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: ME-500 - Maine Statewide CoC

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

1A-3. CoC Designation: CA

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

1B. Coordination and Engagement–Inclusive Structure and Participation

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

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	Yes
2.	Agencies serving survivors of human trafficking	Yes	Yes	Yes
3.	CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
4.	Disability Advocates	Yes	Yes	No
5.	Disability Service Organizations	Yes	Yes	Yes
6.	EMS/Crisis Response Team(s)	Yes	No	No
7.	Homeless or Formerly Homeless Persons	Yes	Yes	No
8.	Hospital(s)	Yes	Yes	No
9.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Yes	Yes	No
10.	Law Enforcement	No	No	No
11.	Lesbian, Gay, Bisexual, Transgender (LGBTQ+) Advocates	Yes	Yes	No
12.	LGBTQ+ Service Organizations	Yes	No	No
13.	Local Government Staff/Officials	Yes	Yes	Yes
14.	Local Jail(s)	No	No	No
15.	Mental Health Service Organizations	Yes	Yes	Yes
16.	Mental Illness Advocates	Yes	Yes	No

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

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) MCOC solicits new members monthly via public notice of our regular meetings & annually through an invitation for new members in our RFP Notice emphasizing our invitation to agencies not currently funded by MCOC to apply & participate. All of these are publicly posted on our www.mainehomelessplanning.org site which is publicly accessible and has over 3400 subscribers, & shared by Regional Councils, Service Hub Coordinators & population specific email lists. Targeted outreach & engagement of new members also occurs via our Resource Committee soliciting new members through monthly meetings & quarterly trainings attended by stakeholders from across Maine, many not otherwise familiar w/ MCOC.
2) The call for new members & all MCOC notices are posted on our website as WORD/PDF docs which can be read aloud using Text to Speech or translated into other languages using Google Translate. Our CA has an email, cochelpdesk@mainehousing.org for all questions/comments about MCOC including accommodations for people w/ disabilities. We utilize Ring Central videoconferencing for all meetings, eliminating the need for people to travel to participate. Ring Central includes a real time transcription function & chat, allowing hearing impaired members to meaningfully participate in discussions.
3) MCOC now has a Lived Experience Committee (LEC), officially recognized in our Governance, & an At-Large seat on our Board Executive Committee that can only be held by a member w/ Lived Experience of Homelessness. The LEC works closely w/Homeless Voices for Justice & w/Homeless Advocacy For All, Maine's two primary homeless self-advocacy groups, to ensure persons experiencing homelessness &/or formerly homeless persons actively & meaningfully participate. All of these groups have increased their efforts to connect w/ culturally specific communities experiencing homeless, including Black, Latino, Indigenous , LGBTQ+, & persons w/ disabilities, inviting them to attend meetings of the full MCOC & various committees. MCOC works w/ Cultural Brokers & organizations serving culturally specific communities who may experience homelessness, including migrant workers, asylum seekers, & other New Mainers. We have incorporated Maine's Youth Advisory Board (YAB), which includes youth w/ lived experience of homelessness, in our governance. MCOC has approved stipends to compensate participating LEC and YAB members for time/travel for participation in MCOC activities.

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) MCOC solicits & considers the opinions & involvement of the Statewide & Regional Homeless Councils (SHC&RHC), Service Hub Coordinators & Stakeholders, HOPWA & ESG sub-recipients, RHYA, DV/VAWA, PATH, SSVF, & SAMHSA providers, housing developers, advocates, people who've experienced homelessness, businesses, local, state & federal officials & community members. MCOC & SHC developed a Service Hub structure in Maine to bring together even more stakeholders at a local level to be part of broader efforts & focus on prevention, diversion & Coordinated Entry (CE). MCOC & our Board target outreach to potential stakeholders not already at meetings including Tribal entities, & organizations led by & serving BIPOC and LGBTQ+ individuals & communities. Full MCOC & all committee meetings are open to the public & accessible via phone/video conferencing; there are no membership fees/dues. All are welcome to participate in discussions & share ideas/opinions. Our CA provides an email: cochelpdesk@mainehousing.org where anyone may submit questions/comments on MCOC efforts.
2) Agendas, minutes, notices, etc. are all publically posted prior to meetings on our website www.mainehomelessplanning.org which is publicly accessible and has over 3400 subscribers. MCOC meetings are public & its activities are standing agenda items at SHC&RHC meetings which are also public monthly forums to solicit/share info, opinions, feedback, best practices & discuss emerging state & local issues & advocacy. We actively encourage everyone present to participate in these discussions.
3) Information is gathered at MCOC, SHC&RHC meetings, other public forums across Maine & at National conferences, which MCOC incorporates into all effort to develop improvements, best practices & new approaches to ending & preventing homelessness. For example Landlord risk mitigation; Covid response initiatives, rapid resolution & new diversion efforts were all developed w/ considerable public input. Based in large part on public feedback, MCOC & SHC developed a Service Hub structure in Maine, to bring together even more stakeholders at a local level to be part of our broader efforts & to focus on prevention, diversion & CE.

1B-4.	**Public Notification for Proposals from Organizations Not Previously 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) In our RFP seeking Project Applications for the 2022 NOFO Competition that was publicly posted on our website on August 5, 2022 we welcomed new proposals from organizations not previously funded by MCOC. Our website, www.mainehomlessplanning.org , is publicly accessible and has over 3400 subscribers. Information about the RFP was also shared at MCOC, Statewide Homeless Council, Regional Homeless Council, and Service Hub Stakeholder meetings - all of which are public forums. Following this year's announcement we received 8 Letters of Intent to apply including 2 from entities not previously funded by MCOC.
2) The MCOC RFP included links to the initial HUD NOFO Announcement & information specific to the MCOC process & deadlines, including how to access the detailed instructions & navigational guides to create an esnaps profile & submit an application to MCOC. All such announcements encourage interested parties to contact staff at MCOC's CA via email for more info.
3) MCOC accepts project applications from all organizations & uses a publicly posted scoring/ranking process for all new/renewal projects including those from entities not previously funded. Final scoring/ranking of all projects determines if any project proposal, including any from entities not previously funded, will be included in the current CoC Program Competition final submission to HUD.
4) To ensure effective communication w/ individuals w/ disabilities in its public notification for proposals from organizations not previously funded, the MCOC posts all info/notifications/materials as WORD &/or PDF documents on its website where they can be read aloud using Text to Speech or translated into other languages using Google Translate by anyone familiar w/ these programs. Our CA maintains an email account: cochelpdesk@mainehousing.org where anyone may submit questions or comments regarding this process, including any needed accommodations.

1C. Coordination and Engagement

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

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 Nonexistentif 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.	VA/SSVF Grantees/GDP Grantees/VASH and Maternal/Child Healthcare/WIC	Yes

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) MaineHousing & the City of Portland are the only direct ESG/ESG-CV recipients in Maine & both regularly participate in MCOC/MCOC Board meetings & solicit MCOC input about their use of ESG & ESG-CV funds. MCOC engages w/ ESG/ESG-CV recipients & subrecipients in planning & allocation discussions. MCOC provides input & recommendations during MaineHousing's annual review of Maine's 'Homeless Rule' that determines the allocation of ESG funds. MaineHousing also consulted extensively with MCOC seeking input on use of ESG-CV funds resulting in the following initiatives: Development of TRRP (Temporary Rapid Rehousing Program) to quickly move people from shelters to permanent housing w/ time limited supportive services; use of hotels/motels for wellness/non-congregate shelter; increase diversion efforts; COVID-19 related shelter renovations; hand washing stations; extra cleaning supplies; PPE & hazard pay for front line staff.
2) MCOC previously worked w/ HUD TA to develop ESG policies & procedures, monitoring processes & performance standards. MaineHousing consulted w/MCOC to incorporate these into their own ESG subrecipient monitoring. MCOC monitors/evaluates ESG recipient/sub-recipient data annually & reviews ESG recipient/sub-recipient performance outcomes & data, ESG HMIS Dashboard
Reports, & CAPER, PIT & HIC reports annually prior to HUD submission.
3) MCOC includes 7 Con Plan Jurisdictions, though only MaineHousing & the City of Portland directly receive ESG allocations. Annually, MaineHousing & MCOC compile PIT, HIC, LSA & other reports that are publicly posted on our website &/or distributed directly to Con Plan Jurisdictions & other stakeholders. MCOC publishes/makes available/highly publicizes annual PIT & HIC data (Maine & HUD publications) including on its website which auto-sends emails w/ every post. MCOC ensures all Con Plan jurisdictions have access to these reports for their Con Plan & Annual Action Plan updates & provides additional info & TA as needed to help in crafting responses to Con Plan & Annual Action Plan Updates.
4) MCOC ensures local homeless info/data is communicated to Con Plan Jurisdictions & addressed in Con Plans & Annual updates by providing & publicly posting on our website all PIT, HIC & LSA reports, MCOC's Gaps & Needs Analysis, & any other relevant info/data. MCOC also responds to special requests for information from Con Plan jurisdictions to ensure they have the most relevant & up-to-date information available.

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)	

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)

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

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.

(limit 2,500 characters)

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

1C-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	Yes	No
2.	Child Care and Development Fund	Yes	No
3.	Early Childhood Providers	Yes	No
4.	Early Head Start	Yes	No
5.	Federal Home Visiting Program–(including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	Yes	No
6.	Head Start	Yes	No
7.	Healthy Start	Yes	No
8.	Public Pre-K	Yes	No
9.	Tribal Home Visiting Program	No	No

	Other (limit 150 characters)		
10.			

1C-5.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors–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) MCOC works collaboratively w/ the Maine Coalition to End Domestic Violence (MCEDV), made up of DV shelter, housing, & service providers throughout the state, to regularly review & update CoC policies to ensure those fleeing DV, dating violence, sexual assault & stalking can access housing/services unique to their needs that prioritize safety/confidentiality, including trauma-informed, victim-centered services, & development, implementation, & adherence to Emergency Transfer Plans (ETPs) & protocols for DV referrals to Coordinated Entry (CE) to ensure safety, confidentiality & maximize client choice, regardless of where/how they connect to the system. MCOC ensures safety, confidentiality & maximizes client choice w/ CE protocols, developed in conjunction w/ MCEDV, that prioritize safety/trauma-informed/victim-centered services & accounts for unique housing/service needs of DV, dating violence, sexual assault & stalking survivors, including a DV specific CE if they choose. Maine's ESG criteria includes maintaining confidentiality of DV client data/PII & CE incorporates confidentiality/safety protections in policy & ensures access to both DV & non-DV housing/service options as desired.
2)MCOC has many ES, TH & PSH beds dedicated to people fleeing DV & providers operate shelters/service/housing specifically for human trafficking victims accessible via MCOC & DV CE. Still, many DV clients qualify for & may prefer non-DV-specific housing/rental assistance, so MCOC ensures access to many housing types w/ varying supports to maximize client choice. MCEDV trains & monitors compliance w/ QA standards for DV providers, who must offer crisis intervention & advocacy services for emotional/physical safety for all DV clients, enhancing survivors' personal agency/autonomy. Non-VSPs who receive ESG funds will be trained on ETPs and using a trauma-informed approach regardless of known DV/SA survivor status. Each interaction is collaborative, trauma-informed & grounded in the fact that survivors are the authorities regarding risk they face & potential impact of interventions. Advocates provide shelter/housing/services in compliance w/ VAWA confidentiality/non-discrimination standards.

1C-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) MCOC coordinates w/ the Maine Coalition to End Domestic Violence (MCEDV) to provide trainings at least annually for all COC & ESG funded project staff as well as other housing & service providers to address safety & best practices including trauma-informed, victim-centered approaches & planning protocols in serving DV survivors. MCOC Resource Committee coordinates w/ MCEDV on this & other related trainings. Notices for trainings are posted on the MCOC website & shared in multiple forums well in advance to optimize attendance. Trainings are conducted via interactive teleconferencing to increase participation from across the state. The MCEDV & its member organizations work w/ MCOC to also provide trainings to a variety of groups including PHAs, DHHS, Community Development programs, healthcare partners, including mental health and case management, housing developers, Youth Advisory Board members, CAP agencies, non-ESG shelters, & non-COC funded housing providers to help increase awareness of best practices & proper safety planning. Staff from BIPOC and Tribal led organizations attend most meetings.
2) MCEDV members actively participate in MCOC, including in the planning and implementation of our CES & provide info/training on best practices in serving survivors of domestic violence, dating violence, sexual assault, stalking & human trafficking to DV & non-DV providers including CE Staff and Service Hub Coordinators at least annually. An MCEDV staff is a Tri-chair of our CE Committee & is involved w/ the MCOC Coordinated Entry System (CES) to ensure safety/planning protocols are in place. MCOC CES staff are trained on safety, best practices & planning protocols in serving survivors of DV. At the first point of interaction w/ MCOC CES, safety/triage questions are covered & the person is asked if they would prefer to access the DV CES. DV referrals are prioritized to ensure survivors of domestic violence, dating violence, sexual assault, stalking & human trafficking are connected to the most appropriate, trauma-informed, victim centered services ASAP & strict confidentiality is maintained regarding all PII, in keeping w/ best practices, MCOC policies, & VAWA regulations. MCOC coordinated w/ MCEDV to provide trainings for all CES access points including the statewide 211.

1C-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.

(limit 2,500 characters)

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

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)Maine Coalition to End Domestic Violence (MCEDV) works w/MCOC to provide annual training open to all MCOC participants & other interested parties that addresses the requirement for ETPs for all housing providers regardless of DV focus to ensure those fleeing DV, dating violence, sexual assault & stalking can access all available housing/services to meet their needs while still prioritizing safety & confidentiality, including trauma-informed, victim-centered services, & development, implementation, & adherence to Emergency Transfer Plans (ETPs) & protocols. Maine's ESG criteria includes maintaining confidentiality of DV client data/PII regardless of provider type. MCOC CE protocols prioritize safety/trauma-informed/victim-centered services, including a separate DV CE, if desired.
2) MCoC's CE uses trauma-informed, victim-centered approaches, including information about & adherence to ETPs & protocols for all referrals to ensure safety, confidentiality & maximize client choice. MCOC is adding ETP criteria to our Monitoring process to ensure that all ESG & CoC funded programs offer information about the ETP process & options at intake & again during lease-up regardless of known survivor status. MCOC CE incorporates confidentiality/safety protections in policy & ensures access to both DV & non-DV housing/service options as desired. MCOC ensures safety, confidentiality & maximizes client choice w/ a CE that accounts for unique housing/service needs of DV, dating violence, sexual assault & stalking survivors, including a DV specific CE if they choose. MCOC has many ES, TH & PSH beds dedicated to people fleeing DV & providers operate shelters/service/housing specifically for human trafficking victims accessible via MCOC & DV CE. Many DV clients qualify for non DV-specific housing/rental assistance, ensuring access to many housing types w/ varying support to maximize client choice. MCEDV trains & monitors compliance w/ QA standards for DV providers, who must offer crisis intervention & advocacy services for emotional/physical safety, enhancing survivors' personal agency/autonomy. Each interaction is collaborative, trauma-informed & grounded in the fact that survivors are the authorities regarding risk they face & potential impact of interventions. Advocates provide shelter/housing/services in compliance w/ VAWA confidentiality/non-discrimination standards.

1C-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 MCoC works closely with Maine Coalition to End Domestic Violence and the local VSPs to provide access to the full range of housing and services available. No client, regardless of known survivor status, is required to be identified on the prioritization list - they may always be offered and allowed the choice to have their PII protected, including withdrawing their identification from the list and remaining there in a deidentified manner. All VSPs are members of the CoC and are engaged with the CE system. Maine's CE System has a specific process for survivors to access all available CoC Housing resources while maintaining the level of confidentiality required. The State assessment tool allows for a prioritization bump for anyone fleeing or attempting to flee DV/SA regardless of length of time homeless thus increasing the probability of those fleeing DV/SA will be referred to all appropriate resources.

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)Maines ESG criteria includes maintaining confidentiality of DV client data/PII to ensure survivor safety. MCOC CE protocols prioritizesafety/trauma-informed/victim-centered services, including a separate DV CE, if desired. Clients experiencing DV who work with a VSP will be placed on the prioritization list in a confidential manner using a ID#. All clients in the CoC are eligible for this same service and are never required to be fully identified on the list.
2) Maine Coalition to End Domestic Violence (MCEDV) works w/MCOC to develop plans that ensure those fleeing DV, dating violence, sexual assault & stalking can access housing/services unique to their needs that prioritize safety & confidentiality, including trauma-informed, victim-centered services, & development,implementation, & adherence to Emergency Transfer Plans (ETPs) & protocols
for DV referrals to Coordinated Entry (CE).
3) MCoC's CE uses trauma-informed, victim-centered approaches in development, implementation, & adherence to ETPs & protocols for CE DV referrals to ensure confidentiality & maximize client choice. All clients fleeing or attempting to flee DV will be referred to a VSP, though not required to engage their services, for specific advocacy and support. All policies and protocols are maximized to maintain confidentiality for all clients. No client is required to be placed on the prioritization list fully identified. All clients, regardless of known DV/SA status, are offered the opportunity to use a deidentified method to access the list.

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)MCOC updates its CoC-wide anti-discrimination policy at least annually & as-needed w/ input/feedback from stakeholders including ESG recipients/subrecipients, project staff, key leadership, government entities, ppl w/ lived experience, ppl most likely to be adversely affected by discrimination & people least likely to provide feedback w/o specific outreach.
2)MCOC implemented a written CoC-wide anti-discrimination policy & Maine's CES includes specific language/provisions pertaining to anti-discrimination. MCOC held an annual CoC-wide training w/ 50+ providers attending on the importance of diversity, equity, & inclusion including the importance of & information that would assist in developing/improving project-level anti-discrimination policies consistent w/ the CoC-wide policy ensuring LGBTQ+ individuals/families receive supportive services, shelter & housing free from discrimination. This training included how to effectively implement HUD's Equal Access Final Rule. This training generated follow-up trainings/CoC-led individual project TA for enhanced assistance in project-level anti-discrimination policy improvement. The CoC contracted with MaineTransNet (MTN) to conduct a statewide training for all housing providers & interested parties on equal access for transgender individuals to emergency shelter & housing.
3)MCOC evaluates compliance w/ anti-discrimination policies via project monitoring/project scoring processes & CES evaluation. The Lived Experience Committee & the Youth Advisory Board also play key roles in assisting MCOC to evaluate compliance. MCOC has a grievance/appeals process through which complaints of discrimination can be made by clients or on their behalf. MCOC evaluates these grievances & the projects against whom they've been made.
4)MCOC's process for addressing noncompliance w/anti-discrimination policies includes: formal written notification to projects alleged to be or found to be in noncompliance; encouraging/assisting aggrieved parties to seek out all avenues of addressing discrimination including Fair Housing violation complaints/formal complaints w/ Maine Human Rights Commission; providing additional TA to projects found to be in noncompliance; putting projects in noncompliance on Project Improvement Plans & more frequent project monitoring specifically evaluating compliance; reduction in scores in the annual CoC competition for noncompliance; & projects found to consistently not comply reduction in/loss of funding.

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?
Maine State Housing Authority	46%	Yes-HCV	Yes

Portland Housing Authority	33%	Yes-Both	Yes

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

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

(limit 2,500 characters)

1) MCoC has worked with the two largest HAs in the state, Portland Housing Authority (Portland HA) & Maine State Housing Authority (MaineHousing), as well as others, to adopt homeless admission preferences. MCoC has done this via written communications, meetings w/ HA leadership, invitations to join MCoC meetings, seeking membership on HA boards & networking at community stakeholder events. MCoC enjoys a strong relationship with Portland HA, & MaineHousing serves as the MCoC Collaborative Applicant & is an integral part of the MCoC. The successful collaborations between MCoC & the two largest HAs in the state is evidenced by the very high percentage of people experiencing homelessness upon program entry: 46% of MaineHousing new admissions into Public Housing & the Housing Choice Voucher Program in FY20 were people who were experiencing homelessness at entry; & 33% of Portland HA's new admissions into Public Housing and the Housing Choice Voucher Program in FY20 were people who were experiencing homelessness at entry. In collaboration with MCOC, both Portland HA & MaineHousing have incorporated general or limited homeless preferences in their admin plans. MCOC continues to work with & encourage all HAs in the state to incorporate Homeless Admission Preference Policies into their Admin Plans. Additionally, MCOC has secured MOUs from Portland HA & MaineHousing documenting Move On Strategies, which designate preference/practices for current PSH program participants who no longer need intensive services, for their programs, such as allowing current PSH program participants to port existing Project Based Section 8 vouchers to Housing Choice Vouchers. More recently, MCOC was able to help facilitate the use of EHV Vouchers for homeless households with the Housing Authorities in Bangor, Caribou, Lewiston & Waterville, as well as Portland & MaineHousing.
2)N/A, since MCOC does work closely with these & other PHAs to adopt such policies.

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

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

1.	Multifamily assisted housing owners	Yes
2.	PHA	Yes
3.	Low Income 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)	Yes
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	Yes
7.	Public Housing	Yes
8.	Other Units from PHAs:	
	Portland FYI 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

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

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

Name of PHA: Maine State Housing Authority

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

Name of PHA: Bangor Housing Authority

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

Name of PHA: Caribou Housing Authority

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

Name of PHA: Lewiston Housing Authority

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

Name of PHA: Portland Housing Authority

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

Name of PHA: Waterville Housing Authority

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.	34
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.	32
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.	94%

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)MCOC evaluates how well Housing First (HF) approaches are being Implemented. All MCOC-funded projects have adopted HF. MCOC works closely w/ projects to ensure admission/intake procedures have no/low barriers to entry, prioritize rapid placement/stabilization in permanent housing & are not requiring service participation/preconditions. How well projects are following HF is highlighted through MCOC CES case conferencing which ensures projects who have committed to the HF approach are doing it. MCOC monitors all projects at least annually & outside of the annual competition & any complaint/grievance/appeal is reviewed through the HF lens to ensure equity. MCOC monitors/scores projects based on the degree to which projects have adopted a HF approach including a scoring scale that provides more points for each aspect of the HF approach that projects check off in their applications. Through CE, MCOC is undergoing a review of projects' operating policies/procedures including intake, referral & termination policies to ensure they all use a HF approach. MCOC will assess project tenant selection/admission policies to ensure projects don't screen out applicants based on rental, credit, criminal histories, sobriety, income, etc.
2)MCOC monitors/scores/ranks projects based on the degree to which projects have adopted a HF approach including a scoring scale that provides more points for each aspect of the HF approach which projects check in their project applications. The list of factors & performance indicators MCOC uses to evaluate if projects are actually using a HF approach include: if the project moves ppl quickly into housing(HMIS data); if the project actually enrolls ppl w/: little/no income, substance use disorder, history of victimization (HMIS data); & whether the project's operating/termination/tenant selection policies prevent termination for failure to participate in support services &/or make progress on service plan, loss of/no income; any activity not covered in a standard lease.
3)MCOC regularly evaluates projects outside the competition to ensure the projects are using a HF approach through its monitoring processes/CES/CES case conferencing. MCOC monitors all project at least annually & outside the annual competition & any complaint/grievance/appeal is reviewed through the HF lens to ensure equity. MCOC is undergoing a review of projects' operating policies/procedures/tenant selection/admission to ensure they all appropriately use a HF approach.

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) MCoC has successful outreach strategies to ensure regular engagement of unsheltered individuals/families in the locations they reside including ppl w/the highest vulnerabilities. These strategies have been improved w/Maine's homeless system redesign Hubs/Coordinated Entry System (CES). MCoC outreaches unsheltered ppl w/a network of statewide providers as referral partners/access points through Maine's 9 local service Hubs/CES. Hubs are operating systems for ending homelessness & essential in Maine's CES, a coordinated convening of stakeholders in each region-including CES case conferencing. Hubs ensure community participation/coverage for the service area including outreach. Maine 211 system is available to connect such persons to the network of providers 24/7/365. ESG shelters conduct outreach in their local communities. PATH outreaches to those living w/Serious & Persistent Mental Illness (SPMI) who are homeless/least likely to seek assistance w/o outreach. Maine has a Medicaid-funded service program for a coordinated/statewide system to ensure unsheltered ppl are identified/engaged. PATH engages eligible persons & establishes trust to assist w/links to housing/vouchers; Mainstream Resources; case management/services. Youth providers are contracted by MEDHHS for outreach. MCoC coordinates w/street outreach & by-name list efforts to meet the needs of unsheltered people in Maine. These efforts identify the least likely to engage/request assistance. SSVF programs conduct continuous street/community outreach to ID homeless Vets.
2) Street outreach providers provide street outreach/engagement across 100% of MCoC's (inhabited) geographic area.
3) Street outreach w/in MCoC is conducted at least daily & connects the unsheltered to homeless services year-round. Connections to street outreach services are available via 211.
4) MCoC tailored outreach to the least likely to request assistance by: coordinating w/ regional street outreach/by-name list efforts to meet the needs of unsheltered ppl statewide. MCoC Hubs/CES use PATH as the primary outreach resource designed to aggressively & systematically provide outreach to those least likely to seek assistance. These efforts are tailored to those least likely to engage/request assistance, are targeted to meet the needs of each individual & address service gaps, including specific subpopulations that are reluctant to seek assistance such as LGBTQ, persons fleeing DV, unsheltered youth & those suffering w/SPMI/SUD.

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/educated State Legislature	Yes	Yes

1D-5.	**Rapid Rehousing–RRH Beds as Reported in the Housing Inventory Count (HIC).**	
	NOFO Section VII.B.1.l.	

		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."	276	486

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)	

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)MCOC systematically keeps program staff up-to-date on mainstream resources available for program participants. We disseminate info to MCOC membership during MCoC meetings as a standing agenda item. MCoC offers trainings on mainstream resources, including but not limited to, SNAP, TANF, SSI/DI, Medicaid, Medicare, VA benefits. MCOC works w/ programs directly to ensure collaboration & consumer access to programs/benefits. State/local mainstream program staff regularly attend MCOC meetings & provide updates. MCOC disseminates availability of mainstream resources & other assistance info to projects by posting all trainings/related mainstream resource info on its website on a regular basis, at least monthly. MCoC mainstream resource training info is also distributed via email through the statewide & regional homeless councils & supportive service provider agencies collaboratives. MCoC systematically informs programs/staff on mainstream resources available through frequent trainings & TA which are publicly posted & circulated via email lists, & through monthly Policy & Resource Committee updates. All Trainings are now Web based & accessible from anywhere via computer or phone. MCOC assists w/ access to & effective use of mainstream resources & other benefits through trainings and connecting project staff to community orgs that can provide info on &/or help program participants apply for benefits.
2)MCOC works w/ project staff to collaborate w/ healthcare orgs, including substance use disorder(SUD)/mental health treatment, to assist program participants with receiving healthcare services by: trainings conducted by State of Maine OBH to facilitate connections/ partnerships w/ projects & healthcare orgs; working w/ community orgs that assist participants in accessing health services (including applying for healthcare coverage via Medicaid & VA Medical Services) & SUD/mental health services. MCOC monitors & provides TA to projects on their ability to connect participants to healthcare services. ME DHHS oversees Medicaid & the Office of Behavioral Health-a long-standing MCOC member. MCOC has helped project staff collaborate w/ DHHS to assist participants in enrolling in health/behavioral health services.
3)MCOC works w/ projects to promote SSI/SSDI Outreach, Access, and Recovery (SOAR) certification of program staff by holding specific SOAR trainings that highlights benefits of SOAR certification for staff.

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)

MCOC has worked diligently since the onset of the pandemic to increase capacity for non-congregate shelter. MaineHousing & City of Portland, the ESG/ESG-CV recipients in Maine, participate in MCOC & MCOC Board meetings & solicit MCOC input in crafting responses to Con Plans, Annual Action Plan Updates & use of ESG-CV funds. MCOC engages w/ ESG/ESG-CV recipients & subrecipients for their use of ESG/ESG-CV/HOME-ARP/ERA funds including planning & allocation discussions. MCOC provided input & recommendations in the development of Plans & allocation of funds. The results of these efforts included expanded use of hotels/motels for non-congregate shelter from multiple funding sources including GA, ERA, FEMA, ESG-CV, and HOME-ARP (for hotel/motel conversion); physical building improvements/changes to shelters to de-congregate; diversion efforts to prevent people from entering the shelter system in the first place further increasing system and noncongregate shelter capacity. MCOC continues to use hotel/motels for noncongregate shelter even after the end of FEMA funding to do so. MCOC & its partners continue to work on facilitating creative, innovative, collaborative responses to end & prevent homelessness, including the best practice of expanding capacity for noncongregate shelter. Planning is underway for bills to be considered by the State Legislature which would further increase capacity for noncongregate shelter specifically for unsheltered ppl, including essential service provision ppl in noncongregate shelter & ways to move them rapidly into permanent housing-in line w/ best practices. Maine is one of the very few states that quickly/efficiently utilized Rent Relief & EHV including for noncongregate shelter. MCOC, the Statewide Homeless Council & MaineHousing worked w/ Corporation for Supportive Housing to analyze & redesign the homeless services system & did so amid the pandemic w/ a keen eye towards increasing noncongregate shelter capacity. Maine has implemented a regional service delivery system, incorporated into MCOC's CES, to nurture a regional nimble approach to providing homeless services that account for best practices/lessons learned in the pandemic including noncongregate shelter. MCOC has increased its outreach efforts/capacity to work w/ Cultural Brokers statewide to help us connect w/ migrant workers, asylum seekers & other New Mainers including efforts to provide non-congregate housing/hotels/motels for those who are unhoused.

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) MCOC has coordinated w/ mainstream health/local & state health agencies/clinics & Maine CDC (MCDC) to establish policies & procedures to respond to & decrease the spread of infectious diseases in numerous ways including: collaborating to quickly/publicly share up-to-date info/guidance from health entities on MCOC's website & at remote meetings attended by executive level & front line staff, such as safety measures, best practices, resources, guidance/training related to maintaining/improving safety measures for housed/sheltered/unsheltered populations & staff & info on accessing PPE/testing/vaccines/treatments & wellness/quarantine/isolation shelter resources. MCOC has implemented policies/practices based on guidance from mainstream health agencies/MCDC that including protocols for: conducting remote meetings for all COC activities to reduce physical contact/promote social distancing; quickly de-congregating shelters by increasing space between mats/beds & establishing quarantine/wellness shelters to allow for isolation from others to prevent the spread of infectious diseases; distributing PPE, cleaning supplies, & other materials as needed; practicing social distancing in all aspects of the homeless response system; working w/ mainstream to ensure testing/vaccines/treatments are made available to sheltered/unsheltered populations & front line staff, including coordination with Maine CDC, Public Health Agencies, local healthcare providers to ensure access to COVID boosters & Seasonal Flu shots, along with VA Medical Staff at Veteran Stand Down events.
2) MCOC has coordinated w/ mainstream health/local & state health/MCDC to ensure safety measures are implemented throughout our homeless response system, including: The ability to quickly reduce capacity in shelters to allow for social distancing; distribution/use of PPE/cleaning supplies for staff/clients; protocols for on-site testing/vaccinations; contingency plans for shelters to operate 24/7 & creating temp wellness shelters; establishing isolation/quarantine hotels; prioritizing vouchers for housing sheltered/unsheltered populations; providing rent relief to reduce returns to homelessness; increased diversion efforts to prevent people from entering the homeless/shelter system.

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)MCOC has a page on our www.mainehomelessplanning.org website to quickly & publicly share the most up-to-date Infectious Disease info w/ homeless service & outreach providers & the general public. Info is translatable into different languages to increase access & remove barriers. The website is the primary means of public communication for both the MCOC & the Statewide Homeless Council (SHC) & multiple committees/other groups working to end & prevent homelessness in Maine. Info shared on the site includes safety measures, best practices, resources, guidance & links to trainings related to maintaining/improving safety measures for housed/sheltered/unsheltered populations & staff, & info on accessing PPE, testing & vaccines, wellness/quarantine/isolation shelter & Rent Relief/Eviction Prevention resources to help people stay housed. Sources of this info included HUD, including HUD Office Hours, FEMA, USICH, NAEH, State & Federal CDC Offices, Maine.gov. & National Healthcare for the Homeless Council (NHCHC), & National Coalition for the Homeless (NCH).
2) Representatives from Maine CDC (MCDC) now regularly attend MCOC & SHC meetings to share the most up-to-date information on infectious diseases & other public health matters & address questions & concerns raises by attendees, including Outreach, Shelter, & Housing Providers. The most up-to-date info is publicly posted on the MCOC website as soon as it becomes available & shared at all regular meetings of both MCOC & SHC. MCOC's ability to rapidly implement CDC guidance/recommendations/best practices & our improved/increased lines of communication/information sharing enabled us to work w/ MCDC to make COVID vaccinations available to sheltered/unsheltered populations, & front line staff, all of whom were in the first groups to receive vaccinations in Maine. MCOC & its stakeholder partners continue to work on facilitating creative, innovative, collaborative responses & related policies/protocols to improve its readiness for future emergencies & to end & prevent homelessness.

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) MCOC CES covers 100 percent of our geographic area using a statewide Service Hub model with 211, outreach programs, and access points working together to ensure each county in the state is covered. Maine CES utilizes a multi-site access point system that is built off of a person-centered model with statewide access.
2) Utilizing TA support, MCoC has created a unique assessment tool that has replaced the VI SPIDAT. The tool is comprised of 5 sections: addressing emergency needs, collecting contact information, housing history, a problem solving/diversion conversation and identifying the housing preferences of the participant. This assessment will be used at each coordinated entry access point and will be used to create the CE prioritization list. Annually, a training is conducted on the use of the assessment tool to be sure all access points administering the assessment are collecting information uniformly, providing the appropriate messaging and resource referrals for participants, as well as supporting participants as the CES process is intended to do.
3) Maine CES convenes regular CES Committee meetings to review feedback from participating projects, households, and hub coordinators to be sure the assessment process is meeting the intended priorities of the MCOC. MCES convened several stakeholder meetings in the design of the CES assessment tool, has done a test on the assessment tool incorporating provider and participant feedback, and will continue to iterate changes to the tool when the need arises.

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) CES uses outreach, written materials, marketing strategies, stakeholder meetings, & works w/ orgs that have culturally sensitive staff & translation services to reach households who might not otherwise apply for homeless assistance. Written materials are shared electronically & disseminated widely including in rural areas. There is info/training for housing navigators, outreach workers & other stakeholders on how to access CES. Hub coordinators ensure all areas are covered w/ outreach services & marketing materials so those in need of services know how to access them. Hub coordinators reach out to providers & orgs including general assistance, medical/police services, & faith-based orgs to reach as many households as possible.
2) Maine CES's prioritizes participants based on LOTH & barriers to housing; this aims to ensure those most in need of assistance receive housing resources. Prioritization scores are increased for those who meet Maine's LTS definition, those fleeing DV, & those who are unsheltered, making it more likely these populations are matched w/ housing resources. This prioritization process aligns w/ HUD's Notice Prioritizing Persons Experiencing Chronic Homelessness & Other Vulnerable Homeless Persons in PSH.
3) The CES process includes completing assessments w/in a specific number of days for rapid prioritization/referral for available resources. Case conferencing for system & participant level barriers happens regularly; matching to referrals happens on an ongoing & as needed basis outside of case conferencing. Participants are notified within 3 business days of being matched to a housing resource. The CE assessment includes a section for participants to report their preferences; this data is used in the matching process & in case conferencing.
4) Maine CES was designed to make it as easy as possible for participants to navigate, including utilizing a common assessment. Data is shared via HMIS to ensure participants do not have to complete the assessment more than once & thus do not need to disclose potentially stressful information again. Flexibilities have been woven into the Maine CES to lessen burdens on participants, including allowing several ways of contacting participants when they are matched w/ a resource, allowing for assessments to be completed through progressive engagement & be completed in person or by phone. Case conferencing will happen regularly; participant & system level barriers will be discussed & solved for.

1D-10.	**Promoting Racial Equity in Homelessness–Conducing Assessment.**	
	NOFO Section VII.B.1.q.	

1.	**Has your CoC conducted a racial disparities assessment in the last 3 years?**	No
2.	**Enter the date your CoC conducted its latest assessment for racial disparities.**	03/28/2019

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) MCOC's process for analyzing whether any racial disparities are present in the provision or outcome of homeless assistance includes: conducting system-level and project-level assessments of whether disparities in the provision or outcome of homeless assistance exists; reviewing local/state data including HMIS System Performance Data, Stella reports, Census & American Community Survey data etc. to compare the general population in Maine, the population living in poverty in Maine, & the population experiencing homelessness in Maine to determine if people of different races are more or less likely to receive homeless assistance; reviewing local/state data including HMIS System Performance Data, Stella reports, Census & American Community Survey etc. data to compare different populations & subpopulations experiencing homelessness in Maine to see if people of different races have the same, better, or worse outcomes from the receipt of homeless assistance (% of PH placements/retention for people of different races/ethnicities compared to % of PH placements/retention for people who are white/Caucasian &/or nonhispanic/nonlatino, whether or not people of different races/ethnicities return to homelessness at the same, higher, or lower rates; length of time homeless for people of different races/ethnicities vs that of those who are white/Caucasian/nonhispanic/nonlatino, etc.).
2)MCOC identified the following racial disparities in the provision or outcomes of homeless assistance: People of different races or ethnicities are more likely to receive homeless assistance vs people who are white/Caucasian &/or nonhispanic/nonlatino when compared to both the general population in Maine & the population of people in poverty in Maine; and that people of different races or ethnicities who experience homelessness are more likely to receive a positive outcome from homeless assistance (successfully attaining/retaining permanent housing) vs people who are white/Caucasian &/or nonhispanic/nonlatino & experiencing homelessness.

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

	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.	Statewide Trainings in collaboration with Indigenous Orgainzations & establishing a BIPOC Committee of the Board	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)

MCOC adopted "Racial Equity Policy & Standards" to improve overall racial equity in the provision/outcomes of assistance, including beyond the areas identified (ID'd) in its assessment. The MCOC Board adopted the following commitment statement to promote racial equity: Institutional & systematic racism contributes to the oppression of people of color, creating inequity, poverty & homelessness. This commitment includes the proactive reinforcement of policies/practices/attitudes/actions to produce equitable power, access, opportunities, treatment, impacts & outcomes for all." Steps MCOC/homeless providers have taken to address disparities ID'd in the provision or outcome of homeless assistance include: MCOC Board/decision-making bodies/program staff are more representative of the population served & working to better reflect this; expanding outreach to areas w/ higher concentrations of underrepresented groups; have all training/communication inclusive of these groups; MCOC-led training for staff working in the homeless services system to better understand the intersection of racism & homelessness; establishing professional development opportunities to id/invest in emerging leaders of different races/ethnicities; MCOC decision-making bodies/Committees analyzing/addressing racial disparities; reviewed CES processes to understand their impact on people of different races/ethnicities; collecting data to better understand the pattern of program use for people of different races/ethnicities; conducting additional research on the scope/needs of different races/ethnicities experiencing homelessness; hiring a consultant to address racial disparities including implicit bias specifically w/ MCOC documents/CES processes for DEI. To address racial disparities w/in the system MCOC/MCOC Board ensure that MCOC continuously: ID's the causes of racial disparities and implements strategies to reduce them; assesses the scope of racial disparity for homelessness; assesses how programs/systems provide connections to services/housing at equitable rates for equitable outcomes across races/ethnicities; works w/ communities to ensure racial disparities are not perpetuated; shares findings w/ all stakeholders on the scope of racial disparity & how it impacts the homeless system; reviews system performance disaggregated by race, specifically for Length of Time Homeless & Exits to Permanent Housing to identify/address disparities.

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)

MCOC has the following measures in place to track progress on preventing or eliminating disparities in the provision or outcomes of homeless assistance: review MCOC Board/decision-making bodies/program staff make up to determine if MCOC is making progress on being more representative of the population served; examining which areas MCOC has expanded outreach in w/ higher concentrations of underrepresented groups and incentivizing doing so more; measuring the degree to which training/communication is inclusive of these groups; tracking the number MCOC-led traininga for staff working in the homeless services system to better understand the intersection of racism & homelessness including which orgs attend; reviewing if new leaders of different races/ethnicities have emerged from MCOC professional development work; consistent review of CES processes to track how they impact people of different races/ethnicities and if they create racial disparities immediately have the standing CES Committee/MCOC Board work to remedy them; analyzing data at the MCOC Board to address patterns of program use for people of different races/ethnicities; revising and adopting updated MCoC/CES documents to better address racial disparities including implicit bias based on the recommendations of the consultant and tracking how these changes improve equity on the MCOC and project levels; track through data and consumer surveys how programs/systems provide connections to services/housing at equitable rates for equitable outcomes across races/ethnicities; track system performance disaggregated by race over time, specifically for Length of Time Homeless & Exits to Permanent Housing to ensure MCOC is reducing racial disparity and ensuring equity; monitoring/scoring/ranking projects based on the degree to which they implement a diversity, equity and inclusion lens in their projects and tracking this overtime to analyze progress.

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)

MCoC works diligently to outreach and engage ppl w/ lived experience in all its work including service delivery and decision-making. MCoC has developed targeted outreach strategies to ensure people with lived experience are involved and play meaningful roles in all the MCoC's work. MCoC has a Lived Experience Committee comprised of individuals who are currently experiencing or have previously experienced homelessness, chaired by a person w/ lived experience who is an officer of the MCoC Board. This group's purpose is to outreach and engage people w/ lived experience so that they are around all tables pertaining to CoC service delivery and decision-making. To ensure robust participation the MCoC/MCoC Board provides stipends to members of this Committee for attending MCoC and MCoC Committee meetings. MCoC is in the final stages of developing a process through which this occurs. MCoC established an at-large leadership officer position on its Board of Directors reserved for someone with lived experience to ensure that people w/ lived experience are not only involved in the MCoC's decision-making but involved at every level including in leadership roles. MCoC works w/Homeless Voices for Justice & w/Homeless Advocacy For All, Maine's two primary homeless self-advocacy groups, to ensure persons experiencing homelessness &/or formerly homeless persons actively & meaningfully participate. We incorporated Maine's Youth Advisory Board (YAB) in our governance & approved stipends to compensate participating YAB members for time/travel for MCOC activities. YAB membership includes youth w/ lived experience of homelessness.

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.	27	10
2.	Review and recommend revisions to local policies addressing homelessness related to coordinated entry, services, and housing.	27	10
3.	Participate on CoC committees, subcommittees, or workgroups.	8	3
4.	Included in the decisionmaking processes related to addressing homelessness.	27	10
5.	Included in the development or revision of your CoC's local competition rating factors.	4	1

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)

MCOC provides professional development opportunities to individuals w/ lived experience in many ways. The MCoC/MCoC Board provides stipends to members of the Lived Experience Committee (LEC) and the Youth Advisory Board (YAB) for attending MCOC and MCOC Committee meetings as a means of increasing individuals' professional development, access to CoC member orgs, & potential employment opportunities w/I them. MCOC is in the final stages of developing a process through which this occurs. MCOC has a position on the Board reserved for someone w/ lived experience as well as a position on the Board reserved for a member of the YAB to ensure there are opportunities for professional development & increased access to potential employment opportunities. MCOC also established an at-large leadership officer position on its Board of Directors reserved for someone with lived experience as a means of professional dev. which also ensures that people w/ lived experience are involved in the MCOC's decision-making at every level including in leadership roles. MCOC supports/encourages its membership to support/create/enhance opportunities for professional development and employment of people with lived experience by: scoring/ranking projects based on the degree to which they do this within their own organization; ensuring that members adhere to Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), & (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training/employment be given to lower-income residents of projects, which the MCOC has specifically expanded to include people with lived experience. MCOC membership and its member orgs routinely provide employment training assistance to people w/ lived experience and have established preferential hiring practices. Numerous MCOC member orgs use a peer model which allows for the professional development of people w/ lived experience & routinely creates employment opportunities for peers to move into more professional, paid staff roles.

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)MCOC routinely gathers feedback from people experiencing homelessness/people who have received assistance through CoC/ESG programs on their experience. MCOC gathers info at MCOC/SHC/Regional Homeless Council meetings/other public forums/ conferences related to homelessness/housing where ppl receiving homeless assistance/ppl provide feedback. MCOC incorporates this feedback from ppl w/ lived experience into all efforts to improve/use best practices/new approaches to ending & preventing homelessness. Ie: landlord risk mitigation, Covid response initiatives, rapid resolution & diversion efforts were developed w/ considerable input from ppl w/ lived experience. Based on feedback received especially from ppl w/ lived experience MCOC & SHC have developed a new Service Hub structure in Maine, to bring together even more stakeholders at a local level to be part of our broader efforts & to focus on prevention, diversion & CE. MCOC's CES process & new assessment tool were developed w/ significant input from people who receive(d) assistance through ESG/CoC programs. The assessment tool was tested & improved upon based on feedback from ppl currently experiencing homelessness. MCOC solicits feedback via client surveys/exit interviews/group forums from ppl using ESG/CoC programs/ Lived Experience Committee/the Youth Advisory Board/Homeless Voices for Justice.
2)MCOC has taken the following steps to address challenges raised by people w/ lived experience of homelessness: landlord risk mitigation, Covid response initiatives, rapid resolution & diversion efforts were all developed w/ considerable input from ppl w/ lived experience to address specific challenges regarding the homeless response system. Based largely on feedback received especially from ppl w/ lived experience MCOC & SHC developed a new Service Hub structure in Maine to bring together even more stakeholders at a local level to be part of our broader efforts & to focus on prevention, diversion & CE - all of which addresses specific challenges raised by ppl w/ lived experience. MCOC's CES process/new assessment tool were developed w/ significant input from people who receive(d) assistance through ESG/CoC programs including challenges faced. The assessment tool was tested/improved upon to address challenges raised by ppl w/ lived experience. MCOC incorporates feedback from client surveys/group forums/ppl using ESG/CoC programs/Lived Experience Committee/YAB/Homeless Voices for Justice to improve programs.

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)In the past 12 months the MCOC has done significant work to engage city, county & state gov. re. reforming zoning & land use policies to permit more housing development. MCOC advocated strongly/engaged policymakers on a landmark bill now (public law) in the State Legislature which gathered national praise/attention: LD 2003 An Act To Implement the Recommendations of the Commission To Increase Housing Opportunities in Maine by Studying Zoning & Land Use Restrictions, which makes many changes streamlining zoning/permit processes & lifting land use restrictions. Specific zoning/land use reforms include: mandating municipalities allow structures w/ up to 4 dwelling units per lot; establishing a statewide & regional housing goal; defining "affordable housing development," requiring municipalities to allow affordable housing developments to be built at certain densities/sets criteria to ensure affordability for at least 30 years; require municipalities to ensure that all zoning ordinances affirmatively further fair housing in accordance with federal law & the Maine Human Rights Act.
2)In the past 12 months the MCOC has done significant work to engage city, county & state gov. re. reducing regulatory barriers to housing development. MCOC advocated strongly/engaged policymakers re. passing the Governor's Supplemental Budget specifically the creation of the Housing Opportunity Program w/i the Dept of Economic & Community Development to encourage/support the development of additional affordable housing units in Maine. This program includes Service Provider Grants, Community Housing Incentive Program grants & direct technical assistance all of which will reduce regulatory barriers to housing development thus increasing access to it. MCOC advocated strongly for LD 2003 An Act To Implement the Recommendations of the Commission To Increase Housing Opportunities in Maine by Studying Zoning & Land Use Restrictions. This landmark bill, now public law, importantly makes many important changes that reduce regulatory burdens/barriers for towns/municipalities which will greatly assist Maine in developing more affordable & permanent supportive housing. MCOC advocated w/ Members of Congress to reduce the regulatory barriers to using ARPA funding w/ LIHTCs- which the US Treasury Dept fixed greatly expanding affordable housing development due to increased leveraged resources.

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.	08/03/2022

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.**	Yes

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)?	100
2.	How many renewal projects did your CoC submit?	32
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) MCOC collects & analyzes data on participants' housing outcomes during an annual project monitoring process. MCOC collects data on income, supportive services, and permanent housing exit data. MCOC establishes performance thresholds for these measures to ensure projects are meeting the needs of participants to maintain their housing.
2) MCOC compares project start dates and move-in dates to determine the length of time it takes to house people in permanent housing. MCOC will also utilize aggregate data on emergency shelter and transitional housing lengths of stay to determine average time to housing for the system as a whole.
3) MCOC's scoring template provides points for projects that target services to people experiencing chronic homelessness, as well as points for projects that follow a Housing First model. The MCOC scoring template provides additional points for projects serving people facing specific barriers, including disability, vulnerability, mental health and substance abuse disorders, veterans, households with children, unaccompanied youth, and domestic violence.
4) MCOC makes considerations for projects serving hardest-to-serve populations in its scoring design and monitoring thresholds. The MCOC gives highest ranking priority to PSH projects, with mentioned scoring opportunities for those serving particular populations with higher barriers to housing and stability. MCOC accommodates the challenges of those projects by using an inclusive threshold for income performance. Recognizing that hard-to-serve populations will frequently struggle to maintain employment, MCOC also considers cash and non-cash benefits when evaluating participant income. Projects are permitted to meet either earned or benefit income to meet the overall performance goal, with no preference given to either at evaluation. This allows projects to serve people experiencing homelessness who may struggle to maintain employment.

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)MCOC diversified its membership/Board to better include persons of different races particularly those overrepresented in homelessness locally. Input was interntionally gathered from these groups the scoring/ranking tools. MCOC Board is in the process of contracting a consultant to provide culturally sensitive training/TA to develop strategies to address/correct racial inequities in the system including scoring/ranking/selection tools for a diversity, equity, inclusion lens/how to better incorporate persons of different races/ethnicities in all aspects of MCOC work. Part of this includes more strategies for input/include persons of different races in selection factor determination. MCOC is outreaching BIPOC-led orgs w/ for more voices/expertise around the table/in leadership to better address racial inequities/implicit bias systemically.
2)MCOC diversified its membership/Board to better include persons of different races, particularly those overrepresented in homelessness. Input was gathered/incorporated from this diversified membership in the MCOC scoring tools used to review project applications, including additional points for clearly describing using a race equity lens to address racial disparities.
3)MCOC Board is in the process of contracting a consultant to provide culturally sensitive training/TA w/ the aim to acknowledge racial inequities in the system/develop corrective strategies. Part of this work=ensuring persons of different races particularly those overrepresented in the local homelessness population are included in MCOC's Selection Committee, the group responsible for the review/scoring/ranking process for new/renewal new project applications. MCOC intentionally diversified its Selection Committee members to include persons of different races including those overrepresented in homelessness locally.
4) MCOC includes a question on its scoring tool for project applications addressing racial equity. New projects scored an additional 2 points if their project app clearly describes how it is using a race equity lens to address racial disparities in the homeless service system. MCOC Board is in the process of contracting a consultant to provide culturally sensitive training/TA to acknowledge racial inequities in the system/develop corrective strategies. Part of this work will include how best to ID/address/correct barriers faced by persons of different races/ethnicities, particularly those over-represented in the local homelessness.

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)MCOC has written Reallocation Procedures in Governance outlining both voluntary & involuntary reallocation. The Reallocation process is communicated to all applicants by wide dissemination/public posting of the Governance, included w/in MCOC minutes also posted publicly & through monitoring results/TA to projects.
Voluntary reallocations are initiated by the applicant. Involuntary reallocations are renewal projects that are entirely eliminated or have renewal funding reduced by MCOC. MCOC may use involuntary reallocation for reasons including unspent funds, repeated negative monitoring findings, or scoring very low during the competition. The reallocation process was approved by the full MCOC as part of Governance. MCOC uses reallocation to ensure progress toward HUD identified priorities, high performance standards & effective use of funds. Through annual project monitoring, MCOC analyzes projects per its Gaps & Needs Analysis & whether a project's funding in whole or in part should be reallocated to make resources available for new projects better aligning w/ needs. MCOC reviews performance of existing projects to determine the viability of reallocation to create new high performing projects. A Committee monitors project performance including APRs & data quality resulting in a threshold score. If projects fail to meet these thresholds they are provided TA & put on a Performance Improvement Plan (PIP). If the performance benchmarks in the PIP are not met, MCOC & its Board initiate involuntary reallocation to create higher performing projects.
2)MCOC did not identify any projects through its Reallocation process/procedures during the local competition this year.
3)MCOC did not reallocate any low performing or less needed projects during the local competition this year as all projects were found to be well-performing and needed in the communities in which they reside and for the populations whom they serve.
4)MCOC did not reallocate any projects this because none of the MCOC renewal projects were underperforming/low performing as all projects were found to be well-performing. And no projects were deemed to be less-needed, they all were determined to be needed in the communities in which they reside and for the populations whom they serve.

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?	No

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)?	No
2.	Did your CoC inform applicants why their projects were rejected or reduced?	
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.	

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.	09/13/2022

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

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

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

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.	WellSky

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

	Select from dropdown menu your CoC's HMIS coverage area.	Statewide

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.	05/06/2022

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)MCoC works with the Maine Coalition to End Domestic Violence (MCEDV) to establish data protocols & submission guidelines for all DV Resource Centers (DVRCs) & Coalition Member Programs. Each VSP & Member Program uses the same HMIS comparable database that collects the same data elements required in the HUD-published 2022 HMIS Data Standards, allowing for standardized DV specific data across the state. MaineHousing, MCoC's HMIS Lead Agency, meets regularly MCEDV to discuss data standards & quality issues that affect outcome measures. MCEDV sits on the MCoC Data Standards committee to hear HMIS concerns & relay them to the DV system's Operations Administrator for review. As of October 1, 2021 the HMIS Comparable Database in use is updated for the 2022 Data Standards.
2)The current HMIS Comparable Database functionality allows VSPs & MCEDV to pull reports & submit de-identified aggregated system performance measures data for each project to MaineHousing, MCoC, the SAGE platform, & other funders as needed. Reports are submitted directly to the HMIS Lead or directly into SAGE.

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

Enter 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	3,621	169	887	25.70%
2. Safe Haven (SH) beds	15	0	15	100.00%
3. Transitional Housing (TH) beds	1,021	129	892	100.00%
4. Rapid Re-Housing (RRH) beds	486	6	480	100.00%
5. Permanent Supportive Housing	2,563	7	2,537	99.26%
6. Other Permanent Housing (OPH)	312	99	213	100.00%

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

	For each project type with a bed coverage rate that is at or below 84.99 percent in question 2A-5, describe:
1.	steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type; and
2.	how your CoC will implement the steps described to increase bed coverage to at least 85 percent.

(limit 2,500 characters)

1) Our previous ES Bed Coverage Rates were always above 85%, but not 100%, due to a large number of faith based shelters that do not wish to participate in HMIS, despite continued and ongoing efforts to recruit them. In 2022, our ES PIT count is approximately three times larger than it has ever been. This was a direct result of the new emergency housing resources made available due to COVID in the form of hotel/motel vouchers. Referrals were made by emergency shelters, outreach programs, and other homeless service providers, but the management of the hotel/motel vouchers was primarily coordinated through local Community Action Programs (CAP) & Municipal General Assistance (GA) Offices who do not participate in HMIS and provided us with only limited data sets. We believe the overall counts and household configurations were accurate, but these agencies did not record the same level of detailed demographic information that we required of our regular HMIS participating projects. As the funding for these vouchers runs out, the number of people able to access these emergency hotel/motel situations will decrease dramatically, and we will work very hard to ensure that they have opportunities to secure more stable long term housing options, including PSH units/vouchers, HCV and other permanent subsidies, TH or RRH units/vouchers, or other forms of PH as appropriate. Having now seen the potential capacity of CAP & GA offices to assist with providing emergency accommodations, we have been working to find ways for them to enter data in HMIS, as well as participate more in the Continuum as a whole.
2) The anticipated decline in the number of households accessing emergency hotel/motel accommodations, combined with our efforts to collect HMIS level data from CAP and GA offices for those households that do utilize this resource, will dramatically increase our ES Bed Coverage Rate in the next PIT Count. We have also tasked our new Service Hub Coordinators with continuing to encourage faith based and other non-HMIS participating ES projects in their parts of the state to consider joining, emphasizing the value having more complete and accurate data, both for their own projects, and for the state as a whole.

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?	Yes

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.	01/25/2022

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.	05/06/2022

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) Stakeholders serving youth experiencing homelessness, including members of Maine's Homeless Youth Provider Group, were engaged in the planning & implementation of the 2022 MCOC PIT count by assisting in reviewing and updating Youth-specific survey tools designed to better engage youth experiencing homelessness, helping to identify locations where homeless youth were most likely to be found, and conducting survey interviews with homeless youth. Questions specifically for youth are included as an addendum to the standard MCOC PIT Outreach data collection form & distributed to outreach teams throughout the state. All those engaged in conducting surveys were instructed to complete a Youth Addendum form whenever they encountered a homeless youth, or a youth only household.
2) The MCoC Youth Advisory Board (YAB) & the Homeless Youth Provider Group discussed & determined how to best identify homeless &/or at risk youth & locations where youth experiencing homelessness were most likely to be found. The MCoC worked with the YAB, comprised of youth experiencing or having previously experienced homelessness, to consider the Youth Addendum questions & how best to administer the survey to homeless youth using trauma informed best practices. YAB members worked with providers in their communities on the PIT count by considering resources, staffing & how to best locate youth as determined by their local knowledge. They helped administered PIT outreach to youth in their area & reached out to other local stakeholders in order to identify as many youth & locations as possible to include in the count.
3) MCOC, our YAB, & Maine's Homeless Youth Provider Group outreached & engaged with youth & non-youth providers, schools and other community stakeholders to identify locations to conduct Youth Outreach efforts. Many communities attempted varied outreach techniques to connect with youth experiencing homelessness & involve them in PIT count efforts. This included outreach through McKinney Vento liaisons, community caseworkers, & other youth providers.

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) Our 2022 Emergency Shelter (ES) PIT count was about three times larger than it has ever been as a result of emergency housing resources made available due to COVID. While some ES Facilities continued to operate at reduced capacity to ensure safe social distancing, the availability of hotel/motel vouchers allowed shelters to serve individuals & families who would otherwise have been turned away. The hotel/motel arrangements were coordinated by Community Action Programs & Municipal General Assistance Offices who provided only limited data. The overall counts & household configurations were accurate, but these agencies did not record the same level of demographic data that we required of HMIS participating projects, so much of the demographic information in this year's Sheltered PIT submission was extrapolated. Our HMIS system allows for answers of 'Client does not know' & 'Client Refused to Answer', but the HDX does not, so there has always been some degree of adjustment when submitting data, but this is the first time we found it necessary to utilize extrapolation on such a large scale.
2) For the 2022 Unsheltered PIT Count, we established 9 regional teams made up of local service providers & volunteers to coordinate local efforts through our new Service Hubs. We also increased volunteer recruitment & created a PIT specific website to share information about the count, including video trainings on forms & processes to ensure all volunteers had access to the most consistent & up to date information about how to conduct the Unsheltered count. In addition to the "Search & Survey" efforts, we strongly encouraged volunteers to participate in Service Based counts for the Unsheltered PIT. While this Unsheltered Count was larger than in recent years, it was not as large as we thought it would be, indicating that there may not be as many unsheltered people as we had feared. We believe the availability of emergency Hotel/Motel Vouchers played a significant role in keeping the Unsheltered numbers low - people who would previously have been turned away from regular shelter facilities for lack of space & who may have ended up unsheltered, were now being placed in hotel/motel units.
3) As mentioned above, the increased availability of hotel/motel vouchers for ES & Outreach referrals significantly increased our 2022 Sheltered ES PIT Count, while also keeping our Unsheltered count relatively low, despite increased volunteer recruitment & more local coordination.

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)MCOC's Coordinated Entry System (CES) includes assessments that ask for self-identified reasons, include COVID-related reasons, how people became homeless for the first time or are requesting assistance to prevent becoming homeless. This data is tracked & analyzed to create a list of risk factors for people becoming homeless for the first time. Questions/factors include: Current /most recent living situation, LOT there, Safety (including DV), habitability, food insecurity, income insecurity, history of homelessness or unstable housing, evictions, criminal conviction for violent, drug, or sex related activities, disability, and other factors. These risk factors are incorporated into the current Maine Plan to End & Prevent Homelessness and the new Maine Plan for Serving Individuals and Families Experiencing Homelessness with Severe Service Needs.
2)The MCOC addresses individuals and families at risk of becoming homeless by first assessing their situation through a series of safety-planning & diversion/problem solving questions during initial contact, whether that happens at a shelter, through Outreach, or any other participating entity. Local Service Hub Coordinators have developed lists of services & resources in their areas that can be accessed to help people remain in their current housing, if that is a safe & appropriate option, or quickly secure an alternative arrangement. This is done through identification of natural supports if safe/appropriate, and/or referrals to appropriate services including CDBG-funded outreach, ESG prevention/RRH, SSVF outreach/prevention/RRH, PATH outreach, local/state funded short/medium term rental assistance, ERAP, municipal general assistance, community legal services, eviction prevention programs including legal representation in eviction courts, programs funded through private philanthropic funding, and faith based organizations throughout the state. Maine has Discharge Planning Policies which identify people at risk of being discharged to homelessness & the ways this can be prevented.
3)The MCOC Board, in consultation with MCOC & Maine's Statewide Homeless Council, is responsible for overseeing this strategy to reduce the number of individuals & families experiencing homelessness for the first time, in keeping with the Maine Plan to End and Prevent Homelessness.

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) MCoC prioritizes those w/longest LOTH for housing/service resources using its CE assessment tool, including those in shelter or on the street (including camping, living in vehicles, or other places not meant for human habitation) both in urban & rural settings. The tool also utilizes diversion or rapid resolution as a short- or long-term solution. Shelters employ RRH to quickly move CH/LTS into housing. MCoC works to increase the affordable housing stock as lack of housing/low vacancy rates effect LOTH. Veteran CES By-Name List efforts also targets/prioritizes CH Vets w/very long histories of homelessness, who when housed, help to reduce overall LOTH. Most TH in MCoC is targeted to Youth, DV, & SPMI since they may struggle to quickly move to PH. TH programs like DHHS's BRAP (Bridging Rental Assistance Program) for SPMI fill voucher gaps & are prioritized by many PHAs for HUD HCVs/PBV-funded housing in Maine. BRAP also offers flexibility for those not eligible for HCVs/PBVs. BRAP was established by Maine in recognition that stability & recovery can only begin in a safe, healthy, & stable home until able to move to a more permanent subsidy or alternative permanent housing placement. While this may appear to skew LOTH for the overall MCoC's system performance. TH houses hundreds of homeless individuals/families at highest risk. Over the last year, BRAP has served 645 individuals that might have fallen through the cracks & remained homeless &/or returned to a hospital or correctional setting.
2) MCoC CES uses LOTH for assessment & prioritization for housing/services & is the primary strategy for identifying & housing individuals & families w/longest LOTH. Monthly, MCoC programs review a list of people w/longest histories of homelessness which is generated using HMIS, Outreach data, & third party verifications & is used at local/regional levels to refer CH to S+C, EHV, & other long-term housing options. New service hubs, CES, & Built for Zero gather quality By Name List data. Data dashboards, identifying trends, Strategies include: landlord outreach/engagement; Housing Navigator services; coordination of PATH w/ shelters & navigators; promoting Housing First; & partnering w/Maine DHHS & local PHAs for services/housing.
3) MCoC Board, in consultation w/MCoC & Maine's Statewide Homeless Council, is responsible for overseeing strategies to reduce the length of time individuals/families remain homeless, in keeping w/Maine's Plan to End & Prevent Homelessness.

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) MCOC strategies to increase successful PH placement from ES, SH, TH, & RRH include: ESHAP program offers incentive funding for Exits to PH; ESG funded shelters have Housing Navigators whose work includes stabilization in & retention of the housing. Navigators work w/ clients to develop Housing Stability Plans emphasizing client choice. Other strategies include: getting PHAs to prioritize & establish set asides for homeless populations; working w/ LIHTC developers to target homeless pops; increasing the supply of dedicated PSH for homeless pops; advocating for more permanent housing; partnering w/ PHAs for the Mainstream Voucher Program; advocating for more targeted rental subsidies; Including both CoC & non-CoC funded PH projects in our Inventory & encouraging them to adopt a Housing First approach to quickly move people into PH; Increasing Landlord engagement & recruitment & encouraging PHAs to implement Landlord incentives for leasing up clients w/ vouchers; CoC voucher programs work closely with CES when vouchers are available to ensure individuals & families have access to this resource.
2) In FY 2021 our PH % of Successful Exits/Retention was 97%. MCOC strategies to increase successful PH retention include: Providing Tenant/Landlord education/trainings to promote problem solving & avoid evictions; developing supportive landlord relationships especially though our CoC funded Shelter Plus Care programs; Promoting tenant legal assistance to prevent evictions; ESHAP program offers Incentive funding for PH Retention; all ESG funded shelters have Housing Navigators who's work includes stabilization in & retention of housing; PATH & Navigators work w/ clients to develop Housing Stability Plans emphasizing client choice & connect clients w/ Community Agencies/ACT for ongoing supports for housing stability & promoting community integration to reduce returns to homelessness; Using private/local/state funds to assist w/back rent/utilities to help clients maintain housing; Maine's Plan to End & Prevent Homelessness includes the goal of PH appropriate to individual or family needs w/ an adequate support network to ensure stability & retention in housing.
3)The MCOC Board, in consultation with MCOC & Maine's Statewide Homeless Council, is responsible for overseeing this strategy to increase exits to & retention of PH, in keeping with the Maine Plan to End and Prevent Homelessness.

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) MCOC has identified risk factors for returns to homelessness by analyzing data via data sharing, improved tracking of returns & the reasons for returns across multiple shelters & reviewing Stella Sys PM Reports. Other strategies include: MCOC CES includes questions regarding reasons for homelessness, including returns to homelessness & participates in statewide data sharing & longitudinal systems data analysis; Providers review HMIS data regularly & identify returns & corresponding reasons for returns; MCoC Board reviews System Performance Reports, including data on Returns to Homelessness, on a monthly basis.
2) MCOC strategies for reducing Returns to Homelessness include: Sharing data & information on returns to make providers at all levels aware of the risk factors so they may address them in a timely manner & try to prevent future returns; ESHAP program offers incentive funding to reduce returns to homelessness; all ESG funded shelters have Housing Navigators whose jobs include stabilization in & retention of housing; Navigators work w/clients to develop Housing Stability Plans, including retention strategies; MCOC has identified that most returns occur in the first 6 months & has shifted follow-up support so more follow-up/outreach services are delivered in the first 6 months of move-in, at least every 30 days, or more frequently if necessary w/ services adjusting down over time, or as needed for better housing stability/retention; CES safety-planning & diversion includes identification of natural supports when safe/appropriate & promotes community integration to reduce returns to homelessness; Coordinating Community Support Services for Shelter Plus Care & other PH clients; referrals to appropriate services statewide including-CDBG-funded outreach, ESG/CDBG/SSVF prevention/RRH, PATH outreach, municipal general assistance, Community Action Programs, community legal services, eviction prevention education/programs, tenant rights & education programs, rent smart, Wrap Around Services, &coordination of private/local/state/Federal funds to assist w/back rent/utilities.
3)The MCOC Board, in consultation with MCOC & Maine's Statewide Homeless Council, is responsible for overseeing this strategy to reduce the number of returns to homelessness, in keeping with the Maine Plan to End and Prevent Homelessness.

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)MCOC strategies for working w/ employment orgs to increase cash income are; encouraging programs to promote employment, educational training, & assistance to all participants. Shelters work with temp agencies to help individuals access employment opportunities or are referred to various resources, such as Maine's 19 Career Centers (CC), DOL & Voc Rehab for searches/training/job fairs. These centers offer resources available for homeless individuals, especially those who are first time job seekers, such as resume building, interview skills, & Job searches. Agencies refer individuals to local GA offices, which offer Workfare programs to place individuals at worksites, where they learn skills which often lead to regular employment. Vocational Clubhouses help w/ training, job retention, transportation; Navigators help people w/ employment goals; work w/ Adult Ed & community college job training programs & hospital Employment Specialists to increase skill sets & attain higher paying jobs; advocacy to increase minimum wage; work w/ Hire A Vet initiative. Trainings/monitoring/TA helps projects w/ strategies. MCOC strategies to increase access to employment include relationships & connecting people w/ day labor orgs; job development w/ local retailers; work w/ hospital Employment Specialists to increase access to employment opportunities; CAP agencies & local Workforce Development Boards.
2)MCOC Resource Committee alerts providers to employment opportunities/resources; vocational Clubhouses help w/ training/job retention/transportation/transitional employment; navigators help people w/ employment goals; work w/ Adult Ed, Goodwill Industries & community college job training & hospitals' Employment Specialists for connections to employment opportunities; work w/ Hire A Vet initiative, CAP agencies & local WDBs. Building relationships & connecting people w/ day labor orgs; job development w/ local retailers; work w/ hospital Employment Specialists to increase access to employment opportunities; CAP agencies & local Workforce Development Boards.
3)The MCOC Board, in consultation with MCOC & Maine's Statewide Homeless Council, is responsible for overseeing this strategy to increase employment cash income, in keeping with the Maine Plan to End and Prevent Homelessness.

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)MCOC primary strategy to help participants access non-employment cash income is encouraging programs to develop strong trusting relationships with mainstream benefit providers that provide assistance in applying for benefits. Programs offer application assistance & training; help in accessing non-CoC funded assistance programs, and referrals to various local and state agencies whose purpose is to assist individuals in applying for benefits. The CoC encourages programs to build relationships with local and state providers to help participants access/retain/increase mainstream benefits: Municipal General Assistance, VA service-connected & non-service-connected disability benefits, unemployment insurance, TANF, SSI/SSDI, Social Security Survivor's Benefits, worker's compensation, LIHEAP, etc. MCOC holds SOAR & other mainstream nonemployment cash income trainings for providers statewide. Rent Smart trainings assists w/ increasing non-employment cash income. CoC program funded projects are assisted to implement strategies w/ frequent trainings/annual monitoring/TA. Legislative advocacy to create & increase access to nonemployment cash income. MCOC projects assess decreases of non-cash benefits at the time of annual reviews and have systems in place to help program participants maximize those benefits, including advocacy with mainstream benefits providers to have lost benefits restored if possible.
2)The MCOC Board, in consultation with MCOC & Maine's Statewide Homeless Council, is responsible for overseeing this strategy to increase non-employment cash income, in keeping with the Maine Plan to End and Prevent Homelessness.

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

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?	Yes

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
Riverlands 2	PH-PSH	27	Both

3A-3. List of Projects.

1. What is the name of the new project?	Riverlands 2
2. Enter the Unique Entity Identifier (UEI):	JH4ANR3M1RR7
3. Select the new project type:	PH-PSH
4. Enter the rank number of the project on your CoC's Priority Listing:	27
5. Select the type of leverage:	Both

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?	Yes

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

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

(limit 2,500 characters)

1)The Riverlands 2 Permanent Supportive Housing Project will create at least 4 - 1BR PSH units. Project has certified that it will comply with Section 3 of the HUD Act of 1968 which states that wherever HUD financial assistance is expended for housing or community development, to the greatest extent feasible, economic opportunities will be given to Section 3 residents and businesses in that area. This includes training, employment, contracting & other economic opportunities in connection with the rehabilitation/construction. This will be ensured by a preference for hiring Section 3 residents and businesses in that area for competitive contracts greater than $100k; ads on the MaineHousing websites; outreaching to social service/employment/community/youth build centers & other programs/organizations serving low/very low income; and local newspaper ads.
2) The Riverlands 2 Permanent Supportive Housing Project will create at least 4 - 1BR PSH units. Project has certified that it will comply with HUD's 24 CFR part 75 (previously covered under part 135, as referenced in the Project Application Certifications). Project will ensure that employment & other economic opportunities generated by the funding request shall, to the greatest extent feasible, be directed to low/very low-income persons, particularly recipients of government assistance for housing, & to businesses which provide economic opportunities to low/very low-income persons. This includes training, employment, contracting & other economic opportunities in connection with the rehabilitation/construction. This will be ensured by a preference for hiring low/very low-income persons, including for Section 3 for competitive contracts greater than $100k; ads on the MaineHousing websites; outreaching to social service/employment/community/youth build centers & other programs/organizations serving low/very low income; and local newspaper ads.

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

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?	Yes

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

Select yes or no in the chart below to indicate the type(s) of new DV Bonus project(s) your CoC included in its FY 2022 Priority Listing.

	Project Type	
1.	**SSO Coordinated Entry**	No
2.	**PH-RRH or Joint TH and PH-RRH Component**	Yes

You must click "Save" after selecting Yes for element 1 SSO Coordinated Entry to view questions 4A-2, 4A-2a. and 4A-2b.

4A-3.	**Assessing Need for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects in Your CoC's Geographic Area.**	
	NOFO Section II.B.11.(e)(1)(c)	

1.	**Enter the number of survivors that need housing or services:**	2,128
2.	**Enter the number of survivors your CoC is currently serving:**	542
3.	**Unmet Need:**	1,586

4A-3a.	How Your CoC Calculated Local Need for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(c)	

	Describe in the field below:
1.	how your CoC calculated the number of DV survivors needing housing or services in question 4A-3 element 1 and element 2; and
2.	the data source (e.g., comparable databases, other administrative data, external data source, HMIS for non-DV projects); or
3.	if your CoC is unable to meet the needs of all survivors please explain in your response all barriers to meeting those needs.

(limit 2,500 characters)

1)The number of DV survivors needing housing &/or services in element 1 is a combination of the number of DV Survivors currently in DV specific ES & TH (MCOC does not have any DV specific Safe Havens), the number of clients currently in non-DV specific ES, TH, & SH who reported they were a DV Victim/Survivor in HMIS, & the number of requests for DV sheltering services received by Maine VSPs during the same timeframe. The number of DV Survivors currently being served in element 2 was determined by combining the number of DV Survivors currently in DV specific ES & TH & the number of clients currently in non-DV specific ES, TH, & SH who reported they were a DV Victim/Survivor in HMIS.
2)The data sources used to arrive at these figures were HMIS (WellSky) and Maine's DV Comparable Database (EmpowerDB), which includes data on calls rom those seeking assistance w/ shelter or housing who were not able to enter a shelter or housing project.
3)The biggest barrier to meeting the housing needs of all DV Victims/Survivors in Maine is the general lack of safe affordable housing, & more specifically, a lack of PSH & RRH that offer specialized supportive services to meet the unique need of DV survivors. Trafficking survivors face additional barriers to safe housing. Trafficking & DV survivors may have limited employment history, or bad credit related to their trafficking/DVsituation. Some survivors have experienced forced criminality & that criminal history can be a barrier to housing. For survivors who have not lived independently, additional supports in building landlord relationships, establishing a plan to pay monthly rent & safety planning for life in the community are paramount. The Maine Coalition to End Domestic Violence collaborates w/ other agencies to address the needs of all DV Survivors in Maine, including partnering w/ non-VSPs who work w/ DV Survivors to provide DV specific trauma-informed services for Black, Indigenous, and other people of color as well as LGBTQ+ survivors.

4A-3b.	Information About Unique Project Applicants and Their Experience in Housing Placement and Housing Retention for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	

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

Applicant Name
Maine Coalition t...

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

4A-3b.	Information About Unique Project Applicants and Their Experience in Housing Placement and Housing Retention for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	

Enter information in the chart below on the project applicant applying for one or more New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects included on your CoC's FY 2022 Priority Listing:

1.	Applicant Name	Maine Coalition to End Domestic Violence
2.	Project Name	MCEDV PH-RRH FY2022
3.	Project Rank on the Priority Listing	29
4.	Unique Entity Identifier (UEI)	VLAGYBK92VZ3
5.	Amount Requested	$617,780
6.	Rate of Housing Placement of DV Survivors–Percentage	88%
7.	Rate of Housing Retention of DV Survivors–Percentage	91%

4A-3b.1.	Applicant Experience in Housing Placement and Retention for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(c)	

	For the rate of housing placement and rate of housing retention of DV survivors reported in question 4B-3b., describe in the field below
1.	how the project applicant calculated both rates;
2.	whether the rates accounts for exits to safe housing destinations; and
3.	the data source (e.g., comparable databases, other administrative data, external data source, HMIS for non-DV projects).

(limit 1,500 characters)

1.MCEDV calculated the Rate of DV housing placements using the annually reported data (FY21, October 1, 2020 - September 30, 2021 (the most recent full year for which data is available) from each DV Member Program in Maine - total adults moved into permanent housing/total adults served.
MCEDV calculated the Rate of Retention for DV placements using the performance measures submitted for all ESHAP projects to MaineHousing for the most recent full year for which data is available - of those who exited to permanent housing in October 2020 - March 2021 who then returned to homelessness in April 2021 - September 2021.
2. If this question is about "Safe-House" projects, then no - they are considered emergency shelter, not a housing placement. Exits to PH or RRH housing operated by DV and/or CoC entities are considered safe placements. Survivors who utilize tenant based voucher may choose housing in the wider community, but will still have access to services, including implementation of ETPs if needed, so such placements are also considered safe.
3.Each DV Member Program and MCEDV use the same comparable database as approved by the CoC, and this data is sourced from that database. The use of a comparable database, mandatory for all VSPs, is encoded into law.

4A-3c.	Applicant Experience in Providing Housing to DV Survivor for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	

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

(limit 2,500 characters)

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

4A-3d.	**Applicant Experience in Ensuring DV Survivor Safety for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.**	
	NOFO Section II.B.11.e.(1)(d)	

	Describe in the field below examples of how the project applicant ensured the safety and confidentiality of DV survivors experiencing homelessness by:
1.	**taking steps to ensure privacy/confidentiality during the intake and interview process to minimize potential coercion of survivors;**
2.	**making determinations and placements into safe housing;**
3.	**keeping information and locations confidential;**
4.	**training staff on safety and confidentially policies and practices; and**
5.	**taking security measures for units (congregate or scattered site), that support survivors' physical safety and location confidentiality.**

(limit 2,500 characters)

1) DVRCs have private offices for survivors to meet 1:1 w/ advocates to discuss individual circumstances, services & supports. DVRCs maintain privacy, safety & security w/ locked external doors, cameras & entry processes. Conversations w/ residents are conducted in private so others cannot overhear the exchange. Parents & children are sheltered together & have access to support groups for children & advocates experienced w/ child protective services.
2) DV Programs & MCEDV operate w/ client choice as the basis of all program enrollment & service delivery. Survivors can work w/ one DVRC, or move to another part of the state & continue services w/ that DVRC or receive a warm-referral to the DVRC in the new area. Housing location is not disclosed & is known only to the voucher holder, PHA, & DV Advocate. DV survivors can choose what info is included in their electronic records.
3) DV shelters are in confidential locations. TH units operated by DVRCs are not publicly identified as such & are indistinguishable from the rest of the community but equipped w/ safety & security systems. CoC & MSHA maintain confidentiality in documentation, reports, & any published info. Repair people, service technicians, & other third-party service providers must submit to background checks & agree to maintain the privacy of the location - this is encoded into all MOUs & service contracts.
4) MCEDV developed & delivers a 44-hour training for new staff & volunteers on safety planning, ethics, active listening, & trauma- informed advocacy. Each advocate works directly w/ survivors of DV & trafficking to assess risk & deeply understand the dangerousness of each individual's circumstances in order to create a safety plan that addresses immediate needs & has flexibility to address additional risks as they arise. Recognizing that the point of separation from an abusive partner is the most dangerous time for the survivor, Advocates attend to a clear & present danger that can become more dangerous as survivors establish their independence.
5) Shelters have reinforced glass or bars on windows, call buttons w/ direct access to shelter staff or law enforcement, & cameras & high-lumens lighting on exterior entrances. All hallways & common spaces are maintained w/ improved lighting & access to DVRC staff through call buttons or similar services. MaineHousing inspects all Shelter sites annually for structural compliance & monitors each program separately for program & data compliance.

4A-3d.1.	**Applicant Experience in Evaluating Their Ability to Ensure DV Survivor Safety for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.**	
	NOFO Section II.B.11.e.(1)(d)	

Describe in the field below how the project has evaluated its ability to ensure the safety of DV survivors the project served in the project, including any areas identified for improvement during the course of the proposed project.

(limit 2,500 characters)

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

4A-3e.	Applicant Experience in Trauma-Informed, Victim-Centered Approaches for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	

	Describe in the field below examples of the project applicant's experience using trauma-informed, victim-centered approaches to meet needs of DV survivors by:
1.	prioritizing placement and stabilization in permanent housing consistent with the program participants' wishes and stated needs;
2.	establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
3.	providing program participants access to information on trauma, e.g., training staff on providing program participants with information on the effects of trauma;
4.	emphasizing program participants' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans worked towards survivor-defined goals and aspirations;
5.	centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;
6.	providing a variety of opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
7.	offering support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.

(limit 5,000 characters)

1) MCEDV and the DVRCs rapidly place survivors in housing of choice by honoring participant agency and preference by working together and sharing resources and knowledge around the state. MCEDV brings over 40 years of advocating for and with survivors for justice while they find the peace and liberation desired. MCEDV acts in a liaison role with MaineHousing, PHAs, & Housing Developers to provide the DV specific housing and address concerns that might arise for survivors while living in a home.
2) DVRCs and MCEDV do not restrict survivors' access to housing or shelter nor does any organization use punitive measures to prohibit a survivor from accessing housing services. DVRC staff meet survivors where they are and use a housing-first model for determining best resource and service options. We center survivor agency and autonomy in all interactions, when developing policies & procedures. We approach each other and the survivors who choose to work with us with mutual respect. All services are provided on a voluntary basis and in compliance with FVPSA and VOCA regulations regarding confidentiality. Each provider is held to the Quality Assurance Standards of service delivery developed by MCEDV with survivor input and agreed to by the DVRCs.
3) Every staff member at MCEDV and the DVRCs attend trauma-informed practices training & over 40 hours of new hire and continued yearly training addressing the intersections of DV & homelessness. MCEDV creates & develops trainings in collaboration with survivors and DVRC staff to train the trainer and provide the best knowledge available. This is the core of professional practice and advocates continue to engage with survivors using the most promising practices available. All staff are trained and held accountable tothe Quality Assurance Plan for service delivery. Each DVRC and MCEDV collects outcome data from all trainings and offers feedback surveys to survivors regularly. We are committed to continued improvement.
4) Advocates use a variety of methodologies while assisting survivors including active listening, crisis intervention, trauma-informed coaching, specifically developing safety plans that address survivor choice, current relationship reality, children's needs, etc. We strive to create an environment that is inclusive, welcoming, destigmatizing, and non-retraumatizing. Advocates provide holistic services and attend to survivors' emotional as well as physical safety while attending to their practical needs. DV & Trafficking survivors have told us that they need physical, emotional, & financial distance to make the move into liberation. MCEDV manages a privately funded Liberation Fund which provides flexible direct financial assistance to survivors as they work to establish freedom and safety. These are low barrier and immediately accessible.
5) MCEDV & DVRCs continue to address knowledge gaps in cultural competencies by actively seeking out partnerships with organizations the serve those with lived experience. We partner with New Mainer organizations, BIPOC-led and LGBTQ+-led organizations that also address survivor needs, disability rights, and Indigenous survivor organizations to increase our knowledge of available resources and to offer services to survivors in the most trauma sensitive and culturally-appropriate manner. DVRC partners often serve as fiscal sponsors for emerging organizations addressing specific cultural gaps. MCEDV partners with the Wabanaki Women's Coalition, representing the five Tribal Nations in Wabanaki Territory. These two Coalitions provide mutual TA. MCEDV encourages philanthropists to allocate their financial resources to Tribal communities and WWC.
6) MCEDV partners with DVRCs to offer support groups addressing a wide range of topics such as financial literacy, DV general support, etc. Childcare is

offered when needed.
7) Partner programs offer workshops, support groups, 1:1 discussions, etc. regarding childcare, access to child support, justice & courts system involvement, and general parenting support for often newly single parents who must remain in contact with their abuser. MCEDV supports each DVRC to hire special-focus advocates who work with families who are child welfare system involved. These DV-CPS Advocates provide information, support, and guidance for parents as well as training and TA for CPS Workers. DV Member Programs in collaboration with MCEDV partner with culturally specific organizations offering additional support groups and advocacy. Examples include the Immigrant Resource Center of Maine and Maine TransNet. These organizations support DVRCs and MCEDV with developing culturally correct and responsive services.

4A-3f.	**Applicant Experience in Meeting Service Needs of DV Survivors for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.**	
	NOFO Section II.B.11.e.(1)(d)	
	Describe in the field below examples of supportive services the project provided to domestic violence survivors while quickly moving them into permanent housing and addressing their safety needs.	

(limit 5,000 characters)

MCEDV is well positioned to support survivors through the partnerships we have with the eight (8) domestic violence resource centers (DVRCs) in Maine. Advocates and volunteers are required to complete MCEDV's Comprehensive Advocacy, Intervention, Response & Ethics Training (CAIRET). This 44-hour training defines domestic abuse and violence and its intersection with trauma, mental health, and substance abuse as well as the civil and criminal justice systems. It provides best current practices for safety planning and social & systems change advocacy. Within CAIRET there are specific modules for advocates who provide specialized services such as shelter, legal advocacy, and working with children affected by domestic violence. This orientation to domestic abuse and violence provides the foundation from which Advocates have the knowledge and experience to provide supportive services such as safety & self-sufficiency planning, assistance with public benefits and referral to community resources. In addition to general advocacy, most DVRCs have a housing navigator on staff. Housing Navigation is a focused, outcome-oriented service helps people want to obtain and maintain stable, long-term housing of their choice. MCEDV has fiscal authority and maintains quality assurance standards for ourselves and the DVRCs. We are in compliance and maintain a spotless 40-year record of clean financial audits & performance measures. Advocates provide supportive services with the agreement of the survivor. These services range from legal advocacy, such as drafting PFA Orders, collecting evidence of abuse, attending court hearings, interactions with the child protective services, and assisting survivors with obtaining personal records, to applying for housing vouchers, SNAP benefits, or preparing tax returns for child tax credit eligibility. Advocates offer 1:1 and group support, including specific groups for elders, LGBTQIA+, youth, and those with disabilities. With support from MCEDV and their own boards, DVRCs established transitional housing programs in the late 1990s. The programs have consistently grown to include housing navigation to increase successful placement in permanent housing ever since. DVRCs successfully operate transitional housing programs from Madawaska to Sanford…covering all regions in the state…with locally informed programming in partnership with the diverse communities in those regions. MCEDV and the DV Member Programs are mature organizations who have been providing service and advocacy to survivors of DV and Trafficking in Maine since the late 1970s. MCEDV provides training and technical assistance to ensure member DVRCs meet the Quality Assurance Standards for services to domestic violence survivors that includes emergency shelter, transitional housing, individual advocacy, support and educational groups, helpline, and legal advocacy for survivors from diverse populations. MCEDV and its member programs have provided this broad spectrum of services for over 40 years. In addition to programmatic support, MCEDV conducts subrecipient monitoring to ensure the DVRCs' compliance with Part 200: Uniform Administrative, Cost Principles and Audit Requirements for Federal Awards and Chapter 148-C: Maine Uniform Accounting and Auditing Practices Act for Community Agencies. The financial stability, organizational structure and operations are integral to the quality and delivery of supportive services to domestic violence survivors. In 2021, 365 survivors moved into permanent housing, 332 into Transitional Housing with supports, and DVRCs sheltered almost 1000 individuals. We know that advocacy in the legal system is critical for survivors as they maintain their homes and. A yearly average of 5000 individuals are assisted with legal advocacy. Over 700 survivors have received direct cash assistance through the Liberation Fund, a flexible fund addressing immediate financial support for survivors since its start in 2020. All the member programs/partners in the grant are monitored by Maine Housing for

compliance and outcomes under the ESG/ESHAP program as well as by MCEDV. The Coalition and member programs successfully received and implemented innovative programming through VAWA OVW Grants, including Rural, Legal Services for Victims, and Consolidated Youth Grants, and received the civil rights and financial administration training required of all such grantees.

4A-3g.	Plan for Trauma-Informed, Victim-Centered Approaches for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(e)	

	Provide examples in the field below of how the new project will:
1.	prioritize placement and stabilization in permanent housing consistent with the program participants' wishes and stated needs;
2.	establish and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
3.	provide program participants access to information on trauma, e.g., training staff on providing program participants with information on the effects of trauma;
4.	emphasize program participants' strengths–for example, strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans works towards survivor-defined goals and aspirations;
5.	center on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;
6.	provide a variety of opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
7.	offer support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.

(limit 5,000 characters)

1) MCEDV and the DVRCs rapidly place survivors in housing of choice by honoring participant agency and preference by working together and sharing resources and knowledge around the state. As a statewide Coalition, MCEDV offers regionally specific housing navigation and general advocacy services to survivors of DV and their families. MCEDV facilitates sharing information about housing availability for survivors around the state and will provide information to DVRCs through the comparable database.
2) DVRCs and MCEDV will not restrict survivors' access to housing or shelter for any non-HUD mandated reason. No organization will use punitive measures to prohibit a survivor from accessing housing services. DVRC staff meet survivors where they are at and use a housing-first model for determining best resource and service options. Survivors with mental illness, substance use disorders, or other challenges are supported through advocacy at the DV program and with referrals to other services in their area. Many DV Member Program staff are survivors themselves and able to provide both professional level advocacy and peer level support.
3) Every staff member at MCEDV and the DVRCs attend trauma-informed practices training and the Comprehensive Advocacy, Intervention, Response & Ethics Training (CAIRET). This MCEDV developed, 44-hour training defines domestic abuse and violence and its intersection with trauma, mental health, and substance abuse as well as the civil and criminal justice systems. It provides best current practices for safety planning and social & systems change advocacy. Within CAIRET there are specific modules for advocates who provide specialized services such as shelter, legal advocacy, and working with children affected by domestic violence. This orientation to domestic abuse and violence provides the foundation from which Advocates have the knowledge and experience to provide supportive services such as safety & self-sufficiency planning, assistance with public benefits and referral to community resources. This is the core of professional practice and advocates continue to engage with survivors using the most promising practices available.
4) Advocates use a variety of methodologies while assisting survivors including trauma informed coaching, specifically developing safety plans that address survivor choice, current relationship reality, children's needs, etc. We strive to create an environment that is inclusive, welcoming, destigmatizing, and non-retraumatizing. Advocates attend to survivors' emotional as well as physical safety.
5) MCEDV & DVRCs continue to address knowledge gaps in cultural competencies by actively seeking out partnerships with organizations the serve those with lived experience. We partner with New Mainer organizations, BIPOC-led and LGBTQ+-led survivor organizations, disability rights organizations, and Indigenous survivor organizations to increase our knowledge of available resources and to offer services to survivors in the most trauma sensitive and culturally-appropriate manner. We share resources as well as receiving and providing technical assistance to the Wabanaki Women's Coalition. DV Member Programs works closely with local organizations that provide specific resources in their area.
6) MCEDV partners with DVRCs to offer support groups addressing a wide range of topics - financial literacy, DV general support, etc. support groups are not mandatory and childcare is offered when needed.
7) Partner programs offer workshops, support groups, 1:1 discussions, etc… regarding childcare, access to child support, justice & courts system involvement, and general parenting support for often newly single parents who must remain in contact with their abuser. This project supports the only shelter in Maine dedicated to serving those fleeing Sex Trafficking. Since FY19, we

have seen a 19% increase survivors of sex trafficking accessing services and emergency shelter. Our DV Member Programs in collaboration with MCEDV partner with culturally specific organizations offering additional support groups and advocacy - examples include the Immigrant Resource Center of Maine and Maine TransNet. These organizations support DVRCs and MCEDV with developing culturally correct and responsive approaches to specific needs that a survivor might have as well as referring them to the best, most appropriate resource available.

4A-3h.	**Plan for Involving Survivors in Policy and Program Development of New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.**	
	NOFO Section II.B.11.e.(1)(f)	

Describe in the field below how the new project(s) will involve survivors with a range of lived expertise in policy and program development throughout the project's operation.

(limit 2,500 characters)

Our member programs constantly obtain feedback from survivors, in real time, regarding DVRC services, how they are structured, and how they meet their needs. This feedback helps inform any programmatic changes or additional training that may need to be made in order to improve access and/or experience. The staff and Boards of Directors at each member program include individuals who are survivors; in this way, their lived experience directly informs the program development and delivery process, and ensures that services are provided in a trauma-informed and survivor-centered manner. We regularly conduct surveys of individuals who are using our services to answer very specific questions that may help our approach to policy and program development. One recent example of this is our Report on the Impact of Economic Abuse on Survivors of Domestic Violence in Maine from 2019, which engaged 135 survivors who had used DVRC services. Their involvement in this survey provided great insight into survivors' needs and barriers when establishing freedom. This particular report was the basis for a new law that following legislative session which defined economic abuse in Maine law and provided protections through the protection from abuse process. Lastly, MCEDV's Survivors Access & Engagement Coordinator works closely on a regular basis with DVRCs to ensure service accessibility and planning for ongoing and meaningful engagement with survivors.

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.
	. 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...	09/22/2022
1C-7. PHA Moving On Preference	No	PHA Moving On Pol...	09/22/2022
1E-1. Local Competition Deadline	Yes	Local Competition...	09/22/2022
1E-2. Local Competition Scoring Tool	Yes	Local Competition...	09/22/2022
1E-2a. Scored Renewal Project Application	Yes	Scored Renewal Pr...	09/22/2022
1E-5. Notification of Projects Rejected-Reduced	Yes	Notification of P...	09/27/2022
1E-5a. Notification of Projects Accepted	Yes	Notificaton of Pr...	09/27/2022
1E-5b. Final Project Scores for All Projects	Yes	Fianl Project Sco...	09/22/2022
1E-5c. Web Posting–CoC-Approved Consolidated Application	Yes	Web Public Postin...	09/27/2022
1E-5d. Notification of CoC-Approved Consolidated Application	Yes	Notification of M...	09/27/2022
3A-1a. Housing Leveraging Commitments	No	Housing Leverage ...	09/22/2022

3A-2a. Healthcare Formal Agreements	No	Healthcare Levera...	09/23/2022
3C-2. Project List for Other Federal Statutes	No		

Attachment Details

Document Description: PHA Homeless Preference Policies- ME-500

Attachment Details

Document Description: PHA Moving On Policies - ME-500

Attachment Details

Document Description: Local Competition Deadline - ME-500

Attachment Details

Document Description: Local Competition Scoring Tools and Protocols - ME-500

Attachment Details

Document Description: Scored Renewal Project tool - ME-500

Attachment Details

Document Description: Notification of Projects Rejected or Reduced by ME-500

Attachment Details

Document Description: Notificaton of Projects Accepted by ME-500

Attachment Details

Document Description: Fianl Project Scoring and Ranking for all Projects

Attachment Details

Document Description: Web Public Posting of ME-500 Application and Listing Project

Attachment Details

Document Description: Notification of ME-500 Application and Project Listing

Attachment Details

Document Description: Housing Leverage Committment - ME-500

Attachment Details

Document Description: Healthcare Leverage Committment Letter

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. CoC Identification	09/14/2022
1B. Inclusive Structure	09/26/2022
1C. Coordination and Engagement	09/20/2022
1D. Coordination and Engagement Cont'd	09/22/2022
1E. Project Review/Ranking	Please Complete
2A. HMIS Implementation	09/21/2022
2B. Point-in-Time (PIT) Count	09/21/2022
2C. System Performance	09/22/2022
3A. Coordination with Housing and Healthcare	09/23/2022
3B. Rehabilitation/New Construction Costs	09/21/2022
3C. Serving Homeless Under Other Federal Statutes	09/21/2022

4A. DV Bonus Project Applicants	09/22/2022
4B. Attachments Screen	09/27/2022
Submission Summary	No Input Required

Maine State Housing Authority (MaineHousing) Homeless Preference Policy:

4-III.C. SELECTION METHOD

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

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

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

MaineHousing Policy

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

Priority and Local Preference Admissions

1. Priority

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

b. Homeless Priority

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

1) Is an active STEP voucher holder who has successfully completed 18 months with the STEP program and without assistance would be spending more than 30% of the family's income on housing, or

2) Is homeless, and

3) Is referred by a provider receiving Stabilization Share funds under the MaineHousing Emergency Shelter and Housing Assistance Program and receiving additional case management follow-up from the provider's navigator under the Home to Stay Program; or

4) Is referred by partner agencies administering Emergency Rental Assistance Housing Stability Services

5) Is referred by a Bridging Rental Assistance Program caseworker, or homeless shelter or domestic violence provider that is not receiving Stabilization Share funds under the MaineHousing Emergency Shelter and Housing Assistance Program and meets MaineHousing's jurisdictional preference. MaineHousing maintains a list of approved providers.

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Portland Housing Authority Homeless Preference Policy:

1) The Percent of New Admissions into Public Housing and Housing Choice Voucher Program During FY 2021 who were experiencing homelessness at entry.
   a. Voucher Programs: 29%
   b. Public Housing 33%

2) Does the PHA have a General or Limited Homeless Preference?

   a. Yes - Public Housing
      a. PH Homeless Preference Policy
         i. An applicant qualifies for this preference if they are homeless at the time of final eligibility determination. In order to qualify for this preference, an applicant must be referred by a partnering homeless service organization within PHA's area of operation. A partnering homeless service organization could be, but is not limited to, Oxford St. Shelter, Preble Street shelters, and the City of Portland Family Shelter on Chestnut Street. The homeless service organization must provide documentation to prove that the applicant qualifies for this preference and will continue to provide supportive services once the applicant is housed.

      b. PHA has a goal of housing 75 current residents that received the homeless preference at admission. PHA will do an evaluation every three months to determine the number of current residents that received this preference at admission. Once the number reaches 75 or more, PHA will stop calling in applicants off the wait list because of the homeless preference. However, if the applicant's other preferences would result in them being called off the wait list, PHA will still call them in despite the applicant having the

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

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

      (1) The PHA will offer a preference to any participating family that has been terminated from its HCV program due to insufficient program funding.
      (2) PHA, under the direction of the Department of Housing and Urban Development, may give preference for tenant-based assistance to persons displaced by natural or national disaster as designated by the Federal Emergency Management Agency (FEMA) until such time that funding designated for this preference has been committed.

(3) The PHA may offer a preference to families who include victims of domestic violence, dating violence, sexual assault, or stalking who are seeking an emergency transfer under VAWA from PHA's public housing program or other covered housing program operated by PHA.
(4) The PHA may offer a preference to FYI-TPV recipients who have successfully completed 36 months with the FYI-TPV Program and can demonstrate an ongoing need for assistance. (see Chapter 19 for details)
(5) The PHA may offer a preference to current Bridging Rental Assistance Program recipients
6) The PHA may offer a preference to VASH recipients who no longer qualify or choose to receive VASH services if HCV's are currently available. (see Chapter 19 for details)
(7) The PHA may offer a preference to First-Place recipients. (see Chapter 19 for details)
(8) The PHA may offer a preference to up to 40 families that meet the criteria for the Limited Preference Program for Chronically Homeless (LPPCC) program (see Chapter 19 for details)

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

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

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

3) Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?*

a. PHA has a permanent Voucher preference for FYI Vouchers, VASH Vouchers, BRAP, LPPCH, and First Place all of which serve people experiencing homelessness.

PORTLAND HOUSING AUTHORITY
Leah Bruns
Director of Voucher Programs
Portland Housing Authority
14 Baxter Boulevard, Portland, ME 04101
Tel: (207) 221-8006

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

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

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

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

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

MAINE CONTINUUM OF CARE

Vickey Rand
_____
Signature

Name: Vickey Rand

Title: MCOC Tri-Chair

Date: 9/6/19

MAINE STATE HOUSING AUTHORITY

Allison Gallagher
_____
Signature

Name: Allison Gallagher

Title: Director of Housing Choice Vouchers

Date: 9/6/19

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

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

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

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

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

MAINE CONTINUUM OF CARE

Vickey Rand
Signature

Name: Vickey Rand

Title: MCOC Tri-Chair

Date: 8/27/19

PORTLAND HOUSING AUTHORITY

Mark B Adelson
Signature

Name: Mark B. Adelson

Title: Executive Director

Date: 8/27/19

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

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

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

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

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

MAINE CONTINUUM OF CARE

Vickey Rand
Signature

Name: Vickey Rand

Title: MCOC Tri-Chair

Date: 8/28/19

COMMUNITY HOUSING OF MAINE

Kyra Walker
Signature

Name: Kyra Walker

Title: Chief Operating Officer

Date: 8/28/19

AVESTA
HOUSING

September 20, 2019

To Whom It May Concern,

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

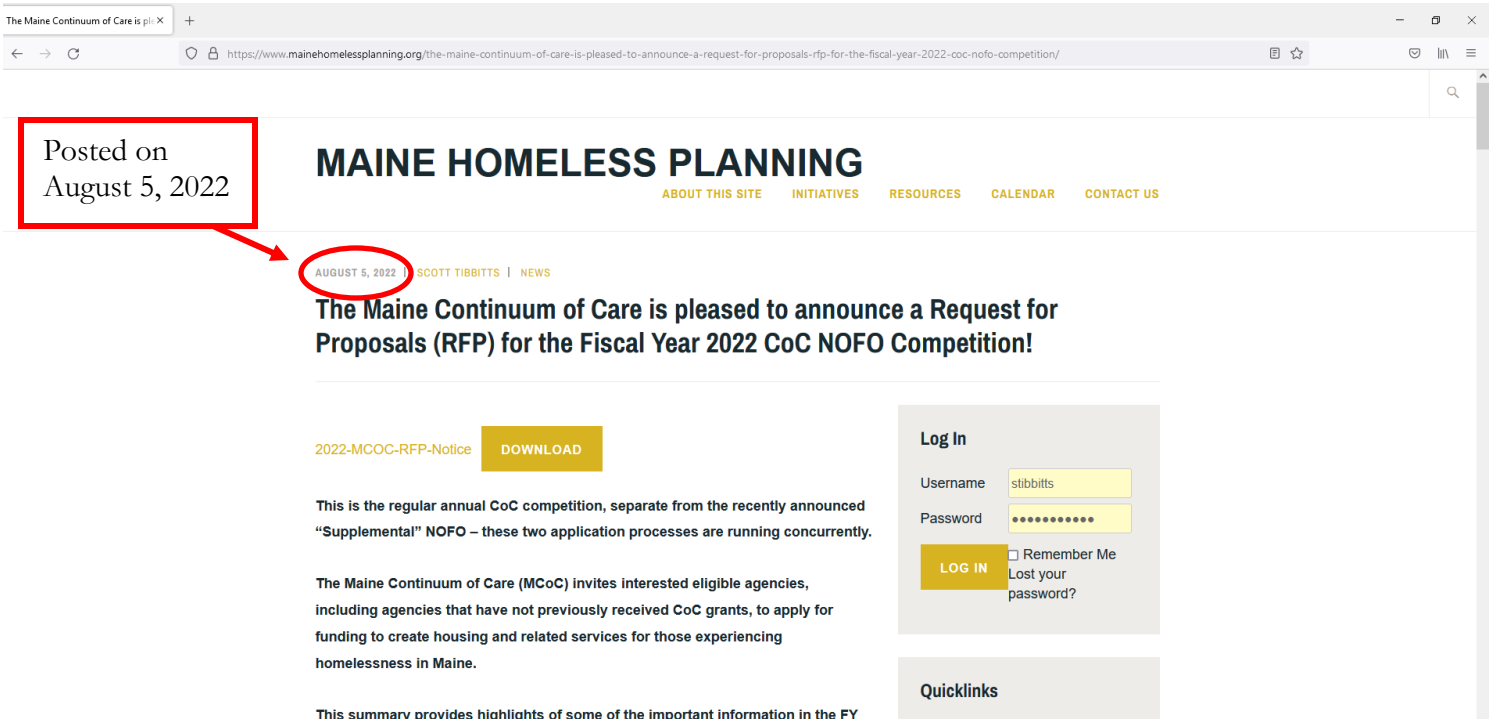
This mission aligns us closely with the work of the Maine Continuum of Care (MCoC). We have an over a decade-long established relationship with the MCoC and support the MCoC's Move On Strategies. As such, we welcome tenants exiting CoC-funded housing programs to apply for housing in Avesta-managed properties.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

Sincerely,

Dana Totman
President & Chief Executive Officer
Avesta Housing

307 Cumberland Avenue • Portland, Maine 04101
207-553-7777 • 1-800-339-6516 Voice/TTY
207-553-7778 Fax • www.avestahousing.org

NeighborWorks® CHARTERED MEMBER



Maine Homeless Planning

- About This Site
- Initiatives
- Resources
- Calendar
- Contact Us

Above is a screenshot from the MCOC MaineHomelessPlanning.org website showing the RFP was posted Aug. 5, 2022. Below is the full text of the RFP post, including the invitation to agencies not previously funded by MCOC, and on the next page is the local deadline of Aug. 31, 2022.

August 5, 2022 Scott Tibbitts News

The Maine Continuum of Care is pleased to announce a Request for Proposals (RFP) for the Fiscal Year 2022 CoC NOFO Competition!

2022-MCOC-RFP-NoticeDownload

This is the regular annual CoC competition, separate from the recently announced "Supplemental" NOFO – these two application processes are running concurrently.

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

This summary provides highlights of some of the important information in the FY 2022 CoC NOFO, but it is not intended to be exhaustive or complete. All potential applicants must read the full NOFO and all HUD and esnaps guidance for additional details.

Program Office: Community Planning and Development

Funding Opportunity Title: 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

Local Deadline
August 31, 2022

Funding Opportunity Number: FR-6600-N-25

Assistance Listing Number: 14.267

Application Due Date: (for the CoC Level Application submission to HUD) Sept. 30, 2022

All Maine Continuum of Care New and Renewal Project Applications must be submitted in esnaps no later than 5:00 PM August 31, 2022 to allow time for review, scoring & ranking.

The full NOFO announcement is available at: https://www.grants.gov/web/grants/view opportunity.html?oppId=342855&utm_source=HUD+Exchange+Mailing+List&utm_campaign=22010e6484-CoC-FY22-Program-Competition-08.03.22&utm_medium=email&utm_term=0_f32b935a5f-22010e6484-19245569

Additional resources will be available on the HUD.gov CoC Program Competition page and the HUD Exchange *e-snaps* Resources page. Please be sure you are following 2022 guidance – some of which has not yet been posted by HUD. Applicants are required to complete and submit their applicationsvia esnaps. More information about esnaps, including detailed instructions and guidance will be posted on the *e-snaps page*.

Available Funds: HUD is again using the Tier 1, Tier 2 funding methodology. For 2022 Tier 1 is equal to 95% of the Annual Renewal Demand (ARD). For Maine, our 2022 total ARD is **$16,852,496** making our total Tier 1 amount **$16,009,871**. Our Tier 2 amount is the difference between the Tier 1 amount and the CoC's total ARD: $842,625 plus a 5% CoC Bonus for one or more eligible New Projects that meet the project eligibility and threshold requirements established by HUD in the NOFO, and a DV Bonus for qualifying projects (and Planning Grant funding of $505,575 but only the Collaborative Applicant may apply for Planning Grant funds).

2022 MCoC CoC Bonus funding: up to $842,625

2022 MCoC DV Bonus Funding: up to $621,273

Eligible Project Applicants: Eligibility information is described in Section V. of the NOFO.

Eligible Costs: 24 CFR 578.37 through 578.63 and section 423(a)(13) of the rules of 42 USC 11383(a)(13) identify the eligible costs for which funding may be requested under the CoC Program. Costs for renewing eligible YHDP renewal projects are eligible costs and may be requested under this NOFO. For YHDP replacement projects eligible costs under the CoC program, including section 423(a)(13) of the Act (42 USC 11383(a)(13), and costs for eligible YHDP replacement activities described in V.B.4.a.(5) may be requested under this NOFO. HUD will reject any requests for ineligible costs, except as otherwise provided in this NOFO.

Local Competition Deadlines: HUD REQUIRES that all Project Applications be submitted to the local CoC no later than 30 days before the CoC Application deadline of September 30, 2022. The CoC must notify all Project Applicants no later than 15 days before the final FY 2022 CoC Application deadline whether their Project Applications will be accepted and ranked, rejected, or reduced as part of the CoC Consolidated Application submission.

For Maine: All project applications (both new and renewal) must be submitted in esnaps no later than 5:00 PM August 31, 2022. Applicants will be notified of the MCoC Scoring and Ranking results no later than September 15, 2022.

Please note that MCoC is requiring each Applicant, both New and Renewal, to also submit Match Funding letters documenting commitments from other entities. These additional documents are not part of the esnaps application and must be emailed separately to stibbitts@mainehousing.org

MCoC Request for Renewal Project Applications: Renewal Projects will be reviewed based on annual Monitoring results and any new information found in their 2022 Renewal Application.

While the Application is not required to be submitted in esnaps until August 31, 2022, MCoC requests that each Renewal Applicant provide the following information to stibbitts@mainehousing.org for each eligible Renewal Project listed under their agency on the 2022 Grant Inventory Worksheet (GIW) found at: https://www.hud.gov/sites/dfiles/CPD/documents/CoC/2022/GIW/FY-2022-ME-500-GIW.xlsx**, no later than 5:00 PM on Thursday August 11, 2022:**

1. Does your agency intend to Renew the Grant(s)?
    1. If NO, will the funds be available for Reallocation?
2. Does your agency intend to Expand the Grant(s)?
    1. If yes, please see the New Project section, below.
3. Does your agency intend to Transition the Grant(s)?
    1. If yes, please see New Project section, below.
4. Does your agency intend to Consolidate 2 or more Grants?
    1. If yes, please indicate which Grants.

For YHDP Renewal and /or Replacement Applications – Both HUD and MCoC have decided that YHDP Renewals will be funded without/regardless of scoring and ranking results – but agencies MUST STILL SUBMIT RENEWAL APPLICATIONS for these projects and follow all other rules and deadlines. Read the NOFO for details!

MCoC Request for New Project Applications, Expansion Applications, and Transition Applications: New, Expansion, and Transition Project proposals will be reviewed based primarily on their 2022 Project Applications. In order to better plan and coordinate resources, **MCoC requests that all agencies intending to submit a New, Expansion, or Transition Project Application provide the following information to stibbitts@mainehousing.org for each Project, no later than 5:00 PM on Thursday August 11, 2022:**

1. Description of the proposed new/expansion/transition activities, services, staffing or capacity. Please include specific figures of current and proposed eligible activities.

2. Description of the community's need for the proposed activities.

3. Description of the target population to be served.

4. If your agency has never been awarded CoC funding previously, a description of your agency's understanding of or experience with the population you are proposing to serve.

5. If the proposal includes development of new housing, describe the type, size, number, and location(s) of the housing units.

HUD's Homeless Policy Priorities

- ***Ending homelessness for all persons.***
- ***Use a Housing First approach.***
- ***Reducing Unsheltered Homelessness.***
- ***Improving System Performance.***
- ***Partnering with Housing, Health, and Service Agencies.***
- ***Racial Equity.***
- ***Improving Assistance to LGBTQ+ Individuals.***
- ***Persons with Lived Experience.***
- ***Increasing Affordable Housing Supply.***

Please see Section II. A. of the NOFO for detailed descriptions of each of these Policy Priorities, and Section II. B. for important information that all applicants should consider regarding CoC Program Implementation.

Training and Resources: The CoC Program rule can be found here:
https://www.hud.gov/program_offices/comm_planning/coc/regulations

Training materials, detailed instructions, and program resources will available here:
https://www.hudexchange.info/programs/coc/ and

Again – Please be sure you are following 2022 guidance.

Project Application Scoring/Ranking criteria:

Please refer to the "MCoC FY22 Scoring Criteria and Ranking Procedures" documents which will be posted on the www.mainehomelessplanning.org website as soon as they are finalized and approved.

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

The HUD Exchange Ask A Question (AAQ). HUD Exchange AAQ is accessible 24 hours each day at https://www.hudexchange.info/program-support/my-question/ for questions regarding regulatory or programmatic requirements, or access to/functionality of esnaps. Always check the FAQ list first to see if your question has already been addressed.

HUD Homeless Assistance Mailing List: If you have not already done so, we encourage you to subscribe to relevant HUD Mailing Lists by visiting:https://www.hudexchange.info/mailinglist/

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

MCoC meets regularly on the third Thursday of each month from 1:00PM to 3:00PM via teleconferencing. Please see the Agendas posted on www.mainehomelessplanning.org prior to each meeting for more details. Meetings are open and we welcome participation by anyone with an interest in helping us work toward ending and preventing homelessness in the state of Maine. MCoC also includes a number of committees that focus on particular aspects of the work we do. These include the Project Committee, HMIS & Data Committee, Resource Committee, Youth Action Board, Homeless Veteran's Action Committee, and many others. If you have an interest in a specific topic or population, please consider joining a committee, even if you are not able to attend the full MCoC meetings.

Tagged HUD, MCOC

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MAINE CONTINUUM OF CARE

2022 NEW PROJECT MCOC SCORECARD				
	HOUSING	HMIS ONLY	CES ONLY	Scores
1. HUD Eligibility and HUD and COC Priorities				
The following project types are inclusive of DV Bonus eligible project types.				
HUD and COC Priorities From Application				
Permanently Supportive Housing with no services (paid by COC)	10			
Permanently Supportive Housing with services (paid by COC)	9			
Transition Grant				
Rapid Rehousing Project	8			
TH-PH/RRH Joint Component Project	7			
HMIS Expansion (Reallocation Only)		5		
Coordinated Entry			6	
Housing First and/or Low Barrier to Entry (8 boxes, 1 pts per check box) *Data Source: Application* Qs	8			
Participation in Coordinated Entry, CE Partner, Development of CE, or planning for implementation upon execution of the grant agreement	5			
2. Capacity/Experience				
Commitment to partcipate in HMIS or for **DV providers a comparable database allowing for project level data to be reviewed and evaluated**	10	10	10	
Experience operating HUD/Federal/Other State funded programs (Up to 10 Points: 2 pts per year of experience)	10	10	10	
Agency level participation in COC Activities (5 pts if eligible to vote at CoC and 5 pts if agency participated in any COC committee)	10	10	10	
Experience operating project(s) to scope of the project proposed or the populations for whom it's designed (2 pts per year of experience)	10	10	10	
3. Project and System Level Performance				
Does the projects application explain how this project will contribute toward improving system performance measures: Length of Time Homeless; Returns to Homelessness; Exits to Permanent Housing; Number of Persons Homeless; New/Increased/Maintained Income; First Time Homeless; Successful Placement or Retention in Permanent Housing. (1 pt for each category addressed)	7	10	10	
Will this project increase the available number beds/units (Bricks & Mortar) of:				
PSH	5			
Will this project address any of the recomendations identified in the Gaps and Needs Analysis report?	7	7	7	
4. Serving High Need Populations *(based on Application Narrative)*				
May Choose More Than One				
Chronic/ Long Term Stayer	2			
Disability/ Vulnerability (including mental health and substance use)	2			
Veterans	1			
Families with children	1			
Unaccompanied Youth (under 25)	1			
Domestic Violence	1			
5. Cost Effectiveness				
From Application				
Financial Information and Match (10 Pts.)				
Does the project application present financial information in accordance with HUD and other funding source requirements?	5	5	5	
Match resources account for at least 25% of amount requested and bricks and mortar projects requires 100% match	5	5	5	
Budget staffing and expenses are adeqaute to support the proposed project in a cost effective manner	5	5	5	

2022 NEW Project MCOC SCORECARD			
	HOUSING	HMIS ONLY	CES ONLY
6. Project Design and Activities			

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

The MAINE CONTINUUM OF CARE

MCOC RENEWAL SCORECARD 2022

Agency/Project Name: _____ **Scorer Number:** _____

	2022	HMIS ONLY	CE ONLY	POINTS
Project Effectiveness				
Housing First and/or Low Barrier to Entry (8 boxes, 2 pts per check box) *Data Source: Application* 3b and 3c	16			
Performance Measures				
Data Source: Monitoring				
Length of Stay	7			
RRH- On average, participants stay in project "a minimum of 180" days				
PSH - On average, participants stay in project "a minimum of 180" days				
TH- On average, participants stay in project less than twenty four months				
Exits to Permanent Housing	18			
RRH- **Min of "80%" move to or remain PH** (Floor 65%=8 pts, Goal 80% = 16 pts, Exceeds Goal = 85% + = 18 pts)				
PSH- **Min of "80%" move to or remain in PH** (Floor 65%=8 pts, Goal 80% = 16 pts, Exceeds Goal = 85% + = 18 pts)				
TH- **Min of "65%" move to PH** (Floor 65%=8 pts, Goal 80% = 16 pts, Exceeds Goal = 85% + = 18 pts)				
Returns to Homelessness, Data Source: TBD	5			
New, Increased or Maintained Income for Project Stayers	5			
New, Increased or Maintained Income for Project Leavers	5			
Serving High Needs Populations (Local approach)				
Data Source: Application Question + Narrative				
Chronic Homeless	2		2	
Long Term Stayers	1		1	
Veterans	1		1	
Families with children	1		1	
Unaccompanied Youth (under 25)	1		1	
Domestic Violence	1		1	
Substance use	1		1	
Mental Illness	1		1	
HIV AIDS	1		1	
LOCAL EVALUATION - MAINE COC				
Project Cost Effectiveness - Local				
Data Source: Monitoring				
Matched resources account for at least 25% of amount requested	5	5	5	
Quarterly drawdowns ("yes," 1 pt; "no," 0 pts)	1	1	1	
Money recaptured by HUD at end of contract year ("yes," 0 pts; "no," 1 pt)	1	1	1	
COC Participation - Local				
Data Source: Monitoring				
Is the Applicant Agency currently an eligible voting member of MCOC?	10	10	10	
Does the Applicant Agency participate in any MCOC committee?	6	6	6	
			Total from Page One:	

MCOC RENEWAL SCORECARD 2022			
	MCOC	HMIS ONLY	CE ONLY
LOCAL EVALUATION - MAINE COC - Continued			
COC Review - Local			
Data Source: Application and Supplements.			
Does the applicant provide documented, secured minimum match letter(s)? [Attached]	1	1	1
Project Type - Local			
Permanently Supportive Housing with no services (paid by COC) [10 pts]	10		
Permanently Supportive Housing with services (paid by COC) [9 pts]	9		
Transitional Housing for Special Populations (DV, Youth, SUD) [8 pts]	8		
Rapid Rehousing Project [7 pts]	7		
Transitional Housing, other (not Special Populations) [5 pts]	5		
SSO Coordianted Entry			6
Renewal HMIS		10	
For Special Projects			
Coordinated Entry ONLY Application Review			
The project's activities will assist in the implementation and/or capacity of the Coordinated Entry system.			10
The project's activities will assist the CoC in meeting federal guidelines and timelines regarding Coordinated Entry.			10
The project's activities will assist the CoC in establishing a client-focused system that is accessible and coordinated.			10
The centralized or coordinated assessment system is easily available/reachable for all persons within the CoC's geographic area who are seeking information regarding homelessness assistance. The system must also be accessible for persons with disabilities within the CoC's geographic area.			6
There is a strategy for advertising that is designed specifically to reach homeless persons with the highest barriers within the CoC's geographic area.			6
There is a standardized assessment process.			6
Ensures program participants are directed to appropriate housing and services that fit their needs.			6
The proposed project has a specific plan to coordinate and integrate with other mainstream health, social services, and employment programs and ensure that program participants are assisted to obtain benefits from the mainstream programs for which they may be eligible (e.g., Medicare, Medicaid, SSI, Food Stamps, local Workforce office, early childhood education).			6
HMIS ONLY Application Review			
Percentage of new users that receive initial HMIS training based on percentage *[1 point for 10% points]		10	
Was the Longitudinal System Analysis (LSA) completed by the HMIS Lead and accepted by HUD as accurate and complete information from HMIS?		10	
Has the info available in HMIS and reported to HUD on the annual Housing Inventory Chart (HIC) been accurate to meet the needs of the NOFA and COC?		10	
Is the HMIS system available 365 days a year 24/7 with the ability to produce updates minimally 2 times a day		10	
Can HMIS produce System Performance Measures as outlined by HUD?		6	
Are the HMIS funds expended in a way that is consistent with the CoC's funding strategy for the HMIS and furthers the CoC's HMIS implementation.		5	
The HMIS collects all Universal Data Elements as set forth in the HMIS Data Standards.		5	
HMIS has the ability to unduplicate client records.		5	
The HMIS produces all HUDrequired reports and provides data as needed for HUD reporting (e.g., APR, quarterly reports, data for CAPER/ESG reporting) and other reports required by other federal partners.		5	
		Total from Page Two:	
		Total from Page One:	
Total	100	100	100

MCOC Ranking Protocols:

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

The MAINE CONTINUUM OF CARE

MCOC RENEWAL SCORECARD 2022

Agency/Project Name: **Preble Street: Logan Place** **Scorer Number:** _____

	2022	HMIS ONLY	CE ONLY	POINTS
Project Effectiveness				
Housing First and/or Low Barrier to Entry (8 boxes, 2 pts per check box) *Data Source: Application* 3b and 3c	16			16
Performance Measures				
Data Source: Monitoring				
Length of Stay	7			7
RRH- On average, participants stay in project "a minimum of 180" days				
PSH - On average, participants stay in project "a minimum of 180" days				
TH- On average, participants stay in project less than twenty four months				
Exits to Permanent Housing	18			18
RRH- **Min of "80%" move to or remain PH** (Floor 65%=8 pts, Goal 80% = 16 pts, Exceeds Goal = 85% + = 18 pts)				
PSH- **Min of "80%" move to or remain in PH** (Floor 65%=8 pts, Goal 80% = 16 pts, Exceeds Goal = 85% + = 18 pts)				
TH- **Min of "65%" move to PH** (Floor 65%=8 pts, Goal 80% = 16 pts, Exceeds Goal = 85% + = 18 pts)				
Returns to Homelessness, Data Source: TBD	5			5
New, Increased or Maintained Income for Project Stayers	5			5
New, Increased or Maintained Income for Project Leavers	5			5
Serving High Needs Populations (Local approach)				
Data Source: Application Question + Narrative				
Chronic Homeless	2		2	2
Long Term Stayers	1		1	1
Veterans	1		1	1
Families with children	1		1	0
Unaccompanied Youth (under 25)	1		1	0
Domestic Violence	1		1	1
Substance use	1		1	1
Mental Illness	1		1	1
HIV AIDS	1		1	1
LOCAL EVALUATION - MAINE COC				
Project Cost Effectiveness - Local				
Data Source: Monitoring				
Matched resources account for at least 25% of amount requested	5	5	5	5
Quarterly drawdowns ("yes," 1 pt; "no," 0 pts)	1	1	1	1
Money recaptured by HUD at end of contract year ("yes," 0 pts; "no," 1 pt)	1	1	1	1
COC Participation - Local				
Data Source: Monitoring				
Is the Applicant Agency currently an eligible voting member of MCOC?	10	10	10	10
Does the Applicant Agency participate in any MCOC committee?	6	6	6	6
			Total from Page One:	

MCOC RENEWAL SCORECARD 2022				
	MCOC	HMIS ONLY	CE ONLY	
LOCAL EVALUATION - MAINE COC - Continued				
COC Review - Local				
Data Source: Application and Supplements.				
Does the applicant provide documented, secured minimum match letter(s)? [Attached]	1	1	1	1
Project Type - Local				
Permanently Supportive Housing with no services (paid by COC) [10 pts]	10			
Permanently Supportive Housing with services (paid by COC) [9 pts]	9			9
Transitional Housing for Special Populations (DV, Youth, SUD) [8 pts]	8			
Rapid Rehousing Project [7 pts]	7			
Transitional Housing, other (not Special Populations) [5 pts]	5			
SSO Coordianted Entry			6	
Renewal HMIS		10		
For Special Projects				
Coordinated Entry ONLY Application Review				
The project's activities will assist in the implementation and/or capacity of the Coordinated Entry system.			10	
The project's activities will assist the CoC in meeting federal guidelines and timelines regarding Coordinated Entry.			10	
The project's activities will assist the CoC in establishing a client-focused system that is accessible and coordinated.			10	
The centralized or coordinated assessment system is easily available/reachable for all persons within the CoC's geographic area who are seeking information regarding homelessness assistance. The system must also be accessible for persons with disabilities within the CoC's geographic area.			6	
There is a strategy for advertising that is designed specifically to reach homeless persons with the highest barriers within the CoC's geographic area.			6	
There is a standardized assessment process.			6	
Ensures program participants are directed to appropriate housing and services that fit their needs.			6	
The proposed project has a specific plan to coordinate and integrate with other mainstream health, social services, and employment programs and ensure that program participants are assisted to obtain benefits from the mainstream programs for which they may be eligible (e.g., Medicare, Medicaid, SSI, Food Stamps, local Workforce office, early childhood education).			6	
HMIS ONLY Application Review				
Percentage of new users that receive initial HMIS training based on percentage *[1 point for 10% points]		10		
Was the Longitudinal System Analysis (LSA) completed by the HMIS Lead and accepted by HUD as accurate and complete information from HMIS?		10		
Has the info available in HMIS and reported to HUD on the annual Housing Inventory Chart (HIC) been accurate to meet the needs of the NOFA and COC?		10		
Is the HMIS system available 365 days a year 24/7 with the ability to produce updates minimally 2 times a day		10		
Can HMIS produce System Performance Measures as outlined by HUD?		6		
Are the HMIS funds expended in a way that is consistent with the CoC's funding strategy for the HMIS and furthers the CoC's HMIS implementation.		5		
The HMIS collects all Universal Data Elements as set forth in the HMIS Data Standards.		5		
HMIS has the ability to unduplicate client records.		5		
The HMIS produces all HUDrequired reports and provides data as needed for HUD reporting (e.g., APR, quarterly reports, data for CAPER/ESG reporting) and other reports required by other federal partners.		5		
			Total from Page Two:	
			Total from Page One:	
Total	100	100	100	97

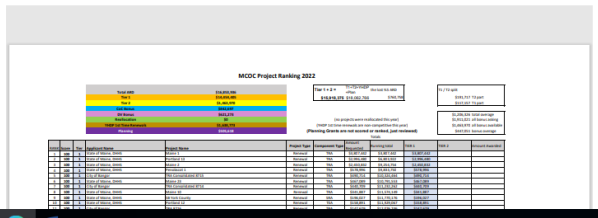
SEPTEMBER 13, 2022 | SCOTT TIBBITTS | NEWS

MCOC Preliminary Scoring and Ranking Results

The Maine Continuum of Care would like to thank all Applicants for the tremendous effort that went into preparing and submitting their applications. All New and Renewal Project Applications were reviewed, scored, and ranked by the Selection Committee (except YHDP and Planning Project Applications, which were reviewed but not scored or ranked, per HUD instructions). This posting is to inform all Applicants of the results of that process, outside of esnaps.

- No Projects were Rejected or Reduced – All Project Applications will be submitted to HUD along with this year's MCoC Application.
- Attached are the Recommendations of the Selection Committee based on the results of the Scoring and Ranking Processes, using the tools and protocols approved by MCOC earlier this year.
- The Recommendations will be reviewed and discussed at the MCOC meeting on Thursday, Sept. 15th, 2022. All Project Applicants are strongly encouraged to attend this meeting.
- MCoC reserves the right to make adjustments to Project Rankings in accordance with our approved Protocols (also attached). Ranking will be finalized and voted on at the meeting on Sept. 15th.
- We ask that Applicants who have concerns about the Recommendations attend the meeting on the 15th and participate in the discussion to finalize the Project Ranking. Any Applicant that is still unhappy with the results after the Rankings are finalized may follow the MCOC Appeals Process outlined in our Governance Document.

Some applicants are relatively new to this process, while others have been through this many times. In 2020, when the COVID-19 pandemic was HUD's primary concern, there was no NOFO competition – HUD simply renewed all eligible Renewal Projects. In 2021, HUD provide Continuums of Care with 100% of our ARD (Annual Renewal Demand – the amount of funding needed to fully support all eligible Renewal Projects) in Tier 1, as well as funding for New Projects. This year, as they used to do in the past, HUD set Tier 1 funding at only 95% of ARD, meaning some Renewal Projects would inevitably be placed in Tier 2 of the Rankings, reminding us all that this is indeed a competition.



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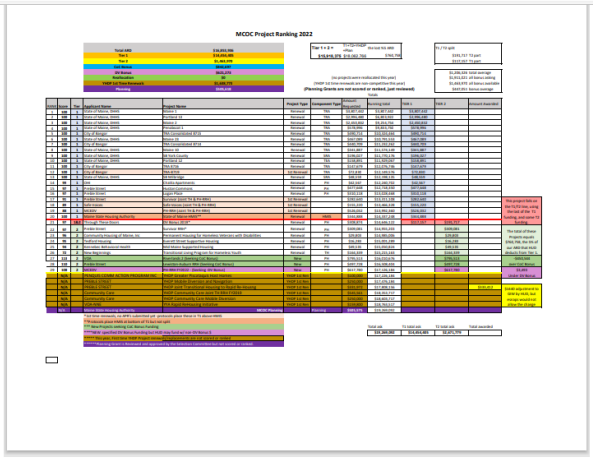
MCOC Preliminary Scoring and R
https://www.mainehomelessplanning.org/mcoc-preliminary-scoring-and-ranking-results/


MCOC Project Ranking 2022

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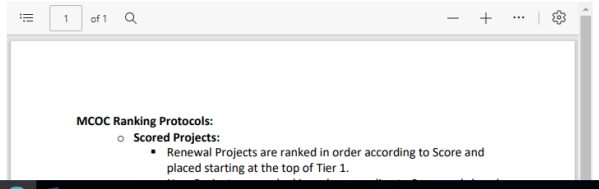
2022-MCOC-Preliminary-Project-Rankings DOWNLOAD


1 of 1

MCOC Ranking Protocols:

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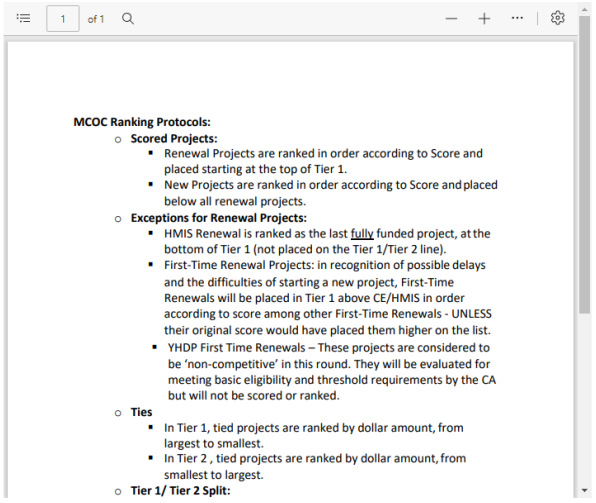
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- **Tier 1/ Tier 2 Split:**

2022-MCOC-Ranking-Protocols DOWNLOAD

TAGGED HUD, MCOC

PUBLISHED BY
Scott Tibbitts

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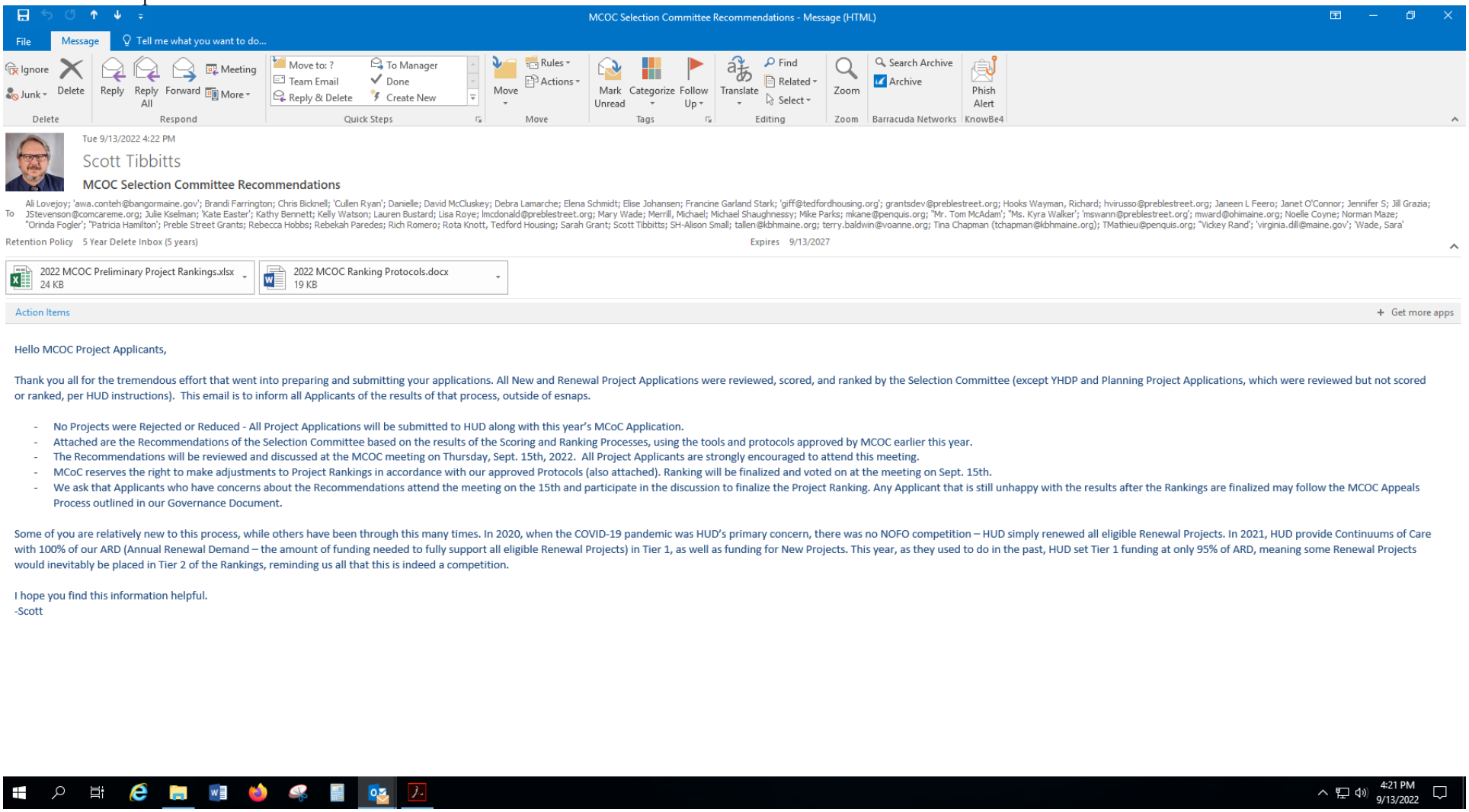


MAINE HOMELESS PLANNING

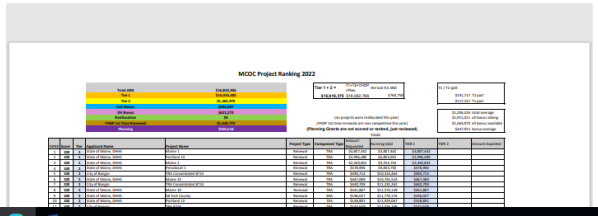
SEPTEMBER 13, 2022 | SCOTT TIBBITTS | NEWS

MCOC Preliminary Scoring and Ranking Results

The Maine Continuum of Care would like to thank all Applicants for the tremendous effort that went into preparing and submitting their applications. All New and Renewal Project Applications were reviewed, scored, and ranked by the Selection Committee (except YHDP and Planning Project Applications, which were reviewed but not scored or ranked, per HUD instructions). This posting is to inform all Applicants of the results of that process, outside of esnaps.

- No Projects were Rejected or Reduced – All Project Applications will be submitted to HUD along with this year's MCoC Application.
- Attached are the Recommendations of the Selection Committee based on the results of the Scoring and Ranking Processes, using the tools and protocols approved by MCOC earlier this year.
- The Recommendations will be reviewed and discussed at the MCOC meeting on Thursday, Sept. 15th, 2022. All Project Applicants are strongly encouraged to attend this meeting.
- MCoC reserves the right to make adjustments to Project Rankings in accordance with our approved Protocols (also attached). Ranking will be finalized and voted on at the meeting on Sept. 15th.
- We ask that Applicants who have concerns about the Recommendations attend the meeting on the 15th and participate in the discussion to finalize the Project Ranking. Any Applicant that is still unhappy with the results after the Rankings are finalized may follow the MCOC Appeals Process outlined in our Governance Document.

Some applicants are relatively new to this process, while others have been through this many times. In 2020, when the COVID-19 pandemic was HUD's primary concern, there was no NOFO competition – HUD simply renewed all eligible Renewal Projects. In 2021, HUD provide Continuums of Care with 100% of our ARD (Annual Renewal Demand – the amount of funding needed to fully support all eligible Renewal Projects) in Tier 1, as well as funding for New Projects. This year, as they used to do in the past, HUD set Tier 1 funding at only 95% of ARD, meaning some Renewal Projects would inevitably be placed in Tier 2 of the Rankings, reminding us all that this is indeed a competition.



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Mainehousing
National Alliance to End Homelessness
United States Interagency Council on Homelessness

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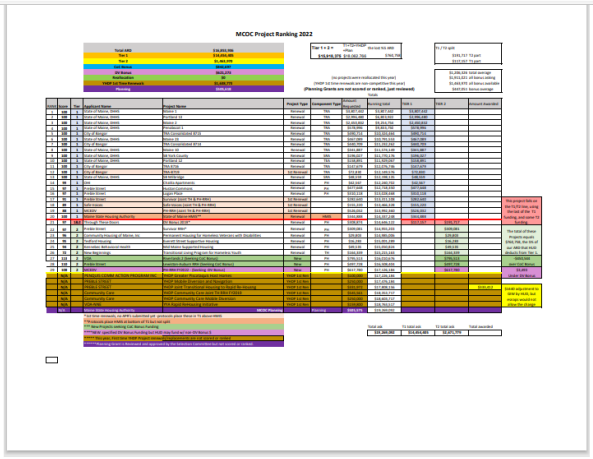
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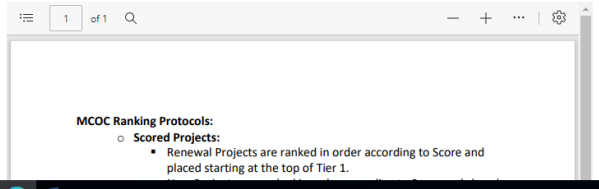
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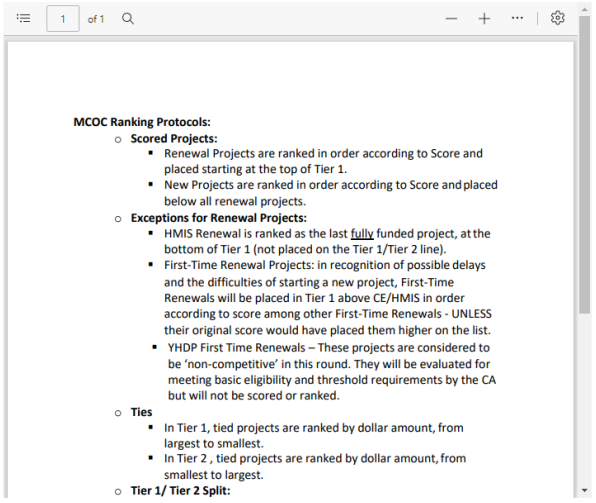
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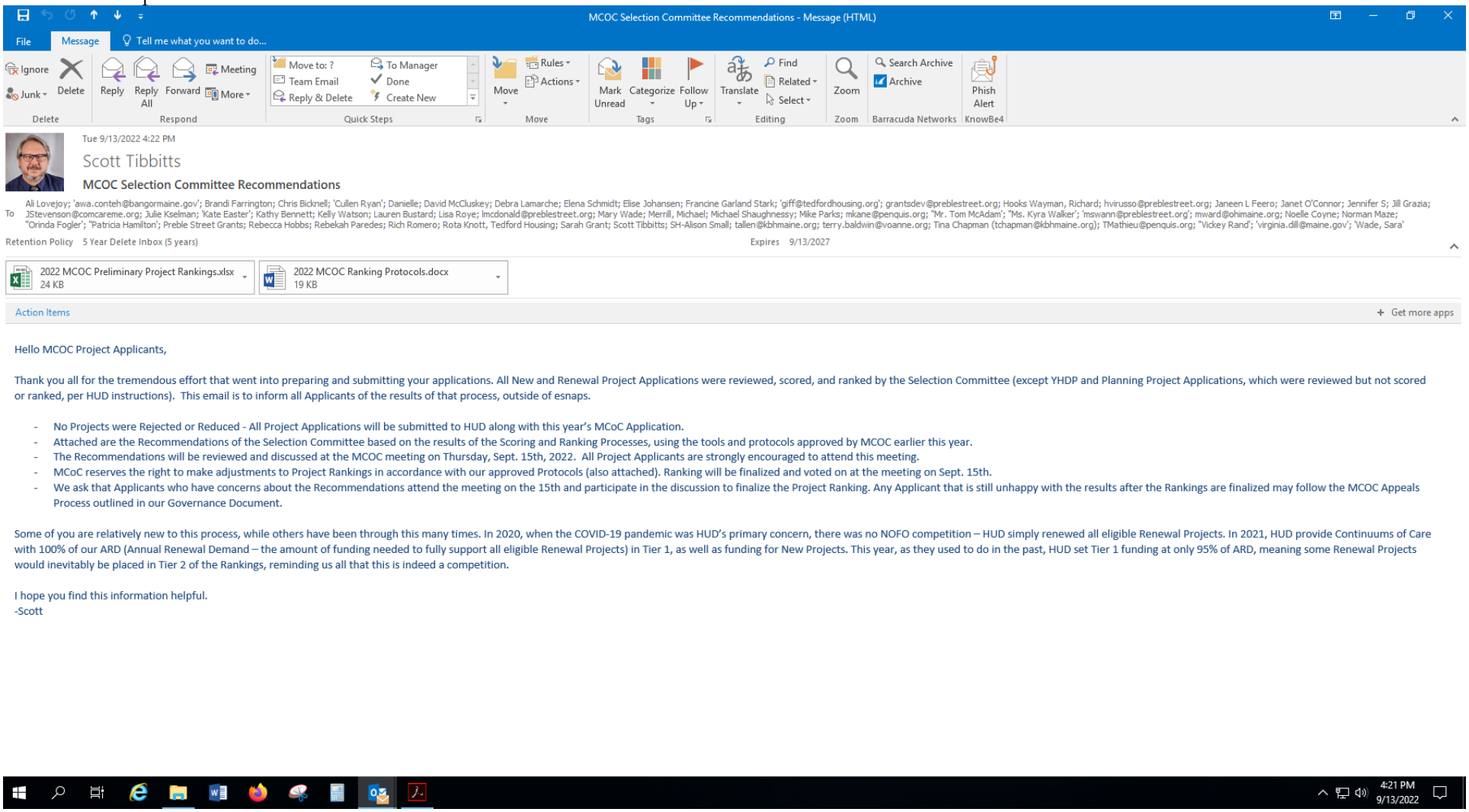

MCOC Project Ranking 2022

Total ARD	$16,853,936
Tier 1	$14,454,405
Tier 2	$1,463,970
CoC Bonus	$842,697
DV Bonus	$621,273
Reallocation	$0
YHDP 1st Time Renewals	$1,638,773
Planning	$505,618

Tier 1 + 2 =	T1+T2+YHDP +Plan	the lost %5 ARD
$15,918,375	$18,062,766	$760,758

(no projects were reallocated this year)
(YHDP 1st time renewals are non-competitive this year)
(Planning Grants are not scored or ranked, just reviewed)

T1 / T2 split	
$191,717	T2 part
$117,157	T1 part

$1,206,326	total overage
$1,911,021	all bonus asking
$1,463,970	all bonus available
$447,051	bonus overage

RANK	Score	Tier	Applicant Name	Project Name	Project Type	Component Type	Amount Requested	Running total	TIER 1	TIER 2	Amount Awarded (TBD)	NOTES
1	100	1	State of Maine, DHHS	Maine 1	Renewal	TRA	$3,807,442	$3,807,442	$3,807,442			ALL Project Applications submitted: New, Renewal, YHDP Renewal &/or Replacement, & Planning were approved & will all be included in the 2022 MCOC Project Priority Lisiting submitted to HUD.
2	100	1	State of Maine, DHHS	Portland 13	Renewal	TRA	$2,996,480	$6,803,922	$2,996,480			
3	100	1	State of Maine, DHHS	Maine 2	Renewal	TRA	$2,450,832	$9,254,754	$2,450,832			
4	100	1	State of Maine, DHHS	Penobscot 1	Renewal	TRA	$578,996	$9,833,750	$578,996			
5	100	1	City of Bangor	TRA Consolidated 8715	Renewal	TRA	$490,714	$10,324,464	$490,714			
6	100	1	State of Maine, DHHS	Maine 23	Renewal	TRA	$467,089	$10,791,553	$467,089			
7	100	1	City of Bangor	TRA Consolidated 8714	Renewal	TRA	$440,709	$11,232,262	$440,709			
8	100	1	State of Maine, DHHS	Maine 10	Renewal	TRA	$341,887	$11,574,149	$341,887			
9	100	1	State of Maine, DHHS	SB York County	Renewal	SRA	$196,027	$11,770,176	$196,027			
10	100	1	State of Maine, DHHS	Portland 12	Renewal	TEA	$158,891	$11,929,067	$158,891			
11	100	1	City of Bangor	TRA 8716	Renewal	TRA	$147,679	$12,076,746	$147,679			
12	100	1	City of Bangor	TRA-8719	1st Renewal	TRA	$72,830	$12,149,576	$72,830			
13	100	1	State of Maine, DHHS	SB Milbridge	Renewal	SRA	$48,559	$12,198,135	$48,559			
14	99	1	OHI	Chalila Apartments	Renewal	PH	$42,567	$12,240,702	$42,567			
15	97	1	Preble Street	Huston Commons	Renewal	PH	$477,648	$12,718,350	$477,648			
16	97	1	Preble Street	Logan Place	Renewal	PH	$310,118	$13,028,468	$310,118			
17	91	1	Preble Street	Survivor (Joint TH & PH-RRH)	1st Renewal		$282,640	$13,311,108	$282,640			This project falls on the T1/T2 line, using the last of the T1 funding, and some T2 funding.
18	89	1	Safe Voices	Safe Voices (Joint TH & PH-RRH)	1st Renewal		$155,220	$13,466,328	$155,220			
19	88	1	MCEDV	PH-RRH (Joint TH & PH-RRH)	1st Renewal		$526,032	$13,992,360	$526,032			
20	100	1	Maine State Housing Authority	State of Maine HMIS**	Renewal	HMIS	$344,888	$14,337,248	$344,888			
21	97	1&2	Through These Doors	DV Bonus 2019*	Renewal	PH	$308,874	$14,646,122	$117,157	$191,717		
22	97	2	Preble Street	Survivor RRH*	Renewal	PH	$309,081	$14,955,203		$309,081		The total of these Projects equals $760,758, the 5% of our ARD that HUD deducts from Tier 1.
23	96	2	Community Housing of Maine, Inc	Permanent Housing for Homeless Veterans with Disabilities	Renewal	PH	$29,803	$14,985,006		$29,803		
24	95	2	Tedford Housing	Everett Street Supportive Housing	Renewal	PH	$16,283	$15,001,289		$16,283		
25	94	2	Kennebec Behavioral Health	Mid Maine Supported Housing	Renewal	PH	$49,535	$15,050,824		$49,535		
26	90	2	New Beginnings	Transitional Living Program for Homeless Youth	Renewal	TH	$164,339	$15,215,163		$164,339		
27	115	2	VOA	Riverlands 2 (Seeking CoC Bonus)	New	PH	$795,513	$16,010,676		$795,513		-$450,544
28	110	2	Preble Street	Lewiston-Auburn RRH (Seeking CoC Bonus)	New	PH	$497,728	$16,508,404		$497,728		over CoC Bonus
29	108	2	MCEDV	PH-RRH FY2022 - (Seeking -DV Bonus)	New	PH	$617,780	$17,126,184		$617,780		$3,493
N/A	N/A		PENQUIS COMM ACTION PROGRAM INC	YHDP Greater Piscataquis Host Homes	YHDP 1st Ren		$100,000	$17,226,184				Under DV Bonus
N/A	N/A		PREBLE STREET	YHDP Mobile Diversion and Navigation	YHDP 1st Ren		$250,000	$17,476,184				
N/A	N/A		PREBLE STREET	YHDP Joint Transitional Housing to Rapid Re-Housng	YHDP 1st Ren		$331,972	$17,808,156			$333,412	$1440 adjustment to GIW by HUD, but esnaps would not allow the change
N/A	N/A		Community Care	YHDP Community Care Joint TH RRH FY2019	YHDP 1st Ren		$545,561	$18,353,717				
N/A	N/A		Community Care	YHDP Community Care Mobile Diversion	YHDP 1st Ren		$250,000	$18,603,717				
N/A	N/A		VOA-NNE	YYA Rapid ReHousing Initiative	YHDP 1st Ren		$159,800	$18,763,517				
N/A	N/A		Maine State Housing Authority	**MCOC Planning**		Planning	**$505,575**	$19,269,092				

*1st time renewals with no APR's submitted yet -protocols place these in T1 above HMIS
**Protocols place HMIS at bottom of T1 but not split
*** New Projects seeking CoC Bonus Funding
****NEW Project specified DV Bonus Funding (but HUD may fund w/ non-DV Bonus $)
***** This year, First time YHDP Project renewals/replacements are not scored or ranked
******Planning Grant is Reviewed and approved by the Selection Committee but not scored or ranked.

Total ask	T1 total ask	T2 total ask	Total awarded
$19,269,092	**$14,454,405**	**$2,671,779**	

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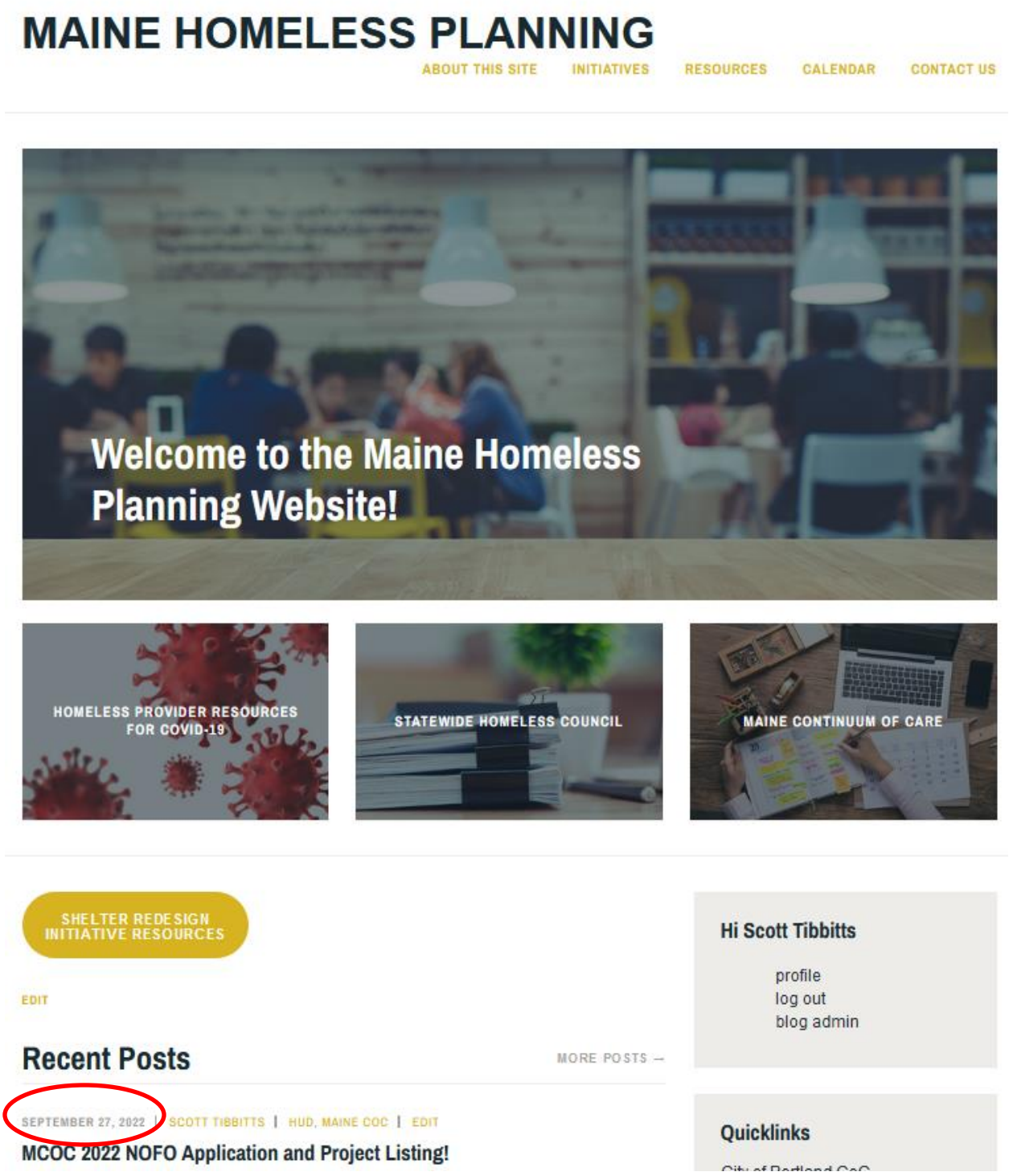
  - If a Project falls on the line between Tier 1 and Tier 2, and HUD does not have sufficient funds to cover the Tier 2 portion, they will make a determination as to the viability of the project based on the Tier 1 amount alone. Therefore, if a project is split between Tier 1 and Tier 2, MCOC reserves the right to adjust their ranking in order to maximize the potential funding.
- **Adjustments**
  - Bonuses: MCOC reserves the right to adjust the ranking of any project in order to take advantage of Bonus Funding or Bonus Points made available by HUD.
  - Gaps and Needs: MCOC reserves the right to adjust the ranking of any project in order to better address clearly identified gaps and/or needs on our homeless response system.
  - Priorities: MCOC reserves the right to adjust the ranking of any project in order to better address clearly identified HUD or MCOC priorities.

Application and Project listing public posting on MCOC website September 27, 2022.



SEPTEMBER 27, 2022 | SCOTT TIBBITTS | HUD, MAINE COC | EDIT

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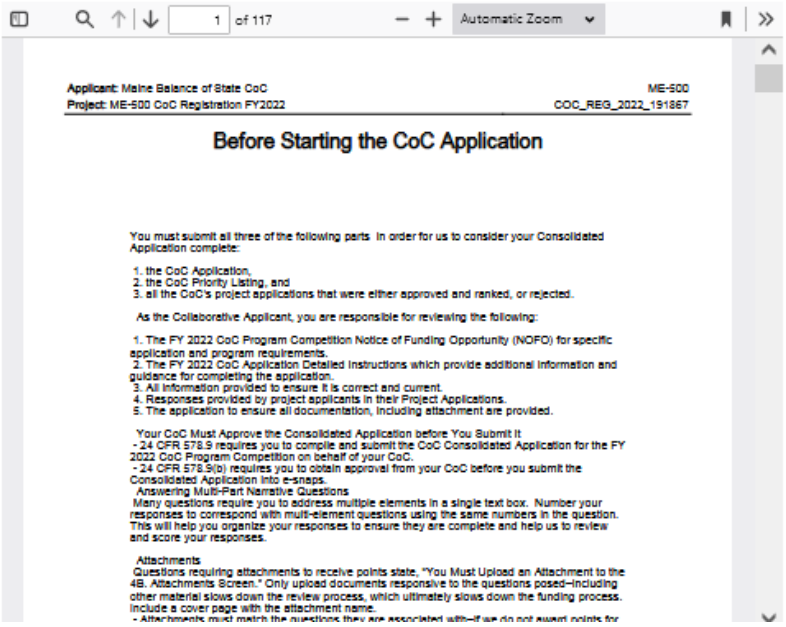

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HUD Homelessness Resource Exchange
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Maine Housing Search
Maine Military & Community Network
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National Alliance to End Homelessness
United States Interagency Council on Homelessness

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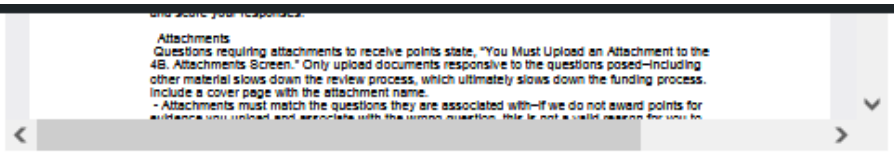
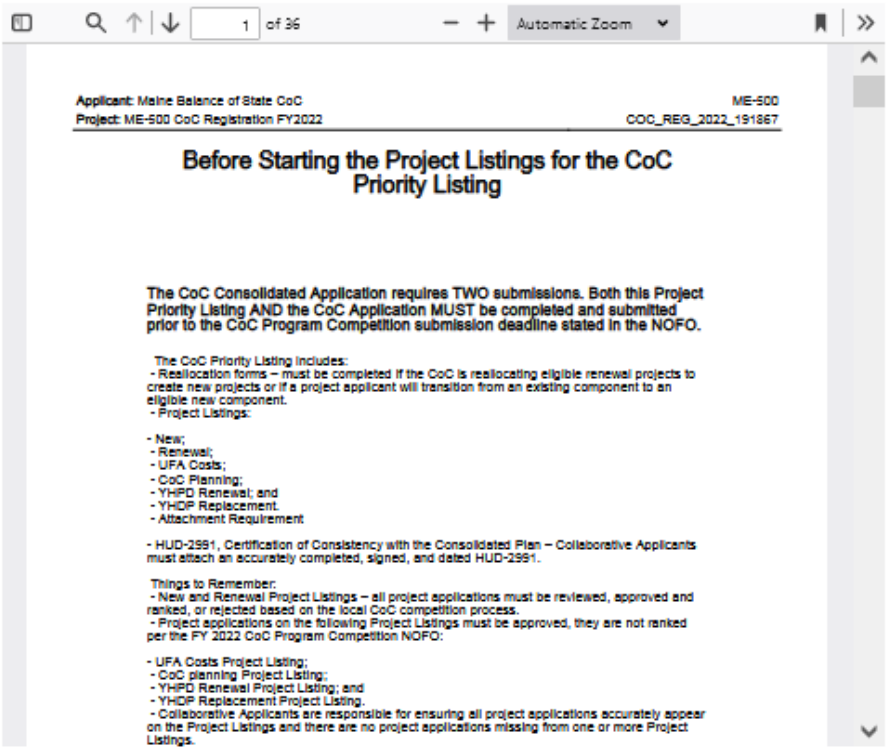


Attachments
Questions requiring attachments to receive points state, "You Must Upload an Attachment to the 4B. Attachments Screen." Only upload documents responsive to the questions posed–including other material slows down the review process, which ultimately slows down the funding process.
Include a cover page with the attachment name.
- Attachments must match the questions they are associated with–if we do not award points for

2022-MCOC-Application DOWNLOAD



1 of 36 Automatic Zoom

Applicant: Maine Balance of State CoC ME-500
Project: ME-500 CoC Registration FY2022 COC_REG_2022_191867

Before Starting the Project Listings for the CoC Priority Listing

The CoC Consolidated Application requires TWO submissions. Both this Project Priority Listing AND the CoC Application MUST be completed and submitted prior to the CoC Program Competition submission deadline stated in the NOFO.

The CoC Priority Listing includes:
- Reallocation forms – must be completed if the CoC is reallocating eligible renewal projects to create new projects or if a project applicant will transition from an existing component to an eligible new component.
- Project Listings:

- New;
- Renewal;
- UFA Costs;
- CoC Planning;
- YHDP Renewal; and
- YHDP Replacement.
- Attachment Requirement

- HUD-2991, Certification of Consistency with the Consolidated Plan – Collaborative Applicants must attach an accurately completed, signed, and dated HUD-2991.

Things to Remember:
- New and Renewal Project Listings – all project applications must be reviewed, approved and ranked, or rejected based on the local CoC competition process.
- Project applications on the following Project Listings must be approved, they are not ranked per the FY 2022 CoC Program Competition NOFO:

- UFA Costs Project Listing;
- CoC planning Project Listing;
- YHDP Renewal Project Listing; and
- YHDP Replacement Project Listing.
- Collaborative Applicants are responsible for ensuring all project applications accurately appear on the Project Listings and there are no project applications missing from one or more Project Listings.

2022-MCOC-Project-Priority-Listing-Final DOWNLOAD

TAGGED COC, HUD, NOFO

PUBLISHED BY
Scott Tibbitts

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← CDC NEWSLETTER: UNDERSTANDING EXPOSURE RISKS

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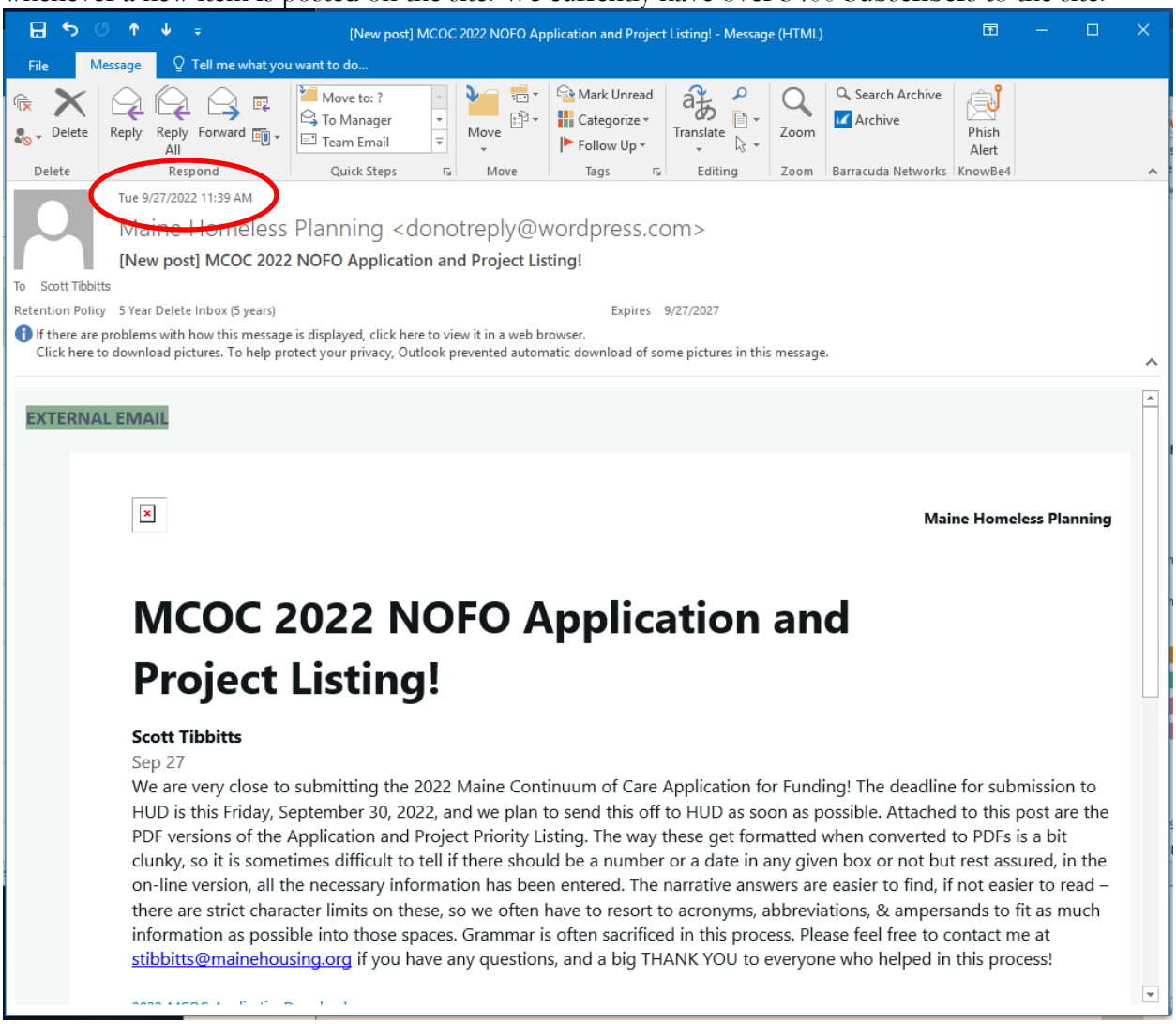

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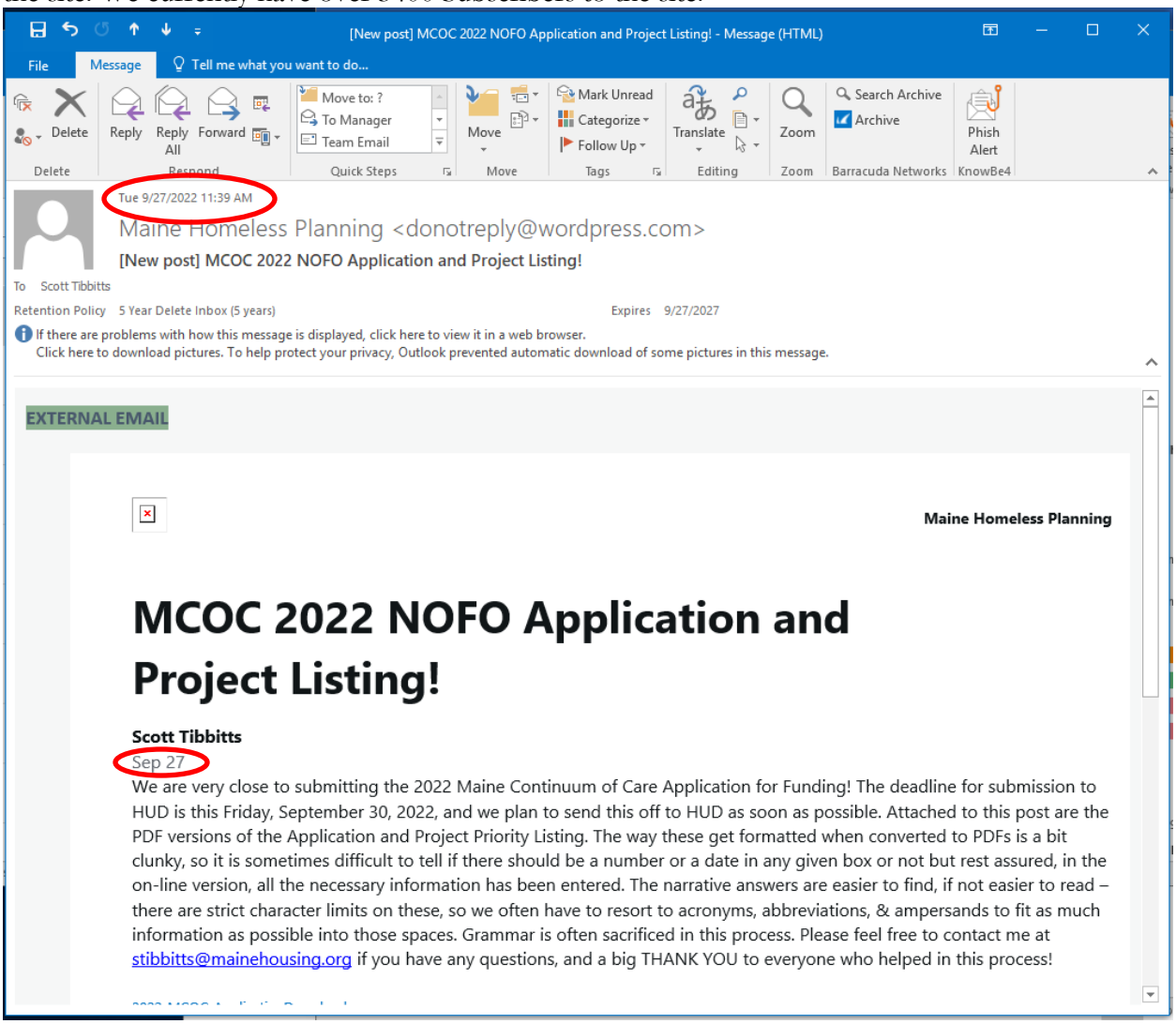

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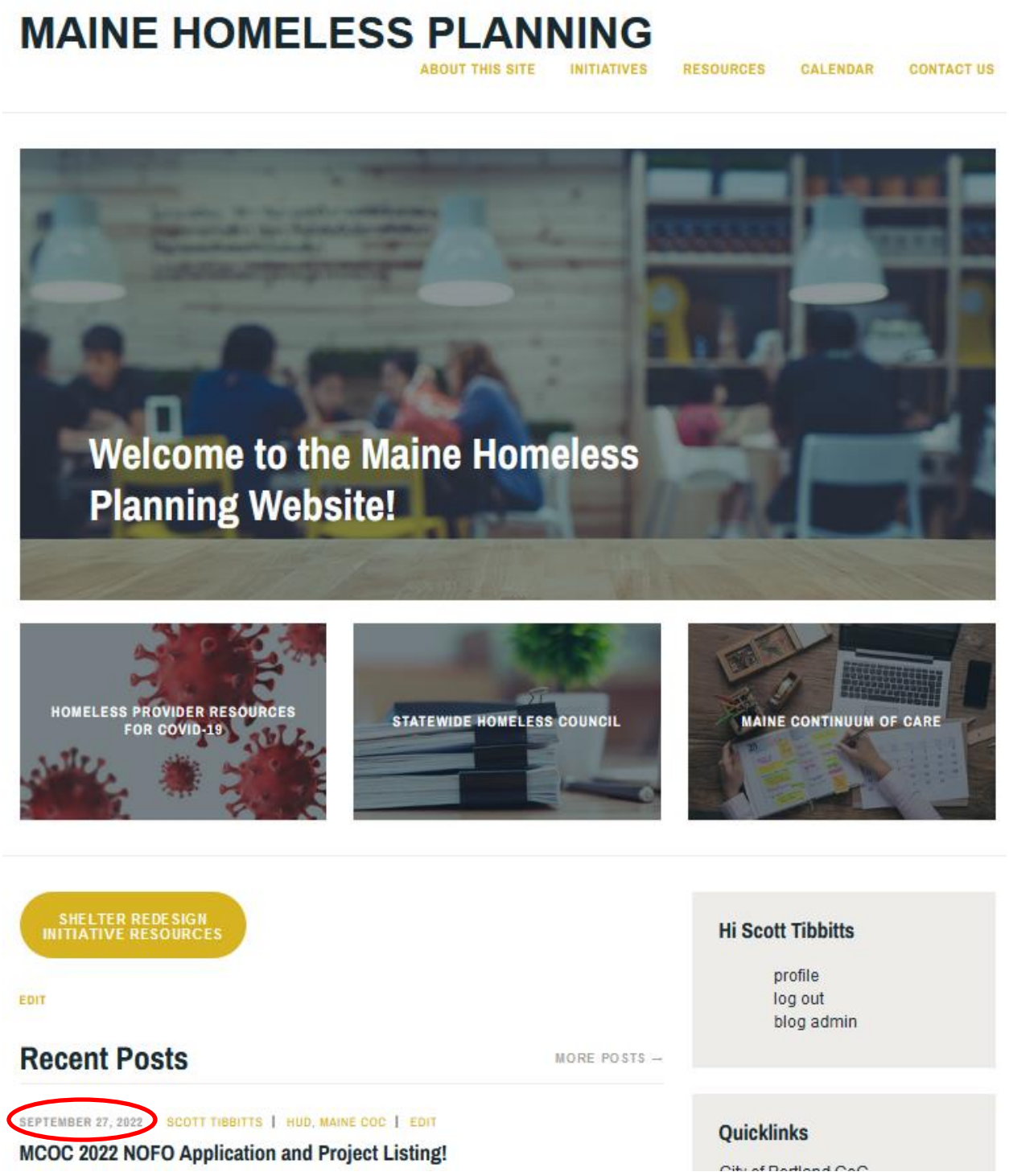

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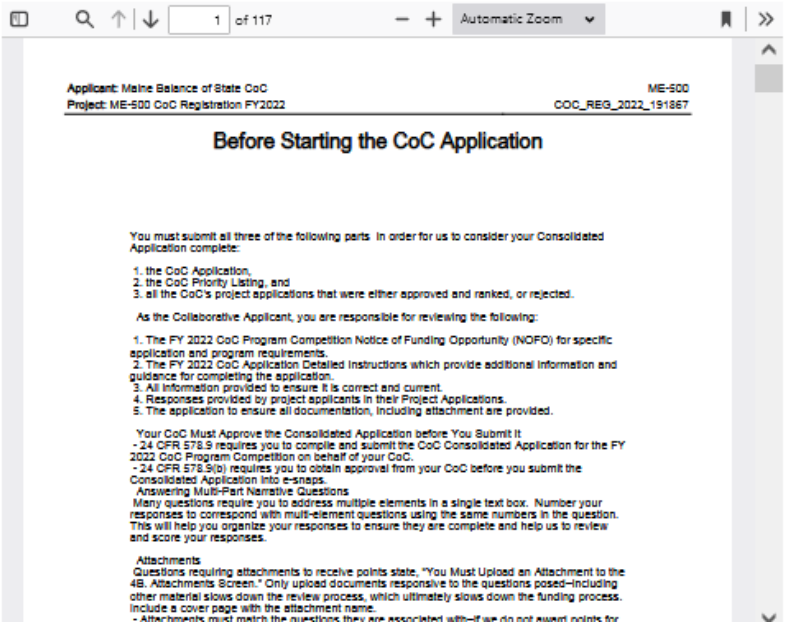
MCOC 2022 NOFO Application and Project Listing!

We are very close to submitting the 2022 Maine Continuum of Care Application for Funding! The deadline for submission to HUD is this Friday, September 30, 2022, and we plan to send this off to HUD as soon as possible. Attached to this post are the PDF versions of the Application and Project Priority Listing. The way these get formatted when converted to PDFs is a bit clunky, so it is sometimes difficult to tell if there should be a number or a date in any given box or not but rest assured, in the on-line version, all the necessary information has been entered. The narrative answers are easier to find, if not easier to read – there are strict character limits on these, so we often have to resort to acronyms, abbreviations, & ampersands to fit as much information as possible into those spaces. Grammar is often sacrificed in this process. Please feel free to contact me at stibbitts@mainehousing.org if you have any questions, and a big THANK YOU to everyone who helped in this process!



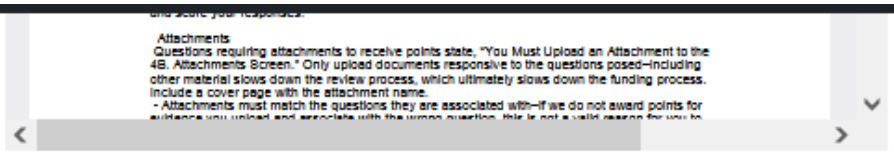
Hi Scott Tibbitts

profile
log out
blog admin

Quicklinks

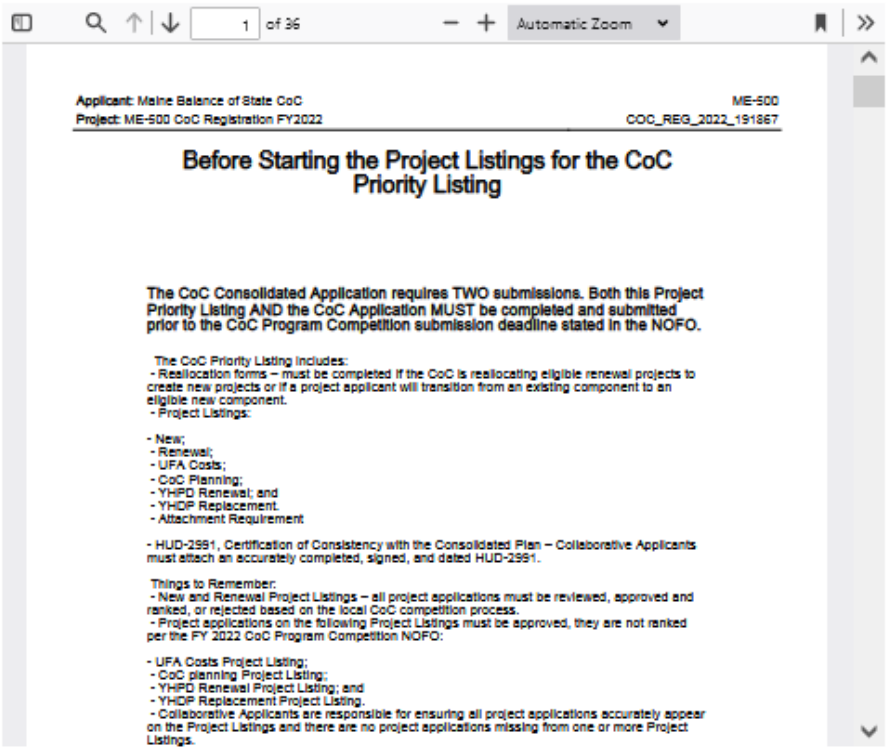
City of Portland CoC
e-snaps
HUD Exchange.info
HUD Homelessness Data Exchange
HUD Homelessness Resource Exchange
HUD Website
Maine HMIS
Maine Housing Search
Maine Military & Community Network
Mainehousing
National Alliance to End Homelessness
United States Interagency Council on Homelessness

Site Basics



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

2022-MCOC-Application DOWNLOAD



1 of 36 Automatic Zoom

Applicant: Maine Balance of State CoC ME-500
Project: ME-500 CoC Registration FY2022 COC_REG_2022_191867

Before Starting the Project Listings for the CoC Priority Listing

The CoC Consolidated Application requires TWO submissions. Both this Project Priority Listing AND the CoC Application MUST be completed and submitted prior to the CoC Program Competition submission deadline stated in the NOFO.

The CoC Priority Listing includes:
- Reallocation forms – must be completed if the CoC is reallocating eligible renewal projects to create new projects or if a project applicant will transition from an existing component to an eligible new component.
- Project Listings:

- New;
- Renewal;
- UFA Costs;
- CoC Planning;
- YHDP Renewal; and
- YHDP Replacement.
- Attachment Requirement

- HUD-2991, Certification of Consistency with the Consolidated Plan – Collaborative Applicants must attach an accurately completed, signed, and dated HUD-2991.

Things to Remember:
- New and Renewal Project Listings – all project applications must be reviewed, approved and ranked, or rejected based on the local CoC competition process.
- Project applications on the following Project Listings must be approved, they are not ranked per the FY 2022 CoC Program Competition NOFO:

- UFA Costs Project Listing;
- CoC planning Project Listing;
- YHDP Renewal Project Listing; and
- YHDP Replacement Project Listing.
- Collaborative Applicants are responsible for ensuring all project applications accurately appear on the Project Listings and there are no project applications missing from one or more Project Listings.

2022-MCOC-Project-Priority-Listing-Final DOWNLOAD

TAGGED COC, HUD, NOFO

PUBLISHED BY
Scott Tibbitts

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Site Basics

How To Use This

Register

MaineHousing
MAINE STATE HOUSING AUTHORITY

August 30, 2022

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

Re: HUD CoC Funding Match

Dear Richard:

I am pleased to offer a letter of support for the Volunteers of America Northern New England (VOANNE) application for HUD CoC funding. MaineHousing will make a one-for-one dollar match and Project Based Voucher subsidy financing available in 2023 for the development of Maine projects. The MaineHousing funding will serve as match funding for new bricks and mortar projects submitted to the Maine Continuum of Care (MCOC) for purposes of inclusion in the MCOC application to the 2022 HUD Continuum of Care Homeless Assistance Program.

The MaineHousing one-for-one match for VOA's New Project Application for the development of new permanent supportive housing would equal $550,000.00 based on VOA's current budget request. Should that budget request be reduced by the time the application is submitted the MaineHousing, the match would be reduced to equal VOA's reduced budget request.

The MaineHousing Project-Based Section 8 subsidy for four (4) one-bedroom units would equal $106,667.

Conditions of MaineHousing funding will be detailed along with future program guidelines, which will require you to submit an application once your project has been awarded funding from HUD.

Maine Housing funding is contingent upon an award of matching HUD funding. Maine Housing funding would be available for use after January 1, 2023.

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

Sincerely,

Daniel E. Brennan
Director

Kennebec
BEHAVIORAL HEALTH

Administrative Offices & Clinic
67 Eustis Parkway
Waterville, Maine
04901-5173
207-873-2136
1-888-322-2136
207-680-4016 Fax

Augusta Clinics
66 Stone Street
Augusta, Maine
04330-5227
207-626-3455
207-626-3612 Fax

Med Clinic
11 Caldwell Road
Augusta, Maine
04330-5227
207-213-2037
207-621-1107 Fax

Skowhegan Clinic
5 Commerce Drive
Skowhegan, Maine
04976-1828
207-474-8368
207-474-7794 Fax

Winthrop Clinic
736 Old Lewiston Rd
Winthrop, Maine
04364-4121
207-377-8122
207-377-8564 Fax

Farmington Clinic
115 Mt Blue Circle
Farmington, Maine
04938
207-860-3026
207-860-3027 Fax

www.kbhmaine.org

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August 30, 2022

Maine Continuum of Care
Maine State Housing Authority
26 Edison Drive
Augusta, Maine 04330

RE: **Letter of Support to VOANNE(VOA) – HUD CoC Supportive Housing**

Dear Maine Continuum of Care and Maine Housing:

I write on behalf of Kennebec Behavioral Health as a collaborative partner in strong support of Volunteers of America Northern New England's (VOA's) Riverlands 2 application to the 2022 HUD Continuum of Care NOFO to create new permanent supportive housing units in the Androscoggin and Kennebec County regions for individuals who are experiencing homelessness (including individuals experiencing chronic homelessness and people experiencing homelessness with severe service needs).

Volunteers of America Northern New England (VOANNE/VOA) is a private, nonprofit corporation located in Maine that provides a full array of comprehensive housing and human services programs to community members with various physical, mental health, addiction, and income challenges. VOA is seeking HUD CoC funding to acquire or construct, depending on market availability, four permanent supportive housing (PSH) units for individuals who are experiencing homelessness to be located in either Androscoggin or Kennebec County. Participants will be supported by a team of professionals including a case manager, peer support specialist, housing navigator, and part-time clinician.

VOA has a long history of providing high-quality residential treatment, behavioral health, community-based social services, and affordable and supportive housing opportunities for persons experiencing homelessness. VOA has successfully maintained and operated transitional and supportive housing for persons experiencing homelessness. VOA's experience as a statewide social and housing service provider can leverage a spectrum of social and behavioral health services. Further, VOA's experiencing with state and federal grant management, including HUD grants, to provide supportive housing and produce positive outcomes for individuals and families make it well-suited to launch and sustain additional supportive housing services in our region.

Kennebec Behavioral Health will offer support to VOA as a referral source and collaborative support partner for the new permanent supportive housing program. We look forward to providing referrals and recommendations to the project team members and help VOA evaluate the effectiveness of their social and housing services.

Kennebec Behavioral Health is also pleased to formally partner with VOA for the provision of mental health/substance use disorder (SUD) treatment/services tailored to the needs of eligible project participants/residents of Riverlands 2 for the entire term of the grant. KBH is pleased to provide access to treatment or recovery services for all program participants who qualify and choose those services. These mental health/SUD will be available as needed for the project participants, beginning on the participants' move-in date, and continuing as needed, tailored to each individual's needs. The estimated value of the leveraged mental health/SUD services to be provided to Riverlands 2 throughout the duration of the initial grant term is $198,878.25. Project eligibility for program participants in Riverlands 2 will be based on CoC Program fair housing requirements and will not be restricted by Kennebec Behavioral Health.

We wish to express our enthusiastic support for VOA and this project. We very much look forward to this partnership which will work to address the needs of people experiencing homelessness in our region, which has long been an underserved community.

Sincerely,

Brandi Farrington
Administrator of Community Services