

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 2022 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2022 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 2022 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

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

1A-1. CoC Name and Number: MA-507 - Pittsfield/Berkshire, Franklin, Hampshire Counties CoC

1A-2. Collaborative Applicant Name: Community Action Pioneer Valley

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Community Action Pioneer Valley

1B. Coordination and Engagement–Inclusive Structure and Participation

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
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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.p., and VII.B.1.r.	
	In the chart below for the period from May 1, 2021 to April 30, 2022:	
	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 CoC Board Members	Participated in CoC’s Coordinated Entry System
1.	Affordable Housing Developer(s)	Yes	Yes	No
2.	Agencies serving survivors of human trafficking	Yes	Yes	Yes
3.	CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
4.	Disability Advocates	Yes	Yes	Yes
5.	Disability Service Organizations	Yes	Yes	Yes
6.	EMS/Crisis Response Team(s)	Yes	No	No
7.	Homeless or Formerly Homeless Persons	Yes	Yes	Yes
8.	Hospital(s)	Yes	No	Yes
9.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	No	No	No
10.	Law Enforcement	Yes	No	No
11.	Lesbian, Gay, Bisexual, Transgender (LGBTQ+) Advocates	Yes	Yes	Yes
12.	LGBTQ+ Service Organizations	Yes	Yes	Yes
13.	Local Government Staff/Officials	Yes	Yes	Yes
14.	Local Jail(s)	Yes	No	No
15.	Mental Health Service Organizations	Yes	Yes	Yes
16.	Mental Illness Advocates	Yes	Yes	Yes

17.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes	Yes	Yes
18.	Organizations led by and serving LGBTQ+ persons	Yes	Yes	Yes
19.	Organizations led by and serving people with disabilities	Yes	Yes	Yes
20.	Other homeless subpopulation advocates	Yes	Yes	Yes
21.	Public Housing Authorities	Yes	Yes	Yes
22.	School Administrators/Homeless Liaisons	Yes	Yes	Yes
23.	State Domestic Violence Coalition	Yes	Yes	Yes
24.	State Sexual Assault Coalition	Yes	No	Yes
25.	Street Outreach Team(s)	Yes	Yes	Yes
26.	Substance Abuse Advocates	Yes	Yes	Yes
27.	Substance Abuse Service Organizations	Yes	Yes	Yes
28.	Victim Service Providers	Yes	Yes	Yes
29.	Domestic Violence Advocates	Yes	Yes	Yes
30.	Other Victim Service Organizations	Yes	Yes	Yes
31.	Youth Advocates	Yes	Yes	Yes
32.	Youth Homeless Organizations	Yes	Yes	Yes
33.	Youth Service Providers	Yes	Yes	Yes
	Other: (limit 50 characters)			
34.	Western Mass Network to End Homelessness and other coalitions	Yes	Yes	Yes
35.				

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

	Describe in the field below how your CoC:
1.	communicated a transparent invitation process annually (e.g., communicated to the public on the CoC's website) to solicit new members to join the CoC;
2.	ensured effective communication with individuals with disabilities, including the availability of accessible electronic formats;
3.	invited organizations serving culturally specific communities experiencing homelessness in the geographic area to address equity (e.g., Black, Latino, Indigenous, LGBTQ+, and persons with disabilities).

(limit 2,500 characters)

1. Our website includes information about how to join the CoC, and we use a variety of outreach methods to publicize our interest in seeking a diverse membership. We do targeted outreach via other websites (e.g. the Western Mass Network to End Homelessness) & listserves, inviting the public to join the CoC. We have created strong relationships with housing committees in Pittsfield, Greenfield, Northampton, Amherst, and Northern Berkshires, and staff regularly attend community, sector, & agency housing meetings or other forums to highlight CoC work. We market our Board & Committee efforts and develop Workgroups to gather new perspectives. We increased engagement of people with lived experience (PLE) by reaching out to program participants, area landlords, & the Youth Action Board (YAB). Membership has grown throughout COVID, and we update the full membership through an annual newsletter.

2. The CoC uses a variety of electronic communication methods, holds meetings via Zoom (an accessible platform), & posts notices on our website (which was independently evaluated for accessibility). We work with the Mass Rehabilitation Commission to improve accessible communication methods for people with all disabilities. We have subcommittees to engage individuals with disabilities & other underrepresented populations. In the CoC's RFPs, we offer accessible formats or individualized support if needed to access CoC materials and respond to applications. We continue to seek grant funding to increase accessibility.

3. The CoC endeavors to approach all our work with an equity lens. Our Racial Equity Workgroup develops plans to diversify membership, including outreach to BIPOC-serving organizations. Our Equity & Inclusion Committee, YAB, CoC Board, & staff have worked to increase the voices of PLEs in priority roles. We created policies & engaged PLEs in planning around this priority and provide & market financial incentives. Our membership voted on several equity measures outlined in our Governance policies to further increase BIPOC representation. We engaged consultants in a 3-year project to create a robust Racial Equity Action Plan around 6 areas of work—data analysis, CE, training, lived expertise, advocacy, & housing consortium. This past year, we held a 6-part mandatory training series for funded organizations to increase staff diversity and outreach to underserved communities. We also implemented a CoC-wide policy on anti-discrimination and equal access.

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 2,500 characters)

1. We cover rural Western MA - Berkshire, Franklin, & Hampshire Counties, a large area that requires extensive and tailored outreach to engage the community in addressing homelessness. Our CoC works with the Western Mass Network to End Homelessness (WMNEH) to strengthen cross-sector collaboration (between legislators, businesses, health care, municipalities, education, housing, & consumers). We have expanded the CoC by engaging public housing authorities, corrections, people with lived expertise, grass roots organizers, & community members interested in understanding and providing feedback on how to address homelessness.
2. We lead a variety of public meetings, housing forums, & trainings regularly to promote learning, information gathering, and sharing of best practices throughout the region. We regularly solicit feedback from YAB, the CoC Board & Committees, providers, program participants, CE partners, Annual Meeting attendees, and several housing committees like the Berkshire Housing Coalition, Greening Greenfield Housing Initiatives, and the City of Northampton's Next Step. Meetings of CoC Committees (Equity; Ranking and Evaluation; CE; Youth & Youth Adults-YYA; Data & Evaluation) & WMNEH Subcommittees (Family Services, Individual, YYA, Vet, Career) are posted publicly and notes are shared on our website. We host an annual legislative community forum that furthers strategic goals around ending homelessness. We post public resources focusing on homelessness (on both WMNEH & COC websites/blog) and participate in meetings and listserv communications facilitated by local social services networks.
3. Our CoC is committed to continuous quality improvement. During the YHDP CQI process & racial equity summits we led, we held forums & learned more about system evaluation and centering equity in our homelessness response. As a result, we planned and implemented an onboarding process for new members and specifically for people with lived experience. We have strategic plans with actions & timelines and we continue to incorporate suggestions to move these goals forward. This year, our CE system was evaluated by the state around its racial equity efforts; as a result of this feedback, we increased engagement around disparities in housing access at the project level, increased the number of assessors from the BIPOC community in the CE system, and planned population-specific meetings to discuss ways to improve access in critical areas identified in the eval

1B-4.	Public Notification for Proposals from Organizations Not Previously Awarded CoC Program Funding.	
	NOFO Section VII.B.1.a.(4)	
	Describe in the field below how your CoC notified the public:	
	1. that your CoC will consider project applications from organizations that have not previously received CoC Program funding;	
	2. about how project applicants must submit their project applications—the process;	
	3. about how your CoC would determine which project applications it would submit to HUD for funding; and	
	4. how your CoC effectively communicated with individuals with disabilities, including making information accessible in electronic formats.	

(limit 2,500 characters)

1. RFP outreach was targeted both to partners who applied previously & agencies with less knowledge of the CoC. We published/posted our RFP regionally on the WMNEH website & blog, CoC's resource network listserves, & the CoC website, and also emailed the notice to our membership (450 individuals/ reps). Notices about the RFP were re-posted by sub-regional groups (the cities of Northampton & Pittsfield, Berkshire Community Action, & Regional Housing Authority listings), sent directly to housing committees and other partner agencies in sectors outside of the housing realm (mental health programs, education programs, substance use support agencies and advocates, etc.). Based on HUD's priorities & local service gaps, staff conducted outreach to relevant organizations of specific sectors (e.g. we reached out to local partners who might be interested in applying for the Domestic Violence Bonus Project Funds & agencies serving under-represented populations who may be interested in CoC Bonus Project Funding).
2. We worked early on with victim service providers (VSP) to develop their understanding of the CoC and more fully engage them in identifying gaps in housing & services and creating strategies to address the gaps. Consultants were brought in & outreach was conducted to area housing providers and VSPs. The CoC also held two virtual bidders' conferences that detailed the process for funding. Due to the shorter timeframe for responses this year, we moved the competition outside of esnaps to make it easier for them to apply and offered assistance to help applicants get to full completion. The RFP contained detailed information on how to access & submit applications as well as the process for both renewal & new projects.
3. Our RFP outlined a transparent evaluation, ranking, & prioritization process for all project applications submitted, including some regional priorities and other priorities based on local needs identified by the CoC Board. We provided staff contact information for questions. The CoC worked to engage broad sector representation on the Ranking & Evaluation Committee.
4. Our RFP stated that persons with disabilities could contact the CoC to obtain a more accessible application format if needed. The RFP was available electronically & had links to online documents. Outreach was conducted through various accessible media; for example, bidder's conferences were on Zoom, an accessible format.

1C. Coordination and Engagement

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

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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 the 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)	Yes
11.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes
12.	Organizations led by and serving LGBTQ+ 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 2,500 characters)

1. As ESG-CV funds became available through the state, the CoC worked closely with Shelter & Service Providers on a regional plan for additional funding. The MA Dept of Housing & Community Dev (DHCD) funds 3 ESG programs in our area: two CoC members deliver a prevention project (Berkshire County RHA subcontracts with CAPV, the Lead Applicant); one provider uses operations funding projects to enhance ESG services; and one provider implements an RRH project. All projects serve individuals/families throughout the three counties served by the CoC. DHCD awards ESG funds competitively and the structure is based on CoC input—typically, a mix of prevention, operations, & RRH funding is available. DHCD reaches out to CoCs regularly to assess local needs and funding priorities, and requests that CoCs approve ESG submissions. We work closely with recipients to ensure that ESG funded services align with sub-regional needs. ESG providers participate in CoC committees (one is on the Board & one is on the CE Committee), & Case Conferencing (2 providers), providing input into CoC activities & planning. There is concern that as Massachusetts has move to reprocur individual shelter services in 2022, ESG funds are included and this will limit our availability to provide prevention resources to families in this region.

2. DHCD and the CoC review ESG recipient data & performance to ensure ongoing funding is targeted for optimal use. We work with DHCD to monitor & evaluate CAPER data on a quarterly & annual basis. The CoC Data & Evaluation team assists in monitoring data quality, generates quarterly & annual CAPERs reports, tracks CoC-defined performance outcomes, & incorporates outcome data into CoC performance targets for both CoC funded programming and ESG/CoC project management & oversight planning.

3. The CoC Director & Data/Evaluation Manager work closely with two municipalities, Northampton & Pittsfield, in writing the Consolidated Plan, and they are regularly included in and updated on PIT/HIC planning & outcomes.

4. The City of Pittsfield & City of Greenfield have representatives that sit on the CoC Board and are in regular communication with staff. The City of Northampton is equally integrated through a “Next step” collaborator meeting with the CoC and shelter and service providers. In addition, all three jurisdictions participate in a regular city/town officials meeting, a regional task force that meets monthly, and the CoC annual meeting.

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 sexual orientation and gender identity:

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)	
	Funded and provided training and individual agency consultation re: best practices in providing housing for GLBTQ & Fair Housing	Yes

1C-4.	CoC Collaboration Related to Children and Youth—SEAs, LEAs, School Districts.	
	NOFO Section VII.B.1.d.	

Select yes or no in the chart below to indicate the entities your CoC collaborates with:

1.	Youth Education Provider	Yes
2.	State Education Agency (SEA)	Yes
3.	Local Education Agency (LEA)	Yes
4.	School Districts	Yes

1C-4a.	Formal Partnerships with Youth Education Providers, SEAs, LEAs, School Districts.	
	NOFO Section VII.B.1.d.	

Describe in the field below the formal partnerships your CoC has with at least one of the entities where you responded yes in question 1C-4.

(limit 2,500 characters)

The COC partners with a variety of youth education providers to address the diverse educational goals of youth and young adults (YYA) served and to carry out the action items identified in the Coordinated Community Plan (CCP). The CoC has collaborative relationships with MTC colleges, EOHHS, & School-to-Work programs and the MA Department of Children and Families to provide our program participants with an array of services and access points for educational advancement. In addition, the COC provides technical assistance in developing and expanding collaboration between schools & housing providers and housing authorities to create partnerships with the support of the DESE McKinney Vento Regional Liaison for Western Mass. The CoC has a formal partnership with CAPV's Youth & Workforce Development Programs (both the CoC and Y&WDP are housed within CAPV), to engage youth in CE, the Youth Action Board (YAB), and YYA committee meetings. Y&WDP also offers the WIOA program to provide youth with internships & educational opportunities and the Young Parents Program to provide educational/workforce support to young parents. CAPV's Healthy Families home visiting program also supports pregnant and parenting youth in accessing education for themselves and their children. YYA Coordinated Entry meetings provide opportunities for Youth & Workforce staff at CAPV and at the YHDP funded agencies, to learn about educational resources to support YYA and coordinate programming & outreach to interested youth. Providers and CAPV work with local education agencies LEAS to remove barriers to education and incorporate education goals in service plans.

1C-4b.	Informing Individuals and Families Experiencing Homelessness about Eligibility for Educational Services.	
	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.
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(limit 2,500 characters)

All CoC partners receiving COC, YHDP, RHY & EOHHS funding must incorporate education-related intake questions & collect education-related data, as required by the CoC written Education Policy. Providers assess educational status (e.g. using NCHE tools), incorporate education goals into service plans, & explore education/training options & eligibility. This is reflected in the CoC guidelines and providers' written program policies, and is evaluated during on-site monitoring of case files and policy reviews by CoC staff & Committee members. The CoC participates in the School-to-Housing Partnership with the region's McKinney-Vento Education Liaison (who is also a CoC Board Member) to ensure that homeless children & youth have the opportunity to enroll, attend, and succeed in school. The CoC teams with area state & community colleges in implementing the state's College Pilot Program, whereby providers explore educational options, scholarship availability, and program eligibility with homeless youth; this program enables them to attend a community college, live in a dorm, and receive case management supports. The CoC also works closely with the College Student Services Collaboration to engage students experiencing housing instability and share information about housing & educational services.

The Collaborative Applicant, CAPV, is a Community Action Agency covering 3 counties. We have written agreements that provide match funding to the COC's YHDP grants to identify and link homeless/housing unstable youth & families to both the CE system as well as CAPV's Early Education & Care Services (Center-based Child Care, Coordinated Family & Community Engagement, Early Head Start, Head Start, Parenting Education Workshops & Play Groups), Family Support Programs (Healthy Families, Parent-Child Home Program, the Family Center, & WIC) and Youth & Workforce Development Programs. All of these programs screen for a variety of needs, including education/training, & provide information and enrollment assistance, if appropriate. The COC has also partnered with Wayfinders, to provide Financial Literacy training to YYAs. In addition, CAPV shares information related to accessing educational programs via on-line resources, regional networks, & Community Resources & Advocacy program staff.

1C-4c.	Written/Formal Agreements or Partnerships with Early Childhood Services Providers.	
	NOFO Section VII.B.1.d.	

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

	MOU/MOA	Other Formal Agreement
1. Birth to 3 years	No	No
2. Child Care and Development Fund	No	No
3. Early Childhood Providers	No	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	No	No
7. Healthy Start	No	No

8.	Public Pre-K	No	No
9.	Tribal Home Visiting Program	No	No
	Other (limit 150 characters)		
10.			

1C-5.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors—Collaborating with Victim Service Providers.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC regularly collaborates with organizations who help provide housing and services to survivors of domestic violence, dating violence, sexual assault, and stalking to:

1.	update CoC-wide policies; and
2.	ensure all housing and services provided in the CoC are trauma-informed and can meet the needs of survivors.

(limit 2,500 characters)

1. We collaborate closely with local DV/SA service agencies, the DTA’s DV unit, and state DV coalitions, (I.e. Jane Doe Inc.) to advocate for responsive public policies and work to address root causes of domestic and sexual violence. These agencies promote local and statewide justice, safety, and healing & raise public awareness to advocate person-centered prevention and intervention services for survivors. CoC-wide policies center these same issues and include the expertise & voice of PLE of violence. The CoC holds regular planning meetings with DV/SA providers to gather input for providing housing and services to survivors, especially in regards to safe Coordinated Entry (CE) practices. We incorporate feedback into policies (DV, safe transfer, move on, anti-discrimination) disseminated to funded agencies, ES providers, and other partners that interface with this population. In addition, there are 2 voting members of the CoC Board representing DV/SA partner agencies, who help develop & evaluate CoC-wide and provider policies. Housing providers and DV/SA organizations are trained by consultants hired by the CoC and the WMNEH on best practices, safety, and confidentiality measures needed to serve this vulnerable population.

2. The CoC collaborates with national organizations and consultants (Safe Housing Alliance, Jane Doe, Racial Equity Partners, Translate Gender, GLSEN, MA Safe Schools program) to provide trainings on trauma-informed care, client-centered approaches, motivational interviewing, CE assessor training, and delivery of services for all CoC staff as well as partners, committee members, and sub-recipients throughout the year. In addition, trauma-informed data collection training on CSEC, anti-discrimination, and equal access. DV/SA providers safely connect survivors to the CE system, including population specific conferencing/resource sharing. Strict confidentiality practices that ensure the protection of survivors’ PPI are utilized in engaging with the survivor and coordinating care. Participant names and location are never used. A Confidentiality Agreement is signed by advocates participating in Case Conferencing, which itemizes what is allowed to be shared and not. The CoC emphasizes the importance of transparency and maintaining client autonomy/Client choice. Survivors can decline any opportunity offered and make their own decisions about their safety. Housing providers make participant handbooks available for participant feedback.

1C-5a.	Annual Training on Safety and Best Practices to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
NOFO Section VII.B.1.e.		
Describe in the field below how your CoC coordinates to provide training for:		
1.	project staff that addresses 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 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 2,500 characters)

1. The CoC provides training annually to shelter & housing providers regarding safety planning, confidentiality, and best practices to meet the unique needs of survivors of DV/SA and other trauma. We work with consultants through the Safe Housing Alliance to train staff and partner agencies on trauma-informed data collection to ensure that providers proactively consider the manner in which assessments are conducted and the impact that data has on both the system & individual. We also offered a training addressing CSEC (Trafficking & Sexual Exploitation of Children). These are two separate trainings, offered annually. In developing these trainings, we do significant research to include important content regarding the intersection between DV, Sexual Assault, Racism, and Homelessness; engage local experts (people with lived experience & DV advocates), and incorporate racially responsive survivor-centered strategies to address the unique and intersectional needs of Survivors of Color.

2. For the last two years, the COC partnered with the Western Mass Network to End Homelessness, the Springfield CoC, and the Safe Housing Alliance (SHA) to provide training to Coordinated Entry Assessors and Funded project staff on safety and best practices for working with survivors of domestic violence. These trainings addressed concerns regarding confidentiality, separate by-names lists, and recommended protocols to address safety, provide individuals and families with autonomy over decision making, build trust, & engage effectively with DV service providers. These trainings will be held annually. We also partnered with SHA to address system changes needed to further engage our DV providers in the Coordinated Entry system. The CoC revised our Assessor trainings and our assessment tool to better address population-specific needs, prioritize safety, and ensure immediate emergency response. We have also been working with DV providers to provide emergency housing vouchers available specifically for this population and changed our overall prioritization in the CE system to more equitably house this population.

1C-5b.	Using De-identified Aggregate Data to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
NOFO Section VII.B.1.e.		
Describe in the field below:		
1.	the de-identified aggregate data source(s) your CoC uses for data on survivors of domestic violence, dating violence, sexual assault, and stalking; and	

2.	how your CoC uses the de-identified aggregate data described in element 1 of this question to evaluate how to best meet the specialized needs related to domestic violence and homelessness.
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(limit 2,500 characters)

1. Our CoC only receives de-identified data from victim service providers on survivors of domestic violence, dating violence, sexual assault, and stalking from their comparable database, EmpowerDB. EmpowerDB is used by all DV providers within the CoC. The CoC is currently working with these providers to assess whether this database vendor is working toward 100% HUD compliance, and is prepared to assist local VSP agencies in a comparable database transition if needed. This CoC's data and evaluation manager has been working closely with HUD and Technical assistance providers to be as informed as possible about the level of compliance this vendor is meeting and plans for continued effort. Currently, none of these providers are funded with CoC funds. Our goal with a recent CE expansion grant is to engage small VSPs in relationship building with some of our larger housing providers to ensure applications in the future for housing programs to specifically house this population. Currently, housing providers that are utilizing the HMIS system have developed practice to address safety measures needed in order to keep the autonomy and privacy of victims at the utmost level of safety while providing housing (more in part 2 of this answer).

2. The Three County CoC uses de-identified aggregate data provided by local VSPs to track the number of people currently experiencing homelessness due to domestic violence, fleeing sexual assault, or trafficking. The CoC is using this data to track changes in the number of people experiencing DV or SA over time to get a sense of the current level of unmet needs, gaps in the services available, and to plan for increased capacity. For example, de-identified Point-In-Time count data from VSPs was evaluated by the CoC and supports the need to increase prioritization of DV survivors in the CE system. Because of this, the Three County CoC applied for and was awarded a DV Bonus Coordinated Entry Project in FY21, for this purpose. That project will fund housing navigators placed at victim services agencies to increase equitable access and address the safety and confidentiality needs identified. And, because we're aware of the scale of the problem, the CoC specifically encourages local VSP-designated agencies to apply for DV bonus funding for housing projects & and is offering technical assistance to prepare for this, as well as encouraging partnerships with housing providers in the region who may be equipped to manage housing projects.

1C-5c.	Communicating Emergency Transfer Plan to Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC communicates to all individuals and families seeking or receiving CoC Program assistance:

1.	the emergency transfer plan policies and procedures; and
2.	the process for individuals and families to request an emergency transfer.

(limit 2,500 characters)

1. Our Emergency Transfer Plan policy is part of the overall sub-recipient policy and is distributed to all funded projects to ensure emergency transfers are available to households with safety concerns. This policy is also distributed to providers that work specifically with survivors and other partners providing Coordinated Entry assessments. Programs are also trained on VAWA expectations and safety planning for participants in projects funded by the CoC. The CoC and its sub-recipients ensure that all who are served by our Emergency Transfer Plan policy receive the policy and understand it clearly. A copy of this policy is provided to all participants for their records along with the notice and certification form described in 24 CFR 5.2005, which is provided when an individual or family is denied PH or TH, is admitted to PH or TH, receives notification of eviction, and/or when a program participant is notified of termination of assistance. Program participants who are temporarily relocated for any reason must be provided with a written notice which includes the date and approximate duration of the relocation, the location of the new unit for the temporary relocation, the terms and conditions under which the participant will be able to occupy the unit, and the provision of reimbursement for all reasonable out-of-pocket expenses connected to the relocation.

2. To request an emergency transfer, program participants must notify the housing provider they are working with and submit a written request of transfer. The housing provider may require the following documentation from a program participant seeking an emergency transfer- a written statement from the participant certifying that they meet the criteria described in paragraph (e)(2)(ii) of 24 CFR part 5, subpart L and are requesting an emergency transfer, as well as documentation of the occurrence with § 5.2007. Once a request has been made, housing providers/sub-recipients are required to notify CoC staff of the occurrence of emergency transfers by completing a 'Notification of Emergency Transfer' form. The CoC works to review these requests in an expedited manner and assist the housing provider in locating a new dwelling as quickly as possible. Program participants requesting emergency transfers are prioritized for available housing resources and although a new unit is identified as quickly as possible, the individual requesting transfer has the final choice to accept or deny any new transfer location

1C-5d.	Access to Housing for Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC ensures that survivors of domestic violence, dating violence, sexual assault, or stalking have access to all of the housing and services available within the CoC's geographic area.

(limit 2,500 characters)

The CoC works closely with local DV/SA Victim Servicing Providers (VSPs) and people with lived experience (PLE), engaged in the CoC’s planning process and learning from stories of challenges and successes to inform the allocation of CoC housing and services available throughout its service area. The CoC increased the implementation of supports for survivors of domestic, dating, and/or sexual violence, experiencing stalking and/or other forms of violence. We provide access to housing opportunities through an informed CE system; including rural communities in our region, and through increased partnerships between DV/SA providers and housing providers in each of the three counties, increasing coordinate care when clients need access to both SA/DV and housing services. We provide training, vulnerability assessment tools, safety planning, and conferencing to strategize safe access to those fleeing DV/SA. Referrals are recommended to connect survivors to services they may not be aware of or which may not be available in their immediate location. The CoC ensures that safe housing opportunities are explored with VSPs through monthly conferencing, a separate by-names list and CoC funded housing navigators placed within VSPs, at safe and secure locations; virtual intakes; and specific policies to reduce traumatization with a victim-centered lens. The CE committee, and equity and inclusion committee (both have PLE of homelessness, trauma, and DV) are engaged in training on awareness of the effects of trauma on survivors; safety for survivors both physically and emotionally; trustworthiness in processes and relationships; empowerment in decision making; and inclusiveness for those from further marginalized groups and people with disabilities. Our data committee will work with our three major VSP in planning engagement in a comparable data-base to be certain our Systems performance measures and HUD reporting are including those experiencing victimization with de-aggregation and coding. We alleviate homelessness with direct and continued safety-planning. We serve as liaisons with PHAs, Property Management Agencies, and private landlords to assist in the process of attaining and maintaining safe and permanent housing. In addition, we changed CE prioritization when we began utilizing EHV, and identified VSPs direct referrals for vouchers. EHV have been an incredible resource to find and maintain housing for survivors in our region.

1C-5e.	Including Safety, Planning, and Confidentiality Protocols in Coordinated Entry to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC’s coordinated entry includes:	
1.	safety protocols,
2.	planning protocols, and
3.	confidentiality protocols.

(limit 2,500 characters)

1. Our CoC's CE System prioritizes survivor autonomy and safety. Client-choice & autonomy are critical, as survivors are the experts in planning for their own safety and have power over their experiences. We de-identify info (even in HMIS) and offer our housing partners training in appropriate response to DV and safety planning to minimize further harm. We train our partners to believe the survivors story, identify potential risks, and implement system navigation changes. The CoC prioritizes households fleeing DV, sexual assault, stalking, & human trafficking with EHV vouchers & several other regional housing options, and convenes VSPs to ensure households in category 4 are assessed and placed at the top of the by-names list for vouchers, as the highest safety concerns. We provide trainings on safety-planning, confidentiality measures, VAWA protocols, and signs of victimization.

2. Our COC has been meeting monthly with area VSPs, housing providers, and experts in the field of meeting the needs of survivors to provide connection between these sectors; evaluate system gaps; and create a strategic plan for addressing: the connection within the intersection of homelessness and DV; evaluate alternative models of access; address data and collection reporting; provide innovation in the components of CE; ensure access while limiting traumatization; create a plan for state and federal advocacy; and a process for continued quality improvement.

3. We work to ensure confidential data collection and information sharing. The CoC offers housing providers training on trust building, private spaces (for confidential conversations), cultural differences, language barriers, fear and normalizing common experience, and connecting to DV advocates. We review policies for legal protection and identify confidentiality breaches in the system and/or provider's efforts. CoC staff meet regularly with VSPs to share housing resources & allow them to make direct referrals to receiving agencies without having to share identifiable info with CoC staff and CE partners. Our EHV voucher process also enables VSPs to directly connect to RHAs around referrals, without sharing survivor info with the CoC. We applied for funding in FY21 to provide navigation services, safety planning, and increased confidentiality for this population in the CE system and are working directly with PLE and VSPs to develop processes which set high standards of confidentiality for this population.

1C-6.	Addressing the Needs of Lesbian, Gay, Bisexual, Transgender and Queer+--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 LGBTQ+ 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 in Accordance With an Individual's Gender Identity in Community Planning and Development Programs (Gender Identity Final Rule)?	Yes

1C-6a.	Anti-Discrimination Policy—Updating Policies—Assisting Providers—Evaluating Compliance—Addressing Noncompliance.	
	NOFO Section VII.B.1.f.	

Describe in the field below:

1.	whether your CoC updates its CoC-wide anti-discrimination policy, as necessary, based on stakeholder feedback;
2.	how your CoC assisted providers in developing project-level anti-discrimination policies that are consistent with the CoC-wide anti-discrimination policy ensuring that LGBTQ+ individuals and families receive supportive services, shelter, and housing free from discrimination;
3.	your CoC's process for evaluating compliance with your CoC's anti-discrimination policies; and
4.	your CoC's process for addressing noncompliance with your CoC's anti-discrimination policies.

(limit 2,500 characters)

1. This CoC has an anti-discrimination and equal access policy which has been developed in partnership with our providers, our equity and inclusion committee, our racial equity workgroup, the Youth Action Board (YAB), and the racial equity workgroup of the Western Mass Network to End Homelessness. This is reviewed annually with partner agencies during monitoring visits. Annually, the CoC provides trainings incorporating racial equity measures, the needs of the GLBTQ community, and the Equal Access law through “GLSEN Massachusetts” and “Translate Gender”.

2. During site monitoring, subrecipient agencies are required to sign the CoC-wide policy and the CoC reviews agency level policies for consistency with this policy. We also identify and address any practices that are not aligned with the policy. Subrecipient agency policies must align with “demonstrated equitable practices” - including client handbooks, and provide staff training on the policy. In addition, YAB developed a policy to prevent retaliation directed toward PLE participating in the CoC’s work who may also be participants in a CoC funded program; it outlines types of discriminatory practices and responses to those practices, and will adopt it.

3. During monitoring, the CoC reviews a random selection of client files, provide training for program participants in recognizing and addressing discrimination, and have implemented pre and post participant surveys for CoC funded projects. When a program funded by the CoC is considering termination or any major consequences for a participant, we require notice to the CoC staff, who evaluate circumstances on a case-by-case basis and help to determine appropriateness of these consequences and whether they comply with the CoC-wide policy and HUD policies.

4. YAB is interested in the CoC taking a restorative justice perspective with funded agencies. Consistent with our CoC’s guiding principles on equity, cultural and linguistic responsiveness, we will “Explicitly Call out Discriminatory Actions Prohibited by Title VI,” and focus on “compliance”, while also supporting agencies to practice cultural humility, curiosity, ongoing learning, and restorative processes (vs. punitive or retributive). That doesn’t mean that we don’t explicitly name/address discrimination, but our focus is to provide resources/trainings/toolkits/coaching to support change. In cases where discriminatory patterns are evident, funding will be reallocated to agencies that adhere.

1C-7.	Public Housing Agencies within Your CoC's Geographic Area--New Admissions--General/Limited Preference--Moving On Strategy.	
	NOFO Section VII.B.1.g.	

You must upload the PHA Homeless Preference\PHA Moving On Preference attachment(s) to the 4B. Attachments Screen.

Enter information in the chart below for the two largest PHAs highlighted in gray on the FY 2021 CoC-PHA Crosswalk Report 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 2021 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?
Franklin County Regional Housing Authority	21%	Yes-Both	Yes
Berkshire County Regional Housing Authority	100%	Yes-HCV	No

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 2,500 characters)

1. The CoC has worked effectively with multiple Housing Authorities in the geographic region, including the seven largest PHAs, to adopt homeless admission preferences, including advocating for acceptance of Emergency Housing Vouchers and homeless preferences for Section 811 vouchers. The seven largest PHAs the CoC has a partnership with are: Franklin County Regional Housing and Redevelopment Authority (FCRHRA), Department of Housing and Community Development (DHCD), Greenfield Housing Authority (GHA), Amherst Housing Authority (AHA), Northampton Housing Authority (NHA), Berkshire County Regional Housing Authority (BCRHA), and Berkshire Housing Development Corporation (BHDC). The CoC has advocated for homeless admission preferences and PHA utilization of the CE system by: advocating for participation in any federal or state affordable housing programming targeting homeless population; advocating for providing and lowering barriers to access and to Emergency preferences for public housing and HCVs that give preference to homeless households; and encouraging participation in CoC committees, workgroups, Board, and other CoC initiatives that strengthen partnership between the PHAs and CoCs. A specific example of this work includes our partnership with FCRHRA, GHA, AHA and NHA on the Section 811 voucher program. The CoC continues to work with PHAs on helping CE households successfully utilize the Section 811 resource. The relationships established through the Section 811 process helped when coordinating roles and responsibilities around the EHV's. The CoC is actively working with FCRHRA, NHA, BHDC, Wayfinders, and DHCD to make referrals and coordinate services through the CE system for allotted EHV's. The CoC is in communication with the Greenfield Housing Authority and the Franklin County Regional Housing Authority in reference to applying for new "Housing Stability Vouchers" and creating a process much like the EHV's, as the CoC has established positive relationships in this work and demonstrated capacity to support HA's in the region in meeting the needs of this population.

2. N/A

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 Housing Tax Credit (LIHTC) developments	Yes
4.	Local low-income housing programs	Yes
	Other (limit 150 characters)	
5.		

1C-7c.	Include Units from PHA Administered Programs in Your CoC's Coordinated Entry.	
	NOFO Section VII.B.1.g.	

In the chart below, indicate if your CoC includes units from the following PHA programs in your CoC's coordinated entry process?

1.	Emergency Housing Vouchers (EHV)	Yes
2.	Family Unification Program (FUP)	No
3.	Housing Choice Voucher (HCV)	Yes
4.	HUD-Veterans Affairs Supportive Housing (HUD-VASH)	Yes
5.	Mainstream Vouchers	Yes
6.	Non-Elderly Disabled (NED) Vouchers	No
7.	Public Housing	Yes
8.	Other Units from PHAs:	
	NHA Non-VA eligible vouchers	Yes

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

1.	Did your CoC coordinate with a PHA(s) to submit a competitive joint application(s) for funding or jointly implement a competitive project serving individuals or families experiencing homelessness (e.g., applications for mainstream vouchers, Family Unification Program (FUP), other programs)?	No
		Program Funding Source
2.	Enter the type of competitive project your CoC coordinated with a PHA(s) to submit a joint application for or jointly implement.	

1C-7e.	Coordinating with PHA(s) to Apply for or Implement HCV Dedicated to Homelessness Including Emergency Housing Voucher (EHV).	
	NOFO Section VII.B.1.g.	

	Did your CoC coordinate with any PHA to apply for or implement funding provided for Housing Choice Vouchers dedicated to homelessness, including vouchers provided through the American Rescue Plan?	Yes
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1C-7e.1.	List of PHAs with Active MOUs to Administer the Emergency Housing Voucher (EHV) Program.	
	Not Scored—For Information Only	

Does your CoC have an active Memorandum of Understanding (MOU) with any PHA to administer the EHV Program?	Yes
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If you select yes to question 1C-7e.1., you must use the list feature below to enter the name of every PHA your CoC has an active MOU with to administer the Emergency Housing Voucher Program.

PHA
This list contains no items

1D. Coordination and Engagement Cont'd

1D-1.	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

1D-2.	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 2022 CoC Program Competition.	10
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 2022 CoC Program Competition that have adopted the Housing First approach.	9
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, SSO non-Coordinated Entry, Safe-Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in the FY 2022 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	90%

1D-2a.	Project Evaluation for Housing First Compliance.	
	NOFO Section VII.B.1.i.	

Describe in the field below:

1.	how your CoC evaluates every recipient—that checks Housing First on their Project Application—to determine if they are actually using a Housing First approach;
2.	the list of factors and performance indicators your CoC uses during its evaluation; and
3.	how your CoC regularly evaluates projects outside of the competition to ensure the projects are using a Housing First approach.

(limit 2,500 characters)

1. We evaluate projects through a robust monitoring plan, including evaluating Housing First practices – we review enrollment and termination policies/occupancy & participant agreements, and require a self-evaluation that includes a question on how they ensure housing first practices. In YHDP projects, we conduct participant post-surveys. In addition, we review CE data to identify any referrals denied. We also require client file documentation related to any potential terminations to ensure that practices are continually followed, even in difficult circumstances.

2. We review eligibility & enrollment policies and other client file documentation to determine that potential participants are not screened out for having too little or no income, for active/histories of substance use, CORI results, or victimization. We also review termination policies to determine if agencies consider service participation, failure to improve income, or anything beyond continued lease violations as reasons for termination.

3. The CoC regularly evaluates projects to ensure a Housing First approach in two major ways: through an annual Site Monitoring process and through an ongoing monitoring of referral and placements made through the Coordinated Entry system by CE staff. During the annual Site Monitoring process, the CoC reviews participant files such as CE Assessment, Intake, and service plan documents to evaluate whether or not projects have followed through on the Housing First commitment. Each project is evaluated based on whether or not anything such as criminal records, having income, getting a job, budgeting properly, or attending to substance use issues are attached to leasing expectations. In addition, we look for client choice, when possible, in housing selection and supportive service participation and whether that impacts how the project prioritizes people entering programs. Each agency is expected to provide written policies that align with limited- to no- barrier access to housing; these policies may not require people experiencing homelessness to address problems, including behavioral health problems, or to participate in any services as a condition of accessing housing or remaining housed– though programs are expected to have those services available.

1D-3.	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 2,500 characters)

1. Methods of street outreach (SO) vary based on resources within sub-regions. DIAL/SELF provided street outreach to high-risk YYA, funded through FYSB/RHY in the key Franklin and Hampshire County towns where YYA congregate. State EOHHS funds and YHDP funds have greatly increased capacity to provide SO over the past two years, even throughout COVID-19. RHY BC funds provide capacity for drop-in centers and SO in the region to YYA under 18. Adults are supported by Eliot CHS, through PATH, which covers the 3-County CoC Region. SO work happens at meal programs, shelters, libraries, consultation w/police, places of worship, and in collaboration with City and State officials. Several Housing Navigators have been funded throughout the region addressing language access, housing search, providing resource referrals, and disability needs. Shelter providers such as Craig’s Door, Outreach programs like Craig’s Door, Eliot, and MHA have increased the CoC’s reach to encampments and harder-to-reach locations. SO staff also work closely with housing providers, shelters, crisis teams, and ERs to engage with clients. Resource centers offering basic needs/food or family support may serve as a first point of contact for SO, including Service-Net, Louison House, the Amherst Survival Center, NOHO Survival Center, Craigs Doors, CAPV Family Center, MANNA/Resilience Hub, and others. Eliot has also paired Housing First Coordinators with outreach workers to help support the transition to housing and provide ongoing support services for those that need assistance but are not in PSH programs.

2. SO covers the region in 100% of the key populated areas through a mobile response system.

3. Outreach staff work 5 days/week, including visits to encampments to provide individuals with basic resources and brief assessments. SO programs also provide feedback boxes to accommodate requests for basic necessities. YYA outreach workers also conduct SO 2-3 times per week.

4. SO provides clinically based services to homeless populations with mental illness and/or co-occurring disorders (MI/SA) to improve quality of life & facilitate access to the Coordinated Entry system, housing, treatment, resources, and other services. We are working with our own Equity and Inclusion Committee and PLE Action Board to further develop this work. The COC partners with points of contact, such as, MANNA/Resilience Hub in Hampshire County, ACO and Fallow in Berkshire County, and Victims Services Providers.

1D-4.	Strategies to Prevent Criminalization of Homelessness.	
	NOFO Section VII.B.1.k.	

Select yes or no in the chart below to indicate strategies your CoC implemented to ensure homelessness is not criminalized and to reverse existing criminalization policies in your CoC's geographic area:

		Ensure Homelessness is not Criminalized	Reverse Existing Criminalization Policies
1.	Engaged/educated local policymakers	Yes	Yes
2.	Engaged/educated law enforcement	Yes	Yes
3.	Engaged/educated local business leaders	Yes	Yes
4.	Implemented community wide plans	Yes	Yes
5.	Other:(limit 500 characters)		

Engaged Racial Equity Workgroup in non discrimination/anti-bias policies and planning	Yes	Yes
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1D-5.	Rapid Rehousing–RRH Beds as Reported in the Housing Inventory Count (HIC).	
	NOFO Section VII.B.1.I.	

		2021	2022
	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.”	86	169

1D-6.	Mainstream Benefits–CoC Annual Training of Project Staff.	
	NOFO Section VII.B.1.m.	

Indicate in the chart below whether your CoC trains program staff annually on the following mainstream benefits available for program participants within your CoC’s geographic area:

	Resource	CoC Provides Annual Training?
1.	Food Stamps	Yes
2.	SSI–Supplemental Security Income	Yes
3.	TANF–Temporary Assistance for Needy Families	Yes
4.	Substance Abuse Programs	Yes
5.	Employment Assistance Programs	Yes
6.	Other (limit 150 characters)	
	Career Services	Yes

1D-6a.	Information and Training on Mainstream Benefits and Other Assistance.	
	NOFO Section VII.B.1.m	

Describe in the field below how your CoC:

1.	systemically provides 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.	works with project staff to collaborate with healthcare organizations, including substance abuse treatment and mental health treatment, to assist program participants with receiving healthcare services; and
3.	works with projects to promote SSI/SSDI Outreach, Access, and Recovery (SOAR) certification of program staff.

(limit 2,500 characters)

1. We disseminate information on mainstream benefits/resources and any important regulatory changes/barriers through our listserv, drawing information from HUD and a variety of state and national agencies and coalitions. We also share relevant information at our weekly CE meetings as part of the agenda, via email communication, population-specific case conferencing meetings, committees, regional coalitions, and trainings. With more complex changes, the CoC or the WMNEH often hosts a workshop for program staff and/or the community. This year, we partnered with another CoC to offer virtual "lunch and learn" information sessions on each of the topics listed in this question, as well as health and education resources. Staff learn about and share resource information in area networking meetings with employment/education partners, local/regional housing authorities, hospital-lead community health planning processes, and more. The CoC's quarterly newsletter also shares up-to-date information on mainstream benefits, and our CoC website includes links to resources. Our projects/CE partners have a standardized practice to identify resources/eligibility for mainstream resources as part of the initial vulnerability assessment or intake. CAPV is the first point of access for mainstream resources/benefits assistance in Franklin and Hampshire counties through our Information and Referral program, and the CoC promotes this resource within our networks.

2. Many of our funded agencies have worked to create MOUs with healthcare providers to provide SUD education services, mental health services, and health navigation services for participants and SO clients. We provide information sessions to area health care practitioners to help them recognize vulnerabilities surrounding these issues. We have a strong relationship with Health Services for the Homeless, local community health centers, and hospitals. Health Navigators at Community Health Centers and Baystate Franklin Medical Center meet with the CoC monthly to coordinate planning.

3. The CoC shares SOAR information with funded agencies and CE partners and CAPV. as The Collaborative Applicant, we require funded agencies to participate in SOAR training, and programs of Community action - like our Information and Referral phone line, our Community Collaborations Coordinator, & CoC staff, including the CE Specialist work to break down barriers to mainstream services and share resources.

1D-7.	Increasing Capacity for Non-Congregate Sheltering.	
	NOFO Section VII.B.1.n.	

Describe in the field below how your CoC is increasing its capacity to provide non-congregate sheltering.

(limit 2,500 characters)

For the past two and a half years, as is certain with other CoCs across the country, we utilized non-congregate settings in ways we hadn't for some time. The state used to run a hotel system for family sheltering and the knowledge of that system was helpful in managing the challenges and demands we faced, particularly to increase safety and distance for our shelter guests when we were experiencing the risks of COVID. The CoC did a great deal of outreach to our state and local legislators and municipalities to advocate for funding to support the use of hotel rooms, and successfully secured a state earmark to manage the shelter overflow we were experiencing due to depopulation, thanks to the efforts of our State Senator Jo Comerford. In addition, the Community Foundation of Western Mass provided additional funding as soon as we finished the use of the earmarked funds. We also had local communities raise funds for hotel support, tents, and supplies, like Housing Greenfield and the North Quabbin Housing Coalition. The Coordination of those funds—which included building relationships with local hotel providers, performing risk analyses around safety concerns in non-congregate settings, arranging transportation and food—took a coordinated effort among the CoC, the Western Mass Network to End Homelessness, Craig's Doors, Center for Human Development, Servicenet, local coalitions, medical and mental health providers, municipal representatives, as well as local agencies like Manna Community Kitchen and Friends of the Homeless. In several communities the Salvation Army also supported the effort with coordination of funding and hotel stays. In addition, outreach programs like ELIOT Human Services provided funding for hotel stays and managed case management services across the region. Several agencies have engaged with some hotel providers to purchase and convert hotels to become permanent non-congregate shelters or for the development of permanent supportive housing. For example, this is happening in Hadley, MA and North Adams, MA.

ID-8.	Partnerships with Public Health Agencies—Collaborating to Respond to and Prevent Spread of Infectious Diseases.	
	NOFO Section VII.B.1.o.	
	Describe in the field below how your CoC effectively collaborates with state and local public health agencies to:	
1.	develop CoC-wide policies and procedures to respond to infectious disease outbreaks; and	
2.	prevent infectious disease outbreaks among people experiencing homelessness.	

(limit 2,500 characters)

1. The CoC & WMNEH host a regional task force of municipal leadership, health departments, the Department of Public Health (DPH), emergency managers, police & fire, Medical Reserves/Corps, Red Cross, hospitals, shelter & outreach/service providers, medical and mental health, SUD programs, and legislators to collaborate & prep for emergencies and prevent spread of COVID-19 for people experiencing homelessness (PEH). That task force identifies policies and procedures/community prep. efforts to provide a high level of responsiveness on a public health level CoC-wide. We partner re: dissemination of CDC and local guidelines/protocols to respond to infectious diseases. Municipal examples: Pittsfield Health Department (PHD), PH Nurse and Health Worker, participate in bi-weekly webinars provided by the MA DPH in re: COVID-19, Monkeypox, and other timely communicable diseases. This supports the CoC efforts in identifying disease definitions, symptomology, treatment, case investigation and spread control. In Northampton (NOHO), we ran focus groups with vulnerable community and developed relationships with trusted service providers & to communicate messages/distribute supplies to PEH. During COVID-19, NOHO health worked closely with Shelters to educate staff on PH protocols/best practices, and provide recommendations to reduce infectious disease spread; increase social distancing; screening, nursing support, & contact tracing & I&Q.

2. The PHD meets weekly with other local boards of health (LBOH), BMC, and service agencies regarding infectious diseases outbreaks, to develop plans and procedures re: infectious disease outbreaks, and assure treatment protocols. Using COVID as an example, they worked with the hospital & MA DPH, to get the St. Joe's Homeless Shelter open, and to establish a local I & Q center for PEH. The CoC supported 3 county-wide plans that addressed needs specific to PEH. The City of NOHO runs the county Emergency Preparedness and response coalition. A PH Emergency Planner works closely with regional partners to review and refine shelter plans & prevent infectious disease outbreaks among PEH. We continue to educate shelter staff on PH protocols re: social distancing; screening; contact tracing, & I&Q. Local Hospital provides shelter guests COVID testing, treatment, vaccines, & key supplies (sanitizer, masks, etc.). COVID-19 informs disease prevention & preparedness efforts for PEH across the CoC.

ID-8a.	Collaboration With Public Health Agencies on Infectious Diseases.	
	NOFO Section VII.B.1.o.	
	Describe in the field below how your CoC effectively equipped providers to prevent or limit infectious disease outbreaks among program participants by:	
1.	sharing information related to public health measures and homelessness, and	
2.	facilitating communication between public health agencies and homeless service providers to ensure street outreach providers and shelter and housing providers are equipped to prevent or limit infectious disease outbreaks among program participants.	

(limit 2,500 characters)

1. The Western Mass Network to End Homelessness and the CoC staff and Board work with Public Health Departments and the regional task force of municipal leadership, health departments, DPH, emergency managers, police and fire, Medical Reserves/Corps, Red Cross, hospitals, shelter & outreach/service providers, medical and mental health, SUD programs and legislators to respond to emergencies and prevent the spread of infectious diseases in our homelessness response. Most of our funded agencies participate on this task force to ensure a regional approach to training and information dissemination. In one example of info sharing around public health, the Pittsfield Health Department (PHD) provides “Just in Time” training to its local service providers such as shelters, housing providers, and food pantries to provide guidance about how to continue services safely (such as during COVID-19), where and how our homeless population can access preventive services, including testing and vaccinations, if appropriate, along with how to prevent disease spread.

2. The CoC works to facilitate communication between Public Health Nurses and ServiceNet, Craig’s Doors (shelters), and CoC funded programs to ensure they know about homeless clients needing infectious disease follow up and to assist in making sure appropriate procedures and practices are in place to help the ill person while protecting staff and other homeless residents. This includes assisting in finding appropriate isolation/quarantine resources when needed. The Public Health Nurse also communicates necessary information to the COC, provided by local boards of health as well as Federal Centers for Disease Control, regarding updates on communicable diseases, new protocols, new infectious cases, and homeless & housing clients’ needs in an attempt to protect the public, reduce spread of infection, and make sure individual health care needs are met. The task force is an excellent bridge for facilitation between public health agencies and the service providers throughout our region to equip providers to respond to the ever-changing realities of infectious disease spread among this vulnerable population.

1D-9.	Centralized or Coordinated Entry System—Assessment Process.	
	NOFO Section VII.B.1.p.	
	Describe in the field below how your CoC’s coordinated entry system:	
1.	covers 100 percent of your CoC’s geographic area;	
2.	uses a standardized assessment process; and	
3.	is updated regularly using feedback received from participating projects and households that participated in coordinated entry.	

(limit 2,500 characters)

1. The CE system covers 100% of the region: Franklin, Hampshire, and Berkshire County & ensures several entry points in each. Assessors are available at sites throughout & support is offered for all regions. We hold targeted case-conferencing for each county, as well as some population specific meetings (Veterans, YVA, survivors of violence), to ensure we are reaching households.

2. We use a standard assessment tool, a formal prioritization process; and case conferencing. WE follow written standards for prioritization for project types and the CoC staff at CAPV lead the referral process. The CE system prioritizes households for PSH, RRH, TH, and other resources such as EHV, Safe Havens, and Low threshold housing in our region. This year, the CoC reviewed the prioritization process with an equity lens and made updates including updating the CE Assessment Tool to address equity for marginalized communities. Local assessors were expanded in our geography and trained in Trauma informed care, motivational interviewing, safety planning, confidentiality, and client centered approaches, Factors that are included in the new prioritization include: overrepresented in homeless data, mortality factors/severe health risks, and LOT homeless.

3. Under the YHDP project, the COC is updated regularly using feedback received from intake and exit surveys that youth are provided when coming into a project and when they exit the project. These surveys are not mandatory, and are anonymous and help to evaluate the CE system. The COC engages with people of lived experience, who are currently, or have been in the recent past participants of the CE system, or in one of our COC funded projects. MHSA recently completed an evaluation of our CE system, and conducted listening sessions with current and previous COC funded project participants (within the last 5 years) & providers for feedback as well. A report on the performance of the CE system for Three County was provided by MHSA, along with suggested updates to continue to develop a system of responsiveness that is just, and equitable and provides fast access to housing and resources. The CoC holds a Coordinated Entry committee with members from funded agencies and assessors in the region to share best practices and address any systems changes needed.

1D-9a.	Program Participant-Centered Approach to Centralized or Coordinated Entry.	
	NOFO Section VII.B.1.p.	

	Describe in the field below how your CoC's coordinated entry system:
1.	reaches people who are least likely to apply for homeless assistance in the absence of special outreach;
2.	prioritizes people most in need of assistance;
3.	ensures people most in need of assistance receive permanent housing in a timely manner, consistent with their preferences; and
4.	takes steps to reduce burdens on people using coordinated entry.

(limit 2,500 characters)

1. CE is designed to allow for easy access/entry. Outreach teams help inform the CoC of gaps that exist. The CoC has increased the number and variety of CE assessors and referrers to reach those who have historically not applied for assistance such as: people with DV/safety concerns; people with language barriers; YYA; and those who identify as BIPOC. We hold training courses in CE, racial equity, Implicit Bias, TI data collection, Fair Housing, DV, & PII to strengthen existing services and promote trauma-informed, culturally competent care.
2. We use a standard assessment tool, a formal prioritization process; and case conferencing. The CE system prioritizes households for PSH, TH, and other resources such as EHV. This year, the CoC reviewed the prioritization process with an equity lens and are updating the CE Assessment Tool, which rolled out in January of this year. Factors included in the new prioritization include: overrepresented in homeless data, mortality factors/severe health risks, risk factors to the elements of homelessness, and LOT homeless.
3. CE is designed to quickly connect people with assistance by ensuring staff are trained in diversion, housing problem solving, and trauma-informed care, and are equipped to facilitate referrals to existing resources. In info sessions for CE partners, we stress the importance of client-driven, consistent engagement. Households immediately receive referrals for housing, safety, health, and basic resources. The CoC maintains a log of open CoC units and non-CoC funded housing opportunity/waiting lists to ensure all immediately available and longer-term housing can be applied for ASAP. CE projects are evaluated on quick movement into housing.
4. Our CE system takes steps to reduce burdens on people using CE. When available housing opportunities have been identified, the CE specialist works with the referring advocate to help the participant to gather documentation needed to meet eligibility and provides information about the needs of the participant. We train partners to recognize that little documentation is required (no IDs, birth certificates, etc.) beyond documentation of homelessness, and to screen people in versus screen them out (Housing first, no barriers due to CORI results; landlord references, past or current substance use, etc. We resource connection based on the unique needs and concerns of the individual or family. We have also increased the number of assessors and locations.

1D-10.	Promoting Racial Equity in Homelessness—Conducting Assessment.	
	NOFO Section VII.B.1.q.	

1.	Has your CoC conducted a racial disparities assessment in the last 3 years?	Yes
2.	Enter the date your CoC conducted its latest assessment for racial disparities.	02/15/2022

1D-10a.	Process for Analyzing Racial Disparities—Identifying Racial Disparities in Provision or Outcomes of Homeless Assistance.	
	NOFO Section VII.B.1.q.	

Describe in the field below:

1.	your CoC's process for analyzing whether any racial disparities are present in the provision or outcomes of homeless assistance; and
2.	what racial disparities your CoC identified in the provision or outcomes of homeless assistance.

(limit 2,500 characters)

1. The CoC conducted a CoC-wide and individual project level disparities review in February 2022. It evaluated those served by multiple demographics including race & ethnicity. For each demographic, we reviewed differences in the percentage of people staying in or exiting to permanent housing and compared increases in income. We also compared who was being served by each project and the CoC as a whole with the general population in the region & at the county level by project. After preparing reports for each project, the CoC director and HMIS lead met with staff from each project to discuss results & consider resolutions for disparities identified. Projects which had achieved more equity in their projects regardless of race or ethnicity were invited to the CoC's Equity & Inclusion committee to share strategies and help inform CoC-wide strategies. A Feb 2022 PIT count report included a comparison of the racial/ethnic breakdown of the population from the 2020 census with the population experiencing homelessness. We reviewed data for the CoC as a whole, each county individually, veterans, youth and young adults, and those who were experiencing Category 3 homelessness. As part of the CoC's ranking and renewal process for funded projects, sub-recipients reported on areas of improvement and methods for evaluating data with an equity lens.

2. The following disparities have been identified: American Indian or Indigenous individuals are represented in the homeless pop. at a rate that is 20x higher than in the general population; Hispanic/Latino/a/x adult only individuals have a 1.5x greater representation and Black and African American or African AO individuals have a 4x greater representation. Black and Hispanic/Latino families experiencing homelessness experience even higher rates of representation- rates of 26 & 14.7 times higher than the 2020 Census respectively. Project level disparities- white & non-Hispanic persons increase income at higher rates than other groups, consistently across most agencies. Non-Hispanic/Latino/a/x persons consistently have higher rates of staying in or exiting to PH than Hispanic/Latino persons. System-wide racial disparities in outcomes- Hispanic/Latino/a/x persons of any race exit to PH 8% less often than both Non-Hispanic/Latino White and Black or African American persons. No disparities are apparent when we analyze the average length of time someone experiences homelessness. Data quality efforts will identify if any exist.

1D-10b.	Strategies to Address Racial Disparities.	
	NOFO Section VII.B.1.g.	

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

1.	The CoC's board and decisionmaking bodies are representative of the population served in the CoC.	Yes
2.	The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.	Yes
3.	The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.	Yes
4.	The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups.	Yes

5.	The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.	Yes
6.	The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.	Yes
7.	The CoC has staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness.	Yes
8.	The CoC is educating organizations, stakeholders, boards of directors for local and national nonprofit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.	Yes
9.	The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.	Yes
10.	The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.	Yes
11.	The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.	Yes
Other:(limit 500 characters)		
12.	CoC committed to imbedding racial equity in all aspects of our work	Yes

1D-10c.	Actions Taken to Address Known Disparities.	
	NOFO Section VII.B.1.q.	

Describe in the field below the steps your CoC and homeless providers have taken to address disparities identified in the provision or outcomes of homeless assistance.

(limit 2,500 characters)

During the FY21 NOFO process, additional equity questions were included as a supplemental application for renewal projects. This identified areas where agencies needed support in moving to address disparities that exist and included plans for improvement. Areas to address included: soliciting diverse voices/PLEs in the development of policies and procedures, diversification of staff/leadership, the developing more equitable policies and procedures, participant outcomes with an equity lens (e.g. disaggregating participant data by race, gender identity/expression, and/or age). This year, the implemented a CoC-wide anti-discrimination and equitable access policy and supported agencies in the development of program-level policies. We provided a training series on equity-related topics: managing and understanding HMIS data with an equity lens; developing a diverse organization; incorporating and empowering PLE; achieving racial equity in our programs; and tenancy and racial equity. The CoC also met with each funded agency to review outcome data and helped them plan to address disparities. Our membership has developed a strategy for diversifying voices across our system and set goals in this area. Our Equity and Inclusion committee invited programs with minimal project-level disparities to share their experience to help us identify best practices. Direct steps taken by agencies include editing brochure materials to use 'plain' language to improve accessibility and addressing cultural competency and implicit bias among staff.

This is all part of a Racial Equity plan we developed in 2019 to center racial equity in all parts of the CoC's homelessness response, recognizing that addressing disparities in access and outcomes requires work on the individual, organizational, & systemic level. The plan includes steps, timelines, and measurable outcomes to assess progress, and the work is embedded within CoC standing committees. Our priority goals are in the following areas: coordinated entry, data, organizational training and development, affordable housing, engaging lived experience, and legislative policy. As we work to reduce homelessness, we are committed to ensuring that all people, regardless of their racial/ethnic/gender identities, sexual orientation, age, etc., equally benefit from increased access to stable housing and support.

1D-10d.	Tracking Progress on Preventing or Eliminating Disparities.	
	NOFO Section VII.B.1.q.	

Describe in the field below the measures your CoC has in place to track progress on preventing or eliminating disparities in the provision or outcomes of homeless assistance.

(limit 2,500 characters)

Annual analysis is tracking and demonstrating progress (restate some of what we say in 1D-10a). We will do this annually for specific populations. We also track progress monthly in a racial equity workgroup for the CoC and a racial equity workgroup of the Western Mass Network to End Homelessness, which gives us a regional view for all of Western Mass to identify strengths and areas for improvement. This year, our Coordinated Entry System evaluation centered on racial equity. C4 Innovations & the Massachusetts Housing and Shelter Alliance chose our CoC to work with. There were really positive outcomes demonstrated in our stella data, even in comparison for two years ago. Though we have developed new strategies for evaluation in this area: gap between the GAP of those offered PSH reducing; Are there disparities between length of time in the program; Recidivism ;Have we increased the number of non-white assessors/outreach workers/navigators/diversity in the workforce; Qualitative experience (perception of traumatic response); Prioritization results Data collection. WE have also spent careful time this year in project level evaluation of disparities as mentioned in 1D-10a. This year we will focus on a PLE training series, board and membership diversification, and creating a plan for evaluating our priorities for project funding based on equity measures. Much of this work is done in consultation with a Nationally recognized organization Racial Equity Partners, and is funded by the Western Mass Network to End Homelessness. WE will also participate (and bring in our partners) in a training series being offered to our CoC by Massachusetts Housing and Shelter Alliance. This series includes Institutional Transformation: Becoming and anti-racist organization; making change: How to use your spheres of influence; making change: Allyship and activism; Developing Diverse organizations.

1D-11.	Involving Individuals with Lived Experience of Homelessness in Service Delivery and Decisionmaking—CoC’s Outreach Efforts.	
	NOFO Section VII.B.1.r.	

Describe in the field below your CoC’s outreach efforts (e.g., social media announcements, targeted outreach) to engage those with lived experience of homelessness in leadership roles and decision making processes.

(limit 2,500 characters)

The CoC's Equity and Inclusion Committee, which is co-chaired by a person with lived experience of homelessness, is leading the effort to engage PLEs. This goal is included our Racial Equity Action Plan, and the Committee worked to further detail the plan and is taking the lead on developing strategies and monitoring achievements towards the goal. As a result, the COC has engaged with PLE consistently over the past year. We established a PLE Action Board, a forum for PLE to work on specific service delivery and decision-making efforts, identify and provide feedback on systemic issues, and create a safe space where PLE can engage with each other and the COC on the priorities that they feel strongly about. We have secured funding to pay for their time and expertise, and continue to apply for additional funding. We work closely with an established Youth Action Board that began at the start of our YHDP planning process. The CoC Collaborative Applicant employs two people with lived experience of homelessness and is working with each sub-recipient agency to develop policies that provide feedback and leadership opportunities for PLE. The CoC has an orientation plan created for PLE, and we host both group and one-on-one meetings to inform PLEs about what the COC does to ensure they are sufficiently informed to engage effectively with our work.

Efforts to recruit/engage PLEs in the CoC's work include disseminating fliers and newsletters to providers, food programs, outreach workers, and shelters in the region, as well as at VSPs and funded agencies, all of which may serve people experiencing homelessness in our geography. Staff of the CoC have participated in statewide and national trainings to learn best practices in engaging PLEs in our work. The COC also conducted a racial equity training series for PLE in the spring. In March of this year, MHSA collaborated with C4 Innovations to evaluate our CE system, part of which included holding listening sessions for both youth participants that have engaged with a YHDP project and adults that have gone through any of the COC funded projects within the last 5 years. C4 Innovations then reviewed their findings and provided the COC with valuable recommendations and next steps.

1D-11a.	Active CoC Participation of Individuals with Lived Experience of Homelessness.	
	NOFO Section VII.B.1.r.	

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.	22	7
2.	Review and recommend revisions to local policies addressing homelessness related to coordinated entry, services, and housing.	20	7
3.	Participate on CoC committees, subcommittees, or workgroups.	20	7

4.	Included in the decisionmaking processes related to addressing homelessness.	20	7
5.	Included in the development or revision of your CoC's local competition rating factors.	15	4

1D-11b.	Professional Development and Employment Opportunities for Individuals with Lived Experience of Homelessness.	
	NOFO Section VII.B.1.r.	

Describe in the field below how your CoC or CoC membership organizations provide professional development and employment opportunities to individuals with lived experience of homelessness.

(limit 2,500 characters)

This year, with funding from the Western Mass Network to End Homelessness, the CoC is offering a full training series for PLEs on the following topics: Defining what it means to have lived experience/lived expertise; Trauma and its effects; Anti-racism (language, white supremacy values); Shared environment of terms, concepts, history; Advocacy/political advocacy; How to support/lend voice to the work of an organization or COC; Understanding the acronyms involved in housing; Financial equity - changing our mindset from oppression/deconstructing individualism and capitalism; Career Development; Financial Literacy (getting and keeping an apartment/house buying). In addition, when the COC offers professional development trainings to our community partners, these same training opportunities are offered to our PLE partners. This year, these training courses include: Housing Problem-Solving, Fair Housing, CSEC 101 Training, DV trainings (2), Anti-discrimination and the Equal Access law, and a Racial Equity in organizations training series. The COC uses standardized methods of sending out correspondence to all membership, which include our PLE partners and and have two advisor groups – Youth Action Board and PLE advocacy. When our community partners have job openings, they are shared with the whole membership. As a result, some of our PLE partners have been employed by community partners. For example a PLE who sits on our board was recently employed by a local shelter provider. In addition, many members of our youth action board are working in the Community Action's Youth and Workforce Development programs - WIOA. Our Executive Office of Health and Human Service Funding also provides for employment services for youth and young adults.

1D-11c.	Routinely Gathering Feedback and Addressing Challenges of Individuals with Lived Experience of Homelessness.	
	NOFO Section VII.B.1.r.	

Describe in the field below how your CoC:

- | | |
|----|---|
| 1. | how your CoC routinely gathered feedback from people experiencing homelessness and people who have received assistance through the CoC or ESG program on their experience receiving assistance; and |
| 2. | the steps your CoC has taken to address challenges raised by people with lived experience of homelessness |

(limit 2,500 characters)

1. The CoC gathers feedback from people with lived experience of homelessness and who have recently received assistance through the CoC or ESG program by supporting a Youth Action Board (YAB) and a People with Lived Experience (PLE) Action Board; holding listening sessions with both YYA and adults, collaborating with PLE Partners, and conducting participant surveys. Each of these described are lead by a CoC staff person who also has lived experience of homelessness. The COC currently has more than 22 active PLE Partners, with at least 7 of these individuals coming from unsheltered situations, and 7 currently residing in COC-funded PSH programs. The COC EOHHS funded YAB has currently 15 active participants, that average 6-8 every meeting. The CoC has designed and implemented surveys for YHDP program participants. With EOHHS funding, we were able to provide YHDP projects with tablets that contained links to the intake and exit surveys. We are using this model begin to evaluate all CoC funded programs through a survey/feedback form for current and recent participants. The COC Coordinated Entry Specialist engages regularly with both the YAB and the PLE partners, and the COC regularly reaches out to them for feedback on policy development, the continuous quality improvement efforts of our community partners, and the assistance they currently receive or have received.

2. The YAB and PLE partners are seen as advisors and help develop the steps our CoC has taken to address challenges that they have raised. For example, the YAB has created an anti-retaliation policy. This policy was brought to the COC Equity and Inclusion Committee as well as PLE partners for review and feedback. As a result, this policy will also be distributed to community partners and COC-funded projects that serve adults over age 25. The COC has also updated our Written Standards at the request of the PLE partners to make them more understandable. As the YAB and the PLE partners raise challenges, the COC is committed to help address and resolve them to the best of our ability.

1D-12.	Increasing Affordable Housing Supply. NOFO Section VII.B.1.t.	
Describe in the field below at least 2 steps your CoC has taken in the past 12 months that engage city, county, or state governments that represent your CoC's geographic area regarding the following:		
1.	reforming zoning and land use policies to permit more housing development; and	
2.	reducing regulatory barriers to housing development.	

(limit 2,500 characters)

1. The CoC works with municipalities, Community Land Trusts, and mutual aid committees to address zoning concerns. For example, we worked with the Valley CDC, to expand Smart Growth Overlay Zones (aka 40R) in Northampton and Easthampton. These are overlay zones a municipality can establish, with State approval, that allow increased density when developers build affordable housing. Housing created or planned in newly created 40R districts in Northampton include: Sergeant House (82 Bridge St), North Commons at Village Hill, 23 Laurel Street, and 737 Bridge Road. In Easthampton, a CoC partner, Valley CDC provided comment during a recent re-draft of its 40R bylaw, offering comments intended to reduce regulatory barriers to housing in this bylaw. For example, the original bylaw mandated creation of ground floor commercial space, in spite of the soft commercial rental market and the pressing demand for housing. Advocates requested the City eliminate this requirement and allow ground-floor housing development in 40R zones. The CoC has also worked closely with Housing Greenfield to identify possible sites for affordable housing and assist in considering zoning or other changes needed. As Greenfield has a large amount of unbuildable property due to wetlands, this is very challenging. The CoC helped identify public officials to evaluate those sites & brainstorm alternative approaches.

2. As a core partner of the WMNEH, the CoC convened the region's mayors and town managers to discuss the barriers they face in creating more affordable housing in their communities. As a result, the CoC and the Network convened a meeting with 12 municipal leaders, the MA Interagency Council on Housing and Homelessness, and the MA Dept. of Housing & Community Development (DHCD) to advocate for reform in DHCD's project approval processes. This advocacy contributed to DHCD's adoption of a "One Door" policy that will enable housing developers to seek state support for capital, subsidies, and services through a streamlined approach that will significantly increase project feasibility. In addition, a local RRA, Wayfinders is engaging housing developers and agency leaders in a Housing Policy and Advocacy group to increase the region's housing supply, based on recommendations from a recently published "Greater Springfield Regional Housing Analysis." The NAACP did a case study and released a report regarding redlining in Pittsfield and one of its authors spoke at the CoC's 2022 annual mtg.

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

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

1E-1.	Web Posting of Your CoC's Local Competition Deadline–Advance Public Notice.	
	NOFO Section VII.B.2.a. and 2.g.	
	You must upload the Local Competition Deadline attachment to the 4B. Attachments Screen.	

	Enter the date your CoC published the deadline for project applicants to submit their applications to your CoC's local competition.	08/12/2022
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1E-2.	Project Review and Ranking Process Your CoC Used in Its Local Competition. We use the response to this question and the response in Question 1E-2a along with the required attachments from both questions as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below.	
	NOFO Section VII.B.2.a., 2.b., 2.c., and 2.d.	

You must upload the Local Competition Scoring Tool attachment to the 4B. Attachments Screen.
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.	Provided points for projects that addressed specific severe barriers to housing and services.	Yes
5.	Used data from comparable databases to score projects submitted by victim service providers.	No

1E-2a.	Scored Project Forms for One Project from Your CoC's Local Competition. We use the response to this question and Question 1E-2. along with the required attachments from both questions as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below.	
	NOFO Section VII.B.2.a., 2.b., 2.c., and 2.d.	

You must upload the Scored Forms for One Project attachment to the 4B. Attachments Screen.
 Complete the chart below to provide details of your CoC's local competition:

1.	What were the maximum number of points available for the renewal project form(s)?	235
2.	How many renewal projects did your CoC submit?	17
3.	What renewal project type did most applicants use?	PH-PSH

1E-2b.	Addressing Severe Barriers in the Local Project Review and Ranking Process.	
	NOFO Section VII.B.2.d.	

- Describe in the field below:
- | | |
|----|---|
| 1. | how your CoC collected and analyzed data regarding each project that has successfully housed program participants in permanent housing; |
| 2. | how your CoC analyzed data regarding how long it takes to house people in permanent housing; |
| 3. | how your CoC considered the specific severity of needs and vulnerabilities experienced by program participants preventing rapid placement in permanent housing or the ability to maintain permanent housing when your CoC ranked and selected projects; and |
| 4. | 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 2,500 characters)

1. The CoC tracks housing placements through housing move-in dates in HMIS and exits to permanent housing. This data is considered in renewal project ranking, with an expectation that 90% of participants are either remaining housed in PSH or are exiting to permanent housing. In addition to looking at the data system-wide disaggregated by race, ethnicity, gender, and age, the CoC reviewed disparities at the project level, and discussed any potential barriers for populations with lower housing rates.
2. Our CoC reviews the average length of time between enrollment in a PSH or RRH program and the date they move in to housing. When someone is housed through the CE system, the length of time between initial vulnerability assessment and move-in to housing is assessed, whether through a housing program enrollment or problem solving/diversion efforts. In addition to the CoC average, Stella P is used to evaluate the average lengths for different pathways to housing. We also evaluate the data for different subpopulations for disparities based on age, household type, gender, race, and ethnicity.
3. Program participants who have multiple disabling conditions, no income at entry, and/or who are part of a marginalized group (including people of color, GLBTQ+, gender non-confirming, and survivors of DV) are expected to have additional barriers to rapid placement. Agencies may be awarded additional points in this rating factor if their programs serve a majority of participants experiencing one or more of these barriers. Additional points are also awarded for agencies serving high needs populations or underserved populations (at least 30% of participants).
4. The CoC prioritized addressing racial inequity, domestic violence, or health concerns and recognized the severity of need for populations with co-occurring disabilities. We reviewed our policies and procedures to make sure we were not creating an undue barrier for any populations and reviewed files to be sure that all possible supports were in place. For new project applications, the CoC is prioritizing projects which have a healthcare component or who are serving victims of DV in order to fill a significant gap in services as well as projects which leverage current or planned housing resources.

1E-3.	Promoting Racial Equity in the Local Competition Review and Ranking Process.	
	NOFO Section VII.B.2.e.	
	Describe in the field below:	
1.	how your CoC obtained input and included persons of different races, particularly those over-represented in the local homelessness population;	
2.	how the input from persons of different races, particularly those over-represented in the local homelessness population, affected how your CoC determined the rating factors used to review project applications;	
3.	how your CoC included persons of different races, particularly those over-represented in the local homelessness population, in the review, selection, and ranking process; and	
4.	how your CoC rated and ranked projects based on the degree to which their project has identified any barriers to participation (e.g., lack of outreach) faced by persons of different races and ethnicities, particularly those over-represented in the local homelessness population, and has taken or will take steps to eliminate the identified barriers.	

(limit 2,500 characters)

1. Our CoC met with several committees of our CoC (Equity & Inclusion, Ranking & Evaluation, Racial Equity Workgroup, & YYA; Homelessness) as well as the Racial Equity Workgroup of WMNEH, in order to determine this year's rating factors. We also included information from TA providers to help identify outcomes and measures that would directly impact efforts re: racial disparities. Many of these committees involved BIPOC individuals and PLEs.

2. In meetings with the Racial Equity workgroups, the Equity and Inclusion Committee and the YHDP-YAB (each have broad, racially diverse representation and PLE), we increased the score level identified for our equity questions, changed the language to reflect suggestions made by these teams, and identified specific policy development needs for funded projects. These teams also reviewed our CoC-wide anti-discrimination policy and provided a great deal of feedback. These teams have been highly involved in development of project ranking processes as well as our ongoing attempts to center racial equity in our homelessness response.

3. The breakdown of the Ranking & Evaluation committee for this year's process included diverse representation in order to provide an inclusive response to the applications, including people from unfunded partner agencies that provide homeless services, PLEs, and those with diverse racial and ethnic backgrounds.

4. The CoC rating and ranking committee and Board of Directors established ranking criteria that could be evaluated through past performance & site monitoring for current projects and esnaps applications for new/renewal projects. In addition, the CoC made a commitment through membership vote to further diversify our membership in terms of racial/ethnic breakdown, and conducted a survey of the membership to identify strengths and areas of improvement. In the application responses, we required project applicants to identify policy measures and procedures in place to ensure staff and participants reflect the over-represented populations in our homeless breakdown locally. Our ranking process also gives points for serving people in these priority populations – as well as people with disabilities. The CoC had individual meetings with funded agencies to review racial demographic breakdowns and is looking for how applicants demonstrate their efforts to provide equitable access and ensure staff training in anti-racist policies and practices.

1E-4.	Reallocation—Reviewing Performance of Existing Projects.	
	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; and	
4.	why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable.	

(limit 2,500 characters)

1. Our Ranking & Evaluation Committee meets monthly, determines annual ranking processes, upholds the CoC's reallocation policies, and reviews program performance. The Committee participates in project monitoring and outcome evaluation, and makes corrective action recommendations for the Board of Directors. When identifying reallocation opportunities, the Committee considers: sub-grantee performance targets around populations served and program types; changes in local priorities (per HUD's NOFO) and gaps in services & housing availability; inability to meet threshold requirements as per annual expectations; outstanding obligations to HUD that are in arrears or do not have agreed-upon payment schedules; audit findings where a response is overdue or unsatisfactory; history of inadequate financial management or accounting, including untimely billing; history of underspent funds; evidence of untimely expenditures on prior award; history of not reimbursing sub-grantees for eligible costs in a timely fashion; history of other major capacity issues that have significantly affected project operations & performance; history of serving ineligible participants, expending funds on ineligible costs, or failing to expend funds w/in statutorily established timeframes; serious or significant privacy or security data breaches. The Committee also considers reallocations that are self-initiated by providers or launched by the CoC Board in accordance w/24CFR 578.107(a) & ©.
2. One sub-recipient self-initiated for reallocation of funding through this process and worked closely w/the Collaborative Applicant to plan/manage the process so that no one currently housed in this program will exit to homelessness.
3. The reallocation described above was also identified as a low performing project in our ranking plan. These funds were reallocated to support a new project application and bring in additional housing resources to an area with a demonstrated gap in services, to support a capital project underway, and leverage new housing resources.
4. N/A

1E-4a.	Reallocation Between FY 2017 and FY 2022.	
	NOFO Section VII.B.2.f.	

	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2017 and FY 2022?	Yes
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1E-5.	Projects Rejected/Reduced–Notification Outside of e-snaps.	
	NOFO Section VII.B.2.g.	
	You must upload the Notification of Projects Rejected-Reduced attachment to the 4B. Attachments Screen.	

1.	Did your CoC reject or reduce any project application(s)?	Yes
2.	Did your CoC inform applicants why their projects were rejected or reduced?	Yes
3.	If you selected Yes for element 1 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2022, 06/27/2022, and 06/28/2022, then you must enter 06/28/2022.	09/15/2022

	1E-5a. Projects Accepted–Notification Outside of e-snaps.	
	NOFO Section VII.B.2.g.	
	You must upload the Notification of Projects Accepted attachment to the 4B. Attachments Screen.	

	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. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2022, 06/27/2022, and 06/28/2022, then you must enter 06/28/2022.	09/15/2022
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	1E-5b. Local Competition Selection Results–Scores for All Projects.	
	NOFO Section VII.B.2.g.	
	You must upload the Final Project Scores for All Projects attachment to the 4B. Attachments Screen.	

	Does your attachment include: 1. Applicant Names; 2. Project Names; 3. Project Scores; 4. Project Rank–if accepted; 5. Award amounts; and 6. Projects accepted or rejected status.	Yes
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	1E-5c. 1E-5c. Web Posting of CoC-Approved Consolidated Application.	
	NOFO Section VII.B.2.g.	
	You must upload the Web Posting–CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	Enter the date your CoC posted the CoC-approved Consolidated Application on the CoC’s website or partner’s website–which included: 1. the CoC Application; and 2. Priority Listings for Reallocation forms and all New, Renewal, and Replacement Project Listings.	09/27/2022
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	1E-5d. Notification to Community Members and Key Stakeholders that the CoC-Approved Consolidated Application is Posted on Website.	
	NOFO Section VII.B.2.g.	
	You must upload the Notification of CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application has been posted on the CoC’s website or partner’s website.	09/27/2022
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2A. Homeless Management Information System (HMIS) Implementation

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

	Enter the name of the HMIS Vendor your CoC is currently using.	Clarity by Bitfocus, Inc.
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2A-2.	HMIS Implementation Coverage Area.	
	Not Scored–For Information Only	

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

	Enter the date your CoC submitted its 2022 HIC data into HDX.	04/27/2022
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2A-4.	Comparable Database for DV Providers–CoC and HMIS Lead Supporting Data Collection and Data Submission by Victim Service Providers.	
	NOFO Section VII.B.3.b.	

	In the field below:	
	1. describe actions your CoC and HMIS Lead have taken to ensure DV housing and service providers in your CoC collect data in databases that meet HUD's comparable database requirements; and	
	2. state whether your CoC is compliant with the 2022 HMIS Data Standards.	

(limit 2,500 characters)

1. There are no DV housing providers in our CoC (or agencies required to use a comparable database which receive funding through the CoC program), but we have been working to engage DV service and shelter providers in the region in an expansion of the Coordinated Entry system. As part of this collaboration, the CoC is offering DV Bonus SSO-CE project funds to build out the comparable database currently used by local providers to collect and track the new CE data elements, our vulnerability assessment, and the CE APR report. DV shelter and service providers collect data in a comparable database, which allows them to complete all of their required reports and has the ability to be built out further with the CoC’s support in order for these providers to more fully participate in CoC system-wide reporting. The CoC has also begun to reach out to the vendor to encourage the owner to become 100% compliant so that there is no need to move systems. DV Bonus funding opportunities were released in FY2021 and FY2022 and one of the largest barriers for providers to apply for these funds is a fear that they would be required to change databases. The CoC has contracted with consultants from the Safe Housing Alliance and held meetings with technical assistance providers, local DV providers, and national survivor organizations like Jane Doe to engage with DV provider agencies and work through some of the concerns around confidentiality and the “100% HUD compliant” comparable database requirements.

2. Currently, the comparable database used by local victim service providers who utilize non-CoC funding is not 100% compliant. However, the HMIS utilized by the CoC is 100% compliant with the 2022 HMIS data standards. Because we do not fund any of the local VS/DV providers, we cannot hold them accountable to use a particular comparable database or to dictate when they will send us data.

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

Enter 2022 HIC and HMIS data in the chart below by project type:

Project Type	Total Beds 2022 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
1. Emergency Shelter (ES) beds	398	33	354	96.99%
2. Safe Haven (SH) beds	7	0	0	0.00%
3. Transitional Housing (TH) beds	226	0	226	100.00%
4. Rapid Re-Housing (RRH) beds	169	0	27	15.98%
5. Permanent Supportive Housing	525	0	487	92.76%
6. Other Permanent Housing (OPH)	132	0	58	43.94%

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 2,500 characters)

Save havens (SH) -

1. There is only one SH project (7 beds) in the CoC, which started February 1st, 2022. The project is not yet in HMIS, but we are in a testing phase using a replicated version of our HMIS. We are confident that the SH project will see the benefits of utilizing HMIS and that bed coverage will be 100% by the 2023 HIC.
2. The CoC will continue engaging with the new SH project to emphasize the utility and importance of participating in HMIS as a strategy to increase bed coverage. We will provide all necessary HMIS agreements and training for project staff. they are participating in Coordinated Entry case conferencing, so hope this will mean a move to the data system soon.

RRH beds

1. The majority of RRH beds in the MA-507 CoC are state-run and recorded in the MA Balance-of-State CoC. The state shares current RRH utilization in each CoC's service area for the HIC and PIT reports, but otherwise does not share data for HUD reporting. Of the 169 RRH beds reported on the HIC, 142 were beds in this state program. Since the winter PIT count, there have been efforts to increase the number of RRH beds in our CoC, and there are currently 54 HMIS-participating RRH beds. The CoC is going to continue working with the state offices to determine if there is a way to report on the state RRH beds throughout the year and will continue to incorporate additional RRH programs in the CoC. Some missing inventory was identified following a January 2022 HMIS transition, and the RRH bed coverage rate has been corrected from 16% to 32%.
2. the MA-507 CoC will begin a planning process in 2023 using the new Stella Modeling tool to determine possible bed targets for our system and for new CoC-funded projects. There is a need for considerably more RRH beds in our system and RRH projects will remain a high local priority for the CoC. The CoC will work to create partnerships with local ESG providers to encourage applications for RRH funding as well as increase landlord engagement work to increase utilization of RRH capacity.

OPH beds

1. The CoC has already increased bed coverage rate for OPH beds to 95.5%. The primary reason the beds were low on the HIC count was due to a recent HMIS migration in January of 2022 where some beds were mistakenly labeled as regular permanent supportive housing or had not yet been entered/corrected in the new HMIS.
2. We have made corrections in our HMIS invententory & expect bed coverage rate to be much higher on the 2023 HIC.

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 February 15, 2022, 8 p.m. EST?	No
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2B. Continuum of Care (CoC) Point-in-Time (PIT) Count

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

2B-1.	PIT Count Date.	
	NOFO Section VII.B.4.b	

	Enter the date your CoC conducted its 2022 PIT count.	02/23/2022
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2B-2.	PIT Count Data–HDX Submission Date.	
	NOFO Section VII.B.4.b	

	Enter the date your CoC submitted its 2022 PIT count data in HDX.	04/27/2022
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2B-3.	PIT Count–Effectively Counting Youth.	
	NOFO Section VII.B.4.b.	

Describe in the field below how during the planning process for the 2022 PIT count your CoC:

1.	engaged stakeholders that serve homeless youth;
2.	involved homeless youth in the actual count; and
3.	worked with stakeholders to select locations where homeless youth are most likely to be identified.

(limit 2,500 characters)

1. The CoC did outreach to and were able to collaborate with the youth providers both within our agency and at partner organizations, including YHDP sub-recipients, to participate in the planning process for the 2022 Point in Time count. These partners and providers helped to plan the count itself, helped to engage youth in the work of planning the count, and participated in the count by surveying youth experiencing homelessness. These partners helped to influence the methodology of the count, identify locations for street outreach, coordinate with other youth providers at their agencies, design the survey used, and plan the marketing and logistics.
2. Youth/Youth Adults experiencing homelessness participated in the 2022 Point-in-Time Count planning group, particularly Youth Action Board members, and were supported in their time and work there by youth-serving providers who helped to schedule and coordinate meetings and provided financial compensation for YYA time and expertise during planning meetings. Youth experiencing homelessness advocated for an expanded count in 2022, in which we additionally counted those who were experiencing homelessness under category 3; we plan to track this in future counts so we can determine trends and use the data to inform local decision-making. Youth participating in the planning efforts also expressed an interest in a count which doesn't take place in the winter months, so an additional "warmer months" count is being planned for 2023. In addition to guiding our practices, youth helped to design the survey and materials handed out, advised the CoC on the content of a resource guide to go along with the count, identified locations for street outreach, and helped plan additional marketing and logistical details.
3. The CoC worked with a variety of partners to identify areas where youth are most likely to be experiencing homelessness. Most significantly, we learned from youth experiencing homelessness and YAB members as well as youth serving providers and street outreach providers about common places where people tend to stay while unsheltered within our CoC.

2B-4.	PIT Count—Methodology Change—CoC Merger Bonus Points.	
	NOFO Section VII.B.5.a and VII.B.7.c.	
	In the field below:	
	1. describe any changes your CoC made to your sheltered PIT count implementation, including methodology or data quality changes between 2021 and 2022, if applicable;	
	2. describe any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2021 and 2022, if applicable; and	
	3. describe how the changes affected your CoC's PIT count results; or	
	4. state "Not Applicable" if there were no changes or if you did not conduct an unsheltered PIT count in 2022.	

(limit 2,500 characters)

1. Between 2021 and 2022, the methodology of our sheltered count remained the same—utilizing HMIS data and HUD's extrapolation tool for missing demographics—but additional outreach was done to engage with providers offering new hotel/motel services to ensure these new resources were included in both the HIC and the PIT. One of the most significant changes in the 2022 count was increased engagement with youth and youth providers, including current YAB members and YHDP program participants, who took an interest in the count and heavily influenced the implementation of the 2022 sheltered count.

2. One of the most significant changes in the 2022 count was increased engagement with PLEs, including YAB members and CoC program participants. Our methodology remained the same--provider surveys and targeted outreach to known areas by shelter/outreach providers and volunteers, as well as using HUD's extrapolation tool for missing demographic information. The inclusion of YAB members in the count planning process resulted in the development of an emergency resource list to distribute along with gift cards and cold weather items during the unsheltered count. PLEs also helped identify additional locations to conduct the unsheltered count.

3. The increased number of locations and engagement with additional providers led to an increased number of people experiencing homelessness identified in the 2022 PIT. We expected to count more people in 2022 because we knew that it was more difficult to locate and engage with people in the winter of 2021 due to the COVID-19 pandemic. In 2022, we were able to postpone the count until after the most recent wave of infections had passed. The 2022 PIT count, showed an increase in sheltered homelessness of about 20%, due in part to an increase in shelter capacity and fewer quarantine or isolation spaces. Looking at the sheltered and unsheltered counts combined, there was an increase of ~28%. In addition to improved engagement, factors influencing this were the increased cost of living and end of the eviction moratoriums. Another result of engaging with more youth providers and youth themselves was the decision to begin including a third count each year, an 'unofficial count' done locally to identify those experiencing homelessness through Category 3 to try and determine and track how many people are experiencing other forms of homelessness or are at very high risk of becoming unsheltered.

2C. System Performance

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

2C-1.	Reduction in the Number of First Time Homeless–Risk Factors Your CoC Uses.	
	NOFO Section VII.B.5.b.	
	In the field below:	
1.	describe how your CoC determined the risk factors to identify persons experiencing homelessness for the first time;	
2.	describe your CoC’s strategies to address 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	

(limit 2,500 characters)

1. Through relationships with agencies who run homelessness prevention programs, the CoC is able to review information on individuals and families who don't have any prior experience of homelessness when they present for homelessness prevention services. This allows us to identify and respond to common factors influencing the risk of homelessness and help prevent homelessness. The CoC is also able to look at system-wide data from homelessness service providers for common risk factors among those experiencing homelessness for the first time. We are able to drill down into the client-level detail of in Measure 5 of the SPM and analyze for common factors such as engagement with other services in the year prior to entering homelessness, demographics, and household size. Finally, we collaborate with local emergency shelters to gather anecdotal information about what shelter providers are hearing from individuals and families entering shelters for the first time.

2. The CoC works closely with homelessness prevention programs and helps develop diversion strategies to assist individuals and families at risk of entering homelessness. These strategies include rental assistance, assistance with fuel, energy, and water bills, mediation with family members, job/employment assistance, and support in applying for other benefits and state health insurance. Within our CoC, there are two regional RAFT programs, two ESG prevention and rapid rehousing programs, and the Massachusetts HomeBASE program, which provides prevention, diversion, and interim housing for families with children. Many of these programs are available within the collaborative applicant agency (CAPV), which connects those at risk of homelessness to appropriate opportunities within the CoC. In FY2021, there were 49 fewer people experiencing homelessness for the first time than in FY2020. In 2022, the CoC began conducting an unofficial PIT count that included a separate local count of those experiencing category 3 homelessness, since these individuals are at very high risk of experiencing category 1 or 2 homelessness.

3. The CoC's Coordinated Entry Specialist, Homeless Services Coordinator, and Data & Evaluation Manager, in partnership with the Coordinated Entry committee, oversees the CoC's strategy to reduce the number of households experiencing homelessness for the first time.

2C-2.	Length of Time Homeless—CoC's Strategy to Reduce.	
	NOFO Section VII.B.5.c.	

In the field below:

1.	describe your CoC's strategy to reduce the length of time individuals and persons in families remain homeless;
2.	describe 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 2,500 characters)

1. The CoC has increased outreach services and trained additional assessors to maximize engagement throughout the CoC’s geographic area, created an expansion project for the CE system to meet the needs of survivors of DV, and increased equity measures focusing on specific at-risk populations to reduce the length of time people remain homeless. This year, there is an increase in the availability of rental subsidies through the new emergency housing voucher program, but we are finding that recipients of vouchers of all kinds are struggling to find available units at the fair market rent levels required to use the vouchers. The Three County CoC has initiated a Landlord Engagement program in order to encourage more landlords to rent to tenants with rental vouchers and broaden awareness of the resources available through the CoC. Additionally, the CoC is regularly working with municipal leaders, housing developers, housing authorities, and service providers to plan for longer-term housing development. The CoC’s reach has broadened during COVID and our state has seen a great deal of resources that create meaningful impact. In FY2021, the average length of time persons in ES, SH, and TH remained in homelessness decreased by 6 days and the median length of time decreased by 29 days compared to FY2020. This was approximately a 3.33% decrease in the average length of time experiencing homelessness for persons in ES, SH, and TH, and a 1.6% decrease in the length of time for persons in ES and SH.

2. The CoC houses individuals and families in permanent supportive housing and awards emergency housing vouchers through the Coordinated Entry system. CE utilizes a prioritization process that looks at both the vulnerability assessment score and length of time experiencing homelessness in order to house those who have been unsheltered or in shelter the longest amount of time. We also hold population-specific case conferencing meetings that review and consider the specific housing needs for each person on the by names list.

3. The CoC’s Data Evaluation and Project Ranking & Evaluation committees will oversee the CoC’s strategy to increase the rate of successful exits among all households. This committee is coordinated by the CoC’s Data & Evaluation Manager and the Program Director.

2C-3.	Exits to Permanent Housing Destinations/Retention of Permanent Housing–CoC’s Strategy	
	NOFO Section VII.B.5.d.	
	In the field below:	
	1. describe your CoC’s strategy to increase the rate that individuals and persons in families residing in emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations;	
	2. describe your CoC’s strategy to increase the rate that individuals and persons in families residing in permanent housing projects retain their permanent housing or exit to permanent housing destinations; and	
	3. provide the name of the organization or position title that is responsible for overseeing your CoC’s strategy to increase the rate that individuals and families exit to or retain permanent housing.	

(limit 2,500 characters)

1. From FY2020 to FY2021, there was a 1% increase in the rate of successful exits to permanent housing (PH) from emergency shelter, TH, SH, and RRH programs within the CoC. Our goal is to increase this rate for everyone in our CoC. We are conducting disparities analyses to determine if people of certain races, ethnicities, genders, ages, or household types are entering & exiting PH at equal rates. This has helped the CoC to determine priority factors in administering EHVs through CE to ensure over-represented groups in our local homeless population and those that have lower exits to PH are prioritized for housing opportunities among the chronically homeless. The CoC looks at exits to PH as a significant scoring, rating & ranking factor in renewal projects, and uses this data to identify any projects that need assistance to increase exits to PH. The CoC also has a landlord engagement initiative to assist voucher recipients currently residing in ES or TH and RRH tenants to find housing; this is expected to increase voucher utilization and ensure more people can move through Rapid Rehousing. Between FY20 and FY21, exits to permanent housing increased by 1% to a rate of 35%.

2. There was no change in the rate of retentions in PH or exits to a permanent housing destination between FY2020 and FY2021. In addition to looking at exits to permanent housing among CoC-funded TH and RRH, the CoC scores renewal PH projects based on the rate at which people either remain in PH or exit to another form of permanent housing. This encourages funded projects to focus on this goal and also helps the CoC identify projects that may need assistance or reallocation. The CoC also conducts project-level racial disparities analyses to provide PH projects with additional information on which participants might struggle to find housing and need additional assistance before exiting PH programs.

3. The CoCs Coordinated Entry Specialist, Homeless Services Coordinator, and Data & Evaluation Manager, in partnership with the Coordinated Entry committee, oversees the CoC's strategy to increase the rate of successful exits among all households. This measure is also reviewed by the Equity and Inclusion Committee to ensure that strategies around obtaining and retaining permanent housing are working to make our system more equitable.

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

In the field below:	
1.	describe your CoC's strategy to identify individuals and families who return to homelessness;
2.	describe 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 2,500 characters)

1. The CoC identifies and evaluates common factors among households who return to homelessness through practitioner reports and management meetings and input at the provider and coalition levels. The CoC also conducts ad-hoc analyses and runs system performance measures by project with a racial disparity lens to determine which projects may need to provide additional move on assistance to specific populations that have higher rates of returns to homelessness. We then meet with agencies to discuss disparities identified in our analysis that affect returns to homelessness. Street outreach providers and shelter staff are often able to identify when someone has been experiencing homelessness repeatedly, so that they are evaluated for chronicity and prioritized for housing appropriately based on a number of factors including the number of times they have experienced homelessness. The CoC has switched this year to an open HMIS where client records are shared across agencies. As HMIS records are merged, our ability to identify recidivism will significantly increase.

2. The CoC requires projects to share case management planning documents to demonstrate that they are working to support newly housed tenants in maintaining housing and setting goals to address barriers, needs for safety, and health or addiction concerns. The CoC has sometimes collaborated with the Tenancy Preservation Project, which prioritizes services for households with a history of homelessness, and with other community-based services designed to stabilize formerly homeless households while providing them with resources that help them maintain their tenancies. The CoC has worked with YHDP partners to design navigation programs that include a “warm hand-off” so that youth are working with their original case worker even after moving into permanent housing and receiving support to remain housed. The CoC created a CoC-wide “move on strategy & policy” and provided training to partner agencies in this area in order to help project participants remain successfully housed once they leave CoC housing with the assistance of transition supports and flexible financial resources. The rate of returns to homelessness within 6 to 12 months remains low at 5%.

3. The CoC’s Coordinated Entry Specialist, and Data & Evaluation Manager, in partnership with the Coordinated Entry committee, oversees the CoC’s strategy to decrease the rate of returns to homelessness among all households.

2C-5.	Increasing Employment Cash Income—CoC’s Strategy.	
	NOFO Section VII.B.5.f.	

In the field below:	
1.	describe your CoC’s strategy to access employment cash sources;
2.	describe how your CoC works with mainstream employment organizations to help individuals and families experiencing homelessness 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 2,500 characters)

1. The CoC Lead, Community Action Pioneer Valley provides workforce readiness programs for youth and young adults (e.g. WIOA), and targeted adult workforce programming (e.g. re-entry workforce development programs), and has strong working relationships with MassHire and MassRehab employment programs. The CoC promotes access to these programs for individuals within its network. The CoC and the WMNEH have also addressed priority legislative efforts promoting a \$15/hr minimum wage and is providing “salary negotiation,” a workshop for participants in CE and CoC-funded and non-funded supportive services programs. Also, the CoC lead participates in a coordinated effort to promote economic development in Western Mass and in 2022 provided a lunch and learn series that included MassHire career center leadership who shared details of all this service offers.
2. WMNEH and the two western Massachusetts CoCs run an annual Career Services Fair targeting people who are experiencing homelessness, which engages local mainstream employment organizations, like Mass Rehabilitation commission and MassHire Career Center. People experiencing homelessness are prioritized in a number of government workforce development programs, such as WIOA, but in practice, it is challenging to ensure this population accesses these programs. WMNEH and the CoCs work with their respective MassHire Career Centers to identify strategies and practices that work effectively. In addition, the CoC promotes access to CAPV’s workforce development programs, as stated above, to enhance opportunities for employment and training. Finally, we include employment and career programs as part of our annual mainstream benefits information sessions and created a training series for PLE that also includes information on these programs.
3. CoC funded providers are required to provide meaningful employment opportunities to people in TH/RRH/PSH. Keleigh BenEzra, CoC Program Director, oversees these strategies.

2C-5a.	Increasing Non-employment Cash Income—CoC’s Strategy	
	NOFO Section VII.B.5.f.	
	In the field below:	
	1. describe your CoC’s strategy to access non-employment cash income; and	
	2. provide the organization name or position title that is responsible for overseeing your CoC’s strategy to increase non-employment cash income.	

(limit 2,500 characters)

1. Through both the CoC or WMNEH, project staff are provided up-to-date information regarding state and federal eligibility for a variety of non-employment benefits (e.g. TANF, SNAP, etc.) as well as regulatory or policy changes. This is provided via email, listserves, postings on the WMNEH blog, and informational sessions provided by advocacy/trade organizations – as part of a mainstream benefits learning series in partnership with another CoC. Program staff also receive updated information on benefits at sub-recipient level and regionally at network meetings like the Franklin County Resource Network, North Quabbin and North Berkshire Community Coalitions, Northampton Next Step, COSA, and Berkshire County Provider Network. The CoC provides a quarterly newsletter outlining these benefits. WMNEH hosts population-specific strategy meetings monthly that help to identify benefits programs available and appropriate for participants. These meetings also provide venues to discuss and share strategies to overcome barriers to access and to develop advocacy initiatives. CAPV also has a Community Resources & Advocacy program that helps people to access resources like SNAP, public health Insurance, heating and utility assistance, housing assistance, and more, and CoC programs are encouraged to refer participants to this program. Between FY2020 and FY2021, the percentage of adults who increased non-employment cash income increased by 7%.
2. The CAPV CoC Program Director is responsible for developing expectations for the CoC around ways to increase non-employment cash income.

3A. Coordination with Housing and Healthcare

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

3A-1.	New PH-PSH/PH-RRH Project–Leveraging Housing Resources.	
	NOFO Section VII.B.6.a.	
	You must upload the Housing Leveraging Commitment attachment to the 4B. Attachments Screen.	

	Is your CoC applying for a new PH-PSH or PH-RRH project that uses housing subsidies or subsidized housing units which are not funded through the CoC or ESG Programs to help individuals and families experiencing homelessness?	Yes
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3A-2.	New PH-PSH/PH-RRH Project–Leveraging Healthcare Resources.	
	NOFO Section VII.B.6.b.	
	You must upload the Healthcare Formal Agreements attachment to the 4B. Attachments Screen.	

	Is your CoC applying for a new PH-PSH or PH-RRH project that uses healthcare resources to help individuals and families experiencing homelessness?	No
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3A-3.	Leveraging Housing/Healthcare Resources–List of Projects.	
	NOFO Sections VII.B.6.a. and VII.B.6.b.	
	If you selected yes to questions 3A-1. or 3A-2., use the list feature icon to enter information about each project application you intend for HUD to evaluate to determine if they meet the criteria.	

Project Name	Project Type	Rank Number	Leverage Type
Louison House Bra...	PH-PSH	12	Housing

3A-3. List of Projects.

1. What is the name of the new project? Louison House Bracewell

2. Enter the Unique Entity Identifier (UEI): MBQ9NJJASF23

3. Select the new project type: PH-PSH

4. Enter the rank number of the project on your CoC's Priority Listing: 12

5. Select the type of leverage: Housing

3B. New Projects With Rehabilitation/New Construction Costs

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

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

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

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

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

(limit 2,500 characters)

N/A

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

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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.	
	NOFO Section VII.C.	

You must upload the Project List for Other Federal Statutes attachment to the 4B. Attachments Screen.

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 2,500 characters)

N/A

4A. DV Bonus Project Applicants

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

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

4B. Attachments Screen For All Application Questions

We have provided the following guidance to help you successfully upload attachments and get maximum points:

- | | |
|----|---|
| 1. | You must include a Document Description for each attachment you upload; if you do not, the Submission Summary screen will display a red X indicating the submission is incomplete. |
| 2. | You must upload an attachment for each document listed where 'Required?' is 'Yes'. |
| 3. | We prefer that you use PDF files, though other file types are supported—please only use zip files if necessary. Converting electronic files to PDF, rather than printing documents and scanning them, often produces higher quality images. Many systems allow you to create PDF files as a Print option. If you are unfamiliar with this process, you should consult your IT Support or search for information on Google or YouTube. |
| 4. | Attachments must match the questions they are associated with. |
| 5. | Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process. |
| 6. | If you cannot read the attachment, it is likely we cannot read it either. |
| | <ul style="list-style-type: none"> . 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). . We must be able to read everything you want us to consider in any attachment. |
| 7. | After you upload each attachment, use the Download feature to access and check the attachment to ensure it matches the required Document Type and to ensure it contains all pages you intend to include. |

Document Type	Required?	Document Description	Date Attached
1C-7. PHA Homeless Preference	No	PHA Homeless Pref...	09/16/2022
1C-7. PHA Moving On Preference	No		
1E-1. Local Competition Deadline	Yes	Local Competition...	09/15/2022
1E-2. Local Competition Scoring Tool	Yes	Local competition...	09/27/2022
1E-2a. Scored Renewal Project Application	Yes	scored form for o...	09/26/2022
1E-5. Notification of Projects Rejected-Reduced	Yes	Notification of ...	09/15/2022
1E-5a. Notification of Projects Accepted	Yes	Notification of P...	09/15/2022
1E-5b. Final Project Scores for All Projects	Yes	Final Scores for ...	09/26/2022
1E-5c. Web Posting—CoC-Approved Consolidated Application	Yes	web posting CoC A...	09/27/2022
1E-5d. Notification of CoC-Approved Consolidated Application	Yes	Notification of C...	09/27/2022
3A-1a. Housing Leveraging Commitments	No	Housing Leverage ...	09/26/2022

3A-2a. Healthcare Formal Agreements	No		
3C-2. Project List for Other Federal Statutes	No		

Attachment Details

Document Description: PHA Homeless Preference

Attachment Details

Document Description:

Attachment Details

Document Description: Local Competition Deadline

Attachment Details

Document Description: Local competition scoring tool

Attachment Details

Document Description: scored form for one project

Attachment Details

Document Description: Notification of Projects Rejected-Reduced

Attachment Details

Document Description: Notification of Projects Accepted

Attachment Details

Document Description: Final Scores for All Projects

Attachment Details

Document Description: web posting CoC Approved Consolidated Application

Attachment Details

Document Description: Notification of CoC Approved Application

Attachment Details

Document Description: Housing Leverage Commitment letter

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	09/15/2022
1B. Inclusive Structure	09/27/2022
1C. Coordination and Engagement	09/27/2022
1D. Coordination and Engagement Cont'd	09/26/2022
1E. Project Review/Ranking	09/26/2022
2A. HMIS Implementation	09/24/2022
2B. Point-in-Time (PIT) Count	09/24/2022
2C. System Performance	09/26/2022
3A. Coordination with Housing and Healthcare	09/26/2022
3B. Rehabilitation/New Construction Costs	09/24/2022
3C. Serving Homeless Under Other Federal Statutes	09/24/2022

4A. DV Bonus Project Applicants	09/24/2022
4B. Attachments Screen	09/27/2022
Submission Summary	No Input Required

Temporary Policy Supplement

EMERGENCY HOUSING VOUCHERS (EHVs)

INTRODUCTION

On March 11, 2021, President Biden signed the American Rescue Plan Act of 2021 (ARP) (P.L. 117-2). Section 3202 of the ARP appropriated \$5 billion for the creation, administration, and renewal of new incremental emergency housing vouchers (EHVs) and other eligible expenses related to COVID-19.

On May 5, 2021, HUD issued Notice PIH 2021-15, which described HUD's process for allocating approximately 70,000 EHVs to eligible PHAs and set forth the operating requirements for PHAs who administer them. Based on criteria outlined in the notice, HUD notified eligible PHAs of the number of EHVs allocated to their agency, and PHAs were able to accept or decline the invitation to participate in the program.

PHAs may not project-base EHVs; EHVs are exclusively tenant-based assistance.

All applicable nondiscrimination and equal opportunity requirements apply to the EHV program, including requirements that the PHA grant reasonable accommodations to persons with disabilities, effectively communicate with persons with disabilities, and ensure meaningful access for persons with limited English proficiency (LEP).

This chapter describes HUD regulations and PHA policies for administering EHVs. The policies outlined in this chapter are organized into seven sections, as follows:

Part I: Funding

Part II: Partnering Agencies

Part III: Waiting List Management

Part IV: Family Eligibility

Part V: Housing Search and Leasing

Part VI: Use of Funds, Reporting, and Financial Records

Except as addressed by this chapter and as required under federal statute and HUD requirements, the general requirements of the HCV program apply to EHVs.

PART I: FUNDING

TPS-I.A. FUNDING OVERVIEW

The American Rescue Plan Act of 2021 (ARP) provides administrative fees and funding for the costs of administering emergency housing vouchers (EHVs) and other eligible expenses defined in Notice PIH 2021-15. These fees may only be used for EHV administration and other eligible expenses and must not be used for or applied to other PHA programs or vouchers. The PHA must maintain separate financial records from its regular HCV funding for all EHV funding.

Housing Assistance Payments (HAP) Funding

ARP funding obligated to the PHA as housing assistance payments (HAP) funding may only be used for eligible EHV HAP expenses (i.e., rental assistance payments). EHV HAP funding may not be used for EHV administrative expenses or for the eligible uses under the EHV services fee.

The initial funding term will expire December 31, 2022. HUD will provide renewal funding to the PHA for the EHVs on a calendar year (CY) basis commencing with CY 2023. The renewal funding allocation will be based on the PHA's actual EHV HAP costs in leasing, similar to the renewal process for the regular HCV program. EHV renewal funding is not part of the annual HCV renewal funding formula; EHVs are renewed separately from the regular HCV program. All renewal funding for the duration of the EHV program has been appropriated as part of the ARP funding.

Administrative Fee and Funding

The following four types of fees and funding are allocated as part of the EHV program:

- **Preliminary fees** support immediate start-up costs that the PHA will incur in implementing alternative requirements under EHV, such as outreach and coordination with partnering agencies:
 - \$400 per EHV allocated to the PHA, once the consolidated annual contributions contract (CACC) is amended.
 - This fee may be used for any eligible administrative expenses related to EHVs.
 - The fee may also be used to pay for any eligible activities under EHV service fees (TPS-I.B).

- **Placement fees/expedited issuance reporting fees** will support initial lease-up costs and the added cost and effort required to expedite leasing of EHV's:
 - \$100 for each EHV initially leased, if the PHA reports the voucher issuance date in Public Housing Information Center–Next Generation (PIC–NG) system within 14 days of voucher issuance or the date the system becomes available for reporting.
 - Placement fees:
 - o \$500 for each EHV family placed under a HAP contract effective within four months of the effective date of the ACC funding increment; or
 - o \$250 for each EHV family placed under a HAP contract effective after four months but less than six months after the effective date of the ACC funding increment.
 - o HUD will determine placement fees in the event of multiple EHV allocations and funding increment effective dates.
 - Placement/expedited issuance fees only apply to the initial leasing of the voucher; they are not paid for family moves or to turnover vouchers.
- **Ongoing administrative fees**, which are calculated in the same way as the standard HCV program:
 - PHAs are allocated administrative fees using the full column A administrative fee amount for each EHV under contract as of the first day of each month.
 - Ongoing EHV administrative fees may be subject to proration in future years, based on available EHV funding.
- **Services fees**, which are a one-time fee to support PHAs' efforts to implement and operate an effective EHV services program in its jurisdiction (TPS-I.B):
 - The fee is allocated once the PHA's CACC is amended to reflect EHV funding.
 - The amount allocated is \$3,500 for each EHV allocated.

TPS-I.B. SERVICE FEES

Services fee funding must be initially used for defined eligible uses and not for other administrative expenses of operating the EHV program. Service fees fall into four categories:

- Housing search assistance
- Security deposit/utility deposit/rental application/holding fee uses
- Owner-related uses
- Other eligible uses such as moving expenses or tenant-readiness services

The PHA must establish the eligible uses and the parameters and requirements for service fees in the PHA's administrative plan.

PHA Policy

HRA will provide up to a total of \$2,500 per family in assistance for eligible uses of the service fees. The eligible uses for service fees include:

Housing search assistance, which may include activities such as, but not limited to, helping a family identify and visit potentially available units during their housing search, helping to find a unit that meets the household's disability-related needs, providing transportation and directions, assisting with the completion of rental applications and PHA forms, and helping to expedite the EHV leasing process for the family.

HRA will help a family identify potentially available units, assistance with completing PHA forms, and helping to expedite the EHV leasing process for the family.

Application fees/non-refundable administrative or processing fees/refundable application deposit assistance. The PHA may choose to assist the family with some or all these expenses.

HRA will provide assistance with application fees/non-refundable administrative or processing fees/refundable application deposit assistance, if requested by the applicant. These fees will be paid directly to the landlord. If the applicant has already paid these fees they will be reimbursed after documentation has been received showing the amount paid. Any amounts refunded will be paid back to HRA.

Holding fees are fees an owner requests that are rolled into the security deposit after an application is accepted but before a lease is signed. The PHA may cover part or all of the holding fee for units where the fee is required by the owner after a tenant's application has been accepted but before the lease signing. The PHA and owner must agree how the holding fee gets rolled into the deposit, and under what conditions the fee will be returned. In general, owners need to accept responsibility for making needed repairs to a unit required by the initial housing quality standards (HQS) inspections and can only keep the holding fee if the client is at fault for not entering into a lease.

HRA will provide assistance with holding fees, if requested by the applicant. These fees will be paid directly to the landlord. If the applicant has already paid

these fees they will be reimbursed after documentation has been received showing the amount paid. Any amounts refunded will be paid back to HRA. The landlord will be required to sign a holding fee agreement. See Exhibit TPS-2

Security deposit assistance. The amount of the security deposit assistance may not exceed the lesser of two months' rent to owner, the maximum security deposit allowed under applicable state and/or local law, or the actual security deposit required by the owner. The PHA may pay the security deposit assistance directly to the owner or may pay the assistance to the family. If paid to the family, the PHA will require documentation that the family paid the security deposit.

HRA will provide assistance with the Security Deposit, up to one full months rent, if requested by the applicant. These fees will be paid directly to the landlord. If the applicant has already paid these fees they will be reimbursed after documentation has been received showing the amount paid. The applicant/tenant will be able to keep the security deposit when they vacate the unit.

Utility deposit assistance/utility arrears. The PHA may provide utility deposit assistance for some or all of the family's utility deposit expenses. Assistance can be provided for deposits (including connection fees) required for the utilities to be supplied by the tenant under the lease. The PHA may pay the utility deposit assistance directly to the utility company or may pay the assistance to the family. If paid to the family, the PHA will require documentation the family paid the utility deposit. The PHA will require the utility supplier or family to return the utility deposit assistance to the PHA at such time the deposit is returned by the utility supplier (less any amounts retained by the utility supplier). In addition, some families may have large balances with gas, electric, water, sewer, or trash companies that will make it difficult if not impossible to establish services for tenant-supplied utilities. The PHA may also provide the family with assistance to help address these utility arrears to facilitate leasing. Utility deposit assistance returned to the PHA will be used for either services fee eligible uses or other EHV administrative costs, as required by HUD.

HRA will provide assistance with utility arrears, if requested by the applicant. These fees will be paid directly to the utility company. If the applicant has already paid these fees they will be reimbursed after documentation has been received showing the amount paid.

Owner recruitment and outreach for EHV's. The PHA may use the service fee funding to conduct owner recruitment and outreach specifically for EHV's. In addition to traditional owner recruitment and outreach, activities may include conducting pre-inspections or otherwise expediting the inspection process, providing enhanced customer service, and offering owner incentive and/or retention payments.

Owner incentive and/or retention payments. The PHA may make incentive or retention payments to owners that agree to initially lease their unit to an EHV family and/or renew the lease of an EHV family.

Payments will be made as a single payment at the beginning of the assisted lease term (or lease renewal if a retention payment). Owner incentive and retentions payments are not housing assistance payments, are not part of the rent to owner, and are not taken into consideration when determining whether the rent for the unit is reasonable.

HRA will pay a one-time \$500 incentive payment to the landlord for leasing up a new EHV family in one of their units. The payment will be made once a completed contract package has been received.

Moving expenses (including move-in fees and deposits). The PHA may provide assistance for some or all of the family's reasonable moving expenses when they initially lease a unit with the EHV. The PHA will not provide moving expenses assistance for subsequent moves unless the family is required to move for reasons other than something the family did or failed to do (e.g., the PHA is terminating the HAP contract because the owner did not fulfill the owner responsibilities under the HAP contract or the owner is refusing to offer the family the opportunity to enter a new lease after the initial lease term, as opposed to the family choosing to terminate the tenancy in order to move to another unit), or a family has to move due to domestic violence, dating violence, sexual assault, or stalking.

HRA will provide assistance with moving expenses. These expenses may include the rental of moving equipment or a moving company.

Tenant-readiness services. The PHA may use fees to help create a customized plan to address or mitigate barriers that individual families may face in renting a unit with an EHV, such as negative credit, lack of credit, negative rental or utility history, or to connect the family to other community resources (including COVID-related resources) that can assist with rental arrears.

HRA will not provide assistance with Tenant-readiness services

Essential household items. The PHA may use services fee funding to assist the family with some or all of the costs of acquiring essential household items such as tableware, cooking equipment, beds or bedding, and essential sanitary products such as soap and toiletries.

The following is a list (non-exhaustive) of essential household items HRA will provide as needed and requested by the family: mattress, box spring, bed frame, sheets, blankets, comforter, pillows, kitchen table and chairs, plates, bowls, cups, silverware, pot and pans, bakeware, microwave, kitchen utensils, trash can, trash bags, sofa, dressers, lamps, towels, shower curtain, toilet paper, toilet plunger and cleaning supplies.

Renter's insurance if required by the lease. The PHA may choose to assist the family with some or all this cost.

HRA will not provide assistance with renter's insurance.

Any services fee assistance that is returned to the PHA after its initial or subsequent use may only be applied to the eligible services fee uses defined in Notice PIH 2021-15 (or subsequent notice) or other EHV administrative costs. Any amounts not expended for these eligible uses when the PHA's EHV program ends must be remitted to HUD.

PART II: PARTNERING AGENCIES

TPS-II.A. CONTINUUM OF CARE (CoC)

PHAs that accept an allocation of EHV's are required to enter into a Memorandum of Understanding (MOU) with the Continuum of Care (CoC) to establish a partnership for the administration of EHV's.

PHA Policy

HRA has entered into an MOU with the Tri County Continuum of Care (CoC). See Exhibit TPS-1 for a copy of the MOU.

TPS-II.B. OTHER PARTNERING ORGANIZATIONS

The PHA may, but is not required to, partner with other organizations trusted by persons experiencing homelessness, such as victim services providers (VSPs) and other community partners. If the PHA chooses to partner with such agencies, the PHA must either enter into an MOU with the partnering agency or the partnering agency may be added to the MOU between the PHA and CoC.

PHA Policy

The PHA has added Safe Passage, NELWCIT, Salasin Center, and Elizabeth Freeman Center to the MOU between the PHA and CoC. See Exhibit TPS-1 for a copy of the MOU.

TPS-II.C. REFERRALS

CoC and Partnering Agency Referrals

The primary responsibility of the CoC under the MOU with the PHA is to make direct referrals of qualifying individuals and families to the PHA. The PHA must generally refer a family that is seeking EHV assistance directly from the PHA to the CoC or other referring agency for initial intake, assessment, and possible referral for EHV assistance. Partner CoCs are responsible for determining whether the family qualifies under one of the four eligibility categories for EHV's. The CoC or other direct referral partner must provide supporting documentation to the PHA of the referring agency's verification that the family meets one of the four eligible categories for EHV assistance.

PHA Policy

The CoC or partnering agency must establish and implement a system to identify EHV-eligible individuals and families within the agency's caseload and make referrals to the PHA. The CoC or other partnering agency must certify that the EHV applicants they refer to the PHA meet at least one of the four EHV eligibility criteria. The PHA will maintain a copy of the referral or certification from the CoC or other partnering agency in the participant's file along with other eligibility paperwork. Homeless service providers may, but are not required to, use the certification form found in Exhibit TPS-2 of this chapter. Victim services providers may, but are not required to, use the certification form found in Exhibit TPS-3 of this chapter when identifying eligible families who qualify as victims of human trafficking.

As part of the MOU, the PHA and CoC or other partnering agency will identify staff positions to serve as lead EHV liaisons. These positions will be responsible for transmission and acceptance of referrals. The CoC or partnering agency must commit sufficient staff and resources to ensure eligible individuals and families are identified and determined eligible in a timely manner.

The PHA liaison responsible for acceptance of referrals will contact the CoC or partnering agency liaison via email indicating the number of vouchers available and requesting an appropriate number of referrals. No more than five business days from the date the CoC or partnering agency receives this notification, the CoC or partnering agency liaison will provide the PHA with a list of eligible referrals including the name, address, and contact phone number for each adult individual who is being referred; a completed release form for each adult family member; and a written certification for each referral indicating they are EHV-eligible.

Offers of Assistance with CoC Referral

The PHA may make an EHV available without a referral from the CoC or other partnering organization in order to facilitate an emergency transfer under VAWA in accordance with the PHA's Emergency Transfer Plan (ETP) in Chapter 16.

The PHA must also take direct referrals from outside the CoC if:

- The CoC does not have a sufficient number of eligible families to refer to the PHA; or
- The CoC does not identify families that may be eligible for EHV assistance because they are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking or human trafficking.

If at any time the PHA is not receiving enough referrals or is not receiving referrals in a timely manner from the CoC or other partner referral agencies (or the PHA and CoC cannot identify any such alternative referral partner agencies), HUD may permit the PHA on a temporary or permanent basis to take EHV applications directly from applicants and admit eligible families to the EHV program in lieu of or in addition to direct referrals in those circumstances.

PART III: WAITING LIST MANAGEMENT

TPS-III. A. HCV WAITING LIST

The regulation that requires the PHA to admit applicants as waiting list admissions or special admissions in accordance with admission policies in Chapter 4 does not apply to PHAs operating the EHV program. Direct referrals are not added to the PHA's HCV waiting list.

The PHA must inform families on the HCV waiting list of the availability of EHV's by, at a minimum, either by posting the information to their website or providing public notice in their respective communities in accordance with the requirements listed in Notice PIH 2021-15.

PHA Policy

The PHA will post information about the EHV program for families on the PHA's HCV waiting list on their website. The notice will:

- Describe the eligible populations to which EHV's are limited

- Clearly state that the availability of these EHV's is managed through a direct referral process

- Advise the family to contact the CoC (or any other PHA referral partner, if applicable) if the family believes they may be eligible for EHV assistance

The PHA will ensure effective communication with persons with disabilities, including those with vision, hearing, and other communication-related disabilities in accordance with Chapter 2. The PHA will also take reasonable steps to ensure meaningful access for persons with limited English proficiency (LEP) in accordance with Chapter 2.

TPS-III.B. EHV WAITING LIST

The HCV regulations requiring the PHA to operate a single waiting list for admission to the HCV program do not apply to PHAs operating the EHV program. Instead, when the number of applicants referred by the CoC or partnering agency exceeds the EHV's available, the PHA must maintain a separate waiting list for EHV referrals, both at initial leasing and for any turnover vouchers that may be issued prior to September 30, 2023.

Further, the EHV waiting list is not subject to PHA policies in Chapter 4 regarding opening and closing the HCV waiting list. The PHA will work directly with its CoC and other referral agency partners to manage the number of referrals and the size of the EHV waiting list.

TPS-III.C. PREFERENCES

HCV Waiting List Preferences

If local preferences are established by the PHA for HCV, they do not apply to EHV. However, if the PHA has a homeless preference or a VAWA preference for the HCV waiting list, the PHA must adopt additional policies related to EHV in accordance with Notice PIH 2021-15.

PHA Policy

The PHA does not offer either a homeless or a VAWA preference for the HCV waiting list.

EHV Waiting List Preferences

With the exception of a residency preference, the PHA may choose, in coordination with the CoC and other referral partners, to establish separate local preferences for EHV. The PHA may, however, choose to not establish any local preferences for the EHV waiting list.

PHA Policy

HRA will have a local preference for those living in Franklin County, Athol and Amherst.

PART IV: FAMILY ELIGIBILITY

TPS-IV.A. OVERVIEW

The CoC or referring agency determines whether the individual or family meets any one of the four eligibility criteria described in Notice PIH 2021-15 and then refers the family to the PHA. The PHA determines that the family meets other eligibility criteria for the HCV program, as modified for the EHV program and outlined below.

TPS-IV.B. REFERRING AGENCY DETERMINATION OF ELIGIBILITY

In order to be eligible for an EHV, an individual or family must meet one of four eligibility criteria:

- Homeless as defined in 24 CFR 578.3;
- At risk of homelessness as defined in 24 CFR 578.3;
- Fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking (as defined in Notice PIH 2021-15), or human trafficking (as defined in the 22 U.S.C. Section 7102); or
- Recently homeless and for whom providing rental assistance will prevent the family's homelessness or having high risk of housing instability as determined by the CoC or its designee in accordance with the definition in Notice PIH 2021-15.

As applicable, the CoC or referring agency must provide documentation to the PHA of the referring agency's verification that the family meets one of the four eligible categories for EHV assistance. The PHA must retain this documentation as part of the family's file.

TPS-IV.C. PHA SCREENING

Overview

HUD waived 24 CFR 982.552 and 982.553 in part for the EHV applicants and established alternative requirement for mandatory and permissive prohibitions of admissions. Except where applicable, PHA policies regarding denials in Chapter 3 of this policy do not apply to screening individuals and families for eligibility for an EHV. Instead, the EHV alternative requirement listed in this section will apply to all EHV applicants.

The mandatory and permissive prohibitions listed in Notice PIH 2021-15 and in this chapter, however, apply only when screening the individual or family for eligibility for an EHV. When adding a family member after the family has been placed under a HAP contract with EHV assistance, the regulations at 24 CFR 982.551(h)(2) apply. Other than the birth, adoption, or court-awarded custody of a child, the PHA must approve additional family members and may apply its regular HCV screening criteria in Chapter 3 in doing so.

Mandatory Denials

Under alternative requirements for the EHV program, mandatory denials for EHV applicants include:

- 24 CFR 982.553(a)(1)(ii)(C), which prohibits admission if any household member has ever been convicted of drug-related criminal activity for manufacture or production of methamphetamine on the premises of federally assisted housing.
- 24 CFR 982.553(a)(2)(i), which prohibits admission to the program if any member of the household is subject to a lifetime registration requirement under a state sex offender registration program.

The PHA must deny admission to the program if any member of the family fails to sign and submit consent forms for obtaining information as required by 24 CFR 982.552(b)(3) but should notify the family of the limited EHV grounds for denial of admission first.

PHA Policy

While the PHA will deny admission to the program if any adult member (or head of household or spouse, regardless of age) fails to sign and submit consent forms, the PHA will first notify the family of the limited EHV grounds for denial of admission as part of the notice of denial that will be mailed to the family.

Permissive Denial

Notice PIH 2021-15 lists permissive prohibitions for which the PHA may, but is not required to, deny admission to EHV families. The notice also lists prohibitions that, while allowable under the HCV program, may not be used to deny assistance for EHV families.

If the PHA intends to establish permissive prohibition policies for EHV applicants, the PHA must first consult with its CoC partner to understand the impact that the proposed prohibitions may have on referrals and must take the CoC's recommendations into consideration.

PHA Policy

In consultation with the CoC, the PHA will apply permissive prohibition to the screening of EHV applicants. Determinations using permissive prohibitions will be made based on an individualized assessment of relevant mitigating information in accordance with policies in Section 3-III.E.

The PHA will establish the following permissive prohibitions:

If the PHA determines that any household member is currently engaged in, or has engaged in within the previous 12 months:

Violent criminal activity

Other criminal activity that may threaten the health, safety, or right to peaceful enjoyment of the premises by other residents or persons residing in the immediate vicinity

If any member of the family has committed fraud, bribery, or any other corrupt or criminal act in connection with any federal housing program within the previous 12 months.

If the family engaged in or threatened abusive or violent behavior toward PHA personnel within the previous 12 months.

The PHA will also deny assistance to household members already receiving assistance from another program in accordance with Section 9.h. of Notice PIH 2021-15.

Prohibitions based on criminal activity for the eligible EHV populations regarding drug possession will be considered apart from criminal activity against persons (i.e., violent criminal activity).

In compliance with PIH 2021-15, the PHA **will not** deny an EHV applicant admission regardless of whether:

Any member of the family has been evicted from federally assisted housing in the last five years;

A PHA has ever terminated assistance under the program for any member of the family;

The family currently owes rent or other amounts to the PHA or to another PHA in connection with Section 8 or public housing assistance under the 1937 Act;

The family has not reimbursed any PHA for amounts paid to an owner under a HAP contract for rent, damages to the unit, or other amounts owed by the family under the lease;

The family breached an agreement with the PHA to pay amounts owed to a PHA, or amounts paid to an owner by a PHA;

The family would otherwise be prohibited admission under alcohol abuse standards established by the PHA in accordance with 24 CFR 982.553(a)(3);

The PHA determines that any household member is currently engaged in or has engaged in during a reasonable time before the admission, drug-related criminal activity.

TPS-IV.D. INCOME VERIFICATION AT ADMISSION

Self-Certification at Admission

The requirement to obtain third-party verification of income in accordance with Notice PIH 2018-18 does not apply to the EHV program applicants at admission, and alternatively, PHAs may consider self-certification the highest form of income verification at admission. As such, PHA policies related to the verification of income in Section 7-I.B. do not apply to EHV families at admission. Instead, applicants must submit an affidavit attesting to their reported income, assets, expenses, and other factors that would affect an income eligibility determination.

Additionally, applicants may provide third-party documentation that represents the applicant's income within the 60-day period prior to admission or voucher issuance but is not dated within 60 days of the PHA's request.

PHA Policy

Any documents used for verification must be the original (not photocopies) and received within the 60-day period prior to admission. The documents must not be damaged, altered, or in any way illegible.

Printouts from webpages are considered original documents.

Any family self-certifications must be made in a format acceptable to the PHA and must be signed by the family member whose information or status is being verified.

The PHA will incorporate additional procedures to remind families of the obligation to provide true and complete information in accordance with Chapter 14. The PHA will address any material discrepancies (i.e., unreported income or a substantial difference in reported income) that may arise later. The PHA may, but is not required to, offer the family a repayment agreement in accordance with Chapter 16. If the family fails to repay the excess subsidy, the PHA will terminate the family's assistance in accordance with the policies in Chapter 12.

Recently Conducted Income Determinations

PHAs may accept income calculations and verifications from third-party providers or from an examination that the PHA conducted on behalf of the family for another subsidized housing program in lieu of conducting an initial examination of income as long as:

- The income was calculated in accordance with rules outlined at 24 CFR Part 5 and within the last six months; and
- The family certifies there has been no change in income or family composition in the interim.

PHA Policy

The PHA will accept income calculations and verifications from third-party providers provided they meet the criteria outlined above.

The family certification must be made in a format acceptable to the PHA and must be signed by all adult family members whose information or status is being verified.

At the time of the family's annual reexamination the PHA must conduct the annual reexamination of income as outlined at 24 CFR 982.516 and PHA policies in Chapter 11.

EIV Income Validation

Once HUD makes the EIV data available to PHAs under this waiver and alternative requirement, the PHA must:

- Review the EIV Income and Income Validation Tool (IVT) reports to confirm and validate family-reported income within 90 days of the PIC submission date;
- Print and maintain copies of the EIV Income and IVT Reports in the tenant file; and
- Resolve any income discrepancy with the family within 60 days of the EIV Income or IVT Report dates.

Prior to admission, PHAs must continue to use HUD's EIV system to search for all household members using the Existing Tenant Search in accordance with PHA policies in Chapter 3.

If a PHA later determines that an ineligible family received assistance, the PHA must take steps to terminate that family from the program in accordance with Chapter 12.

TPS-IV.E. SOCIAL SECURITY NUMBER AND CITIZENSHIP STATUS VERIFICATION

For the EHV program, the PHA is not required to obtain and verify SSN documentation and documentation evidencing eligible noncitizen status before admitting the family to the EHV program. Instead, PHAs may adopt policies to admit EHV applicants who are unable to provide the required SSN or citizenship documentation during the initial eligibility determination. As an alternative requirement, such individuals must provide the required documentation within 180 days of admission to be eligible for continued assistance, pending verification, unless the PHA provides an extension based on evidence from the family or confirmation from the CoC or other partnering agency that the family has made a good-faith effort to obtain the documentation.

If a PHA determines that an ineligible family received assistance, the PHA must take steps to terminate that family from the program.

PHA Policy

The PHA will admit EHV applicants who are unable to provide the required SSN or citizenship documentation during the initial eligibility determination. These individuals must provide the required documentation in accordance with policies in Chapter 7 within 180 days of admission. The PHA may provide an additional 60-day extension based on evidence from the family or confirmation from the CoC or other partnering agency that the family has made a good-faith effort to obtain the documentation.

If the PHA determines that an ineligible family received assistance, the PHA will take steps to terminate that family from the program in accordance with policies in Chapter 12.

TPS-IV.F. AGE AND DISABILITY VERIFICATION

PHAs may accept self-certification of date of birth and disability status if a higher level of verification is not immediately available. If self-certification is used, the PHA must obtain a higher level of verification within 90 days of admission or verify the information in EIV.

If a PHA determines that an ineligible family received assistance, the PHA must take steps to terminate that family from the program.

PHA Policy

The PHA will accept self-certification of date of birth and disability status if a higher form of verification is not immediately available. The certification must be made in a format acceptable to the PHA and must be signed by the family member whose information or status is being verified. If self-certification is accepted, within 90 days of admission, the PHA will verify the information in EIV or through other third-party verification if the information is not available in EIV. The PHA will note the family's file that self-certification was used as initial verification and include an EIV printout or other third-party verification confirming the applicant's date of birth and/or disability status.

If the PHA determines that an ineligible family received assistance, the PHA will take steps to terminate that family from the program in accordance with policies in Chapter 12.

TPS-IV.G. INCOME TARGETING

The PHA must determine income eligibility for EHV families in accordance with 24 CFR 982.201 and PHA policy in Chapter 3; however, income targeting requirements do not apply for EHV families. The PHA may still choose to include the admission of extremely low-income EHV families in its income targeting numbers for the fiscal year in which these families are admitted.

PHA Policy

The PHA will not include the admission of extremely low-income EHV families in its income targeting numbers for the fiscal year in which these families are admitted.

PART V: HOUSING SEARCH AND LEASING

TPS-V.A. INITIAL VOUCHER TERM

Unlike the standard HCV program, which requires an initial voucher term of at least 60 days, EHV vouchers must have an initial search term of at least 120 days. PHA policies on extensions as outlined in Section 5-II.E. will apply.

PHA Policy

All EHV's will have an initial term of 120 calendar days.

The family must submit a Request for Tenancy Approval and proposed lease within the 120-day period unless the PHA grants an extension.

An additional 30 day extension may be approved. The applicant must complete and submit the Request for a Voucher Extension form prior to the voucher expiration date.

TPS-V.B. HOUSING SEARCH ASSISTANCE

The PHA must ensure housing search assistance is made available to EHV families during their initial housing search. The housing search assistance may be provided directly by the PHA or through the CoC or another partnering agency or entity.

At a minimum, housing search assistance must:

- Help individual families identify potentially available units during their housing search, including physically accessible units with features for family members with disabilities, as well as units in low-poverty neighborhoods;
- Provide transportation assistance and directions to potential units;
- Conduct owner outreach;
- Assist with the completion of rental applications and PHA forms; and
- Help expedite the EHV leasing process for the family

PHA Policy

As identified in the MOU between the PHA and CoC, the following housing search assistance will be provided to each EHV family:

The PHA will:

Conduct owner outreach in accordance with policies in Chapter 13

Provide directions to potential units as part of the EHV briefing packet

Expedite the EHV leasing process for the family to the extent practicable and in accordance with policies in this chapter

At least every 30 days, conduct proactive check-ins via email and telephone with families who are searching with an EHV and remind them of their voucher expiration date

Assign a dedicated landlord liaison for EHV voucher families

The CoC will:

Help families identify potentially available units during their housing search, including physically accessible units with features for family members with disabilities, as well as units in low-poverty neighborhoods

Provide transportation assistance to potential units

Assist the family with the completion of rental applications and PHA forms

TPS-V.C. HQS PRE-INSPECTIONS

To expedite the leasing process, PHAs may pre-inspect available units that EHV families may be interested in leasing in order to maintain a pool of eligible units.

PHA Policy

To expedite the leasing process, the PHA may pre-inspect available units that EHV families may be interested in leasing to maintain a pool of eligible units. If an EHV family selects a unit that passed a HQS pre-inspection (without intervening occupancy) within 45 days of the date of the Request for Tenancy Approval, the unit may be approved provided that it meets all other conditions under 24 CFR 982.305.

The family will be free to select his or her unit.

When a pre-inspected unit is not selected, the PHA will make every effort to fast-track the inspection process, including adjusting the normal inspection schedule for any required reinspections.

TPS-V.D. INITIAL LEASE TERM

Unlike in the standard the HCV program, EHV voucher holders may enter into an initial lease that is for less than 12 months, regardless of the PHA policy in Section 9-I.E., Term of Assisted Tenancy.

TPS-V.E. PORTABILITY

The normal HCV portability procedures and requirements outlined in Chapter 10 generally apply to EHV. Exceptions are addressed below.

Nonresident Applicants

Under EHV, applicant families may move under portability even if the family did not have legal residency in the jurisdiction of the initial PHA when they applied, regardless of PHA policy in Section 10-II.B.

Billing and Absorption

A receiving PHA cannot refuse to assist an incoming EHV family, regardless of whether the PHA administers EHV under its own ACC.

- If the EHV family moves under portability to another PHA that administers EHV under its own ACC:
 - The receiving PHA may only absorb the incoming EHV family with an EHV (assuming it has an EHV voucher available to do so).
 - If the PHA does not have an EHV available to absorb the family, it must bill the initial PHA. The receiving PHA must allow the family to lease the unit with EHV assistance and may not absorb the family with a regular HCV when the family leases the unit.
 - Regardless of whether the receiving PHA absorbs or bills the initial PHA for the family's EHV assistance, the EHV administration of the voucher is in accordance with the receiving PHA's EHV policies.
- If the EHV family moves under portability to another PHA that does not administer EHV under its own ACC, the receiving PHA may absorb the family into its regular HCV program or may bill the initial PHA.

Family Briefing

In addition to the applicable family briefing requirements at 24 CFR 982.301(a)(2) as to how portability works and how portability may affect the family's assistance, the initial PHA must inform the family how portability may impact the special EHV services and assistance that may be available to the family.

The initial PHA is required to help facilitate the family's portability move to the receiving PHA and inform the family of this requirement in writing, taking reasonable steps to ensure meaningful access for persons with limited English proficiency (LEP).

PHA Policy

In addition to following PHA policy on briefings in Chapter 5, as part of the briefing packet for EHV families, the PHA will include a written notice that the PHA will assist the family with moves under portability.

For limited English proficient (LEP) applicants, the PHA will provide interpretation services in accordance with the PHA's LEP plan (See Chapter 2).

Coordination of Services

If the portability move is in connection with the EHV family's initial lease-up, the receiving PHA and the initial PHA must consult and coordinate on the EHV services and assistance that will be made available to the family.

PHA Policy

For EHV families who are exercising portability, when the PHA contacts the receiving PHA in accordance with Section 10-II.B. Preapproval Contact with Receiving PHA, the PHA will consult and coordinate with the receiving PHA to ensure there is no duplication of EHV services and assistance, and ensure the receiving PHA is aware of the maximum amount of services fee funding that the initial PHA may provide to the receiving PHA on behalf of the family.

Services Fee

Standard portability billing arrangements apply for HAP and ongoing administrative fees for EHV families.

For service fees funding, the amount of the service fee provided by the initial PHA may not exceed the lesser of the actual cost of the services and assistance provided to the family by the receiving PHA or \$1,750, unless the initial PHA and receiving PHA mutually agree to change the \$1,750 cap. Service fees are paid as follows:

- If the receiving PHA, in consultation and coordination with the initial PHA, will provide eligible services or assistance to the incoming EHV family, the receiving PHA may be compensated for those costs by the initial PHA, regardless of whether the receiving PHA bills or absorbs.
- If the receiving PHA administers EHV, the receiving PHA may use its own services fee and may be reimbursed by the initial PHA, or the initial PHA may provide the services funding upfront to the receiving PHA for those fees and assistance.
- If the receiving PHA does not administer EHV, the initial PHA must provide the services funding upfront to the receiving PHA. Any amounts provided to the receiving PHA that are not used for services or assistance on behalf of the EHV family must promptly be returned by the receiving PHA to the initial PHA.

Placement Fee/Issuance Reporting Fee

If the portability lease-up qualifies for the placement fee/issuance reporting fee, the receiving PHA receives the full amount of the placement component of the placement fee/issuing reporting fee. The receiving PHA is eligible for the placement fee regardless of whether the receiving PHA bills the initial PHA or absorbs the family into its own program at initial lease-up. The initial PHA qualifies for the issuance reporting component of the placement fee/issuance reporting fee, as applicable.

TPS-V.F. PAYMENT STANDARDS

Payment Standard Schedule

For the EHV program, HUD has waived the regulation requiring a single payment standard for each unit size. Instead, the PHA may, but is not required to, establish separate higher payment standards for EHV. Lower EHV payment standards are not permitted. If the PHA is increasing the regular HCV payment standard, the PHA must also increase the EHV payment standard if it would be otherwise lower than the new regular HCV payment standard. The separate EHV payment standard must comply with all other HCV requirements with the exception of the alternative requirements discussed below.

Further, if the PHA chooses to establish higher payments standards for EHV, HUD has provided other regulatory waivers:

- Defining the “basic range” for payment standards as between 90 and 120 percent of the published Fair Market Rent (FMR) for the unit size (rather than 90 to 110 percent).
- Allowing a PHA that is not in a designated Small Area FMR (SAFMR) area or has not opted to voluntarily implement SAFMRs to establish exception payment standards for a ZIP code area above the basic range for the metropolitan FMR based on the HUD published SAFMRs. The PHA may establish an exception payment standard up to 120 percent (as opposed to 110 percent) of the HUD published Small Area FMR for that ZIP code area. The exception payment standard must apply to the entire ZIP code area.
 - The PHA must notify HUD if it establishes an EHV exception payment standard based on the SAFMR.

PHA Policy

The PHA will establish a higher payment standard amount for EHV. The PHA will use 119.9% of HUD’s FMR for all jurisdictions across Massachusetts.

Rent Reasonableness

All rent reasonableness requirements apply to EHV units, regardless of whether the PHA has established an alternative or exception EHV payment standard.

Increases in Payment Standards

The requirement that the PHA apply increased payment standards at the family’s first regular recertification on or after the effective date of the increase does not apply to EHV. The PHA may, but is not required to, establish an alternative policy on when to apply the increased payment standard, provided the increased payment standard is used to calculate the HAP no later than the effective date of the family’s first regular reexamination following the change.

PHA Policy

The PHA will not establish an alternative policy for increases in the payment standard. PHA policy in Section 11-III.B. governing increases in payment standards will apply to EHV.

TPS-V.G. TERMINATION OF VOUCHERS

After September 30, 2023, a PHA may not reissue EHV when assistance for an EHV-assisted family ends. This means that when an EHV participant (a family that is receiving rental assistance under a HAP contract) leaves the program for any reason, the PHA may not reissue that EHV to another family unless it does so no later than September 30, 2023.

If an applicant family that was issued the EHV is unsuccessful in finding a unit and the EHV expires after September 30, 2023, the EHV may not be reissued to another family.

All EHV under lease on or after October 1, 2023, may not under any circumstances be reissued to another family when the participant leaves the program for any reason.

An EHV that has never been issued to a family may be initially issued and leased after September 30, 2023, since this prohibition only applies to EHV that are being reissued upon turnover after assistance to a family has ended. However, HUD may direct PHAs administering EHV to cease leasing any unleased EHV if such action is determined necessary by HUD to ensure there will be sufficient funding available to continue to cover the HAP needs of currently assisted EHV families.

PART VI: USE OF FUNDS, REPORTING, AND FINANCIAL RECORDS

EHV funds allocated to the PHA for HAP (both funding for the initial allocation and HAP renewal funding) may only be used for eligible EHV HAP purposes. EHV HAP funding obligated to the PHA may not be used for EHV administrative expenses or the other EHV eligible expenses under this notice. Likewise, EHV administrative fees and funding obligated to the PHA are to be used for those purposes and must not be used for HAP.

The appropriated funds for EHV are separate from the regular HCV program and may not be used for the regular HCV program but may only be expended for EHV eligible purposes. EHV HAP funds may not roll into the regular HCV restricted net position (RNP) and must be tracked and accounted for separately as EHV RNP. EHV administrative fees and funding for other eligible expenses permitted by Notice PIH 2021-15 may only be used in support of the EHV and cannot be used for regular HCVs. EHV funding may not be used for the repayment of debts or any amounts owed to HUD by HUD program participants including, but not limited to, those resulting from Office of Inspector General (OIG), Quality Assurance Division (QAD), or other monitoring review findings.

The PHA must comply with EHV reporting requirements in the Voucher Management System (VMS) and Financial Data Schedule (FDS) as outlined in Notice PIH 2021-15.

The PHA must maintain complete and accurate accounts and other records for the program and provide HUD and the Comptroller General of the United States full and free access to all accounts and records that are pertinent the administration of the EHV in accordance with the HCV program requirements at 24 CFR 982.158.

Exhibit TPS-1: MEMORANDUM OF UNDERSTANDING (MOU)

Attachment 2 of Notice PIH 2021-15 - Sample MOU Template

Memorandum of Understanding

[** This sample document demonstrates the Memorandum of Understanding requirements for the administration Emergency Housing Voucher. Unless otherwise noted, all elements are required. **]

This Memorandum of Understanding (MOU) has been created and entered into on
[** Insert execution date. **].

[PHA Name and Address]

[CoC Name and Address]

- I. Introduction and Goals (the following elements, listed in a. – c., are required elements of the MOU):
- a. PHA and CoC’s commitment to administering the EHV’s in accordance with all program requirements.
 - b. PHA goals and standards of success in administering the program.
 - c. Identification of staff position at the PHA and CoC who will serve as the lead EHV liaisons.

Lead HCV Liaison:

[Name and title of PHA staff position]

Responsibilities of the PHA EHV liaison ***[**Optional**]***.

[Name and title of CoC staff position]

Responsibilities of the CoC EHV liaison ***[**Optional**]***.

- II. Define the populations eligible for EHV assistance to be referred by CoC.

III. Services to be provided to eligible EHV families

1. List the services to be provided to assist individuals and families have success in the program and who will provide them.

[**The following services are listed for example purposes. **]

1. Partnering service providers will support individuals and families in completing applications and obtaining necessary supporting documentation to support referrals and applications for assistance; while aiding households in addressing barriers.
2. Partnering service providers will support PHAs in ensuring appointment notifications to eligible individuals and families and will assist eligible households in getting to meetings with the PHA.
3. PHAs will establish windows of time for EHV applicants to complete intake interviews for EHV.
4. Partnering service providers will provide housing search assistance for eligible individuals and families.
5. Partnering service providers will provide counseling on compliance with rental lease requirements.
6. Partnering service providers will assess individuals and families who may require referrals for assistance on security deposits, utility hook-up fees, and utility deposits.
7. Partnering service providers will assess and refer individuals and families to benefits and supportive services, where applicable.

IV. PHA Roles and Responsibilities

[**The following responsibilities are listed for example purposes. **]

1. Coordinate and consult with the CoC in developing the services and assistance to be offered under the EHV services fee.
2. Accept direct referrals for eligible individuals and families through the CoC Coordinated Entry System.
3. Commit a sufficient number of staff and necessary resources to ensure that the application, certification, and voucher issuance processes are completed in a timely manner.
4. Commit a sufficient number of staff and resources to ensure that inspections of units are completed in a timely manner.
5. Designate a staff to serve as the lead EHV liaison.
6. Comply with the provisions of this MOU.

V. CoC Roles and Responsibilities

[**The following responsibilities are listed for example purposes. **]

1. Designate and maintain a lead EHV liaison to communicate with the PHA.
2. Refer eligible individuals and families to PHA using the community's coordinated entry system.
3. Support eligible individuals and households in completing and applying for supportive documentation to accompany admissions application to the PHA (i.e. self-certifications, birth certificate, social security card, etc.).
4. Attend EHV participant briefings when needed.
5. Assess all households referred for EHV for mainstream benefits and supportive services available to support eligible individuals and families through their transition.
6. Identify and provide supportive services to EHV families. (While EHV participants are not required to participate in services, the CoC should assure that services are available and accessible.)
7. Comply with the provisions of this MOU.

VI. Third Party Entity Roles Responsibilities

[**The following responsibilities are listed for example purposes. **]

1. Describe how the State, local, philanthropic, faith-based organizations, Victim Service Providers or CoC recipients it designates will fulfill each of the following responsibilities:
 - a. Outline resource and/or service being provided in support of the community's EHV Program. Commit a sufficient number of staff and necessary resources to ensure that the application, certification and voucher issuance processes are completed in a timely manner.
 - b. Comply with the provisions of this MOU. VII. Program Evaluation

The PHA, and CoC or designated CoC recipient agree to cooperate with HUD, provide requested data to HUD or HUD-approved contractor delegated the responsibility of program evaluation protocols established by HUD or HUD-approved contractor, including possible random assignment procedures.

[Signed and dated by the official representatives of the PHA, CoC, CoC Contractor organization (if applicable), and third-party entities (if applicable).]

Signed by

Executive Director, PHA

Date

CoC Executive Director

Date

Exhibit TPS-2: HOMELESS PROVIDER'S CERTIFICATION

Attachment 3 of Notice PIH 2021-15 Example of a Homeless Provider's Certification

Emergency Housing Voucher (EHV)

HOMELESS CERTIFICATION

EHV Applicant Name: _____

Household without dependent children (complete one form for each adult in the household)

Household with dependent children (complete one form for household)

Number of persons in the household: _____

This is to certify that the above named individual or household meets the following criteria based on the check mark, other indicated information, and signature indicating their current living situation-

Check only one box and complete only that section

Living Situation: place not meant for human habitation (e.g., cars, parks, abandoned buildings, streets/sidewalks)

The person(s) named above is/are currently living in (or, if currently in hospital or other institution, was living in immediately prior to hospital/institution admission) a public or private place not designed for, or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus station, airport, or camp ground.

Description of current living situation:

Homeless Street Outreach Program

Name: _____

This certifying agency must be recognized by the local Continuum of Care (CoC) as an agency that has a program designed to serve persons living on the street or other places not meant for human habitation. Examples may be street outreach workers, day shelters, soup kitchens, Health Care for the Homeless sites, etc.

Authorized Agency Representative Signature: _____

Date: _____

Living Situation: Emergency Shelter

The person(s) named above is/are currently living in (or, if currently in hospital or other institution, was living in immediately prior to hospital/institution admission) a supervised publicly or privately operated shelter as follows:

Emergency Shelter Program Name: _____

This emergency shelter must appear on the CoC's Housing Inventory Chart submitted as part of the most recent CoC Homeless Assistance application to HUD or otherwise be recognized by the CoC as part of the CoC inventory (e.g., newly established Emergency Shelter).

Authorized Agency Representative Signature: _____ Date
: _____

Living Situation: Recently Homeless

The person(s) named above is/are currently receiving financial and supportive services for persons who are homeless. Loss of such assistance would result in a return to homelessness (ex. Households in Rapid Rehousing Programs, residents of Permanent Supportive Housing Programs participating in Moving On, etc.)

Authorized Agency Representative Signature: _____

This referring agency must appear on the CoC's Housing Inventory Chart submitted as part of the most recent CoC Homeless Assistance application to HUD or otherwise be recognized by the CoC as part of the CoC inventory.

Immediately prior to entering the household's current living situation, the person(s) named above was/were residing in:

emergency shelter OR a place unfit for human habitation

Authorized Agency Representative Signature: _____
Date: _____

Exhibit TPS-3: EXAMPLE OF A VICTIM SERVICES PROVIDER'S CERTIFICATION

Attachment 4 of Notice PIH 2021-15: Example of a Victim Services Provider's Certification

Emergency Housing Voucher (EHV)

SAMPLE HUMAN TRAFFICKING CERTIFICATION

Purpose of Form:

The Victims of Trafficking and Violence Protection Act of 2000 provides assistance to victims of trafficking making housing, educational health care, job training and other Federally-funded social service programs available to assist victims in rebuilding their lives.

Use of This Optional Form:

In response to this request, the service provider may complete this form and submit it to the Public Housing Agency (PHA) to certify eligibility for EHV assistance.

Confidentiality: All information provided to the service provider concerning the incident(s) of human trafficking shall be kept confidential and such details shall not be entered into any shared database. Employees of the PHA will not have access to these details, and such employees may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) consented to by you in writing in a time-limited release; (ii) required for use in an eviction proceeding or hearing regarding termination of assistance; or (iii) otherwise required by applicable law.

TO BE COMPLETED ON BEHALF OF HUMAN TRAFFICKING SURVIVOR

EHV Applicant Name: _____

This is to certify that the above named individual or household meets the definition for persons who are fleeing or attempting to flee human trafficking under section 107(b) of the Trafficking Victims Protection Act of 2000.

Immediately prior to entering the household's current living situation, the person(s) named above was/were residing in:

This is to certify that the information provided on this form is true and correct to the best of my knowledge and recollection, and that the individual(s) named above is/has been a victim of human trafficking. I acknowledge that submission of false information could jeopardize program eligibility and could be the basis for denial of admission, termination of assistance, or eviction.

Authorized Agency Representative Signature: _____ **Date:** _____

Franklin County Regional
Housing and Re-
Development Authority -
Excerpt

-

In order for an applicant to be selected from the Centralized Waiting List for the Mainstream program, they must check off the appropriate preferences indicating that the household has at least one disabled member.

A Mainstream Program Applicant will be required to verify their disability and any other qualifying preference when they receive their eligibility determination packet from HRA. Applicants for the Mainstream program must also meet all other Section 8 eligibility criteria. After all eligibility requirements for the Section 8 program and the Mainstream Program have been satisfied, an eligible applicant will attend a briefing session, issued a voucher and with the household's consent, referred to the Mainstream supportive service partners for assistance.

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.

HRA Policy

HRA will offer a residency preference (100 points) to any family who lives, works, or has been hired to work in all Franklin County towns; and the Town of Athol. Additional local preferences will be given to local veterans honorably discharged from the United States armed forces and to surviving spouses of such veterans (additional 150 points) and to families who are current Massachusetts Rental Voucher Program (MRVP) participants (additional 75 points) residing in units where the landlords/property managers are no longer choosing to renew MRVP program contracts for tenant rental assistance.

HRA grants an additional preference for eligible families composed of one or more non-elderly persons ages 18-61, with disabilities which may include additional members who are not non-elderly with disabilities. A family where the sole member is an emancipated minor is not an eligible family. The preference is for those eligible families who are homeless. HRA will be limiting this preference to 13 applicants who lease up and utilize their voucher.

Definition of homeless:

Category 1- Literally Homeless-

An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

- Has a primary nighttime residence that is a public or a private place not meant for human habitation;
- Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid by charitable organizations or by federal, state and local government programs); or
- Is existing in an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.

Category 2- Imminent Risk of Homelessness

An individual or family, who will imminently lose their primary nighttime residence, provided that:

- The primary nighttime residence will be lost within 14 days of the date of application for homeless assistance;

- No subsequent residence has been identified; and
- The individual or family lacks the resources or support networks, e.g., family, friends, faith-based or other social networks, needed to obtain other permanent housing;

Category 3- Homeless under other Federal statutes

Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:

- Are defined as homeless under section 387 of the Runaway and Homeless Youth Act (42 U.S.C. 5732a), section 637 of the Head Start Act (42 U.S.C. 9832), section 41403 of the Violence Against Women Act of 1994 (42U.S.C. 14043e-2), section 330(h) of the Public Health Service Act (42 U.S.C. 254b(h)), section 3 of the Food and Nutrition Act of 2008 (7 U.S.C. 2012), Section 17(b) of the Child Nutrition Act of 1966 (42 U.S.C. 1786(b)), or section 725 McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a);
- Have not had a lease, ownership interest, or occupancy agreement in permanent housing at any time during the 60 days immediately preceding the date of application for homeless assistance;
- Have experiences persistent instability as measured by two moved or more during the 60-day period immediately preceding the date of applying for homeless assistance; and
- Can be expected to continue in such status for an extended period of time because of chronic disabilities; chronic physical health or mental health conditions; substance addiction; histories of domestic violence or childhood abuse (including neglect); the presence of a child or youth with a disability; or two or more barriers to employment, which included the lack of a high school degree or General Education Development (GED), illiteracy, low English proficiency, a history of incarceration or detention for criminal activity, and a history of unstable employment; or

Category 4- Fleeing/Attempting to Flee DV

Any individual or family who:

- Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's

primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence;

- Has no other residence; and
- Lacks the resources or support networks, e.g., family, friends, and faith-based or other social networks, to obtain other permanent housing.

Income Targeting Requirement [24 CFR 982.201(b)(2)]

HUD requires that extremely low-income (ELI) families make up at least 75% of the families admitted to the HCV program during the PHA's fiscal year. Such families are awarded 50 points in HRA's preference system. ELI families are those with annual incomes at or below 30% of the area median income. To ensure this requirement is met, a PHA may skip non-ELI on the waiting list in order to select an ELI family. Very low income families, defined as those earning more than 30 percent up to 50 percent of area median income, receive 25 points in HRA's preference system.

Low income families, defined as households earning more than 50 percent up to 80 percent of area median income, admitted to the program that are "continuously assisted" under the 1937 Housing Act [24 CFR 982.4(b)], as well as low-income or moderate-income families admitted to the program that are displaced as a result of the prepayment of the mortgage or voluntary termination of an insurance contract on eligible low-income housing, are not counted for income targeting purposes [24 CFR 982.201(b)(2)(v)].

HRA Policy

HRA will monitor progress in meeting the ELI requirement. Extremely low-income families will be selected ahead of other eligible families on an as-needed basis to ensure the income targeting requirement is met annually.

Order of Selection

The PHA system of preferences may select families either according to the date and time of application, or by a random selection process [24 CFR 982.207(c)]. When selecting families from the waiting list PHAs are required to use targeted funding to assist only those families who meet the specified criteria, and PHAs are not permitted to skip down the waiting list to a family that it can afford to subsidize when there are not sufficient funds to subsidize the family at the top of the waiting list [24 CFR 982.204(d) and (e)].

HRA Policy

Families will be selected from the waiting list based on the targeted funding or selection preference(s) for which they qualify, and in accordance with HRA's hierarchy of preferences, if applicable. Within each targeted funding or preference category, families will be selected on a first-come, first-serve basis according to the date and time their complete application is received by any participating Housing Authority on the Section 8 centralized waitlist. If a family on the waiting list is not qualified for a mainstream disability voucher or is qualified, but not interested in obtaining a mainstream disability voucher, there will be a notation maintained on the application so that HRA does not have to offer the mainstream disability voucher each time targeted selections are made.

4-III.D. NOTIFICATION OF SELECTION

When a family has been selected from the waiting list, the PHA must notify the family [24 CFR 982.554(a)].

HRA Policy

HRA will notify the family by first class mail when it is selected from the waiting list.

If a notification letter is returned to HRA with no forwarding address, and HRA has exhausted all alternate addresses on the family's application, the family will be removed from the waiting list. A notice of denial (see Chapter 3) will be sent to the family's address of record.

4-III.E. THE APPLICATION INTERVIEW

HUD recommends but does not require that the PHA obtain the information and documentation needed to make an eligibility determination through a private interview [HCV GB, pg. 4-16]. Being invited to attend an interview does not constitute admission to the program.

Assistance cannot be provided to the family until all SSN documentation requirements are met. However, if the PHA determines that an applicant family is otherwise eligible to participate in the program, the family may retain its place on the waiting list for a period of time determined by the PHA [Notice PIH 2012-10].

Reasonable accommodation must be made for persons with disabilities who are unable to attend an interview due to their disability.

HRA Policy

HRA will not require applicants to participate in an eligibility interview; HRA will mail an eligibility packet to the family with a date to attend a briefing in accordance with the policies in chapter 5 no less than 10 business days from the date the packet was mailed. The eligibility packet will be submitted before or at the time of the briefing.

The regulation that requires DHCD to admit applicants as waiting list admissions or special admissions does not apply to the EHV program. Applicants will be referred by the CoC or other partnering agency, and such direct referrals will not be added to the HCV waiting list.

25.5.1.1 Notification

DHCD is required to notify applicants on its HCV waiting list who have self-identified as homeless of the availability of EHV and will post on its website information about the EHV program. In addition, it will notify applicants on the HCV waiting list who have self-identified as homeless about the availability of the program.

25.5.2 EHV Waiting List

EHV referrals will be added to a designated Tenmast waiting list for the purpose of creating a record in the database in order to process voucher issuances and leasing.

The HCV regulations requiring PHAs to operate a single waiting list for admission to the HCV program do not apply to PHAs operating the EHV program. Instead, when the number of applicants referred by the CoC or partnering agency exceeds the EHV available, the PHA must maintain a separate waiting list for EHV referrals, both at initial leasing and for any turnover vouchers that may be issued prior to September 30, 2023. The PHA will work directly with its CoC and other referral agency partners to manage the number of referrals and the size of the EHV waiting list.

25.5.3 Preferences

25.5.3.1 HCV Waiting List Preferences

Any local preferences established by the PHA for HCV do not apply to EHV.

25.5.3.2 EHV Waiting List Preferences

Other than a regional residency preference, no local preferences have been established for the EHV waiting list.

25.5.3.3 HCV Single Applicant Policy

The DHCD policy prohibiting admission of single applicants (see Local Admission Preferences) will not apply to EHV eligibility.

25.6 FAMILY ELIGIBILITY

25.6.1 Overview

The CoC or referring agency will determine whether the individual or family meets any one of the four eligibility criteria described in Notice PIH 2021-15 and below, and then will refer the individual or family to DHCD. From there, DHCD will submit the referral to the appropriate RAA to determine that the individual or family meets other eligibility criteria for the HCV program, as modified for the EHV program and outlined below.

25.6.2 Referring Agency (CoC or Other Partnering Organization) Determination of Eligibility

In order to be eligible for an EHV, an individual or family must meet one of four eligibility criteria, as set forth in Notice PIH 2021-15:

- Homeless as defined in 24 CFR 578.3;
- At risk of homelessness as defined in 24 CFR 578.3;
- Fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking (as defined in Notice PIH 2021-15), or human trafficking (as defined in the 22 U.S.C. Section 7102); or
- Recently homeless and for whom providing rental assistance will prevent the household's homelessness or having high risk of housing instability as determined by the CoC or its designee in accordance with the definition in Notice PIH 2021-15.

As applicable, the CoC or referring agency must provide documentation to the PHA of the referring agency's verification that the applicant meets one of the four eligible categories for EHV assistance. The referral documentation will include a certification of eligibility, and the PHA must retain this documentation as part of the household's file.

25.6.3 PHA Screening

HUD waived 24 CFR 982.552 and 982.553 in part for the EHV applicants and established alternative requirements for mandatory and permissive prohibitions of admissions. Except where applicable (and specified below), DHCD policies regarding denials do not apply to screening individuals and families for eligibility for an EHV. Instead, the EHV alternative requirements listed in this section will apply to all EHV applicants.

The mandatory and permissive prohibitions listed in Notice PIH 2021-15 and in this chapter, however, apply only when screening the individual or family for eligibility for an EHV. When adding a family member after the household has been placed under a HAP contract with EHV assistance, the regulations at 24 CFR 982.551(h)(2) apply. Other than the birth, adoption, or court-awarded custody of a child, DHCD or its designee must approve additional family members and may apply its regular HCV screening criteria in doing so.

25.6.3.1 Mandatory Denials

Under alternative requirements for the EHV program, mandatory denials for EHV applicants include:

- 24 CFR 982.553(a)(1)(ii)(C), which prohibits admission if any household member has ever been convicted of drug-related criminal activity for manufacture or production of methamphetamine on the premises of federally assisted housing.
- 24 CFR 982.553(a)(2)(i), which prohibits admission to the program if any member of the household is subject to a lifetime registration requirement under a state sex offender registration program.

DHCD or its designee must also deny admission to the program if any member of the family fails to sign and submit consent forms for obtaining information as required by 24 CFR 982.552(b)(3) but must first notify the family in writing of the limited EHV grounds for denial of admission.

25.6.3.2 Permissive Denials

In consultation with the CoC, DHCD and its designees will apply permissive prohibitions to the screening of EHV applicants. Determinations using permissive prohibitions must be made based

on an individualized assessment of relevant mitigating information, and DHCD and its designees must heavily consider and give strong weight to mitigating information.

DHCD and its designees will consider the following permissive prohibitions:

- If the PHA determines that any household member is currently engaged in, or has engaged in within the previous 12 months:
 - Violent criminal activity
 - Other criminal activity that may threaten the health, safety, or right to peaceful enjoyment of the premises by other residents or persons residing in the immediate vicinity
- If any member of the family has committed fraud, bribery, or any other corrupt or criminal act in connection with any federal housing program within the previous 12 months.
- If any member of the family engaged in or threatened abusive or violent behavior toward personnel of DHCD or its designees within the previous 12 months.

Prohibitions based on criminal activity for the eligible EHV populations regarding drug possession will be considered apart from criminal activity against persons (i.e., violent criminal activity).

DHCD and its designees may also deny assistance to household members already receiving assistance from another rental assistance program in accordance with Section 9.h. of Notice PIH 2021-15.

In compliance with Notice PIH 2021-15, DHCD and its designees **will not** deny an EHV applicant admission regardless of whether:

- Any member of the household has been evicted from federally assisted housing in the last five years;
- A PHA has ever terminated assistance under the program for any member of the household;
- The household currently owes rent or other amounts to the PHA or to another PHA in connection with Section 8 or public housing assistance under the 1937 Act;
- The household has not reimbursed any PHA for amounts paid to an owner under a HAP contract for rent, damages to the unit, or other amounts owed by the household under the lease;
- The household breached an agreement with the PHA to pay amounts owed to a PHA, or amounts paid to an owner by a PHA;
- The household would otherwise be prohibited admission under alcohol abuse standards established by the PHA in accordance with 24 CFR 982.553(a)(3);
- DHCD or its designee determines that any household member is currently engaged in or has engaged in during a reasonable time before the admission, drug-related criminal activity.

25.6.4 Income Verification at Admission

25.6.4.1 Self-Certification at Admission

For EHV, DHCD and its designees may consider self-certification to be the highest form of income verification at admission, as the requirement to obtain third-party verification does not apply to EHV program applicants at admission. Instead, applicants must submit an affidavit attesting to

their reported income, assets, expenses, and other factors that would affect an income eligibility determination.

Applicants may provide third-party documentation that represents their income at the time of admission or voucher issuance even if that income is not dated within 60 days of DHCD's or its designees' request.

- Any documents used for verification must be the original (not photocopies) and dated within the 60-day period prior to admission. The documents must not be damaged, altered, or in any way illegible.
- Printouts from webpages are considered original documents.
- Any family self-certifications must be made in a format acceptable to DHCD or its designees and must be signed by the family member whose information or status is being verified.

DHCD and its designees will remind households of the obligation to provide true and complete information. DHCD or its designees will address any material discrepancies (i.e., unreported income or a substantial difference in reported income) that may arise later. DHCD or its designees may, but are not required to, offer the household a repayment agreement (see *General Repayment Agreement Guidelines for Families*). If the household fails to repay the excess subsidy, DHCD or its designee will terminate the household's assistance in accordance with the policies in CHAPTER 15.

25.6.4.2 Recently-Conducted Income Determinations

PHAs may accept income calculations and verifications from third-party providers or from an examination that DHCD or its designee conducted on behalf of the household for another subsidized housing program in lieu of conducting an initial examination of income as long as:

- The income was calculated in accordance with rules outlined at 24 CFR Part 5⁵ and within the last six months; and
- The household certifies there has been no change in income or family composition since the recently-conducted determination was completed. The family certification must be made in a format acceptable to the PHA and must be signed by all adult family members whose information or status is being verified.

At the time of the household's regular reexamination, DHCD or its designee must conduct the regular reexamination of income as outlined at 24 CFR 982.516 and DHCD policies in *Regular Reexaminations*.

25.6.4.3 EIV Income Validation

Once HUD makes the EIV data available to PHAs under this waiver and alternative requirement, DHCD or its designee must:

- Review the EIV Income and Income Validation Tool (IVT) reports to confirm and validate family-reported income within 90 days of the PIC submission date;
- Print and maintain copies of the EIV Income and IVT Reports in the tenant file; and

⁵ CoC and Emergency Solutions Grants programs calculate income in accordance with 24 CFR Part 5.

- Resolve any income discrepancy with the household within 60 days of the EIV Income or IVT Report dates.

Prior to admission, DHCD or its designee must use HUD's EIV system to search for all household members using the Existing Tenant Search.

If DHCD or its designee later determines that an ineligible household received assistance, DHCD or the designee must take steps to terminate that household from the program in accordance with the policies in CHAPTER 15.

25.6.5 Social Security Number and Citizenship Status Verification

For the EHV program, DHCD and its designees are not required to obtain and verify SSN documentation and documentation evidencing eligible noncitizen status before admitting the household to the EHV program. Accordingly, DHCD or its designees will admit EHV applicants who are unable to provide the required SSN or citizenship documentation during the initial eligibility determination. These individuals must provide the required documentation in accordance with policies in Social Security Numbers within 180 days of admission. DHCD or its designee may provide an additional 60-day extension based on evidence from the household or confirmation from the CoC or other partnering agency that the household has made a good-faith effort to obtain the documentation.

If DHCD or its designee later determines that an ineligible household received assistance, DHCD or the designee must take steps to terminate that household from the program in accordance with the policies in CHAPTER 15.

25.6.6 Age and Disability Verification

DHCD or its designee will accept self-certification of date of birth and disability status if a higher form of verification is not immediately available. The certification must be made in a format acceptable to DHCD or its designee and must be signed by the family member whose information or status is being verified. If self-certification is accepted, within 90 days of admission, DHCD or its designee will verify the information in EIV or through other third-party verification if the information is not available in EIV. DHCD or its designee will note in the household's file that self-certification was used as initial verification and include an EIV printout or other third-party verification confirming the applicant's date of birth and/or disability status.

If DHCD or its designee later determines that an ineligible household received assistance, DHCD or the designee must take steps to terminate that household from the program in accordance with the policies in CHAPTER 15.

25.6.7 Income Targeting

DHCD or its designee will determine income eligibility for the EHV program in the same manner as in standard HCV eligibility. However, income targeting requirements do not apply for EHV households. As such, DHCD will not include the admission of extremely low-income EHV households in its income targeting numbers for the fiscal year in which these households are admitted.

25.7 HOUSING SEARCH AND LEASING

25.7.1 Initial Voucher Term

All EHV's will have an initial term of 120 calendar days. The household must submit a Request for Tenancy Approval and proposed lease within the 120-day period unless DHCD or its designee grants an extension.

25.7.2 Housing Search Assistance

DHCD and its designees must ensure that housing search assistance is made available to EHV households during their initial housing search. As identified in the MOUs, the housing search assistance shall be provided by the CoC or another partnering agency or entity. Housing search assistance for EA/HB families referred by DHCD will be provided by DHCD-contracted service providers. DHCD or its designees will provide assistance where applicable, particularly with expediting the leasing process.

At a minimum, housing search assistance must:

- Help individual households identify potentially available units during their housing search, including physically accessible units with features for family members with disabilities, as well as units in low-poverty neighborhoods;
- Provide transportation assistance and directions to potential units;
- Conduct owner outreach;
- Assist with the completion of rental applications and DHCD/RAA forms; and
- Help expedite the EHV leasing process for the household.

25.7.3 HQS Pre-Inspections

To expedite the leasing process, the PHA may pre-inspect available units that EHV households may be interested in leasing to maintain a pool of eligible units. If an EHV household selects a unit that passed a HQS pre-inspection (without intervening occupancy) within 45 days of the date of the Request for Tenancy Approval, the unit may be approved provided that it meets all other conditions under 24 CFR 982.305.

Regardless of any pre-inspected units, the household will be free to select their unit.

When a pre-inspected unit is not selected, DHCD or its designee will make every effort to fast-track the inspection process, including adjusting the normal inspection schedule for any required reinspections and utilizing any applicable COVID or other emergency waiver in effect at the time (see EMERGENCY WAIVERS).

25.7.4 Initial Lease Term

Unlike in the standard HCV Term of Assisted Tenancy, EHV voucher holders may enter into an initial lease that is for less than 12 months.

25.7.5 Portability

The normal HCV portability procedures and requirements outlined in CHAPTER 14 generally apply to EHV's. Exceptions are addressed below.

25.7.5.1 Nonresident Applicants

Under EHV, applicant households may move under portability even if the household did not have legal residency in the jurisdiction of the initial PHA when they applied, regardless of DHCD's usual policy in Applicant Families.

25.7.5.2 Billing and Absorption

A receiving PHA cannot refuse to assist an incoming EHV household, regardless of whether the PHA administers EHV under its own ACC.

If the EHV household moves under portability to another PHA that administers EHV under its own ACC:

- The receiving PHA may only absorb the incoming EHV household with an EHV (assuming it has an EHV voucher available to do so).
- If the receiving PHA does not have an EHV available to absorb the family or otherwise opts not to absorb the voucher, it must bill DHCD or its designee. The receiving PHA must allow the household to lease the unit with EHV assistance and may not absorb the household with a regular HCV when the household leases the unit.
- Regardless of whether the receiving PHA absorbs or bills DHCD or its designee for the household's EHV assistance, the EHV administration of the voucher is in accordance with the receiving PHA's EHV policies.

If the EHV household moves under portability to another PHA that does not administer EHV under its own ACC, the receiving PHA may absorb the household into its regular HCV program or may bill DHCD or its designee.

25.7.5.3 Family Briefing

In addition to the applicable family briefing requirements at 24 CFR 982.301(a)(2) as to how portability works and how portability may affect the household's assistance, DHCD or its designee must inform the household how portability may impact the special EHV services and assistance that may be available to the household.

Accordingly, in addition to following DHCD policy on briefings in CHAPTER 5, as part of the briefing packet for EHV households, DHCD or its designee will include a written notice that DHCD or its designee will assist the household with moves under portability. For LEP applicants, DHCD or its designee will provide interpretation services in accordance with applicable LEP plans.

25.7.5.4 Coordination of Services

For EHV households who are exercising portability, when DHCD or its designee contacts the receiving PHA, DHCD or its designee will consult and coordinate with the receiving PHA to ensure there is no duplication of EHV services and assistance, and ensure the receiving PHA is aware of the maximum amount of services fee funding that DHCD or its designee may provide to the receiving PHA on behalf of the household.

25.7.5.5 Service Fees

Standard portability billing arrangements apply for HAP and ongoing administrative fees for EHV households.

For service fees funding, the amount of the service fee provided by DHCD or its designee may not exceed the lesser of the actual cost of the services and assistance provided to the household by

the receiving PHA or \$1,750, unless DHCD or its designee and receiving PHA mutually agree to change the \$1,750 cap. Service fees are paid as follows:

- If the receiving PHA, in consultation and coordination with DHCD or its designee, will provide eligible services or assistance to the incoming EHV household, the receiving PHA may be compensated for those costs by DHCD or its designee, regardless of whether the receiving PHA bills or absorbs.
- If the receiving PHA administers EHV, the receiving PHA may use its own services fee and may be reimbursed by DHCD or its designee, or DHCD or its designee may provide the services funding upfront to the receiving PHA for those fees and assistance.

If the receiving PHA does not administer EHV, DHCD or its designee must provide the services funding upfront to the receiving PHA. Any amounts provided to the receiving PHA that are not used for services or assistance on behalf of the EHV household must promptly be returned by the receiving PHA to DHCD or its designee.

25.7.5.6 Placement Fee/Issuance Reporting Fee

If the portability lease-up qualifies for the placement fee/issuance reporting fee, the receiving PHA receives the full amount of the placement component of the placement fee/issuance reporting fee. The receiving PHA is eligible for the placement fee regardless of whether the receiving PHA bills DHCD or its designee or absorbs the household into its own program at initial lease-up. DHCD or its designee qualifies for the issuance reporting component of the placement fee/issuance reporting fee, as applicable.

25.7.6 Payment Standards

25.7.6.1 Payment Standard Schedule

For the EHV program, HUD has waived the regulation requiring a single payment standard for each unit size. Instead, the PHA may, but is not required to, establish separate higher payment standards for EHV. As such, DHCD will define the “basic range” for payment standards as between 90% and 120% of the published Fair Market Rent (FMR) for the unit size (rather than between 90% and 110% for standard HCV).

If DHCD increases the regular HCV payment standard, it will also increase the EHV payment standard if the EHV payment standard would be otherwise lower than the new regular HCV payment standard.

25.7.6.2 Rent Reasonableness

All rent reasonableness requirements apply to EHV units, regardless of whether the PHA has established an alternative or exception EHV payment standard.

25.7.6.3 Increases in Payment Standard

DHCD or its designee will apply the increased payment standard at the next interim reexamination after the effective date of the increased payment standard. Where the payment standard in effect at the time of the applicable interim recertification reflects a decrease when compared to the payment standard applied at the last regular recertification, DHCD will not update the payment standard at the interim recertification and will wait until the next regular recertification to update the payment standard.

If DHCD or its designee completes a reexam late, DHCD or the designee will apply the payment standard in effect on the effective date of the delayed regular reexamination.

25.7.7 Termination of Vouchers

After September 30, 2023, DHCD and its designees may not reissue EHV when assistance for an EHV-assisted household ends. This means that when an EHV participant (a household that is receiving rental assistance under a HAP contract) leaves the program for any reason, DHCD and its designees may not reissue that EHV to another household unless it does so no later than September 30, 2023.

If an applicant household that was issued the EHV is unsuccessful in finding a unit and the EHV expires after September 30, 2023, the EHV may not be reissued to another household.

All EHV under lease on or after October 1, 2023, may not under any circumstances be reissued to another household when the participant leaves the program for any reason.

An EHV that has never been issued to a household may be initially issued and leased after September 30, 2023, since this prohibition only applies to EHV that are being reissued upon turnover after assistance to a household has ended. However, HUD may direct PHAs administering EHV to cease leasing any unleased EHV if such action is determined necessary by HUD to ensure there will be sufficient funding available to continue to cover the HAP needs of currently assisted EHV households.

25.8 CONTINUED OCCUPANCY

After initial lease-up, and other than specified in this chapter, standard HCV policies for continued occupancy (including but not limited to moves, portability, terminations, and informal hearings) shall apply.

However, the goal is for EHV households to maintain stable housing, so it is expected that DHCD and its designees will exercise care and consideration of EHV households' needs and mitigating circumstances before resorting to adverse actions.

25.8.1 MTW Flexibilities

The following approved MTW policies shall apply to EHV program administration:

- Multi-year reexaminations (see *Reexamination Cycle*). Note that there will be no limit on voluntary interim reexaminations for the EHV program.
- Utility allowances (see *Utility Allowances*).
- Rent simplification:
 - \$50 minimum rent
 - Exclusion of all full-time student earned income (see MTW policy at *Earned Income of Full-Time Students*)
 - Streamlined Earned Income Disallowance (see *Earned Income Disallowance for Persons with Disabilities – MTW*)
 - Streamlined asset verification and calculation (see *Assets and Income from Assets, Assets*)
 - Calculation of medical expenses (see *Medical Expense Deduction*)

- Payment standard exceptions (see MTW policy at Payment Standard Exceptions & Reasonable Accommodations).
- Local forms: the MTW Authorization for Release form shall be used in place of the HUD-9886 form (see Privacy Act Requirements, Family Consent to Release of Information, Consent Forms).

25.9 FSS

EHV households are eligible to participate in FSS (see CHAPTER 22), with any MTW enhancements to be applied.

25.10 EMERGENCY WAIVERS

HUD has permitted PHAs to apply certain COVID waivers to the EHV program. These waivers are set to expire on December 31, 2021, but while they remain in effect, DHCD will adopt the following relevant provisions for the EHV program:

- PH and HCV-4 (Family Income and Composition: Interim Reexaminations)
- PH and HCV-5 (Enterprise Income Verification (EIV) Monitoring)
- HQS-1 (Initial Inspection Requirements)
- HQS-6 (HQS Interim Inspections)
- HQS-9 (HQS Quality Control Inspections)
- HQS-10 (Housing Quality Standards: Space and Security)
- HCV-2 (Information When Family Is Selected: PHA Oral Briefing)
- HCV-4 (PHA Approval of Assisted Tenancy: When HAP Contract Is Executed)
- HCV-5 (Absence from Unit)

See [DHCD Guidance Regarding HUD and DHCD Waivers](#) for further detail on these waivers.

In the event of future states of emergency as declared by the Governor or his/her designee, DHCD may establish, as needed, other emergency waivers as provided in DHCD's [MTW Plan](#).

25.11 USE OF FUNDS, REPORTING, AND FINANCIAL RECORDS

EHV funds allocated to DHCD (and thus its designees) for HAP (both funding for the initial allocation and HAP renewal funding) may only be used for eligible EHV HAP purposes. EHV HAP funding obligated to DHCD may not be used for EHV administrative expenses or the other EHV eligible expenses under this notice. Likewise, EHV administrative fees and funding obligated to DHCD are to be used for those purposes and must not be used for HAP.

The appropriated funds for EHV are separate from the regular HCV program and may not be used for the regular HCV program but may only be expended for EHV eligible purposes. EHV HAP funds may not roll into the regular HCV restricted net position (RNP) and must be tracked and accounted for separately as EHV RNP. EHV administrative fees and funding for other eligible expenses permitted by Notice PIH 2021-15 may only be used in support of the EHV and cannot be used for regular HCVs. EHV funding may not be used for the repayment of debts or any amounts owed to HUD by HUD program participants including, but not limited to, those resulting from Office of Inspector General (OIG), Quality Assurance Division (QAD), or other monitoring review findings.

DHCD and its designees must comply with EHV reporting requirements in the Voucher Management System (VMS) and Financial Data Schedule (FDS) as outlined in Notice PIH 2021-15.

DHCD and its designees must maintain complete and accurate accounts and other records for the program and provide HUD and the Comptroller General of the United States full and free access to all accounts and records that are pertinent the administration of the EHV's in accordance with the HCV program requirements at 24 CFR 982.158.

25.11.1 PIC REPORTING

PHAs are required to submit tenant-level EHV participant data into the legacy IMS/PIC system. DHCD and its designees must follow the standard reporting fields identified on the HUD 50058-MTW form. Designees must enter "EHV" as the special program code in line 2p (and leave line 2n blank).

As fees issuance and placement fees are dependent on timely recording in PIC, it is imperative that DHCD and its designees expedite entry of EHV transactions in PIC and, where possible, send transactions to PIC completion of the transaction rather than all at once monthly.

Once PIC-NG becomes available, HUD will notify PHAs participating in the EHV program of any special instructions for transitioning from IMS/PIC to PIC-NG.

PART III: SELECTION FOR HCV ASSISTANCE

4-III.A. OVERVIEW

As vouchers become available, families on the waiting list must be selected for assistance in accordance with the policies described in this part.

The order in which families are selected from the waiting list depends on the selection method chosen by the PHA and is impacted in part by any selection preferences for which the family qualifies. The availability of targeted funding also may affect the order in which families are selected from the waiting list.

The PHA must maintain a clear record of all information required to verify that the family is selected from the waiting list according to the PHA's selection policies [24 CFR 982.204(b) and 982.207(e)].

4-III.B. SELECTION AND HCV FUNDING SOURCES

Special Admissions [24 CFR 982.203]

HUD may award funding for specifically named families living in specified types of units (e.g., a family that is displaced by demolition of public housing; a non-purchasing family residing in a HOPE 1 or 2 projects). In these cases, the PHA may admit such families whether or not they are on the waiting list, and, if they are on the waiting list, without considering the family's position on the waiting list. These families are considered non-waiting list selections. The PHA must maintain records showing that such families were admitted with special program funding.

Targeted Funding [24 CFR 982.204(e)]

HUD may award a PHA funding for a specified category of families on the waiting list. The PHA must use this funding only to assist the families within the specified category. In order to assist families within a targeted funding category, the PHA may skip families that do not qualify within the targeted funding category. Within this category of families, the order in which such families are assisted is determined according to the policies provided in Section 4-III.C.

AHA Policy

The AHA administers the following types of targeted funding:

Preservation/Enhanced Vouchers

Mainstream Vouchers:

In November 2019 and May 2020, the AHA was awarded thirteen (13) Mainstream vouchers under HUD's NOFA FR-6300-N-43.

Housing Choice vouchers awarded under this NOFA are subject to the same program requirements covered under 24 CFR 982, as well as AHA's policies and procedures covered in this Administrative Plan.

Mainstream vouchers serve families that include a person with a disability who is at least 18 years old and not yet 62 years old at the date of admission to the program.

To qualify for a Mainstream voucher from the AHA, families also must be currently experiencing homelessness, at risk of homelessness, transitioning out of an institutional or segregated setting, at serious risk of institutionalization, or residing in a Rapid Rehousing or Permanent Supportive housing program and at risk of homelessness.

Applicants must apply directly to the Section 8 Centralized Wait List for the Mainstream program. In order to be selected from the Centralized Waiting List for the Mainstream program, applicants must indicate that they qualify for the program as described above.

Applicants will be required to verify their disability and their housing status when they are selected from the waiting list. Applicants for the Mainstream program must also meet all other Section 8 eligibility criteria and local preference(s).

Program Definitions:

Eligible household: A family composed of one or more non-elderly persons with disabilities, which may include additional members who are not non-elderly persons with disabilities. A family where the sole member is an emancipated minor is not an eligible family. The terms "disability" and "person with disabilities" are used in two contexts - for civil rights protections and for program eligibility purposes. Each use has specific definitions. When used in the context of application of Federal civil rights laws and requirements, including the prohibition against discrimination, the civil rights related definitions apply. When used in the context of eligibility under this NOFA, the program eligibility definitions apply.

Non-elderly person with a disability (for purposes of determining eligibility): A person 18 years of age or older and less than 62 years of age, and who:

- Has a disability, as defined in 42 U.S.C. 423; or
- Is determined, pursuant to HUD regulations, to have a physical, mental, or emotional impairment that:
 - Is expected to be of long continued and indefinite duration;
 - Substantially impedes his or her ability to live independently, and
 - Is of such a nature that the ability to live independently could be improved by more suitable housing conditions; or
- Has a developmental disability as defined in 42 U.S.C. 6001.

Persons currently experiencing homelessness means:

(1) An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

- An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;
- An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, State, or local government programs for low-income individuals); or

- An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.

(2) An individual or family who will imminently lose their primary nighttime residence, provided that:

- The primary nighttime residence will be lost within 14 days of the date of application for homeless assistance;
- No subsequent residence has been identified; and
- The individual or family lacks the resources or support networks, e.g., family, friends, faith-based or other social networks, needed to obtain other permanent housing.

(3) Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:

- Are defined as homeless under section 387 of the Runaway and Homeless Youth Act (42 U.S.C. 5732a), section 637 of the Head Start Act (42 U.S.C. 9832), section 41403 of the Violence Against Women Act of 1994 (42 U.S.C. 14043e-2), section 330(h) of the Public Health Service Act (42 U.S.C. 254b(h)), section 3 of the Food and Nutrition Act of 2008 (7 U.S.C. 2012), section 17(b) of the Child Nutrition Act of 1966 (42 U.S.C. 1786(b)), or section 725 of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a);
- Have not had a lease, ownership interest, or occupancy agreement in permanent housing at any time during the 60 days immediately preceding the date of application for homeless assistance;
- Have experienced persistent instability as measured by two moves or more during the 60-day period immediately preceding the date of applying for homeless assistance; and
- Can be expected to continue in such status for an extended period of time because of chronic disabilities; chronic physical health or mental health conditions; substance addiction; histories of domestic violence or childhood abuse (including neglect); the presence of a child or youth with a disability; or two or more barriers to employment, which include the lack of a high school degree or General Education Development (GED), illiteracy, low English proficiency, a history of incarceration or detention for criminal activity, and a history of unstable employment; or

(4) Any individual or family who:

- Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence; and
- Has no other residence; and

- Lacks the resources or support networks, e.g., family, friends, and faith-based or other social networks, to obtain other permanent housing.

At risk of experiencing homeless means: An individual or family who:

- (1) Does not have sufficient resources or support networks, e.g., family, friends, faith-based or other social networks, immediately available to prevent them from moving to an emergency shelter or another place described in paragraph (1) of the “Homeless” definition in this section; and
- (2) Meets one of the following conditions:
 - Has moved because of economic reasons two or more times during the 60 days immediately preceding the application for homelessness prevention assistance;
 - Is living in the home of another because of economic hardship;
 - Has been notified in writing that their right to occupy their current housing or living situation will be terminated within 21 days of the date of application for assistance;
 - Lives in a hotel or motel and the cost of the hotel or motel stay is not paid by charitable organizations or by federal, State, or local government programs for low-income individuals;
 - Lives in a single-room occupancy or efficiency apartment unit in which there reside more than two persons, or lives in a larger housing unit in which there reside more than 1.5 people per room, as defined by the U.S. Census Bureau;
 - Is exiting a publicly funded institution, or system of care (such as a health-care facility, a mental health facility, foster care or other youth facility, or correction program or institution); or
 - Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness.

Institutional or other segregated settings include, but are not limited to:

- (1) congregate settings populated exclusively or primarily with individuals with disabilities;
- (2) congregate settings characterized by regimentation in daily activities, lack of privacy or autonomy, policies limiting visitors, or limits on individuals’ ability to engage freely in community activities and to manage their own activities of daily living; or
- (3) settings that provide for daytime activities primarily with other individuals with disabilities.

At serious risk of institutionalization: Includes an individual with a disability who as a result of a public entity's failure to provide community services or its cut to such services will likely cause a decline in health, safety, or welfare that would lead to the individual's eventual placement in an institution. This includes individuals experiencing lack of access to supportive services for independent living, long waiting lists for or lack of access to housing combined with community-based services, individuals currently living under poor housing conditions or homeless with barriers to geographic mobility, and/or currently living alone but requiring supportive services for independent living.

A person cannot be considered at serious risk of institutionalization unless the person has a disability.

Rapid rehousing means time-limited housing assistance in which supportive services are provided to assist homeless persons rapidly connect to and maintain permanent housing.

Permanent supportive housing means permanent housing in which voluntary supportive services are provided to assist homeless persons with a disability to live independently.

Limited Preferences for Mainstream Vouchers: Applicants with the following housing status will be ranked co-equally for a preference:

- Currently experiencing homelessness; or
- At risk of homelessness; or
- At serious risk of institutionalization; or
- Transitioning out of institutional or other segregated settings; or
- Previously homeless and currently residing in a Rapid Rehousing or Permanent Supportive Housing program and at-risk of homelessness.

The limited Mainstream voucher targeted funding preferences will be capped at 13 vouchers. Once 13 vouchers have been successfully leased, the preferences will expire.

Upon turnover, all Mainstream vouchers must be re-issued to the next Mainstream-eligible family on the Centralized Waiting List. Turnover occurs when a family receiving Mainstream voucher assistance leaves the program. A Mainstream-eligible family includes a person with a disability who is at least 18 years old and not yet 62 years old at the date of admission to the program.

The Mainstream voucher preference may not be combined with the AHA's VAWA preference or administrative transfer preference as described in 4-III.C.

The Mainstream voucher preference will be combined with the local area resident preference as described in 4-III.C.

Partnerships and Supportive Services:

The 2019 Mainstream NOFA encouraged PHAs to establish partnerships with a variety of organizations that assist persons with disabilities to help ensure applicants and participants find and maintain stable housing.

The AHA has established a network of services to aid Mainstream program applicants and participants in their search for housing and to maintain their tenancies. These services include referrals (with the household's consent) to agencies within the Hampshire County area that offer support with housing search assistance and advocacy services for persons with disabilities.

The AHA will not require applicants or participants to utilize supportive services as a condition of participation in the Mainstream program. Individuals can receive services from any provider of their choosing or choose not to participate in any services. Moreover, the AHA will not limit vouchers only to those referred or approved by a social services or partner agency. Applicants must apply directly to the Centralized Waiting List if they have not already done so. The AHA

will not give a preference to applicants who are directly referred by a social service or partner agency.

The AHA has established informal relationships with the following agencies to coordinate outreach and referral of eligible applicants and to provide housing stabilization services:

Three County Continuum of Care
Community Action Pioneer Valley
393 Main Street,
Greenfield, MA 01301
413-774-2318

Amherst Community Connections
236 North Pleasant Street
Amherst, MA 01002
413-345-0737

Department of Mental Health (DMH)
Western Mass Area Office
1 Prince Street
Northampton, MA 01060
413-587-6301

Eliot Community Human Services, Inc.
1 Prince Street
Northampton, MA 01060
413-587-6427

Western Massachusetts Network to End Homelessness
1441 Main Street, Suite 147
Springfield, MA 01103
413-219-5658

The Amherst Survival Center
138 Sunderland Road
North Amherst, MA 01059
413-549-3968

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)].

Selection from the Waiting List

Except for special admissions (see 24 CFR 982.203 (2018)), HCV participants will be selected from the Centralized Waiting List. The selection criteria set forth in the AHA’s Administrative Plan will govern the manner in which individuals and families are selected by the AHA from the Centralized Section 8 HCV Waiting List.

If HUD awards a housing authority program funding for a specified category of families on the Waiting List (see 24 CFR 982.204 e (2018)), the PHA must select applicant families in the specified category. This would be further described in the AHA’s Administrative Plan, HUD award, and/or Notice of Funding Availability for said funding. AHA policies that dictate the order of selection are described on page 4-20 of this Plan.

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, the consolidated plan, and must be based on local housing needs and priorities that can be documented by generally accepted data sources.

AHA Policy

The AHA will provide public notice if it changes its preference system. The Notice will be publicized using the same guidelines as those followed for amending the PHA Plan or opening and closing the waiting list.

The AHA will announce any changes to its preference system at least 14 days prior to the date applications will first be accepted under the revised preference system.

The AHA will give public notice by publishing the relevant information in suitable media outlets including, but not limited to:

- The Daily Hampshire Gazette;
- El Mundo;
- The AHA website and Facebook page

Preferences: The following preferences will apply to the AHA HCV Program waiting list. Each preference will receive an allocation of points. The more preference points an applicant has, the higher the applicant’s place will be on the waiting list.

<u>Preference category:</u>	<u>Assigned</u>
<u>points:</u>	
VAWA transfer	4 points
Administrative transfer	3 points

Local area resident (Amherst, Belchertown, Hadley, S. Hadley, Granby)	2 points
Mainstream voucher preference	1 point

Definitions of Preferences:

VAWA Transfers: 4 preference points will be given to those currently assisted under the AHA Project-Based Voucher program who request an emergency transfer under VAWA in accordance with the AHA Emergency Transfer Plan (Exhibit 16-3).

Administrative Transfers - 3 preference points will be given to those who are administratively transferred from other AHA housing programs. Transfers for administrative reasons include but are not limited to families who are under-housed, over-housed, or must relocate for administrative reasons. This category also includes families who have been terminated from the HCV program due to insufficient program funding.

Local Area Resident - 2 preference points will be given to an applicant household that resides, works, or has been hired to work in Amherst, Hadley, S. Hadley, Belchertown, and Granby.

Mainstream Program Preference - 1 preference point will be given to applicants who qualify for the Mainstream preference as described in Section 4-III.B. above

The AHA will accept applications at any time for VAWA and administrative transfers.

Verification of Preferences:

VAWA Transfers: Verification requirements for emergency transfers under VAWA are listed in Exhibit 16-3 and Exhibit 16-4 of this Plan.

Administrative Transfers: Specific verification required will depend on the reason for the transfer.

Local Area Resident: To verify residency, the AHA will accept a minimum of one (1) of the following documents: residential lease or occupancy agreement, detailed and current rent receipts showing the applicant’s name and address, utility bill, employer or agency records, pay stubs, school record, driver’s license or other photo ID with the applicant’s current address, voter registration record, or a credit report.

A written statement from the household with whom the family is residing will be accepted to verify residency only if a secondary source of documentation is also included.

For applicants who have been hired to work within the AHA’s jurisdiction, a written statement from the employer will be required.

For homeless applicants, the AHA will use the address included on the application to verify residency, which may be a shelter. If an applicant resided within the AHA’s jurisdiction prior to becoming homeless, the AHA will consider

the household's previous residency and circumstances when determining eligibility for the local area resident preference.

Mainstream Voucher Preference:

To verify a family member's disability as defined in Section 4-III-B, the AHA will follow the verification procedures outlined in Section 7-II-F of this Plan.

Housing Status will be verified as followed:

Currently Experiencing Homelessness: Submission of a *Certificate of Homelessness* form completed by an appropriate source. This includes public or private facilities that provide shelter to the homeless, the local police department, a medical provider, or a social services agency. In addition, a signed statement from the applicant indicating:

- The applicant lacks a fixed, regular, or adequate nighttime residence; or
- The applicant's primary nighttime residence is a supervised public or private shelter designed to provide temporary housing; or
- The applicant's primary nighttime residence is a public or private place not designed for use as a regular sleeping place for human beings.

For individuals exiting an institution under this category: Submission of discharge paperwork from the institution or a written referral from a social services agency or medical provider indicating that the applicant is exiting an institution where he/she/they resided for 90 days or less, and a *Certification of Homelessness* form completed by an appropriate source, indicating the applicant was homeless immediately before entering the institution. The *Certification* form must be completed by a public or private facility that provide shelter to the homeless, the local police department, a medical provider, or a social services agency.

For individuals at imminent risk of homelessness under this category:

- Submission of a court order resulting from an eviction action, notifying the individual or family he/she/they must leave within 14 days; or
- Written certification from a social services agency or medical provider that the applicant will lose his/her/their primary nighttime residence within 14 days and why; and
- Written certification from a social services agency or medical provider that no subsequent residence has been identified and the individual or family lacks the resources or support needed to obtain other permanent housing.

For unaccompanied youth under this category: Written certification by a social service agency or state or local government, or medical provider that the applicant seeking assistance has met the criteria of homelessness under another federal statute, and

- That the applicant has had no permanent housing in 60 days, or that the applicant has experienced persistent housing instability, as measured by two or more moves during the immediately preceding 60-day period, and
- That the applicant can be expected to continue in such states for an extended period of time because of chronic disabilities, chronic mental health conditions, substance addiction, histories of domestic violence or childhood abuse (including neglect), the presence of a child or youth with a disability; or
- Two or more barriers to employment, which include the lack of a high school degree or GED, illiteracy, low English proficiency, a history of incarceration or detention for criminal activity, and a history of unstable employment.

For domestic violence under this category: Written statement by the applicant that she/he/they are fleeing or attempting to flee their primary nighttime residence, or that they are afraid to return to their primary nighttime residence and have no other residence. The statement must indicate that the applicant lacks the resources or support networks to obtain other permanent housing.

If the safety of the applicant is not jeopardized, the written statement must be verified as follows:

- Written certification signed by the applicant and a victim service provider, attorney, medical professional, mental health professional, or clergy person from whom the applicant has sought assistance relating to domestic violence, dating violence, sexual assault, or stalking; or
- A record from a federal, state, or local law enforcement agency, court, or administrative agency.

At-Risk of Homelessness: Written certification from a social services agency or medical provider that the applicant meets the definition of at-risk of homelessness as described in Section 4-III B above; or written referral by the CoC Coordinated Entry system, which verifies the applicant's near-homeless status in its Homeless Management Information Systems (HMIS) database.

At Serious Risk of Institutionalization or Transitioning Out of Institutional or Other Segregated Settings: For applicants at serious risk of institutionalization, written certification by a health and human services agency, a medical provider, or other community-based organization that the applicant is at serious risk of institutionalization. The applicant must also have a disability to be considered at serious risk of institutionalization.

For applicants transitioning out of institutional or other segregated settings, submission of discharge paperwork from the institution or a written referral from a social services agency or medical provider indicating that the applicant is transitioning out of an institution or other segregated setting where he/she/they have resided.

Previously Homeless and Currently Residing in a Rapid Rehousing or Permanent Supportive Housing Program and At-Risk of Homelessness:

Written certification from a social services agency that the applicant currently resides in a rapid rehousing or permanent supportive housing program and is at-risk of homelessness, as defined in Section 4-III B above.

Applicants' eligibility for AHA preferences will be verified when the applicant's name reaches the top of the waiting list. When funding is available and assistance can be provided, families on the waiting list are contacted in writing. They are asked to sign forms and provide documentation to determine initial eligibility. Families that do not respond to this letter are removed from the waiting list and given no further consideration.

Income Targeting Requirement [24 CFR 982.201(b)(2)]

HUD requires that extremely low-income (ELI) families make up at least 75 percent of the families admitted to the HCV program during the PHA's fiscal year. ELI families are those with annual incomes at or below the federal poverty level or 30 percent of the area median income, whichever number is higher. To ensure this requirement is met, a PHA may skip non-ELI families on the waiting list in order to select an ELI family.

Low-income families admitted to the program that are "continuously assisted" under the 1937 Housing Act [24 CFR 982.4(b)], as well as low-income or moderate-income families admitted to the program that are displaced as a result of the prepayment of the mortgage or voluntary termination of an insurance contract on eligible low-income housing, are not counted for income targeting purposes [24 CFR 982.201(b)(2)(v)].

AHA Policy

The AHA will monitor progress in meeting the income targeting requirement throughout the fiscal year. Extremely low-income families will be selected ahead of other eligible families on an as-needed basis to ensure the income targeting requirement is met.

Order of Selection

The PHA system of preferences may select families based on local preferences according to the date and time of application or by a random selection process (lottery) [24 CFR 982.207(c)]. If a PHA does not have enough funding to assist the family at the top of the waiting list, it is not permitted to skip down the waiting list to a family that it can afford to subsidize when there are not sufficient funds to subsidize the family at the top of the waiting list [24 CFR 982.204(d) and (e)].

AHA Policy

Families will be selected from the waiting list based on the targeted funding or selection preference(s) for which they qualify, and in accordance with the AHA's hierarchy of preferences, if applicable. Within each targeted funding or preference category, families will be selected on a first come, first-served basis according to the date and time their complete application is received by the AHA. Documentation will be maintained by the AHA as to whether families on the list qualify for and are interested in targeted funding.

If a higher placed family on the waiting list is not qualified or not interested in targeted funding, there will be a notation maintained so that the AHA does not have to ask higher placed families each time targeted selections are made.

Three County CoC FY22 Request for Proposals Released

Keleigh Pereira

Fri 8/12/2022 5:12 PM

To: Keleigh Pereira <KPereira@communityaction.us>

Bcc: caitlyn.letourneau@masenate.gov <caitlyn.letourneau@masenate.gov>; Adam Gomez <Adam.Gomez@masenate.gov>; Alan Wolf <awolf@northamptonma.gov>; Alexis Breitenreicher <ab@valleycdc.com>; Alicia Zoeller (ZoellerA@holyoke.org) <zoellera@holyoke.org>; Danielle (SEN) <Danielle.Allard@masenate.gov>; Amanda Watson <awatson@fcrhra.org>; Angelica Core <Angelica.Core@mahouse.gov>; Ann Borkowski <ann@greenfieldhousing.org>; Anni Zhu <azhu@wayfinders.org>; Benjamin Daly <bdaly@homesforfamilies.org>; Bill Miller <bmillier@csoinc.org>; Billy Glidden <williamjglidden@gmail.com>; Blais, Natalie - Rep. (HOU) <natalie.blais@mahouse.gov>; Bockelman, Paul <bockelmanp@amherstma.gov>; Brad Gordon <bradg@bcrha.com>; Daniel - Rep. (HOU) <daniel.carey@mahouse.gov>; Carly Comossi <ccamossi@tows.org>; Carol Lewis <curiouscarol@gmail.com>; Catherine VanBramer <cvanbramer@cityofpittsfield.org>

📎 2 attachments (3 MB)

FY22 Three County Continuum of Care Request for Proposals.8.12.22.pdf; Appendix F. Three County CoC New Project Threshold and Application 2022.docx;

Good Afternoon,

The Three County Continuum of Care (CoC), MA-507, has released the attached Request for Proposals (RFP), today, August 12, 2022, in response to the August 1st Notice of Funding Opportunity (NOFO) for **Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants**.

This RFP details funding amounts for new and renewal project applications, project types, timelines for submission, details on process, and other details for the FY22 local competition. *(For ease, the word version of the New project application is attached and can also be found on our website's news and events page.)*

Virtual Bidders Conferences are scheduled for Wednesday, August 17th at 1 pm, and Friday, August, 19th, at 10am.

Project applications are due by August 31, 2022, 8pm.

BiddeC**The continuum acknowledges the incredibly tight timeframe for response, due to the timelines laid out in this year's NOFO. The CoC's overall score is partially based on following strict guidance set forth in the Notice. Please reach out with questions.

Final full Application Submission Deadline: Friday, September 30, 2022 at 8:00 PM EDT

For additional information and for notifications as dated in the RFP's timeline, visit <https://www.threecountycoc.communityaction.us/news-events>

or at HUD's competition page, https://www.hud.gov/program_offices/comm_planning

[/coc/competition](#)

Keleigh Pereira BenEzra

Program Director

Three County Continuum of Care
Community Action Pioneer Valley
393 Main Street, Greenfield MA 01301
413-376-1184

<https://www.threecountycoc.communityaction.us/>

Pronouns: she, her, hers.





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News & Upcoming Events

NEW! 8/12/22 - The Three County Continuum of Care (CoC), MA-507, has released the Request for Proposals (RFP) in response to the August 1st Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants.

This **RFP** details funding amounts for new and renewal project applications, project types, timelines for submission, details on process, and more, for the FY22 local competition. The New project application can be found [here](#).

Virtual Bidders Conferences are scheduled for Wednesday, August 17th at 1 pm, and Friday, August, 19th, at 10am. Zoom Link: <https://us02web.zoom.us/j/84395202643?pwd=MUZZZXhEUzFwNVJnK2NZMlczS0NOdz09>

Project applications are due to the CoC, by August 31, 2022, 8pm.

****The continuum acknowledges the incredibly tight timeframe for response, due to the timelines laid out in this year's NOFO. The CoC's overall score is partially based on following strict guidance set forth in the Notice. Please reach out with questions.**

Total Available Renewal Project Funding: \$3,057,836
Available NEW funding includes new DV (RRH/TH-RHH) Bonus - Approximately \$169,245 & CoC Bonus funding - Approx. \$148,439 (PSH, RHH, TH-RRH)

The CoC Application, CoC Priority Listing, and Renewal Project Applications should be available in e-snaps within the next few days
NEW Project Application can be found [here](#).

Notification Project "Rejected" or Re-allocated

Keleigh BenEzra <KPBenEzra@communityaction.us>

Thu 9/15/2022 4:10 PM

To: DBussler@servicenet.org (DBussler@servicenet.org) <dbussler@servicenet.org>

Cc: Jennifer Perreault <jperreault@servicenet.org>

Hi Dan! I hope this finds you well.

I am just writing to confirm that the Three County CoC Board of Directors has voted to reallocate the funds from the SN Shelter Plus Care Project -MA0353 for FY22 (*which would have had a start date of 10.1.2023*). The reallocation was prompted by the attached communications from your agency, notifying the MA-507 CoC that Servicenet has decided not to apply as a subrecipient to those funds.

The final Project list and scoring/ranking can be found on our website at <https://www.threecountycoc.communityaction.us/news-events>.

The CoC looks forward to continuing to support Servicenet in maintaining this project through the FY21 grant cycle, which begins on 10/1/2022.

Keleigh Pereira BenEzra

Program Director

Three County Continuum of Care
Community Action Pioneer Valley
393 Main Street, Greenfield MA 01301
413-376-1184

<https://www.threecountycoc.communityaction.us/>

Pronouns: she, her, hers.



FY22 Renewal Contract application status

Keleigh Pereira <KPereira@communityaction.us>

Wed 8/24/2022 9:59 AM

To: DBussler@servicenet.org (DBussler@servicenet.org) <dbussler@servicenet.org>

Cc: Clare Higgins <CHiggins@communityaction.us>

Bcc: Brad Gordon <bradg@bcrha.com>

Hey Dan, thanks for calling me to let me know that your agency is not planning for renewal of the FY22 contract for Shelter Plus Care. Please forward a letter on agency letterhead, as soon as you are able, stating this information to Brad Gordon, the Coc's Board chair, and cc:me so that i can move towards funding reallocation for this grant cycle which as I confirmed, begins on 10/1/2023. I will keep you informed about next steps that might be needed and plan to keep moving and working together through the FY21 grant cycle beginning on October 1, 2022.

Keleigh Pereira BenEzra

Program Director

Three County Continuum of Care

Community Action Pioneer Valley

393 Main Street, Greenfield MA 01301

413-376-1184

<https://www.threecountycoc.communityaction.us/>

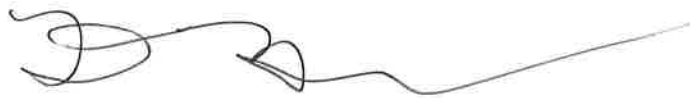
Pronouns: she, her, hers.



To the Three County Continuum of Care Board of Directors,

We at Servicenet's Mental Health and Recovery Services Division would like to inform you that we have decided to not for renew our Shelter Plus Care project for the Fiscal Year '22. Thank you for your attention in this matter.

Sincerely,



Dan Bussler

Director of Operations
Servicenet MHRS



Notification, Projects Accepted

Keleigh BenEzra <KPBenEzra@communityaction.us>

Thu 9/15/2022 4:17 PM

To: Betsy Shally-Jensen (betsy_shally-jensen@cooley-dickinson.org) <betsy_shally-jensen@cooley-dickinson.org>; Theresa Nicholson <tnicholson@chd.org>; Chelsea Wait <CWait@chd.org>; Jane Ralph <jralph@constructberkshire.org>; Independent Housing <independenthousingsolutions@gmail.com>; Phillip Ringwood <pringwood@dialself.org>; Kathy Keeser <kkeeser@familylifesupport.org>; Deborah McPartlan <dmcpartlan@wayfinders.org>; Dave Christopolis <davec@hilltowncdc.org>

Cc: Sharon Hall-Smith <shall-smith@gandaracenter.org>; Amanda Lesnick <alesnick@gandaracenter.org>; Palmieri, Christine <cpalmieri@mhainc.org>; Bernstein, Olivia <obernstein@mhainc.org>; Michele LaFleur <MLaFleur@communityaction.us>; Shaundell Diaz <SDiaz@communityaction.us>; Nancy Alvarado <NAlvarado@communityaction.us>; Clare Higgins <CHiggins@communityaction.us>

You are included in this communication to project applicants & expected subrecipients to notify your agency that the CoC Board, as part of the FY22 Three County CoC Project Listing, has approved the renewal or new application submitted by your agency; the project's ranking and score identified in the attached final project scoring and ranking form; and the funding amount.

YHDP Project representatives are included in this communication for transparency, but are non-competitive and will not be ranked, in accordance with this year's FY22 NOFO. Total funding amounts for these projects are included in the project listing.

This list of projects are the final to be submitted on behalf of Community Action Pioneer Valley and the MA-507 CoC Collaborative Applicant. The Continuum of Care will include your renewal application in the FY2022 Project listing submitted to HUD for approval on or before 9/30/2022. the CoC's final project's accepted scoring and ranking is also posted to our website at [. https://www.threecountycoc.communityaction.us/news-events](https://www.threecountycoc.communityaction.us/news-events)

News & Events | 3 County CoC

News & Upcoming Events Three County Continuum of Care Virtual Annual Meeting Thursday, September 29th from 1-3pm. Please click here to RSVP.. Keynote - "Contextualizing Redlining"

www.threecountycoc.communityaction.us

Once the Collaborative Applicant receives information regarding approval or next steps, we will contact you to inform you of the outcome. The submissions referenced in this letter are in regards to funding to begin in 2023, for an annual term. Funding for 2024 will be applied for with the FY2023 NOFA(O) process and application.

The final project listing, as well as the final, board approved CoC application will be posted to the website in the same location, by 8pm, September 28, 2022 and then submitted to HUD on September 30th. After final submission, agency representatives will receive a final PDF of the esnaps application for your project.

We are pleased to include your important programming for housing and supportive services in the Three County Region for FY22. Let us know if you have any questions. Some of you have been contacted regarding final needs earlier today, thank you for responding.

Keleigh Pereira BenEzra

Program Director

Three County Continuum of Care
Community Action Pioneer Valley
393 Main Street, Greenfield MA 01301
413-376-1184

<https://www.threecountycoc.communityaction.us/>

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News & Upcoming Events

NEW! 9/15/22 - Three County Continuum of Care Final Project Ranking and List for Submission to HUD on 9/30/2022

Local CoC justification for placement	Rank	Recipient	Subrecipient Agency	Project Name	Project Type	Grant Amount	Final Percentage by project type out of 100 including NOFO changes/Ranking Committee/BOD vote	Final Score NOFO changes/Ranking Committee/BOD vote	Project Accepted/rejected	FY22 NOFO
CAPV administrative grants ranked at top based on CoC policy	*1	CAPV	N/A	Three County CoC HMIS	HMIS- Renewal	\$80,079	n/a	N/A	accepted	Tier 1
	*2	CAPV	N/A	Three County CoC Coordinated Assessment	CE-SSO - Renewal	\$236,393	n/a	N/A	accepted	
Ranked first for subrecipient projects based on CoC policy (new project, less than 1 year)	*3	CAPV	IHS	Independent Housing Solutions - Housing the Disabled Homeless	PSH - Renewal	\$145,433	n/a	N/A	accepted	
	4	CAPV	A Positive Place	A Positive Place	PSH - Renewal	\$138,836	91%	205 of 225	accepted	
	5	CAPV	Louison House	Louison House TH	TH - Renewal	\$139,091	88%	192.5 of 220	accepted	
	6	CAPV	Louison House	Louison House Northern Berks PH	PSH - Renewal	\$177,843	84%	190 of 225	accepted	
	7	CAPV	DIAL/SELF, Inc	Dial Self TH-PH-RRH	Joint - Renewal	\$98,255	81%	190 of 235	accepted	
	8	CAPV	CHD	CHD PSH	PSH - Renewal	\$741,202	78%	176.25 of 225	accepted	
	9	CAPV	Way Finders, Inc.	Paradise Pond Apartments	PSH - Renewal	\$30,448	76%	170 of 225	accepted	
	10	CAPV	Hilltown CDC	HCDC Village Center Apartments	PSH - Renewal	\$70,134	74%	166.25 of 225	accepted	
	11	CAPV	Construct, Inc.	Adult Independent Living Construct	TH - Renewal	\$33,573	72%	159 of 220	accepted	
						\$9,839				
New Project, placed at bottom based on local policy for FY22 projects	12	CAPV	Louison House	Louison House Bracewell	PSH - NEW	\$113,170	71%	142 of 220	accepted	Tier 2
Move to tier 2 bottom, based on non-renewal, reallocation of funds	13	CAPV	Servicenet	SN Shelter Plus Care North	PSH - Renewal	\$0		175 of 225	not renewing/reallocation	
Renewal and New	Tier 1	1 (95% ARD minus YHDP)	\$1,891,287	CoC Planning (not ranked)	Three County CoC Planning Project		\$89,063	Estimated FULL ARD with YHDP:		\$2,968,773
Renewal and New	Tier 2	2 (Project budget beyond 95% ARD)	\$123,009	YHDP Renewal	Three County CoC YHDP SSO-CE		\$60,000			
				YHDP Renewal	Three County CoC YHDP HMIS		\$44,000			
				YHDP Renewal	Gandara SHINE YHDP TH/RRH		\$416,785			
				YHDP Renewal	Mental Health Association YHDP RRH		\$206,376			
				YHDP Renewal	Mental Health Association YHDP PSH		\$179,124			
				YHDP Renewal	Dialself YHDP RRH Franklin		\$71,660			
				Total including Tier 1 & 2, CoC Planning, & YHDP Renewals			\$3,081,304			

Final full Application Submission Deadline: Friday, September 30, 2022 at 8:00 PM EDT
 for more information & to read the notice, check out the [CoC Program Competition webpage](#).
The full application will be posted here on September 28th.

Three County CoC (MA-507) FY22 Full Consolidated Application, Posted.

Keleigh BenEzra <KBenEzra@communityaction.us>

Tue 9/27/2022 2:47 PM

To: Brad Gordon <bradg@bcrha.com>; Betsy Shally-Jensen (betsy_shally-jensen@cooley-dickinson.org) <betsy_shally-jensen@cooley-dickinson.org>; pschwartz <pschwartz@westernmasshousingfirst.org>; Theresa Nicholson <tnicholson@chd.org>; Phillip Ringwood <pringwood@dialself.org>; Dodds, Justine <jdodds@cityofpittsfield.org>; aklatka@eliotchs.org <aklatka@eliotchs.org>; Stacy Parsons <sparsons@napsk12.org>; Emily English <eenglish@gandaracenter.org>; Tina Schettini <tschetti@berkshirecc.edu>; cynthiaray@masshirefhcareers.org <cynthiaray@masshirefhcareers.org>; Erickson, Kasey (DCF) <kasey.erickson@state.ma.us>; Michael Hagmaier <mhagmaier@wesoldieron.org>; sconnor <sconnor@northamptonma.gov>; Kathy Keeser <kkeeser@familylifesupport.org>; Jane Ralph <jralph@constructberkshire.org>; Jay Sacchetti <jsacchetti@servicenet.org>; Dave Christopolis <davec@hilltowncdc.org>; Roy, Heather (DTA) <heather.roy@state.ma.us>; Bernstein, Olivia <obernstein@mhainc.org>

Hello to the Three County CoC Board, Project Representatives, Community & Key Stakeholders. The Three County Continuum of Care (MA-507), CoC Approved full consolidated application has been posted to the news and events page of the CoC's website for public viewing.

The Consolidated Application includes: The CoC application and required attachments & the Project Priority Listing and required attachments. Individual project applications are not posted to the website but are included in the submission to HUD, with a total of \$3,081.304 in renewal and new projects. That list is also seen on the website.

The Full application is Due to HUD by 8pm, Friday, September 30th. The CoC will plan to submit on September 29th.

You can find it all here: <https://www.threecountycoc.communityaction.us/news-events>

Thank you,

Keleigh Pereira BenEzra

Program Director

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