exited Permanent Housing to return to homelessness (unsheltered or Emergency Shelter) a. 0% b. Greater than 0%	HMIS Data Analysis	
(17) Average length of time in PSH a. 180 days or greater b. 90 to 179 days c. Fewer than 90 days	HMIS Data Analysis	2 2 1 0
(18) Utilization Rate - Average Daily Utilization During Operating Year / Beds a. 90% or higher b. 80% -89% c. 70% - 79% d. 60% - 69% e. Less than 60%	HMIS Data Analysis	4 4 3 2 1 0
(19) Cost per Permanent Housing Outcome (STAYERS and LEAVERS) is at or below regional average a. Yes b. No	HMIS Data Analysis	
PART C MAXIMUM POSSIBLE POINTS		6
PART D: PROJECT QUALITY / SYSTEM PERFORMANCE - CASH INCOME AND BENEFITS		
(20) Mainstream Benefits: % Households with CASH INCOME of any kind during CURRENT CONTRACT YEAR a. 90% or more b. 75% - 89% c. 60% - 74% d. Less than 60%	APR Q18	3 3 2 1 0
(20-A) Mainstream Benefits: % Households with EARNED INCOME during CURRENT CONTRACT YEAR a. 20% or greater b. 10% to 19% c. 1% to 9% d. No Households	APR Q18	3 3 2 1 0
(20-A-i) Rate of growth in % Households with with EARNED INCOME from PREVIOUS CONTRACT YEAR to CURRENT CONTRACT YEAR a. 20% or greater b. 10% to 19% c. 1% to 9% d. No increase	APR Q18 (FY2016 APR, FY2017 APR)	
(20-B) Mainstream Benefits: % Households with INCREASED EARNED INCOME during CURRENT CONTRACT YEAR a. 20% or greater b. 10% to 19% c. 1% to 9% d. No Households	APR Q19a1	
(20-B-i) Rate of growth in % Households with with INCREASED EARNED INCOME from PREVIOUS CONTRACT YEAR to CURRENT CONTRACT YEAR a. 20% or more b. 10% to 19% c. 1% to 9% d. No increase	APR Q19a1 (FY2016 APR, FY2017 APR)	
(21) Mainstream Benefits: % Households with NON-EMPLOYMENT INCOME of any kind during CURRENT CONTRACT YEAR a. 90% or more b. 75% - 89% c. 60% - 74% d. Less than 60%	APR Q18	3 3 2 1 0

(21-A) Rate of growth in % Households with NON-EMPLOYMENT INCOME from PREVIOUS CONTRACT YEAR to CURRENT CONTRACT YEAR a. 20% or more b. 10% to 19% c. 1% to 9% d. No increase	APR Q18 (FY2016 APR, FY2017 APR)	
(22) Mainstream Benefits: % Households with NON-CASH BENEFITS of any kind a. 90% or more b. 75% - 89% c. 60% - 74% d. Less than 60%	APR Q20b	3 3 2 1 0
(22-A) Rate of growth in % Households with NON-CASH benefits from PREVIOUS CONTRACT YEAR to CURRENT CONTRACT YEAR a. 20% or more b. 10% to 19% c. 1% to 9% d. No increase	APR Q20b	
(23) Health Insurance: % of Total Participants enrolled in health insurance of any kind a. 90% or more b. 75% - 89% c. 60% - 74% d. Less than 60%	APR Q21	3 3 2 1 0
PART D MAXIMUM POSSIBLE POINTS		15
PART E: PROJECT QUALITY / DATA QUALITY		
(24) Is project set up correctly in HMIS with all General Touchpoints Completed? (Check as many as apply) a. Project Descriptors b. Bed and Unit Inventory	HMIS Project Set Up	2 1 1
(25) Data Quality: Personally Identifiable Information (PII) a. 100% b. 80% - 99% c. Below 80%	APR Q06a	2 2 1 0
(26) Data Quality: Universal Data Elements a. 100% b. 80% - 99% c. Below 80%	APR Q06b	2 2 1 0
(27) Data Quality: Income and Housing Data Quality a. 100% b. 80% - 99% c. Below 80%	APR Q06c	2 2 1 0
(28) Data Quality: Chronic Homelessness a. 100% b. 80% - 99% c. Below 80%	APR Q06d	2 2 1 0
(29) Data Quality: Entry Assessments a. 100% b. 80% - 99% c. Below 80%	HMIS Data Validation	2 2 1 0
(30) Data Quality: Annual Assessments COMPLETED a. 100% b. 80% - 99% c. Below 80%	HMIS Data Validation	
(31) Data Quality: Annual Assessments ON TIME a. 100% b. 80% - 99% c. Below 80%	HMIS Data Validation	
(32) Data Quality: Exit Assessments a. 100% b. 80% - 99% c. Below 80%	HMIS Data Validation	
PART E MAXIMUM POSSIBLE POINTS		12
PART F: PROJECT QUALITY / PROGRAM OPERATION		
(33) Timely expenditure of funds - total spend down of most recently completed contract a. Greater than 90% b. Between 80 and 89% c. Less than 80%	APR Grant Information	
(34) Timely expenditure of funds - average quarterly draw down of current contract a. 25% or more b. 15% to 24% c. Less than 15%	Site Visit Checklist	2 2 1 0

(35) Grantee submitted Annual Performance Report (APR) within 90 days of Contract End Date OR within deadline of APR extension a. Yes b. No	Site Visit Checklist	
(36) Grantee has attended at least one CoC / Regional Network technical training within the previous 12-month period, such as Point in Time Count, Tenant Preservation, Policy Board, DV/CES, HUD TTA webinars, CHAMP Application, CoC Start-Up webinar, etc. a. Yes b. No	Attendance Rosters	1 1 0
(37) Grantee participates in Coordinated Entry meetings and Case Coordination meetings as requested by CoC a. Yes b. No	Attendance Rosters	1 1 0
(38) Grantee maintains homeless documentation in accordance with program requirements a. Yes b. No	Site Visit Checklist	1 1 0
(39) Grantee has written intake procedures which require documentation of participant's length of time homeless and qualifying disability a. Yes b. No	Site Visit Checklist	1 1 0
(40) Grantee conducts an annual assessment of service needs of program participants and adjusts services accordingly a. Yes b. No	Site Visit Checklist	1 1 0
(41) Grantee follows occupancy policies as outlined in CPD 6509.2, Chapter 29-3 a. Yes b. No	Site Visit Checklist	1 1 0
(42) Grantee maintains a drug-free workplace a. Yes b. No	Site Visit Checklist	1 1 0
(43) Grantee has undergone Environmental Review within the past 5 years a. Yes b. No	Site Visit Checklist	1 1 0
PART F MAXIMUM POSSIBLE POINTS		10
PART G: PROJECT QUALITY / EQUITY OF ACCESS - EQUITY OF OUTCOMES		
(44) EQUITABLE ACCESS - Project reflects local population: Rate of project enrollments by persons of Black or African American descent is greater than or equal to regional demographic rate (4%) a. Yes b. No	HMIS Data Analysis	1 1 0
(45) EQUITABLE ACCESS - Project reflects local population: Rate of project enrollments by persons of Hispanic/Latino descent is greater than or equal to regional demographic rate (4%) a. Yes b. No	HMIS Data Analysis	1 1 0
(46) EQUITABLE OUTCOMES - Rate of retention of/exits to Permanent Housing (12 months or more) by persons of Black or African American descent (compared to total enrollments by persons of Black or African American descent) a. 100% b. 50%-99% c. 1%-49% d. 0% or N/A	HMIS Data Analysis	
(47) EQUITABLE OUTCOMES - Rate of retention of/exits to Permanent Housing (12 months or more) by persons of Hispanic/Latino descent (compared to total enrollments by persons of Hispanic/Latino descent) a. 100% b. 50%-99% c. 1%-49% d. 0% or N/A	HMIS Data Analysis	
PART G MAXIMUM POSSIBLE POINTS		2
PART H: PROJECT QUALITY / QUALITY OF APPLICATION		
(48) Application components are accurate and complete - Errors refers to substantive errors in data entry; inaccurate, incomplete, or missing information; calculation errors; etc. Typos will not be counted as errors. a. Application has no errors b. Application has between 1 and 3 errors c. Application has between 4 and 6 errors d. Application has more than 6 errors	Project Renewal Application	3 3 2 1 0
PART H MAXIMUM POSSIBLE POINTS		3
TOTAL MAXIMUM POSSIBLE POINTS		81

MA 503 CAPE COD AND ISLANDS CONTINUUM OF CARE FY2021 NEW PROJECT SCORING METHODOLOGY			
Scoring Data Sources: Applicant Surveys, Applications, Letters of Intent, Attendance Rosters			
INTRODUCTION: PROJECT QUALITY / THRESHOLD CRITERIA (PASS/FAIL)			
[A]	All application materials were received by the deadline	PASS	
[B]	Project is consistent with the Regional Network on Homelessness Strategic Plan and the Consolidated Plan	PASS	
[C]	No outstanding HUD and/or OIG Audit Findings where Grantee response is overdue or unsatisfactory (with approval from CoC, Grantee may be in process of working to resolve Findings)	PASS	
[D]	Project complies with the requirements of the CoC Interim Rule (24 CFR part 578): Project will fill all vacancies from the Cape Cod and Islands CoC Coordinated Entry System or for DV projects, from a comparable DV Coordinated Entry System)	PASS	
[E]	Project complies with the requirements of the CoC Interim Rule (24 CFR part 578): Project participants will participate in the Cape Cod and Islands CoC HMIS (or for DV project, in a comparable DV homeless information database)	PASS	
INTRODUCTION		PASS	
PART A: PROJECT QUALITY / ORGANIZATIONAL CAPACITY			
(1)	Organization's Experience - select as many as apply a. Serving homeless populations - for DV projects, experience providing services to victims of domestic violence b. Administering HUD grants (infrastructure) c. Track record of successful fiscal management d. Capacity to participate in Homeless Management Information System (HMIS) - for DV projects, capacity to participate in database comparable to HMIS e. Capacity to participate in Coordinated Entry System (CES) - for DV projects, capacity to participate in CES following protocols that ensure client safety and confidentiality	Applicant Survey - Letter of Intent - New Project Application	5 1 1 1 1
(2)	Participation in CoC / Regional Network on Homelessness - select as many as apply a. Applicant has attended at least one CoC / Regional Network technical training within the previous 12-month period (such as Point in Time Count, DV/CES, HMIS Teams Meetings, HUD TTA webinars, CoC Start-Up webinar, etc.) b. Applicant has attended at least one CES working group meeting within the previous 12 months	Attendance Rosters	2 1 1
(3)	Anticipated Start Date - Applicant guarantees that project will start by 12/31/2022 a. Yes b. No	Applicant Survey - Letter of Intent	1 1 0
PART A MAXIMUM POSSIBLE POINTS			8
PART B: PROJECT QUALITY / PROGRAM DESCRIPTION			
(4)	Program Description - select as many as apply a. Understands needs of clients to be served b. Demonstrates type and scale of housing to meet client needs c. Demonstrates type and scale of supportive services to meet client needs d. Demonstrates ability and process to help clients obtain mainstream benefits e. Establishes performance measures that are objective, measurable, and trackable	New Project Application	5 1 1 1 1 1
(5)	Type of Project - select only one a. Permanent Supported Housing b. Transitional Housing - Permanent Housing/Rapid Re-Housing c. Transitional Housing d. DV Bonus - PH/RRH e. DV Bonus - Joint TH/RRH f. DV Bonus - SSO/CE g. Expansion h. Dedicated HMIS i. SSO/CE	New Project Application	2 2 2 1 2 2 1 1 1 1
(6)	Geographic Diversity - select only one a. Upper Cape b. Lower Cape c. Nantucket d. Martha's Vineyard	Letter of Intent - New Project Application	1 1 1 1
(7)	If Project Type is Permanent Supportive Housing, what percentage of beds will be dedicated Chronically Homeless or DedicatedPLUS? a. 100% b. 75% c. 50% d. 25% e. Less than 25% but more than 0% f. None or N/A	Letter of Intent - New Project Application	5 5 4 3 2 1 0
(8)	Priority populations that will be served by this project - select as many as apply a. Veterans b. Persons fleeing domestic violence, dating violence, sexual assault, and stalking c. Families and Children d. Unaccompanied Youth e. Chronically homeless individuals and families	Letter of Intent - New Project Application	5 1 1 1 1 1

<p>(9) Additional vulnerable populations that will be served by this project - select as many as apply</p> <ul style="list-style-type: none"> a. History of victimization/abuse, domestic violence, sexual assault, childhood abuse b. Criminal History c. Low or no income d. Current or past substance use e. Resistance to receiving services f. The only project of its kind in the CoC's geographic area serving a special homeless population / subpopulation 	<p>Letter of Intent - New Project Application - Applicant Survey</p>	<p>6 1 1 1 1 1</p>
<p>(10) Will project follow the Housing First approach?</p> <ul style="list-style-type: none"> a. Yes b. No 	<p>New Project Application</p>	<p>1 1 0</p>
<p>(11) Support Services Identified and Clearly Defined - select as many as apply</p> <ul style="list-style-type: none"> a. Type of services offered (i.e., Case Management, Legal Advocacy, Benefits, etc.) b. If Housing First model - client engagement strategies 	<p>New Project Application</p>	<p>2 1 1</p>
<p>(12) Required Participation - select as many as apply</p> <ul style="list-style-type: none"> a. Agrees to participate in Homeless Management Information System (HMIS) - for DV projects, agrees to participate in database comparable to HMIS b. Agrees to participate in Coordinated Entry System (CES) - for DV projects, agrees to participate in assessment, housing match, and referral protocols comparable to CES 	<p>New Project Application</p>	<p>2 1 1</p>
PART B MAXIMUM POSSIBLE POINTS		29
PART C: PROJECT QUALITY / QUALITY OF APPLICATION		
<p>(13) Application components are accurate and complete - Errors refers to substantive errors in data entry; inaccurate, incomplete, or missing information; calculation errors; etc. Typos will not be counted as errors.</p> <ul style="list-style-type: none"> a. Application has no errors b. Application has between 1 and 3 errors c. Application has between 4 and 6 errors d. Application has more than 6 errors 	<p>New Project Application</p>	<p>3 3 2 1 0</p>
PART C MAXIMUM POSSIBLE POINTS		3
PART D: PROJECT QUALITY / COST EFFECTIVENESS (NEW PROJECTS)		
<p>(14) If there are two or more NEW projects applying for the same funding source and project scores are tied, the FY2021 NEW PROJECT COST EFFECTIVENESS SCORING METHODOLOGY will be applied: total funding requested / total number of project beds / 12 months = monthly cost per bed. Projects will be awarded points according to a comparison of costs per bed. The lowest cost per bed will receive the highest score, the second lowest cost per bed will receive the second highest score, etc.</p>		<p>4 4 3 2 1</p>
PART D MAXIMUM POSSIBLE POINTS		4
TOTAL MAXIMUM POSSIBLE POINTS		44

OBJECTIVE DATA AND SYSTEM PERFORMANCE SCORING CRITERIA

^The majority of project applications fall into the category of Renewals with 2 or more APRs.

MA-503 CAPE AND ISLANDS CoC - FY2021 OBJECTIVE DATA CRITERIA AND SYSTEM PERFORMANCE CRITERIA						
RENEWAL PROJECTS				NEW PROJECTS		
SCORING CATEGORY	RENEWAL PROJECT SCORING			SCORING CATEGORY	NEW PROJECT	
	MAXIMUM ^2 or more APRs	MAXIMUM 1 APR	MAXIMUM NO APRs		MAXIMUM	
INTRODUCTION: THRESHOLD CRITERIA				INTRODUCTION: THRESHOLD CRITERIA		
[A] Deadline compliant	PASS	PASS	PASS	[A] Deadline compliant	PASS	
[B] Consistent with Strategic Plan and Consolidated Plan	PASS	PASS	PASS	[B] Consistent with Strategic/Consolidated Plans	PASS	
[C] HUD Audits	PASS	PASS	PASS	[C] HUD Audits	PASS	
[D] CES compliance	PASS	PASS	PASS	[D] CES compliance	PASS	
[E] HMIS compliance	PASS	PASS	PASS	[E] HMIS compliance	PASS	
[F] Continued viability	PASS	PASS	PASS			
INTRODUCTION				INTRODUCTION		
PASS				PASS		
PART A: PROJECT QUALITY / PROGRAM POPULATION				PART A: PROJECT QUALITY / ORGANIZATIONAL CAPACITY		
(1) Project Type	2	2	2	(1) Organization's Experience	5	
(2) Inventory: # beds in project	2	2	2	(2) Participation in CoC/RNH	2	
(3) Inventory: % dedicated CH or DedicatedPLUS	5	5	5	(3) Anticipated Start Date	1	
(4) Priority Populations	5	5	5			
(5) Additional vulnerable populations	6	6	6			
(6) Housing First	1	1	1			
(7) DV Services	1	1	1			
PART A SUBTOTAL				8		
PART B: PROJECT QUALITY / POLICIES & PROCEDURES				PART B: PROJECT QUALITY / PROGRAM DESCRIPTION		
(8) CES P & P	3	3	3	(4) Program Description	5	
(9) CES Referrals	1	1	1	(5) Type of Project	2	
(10) HMIS P & P set up and data	2	2	2	(6) Geographic Diversity	1	
(11) HMIS P & P security	1	1	1	(7) 100% CH or DedicatedPLUS Beds?	5	
(12) Financial P & P	1	1	1	(8) Priority Populations	5	
(13) Documented 25% Match	1	1	1	(9) Additional Vulnerable Populations	6	
(14) Move On policy	2	2	2	(10) Housing First?	1	
				(11) Support Services Identified and Defined	2	
				(12) Required Participation	2	
PART B SUBTOTAL				29		
PART C: PROJECT QUALITY / SYSTEM PERFORMANCE - UTILIZATION AND HOUSING STABILITY				PART C: PROJECT QUALITY / PROJECT APPLICATION		
(15) Housing Stability	4	4	0	(13) Application Accuracy	3	
(16) Average LOS in PSH	1	1	0			
(17) Utilization	2	2	2			
(18) Cost Effectiveness: Stayers	4	4	4			
(19) Cost Effectiveness: Leavers	2	2	0			
PART C SUBTOTAL				3		

MA-503 CAPE COD AND ISLANDS CoC

RATES OF OBJECTIVE CRITERIA AND SYSTEM PERFORMANCE CRITERIA USED IN SCORING NEW AND RENEWAL PROJECTS

RENEWAL APPLICATIONS			
Q #	OBJECTIVE CRITERIA		
	^2 or more APRs	1 APR	No APRs
(1)	2	2	2
(2)	2	2	2
(3)	5	5	5
(4)	5	5	5
(5)	6	6	6
(6)	1	1	1
(7)	1	1	1
(13)	1	1	1
(17)	2	2	2
(18)	4	4	4
(19)	2	2	0
(25)	2	2	2
(26)	2	2	2
(27)	2	2	2
(28)	2	2	2
(29)	2	2	2
(30)	2	2	0
(31)	2	2	0
(32)	2	2	0
(33)	2	2	0
(34)	2	2	2
(35)	1	1	0
(44)	1	1	1
(45)	1	1	1
TOTAL	54	54	43
TOTAL POSSIBLE POINTS	118	106	81
PERCENTAGE	45.8%	50.9%	53.1%

PART D: PROJECT QUALITY / SYSTEM PERFORMANCE - CASH INCOME AND BENEFITS				PART D: PROJECT QUALITY / COST EFFECTIVENESS	
(20) Cash Income of any kind - Current contract year	3	3	3	(14) Cost Effectiveness	4
(20-A) Earned Income - Current contract year	3	3	3		
(20-A-i) Rate of growth from previous contract year - Earned Income	3	0	0		
(20-B) Increased Earned income - current contract year	3	3	0		
(20-B-i) Rate of growth from previous year - Increased earned income	3	0	0		
(21) Non-employment income of any kind - current contract year	3	3	3		
(21-A) Rate of growth from previous contract year - Non-employment income	3	0	0		
(22) Non-Cash Benefits of any kind - Current contract year	3	3	3		
(22-A) Rate of growth from previous year - Non-cash benefits	3	0	0		
(23) Health Insurance	3	3	3		
PART D SUBTOTAL	30	18	15	PART D SUBTOTAL	4
PART E: PROJECT QUALITY / DATA QUALITY					
(24) Project set-up with all touchpoints	2	2	2		
(25) DQ: Personally Identifying Information	2	2	2		
(26) DQ: Universal Data Elements	2	2	2		
(27) DQ: Income and Housing	2	2	2		
(28) DQ: Chronic Homelessness	2	2	2		
(29) DQ: Entry Assessments	2	2	2		
(30) DQ: Annual Assessments Completed	2	2	0		
(31) DQ: Annual Assessments On Time	2	2	0		
(32) DQ: Exit Assessments	2	2	0		
PART E SUBTOTAL	18	18	12		
PART F: PROJECT QUALITY / PROGRAM OPERATION					
(33) Spend-down: previous contract year	2	2	0		
(34) Draw downs: current contract year	2	2	2		
(35) APR on time	1	1	0		
(36) CES Meeting participation	1	1	1		
(37) Technical training participation	1	1	1		
(38) Homelessness documentation	1	1	1		
(39) Intake procedures	1	1	1		
(40) Annual service assessment	1	1	1		
(41) Occupancy policies	1	1	1		
(42) Drug-free workplace	1	1	1		
(43) Environmental review	1	1	1		
PART F SUBTOTAL	13	13	10		
PART G: PROJECT QUALITY / EQUITY OF ACCESS AND EQUITY OF OUTCOMES					
(44) Equitable Access: Reflects local racial population	1	1	1		
(45) Equitable Access: Reflects local ethnic population	1	1	1		
(46) Equitable Outcomes: Proportional successful outcomes (racial)	3	3	0		
(47) Equitable Outcomes: Proportional successful outcomes (ethnic)	3	3	0		
PART G SUBTOTAL	8	8	2		
PART H: PROJECT QUALITY / PROJECT APPLICATION					
(48) Project application	3	3	3		
PART H SUBTOTAL	3	3	3		
TOTAL MAXIMUM POSSIBLE POINTS	118	106	81	TOTAL MAXIMUM POSSIBLE POINTS	44

RENEWAL APPLICATIONS			
Q #	SYSTEM PERFORMANCE		
	^2 or more APRs	1 APR	No APRs*
(15)	4	4	0
(16)	1	1	0
(20)	3	3	3
(20-A)	3	3	3
(20-A-i)	3	0	0
(20-B)	3	3	0
(20-B-i)	3	0	0
(21)	3	3	3
(21-A)	3	0	0
(22)	3	3	3
(22-A)	3	0	0
(23)	3	3	3
TOTAL	35	23	15

TOTAL POSSIBLE POINTS	118	106	81
PERCENTAGE	29.7%	21.7%	18.5%

***Because most data pertaining to System Performance come from the APR, it's difficult to score renewal projects that haven't been in operation long enough to submit an APR using these criteria.*

NEW PROJECTS**	
Q #	OBJECTIVE CRITERIA
(5)	2
(6)	1
(7)	5
(8)	5
(9)	6
(10)	1

TOTAL	20
TOTAL POSSIBLE POINTS	44
PERCENTAGE	45.5%

***Because most data pertaining to System Performance come from the APR, it is not possible to score new projects using these criteria.*

EXAMPLE OF SCORED PROJECT APPLICATION FORM USED BY MOST RENEWAL PROJECT APPLICATIONS USING OBJECTIVE CRITERIA AND SYSTEM PERFORMANCE CRITERIA

MA-503 CAPE COD AND ISLANDS CONTINUUM OF CARE FY2021 RENEWAL PROJECT SCORING - 2 or more APRs					
GRANTEE:	MA Department of Mental Health	PROJECT NAME:	Cape Cod Supported Housing		
			POSSIBLE POINTS	POINTS AWARDED	
INTRODUCTION: PROJECT QUALITY / THRESHOLD CRITERIA (PASS/FAIL)					
[A]	All application materials were received by the deadline	Pass <input checked="" type="checkbox"/>	Fail <input type="checkbox"/>	PASS	PASS
[B]	Project is consistent with the Regional Network on Homelessness Strategic Plan and the Consolidated	Pass <input checked="" type="checkbox"/>	Fail <input type="checkbox"/>	PASS	PASS
[C]	No outstanding HUD and/or OIG Audit Findings where Grantee response is overdue or unsatisfactory (with approval from CoC, Grantee may be in process of working to resolve Findings)	Pass <input checked="" type="checkbox"/>	Fail <input type="checkbox"/>	PASS	PASS
[D]	Project complies with the requirements of the CoC Interim Rule (24 CFR part 578): Project fills (or will fill) all vacancies from the Cape Cod and Islands CoC Coordinated Entry System.	Pass <input checked="" type="checkbox"/>	Fail <input type="checkbox"/>	PASS	PASS
[E]	Project complies with the requirements of the CoC Interim Rule (24 CFR part 578): Project participates (or will participate) in the Cape Cod and Islands CoC HMIS	Pass <input checked="" type="checkbox"/>	Fail <input type="checkbox"/>	PASS	PASS
[F]	Project continues to be viable	Pass <input checked="" type="checkbox"/>	Fail <input type="checkbox"/>	PASS	PASS
			INTRODUCTION	PASS	PASS
PART A: PROJECT QUALITY / PROGRAM POPULATION					
(1)	Project Type			2	
	a. Permanent Supportive Housing	<input checked="" type="checkbox"/>		2	2
	b. Transitional Housing - Permanent Housing/Rapid Re-Housing	<input type="checkbox"/>		2	0
	c. Transitional Housing	<input type="checkbox"/>		1	0
(2)	Bed and Unit Inventory: Number of beds in project			2	
	a. 20 or more	<input checked="" type="checkbox"/>		2	2
	b. Fewer than 20	<input type="checkbox"/>		1	0
(3)	Bed and unit inventory: % of dedicated Chronically Homeless or DedicatedPLUS beds			5	
	a. 100%	<input type="checkbox"/>		5	0
	b. 75%	<input type="checkbox"/>		4	0
	c. 50%	<input type="checkbox"/>		3	0
	d. 25%	<input checked="" type="checkbox"/>		2	2
	e. Less than 25% but more than 0%	<input type="checkbox"/>		1	0
	f. None	<input type="checkbox"/>		0	0
(4)	Priority populations served by this project - check as many as apply			5	
	a. Veterans	<input type="checkbox"/>		1	0
	b. Persons fleeing domestic violence, dating violence, sexual assault, and stalking	<input type="checkbox"/>		1	0
	c. Families and Children	<input type="checkbox"/>		1	0
	d. Unaccompanied Youth	<input type="checkbox"/>		1	0
	e. Chronically homeless individuals and families	<input checked="" type="checkbox"/>		1	1
(5)	Additional vulnerable populations served by this project - check as many as apply			6	
	a. History of victimization/abuse, domestic violence, sexual assault, childhood abuse	<input checked="" type="checkbox"/>		1	1
	b. Criminal History	<input checked="" type="checkbox"/>		1	1
	c. Low or no income	<input checked="" type="checkbox"/>		1	1
	d. Current or past substance use	<input checked="" type="checkbox"/>		1	1
	e. Resistance to receiving services	<input checked="" type="checkbox"/>		1	1
	f. The only project of its kind in the CoC's geographical area region serving a special homeless population/subpopulation	<input checked="" type="checkbox"/>		1	1

(6) Does Project follow Housing First approach?		1	
a. Yes	<input checked="" type="checkbox"/>	1	1
b. No	<input type="checkbox"/>	0	0
(7) Does Grantee offer Domestic Violence services or referrals to Domestic Violence provider agencies to participants who report a history of Domestic Violence?		1	
a. Yes	<input checked="" type="checkbox"/>	1	1
b. No	<input type="checkbox"/>	0	0
SUBTOTAL PART A		22	14
PART B: PROJECT QUALITY / POLICIES & PROCEDURES			
(8) Does Grantee follow CoC Coordinated Entry Policies and Procedures for (check as many as apply):		3	
a. Prioritizing the most vulnerable individuals and families as outlined in Written Standards	<input checked="" type="checkbox"/>	1	1
b. Responding to referrals	<input checked="" type="checkbox"/>	1	1
c. Reporting unit vacancies	<input checked="" type="checkbox"/>	1	1
(9) Are 100% of clients referred through Coordinated Entry System?		1	
a. Yes	<input checked="" type="checkbox"/>	1	1
b. No	<input type="checkbox"/>	0	0
(10) Does Grantee follow CoC HMIS Policies and Procedures regarding (check as many as apply):		2	
a. Project Set Up	<input checked="" type="checkbox"/>	1	1
b. Data Entry	<input type="checkbox"/>	1	0
(11) Does Grantee follow CoC HMIS Policies and Procedures regarding security and privacy, data collection and quality, and project assessments, as outlined in MA HMIS ASIST Participation Agreement?		1	
a. Yes	<input checked="" type="checkbox"/>	1	1
b. No	<input type="checkbox"/>	0	0
(12) Does Grantee follow HUD-approved Financial Policies and Procedures for management of CoC funds?		1	
a. Yes	<input checked="" type="checkbox"/>	1	1
b. No	<input type="checkbox"/>	0	0
(13) Has Grantee provided documented 25% Match for current project?		1	
a. Yes	<input checked="" type="checkbox"/>	1	1
b. No	<input type="checkbox"/>	0	0
(14) Does Grantee have "Move On" policy to help participants apply for and obtain mainstream housing vouchers?		2	
a. Official written policy	<input checked="" type="checkbox"/>	2	2
b. No written policy, but participant service plans include assistance in obtaining mainstream	<input type="checkbox"/>	1	0
c. No Move On policy	<input type="checkbox"/>	0	0
SUBTOTAL PART B		11	10
PART C: PROJECT QUALITY / COST EFFECTIVENESS			
(15) Percentage of STAYERS In Permanent Housing and LEAVERS exiting to PH destination		4	
a. 100% (excluding exceptions)	<input checked="" type="checkbox"/>	4	4
b. 90% - 99%	<input type="checkbox"/>	3	0
c. 80% - 89%	<input type="checkbox"/>	2	0
d. 70% - 79%	<input type="checkbox"/>	1	0
e. Less than 75%	<input type="checkbox"/>	0	0
(16) Percentage of LEAVERS who exited Permanent Housing to return to homelessness (unsheltered or Emergency Shelter)		1	
a. 0%	<input checked="" type="checkbox"/>	1	1
b. Greater than 0%	<input type="checkbox"/>	0	0

(17) Average length of time in PSH		2	
a. 180 days or greater	<input checked="" type="checkbox"/>	2	2
b. 90 to 179 days	<input type="checkbox"/>	1	0
c. Fewer than 90 days	<input type="checkbox"/>	0	0
(18) Utilization Rate - Average Daily Utilization During Operating Year / Beds		4	
a. 90% or higher	<input checked="" type="checkbox"/>	4	4
b. 80% -89%	<input type="checkbox"/>	3	0
c. 70% -79%	<input type="checkbox"/>	2	0
d. 60% -69%	<input type="checkbox"/>	1	0
e. Less than 60%	<input type="checkbox"/>	0	0
(19) Cost per Permanent Housing Outcome (STAYERS and LEAVERS) is at or below regional average		2	
a. Yes	<input checked="" type="checkbox"/>	2	2
b. No	<input type="checkbox"/>	0	0
SUBTOTAL PART C		13	13
PART D: PROJECT QUALITY / SYSTEM PERFORMANCE - INCREASED CASH INCOME AND BENEFITS			
(20) Mainstream Benefits: % Households with CASH INCOME of any kind during CURRENT CONTRACT YEAR		3	
a. 90% or more	<input type="checkbox"/>	3	0
b. 75% -89%	<input checked="" type="checkbox"/>	2	2
c. 60% -74%	<input type="checkbox"/>	1	0
d. Less than 60%	<input type="checkbox"/>	0	0
(20-A) Mainstream Benefits: % Households with EARNED INCOME during CURRENT CONTRACT YEAR		3	
a. 20% or greater	<input type="checkbox"/>	3	0
b. 10% to 19%	<input checked="" type="checkbox"/>	2	2
c. 1% to 9%	<input type="checkbox"/>	1	0
d. No Households	<input type="checkbox"/>	0	0
(20-A-i) Rate of growth in % Households with with EARNED INCOME from PREVIOUS CONTRACT YEAR to CURRENT CONTRACT YEAR		3	
a. 20% or greater	<input type="checkbox"/>	3	0
b. 10% to 19%	<input type="checkbox"/>	2	0
c. 1% to 9%	<input checked="" type="checkbox"/>	1	1
d. No increase	<input type="checkbox"/>	0	0
(20-B) Mainstream Benefits: % Households with INCREASED EARNED INCOME during CURRENT CONTRACT YEAR		3	
a. 20% or greater	<input type="checkbox"/>	3	0
b. 10% to 19%	<input type="checkbox"/>	2	0
c. 1% to 9%	<input checked="" type="checkbox"/>	1	1
d. No Households	<input type="checkbox"/>	0	0
(20-B-i) Rate of growth in % Households with with INCREASED EARNED INCOME from PREVIOUS CONTRACT YEAR to CURRENT CONTRACT YEAR		3	
a. 20% or more	<input type="checkbox"/>	3	0
b. 10% to 19%	<input type="checkbox"/>	2	0
c. 1% to 9%	<input type="checkbox"/>	1	0
d. No increase	<input checked="" type="checkbox"/>	0	0
(21) Mainstream Benefits: % Households with NON-EMPLOYMENT INCOME of any kind during CURRENT CONTRACT YEAR		3	
a. 90% or more	<input type="checkbox"/>	3	0
b. 75% -89%	<input type="checkbox"/>	2	0
c. 60% -74%	<input checked="" type="checkbox"/>	1	1
d. Less than 60%	<input type="checkbox"/>	0	0

(21-A) Rate of growth in % Households with NON-EMPLOYMENT INCOME from PREVIOUS CONTRACT YEAR to CURRENT CONTRACT YEAR a. 20% or more b. 10% to 19% c. 1% to 9% d. No increase	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	3 3 2 1 0	0 0 1 0
(22) Mainstream Benefits: % Households with NON-CASH BENEFITS of any kind a. 90% or more b. 75% - 89% c. 60% - 74% d. Less than 60%	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	3 3 2 1 0	0 0 0 0 0
(22-A) Rate of growth in % Households with NON-CASH benefits from PREVIOUS CONTRACT YEAR to CURRENT CONTRACT YEAR a. 20% or more b. 10% to 19% c. 1% to 9% d. No increase	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	3 3 2 1 0	0 2 0 0 0
(23) Health Insurance: % of Total Participants enrolled in health insurance of any kind a. 90% or more b. 75% - 89% c. 60% - 74% d. Less than 60%	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	3 3 2 1 0	0 0 2 0 0
SUBTOTAL PART D		30	12
PART E: PROJECT QUALITY / DATA QUALITY			
(24) Is project set up correctly in HMIS with all General Touchpoints Completed? (Check as many as apply) a. Project Descriptors b. Bed and Unit Inventory	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	2 1 1	1 1
(25) Data Quality: Personally Identifiable Information (PII) a. 100% b. 80% - 99% c. Below 80%	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	2 2 1 0	2 0 0
(26) Data Quality: Universal Data Elements a. 100% b. 80% - 99% c. Below 80%	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	2 2 1 0	0 1 0
(27) Data Quality: Income and Housing Data Quality a. 100% b. 80% - 99% c. Below 80%	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	2 2 1 0	0 1 0
(28) Data Quality: Chronic Homelessness a. 100% b. 80% - 99% c. Below 80%	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	2 2 1 0	0 0 0
(29) Data Quality: Entry Assessments a. 100% b. 80% - 99% c. Below 80%	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	2 2 1 0	2 0 0

(30) Data Quality: Annual Assessments COMPLETED		2	
a. 100%	<input type="checkbox"/>	2	0
b. 80% - 99%	<input type="checkbox"/>	1	0
c. Below 80%	<input checked="" type="checkbox"/>	0	0
(31) Data Quality: Annual Assessments ON TIME		2	
a. 100%	<input type="checkbox"/>	2	0
b. 80% - 99%	<input type="checkbox"/>	1	0
c. Below 80%	<input checked="" type="checkbox"/>	0	0
(32) Data Quality: Exit Assessments		2	
a. 100%	<input type="checkbox"/>	2	0
b. 80% - 99%	<input type="checkbox"/>	1	0
c. Below 80%	<input checked="" type="checkbox"/>	0	0
SUBTOTAL PART E		18	8
PART F: PROJECT QUALITY / PROGRAM OPERATION			
(33) Timely expenditure of funds - total spend down of most recently completed contract		2	
a. Greater than 90%	<input type="checkbox"/>	2	0
b. Between 80 and 89%	<input checked="" type="checkbox"/>	1	1
c. Less than 80%	<input type="checkbox"/>	0	0
(34) Timely expenditure of funds - average quarterly draw down of current contract		2	
a. 25% or more	<input type="checkbox"/>	2	0
b. 15% to 24%	<input checked="" type="checkbox"/>	1	1
c. Less than 15%	<input type="checkbox"/>	0	0
(35) Grantee submitted Annual Performance Report (APR) within 90 days of Contract End Date OR within deadline of APR extension		1	
a. Yes	<input type="checkbox"/>	1	0
b. No	<input checked="" type="checkbox"/>	0	0
(36) Grantee has attended at least one CoC / Regional Network technical training within the previous 12-month period, such as Point in Time Count, Tenant Preservation, Policy Board, DV/CES, HUD TTA webinars, CHAMP Application, CoC Start-Up webinar, etc.		1	
a. Yes	<input checked="" type="checkbox"/>	1	1
b. No	<input type="checkbox"/>	0	0
(37) Grantee participates in Coordinated Entry meetings and Case Coordination meetings as requested by CoC		1	
a. Yes	<input checked="" type="checkbox"/>	1	1
b. No	<input type="checkbox"/>	0	0
(38) Grantee maintains homeless documentation in accordance with program requirements		1	
a. Yes	<input checked="" type="checkbox"/>	1	1
b. No	<input type="checkbox"/>	0	0
(39) Grantee has written intake procedures which require documentation of participant's length of time homeless and qualifying disability		1	
a. Yes	<input checked="" type="checkbox"/>	1	1
b. No	<input type="checkbox"/>	0	0
(40) Grantee conducts an annual assessment of service needs of program participants and adjusts services accordingly		1	
a. Yes	<input checked="" type="checkbox"/>	1	1
b. No	<input type="checkbox"/>	0	0

(41) Grantee follows occupancy policies as outlined in CPD 6509.2, Chapter 29-3	<input checked="" type="checkbox"/>	1	
a. Yes	<input checked="" type="checkbox"/>	1	1
b. No	<input type="checkbox"/>	0	0
(42) Grantee maintains a drug-free workplace	<input checked="" type="checkbox"/>	1	
a. Yes	<input checked="" type="checkbox"/>	1	1
b. No	<input type="checkbox"/>	0	0
(43) Grantee has undergone Environmental Review within the past 5 years	<input checked="" type="checkbox"/>	1	
a. Yes	<input checked="" type="checkbox"/>	1	1
b. No	<input type="checkbox"/>	0	0
SUBTOTAL PART F		13	10
PART G: PROJECT QUALITY / EQUITY OF ACCESS AND EQUITY OF OUTCOMES			
(44) EQUITABLE ACCESS - Project reflects local population: Rate of project enrollments by persons of Black or African American descent is greater than or equal to regional demographic rate (4%)	<input type="checkbox"/>	1	
a. Yes	<input type="checkbox"/>	1	0
b. No	<input checked="" type="checkbox"/>	0	0
(45) EQUITABLE ACCESS - Project reflects local population: Rate of project enrollments by persons of Hispanic/Latino descent is greater than or equal to regional demographic rate (4%)	<input checked="" type="checkbox"/>	1	
a. Yes	<input checked="" type="checkbox"/>	1	1
b. No	<input type="checkbox"/>	0	0
(46) EQUITABLE OUTCOMES - Rate of retention of/exits to Permanent Housing (12 months or more) by persons of Black or African American descent (compared to total enrollments by persons of Black or African American descent)	<input type="checkbox"/>	3	
a. 100%	<input type="checkbox"/>	3	0
b. 50%-99%	<input type="checkbox"/>	2	0
c. 1%-49%	<input type="checkbox"/>	1	0
d. 0% or N/A	<input checked="" type="checkbox"/>	0	0
(47) EQUITABLE OUTCOMES - Rate of retention of/exits to Permanent Housing (12 months or more) by persons of Hispanic/Latino descent (compared to total enrollments by persons of Hispanic/Latino descent)	<input checked="" type="checkbox"/>	3	
a. 100%	<input checked="" type="checkbox"/>	3	3
b. 50%-99%	<input type="checkbox"/>	2	0
c. 1%-49%	<input type="checkbox"/>	1	0
d. 0% or N/A	<input type="checkbox"/>	0	0
SUBTOTAL PART G		8	4
PART H: PROJECT QUALITY / QUALITY OF APPLICATION			
(48) Application components are accurate and complete - Errors refers to substantive errors in data entry; inaccurate, incomplete, or missing information; calculation errors; etc. Typos will not be counted as	<input checked="" type="checkbox"/>	3	
a. Application has no errors	<input checked="" type="checkbox"/>	3	3
b. Application has between 1 and 3 errors	<input type="checkbox"/>	2	0
c. Application has between 4 and 6 errors	<input type="checkbox"/>	1	0
d. Application has more than 6 errors	<input type="checkbox"/>	0	0
SUBTOTAL PART H		3	3
TOTAL MAXIMUM POSSIBLE POINTS		118	75

MA-503 CAPE AND ISLANDS CoC - FY2021 NEW AND RENEWAL PROJECT SCORING SUMMARY

SCORING CATEGORY	RENEWAL PROJECTS											NEW PROJECTS					
	RENEWAL - 2 or more APRs						RENEWAL - 1 APR			RENEWAL - NO APR		NEW PROJECTS					
	MAXIMUM	CSS Mainstay	DMH CCHS	DLIFFY WH6	HAC CH V	HAC HF	MAXIMUM	HAC Parkway	SHA Fresh Start	MAXIMUM	HAC YSH	MAXIMUM	CSS Mainstay Expansion	HAC CH V Expansion	IH Emp. Survivors		
INTRODUCTION: THRESHOLD CRITERIA	[A] Deadline compliant	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	[A] Deadline compliant	PASS	PASS	PASS	PASS	
	[B] Consistent with Strategic Plan and Consolidated Plan	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	[B] Consistent with Strategic/Consolidated Plans	PASS	PASS	PASS	PASS	
	[C] HUD Audits	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	[C] HUD Audits	PASS	PASS	PASS	PASS	
	[D] CES compliance	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	[D] CES compliance	PASS	PASS	PASS	PASS	
	[E] HMIS compliance	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	[E] HMIS compliance	PASS	PASS	PASS	PASS	
	[F] Continued viability	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS						
INTRODUCTION		PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	INTRODUCTION	PASS	PASS	PASS	PASS	
PART A: PROJECT QUALITY / PROGRAM POPULATION	(1) Project Type	2	2	2	2	2	2	2	2	2	2	PART A: PROJECT QUALITY / ORGANIZATIONAL CAPACITY	(1) Organization's Experience	5	5	5	5
	(2) Inventory: # beds in project	2	1	2	1	2	1	2	1	2	1		(2) Participation in CoC/RNH	2	2	2	2
	(3) Inventory: % dedicated CH or DedicatedPLUS	5	5	2	5	5	0	5	5	5	5		(3) Anticipated Start Date	1	1	1	1
	(4) Priority Populations	5	4	1	3	1	1	5	1	4	5						
	(5) Additional vulnerable populations	6	5	6	5	5	6	6	5	6	6						
	(6) Housing First	1	1	1	1	1	1	1	1	1	1						
	(7) DV Services	1	1	1	1	1	1	1	1	1	1						
	PART A SUBTOTAL	22	19	15	18	17	12	22	16	19	22	PART A SUBTOTAL	8	8	8	8	
PART B: PROJECT QUALITY / POLICIES & PROCEDURES	(8) CES P & P	3	3	3	3	3	3	3	3	3	3	PART B: PROJECT QUALITY / PROGRAM DESCRIPTION	(4) Program Description	5	5	5	5
	(9) CES Referrals	1	1	1	1	1	1	1	1	1	1		(5) Type of Project	2	1	1	2
	(10) HMIS P & P set up and data	2	2	1	2	2	2	2	2	2	1		(6) Geographic Diversity	1	1	1	1
	(11) HMIS P & P security	1	1	1	1	1	1	1	1	1	1		(7) 100% CH or DedicatedPLUS Beds?	5	5	5	0
	(12) Financial P & P	1	1	1	1	1	1	1	1	1	1		(8) Priority Populations	5	4	1	5
	(13) Documented 25% Match	1	1	1	1	1	1	1	1	1	1		(9) Additional Vulnerable Populations	6	5	5	6
	(14) Move On policy	2	1	2	2	1	1	2	2	2	1		(10) Housing First?	1	1	1	1
													(11) Support Services Identified and Defined	2	2	2	2
													(12) Required Participation	2	2	2	2
	PART B SUBTOTAL	11	10	10	11	10	10	11	11	11	9	PART B SUBTOTAL	29	26	23	24	
PART C: PROJECT QUALITY / SYSTEM PERFORMANCE - UTILIZATION AND HOUSING STABILITY	(15) Housing Stability	4	4	4	3	4	4	4	4	4	0	PART C: PROJECT QUALITY / PROJECT APPLICATION	(13) Application Accuracy	3	2	3	1
	(16) Average LOS in PSH	1	1	1	0	1	1	1	1	0	0						
	(17) Utilization	2	2	2	2	2	2	2	2	1	2						
	(18) Cost Effectiveness: Stayers	4	3	4	4	4	3	4	4	0	4						
	(19) Cost Effectiveness: Leavers	2	2	2	2	2	0	2	2	0	0						
	PART C SUBTOTAL	13	12	13	11	13	10	13	13	6	6	PART C SUBTOTAL	3	2	3	1	
PART D: PROJECT QUALITY / SYSTEM PERFORMANCE - CASH INCOME AND BENEFITS	(20) Cash Income of any kind - Current contract year	3	3	2	3	2	3	3	1	3	3	PART D: PROJECT QUALITY / COST EFFECTIVENESS	(14) Cost Effectiveness	4	0	0	0
	(20-A) Earned Income - Current contract year	3	2	2	2	2	3	3	0	1	3						
	(20-A-i) Rate of growth from previous contract year - Earned Income	3	0	1	0	0	2	0	0	0	0						
	(20-B) Increased Earned income - current contract year	3	3	1	0	1	3	3	0	0	0						
	(20-B-i) Rate of growth from previous year - Increased earned income	3	3	0	0	1	0	0	0	0	0						
	(21) Non-employment income of any kind - current contract year	3	2	1	3	2	2	3	1	3	3						
	(21-A) Rate of growth from previous contract year - Non-employment income	3	1	1	0	0	0	0	0	0	0						
	(22) Non-Cash Benefits of any kind - Current contract year	3	3	0	3	2	2	3	2	1	3						
	(22-A) Rate of growth from previous year - Non-cash benefits	3	0	2	0	1	0	0	0	0	0						
	(23) Health Insurance	3	3	2	3	3	3	3	3	3	3						
	PART D SUBTOTAL	30	20	12	14	14	18	13	7	11	15	PART D SUBTOTAL	4	0	0	0	
PART E: PROJECT QUALITY / DATA QUALITY	(24) Project set-up with all touchpoints	2	2	2	2	1	2	2	2	2	2						
	(25) DQ: Personally Identifying Information	2	2	2	2	2	1	2	2	2	2						
	(26) DQ: Universal Data Elements	2	2	1	2	2	2	2	2	2	1						
	(27) DQ: Income and Housing	2	2	1	1	2	2	2	2	1	2						
	(28) DQ: Chronic Homelessness	2	2	0	2	2	2	2	2	1	2						
	(29) DQ: Entry Assessments	2	2	2	2	2	2	2	2	2	2						
	(30) DQ: Annual Assessments Completed	2	0	0	0	1	2	2	2	2	0						
	(31) DQ: Annual Assessments On Time	2	0	0	0	0	2	2	0	0	0						
	(32) DQ: Exit Assessments	2	2	0	2	2	2	2	0	0	0						
	PART E SUBTOTAL	18	14	8	13	13	15	18	16	12	12						
PART F: PROJECT QUALITY / PROGRAM OPERATION	(33) Spend-down: previous contract year	2	2	1	2	2	0	2	0	0	0						
	(34) Draw downs: current contract year	2	1	1	2	1	1	2	1	1	2						
	(35) APR on time	1	1	0	1	1	0	1	1	1	0						
	(36) CES Meeting participation	1	1	1	1	1	1	1	1	1	1						
	(37) Technical training participation	1	1	1	1	1	1	1	1	1	1						
	(38) Homelessness documentation	1	1	1	1	1	1	1	1	1	1						
	(39) Intake procedures	1	1	1	1	1	1	1	1	1	1						
	(40) Annual service assessment	1	1	1	1	1	1	1	1	1	1						
	(41) Occupancy policies	1	1	1	1	1	1	1	1	1	1						
	(42) Drug-free workplace	1	1	1	1	1	1	1	1	1	1						
	(43) Environmental review	1	1	1	1	1	1	1	1	1	1						
	PART F SUBTOTAL	13	12	10	13	12	9	13	10	10	10						
PART G: PROJECT QUALITY / EQUITY OF ACCESS AND EQUITY OF OUTCOMES	(44) Equitable Access: Reflects local racial population	1	0	0	1	0	1	1	1	1	1						
	(45) Equitable Access: Reflects local ethnic population	1	0	0	0	0	0	1	0	0	1						
	(46) Equitable Outcomes: Proportional successful outcomes (racial)	3	0	1	3	3	3	3	3	3	0						
	(47) Equitable Outcomes: Proportional successful outcomes (ethnic)	3	0	3	0	3	0	3	0	0	0						
	PART G SUBTOTAL	8	0	4	4	6	4	8	4	4	2						
PART H: PROJECT QUALITY / PROJECT APPLICATION	(48) Project application	3	2	3	1	3	3	3	3	3	3						
	PART H SUBTOTAL	3	2	3	1	3	3	3	3	3	2						
	TOTAL PROJECT SCORE	118	89	75	85	88	81	106	80	76	81	TOTAL PROJECT SCORE	44	36	34	33	
	TOTAL MAXIMUM POSSIBLE POINTS	118	118	118	118	118	118	106	106	106	81	TOTAL MAXIMUM POSSIBLE POINTS	44	44	44	44	
	% OF TOTAL MAXIMUM	75%	64%	64%	72%	75%	69%	75%	75%	72%	74%	% OF TOTAL MAXIMUM	82%	82%	77%	75%	
	* RANK	4	11	8	6	10		3	9		7	* RANK	1	2	5		

* Project rankings are based on the percentage of TOTAL PROJECT SCORE compared to the TOTAL MAXIMUM POSSIBLE POINTS available to Renewal Projects - 2+ APRs, Renewal Projects - 1 APR, Renewal Projects - No APR, and New Projects, respectively.

CoC Review and Ranking Committee Meeting
Minutes October 20, 2021
2:00 – 3:15 PM
Meeting Held Virtually

Attendance: John Economos, Maggi Flanagan, Caronanne Procaccini, Leo Blandford, Lee Hamilton, Martha Taylor, and Dan Gray

Agenda: Review eligible renewal and new project applications and scoring for ranking for CoC Collaborative Application

General Discussion Topics:

- Introduction of Joe Pacheco, Director of the Barnstable County Department of Human Services – Joe joined for the first 10 minutes to welcome and thank committee members and then left the meeting.
- Introduction of members - Linda was not able to link into the virtual meeting
- Reviewed processes and timelines as outlined in RFP
- All Letters of Intent for new projects were determined to be eligible. The CoC received LOIs from:
 - Barnstable County Dept. of Human Services for expanding the Homeless Management Information System (HMIS) project
 - Catholic Social Services for adding support services for the Mainstay program
 - Housing Assistance Corporation for expanding units and support services for the Cape Homes V program
 - Independence House for a program dedicated to those fleeing Domestic Violence
- Committee members were notified that Falmouth Housing Authority decided not to submit an FY2021 renewal application for Cape Regional Housing Initiative, resulting in \$281,701 in reallocation funds available
- Because of funding availability in FY2021, the committee agreed that no new or renewal project applications would be rejected or reduced.
- Martha Taylor reviewed the scoring tools and walked committee through methodology and each project's score. Additionally, she explained how scoring was reflected for programs with at least 2 Annual Performance Reviews (APR), 1 APR, No APR and new projects.
- The committee was informed that a change in the scoring had occurred between the times when the initial project scoring summaries were distributed to the group and when the committee held its first meeting. Initially, the HAC Expansion project and the Independence House New project earned the same number of points. Per the scoring methodology, if two new projects received tie scores, a tie-breaking cost effectiveness factor would be applied. Independence House scored higher of the tie breaker and therefore was ranked above the HAC Expansion project. However, an error was found in the HAC application scoring, which added a point to their overall score BEFORE the tie breaker was applied. This change resulted in HAC having a higher score than the Independence House proposal, and the tie breaker was no longer necessary. HAC's project was moved up the ranking list to the position above Independence House. The new list reflecting the change was displayed on the screen.
- The committee was informed that HUD had announced that the entirety of the Annual Renewal Demand (ARD) for the 2021 competition would be placed in Tier 1. Due to this change, all renewal projects would be funded and nearly all of the new projects could also

From: [Joseph Pacheco](#)
To: [Martha Taylor](#); [Daniel Gray](#)
Cc: [Lee M. Hamilton](#)
Subject: FY21 CoC Notification to Project Applicants - Project Application Accepted
Date: Thursday, October 28, 2021 8:57:00 AM

Dear Martha and Dan:

Per HUD requirements set forth in Section VI F 2 (b) of the FY 21 Notice of Funding Opportunity you are being notified in writing, outside of e-snaps, that Barnstable County's renewal applications for [Coordinated Entry System FY2021](#), [MA-503 HMIS FY2021](#) and your new application for [MA-503 HMIS Expansion FY2021](#) were submitted within the CoC's established deadline and will be accepted, ranked, and included on the CoC Priority Listing as part of the FY 21 MA 503 Consolidated Application.

The Consolidated Application and CoC Priority Ranking will be posted at www.bchumanservices.net on or before November 10,2021.

Thank you.

 **Joseph R. Pacheco**
Director | Human Services
Barnstable County, Regional Government of Cape Cod
Email joseph.pacheco@barnstablecounty.org | Office 774-312-6964
[3195 Main Street | P.O. Box 427 | Barnstable, MA 02630](#)
www.barnstablecounty.org

This transmission, including any attachment, is being sent by or on behalf of Barnstable County Human Services Department; it is intended for the exclusive use of the addressee named above and may constitute information that is privileged or confidential or otherwise legally exempt from disclosure as a public record. It may also be private and/or confidential information protected under state and federal laws. If you are not the addressee or an agent responsible for delivering this message to same, you are not authorized to retain, read, copy or disseminate this electronic mail (or any attachments) or any part thereof. If you have received this electronic mail (and any attachments) in error, please reply to this email and send written confirmation that same has been deleted from your system.

FY21 CoC Notification - Project Ranking



Joseph Pacheco

To Martha Taylor; Daniel Gray

Cc Lee M. Hamilton

Reply

Reply All

Forward



Tue 11/9/2021 2:59 PM

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

Martha and Dan:

The MA-503 Cape Cod and Islands Continuum of Care Consolidated Application that will be submitted to HUD for consideration in the FY2021 Notice of Funding Opportunity competition contains a total of 15 project applications, 14 of which have been scored and ranked by the Review and Ranking Committee. The following projects will be submitted as part of the Consolidated Application:

Organization: Barnstable County Department of Human Services

Project Name	Overall Rank
MA-503 Coordinated Entry System FY21	1
MA-503 HMIS FY2021	2
MA-503 HMIS FY2021 Expansion	3
MA-503 Planning Project Application FY21	N/A

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Joseph R. Pacheco

Director | Human Services

Barnstable County, Regional Government of Cape Cod

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From: [Joseph Pacheco](#)
To: [smazzarella](#); martha@cssdioc.org
Cc: [Martha Taylor](#); [Daniel Gray](#); [Lee M. Hamilton](#)
Subject: FY21 CoC Notification to Project Applicants - Project Application Accepted
Date: Thursday, October 28, 2021 8:58:00 AM

Dear Martha:

Per HUD requirements set forth in Section VI F 2 (b) of the FY 21 Notice of Funding Opportunity you are being notified in writing, outside of e-snaps, that Catholic Social Services' (CSS) renewal application for Mainstay and your new application for Mainstay Expansion were submitted within the CoC's established deadline and will be accepted, ranked, and included on the CoC Priority Listing as part of the FY 21 MA 503 Consolidated Application.

The Consolidated Application and CoC Priority Ranking will be posted at www.bchumanservices.net on or before November 10,2021.

Thank you.

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FY21 CoC Notification - Project Ranking



Joseph Pacheco

To: smazzarella; martha@cssdioc.org
Cc: Martha Taylor; Daniel Gray; Lee M. Hamilton

Reply Reply All Forward

Tue 11/9/2021 3:05 PM

Martha:

The MA-503 Cape Cod and Islands Continuum of Care Consolidated Application that will be submitted to HUD for consideration in the FY2021 Notice of Funding Opportunity competition contains a total of 15 project applications, 14 of which have been scored and ranked by the Review and Ranking Committee. The following projects will be submitted as part of the Consolidated Application:

Organization: Catholic Social Services of Fall River

Project Name	Overall Rank
Mainstay	5
Mainstay Expansion	14



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From: [Joseph Pacheco](#)
To: mark.bilton@state.ma.us
Cc: [Martha Taylor](#); [Daniel Gray](#); [Lee M. Hamilton](#)
Subject: FY21 CoC Notification to Project Applicants - Project Application Accepted
Date: Thursday, October 28, 2021 9:07:00 AM

Dear Mark:

Per HUD requirements set forth in Section VI F 2 (b) of the FY 21 Notice of Funding Opportunity you are being notified in writing, outside of e-snaps, that DMH's renewal application for Cape Cod Supported Housing was submitted within the CoC's established deadline and will be accepted, ranked, and included on the CoC Priority Listing as part of the FY 21 MA 503 Consolidated Application.

The Consolidated Application and CoC Priority Ranking will be posted at www.bchumanservices.net on or before November 10,2021.

Thank you.

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FY21 CoC Notification - Project Ranking



Joseph Pacheco

To mark.bilton@state.ma.us

Cc [Martha Taylor](#); [Daniel Gray](#); [Lee M. Hamilton](#)

[Reply](#) [Reply All](#) [Forward](#) [...](#)

Tue 11/9/2021 3:01 PM

Mark:

The MA-503 Cape Cod and Islands Continuum of Care Consolidated Application that will be submitted to HUD for consideration in the FY2021 Notice of Funding Opportunity competition contains a total of 15 project applications, 14 of which have been scored and ranked by the Review and Ranking Committee. The following projects will be submitted as part of the Consolidated Application:

Organization: MA Department of Mental Health

Project Name	Overall Rank
Cape Cod Supported Housing	11



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From: [Joseph Pacheco](#)
To: [Heidi Nelson](#); pcawley@duffyhealthcenter.org; newing@duffyhealthcenter.org
Cc: [Martha Taylor](#); [Daniel Gray](#); [Lee M. Hamilton](#)
Subject: FY21 CoC Notification to Project Applicants - Project Application Accepted
Date: Thursday, October 28, 2021 9:04:00 AM

Dear Pat:

Per HUD requirements set forth in Section VI F 2 (b) of the FY 21 Notice of Funding Opportunity you are being notified in writing, outside of e-snaps, that Duffy Health Center's renewal application for Welcome Home 6 was submitted within the CoC's established deadline and will be accepted, ranked, and included on the CoC Priority Listing as part of the FY 21 MA 503 Consolidated Application.

The Consolidated Application and CoC Priority Ranking will be posted at www.bchumanservices.net on or before November 10,2021.

Thank you.

	Joseph R. Pacheco
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FY21 CoC Notification - Project Ranking



Joseph Pacheco

To hnelson@duffyhealthcenter.org; pcawley@duffyhealthcenter.org;
 newing@duffyhealthcenter.org
Cc Martha Taylor; Daniel Gray; Lee M. Hamilton

Reply Reply All Forward

Tue 11/9/2021 3:06 PM

Pat:

The MA-503 Cape Cod and Islands Continuum of Care Consolidated Application that will be submitted to HUD for consideration in the FY2021 Notice of Funding Opportunity competition contains a total of 15 project applications, 14 of which have been scored and ranked by the Review and Ranking Committee. The following projects will be submitted as part of the Consolidated Application:

Organization: Duffy Health Center

Project Name	Overall Rank
Welcome Home 6	8



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From: [Joseph Pacheco](#)
To: [Cassi Danzl](#); wphinney@haconcapecod.org; apeters@haconcapecod.org
Cc: [Martha Taylor](#); [Daniel Gray](#); [Lee M. Hamilton](#)
Subject: FY21 CoC Notification to Project Applicants - Project Application Accepted
Date: Thursday, October 28, 2021 9:01:00 AM

Dear Cassi:

Per HUD requirements set forth in Section VI F 2 (b) of the FY 21 Notice of Funding Opportunity you are being notified in writing, outside of e-snaps, that Housing Assistance Corporation's (HAC) renewal applications for [Parkway House](#), [Cape Homes V](#), [Youth Supportive Housing](#), [Housing First](#), and your new application for [Cape Homes V Expansion](#) were submitted within the CoC's established deadline and will be accepted, ranked, and included on the CoC Priority Listing as part of the FY 21 MA 503 Consolidated Application.

The Consolidated Application and CoC Priority Ranking will be posted at www.bchumanservices.net on or before November 10,2021.

Thank you.

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FY21 CoC Notification - Project Ranking



Joseph Pacheco

To Cassi Danz; Walter Phinney; apeters@haconcapecod.org
Cc Martha Taylor; Daniel Gray; Lee M. Hamilton

Reply Reply All Forward

Tue 11/9/2021 3:14 PM

Cassi:

The MA-503 Cape Cod and Islands Continuum of Care Consolidated Application that will be submitted to HUD for consideration in the FY2021 Notice of Funding Opportunity competition contains a total of 15 project applications, 14 of which have been scored and ranked by the Review and Ranking Committee. The following projects will be submitted as part of the Consolidated Application:

Organization: Housing Assistance Corporation

Project Name	Overall Rank
Cape Homes V	6
Housing First	10
Parkway House	4
Youth Supportive Housing	7
Cape Homes V Expansion	13



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From: [Joseph Pacheco](#)
To: lysettah@indhouse.net; Joaniew@indhouse.net
Cc: [Martha Taylor](#); [Daniel Gray](#); [Lee M. Hamilton](#)
Subject: FY21 CoC Notification to Project Applicants - Project Application Accepted
Date: Thursday, October 28, 2021 9:10:00 AM

Dear Joanie:

Per HUD requirements set forth in Section VI F 2 (b) of the FY 21 Notice of Funding Opportunity you are being notified in writing, outside of e-snaps, that Independence Houses' new application for Empowered Survivors was submitted within the CoC's established deadline and will be accepted, ranked, and included on the CoC Priority Listing as part of the FY 21 MA 503 Consolidated Application.

The Consolidated Application and CoC Priority Ranking will be posted at www.bchumanservices.net on or before November 10,2021.

Thank you.

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FY21 CoC Notification - Project Ranking



Joseph Pacheco

To lysettah@indhouse.net; Joaniew@indhouse.net
Cc [Martha Taylor](#); [Daniel Gray](#); [Lee M. Hamilton](#)

[Reply](#) [Reply All](#) [Forward](#) [...](#)

Tue 11/9/2021 3:07 PM

Joanie:

The MA-503 Cape Cod and Islands Continuum of Care Consolidated Application that will be submitted to HUD for consideration in the FY2021 Notice of Funding Opportunity competition contains a total of 15 project applications, 14 of which have been scored and ranked by the Review and Ranking Committee. The following projects will be submitted as part of the Consolidated Application:

Organization: Independence House

Project Name	Overall Rank
Empowered Survivors	12



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From: [Joseph Pacheco](#)
To: [Paula Schnepf](#)
Cc: [Martha Taylor](#); [Daniel Gray](#); [Lee M. Hamilton](#)
Subject: FY21 CoC Notification to Project Applicants - Project Application Accepted
Date: Thursday, October 28, 2021 9:00:00 AM

Dear Paula:

Per HUD requirements set forth in Section VI F 2 (b) of the FY 21 Notice of Funding Opportunity you are being notified in writing, outside of e-snaps, that Sandwich Housing Authority's renewal application for Fresh Start was submitted within the CoC's established deadline and will be accepted, ranked, and included on the CoC Priority Listing as part of the FY 21 MA 503 Consolidated Application.

The Consolidated Application and CoC Priority Ranking will be posted at www.bchumanservices.net on or before November 10,2021.

Thank you.

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FY21 CoC Notification - Project Ranking



Joseph Pacheco

To Paula Schnepf

Cc Martha Taylor; Daniel Gray; Lee M. Hamilton

Reply

Reply All

Forward



Tue 11/9/2021 3:04 PM

Paula:

The MA-503 Cape Cod and Islands Continuum of Care Consolidated Application that will be submitted to HUD for consideration in the FY2021 Notice of Funding Opportunity competition contains a total of 15 project applications, 14 of which have been scored and ranked by the Review and Ranking Committee. The following projects will be submitted as part of the Consolidated Application:

Organization: Sandwich Housing Authority

Project Name	Overall Rank
Fresh Start	9



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