

Before Starting the CoC Application

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

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

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

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

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

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

Answering Multi-Part Narrative Questions

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

Attachments

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

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

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

1A. Continuum of Care (CoC) Identification

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

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

1A-1. CoC Name and Number: ME-500 - Maine Statewide CoC

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

1A-3. CoC Designation: CA

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

1B. Coordination and Engagement–Inclusive Structure and Participation

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

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

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

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

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

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

(limit 2,000 characters)

1)MCOOC solicits new members via public notice of monthly meetings & an annual call for new members in our RFP Notice emphasizing our invitation to agencies not currently funded through MCOOC. All these are publicly posted on www.mainehomelessplanning.org & shared by regional & population specific email lists. Targeted outreach & engagement of new members also occurs by our Resource Committee soliciting new members to monthly meetings & quarterly trainings attended by stakeholders from across Maine, many not otherwise familiar w/ MCOOC.

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

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

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

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

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

Describe in the field below how your CoC:

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

(limit 2,000 characters)

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

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

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

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

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

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

(limit 2,000 characters)

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

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

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

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

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

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

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

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

In the chart below:

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

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

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

Describe in the field below how your CoC:

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

(limit 2,000 characters)

1)MaineHousing & City of Portland, the ESG/ESG-CV recipients in Maine, participate in MCOC & MCOC Board meetings & solicit MCOC input in crafting responses to Con Plans, Annual Action Plan Updates & use of ESG-CV funds. MCOC engages w/ ESG/ESG-CV recipients & subrecipients in planning & allocation discussions. MCOC provides input & recommendations in the development of Plans & allocation of funds. MaineHousing hosted a webinar seeking input on use of ESG-CV funds. Resulting efforts included: Development of TRRP (Temporary Rapid Rehousing Program) to quickly move people from shelters to permanent housing w/ time limited supportive services; use of hotels/motels for wellness/non-congregate shelter; increase diversion efforts; COVID-19 related shelter renovations; hand washing stations; extra cleaning supplies; PPE & hazard pay for front line staff.

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

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

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

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

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

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

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

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

(limit 2,000 characters)

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

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

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

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

(limit 2,000 characters)

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

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

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

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

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

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

(limit 2,000 characters)

1)MCOC coordinates w/ the Maine Coalition to End Domestic Violence (MCEDV) to provide trainings at least annually for all COC & ESG funded project staff as well as other housing & service providers to address safety & best practices including trauma-informed, victim-centered approaches & planning protocols in serving DV survivors. MCOC Resource Committee coordinates w/ MCEDV on this & other related trainings. Notices for trainings are posted on the MCOC website & shared in multiple forums well in advance to optimize attendance. Trainings are conducted via interactive teleconferencing to increase participation from across the state. The MCEDV & its member organizations work w/ MCOC to also provide trainings to a variety of groups including PHAs, CAP agencies, non-ESG shelters, & non-COC funded housing providers.

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

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

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

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

(limit 2,000 characters)

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

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

Describe in the field below how your CoC's coordinated entry system protocols incorporate trauma-informed, victim-centered approaches while maximizing client choice for housing and services that:

- | | |
|----|----------------------------------|
| 1. | prioritize safety; |
| 2. | use emergency transfer plan; and |
| 3. | ensure confidentiality. |

(limit 2,000 characters)

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

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

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

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

	1. Did your CoC implement a written CoC-wide anti-discrimination policy ensuring that LGBT individuals and families receive supportive services, shelter, and housing free from discrimination?	Yes
	2. Did your CoC conduct annual CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity (Equal Access Final Rule)?	Yes
	3. Did your CoC conduct annual CoC-wide training with providers on how to effectively implement Equal Access to Housing in HUD Programs in Accordance with an Individual's Gender Identity (Gender Identity Final Rule)?	Yes

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

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

Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing and Housing Choice Voucher Program During FY 2020 who were experiencing homelessness at entry	Does the PHA have a General or Limited Homeless Preference?	Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?
Maine State Housing Authority	53%	Yes-HCV	Yes
Portland Housing Authority	33%	Yes-Both	Yes

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

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

(limit 2,000 characters)

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

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

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

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

1.	Multifamily assisted housing owners	Yes
2.	PHA	Yes
3.	Low Income Tax Credit (LIHTC) developments	Yes
4.	Local low-income housing programs	Yes
	Other (limit 150 characters)	
5.		

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

Does your CoC include PHA-funded units in the CoC’s coordinated entry process?	Yes
--	-----

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

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

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

(limit 2,000 characters)

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

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

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

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

Did your CoC coordinate with a PHA(s) to submit a joint application(s) for funding of projects serving families experiencing homelessness (e.g., applications for mainstream vouchers, Family Unification Program (FUP), other non-federal programs)?	No
---	----

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

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

- | | |
|----|--|
| 1. | the type of joint project applied for; |
| 2. | whether the application was approved; and |
| 3. | how your CoC and families experiencing homelessness benefited from the coordination. |

(limit 2,000 characters)

N/A

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

Did your CoC coordinate with any PHA to apply for or implement funding provided for Housing Choice Vouchers dedicated to homelessness, including vouchers provided through the American Rescue Plan?	Yes
--	-----

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

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

If you select yes, you must use the list feature below to enter the name of every PHA your CoC has entered into a MOU with to administer the Emergency Housing Voucher Program.

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

Waterville Housin...

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

Name of PHA: Maine State Housing Authority

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

Name of PHA: Bangor Housing Authority

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

Name of PHA: Caribou Housing Authority

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

Name of PHA: Lewiston Housing Authority

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

Name of PHA: Portland Housing Authority

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

Name of PHA: Waterville Housing Authority

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

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

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

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

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

1.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2021 CoC Program Competition.	27
2.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2021 CoC Program Competition that have adopted the Housing First approach.	25
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-coordinated entry projects the CoC has ranked in its CoC Priority Listing in the FY 2021 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	93%

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

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

(limit 2,000 characters)

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

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

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

Does your CoC have sufficient resources to ensure each Veteran experiencing homelessness is assisted to quickly move into permanent housing using a Housing First approach?	No
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1C-10.	Street Outreach–Scope.	
	NOFO Section VII.B.1.j.	

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

(limit 2,000 characters)

1)MCoC outreaches unsheltered persons w/a network of statewide providers as referral partners/access points in Maine’s Coordinated Entry System(CES). Maine 211 system is available and able to connect such persons to the network of providers 24/7/365. ESG shelters conduct outreach in their local communities. PATH outreaches to those living w/Serious & Persistent Mental Illness(SPMI) who are homeless/least likely to seek assistance w/o outreach. Maine has a Medicaid IAP TA grant to establish a coordinated/statewide system to ensure people experiencing unsheltered homelessness are identified/engaged. PATH engages eligible persons & establishes trust to assist w/links to housing/vouchers; Mainstream Resources; case management/services. Youth providers are contracted by ME DHHS for

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

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

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

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

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

	2020	2021
Enter the total number of RRH beds available to serve all populations as reported in the HIC—only enter bed data for projects that have an inventory type of “Current.”	309	276

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

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

	Type of Health Care	Assist with Enrollment?	Assist with Utilization of Benefits?
1.	Public Health Care Benefits (State or Federal benefits, Medicaid, Indian Health Services)	Yes	Yes
2.	Private Insurers	Yes	Yes
3.	Nonprofit, Philanthropic	Yes	Yes
4.	Other (limit 150 characters)		

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

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

(limit 2,000 characters)

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

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

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

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

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

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

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

(limit 2,000 characters)

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

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

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

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

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

Did your CoC conduct an assessment of whether disparities in the provision or outcome of homeless assistance exists within the last 3 years?	Yes
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1C-15a.	Racial Disparities Assessment Results.	
	NOFO Section VII.B.1.o.	

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

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

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

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

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

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

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

(limit 2,000 characters)

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

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

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

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

Waiting for numbers for this section

4.	Included in the decisionmaking processes related to addressing homelessness.		
5.	Included in the development or revision of your CoC's local competition rating factors.		

You must enter a value of '0' or more for elements 1 through 5 in both columns in question 1C-16.

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

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

1.	The CoC trains provider organization staff on connecting program participants and people experiencing homelessness with education and job training opportunities.	Yes
2.	The CoC trains provider organization staff on facilitating informal employment opportunities for program participants and people experiencing homelessness (e.g., babysitting, housekeeping, food delivery, data entry).	No
3.	The CoC works with organizations to create volunteer opportunities for program participants.	No
4.	The CoC works with community organizations to create opportunities for civic participation for people experiencing homelessness (e.g., townhall forums, meeting with public officials).	Yes
5.	Provider organizations within the CoC have incentives for employment and/or volunteerism.	Yes
6.	Other:(limit 500 characters)	

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

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

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

1D-1.	Safety Protocols Implemented to Address Immediate Needs of People Experiencing Unsheltered, Congregate Emergency Shelter, Transitional Housing Homelessness.	
	NOFO Section VII.B.1.q.	
	Describe in the field below protocols your CoC implemented during the COVID-19 pandemic to address immediate safety needs for individuals and families living in:	
1.	unsheltered situations;	
2.	congregate emergency shelters; and	
3.	transitional housing.	

(limit 2,000 characters)

1)To address immediate needs providers including street outreach delivered basic necessities. Bagged meals, Naloxone, first aid kits, fentanyl test strips, public health/harm reduction tools, clothing, were delivered to people in wellness centers/hotels/people outside/in encampments. Meal/other essentials delivery to unsheltered observed the CDC Interim Guidance on People Experiencing Unsheltered Homelessness (unsheltered). MCoC used a whole community approach to build coalitions including persons w/ lived experience to meet unsheltered's needs during the pandemic. Per CDC guidance, overflow sites/wellness centers/hotels were established to accommodate shelter decompression/higher shelter demand. Isolation/Quarantine sites were set up for people w/COVID-19/awaiting testing-results/exposed. Outreach/community staff ensured unsheltered had access to services, provided up-to-date info on COVID-19 including vaccines. Social distancing/PPE was provided.

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

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

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

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

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

(limit 2,000 characters)

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

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

Describe in the field below how your CoC coordinated with ESG-CV recipients to distribute funds to address:

1.	safety measures;
2.	housing assistance;
3.	eviction prevention;
4.	healthcare supplies; and
5.	sanitary supplies.

(limit 2,000 characters)

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

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

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

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

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

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

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

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

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

(limit 2,000 characters)

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

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

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

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

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

(limit 2,000 characters)

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

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

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

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

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

(limit 2,000 characters)

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

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

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

(limit 2,000 characters)

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

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

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

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

(limit 2,000 characters)

Waiting for narrative from CES for this question - also need an assessment tool to attach - if no new tool is available, we will need to attach the VI-SPDAT

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

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

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

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

1.	Enter the date your CoC published the 30-day submission deadline for project applications for your CoC's local competition.	09/01/2021
2.	Enter the date your CoC publicly posted its local scoring and rating criteria, including point values, in advance of the local review and ranking process.	10/04/2021

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

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

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

1E-2a.	Project Review and Ranking Process–Addressing Severity of Needs and Vulnerabilities.	
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NOFO Section VII.B.2.d.

Describe in the field below how your CoC reviewed, scored, and selected projects based on:

1.	the specific severity of needs and vulnerabilities your CoC considered when ranking and selecting projects; and
2.	considerations your CoC gave to projects that provide housing and services to the hardest to serve populations that could result in lower performance levels but are projects your CoC needs in its geographic area.

(limit 2,000 characters)

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

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

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

Describe in the field below how your CoC:

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

(limit 2,000 characters)

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

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

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

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

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

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

(limit 2,000 characters)

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

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

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

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

4) N/A (two projects were reallocated)

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

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

Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2016 and FY 2021?	No
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1E-5.	Projects Rejected/Reduced—Public Posting. You Must Upload an Attachment to the 4B. Attachments Screen if You Select Yes.	
	NOFO Section VII.B.2.g. We did not reject or reduce any, but an attachment is Required, so I wrote something up.	

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

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

Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.	10/21/2021
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1E-6.	Web Posting of CoC-Approved Consolidated Application. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.2.g. Need to post the FINAL APPROVED application on MHP	

<p>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.</p>	
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You must enter a date in question 1E-6.

2A. Homeless Management Information System (HMIS) Implementation

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

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

Enter the name of the HMIS Vendor your CoC is currently using.	WellSky
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2A-2.	HMIS Implementation Coverage Area.	
	Not Scored—For Information Only	

Select from dropdown menu your CoC’s HMIS coverage area.	Statewide
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2A-3.	HIC Data Submission in HDX.	
	NOFO Section VII.B.3.a.	

Enter the date your CoC submitted its 2021 HIC data into HDX.	05/13/2021
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2A-4.	HMIS Implementation—Comparable Database for DV.	
	NOFO Section VII.B.3.b.	

Describe in the field below actions your CoC and HMIS Lead have taken to ensure DV housing and service providers in your CoC:

- | | |
|----|---|
| 1. | have a comparable database that collects the same data elements required in the HUD-published 2020 HMIS Data Standards; and |
| 2. | submit de-identified aggregated system performance measures data for each project in the comparable database to your CoC and HMIS lead. |

(limit 2,000 characters)

1)MCoC works with the Maine Coalition to End Domestic Violence (MCEDV) to establish data protocols & submission guidelines for all DV Resource Centers (DVRCs) & Coalition Member Programs. Each DVRC & Member Program uses the same HMIS comparable database that collects the same data elements required in the HUD-published 2020 HMIS Data Standards, allowing for standardized DV specific data across the state. MaineHousing, MCoC's HMIS Lead Agency, meets regularly MCEDV to discuss data standards & quality issues that affect outcome measures. MCEDV sits on the MCoC Data Standards committee to hear HMIS concerns & relay them to the DV system's Operations Administrator for review. As of October 1, 2021 the HMIS Comparable Database in use is updated for the 2022 Data Standards.

2)The current HMIS Comparable Database functionality allows DVRCs & MCEDV to pull reports & submit de-identified aggregated system performance measures data for each project to MaineHousing, MCoC, the SAGE platform, & other funders as needed. Reports are submitted directly to the HMIS Lead or directly into SAGE.

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

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

Project Type	Total Beds 2021 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
1. Emergency Shelter (ES) beds	1,579	169	1,264	89.65%
2. Safe Haven (SH) beds	15	0	15	100.00%
3. Transitional Housing (TH) beds	1,083	136	940	99.26%
4. Rapid Re-Housing (RRH) beds	276	4	272	100.00%
5. Permanent Supportive Housing	2,525	7	2,501	99.32%
6. Other Permanent Housing (OPH)	123	84	39	100.00%

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

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

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

(limit 2,000 characters)

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

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

Enter the percentage of beds covered in comparable databases in your CoC's geographic area.	98.00%
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2A-5b.1.	Partial Credit for Bed Coverage Rates at or Below 84.99 for Question 2A-5b.	
	NOFO Section VII.B.3.c.	

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

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

(limit 2,000 characters)

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

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

Did your CoC submit LSA data to HUD in HDX 2.0 by January 15, 2021, 8 p.m. EST?	Yes
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2B. Continuum of Care (CoC) Point-in-Time (PIT) Count

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
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- 24 CFR part 578

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

Does your CoC commit to conducting a sheltered and unsheltered PIT count in Calendar Year 2022?	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:

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

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

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

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

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

(limit 2,000 characters)

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

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

3) Maine’s Statewide & Regional Homeless Councils, the MCOC, & MCOC Board are responsible for overseeing Maine’s strategy to reduce the LOT people remain homeless.

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

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

(limit 2,000 characters)

1) MCOC strategies to increase successful PH placement from ES, SH, TH, &

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

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

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

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

(limit 2,000 characters)

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

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

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

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

(limit 2,000 characters)

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

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

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

Describe in the field below how your CoC:

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

(limit 2,000 characters)

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

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

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

Describe in the field below:

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

(limit 2,000 characters)

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

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

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

3A. Coordination with Housing and Healthcare Bonus Points

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

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

Is your CoC applying for a new PSH or RRH project(s) that uses housing subsidies or subsidized housing units which are not funded through the CoC or ESG Programs to help individuals and families experiencing homelessness?	Yes
---	-----

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

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

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

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

Is your CoC applying for a new PSH or RRH project that uses healthcare resources to help individuals and families experiencing homelessness?	Yes
--	-----

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

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

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

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

Project Name	Project Type	Rank Number	Leverage Type
Riverlands House	PSH	23	Housing

The Riverlands House proposal includes PBVs from MaineHousing, so that should count for the PHA Bonus. It also includes a letter from VA Heathcare - but that letter does not specify a dollar value or time frame, so it may not qualify us for the Heathcare Bonus.

3A-3. List of Projects.

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

2. Select the new project type: PSH

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

4. Select the type of leverage: Housing

3B. New Projects With Rehabilitation/New Construction Costs

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
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- 24 CFR part 578

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

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

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

If you answered yes to question 3B-1, describe in the field below actions CoC Program-funded project applicants will take to comply with:

- | | |
|----|---|
| 1. | Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u); and |
| 2. | HUD’s implementing rules at 24 CFR part 75 to provide employment and training opportunities for low- and very-low-income persons, as well as contracting and other economic opportunities for businesses that provide economic opportunities to low- and very-low-income persons. |

(limit 2,000 characters)

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

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

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

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

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

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

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

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

(limit 2,000 characters)

N/A

4A. DV Bonus Application

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

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

Did your CoC submit one or more new project applications for DV Bonus Funding?	Yes
--	-----

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

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

	Project Type	
1.	SSO Coordinated Entry	Yes
2.	PH-RRH or Joint TH/RRH Component	Yes

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

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

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

Describe in the field below:

1.	how your CoC calculated the number of DV survivors needing housing or services in question 4A-2 element 1 and element 2; and	
----	--	--

2.	the data source (e.g. comparable database, other administrative data, external data source, HMIS for non-DV projects); or
3.	if your CoC is unable to meet the needs of all survivors please explain in your response all barriers to meeting those needs.

(limit 2,000 characters)

1)The number of DV survivors needing housing &/or services in element 1 was arrived at through a combination of factors which included the number of DV Survivors currently in DV specific Emergency Shelters & Transitional Housing (MCOC does not have any DV specific Safe Havens), the number of clients currently in non-DV specific Emergency Shelters, Transitional Housing, & Safe Havens who reported they were a Domestic Violence Victim/Survivor in HMIS, & the number of requests for DV services received by Maine Domestic Violence Resource Centers (DVRCs) during the same timeframe. The number of DV Survivors currently being served in element 2 was determined by combining the number of DV Survivors currently in DV specific Emergency Shelters & Transitional Housing & the number of clients currently in non-DV specific Emergency Shelters, Transitional Housing, & Safe Havens who reported they were a Domestic Violence Victim/Survivor in HMIS.

2)The data sources used to arrive at these figures were HMIS, Maine's DV Comparable Database (Empower), and Maine's DVRCs call tracking system.

3)The single biggest barrier to being able to meet the housing needs of all Domestic Violence Victims/Survivors in Maine is the general lack of safe affordable housing, & more specifically, a lack of Permanent Supportive Housing & Rapid Re-Housing projects that offer specialized supportive services to meet the unique need of DV survivors.

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

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

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

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

Describe in the field below:

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

(limit 2,000 characters)

waiting for a narrative on this one

4A-4.	New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects–Project Applicant Information.	
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NOFO Section II.B.11.

Use the list feature icon to enter information on each unique project applicant applying for New PH-RRH and Joint TH and PH-RRH Component DV Bonus projects—only enter project applicant information once, regardless of how many DV Bonus projects that applicant is applying for.

Applicant Name
Maine Coalition t...
Safe Voices
Preble Street

Each of these three applicants must answer additional questions that appear on the following pages, specific to their proposal.

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

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

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

1.	Applicant Name	Maine Coalition to End Domestic Violence
2.	Rate of Housing Placement of DV Survivors–Percentage	
3.	Rate of Housing Retention of DV Survivors–Percentage	

You must enter a response for elements 1 through 3 in question 4A-4.

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

Describe in the field below:

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

(limit 1,000 characters)

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

Describe in the field below how the project applicant:

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

(limit 2,000 characters)

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

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

(limit 5,000 characters)

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

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

(limit 2,000 characters)

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

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

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

(limit 5,000 characters)

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

Describe in the field below:

1.	supportive services the project applicant provided to domestic violence survivors experiencing homelessness while quickly moving them into permanent housing and addressing their safety needs; and
----	---

2.	provide examples of how the project applicant provided the supportive services to domestic violence survivors.
----	--

(limit 5,000 characters)

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

Provide examples in the field below of how the new project will:
--

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

(limit 5,000 characters)

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

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

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

1.	Applicant Name	Safe Voices
2.	Rate of Housing Placement of DV Survivors--Percentage	
3.	Rate of Housing Retention of DV Survivors--Percentage	

You must enter a response for elements 1 through 3 in question 4A-4.

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

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

(limit 1,000 characters)

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

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

(limit 2,000 characters)

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

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

(limit 5,000 characters)

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

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

(limit 2,000 characters)

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

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

(limit 5,000 characters)

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

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

(limit 5,000 characters)

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

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

(limit 5,000 characters)

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

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

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

1.	Applicant Name	Preble Street
2.	Rate of Housing Placement of DV Survivors–Percentage	
3.	Rate of Housing Retention of DV Survivors–Percentage	

You must enter a response for elements 1 through 3 in question 4A-4.

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

Describe in the field below:

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

(limit 1,000 characters)

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

Describe in the field below how the project applicant:

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

(limit 2,000 characters)

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

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

(limit 5,000 characters)

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

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

(limit 2,000 characters)

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

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

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

(limit 5,000 characters)

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

Describe in the field below:

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

(limit 5,000 characters)

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

Provide examples in the field below of how the new project will:
--

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

(limit 5,000 characters)

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		
1C-7. PHA Homeless Preference	No	PHA Homeless Pref...	11/03/2021
1C-7. PHA Moving On Preference	No	PHA Moving On Pre...	11/03/2021
1E-1. Local Competition Announcement	Yes	Local Competition...	11/03/2021
1E-2. Project Review and Selection Process	Yes	Project Review an...	11/03/2021
1E-5. Public Posting–Projects Rejected-Reduced	Yes	Projects Rejected...	11/03/2021
1E-5a. Public Posting–Projects Accepted	Yes	Public Posting Pr...	11/03/2021
1E-6. Web Posting–CoC-Approved Consolidated Application	Yes		
3A-1a. Housing Leveraging Commitments	No	Housing Leverage ...	11/03/2021
3A-2a. Healthcare Formal Agreements	No		
3C-2. Project List for Other Federal Statutes	No		

Attachment Details

Document Description:

Attachment Details

Document Description: PHA Homeless Preference

Attachment Details

Document Description: PHA Moving On Preference

Attachment Details

Document Description: Local Competition Announcement

Attachment Details

Document Description: Project Review and Selection Process

Attachment Details

Document Description: Projects Rejected or Reduced

Attachment Details

Document Description: Public Posting Projects Accepted

Attachment Details

Document Description:

Attachment Details

Document Description: Housing Leverage Commitment

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

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

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

FY2021 CoC Application	Page 67	11/03/2021
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3C. Serving Homeless Under Other Federal Statutes

10/27/2021

4A. DV Bonus Application

Please Complete

4B. Attachments Screen

Please Complete

Submission Summary

No Input Required

Notes:

4A. DV Bonus Application list contains 3 incomplete items.

Maine State Housing Authority Homeless Preference Policies 2021:

4-III.C. SELECTION METHOD

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

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

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

MaineHousing Policy

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

Priority and Local Preference Admissions

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

b. Homeless Priority

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

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

Portland Housing Authority, Homeless Preference Policies, 2021:

Regular HCV Funding

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

4-III.C. SELECTION METHOD

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

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

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

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

PHA Policy

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

Preferences:

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

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

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

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

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

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

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

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

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

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

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

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

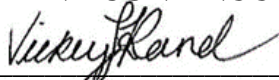
Affordability is a primary issue preventing current permanent supportive housing (PSH) tenants living in MCOC-funded projects who are no longer in need of or desire of intensive services from moving on. Many tenants in PSH are on fixed incomes (often SSI/SSD) or employed in jobs that are intermittent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

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

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

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

MAINE CONTINUUM OF CARE



Signature

Name: Vickey Rand

Title: MCOC Tri-Chair

Date: 9/6/19

MAINE STATE HOUSING AUTHORITY



Signature

Name: Allison Gallagher

Title: Director of Housing Choice Vouchers

Date: 9/6/19

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

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

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

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

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

MAINE CONTINUUM OF CARE

Vickey Rand
Signature

Name: Vickey Rand

Title: MCOC Tri-Chair

Date: 8/27/19

PORTLAND HOUSING AUTHORITY

Mark B. Adelson
Signature

Name: Mark B. Adelson

Title: Executive Director

Date: 8/27/19

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

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

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

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

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

MAINE CONTINUUM OF CARE

Vickey Rand
Signature

Name: Vickey Rand

Title: MCOC Tri-Chair

Date: 8/28/19

COMMUNITY HOUSING OF MAINE

Kyra Walker
Signature

Name: Kyra Walker

Title: Chief Operating Officer

Date: 8/28/19



September 20, 2019

To Whom It May Concern,

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

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

Sincerely,

Dana Totman
President & Chief Executive Officer
Avesta Housing

MAINE HOMELESS PLANNING

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

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

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

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

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

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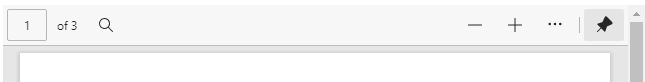
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- [HUD Homelessness Resource Exchange](#)
- [HUD Website](#)



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

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

Funding Opportunity Number: *FR-6500-N-25*

Assistance Listing Number: *14.267* (formerly CFDA number)

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

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

Comprehensive NOFO announcement and additional information is available at:

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

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

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

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

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

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

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

[Sign up for SNAPS Competition Information](#)

[Sign up for SNAPS Program Information](#)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

HUD's Homeless Policy Priorities for 2021:

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

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

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

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

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

MAINE HOMELESS PLANNING

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

2021 MCOC New and Renewal Application Scoring Tools

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

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

Hi Scott Tibbitts

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1 of 2 Automatic Zoom

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

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

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

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

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

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

EXTERNAL EMAIL

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

New post on Maine Homeless Planning

2021 MCOC New and Renewal Application Scoring Tools

by [Scott Tibbitts](#)

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

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

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

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

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

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

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

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

MAINE CONTINUUM OF CARE

2021 NEW PROJECT MCOC SCORECARD

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

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

The MAINE CONTINUUM OF CARE

MCOC RENEWAL SCORECARD 2021

Agency/Project Name: _____ Scorer Number: _____

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

MCOC RENEWAL SCORECARD 2021

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

The MAINE CONTINUUM OF CARE

FINAL DRAFT RENEWAL SCORECARD 08

	HUD TOOL Recomm
Project Effectiveness	
Coordinated Entry Participation <i>Data Source: Monitoring</i>	10
Housing First and/or Low Barrier to Entry (8 boxes, 2 pts per check box) <i>Data Source: Application 3b and 3c</i>	10
Performance Measures	
<i>Data Source: Monitoring</i>	
Length of Stay	10
RRH- On average, participants stay in project "a minimum of 180" days	
PSH - On average, participants stay in project "a minimum of 180" days	
TH- On average, participants stay in project less than twenty four months	
Exits to Permanent Housing	20
RRH- Min of "80%" move to or remain PH (Floor 65%=8 pts, Goal 80% = 16 pts, Exceeds Goal = 85% + = 18 pts)	
PSH- Min of "80%" move or remain in PH (Floor 65%=8 pts, Goal 80% = 16 pts, Exceeds Goal = 85% + = 18 pts)	
TH- Min of "65%" move to PH (Floor 65%=8 pts, Goal 80% = 16 pts, Exceeds Goal = 85% + = 18 pts)	
Returns to Homelessness , Data Source: TBD	5
New, Increased or Maintained Income for Project <u>Stayers</u>	5
New, Increased or Maintained Income for Project <u>Leavers</u>	5
Serving High Needs Populations (Local approach)	
<i>Data Source: Application Question + Narrative</i>	
Chronic Homeless	
Long Term Stayers	
Chronic/Long Term Stayers (prioritize or serve)	
Disability/ Vulnerability	
Veterans	
Families with children	
Unaccompanied Youth (under 25)	
Domestic Violence	
Substance use	
Mental Illness	
HIV AIDS	20
LOCAL EVALUATION - MAINE COC	
Project Cost Effectiveness - Local	
<i>Data Source: Monitoring</i>	
Budget staffing and expenses are adequate to support the proposed project	
Matched resources account for at least 25% of amount requested	
Quarterly drawdowns ("yes," 1 pt; "no," 0 pts)	
Money recaptured by HUD at end of contract year ("yes," 0 pts; "no," 1 pt)	

COC Participation - Local

Data Source: Monitoring

Is the Applicant Agency currently an eligible voting member of MCOC?

LOCAL EVALUATION - MAINE COC - Continued

COC Review - Local

Data Source: Application and Supplements.

Does the applicant provide documented, secured minimum match letter? [\[Attached\]](#)

Is the Project Financially feasible? [\[Self Certification, Attached.\]](#)

Project Type - Local

Permanently Supportive Housing with no services (paid by COC) [10 pts]

Permanently Supportive Housing with services (paid by COC) [9 pts]

Transitional Housing for Special Populations (DV, Youth, SUD) [8 pts]

Rapid Rehousing Project [7 pts]

Transitional Housing, other (not Special Populations) [5 pts]

SSO Coordinated Entry

Renewal HMIS

For Special Projects

Coordinated Entry ONLY Application Review

The project's activities will assist in the implementation and/or capacity of the Coordinated Entry system.

The project's activities will assist the CoC in meeting federal guidelines and timelines regarding Coordinated Entry.

The project's activities will assist the CoC in establishing a client-focused system that is accessible and coordinated.

The centralized or coordinated assessment system is easily available/reachable for all persons within the CoC's geographic area who are seeking information regarding homelessness assistance. The system must also be accessible for persons with disabilities within the CoC's geographic area.

There is a strategy for advertising that is designed specifically to reach homeless persons with the highest barriers within the CoC's geographic area.

There is a standardized assessment process.

Ensures program participants are directed to appropriate housing and services that fit their needs.

The proposed project has a specific plan to coordinate and integrate with other mainstream health, social services, and employment programs and ensure that program participants are assisted to obtain benefits from the mainstream programs for which they may be eligible (e.g., Medicare, Medicaid, SSI, Food Stamps, local Workforce office, early childhood education).

HMIS ONLY Application Review

Percentage of new users that receive initial HMIS training based on percentage *[1 point for 10% points]

Was the Longitudinal System Analysis (LSA) completed by the HMIS Lead and accepted by HUD as accurate and complete information from HMIS?

Has the info available in HMIS and reported to HUD on the annual Housing Inventory Chart (HIC) been accurate to meet the needs of the NOFA and COC?

Is the HMIS system available 365 days a year 24/7 with the ability to produce updates minimally 2 times a day

Can HMIS produce System Performance Measures as outlined by HUD?	
The HMIS produces all HUD required reports and provides data as needed for HUD reporting (APR ^{<} quarterly reports, data for CAPER/ESG reporting) and other reports required for federal partners.	
Are the HMIS funds expended in a way that is consistent with the CoC's funding strategy for the HMIS and furthers the CoC's HMIS implementation.	
The HMIS collects all Universal Data Elements as set forth in the HMIS Data Standards.	
HMIS has the ability to unduplicate client records.	

Total Available	85
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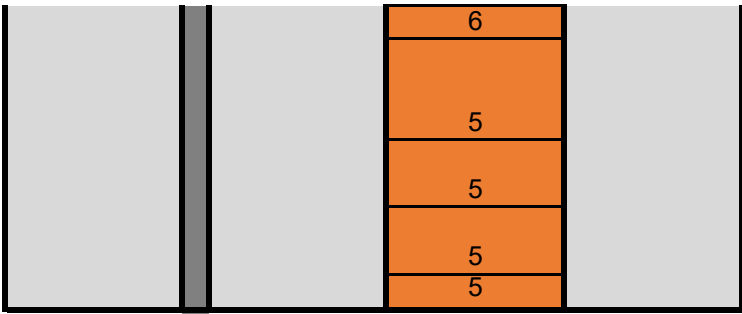
*Note Aim for a total points to be 100
Note: HUD Tool Total does not include local point values*

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30119

MCOE DRAFT	MCOE	HMIS ONLY	CE ONLY
5	3	3	3
16	16		
10	7		
22	18		
5	5		
5	5		
5	5		
2	2		2
1	1		1
1	1		1
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1	1		1
1	1		1
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5	5	5	5
5	5	5	5
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1	1	1	1

10	7	7	7
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112	100	100	100
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The MAINE CONTINUUM OF CARE

DRAFT - 2019 Renewal Project Scoring Tool 7.22.1

	HUD TOOL Recomm
Project Effectiveness	
Coordinated Entry Participation <i>Data Source: Monitoring</i>	10
Housing First and/or Low Barrier to Entry (8 boxes, 2 pts per check box) <i>Data Source: Application 3b and 3c</i>	10
Performance Measures	
<i>Data Source: Monitoring</i>	
Length of Stay	10
RRH- On average, participants stay in project "a minimum of 180" days	
PSH - On average, participants stay in project "a minimum of 180" days	
TH- On average, participants stay in project less than twenty four months	
Exits to Permanent Housing	20
RRH- Min of "80%" move to or remain PH (Floor 65%=8 pts, Goal 80% = 16 pts, Exceeds Goal = 85% + = 18 pts)	
PSH- Min of "80%" move or remain in PH (Floor 65%=8 pts, Goal 80% = 16 pts, Exceeds Goal = 85% + = 18 pts)	
TH- Min of "65%" move to PH (Floor 65%=8 pts, Goal 80% = 16 pts, Exceeds Goal = 85% + = 18 pts)	
Returns to Homelessness, <i>Data Source: TBD</i>	5
New, Increased or Maintained Income for Project <u>Stayers</u>	5
New, Increased or Maintained Income for Project <u>Leavers</u>	5
Serving High Needs Populations (Local approach)	
<i>Data Source: Application Question + Narrative</i>	
Chronic Homeless	
Long Term Stayers	
Chronic/Long Term Stayers (prioritize or serve)	
Disability/ Vulnerability	
Veterans	
Families with children	
Unaccompanied Youth (under 25)	
Domestic Violence	
Substance use	
Mental Illness	
HIV AIDS	20
LOCAL EVALUATION - MAINE COC	
Project Cost Effectiveness - Local	
<i>Data Source: Monitoring</i>	
Budget staffing and expenses are adequate to support the proposed project	
Matched resources account for at least 25% of amount requested	
Quarterly drawdowns ("yes," 1 pt; "no," 0 pts)	

Money recaptured by HUD at end of contract year ("yes," 0 pts; "no," 1 pt)	
COC Participation - Local	
<i>Data Source: Monitoring</i>	
Is the Applicant Agency currently an eligible voting member of MCOC?	
COC Review - Local	
<i>Data Source: Application and Supplements.</i>	
Does the applicant provide documented, secured minimum match letter? [Attached]	
Is the Project Financially feasible? [Self Certification, Attached.]	
Project Type - Local	
Permanently Supportive Housing with no services (paid by COC) [10 pts]	
Permanently Supportive Housing with services (paid by COC) [9 pts]	
Transitional Housing for Special Populations (DV, Youth, SUD) [8 pts]	
Rapid Rehousing Project [7 pts]	
Transitional Housing, other (not Special Populations) [5 pts]	
SSO Coordinated Entry	
Renewal HMIS	
For Special Projects	
<i>Coordinated Entry ONLY Application Review</i>	
The project's activities will assist in the implementation and/or capacity of the Coordinated Entry system.	
The project's activities will assist the CoC in meeting federal guidelines and timelines regarding Coordinated Entry.	
The project's activities will assist the CoC in establishing a client-focused system that is accessible and coordinated.	
Other questions for evaluating CES?	
Other questions for evaluating CES?	
<i>HMIS ONLY Application Review</i>	
Percentage of new users that receive initial HMIS training based on percentage *[1 point for 10% points]	
Was the Longitudinal System Analysis (LSA) completed by the HMIS Lead and accepted by HUD as accurate and complete information from HMIS?	
Has the info available in HMIS and reported to HUD on the annual Housing Inventory Chart (HIC) been accurate to meet the needs of the NOFA and COC?	
Is the HMIS system available 365 days a year 24/7 with the ability to produce updates minimally 2 times a day	
Other questions for evaluating HMIS?	
Other questions for evaluating HMIS?	
Total Available	85

Note Aim for a total points to be 100

Note: HUD Tool Total does not include local point values

ARE

19 - DRAFT

MCOE DRAFT	Suggested points to total 100	HMIS ONLY	CE ONLY
5	3	3	3
16	16		
10	7		
22	18		
5	5		
5	5		
5	5		
2	2		2
1	1		1
1	1		1
1	1		1
1	1		1
1	1		1
1	1		1
1	1		1
5	5	5	5
5	5	5	5
1	1	1	1

1	1	1	1
10	7	7	7
1	1	1	1
1	1	1	1
10	10		
9	9		
8	8		
7	7		
5	5		
			6
		10	
			10
			10
			10
			?
			?
		10	
		10	
		10	
		10	
		?	
		?	

112	100	74	70
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MCOC NEW PROJECTS Scoring Guide 2021

1. HUD Eligibility and HUD and COC Priorities

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

2. Capacity/Experience

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

3. Project and System Level Performance

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

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

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

5. Cost Effectiveness

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

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

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

Application clearly describes that the type and location of the housing proposed will fit the community's need for the proposed project activities; and demonstrates an understanding of the needs of the clients to be served.	2 pts	GOTO <i>and</i> Section 4B (Housing Type and Location) and Section 3B Question 8b (if available) <i>Describe how the project will be integrated into the neighborhood.</i> Award 2 pts if demonstrated.
Application demonstrates a clear plan to assist clients to rapidly secure and maintain housing that is safe, affordable, and meets their needs.	2 pts	GOTO Section 4A <u>Q1</u> Award 2 pts if they describe how participants will be assisted to obtain and remaining in housing.
Application clearly describes the types of supportive services that will be offered to clients, including the role of project staff and coordination with other providers, to maximize positive outcomes for clients.	2 pts	GOTO Section 4A, Q2, Q3 Award 2 pts if demonstrated.
COORDINATED ENTRY		Not Applicable
The project's proposed activities will assist in the implementation and/or capacity of the Coordinated Entry system.		GOTO Section 3B, Q1, Review the narrative. Award 10 pts if demonstrated.
The project's proposed activities will assist the CoC in meeting federal guidelines and timelines regarding Coordinated Entry.		GOTO Section 3B, <u>Q1</u> Review the narrative. Award 10 pts if demonstrated. Award 10 pts if demonstrated. *Note different question than previous year.
The project's proposed activities will assist the CoC in establishing a client-focused system that is accessible and coordinated.		GOTO Section 3B, <u>Q4c</u> <i>Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance, and Q4e Describe the referral process and how the coordinated entry process ensures that participants are directed to appropriate housing and/or services.</i> Award 10 pts if demonstrated.
For HMIS Projects Only		Not Applicable
The project's proposed activities will help improve the quality and functionality of the existing HMIS system, to the benefit of the CoC		
The project's proposed activities will help ensure compliance with federal reporting requirements pertaining to data, including HIC, PIT, AHAR, and CAPER reports.		
The project's proposed activities will help ensure the CoC has a fully functional, operational, and funded HMIS system.		

7. Timeliness

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

Project has a formal partnership with a Public Housing Authority, Healthcare Organization and/or an Indian Tribe or Tribally Designated Housing Entities (1 pt per type of partnership)	3 pts	GOTO Section 2A to see if qualifying Subrecipients are listed, Section 4A Q2 narrative and Section 6I and 7A for In-kind match commitment information or other partnership MOUs. Award 1 pts per partnership type.
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Renewal Project Score Guide 2021

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

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

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

MCOE Ranking Protocols:

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

The MAINE CONTINUUM OF CARE

MCOC RENEWAL SCORECARD 2021

Agency/Project Name: _____ Scorer Number: _____

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

To

MCOC RENEWAL SCORECARD 2021

	MCOC	HMIS ONLY
LOCAL EVALUATION - MAINE COC - Continued		
COC Review - Local		
<i>Data Source: Application and Supplements.</i>		
Does the applicant provide documented, secured minimum match letter(s)? [Attached]	1	1
Is the Project Financially feasible? [Self Certification, Attached.]	1	1
Project Type - Local		
Permanently Supportive Housing with no services (paid by COC) [10 pts]	10	
Permanently Supportive Housing with services (paid by COC) [9 pts]	9	

Transitional Housing for Special Populations (DV, Youth, SUD) [8 pts]	8	
Rapid Rehousing Project [7 pts]	7	
Transitional Housing, other (not Special Populations) [5 pts]	5	
SSO Coordinated Entry		
Renewal HMIS		10
For Special Projects		
<i>Coordinated Entry ONLY Application Review</i>		
The project's activities will assist in the implementation and/or capacity of the Coordinated Entry system.		
The project's activities will assist the CoC in meeting federal guidelines and timelines regarding Coordinated Entry.		
The project's activities will assist the CoC in establishing a client-focused system that is accessible and coordinated.		
The centralized or coordinated assessment system is easily available/reachable for all persons within the CoC's geographic area who are seeking information regarding homelessness assistance. The system must also be accessible for persons with disabilities within the CoC's geographic area.		
There is a strategy for advertising that is designed specifically to reach homeless persons with the highest barriers within the CoC's geographic area.		
There is a standardized assessment process.		
Ensures program participants are directed to appropriate housing and services that fit their needs.		
The proposed project has a specific plan to coordinate and integrate with other mainstream health, social services, and employment programs and ensure that program participants are assisted to obtain benefits from the mainstream programs for which they may be eligible (e.g., Medicare, Medicaid, SSI, Food Stamps, local Workforce office, early childhood education).		
<i>HMIS ONLY Application Review</i>		
Percentage of new users that receive initial HMIS training based on percentage *[1 point for 10% points]		10
Was the Longitudinal System Analysis (LSA) completed by the HMIS Lead and accepted by HUD as accurate and complete information from HMIS?		10
Has the info available in HMIS and reported to HUD on the annual Housing Inventory Chart (HIC) been accurate to meet the needs of the NOFA and COC?		10
Is the HMIS system available 365 days a year 24/7 with the ability to produce updates minimally 2 times a day		10
Can HMIS produce System Performance Measures as outlined by HUD?		6
Are the HMIS funds expended in a way that is consistent with the CoC's funding strategy for the HMIS and furthers the CoC's HMIS implementation.		5
The HMIS collects all Universal Data Elements as set forth in the HMIS Data Standards.		5
HMIS has the ability to unduplicate client records.		5
The HMIS produces all HUDrequired reports and provides data as needed for HUD reporting (e.g., APR, quarterly reports, data for CAPER/ESG reporting) and other reports required by other federal partners.		5

Total of F

Total from I

Total	100	100
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CE ONLY	POINTS
	16
	7
	18
	5
	5
2	2
1	1
1	1
1	
1	
1	
1	1
1	1
1	
5	5
5	5
1	1
1	1
7	7
3	3
Total of Page One:	
CE ONLY	
1	1
1	1
	10

MCOC Pro

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

RANK	Score	Tier	Applicant Name	Project Name
1	95	1	City of Bangor	TRA Consolidated 8715
2	95	1	City of Bangor	TRA Consolidated 8714
3	95	1	City of Bangor	TRA 8716
4	94	1	State of Maine, DHHS	Maine 1
5	94	1	State of Maine, DHHS	Portland 13
6	94	1	State of Maine, DHHS	Maine 2
7	94	1	State of Maine, DHHS	Penobscot 1
8	94	1	State of Maine, DHHS	Maine 23
9	94	1	State of Maine, DHHS	Maine 10
10	94	1	State of Maine, DHHS	SB York County
11	94	1	State of Maine, DHHS	Portland 12
12	94	1	State of Maine, DHHS	SB MHBR
13	94	1	OHI	Chalila Apartments
14	92	1	Preble Street	Houston Commons
15	92	1	Preble Street	Logan Place
16	91	1	Community Housing of Maine, Inc	Permanent Housing for Homeless Veteran
17	88	1	Kennebec Behavioral Health	Mid Maine Supported Housing
18	88	1	Tedford Housing	Everett Street Supportive Housing
19	86	1	New Beginnings	Transitional Living Program for Homeless
20	60	1	Preble Street	Survivor RRH*
21	58	1	Through These Doors	DV Bonus 2019*
22	94	1	Maine State Housing Authority	State of Maine HMIS**
23	116	1/2	VOA	Riverlands (PH-PSH)
24	111	2	Preble Street	PSH
25	110	2	Preble Street	RRH
26	108	2	Preble Street	Survivor (Joint TH & PH-RRH)
27	106	2	MCEDV	PH-RRH (Joint TH & PH-RRH)
28	103	2	Safe Voices	Safe Voices (Joint TH & PH-RRH)
29	94	2	MCEDV	SSO-CES

*no APR's submitted yet

These apps specified DV Bonus \$

**Protocols place HMIS at bottom of T1 b

N/A

Maine State Housing Authority

MCOE Planning

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

Project Ranking 2021

Max Project \$

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

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

Reallocation + non-DV bonus

\$1,204,819

(this amount is already included as part of the Tier 1 ARD total)

(Planning Grants are not scored or ranked, just reviewed)

Totals

Project Type	Component Type	Amount Requested	Running total	TIER 1	TIER 2
Renewal	TRA	\$470,506	\$470,506	\$470,506	
Renewal	TRA	\$424,257	\$894,763	\$894,763	
Renewal	TRA	\$141,151	\$1,035,914	\$1,035,914	
Renewal	TRA	\$3,658,066	\$4,693,980	\$4,693,980	
Renewal	TRA	\$2,925,092	\$7,619,072	\$7,619,072	
Renewal	TRA	\$2,353,656	\$9,972,728	\$9,972,728	
Renewal	TRA	\$557,744	\$10,530,472	\$10,530,472	
Renewal	TRA	\$447,301	\$10,977,773	\$10,977,773	
Renewal	TRA	\$324,391	\$11,302,164	\$11,302,164	
Renewal	SRA	\$190,507	\$11,492,671	\$11,492,671	
Renewal	TEA	\$157,163	\$11,649,834	\$11,649,834	
Renewal	SRA	\$45,967	\$11,695,801	\$11,695,801	
Renewal	PH	\$40,566	\$11,736,367	\$11,736,367	
Renewal	PH	\$477,648	\$12,214,015	\$12,214,015	
Renewal	PH	\$310,118	\$12,524,133	\$12,524,133	
Renewal	PH	\$28,413	\$12,552,546	\$12,552,546	
Renewal	PH	\$47,251	\$12,599,797	\$12,599,797	
Renewal	PH	\$16,283	\$12,616,080	\$12,616,080	
Renewal	TH	\$164,339	\$12,780,419	\$12,780,419	
1st Renewal	PH	\$306,249	\$13,086,668	\$13,086,668	
1st Renewal	PH	\$297,486	\$13,384,154	\$13,384,154	
Renewal	HMIS	\$344,888	\$13,729,042	\$13,729,042	
			\$13,729,042		
New	PH	\$1,044,136	\$14,773,178	\$493,683	\$550,453
New	PH	\$500,000	\$15,273,178		\$1,050,453
New	PH	\$493,000	\$15,766,178		\$1,543,453
New		\$308,284	\$16,074,462		\$1,851,737
New		\$562,512	\$16,636,974		\$2,414,249
New		\$149,940	\$16,786,914		\$2,564,189
New	SSO	\$100,100	\$16,887,014		\$2,664,289

ut not split

		T1 total ask	T2 total ask
Renewal Req	\$13,729,042	TOTAL	\$14,222,725
New Requests	\$3,157,972		\$2,664,289
Total Requests	\$16,887,014		

	Planning	\$426,682			
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Amount Awarded

T1 cuts-off at	\$14,222,725
T1+T2 cut off	\$14,933,861
DV bonus =	\$1,025,254
total DVB ask	\$1,120,836

Total awarded

\$0

\$0

\$426,682

MAINE HOMELESS PLANNING

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OCTOBER 21, 2021 | SCOTT TIBBITTS | NEWS

DRAFT MCoC 2021 New and Renewal Project Scoring and Ranking Results

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

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

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

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

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

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

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

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

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

Please share this information with anyone at your agency who needs this.
Sorry for the short notice, but please try to send a representative to today's MCOE meeting where this information will be discussed and voted on.

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

EXTERNAL EMAIL

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

New post on Maine Homeless Planning

DRAFT MCOE 2021 New and Renewal Project Scoring and Ranking Results

by [Scott Tibbitts](#)

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[2021-MCOE-Project-Ranking-Tool-draft](#) Download

[Scott Tibbitts](#) | October 21, 2021 at 11:53 am | Categories: [News](#) | URL: <https://wp.me/p3LZeR-1Uu>

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

October 6, 2021

Daniel Brennan
Director
MaineHousing
26 Edison Drive
Augusta, ME 04330

Dear Mr. Brennan:

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

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

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

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

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

Sincerely,



Richard A. Hooks Wayman
President and CEO

October 6, 2021

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

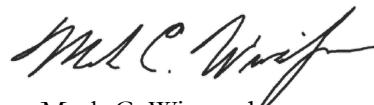
Dear Rich,

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

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

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

Sincerely,



Mark C. Wiesendanger
Director of Development