

## Before Starting the CoC Application

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

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

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

1. The FY 2022 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2022 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.

Your CoC Must Approve the Consolidated Application before You Submit It

- 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2022 CoC Program Competition on behalf of your CoC.

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

Answering Multi-Part Narrative Questions

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

### Attachments

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

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

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

## 1A. Continuum of Care (CoC) Identification

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

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

**1A-1. CoC Name and Number:** MA-519 - Attleboro, Taunton/Bristol County CoC

**1A-2. Collaborative Applicant Name:** Community Counseling of Bristol County, Inc.

**1A-3. CoC Designation:** CA

**1A-4. HMIS Lead:** Community Counseling of Bristol County, Inc.

## 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:

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1B-1.	Inclusive Structure and Participation–Participation in Coordinated Entry.	
	NOFO Sections VII.B.1.a.(1), VII.B.1.e., VII.B.1.p., and VII.B.1.r.	
	In the chart below for the period from May 1, 2021 to April 30, 2022:	
1.	select yes or no in the chart below if the entity listed participates in CoC meetings, voted—including selecting CoC Board members, and participated in your CoC's coordinated entry system; or	
2.	select Nonexistent if the organization does not exist in your CoC's geographic area:	

	Organization/Person	Participated in CoC Meetings	Voted, Including Electing CoC Board Members	Participated in CoC's Coordinated Entry System
1.	Affordable Housing Developer(s)	Yes	Yes	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	Yes
5.	Disability Service Organizations	Yes	Yes	Yes
6.	EMS/Crisis Response Team(s)	Yes	Yes	Yes
7.	Homeless or Formerly Homeless Persons	Yes	Yes	Yes
8.	Hospital(s)	Yes	Yes	Yes
9.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	No	No	No
10.	Law Enforcement	Yes	Yes	Yes
11.	Lesbian, Gay, Bisexual, Transgender (LGBTQ+) Advocates	Yes	Yes	Yes
12.	LGBTQ+ Service Organizations	Yes	Yes	Yes
13.	Local Government Staff/Officials	Yes	Yes	Yes
14.	Local Jail(s)	No	No	No
15.	Mental Health Service Organizations	Yes	Yes	Yes
16.	Mental Illness Advocates	Yes	Yes	Yes

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

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

	Describe in the field below how your CoC:
1.	communicated 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. The Greater Bristol County/Attleboro/Taunton Coalition to End Homelessness (GBCATCH) Continuum of Care (CoC) continues to have open meetings to encourage participation and solicit new members to join the CoC. Through a variety of outreach opportunities, the CoC has expanded membership annually. These efforts include individual outreach to organizations, businesses, and constituents in the community. Additionally, the Collaborative Applicant and the CoC have provided information at various fairs and events in the community including the local PRIDE events, Black History Month events, and events for those seeking services for substance use and mental health. 2. The GBCATCH CoC has moved to a virtual meeting format which allows for those with disabilities to participate in the meetings with access to closed captioning. Due to the virtual platform there is no need for those who may have challenges with transportation to miss a meeting. 3. Specific outreach has been conducted through a variety of events for those who identify as LGBTQ+ such as the local PRIDE events as well as information provided during events throughout the continuum during Black History Month. Additionally, the Collaborative Applicant, Community Counseling of Bristol County (CCBC) which is the largest nonprofit in the CoC has created an active IDE (Inclusion, Diversity, and Equity) Committee to address issues of equity and increase participation in both the agency decisions as well as decisions and procedures implemented by the Continuum. Additionally, GBCATCH has encouraged those currently experiencing homelessness to participate in meetings with GBCATCH through the inclusion of opportunities to join meetings while the local soup kitchens are open. The soup kitchen/resource center provides an avenue for members of the community to participate in the meeting virtually. This has provided valuable insight as to how to collaborate to end homelessness in the continuum.

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)

The GBCATCH CoC continues to seek ideas and innovation from a variety of organizations and individuals to end homelessness. 1. The CoC has continued a relationship with faith-based organizations that were only peripherally involved in the past with the Continuum. Their opinion and work have been sought out this year to assist with exploring ways to best serve those experiencing homelessness as well as the local college to increase active engagement in the continuum. 2. Public forums were held at the local soup kitchens (advertised through the soup kitchen and through social media and outreach efforts) to solicit opinions of those experiencing homelessness, in particular, for Emergency Housing Vouchers available in the area. Additionally, email notices have increased in distribution to a variety of work groups throughout the Continuum of Care to ensure other organizations, including health care, are involved in the meetings. 3. The Continuum of Care meetings have worked to be more cognizant of the needs for conversation to find new approaches and clarify priorities for the Continuum in the effort to end homelessness. A specific example of this consideration has taken place within the realm of coordinated entry. As information became available regarding the inaccuracies of the SPDAT the community took the opportunity to address decades of abuse and discrimination by deciding to place those who are of overrepresented populations at the top of the waitlist for permanent supportive housing opportunities. Additionally, those currently experiencing homelessness and those recently housed are part of the efforts to create a more accurate tool to determine level of need and how to best distribute the resources available in the continuum both through HUD CoC funding as well as other funding opportunities.

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. The CoC sent out a notice of the NOFO to all homeless providers regarding the potential for both renewals and new funds. Also the CoC announced the local competition through a variety of listservs including a large mix of social services agencies and religious organizations that meet regularly to address a variety of issues often faced by those in poverty in the community. The announcement was placed on both the Collaborative Applicant Facebook page and website as well as the CoC Facebook page and LinkedIn Page. Additional emails were specifically sent out to city officials to announce the local competition. 2. The announcements and the local notice encouraged applications from organizations that have not previously received CoC funding. The announcement also notified any new organizations there would be technical assistance available through the Collaborative Applicant for anyone interested. 3. The notice of intent explained that a panel would review all applications and vote based on past performance as well as new opportunity. The Rating and Ranking Committee would create a slate for a special vote to take place at a special meeting called due to deadline requirements. 4. The CoC made available all necessary documents electronically and communicated through social media posts as well as the Collaborative Applicant website and LinkedIn page.

## 1C. Coordination and Engagement

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

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1C-1.	Coordination with Federal, State, Local, Private, and Other Organizations.	
	NOFO Section VII.B.1.b.	
	In the chart below:	
	1. select yes or no for entities listed that are included in your CoC's coordination, planning, and operations of projects that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness; or	
	2. select Nonexistent if the organization does not exist within your CoC's geographic area.	

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



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

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

(limit 2,500 characters)

1. There are no cities within the Continuum of Care that directly receive ESG funding as an entitlement city, however the state Department of Housing and Community Development distributes funds that may be utilized throughout the CoC. Catholic Social Services (CSS) is the sub-recipient of such funds and is an active member of the Continuum. CSS works with the continuum in planning and allocation of ESG funds throughout the catchment area.
2. As the ESG program participates in HMIS as well as Coordinated Entry the CoC has garnered additional access to the performance of the program. CSS continues to work with the Continuum to adjust the programming to meet the needs of the community. A significant shift in how funds are spent is in process now to begin allowing for medium term assistance to ensure those who are currently experiencing homelessness are able to move out of shelter or the street quickly. In the past CSS has focused on short term assistance with ESG funds but as performance measures of the CoC clearly show the focus needs to shift to reducing the time a household experiences homelessness. It is believed this shift in programming with ESG funds to assist those who are currently in shelter and sleeping in places not meant for human habitation will potentially shift the way services are supplied in the Continuum. Additionally, the CoC continues to reach out to family shelters which are operated by the Commonwealth to learn how to best work with the shelters to move families with children into permanent housing more quickly.
3. This issue of providing PIT data as well as HIC data for ESG funding has recently been addressed by the Continuum of Care and CSS has assured the Continuum this data will be available for the 2023 PIT and HIC.
4. The Continuum of Care reviews any Consolidated Plan updates from both of the largest jurisdictions. The Taunton and Attleboro Community Development staff participate in the CoC meetings and updates to the Ten-Year Plan and also regularly requests information from CoC members on what the pressing needs are for housing development in the CoC.

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)

The Continuum of Care works closely with education providers throughout the continuum. McKinney Vento liaisons for the school districts are invited to CoC meetings and participate in other committee meetings including the Family Services committee which meets monthly. Families are placed in emergency shelter through the commonwealth and all shelters work with the providers in the area to ensure children's educational needs are met. The shelters in the area serving children and families may not have a formal partnership but have provided for children's needs throughout the continuum. The CoC collaborates with the State Education and local education agencies frequently. The CoC works with a conglomerate of Continuums across the Commonwealth. This allows for more effective communication with the state education agency. Through the consortium we are able to leverage knowledge and advocacy for needs of children in our area. The CoC cooperates with local school districts mainly through the services provided by the local shelter providers. Additionally, McKinney Vento providers in the schools attend CoC meetings and have been trained on how to access Coordinated Entry. Many of the schools have also been trained on other specific services available including Flex services for those in a housing crisis through MassHealth. The largest school districts in the Continuum are members of the Continuum of Care.

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)

Families with children throughout the Commonwealth of Massachusetts utilize a state operated system for shelter and services. This system includes both Applicant :Greater Bristol County Attleboro/Taunton/ CoC MA-519 emergency shelter and homeless prevention services referred to as Emergency Assistance (EA) Through the EA system families are educated on their rights for educational services for both the adults and their children. The system utilizes case managers, often separate from housing specialists, who work with families on their day to day needs including ensuring they are receiving all educational services available. The agencies within the Continuum are an active part of the CoC. Additionally through Family Services meetings, speakers from the educational system present on rights of students and families and opportunities available. These meetings consist of the case managers working directly with families in the Continuum.

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

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

		MOU/MOA	Other Formal Agreement
1.	Birth to 3 years	No	Yes
2.	Child Care and Development Fund	No	Yes
3.	Early Childhood Providers	No	Yes
4.	Early Head Start	No	Yes
5.	Federal Home Visiting Program—(including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	No	Yes
6.	Head Start	No	Yes
7.	Healthy Start	No	Yes
8.	Public Pre-K	No	Yes
9.	Tribal Home Visiting Program	No	Yes
	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.The GBCATCH CoC works closely with the Victim Services Provider in the area to coordinate all services for those who are survivors of domestic violence, dating violence, sexual assault, and stalking. The main service provider is active in the Continuum of Care through monthly meetings and sub committees including family services and individual services committees. The CEO and clinical staff are available and have provided TA to the CoC in areas of policies including transfer policies. The agency has offered assistance and guidance for Coordinated entry and permanent supportive housing programs in the Continuum. Their invaluable guidance allows for all programs to practice in a way to ensure safety to survivors. 2. All programming utilizing CoC funds allow for survivors to enter the programs. The main provider of services dedicated to survivors works closely with the CoC to ensure those providing the work are educated in trauma-informed care and understand the unique needs of survivors in the programming. New Hope (the survivor services provider for GBCATCH) offered coordinated services with other PSH, emergency shelter, and coordinated entry to ensure the survivor has the supports necessary to be safe and successful in their future housing.

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. All staff working with the collaborative applicant take part in rigorous training throughout the year through both online courses and training (mainly virtual throughout the pandemic) on issues of domestic violence, trauma informed care and a victim centered approach). Additionally, New Hope's (the domestic violence provider in the CoC) Education Department has extensive history in providing training on trauma informed care, assessments and safety planning. All New Hope staff receive 35 hours of training on these topics at the start of their employment. Prior to COVID quarterly trainings were available per year. The pandemic allowed for us to think differently about training and online modules were produced. This allows for staff both with the agency as well as other agencies and partners including, Healthy Families staff, police, WIC staff, Title IX staff at colleges and universities, and other non-profit staff to take part in these important training opportunities. 2. Coordinated entry staff participate in these trainings as well through both the collaborative applicant and the agency in the CoC specializing in working with those who are survivors of domestic violence. The approach for working with those facing domestic violence is based on screening in versus screening out and also is trauma informed. The Coordinated Entry staff are knowledgeable of the DV hotline and help to bridge those seeking services with the hotline. Training for the domestic violence hotline is separate from the 35 hour training, and is an additional module.

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 central provider for services for survivors of Domestic Violence, Dating Violence, sexual assault and stalking survivors continue to utilize a database system designated for Domestic violence agencies referred to as Empower DV. The data collected is able to be shared with the Continuum of Care in a de-identified aggregate way to allow for planning purposes. 2. The CoC continues to utilize this data to support New Hope, the primary agency providing services for Domestic Violence, etc. The agency has been able to expand services through the past year. Domestic and sexual violence continues to be a leading cause of homelessness. In the most recent strategic plan, New Hope has prioritized survivors from underserved and overrepresented communities, including BIPOC survivors, LGBTQ+ persons, and those living with disabilities. The PIT as well as the data provided through Empower DV has shown a need for specific support to youth in the community who are questioning their LGBTQ status. As a result, New Hope has provided groups to both Taunton and Attleboro youth through the schools to attempt to prevent future issues of violence. Additionally, the CoC has worked closely with the shelter providing emergency services for those surviving domestic violence, et al. has worked to ensure relationships are established with the primary mental health provider to ensure those served are able to access necessary clinical services to move through the trauma.

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)

**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.**

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The Continuum of Care recognizes the trauma and impact domestic violence, dating violence, sexual assault and stalking have on not only a household but a community as a whole. The Continuum includes the largest Domestic Violence services provider in the planning and implementation of services throughout the continuum. The Continuum agencies attempt to provide outreach and engagement to the community as a whole including the local police department, emergency rooms, schools, and other providers that may encounter a household faced with the trauma of violence. This allows all of those seeking housing services and supports to gain access to any program available in the continuum. The CoC strives not to further victimize households through the process. The only information survivors are asked share is information necessary to keep them safe. The Coordinated entry process works closely with the largest provider of services to access both services and guidance for households who are potentially at imminent risk of danger or who are survivors of violence. All households who qualify for services will qualify regardless of their history with domestic violence, dating violence, sexual assault, or stalking. The agency receiving the referral will work with the household to ensure safety plans are in place and the household can remain safe in their home.

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. The CoC is fortunate to have an experienced provider of Domestic Violence services, New Hope, the sole provider of emergency shelter in the GBCATCH CoC specifically for individuals and families who are fleeing domestic violence. When completing an assessment with the CoC's Coordinated Entry System, referred to as The CALL, if an individual has identified DV as an issue in their lives, survivors are provided a warm referral to New Hope and Safelink for shelter placement or safety planning. Additionally, if a client begins services in a program not specifically geared toward victims of DV and it is discovered they may be in danger the DV program is contacted immediately for placement and safety planning, if necessary, as well as implementation of a transfer plan if necessary is put in place. New Hope also refers its own clients to coordinated entry for placement in programming for those experiencing homelessness. New Hope as well as the housing providers in the continuum utilize a trauma-informed and victim-centered service model that prioritizes safety, confidentiality, and client choice to identify appropriate housing and supports for DV victims. 2. New Hope staff connect with each participant using a supportive, non-judgmental approach which is crucial when assisting survivors who have been through the trauma of domestic violence. As an active participant in the Continuum, New Hope provides guidance and assistance with ongoing planning for coordinated entry, including advocacy for the need for the program to grow in order to provide services. 3. New Hope as well as the CoC follow strict confidentiality laws and procedures regarding the sharing of information and each household must make their own decisions regarding information shared with other agencies. Releases signed by the household dictate what information is shared. Releases are always completed in order to share information and agencies adhere to those limits. The households served through the DV provider are not placed into the CoC HMIS system and only de-identified aggregate data is shared for purposes of the Housing Inventory Chart and Point in Time Count.

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)

The Continuum of Care periodically looks at the governance charter and current policies. The CoC-wide anti-discrimination policy was updated earlier this year utilizing feedback from local stakeholders as well as national trends. The governance charter clearly states that all programs will practice ensuring LGBTQ+ individuals and families will receive appropriate and equitable supportive services, shelter and housing, free from discrimination. 2. The Continuum of Care offers technical assistance to any agency, both those receiving funds directly from HUD with the CoC funds and those participating in the CoC through other housing and services, opportunities in developing and implementing anti-discrimination policies. 3. While the Continuum has no formal evaluation or monitoring ability as funds are provided through HUD directly the CoC does offer an avenue for grievances to be filed among those seeking services due to a housing crisis. The Continuum strives to exemplify fair housing and anti-discrimination practice. 4. The CoC does not have a formal process for addressing non-compliance with the anti-discrimination policies other than to consider any issues of discrimination through the rating and ranking process. This year the Continuum has increased the value of ensuring agencies are practicing with an eye toward anti-discrimination and ensuring a focus is placed on serving those who have historically been overrepresented among those in a housing crisis for the area.

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

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?
Department of Housing and Community Development (DHCD)	12%	Yes-HCV	No
Taunton Housing Authority	20%	Yes-Both	No

1C-7a.	Written Policies on Homeless Admission Preferences with PHAs.	
	NOFO Section VII.B.1.g.	
	Describe in the field below:	
1.	steps your CoC has taken, with the two largest PHAs within your CoC's geographic area or the two PHAs your CoC has working relationships with, to adopt a homeless admission preference—if your CoC only has one PHA within its geographic area, you may respond for the one; or	
2.	state that your CoC has not worked with the PHAs in its geographic area to adopt a homeless admission preference.	

(limit 2,500 characters)

1. The CoC continues to garner relationships with the two largest PHA's within the Continuum of Care. The Taunton Housing Authority is an active member of the CoC and has provided a preference for those who are facing homelessness. The housing authority is pulling from the Coordinated Entry system for a small project partnership with the Collaborative Applicant as well. This project serves only households currently experiencing homelessness. Additionally, a transitional housing program is housed at the Taunton Housing Authority. This program serves families currently experiencing homelessness in the area. Once in the transitional housing program the families work toward stability and are able to obtain long term housing within the housing authority. Additionally, the state public housing authority is providing not only section 8 vouchers within the area but also overseeing the Emergency Housing Vouchers (EHV's) in the continuum which have a homeless preference for housing opportunities. The CoC will continue to work with the housing authorities to address the increasing households experiencing homelessness in the area. The DHCD housing authority is also in discussion regarding the implementation of a move-on plan throughout the housing authority.

1C-7b.	Moving On Strategy with Affordable Housing Providers.	
	Not Scored—For Information Only	
	Select yes or no in the chart below to indicate affordable housing providers in your CoC's jurisdiction that your recipients use to move program participants to other subsidized housing:	

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

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

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

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

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

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

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

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

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

PHA
Department of Hou...

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

**Name of PHA:** Department of Housing and Community  
Development Commonwealth of Massachusetts

## 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.	3
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.	3
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.	100%

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. During the application and evaluation process, each recipient that checks Housing First on their Project Application, is asked the following questions. "1) Are individuals placed and stabilized in permanent housing without precondition(s)? 2) Do individuals ever face any requirement(s) to participate in services as a condition to retain their housing?" Additionally, the committee was to ask questions including specific examples during the presentation of the programs to the ranking and rating committee. The Continuum is a small CoC working with a limited number of shelters and outreach providers. The ranking and rating committee would be made aware of any grievance filed during the last year (of which did not happen this year) to allow them to ask questions or address concerns regarding housing first. Based on the responses provided to these questions, each recipient is ranked according to the Scoring Threshold provided by HUD and included in the Ranking Tool. 2. A number of factors went into the evaluation this year, to ensure an overall understanding of each program and subtle differences that may exist. The factors scored include : staff representation of racial and other overrepresented groups when working within the program: the ability to utilize the grant funds provided consistently: increases of income for those served in the program: utilization rates: exits to permanent housing: partnerships with other housing and healthcare agencies: and timely submission of reports.

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. While the CoC does not have direct ESG funds or CoC funds dedicated to street outreach, it understands the vital role outreach plays in building relationships, assessing, and offering housing options in the community. The CoC utilizes other funding sources to complete regular street outreach in the area. These include Department of Mental Health funding. The current Chair of the CoC provides direct outreach through this program throughout the entirety of the CoC. Additionally, volunteers from a variety of agencies including city services conduct regular outreach when encampments are identified in any of the communities within the CoC. The Coordinated Entry (CE) specialist conducts outreach at local food pantries, soup kitchens, and resource centers throughout the CoC multiple times a month to identify those in a housing crisis who may not access shelter or housing directly. Additionally, one of the key members of the CoC is an agency providing outreach and education for those with current substance use issues. While their main focus is to ensure safety including Narcan, clean needles, and education, they are educated in how to help those households gain access to CE providing warm handoffs to assist with housing needs. 2. The street outreach conducted covers 100 percent of the CoC's geographic area. 3. Outreach is conducted through relationship building with those experiencing a housing crisis. Often constituents in the community contact either CE, the collaborative applicant, the city, or the local police depts with concerns of someone who may be experiencing homelessness. The CoC is notified and either the DMH clinical team or a volunteer group will engage with the person or persons in the community in crisis. Outreach is conducted daily through DMH as well as agencies providing overdose prevention services. 4. By utilizing services that are not solely geared toward housing the CoC has been able to weave together a plethora of services availabilities to those facing a housing crisis. This allows the CoC to establish relationships with those who may not be likely to request assistance. This includes those speaking different languages as well as those who may be faced with mental health and substance use concerns. By utilizing the skills of a variety of agencies the CoC has increased knowledge of those in the community facing the crisis and how to best engage each situation to produce the best outcomes.

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	No
2.	Engaged/educated law enforcement	Yes	Yes
3.	Engaged/educated local business leaders	Yes	Yes
4.	Implemented community wide plans	No	No
5.	Other:(limit 500 characters)		

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

		2021	2022
	Enter the total number of RRH beds available to serve all populations as reported in the HIC—only enter bed data for projects that have an inventory type of "Current."	0	0

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)	
	Rental Assistance programs, utility assistance programs	Yes

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

Describe in the field below how your CoC:

1.	systemically provides up-to-date information on mainstream resources available for program participants (e.g., Food Stamps, SSI, TANF, substance abuse programs) within your CoC's geographic area;
2.	works with project staff to collaborate with healthcare organizations, including substance abuse treatment and mental health treatment, to assist program participants with receiving healthcare services; and
3.	works with projects to promote SSI/SSDI Outreach, Access, and Recovery (SOAR) certification of program staff.

(limit 2,500 characters)

1. The CoC conducts monthly meetings with all providers in the area as well as other members of the CoC, including community members, government entities, religious organizations, and those with lived expertise. The meetings not only update on local programming but provide training on the most up to date mainstream resources available throughout the continuum. This includes updates to SSI/SSDI benefits, rental assistance programs, SNAPs programs, substance use treatment programs available, programs specific to Domestic Violence survivors, programs specific to those living with HIV as well as programs that utilize healthcare and MassHealth funding to aid with housing and other flexible services. 2. Staff working with the collaborative applicant have worked to educate the community and the continuum as a whole on a number of programs coordinating with the healthcare community including flexible services for housing, nutritional needs, home modification, and vital community supports for those with social determinants of health. Additionally, education has been provided to the community including the CoC regarding access to substance use treatment programs, transitional housing programs for those with substance use issues as well as crisis services and mental health services available throughout the Continuum. 3. SOAR training has been presented and encouraged at multiple CoC meetings and committee meetings throughout the year. Both the Collaborative applicant as well as the other Non-profit receiving CoC funds have staff trained in SOAR. Utilizing the SOAR training and education, the vice-chair for the CoC has a 100% success rate in applications for SSI/SSDI which only emphasizes the and provides example of the effectiveness of this training. Additionally, this training has been advertised through list serves for the CoC as well as other organized groups in the Continuum providing services to those who may benefit from a SOAR worker. While the CoC does not have direct funding to provide a SOAR program the skills learned in the trainings have allowed staff to better serve those in our community facing a housing crisis in gaining vital income to move forward toward stability.

1D-7.	Increasing Capacity for Non-Congregate Sheltering.	
	NOFO Section VII.B.1.n.	
<div>Describe in the field below how your CoC is increasing its capacity to provide non-congregate sheltering.</div>		

(limit 2,500 characters)

As the Continuum and community continue to fight the Covid-19 crisis it has become increasingly clear the danger of congregate shelter. Additionally, as infectious diseases almost always target the most vulnerable it becomes clear the need to view emergency shelter differently. The CoC has continued throughout this year to use a motel model for shelter in this area for individuals. Additionally, many families with children are placed in “scattered site” shelters throughout the continuum. These shelters are apartments in the community for one or two families to receive emergency shelter and case management to quickly move into stable housing. The most populated city within the continuum of care this year provided additional funding to allow for additional shelter in a motel during the most extreme weather this winter. Again this allowed for highly vulnerable individuals to seek shelter safely and access permanent housing options when available. The emergency shelter provider in the Continuum for individual is in the process of construction for a new building allowing for emergency shelter to expand throughout the Continuum. While not totally non-congregate the shelter has been designed to allow for appropriate social distancing and safety in the case of an infectious disease outbreak. This will increase units available in the continuum and allow for many experiencing homelessness to remain closer to their networks and services.

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

(limit 2,500 characters)

1. The Massachusetts Emergency Management Agency as well as the local public health departments participate in the Continuum of Care. Additionally, the most prominent health care providers, including the two local hospitals, and local clinics coordinate with the local emergency shelters, soup kitchens, and resource centers in response to any infectious disease outbreaks. While Covid-19 remains at the forefront of thought, regarding infectious disease, all of the entities listed have provided technical assistance and advice for other outbreaks including monkeypox, as well as the typical flu outbreaks during the winter months in the area. 2. The CoC works with these experts to create a plan to offer those experiencing homelessness or who are marginally housed. This includes vaccination sites at the local soup kitchens, permanent supportive housing sites and emergency shelters. Additionally, one of the local health care centers, Manet Health Care, created special appointment availability and vaccine clinics for various infectious diseases at the local health care center as well as education in the community on infectious disease and how to avoid. Those experiencing homelessness in this Continuum were among the first eligible to receive a Covid-19 vaccination and a community effort was put in place to educate, provide transportation, and follow up for anyone who was interested in receiving the assistance. These services remain in place for Covid-19 vaccines and boosters. A similar project will be instituted to ensure everyone willing has access to flu shots and other vaccinations to prevent the spread of infectious disease.

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

(limit 2,500 characters)

1. The Continuum of Care is a collaborative effort among interested parties throughout the region to come together to create and execute a plan to end homelessness in the community. The sharing of information related to all aspects of a housing crisis is the pivotal role of the Continuum. The CoC continues to bring together public health official with those currently experiencing homelessness and those interested in working to end homelessness. Throughout much of the past two years the focus of those who are marginalized has only come to even more of the forefront as they were often more exposed to infectious disease outbreaks including Covid-19. The trends were not surprising but dictated an urgency in working to remedy imbalance of care for those most vulnerable in our community. Information was frequently shared, not only at the regular Continuum of Care meetings but also in special meetings held to ensure safety in the shelter and other areas where those experiencing homelessness most congregate. The need for the services remained and continue regardless of the potential for disease transmission so it was vital for the CoC to work closely with the public health officials to ensure those served as well as those providing services could remain safe. 2. Communication was facilitated through frequent zoom meetings between public health agencies as well as homeless service providers. Additionally, site visits took place when necessary and when treatments became and become available the health agencies have been very willing to come to where people gather. Clinics have been set up in local soup kitchens, shelters, and walk in appointments available in local medical offices which easily available to the community.

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

(limit 2,500 characters)

1. The Coordinated entry system covers 100 percent of the geographic area. The system operates through a mobile network whereas the coordinated entry specialist will meet with a household experiencing homelessness in their area to complete an assessment and then refer for housing and mainstream resources. There is a central phone line where basic information is disseminated as well as an email specifically for coordinated entry. Additionally, the coordinated entry specialist meeting in local soup kitchens, resource centers and food pantries. Finally, the specialist and team will meet with those experiencing homelessness in their community when necessary through outreach efforts etc. This allows for those seeking services to get access to coordinated entry through various modes most comfortable for them. 2. The coordinated entry system is in the process of a revamp where as a new assessment process will be establishing priorities for the community. Currently the system has prioritized those who are overrepresented within our community including those identifying as BIPOC and LGBTQ+. Coordinated entry works to determine all avenues of housing opportunities including mainstream housing, flexible services through MassHealth, Community support services as well as ESG RRH and HP, state funded programs, as well as permanent supportive housing programs. Those needing housing services are offered each opportunity where they qualify. 3. The coordinated entry system regularly works with the community to garner feedback as to how the system works, how it can be improved and how to best provide opportunities for the most vulnerable and those least likely to seek out services. Through regular meetings at the local soup kitchen and resource center feedback is obtained from the community most likely to experience a housing crisis as well as those currently in a housing crisis. If the CoC is able to expand Coordinated entry efforts a position will be created as a coordinated entry specialist specifically for someone who has recently experienced homelessness.

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. The Coordinated entry system utilizes relationships built within the community to best reach those lease likely to apply for assistance. This includes the local soup kitchen, religious organizations that provide food and items at times needed to camp outside. The relationship also includes close work with the local crisis provider which is the collaborative applicant for the Continuum. Additionally, the coordinated entry specialist reaches out to local schools, family resource centers, and programs that provide childcare including the YMCA and Boys and Girls Club. 2. The coordinated entry system has voted to work to address centuries of discrimination and unfair treatment by prioritizing those who are overrepresented communities among those experiencing a housing crisis. The criminalization of homelessness along with over (what is the work over charging in criminal charges etc) along with redlining and outright prejudice has created a need to prioritize those most in need. 3. Those seeking services are always offered each opportunity for housing available. It is ultimately the choice of the person seeking assistance the type of housing they will enter and the services in which they will engage. The Continuum continues to work to establish different funding streams and opportunities for housing including through the Bureau of Substance Addiction Services, Medicaid assistance through flex services, Rapid Rehousing opportunities through Emergency Solutions Grants and state funded opportunities. 4. The Coordinated entry system continues to seek opportunities to bring the services to those experiencing a housing crisis. Through the offering of communication in multiple languages, reducing barriers with travel by going to those served the system continues to try to reduce the burden of coordinated entry and instead make it a system where those seeking services will find it beneficial.

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

1.	Has your CoC conducted a racial disparities assessment in the last 3 years?	Yes
2.	Enter the date your CoC conducted its latest assessment for racial disparities.	03/01/2022

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

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

(limit 2,500 characters)

The Continuum of Care has continued to analyze the racial disparities present in the provision and outcomes of homeless assistance. Through HMIS data the CoC has been able to look at the number of those in marginalized communities, how many are entering services for those in housing crisis and how many of those move from emergency shelter or outreach into permanent housing. This data has been retrieved regularly throughout the year as the CoC to help in the planning moving forward. The CoC has presented this data to the Continuum as a whole in a way to help the community understand the racial disparities that exist in the community. 2. It has been discovered that an over represented number of people who identify as BIPOC as well as those who identify as LGBTQ are entering emergency shelter compared to the information available regarding the community as a whole. The CoC has unfortunately discovered though that a must smaller representation of those who are BIPOC as well as LGBTQ are leaving shelter for permanent housing opportunities offered through the Continuum funding including permanent supportive housing. It is believed that they may be due to the previous tool utilized to determine vulnerability. The SPDAT may have skewed the way in which people were prioritized for supportive housing. While a new tool is being developed the Continuum has voted to prioritize those who are in these typically overrepresented groups for placement in housing.

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.	No
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.		



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)

The Continuum of Care has recognized the disparities found within the local continuum. Unfortunately, the use of the SPDAT as a tool to help determine vulnerability resulted in a disproportionate number of people who identify as BIPOC pushed back when housing opportunities arose in the community. The CoC has admitted the wrongdoing in this assessment and has worked to correct issues in the future. Through implementation of a robust individual services committee where those working with those facing homelessness are able to advocate for clients and help the continuum understand overall challenges and vulnerabilities the continuum is better able work toward an assessment that produces equality. While creating the new tool the Continuum has voted to prioritize those who are currently in overrepresented populations among out community in a housing crisis. This includes those who identify as BIPOC and those who identify as LGBTQ+.

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)

The CoC collaborative applicant pulls an overall report every quarter to compare demographics against the most updated American Community Survey and Census (whichever is most updated). This activity informs the conversation regarding how households are assessed for services. The conversation assists in the direction the Continuum must go in order to work toward eliminating disparities in the provision of services. Individually, programs are asked to look closely at their outcomes for households served throughout the year and honestly evaluate outcomes with constant movement toward equity. The Continuum dives into these reports to analyze the services provided by age, race, and sexual identity. While disparities in services may not completely correlate with discriminatory practices it is vital for the Continuum to continue to closely monitor. A result of this vigilant watch has resulted in the Continuum immediately eliminating the use of the SPDAT as a tool for assessing priority for placement into Permanent Supportive Housing programs. While the tool was never to be utilized alone without additional factors in place it was evident once statistics were scrutinized there was certainly an issue with people moving out of emergency shelter or places not meant for human habitation into supportive housing programs. The Continuum is currently working with a group including those with lived expertise to create a new way to assess households to determine level of need for highest opportunity for success. The performance review committee also looks at APR's for programs providing services with a racial justice lens. The committee has the ability to question any striking differences in service outcomes. the coordinated Entry system determines placement of households so the direct providers of PSH do not have control over who enters the program. They are responsible for ongoing assessment of their program to ensure there are no inadvertent issues of discrimination.

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

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

(limit 2,500 characters)

The Continuum in this area has found the best way to engage and encourage participation in the Continuum process has been to work directly with those who provide both official and unofficial outreach in the area. This includes soup kitchens, food pantries, resource centers and religious organizations. The Continuum encouraged and attempted to recruit someone with lived experience to act as Chair of the Continuum. While they were unable to do so at this time, they continue to play a major role in the decision making for the CoC. Additionally, the meetings for the CoC are open to all and continue to be held via Zoom. This actually allows for more participation from the community as the local food pantry hosts space for those with current lived expertise to be in the meeting and provide valuable insight for the whole Continuum. The continuum IS the people in the community, it is not a separate body which takes advise from those with lived expertise as much as those struggling in a housing crisis are a part of the Continuum. The CoC continues to outreach and engage others to be a part of the process. The CoC hopes to begin paying for time for those who are currently in a housing crisis and may not be as flexible with time to participate in the subcommittees developed out of the CoC. This will allow for those who are not working in the field to be paid for additional time necessary to develop programming, assessments, as well as policies to best serve those in need in the area.

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

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

	Level of Active Participation	Number of People with Lived Experience Within the Last 7 Years or Current Program Participant	Number of People with Lived Experience Coming from Unsheltered Situations
1.	Included and provide input that is incorporated in the local planning process.	22	12
2.	Review and recommend revisions to local policies addressing homelessness related to coordinated entry, services, and housing.	22	12
3.	Participate on CoC committees, subcommittees, or workgroups.	22	12
4.	Included in the decisionmaking processes related to addressing homelessness.	22	12
5.	Included in the development or revision of your CoC's local competition rating factors.	5	5

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)

Organizations within the Continuum of Care understand the vital role those with lived expertise can provide to the service provision in the field. The Collaborative applicant has any number of people with lived expertise not only in facing a housing crisis, but also those in recovery from substance use issues and mental health issues that act as peers, counselors, and other management positions within the agency. Additionally, much of the outreach conducted for overdose awareness and prevention is provided by those with lived expertise. The local providers of shelter as well as supportive housing programs also look closely at the experience of applicants for positions available and consider lived expertise as highly as education in the decision to hire. The Continuum membership organizations provide for educational opportunities and professional development through the local resource center and encourage those with current and recent lived expertise to explore ways in which they cannot only further their education but also advocate and educate the public on issues that lead to a housing crisis. The goal of the CoC is to continue to grow in roles those with lived expertise play in solving homelessness and how the CoC can shift the power structure to those closest to the issue.

1D-11c.	Routinely Gathering Feedback and Addressing Challenges of Individuals with Lived Experience of Homelessness.	
	NOFO Section VII.B.1.r.	
	Describe in the field below how your CoC:	
	1. how your CoC routinely gathered feedback from people experiencing homelessness and people who have received assistance through the CoC or ESG program on their experience receiving assistance; and	
	2. the steps your CoC has taken to address challenges raised by people with lived experience of homelessness	

(limit 2,500 characters)

1. The Continuum of Care has participation from people experiencing homelessness and those who have previously received assistance through programming including CoC and ESG programs. This allows for ongoing participation in planning and decision making in the CoC. Additionally, the CoC has continued to hold meetings through a virtual platform which has allowed for the local soup kitchen to invite those who would like to attend and who are consumers at the soup kitchen and resource center to participate in the meetings. 2. The CoC has listened to concerns and challenges raised by people with lived experience and has made significant shifts in service provision as a result. One example is how the CoC is currently conducting Coordinated entry efforts. The CE system has shifted to meet with those in a housing crisis in the community to complete necessary paperwork and gather documentation necessary for housing options like permanent supportive housing. Additionally, the interaction and training for how to access the system has shifted to not only be sure other agencies and case managers are trained, but also those who are experiencing a housing crisis or are marginally housed are trained on how to access the system. Those with lived experience will be a part of the planning and creation of a new tool to help understand the vulnerabilities for those in our community faced with homelessness. Additionally, CE has incorporated other options for housing and housing case management as a part of the assessment for CE. This was due to challenges raised by people with lived experience who continue to have difficulty locating and tying together all options for assistance.

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. and 2. In the past year the CoC through the service providers have been working with the local City of Taunton and Attleboro to develop new housing to serve homeless individuals. The subsequent projects that are being developed needed approval of the planning, zoning, and city council. The most recent project for 11 new efficiencies in Taunton received unanimous approval of all of these groups. The project in Attleboro will increase both crisis housing as well as PSH units and also has gone through all approvals from the local government. The Taunton project received city funding through the OECD and ARPA funds from the state. The Attleboro project received state funds and housing subsidies. The CoC continues to focus on housing development as a whole and reducing any barriers including issues related to low FMR's, that limit affordability. The CoC has the support of local and federal legislators who attend CoC meetings and advocate for decreasing regulatory barriers on our behalf. The CoC will continue to bring together a broad group of community stakeholders to address these issues including those with lived expertise, local developers, funders, and the city departments responsible for developing and potentially adjusting regulatory barriers to affordable housing in our CoC.

## 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.	08/26/2022
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1E-2.	Project Review and Ranking Process Your CoC Used in Its Local Competition. We use the response to this question and the response in Question 1E-2a along with the required attachments from both questions as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below.	
	NOFO Section VII.B.2.a., 2.b., 2.c., and 2.d.	

You must upload the Local Competition Scoring Tool attachment to the 4B. Attachments Screen.

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

1.	Established total points available for each project application type.	Yes
2.	At least 33 percent of the total points were based on objective criteria for the project application (e.g., cost effectiveness, timely draws, utilization rate, match, leverage), performance data, type of population served (e.g., DV, youth, Veterans, chronic homelessness), or type of housing proposed (e.g., PSH, RRH).	Yes
3.	At least 20 percent of the total points were based on system performance criteria for the project application (e.g., exits to permanent housing destinations, retention of permanent housing, length of time homeless, returns to homelessness).	Yes
4.	Provided points for projects that addressed specific severe barriers to housing and services.	Yes
5.	Used data from comparable databases to score projects submitted by victim service providers.	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?	5
3.	What renewal project type did most applicants use?	PH-PSH

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

Describe in the field below:

1.	how your CoC collected and analyzed data regarding each project that has successfully housed program participants in permanent housing;
2.	how your CoC analyzed data regarding how long it takes to house people in permanent housing;
3.	how your CoC considered the specific severity of needs and vulnerabilities experienced by program participants preventing rapid placement in permanent housing or the ability to maintain permanent housing when your CoC ranked and selected projects; and
4.	considerations your CoC gave to projects that provide housing and services to the hardest to serve populations that could result in lower performance levels but are projects your CoC needs in its geographic area.

(limit 2,500 characters)

1. The Continuum of care ranking committee looked at both APR's for the programs applying for funds as well as the applications submitted into esnaps. The committee also interviewed the agencies applying for funds to better understand their processes in assuring they are practicing Housing First models of care as well as ensuring practices are focused on equity for those populations that have been overrepresented in the continuum among those in a housing crisis. The CoC created a scoring sheet to consider both the statistical data of success as well as the information provided in the presentation. 2. The CoC ranking committee has taken a look at the length of time it takes to move someone, once they enter either coordinated entry or emergency shelter, into permanent housing. This number is alarming to the Continuum which is why they voted recently to ensure all programs that were necessary to the overall operation of the continuum of care be ranked first when determining ranking order. Only if those programs presented with a competitive program of the same type would further analysis take place. 3. The Continuum of Care Ranking committee incorporated presentations into the process for ranking programs. This allowed for agencies who may have served participants this year with extreme barriers and severe needs explain if there were issues with success in maintaining permanent housing. This allowed for personalization of the projects at a level to help the committee understand the nuances of supportive housing and the challenges the agencies face. 4. All of the Permanent Supportive Housing programs within the continuum practice a Housing First model. As there is only one program currently serving households with children it was important to factor in the great need for this type of housing opportunity. The vulnerability experienced by all served in the supportive housing programs are always a factor in overall success but all programs accept from coordinated entry based on who is the most vulnerable making them all equal in this aspect.

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. The Continuum of Care continues to attempt to remedy decades of injustice among those persons of different races. The GBCATCH CoC is a very small Continuum working to increase participation from those from over represented groups in the planning and development of the plan to end homelessness. Only three supportive housing programs are funded through the CoC HUD funding all of which serve the same populations. While the programs take who is referred through Coordinated Entry the focus for the entire continuum, not only the rating and ranking, is to take a deep dive into the Coordinated Entry process to correct and create an assessment tool that provides for equitable placement. 2. The Continuum understands the importance of the coordinated entry process to better plan and create a system which addresses the overrepresentation of some groups including those who identify as BIPOC and those who identify as LGBTQ+. 3. The committee did contain someone who identifies as Native American and others were invited to the process. The entirety of the Continuum takes a vote regarding the ranking of programs for the CoC. 4. The CoC took into account the way in which agencies were working to increase participation of those persons of different races and ethnicities. This included staffing, the availability to work with clients with different languages, and understanding of the barriers in place for those who are identify as a race which is over-represented in the local homeless population.

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. Throughout the next year the CoC plans to rewrite the process for reallocation as the Collaborative Applicant has continued to have to shift focus as a very small continuum of care due to the pandemic and the repercussions in the community. Once written the CoC will place this policy as well as updated CoC policies up for a formal vote. 2. The CoC ranking committee has acknowledged the three permanent supportive housing programs continue to perform at levels consistent with expectations. 3. The CoC is currently a very small CoC with only three permanent Supportive Housing Programs. Additionally, the CoC funds Coordinated Entry and has previously funded HMIS. It is difficult at this time due to the size of the CoC to reallocate funds. That being said the CoC did vote to reallocate funds from the previous Coordinated entry project to a new project for Coordinated entry. This project will allow for a different model for Coordinated entry. The CoC continues to look at how each program is performing and how they can reach Continuum goals each year. Additionally, for the past two RFP's, only three agencies have stepped up to apply for funds. Through communication with past participating agencies as well as new non-profits in the Continuum the CoC hopes additional agencies will attempt to provide services through CoC funds as available. The hope for additional participation due to an increase in advertising and capacity building will provide greater competition and therefore allow for low performing programs to be reallocated. 4. The previous Coordinated Entry project was reallocated to a new project with a new model for services. this will allow for changes in the system to ensure all avenues for housing for those experiencing homelessness are explored.

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

1.	Did your CoC reject or reduce any project application(s)?	Yes
2.	Did your CoC inform applicants why their projects were rejected or reduced?	Yes
3.	If you selected Yes for element 1 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2022, 06/27/2022, and 06/28/2022, then you must enter 06/28/2022.	09/14/2022

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.	09/14/2022
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1E-5b.	Local Competition Selection Results–Scores for All Projects.	
	NOFO Section VII.B.2.g.	
	You must upload the Final Project Scores for All Projects attachment to the 4B. Attachments Screen.	

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

	Enter the date your CoC posted the CoC-approved Consolidated Application on the CoC's website or partner's website–which included: 1. the CoC Application; and 2. Priority Listings for Reallocation forms and all New, Renewal, and Replacement Project Listings.	
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You must enter a date in question 1E-5c.

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.	
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You must enter a date in question 1E-5d.

## 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.	Caseworthy
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2A-2.	HMIS Implementation Coverage Area.	
	Not Scored—For Information Only	

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

	Enter the date your CoC submitted its 2022 HIC data into HDX.	04/12/2022
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2A-4.	Comparable Database for DV Providers—CoC and HMIS Lead Supporting Data Collection and Data Submission by Victim Service Providers.	
	NOFO Section VII.B.3.b.	

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

(limit 2,500 characters)

1. The Victim Services Provider is an integral part of the GBCATCH Continuum of Care. They are involved in the planning and implementation of all programming for those experiencing homelessness in the area. The provider utilizes a system referred to as Empower DV to collect vital data for planning and understanding of the trends in the continuum. This database collects all information meeting HUD's comparable database requirements. The HMIS lead, being the collaborative applicant, works closely with the DV provider to ensure information is collected and de-identified aggregate data is shared with the CoC for planning purposes. 2. The CoC is currently compliant with 2022 Data Standards. Through regular updates with Caseworthy as well as monthly calls with the HMIS provider the Continuum continues to work with the system to ensure all the information needed is provided by the vendor.

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	269	20	249	100.00%
2. Safe Haven (SH) beds	0	0	0	
3. Transitional Housing (TH) beds	32	0	6	18.75%
4. Rapid Re-Housing (RRH) beds	0	0	0	
5. Permanent Supportive Housing	94	0	70	74.47%
6. Other Permanent Housing (OPH)	6	0	0	0.00%

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

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

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

(limit 2,500 characters)

The transitional housing beds are beds that are a collaborative project between the stated and the Taunton Housing Authority for families coming out of emergency shelter. The data maintained on these families is housed in an alternate HMIS system supported by the state. The Continuum of Care has encouraged the housing authority to participate in the local HMIS for the program, but staffing and capacity challenges prevent them from wanting to enter the data into an additional database. The Housing Authority is an active member in the Continuum but administratively have chosen not to participate in the local HMIS system. The CoC will continue to encourage and offer any supports possible to enable the Housing Authority to fully participate. Additionally, the supportive housing programs not currently represented in HMIS are due to a program established at the VA for veterans in need of supportive housing. The VA has been extremely cooperative in providing aggregate data each year to the CoC but due to the number of HMIS vendors across the area where the VA covers in multiple states it is impossible for them to duplicate work in inputting into the HMIS system in each individual CoC. The VA plans, over the next 12 months to obtain releases from their members to allow identified data to be shared with the CoC. This will begin to open the door for the CoC to input this information into HMIS if there is staffing and capacity established by HUD to accomplish these types of tasks. 2. The CoC hopes to utilize coordinated entry along with potential staffing from other 24 hours programs within the collaborative application to input data necessary into HMIS to allow for a higher percentage of coverage. If the new CE project is funded there is the potential for additional dollars to move into HMIS data entry to allow for the collaborative applicant to take on the additional role of inputting these program participants into HMIS if the Housing Authority is unwilling.

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

Did your CoC submit LSA data to HUD in HDX 2.0 by February 15, 2022, 8 p.m. EST?	No
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## 2B. Continuum of Care (CoC) Point-in-Time (PIT) Count

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

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

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

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

	Enter the date your CoC submitted its 2022 PIT count data in HDX.	04/12/2022
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2B-3.	PIT Count—Effectively Counting Youth.	
	NOFO Section VII.B.4.b.	

	Describe in the field below how during the planning process for the 2022 PIT count your CoC:
1.	engaged stakeholders that serve homeless youth;
2.	involved homeless youth in the actual count; and
3.	worked with stakeholders to select locations where homeless youth are most likely to be identified.

(limit 2,500 characters)

1. One of the largest non-profits working in services for those experiencing homelessness in the area is also the contracted provider for services for unaccompanied youth throughout the Southcoast of Massachusetts. Additionally, this provider, Catholic Social Services, provides shelter for families with minor children throughout the continuum. On the night of the Point in Time count, it is always requested to have youth currently living in the shelter for unaccompanied youth come to participate in the count. Additionally, the local college is notified of the count and engages in counting any youth experiencing homelessness who are attending college that the programs most commonly working with at risk youth, are able to locate. The college Now program which is a program the local college works with youth who are first in their family to attend college and many are considered low income. A relationship with this program provides for better insight regarding youth who may be faced with a housing crisis while at the school. Additionally, local police departments and emergency rooms are notified of the count and asked to contact those operating the count if they are aware of anyone who should be counted. 2. While only 1 youth who was currently facing homelessness participated in the count, others were offered the opportunity. 3. The stakeholders have assisted in helping locate areas where youth may be located including the local college.

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.Regarding the sheltered count for 2022 the Continuum of Care for the first time fully utilized the data presented in HMIS for the sheltered count. This was combined with deidentified data from the local Domestic Violence shelter and information from the transitional housing program operated through the Housing Authority that does not currently participate in HMIS. the Continuum lead for the Point in Time asked all shelter providers to ensure their information was updated and accurate prior to the count. 2. The Continuum of Care was pleased to embark on a full and robust PIT count in 2022 to locate those unsheltered through the Continuum. The volunteers participating in the Point in time were overseen by someone with lived expertise and the groups all included someone with lived expertise and/or outreach workers. Additionally, volunteers from Community Support Workers, Behavioral Health Community Partners, Outreach Workers from the Department of Mental Health, those providing outreach on overdose awareness and prevention, coordinated entry, as well as other community volunteers were split into groups, trained on how to best conduct the count, including the tool used through Simtech, the Counting Us App, and were disbursed throughout the entirety of the Continuum. 3. This robust effort was necessary for planning for the continuum but did result in showing a significant increase in those experiencing homelessness in the continuum. The CoC felt it was necessary to ensure those with lived expertise assisted in locating those who may be more reluctant to seek services and to get a better understanding of both the impact of Covid-19 on the increase as well as the continued increase in substance use issues and mental health needs in the area. While the effort did show a double in the number of those that were currently living in places not meant for human habitation this has allowed the CoC to revamp the way Coordinated entry operates, created an opportunity to talk with city officials about increased needs for the community, and begin to develop a plan

## 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. The Continuum of Care continues to try to work upstream with households to prevent them from entering homelessness. The CoC has utilized flexible services available through MassHealth to work to identify those at risk of losing their housing upstream. This service provided through social determinants of health has made the largest impact in the continuum identifying households that may not typically reach out for assistance. 2. This strategy to use primary care practices along with emergency rooms and high utilizers of medical services has helped to identify individuals and families at risk of losing their housing. This has allowed them to be enrolled in flexible services that can assist them with court and mediation if necessary, work with them through the process of obtaining rental assistance, either ESG prevention or Rental assistance available through other avenues. This also allows for assistance in entering waiting lists and maintaining on lists for subsidized housing for so many households that fall below the poverty line. 3. There are a number of organizations responsible for overseeing the strategy to reduce the number of individuals and families experiencing homelessness for the first time. The commonwealth oversees the front door entry for Emergency assistance for families with minor children who are at risk of losing their housing or who have lost their housing. The Department of Housing and Community Development for the Commonwealth oversees this entire entry and controls who enters, the services they receive, if they are able to prevent homelessness, and where the family is placed in emergency shelter if they do become homeless. Individuals in the system are primarily overseen through Coordinated Entry. Although the Coordinated entry program currently is only able to afford someone for less than a .5 FTE the attempt is for the specialist to be able to work with individuals further upstream and divert them from becoming homeless by referring for other services available including Flexible services which can be utilized when often other HUD funding cannot. This allows households to utilize temporary housing measures while working with someone to remedy the situation long term.

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)

The Continuum of Care is taking a close look at the length of time individuals and persons in families are currently struggling to obtain permanent housing. A number of strategies have been put in place to attempt to remedy this issue. The most significant change has been the implementation of flexible services through MassHealth (Medicaid) to provide those experiencing homelessness with additional case management to assist in locating available housing. The CoC has found that case management focused solely on housing needs has allowed for these households to gain the vital assistance needed to navigate the challenges with public housing applications as well as upkeep on waitlists for public housing authorities as well as any other subsidized units available in the area. 2. The CoC identifies household with the longest length of homelessness through both HMIS information as well as information garnered from local providers of mainstream resources including counseling, schools, soup kitchens, and those providing outreach services to those currently unhoused. Once identified the Coordinated Entry specialist attempts to learn and document a timeline of time a household experiences homelessness to better understand the time homeless. 3. The organization responsible for monitoring and leading the strategy to reduce the length of time homeless is the Collaborative applicant, Community Counseling of Bristol County, as they are the provider of Coordinated Entry, the majority of PSH programs, as well as Flexible Services through MassHealth. The organization coordinates closely with the shelter providers including Catholic Social Services, Justice Resource Institute, the Taunton Family Center, and the Victim Services Provider New Hope.

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)

The Continuum of Care understands the ultimate goal of quickly moving those who are experiencing homelessness to permanent housing. The CoC works to braid together services through a variety of funding sources including, Medicaid, HUD CoC funding, public housing, ESG, as well as funding provided by the Commonwealth to provide not only housing but Case management services to help a household to stabilize in housing. 2. While the CoC strives to house households as quickly as possible it is important to be sure households are provided household with the support needed to maintain housing. This includes ensuring households are connected with mainstream resources from which they will benefit including Behavioral Health Community Partners, funded through MassHealth, Community Support Workers, also funded through MassHealth, Utility assistance programs, resources to help with food insecurity, and access to mental health and substance use treatment. Additionally, households are educated on their rights for education and access to resources to help with job placement and educational services.3. The Collaborative applicant, Community Counseling of Bristol County, is the primary organization tasked with overseeing the strategy to increase the rate that households exit to and retain permanent housing. While it is an effort for which each organization and person is responsible, the Collaborative applicant works to ensure the CoC is aware of trends in data and leads the conversation regarding how to make improvements.

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)

The Continuum of Care works to identify those who have returned to homeless through the Coordinated Entry system. The current system is understaffed which has presented challenges in the ability for the Continuum to complete the process as planned. The CoC works with local shelters and information analyzed through HMIS to identify those who have returned to homelessness. 2. The CoC is working to reduce the rate in which households return to homelessness. The system is working to put in place supports to households likely to return due to housing costs and lack of income. This includes supports through MassHealth for Tenancy sustaining efforts which provides case management and advocacy for those at risk of losing their housing. Additionally services through MassHealth such as Community Support Services and Community Support Providers for Chronically Homeless individuals continuing to work with households upon their entrance in housing. The CoC programs as well as other programs working with those identifying as homeless work to ensure wraparound services are in place such as utility assistance, childcare when available, job placement services, and education services are offered to help a household maintain stable housing. 3. The primary organization responsible for overseeing the CoC's strategy to reduce the rate of homelessness would be the Coordinated Entry Specialist along with the Program Director at Community Counseling of Bristol County as the HMIS lead.

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

(limit 2,500 characters)

1. The Continuum of Care has members from a number of different employment agencies as well as educational opportunities for those faced with a housing crisis. One significant agency in the area is SerJobs. This agency works with families in the Continuum who are experiencing homelessness in both educational opportunities for certifications such as CNA services as well as job placement. Additionally, the Continuum works closely with a prison re-entry program operated through the local St Vincent DePaul society. This program assists with learning skills necessary to maintain employment and assists in helping those sometimes the most difficult to employ with contacts and avenues to pursue these opportunities. A fairly new organization within the continuum that is working to build skills through groups, classes in resume writing etc, as well as one on one mentorship is the Pave your Path program. This unique program provides more individualized services and ongoing supports when those facing a housing crisis are moving toward more economic stability. The CoC also continues to work with the local universities and the workforce development agencies to access opportunities as well as MassRehab services for those who qualify for assistance through this avenue. The primary organization utilized most recently would be the United Way of Mass Bay and Merrimack Valley as they provide strategies as well as guidance to the CoC in avenues of increasing economic stability among the low income community. Their strategies are far reaching and incorporate many of the organizations listed above. 3. The organization overseeing the strategy for the CoC strategy to increase income from employment would be the United Way of Mass Bay and Merrimack Valley. As a significant funder in the region as well as ongoing assistance with planning, advocacy, and strategy the United Way is a vital partner in this area.

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. The Continuum of Care works to educate those living and working within the continuum on access to non-employment cash income including SSI, SSDI, Massachusetts Veteran Benefits (Chapter 115), as well as TANF and EAEDC benefits. It is vital for households experiencing a housing crisis to have access to much needed funds to begin to stabilize. The CoC works closely with the local Department of Transitional Assistance to maintain updated information on how to apply for assistance. Additionally, the CoC presents information regarding SOAR (SSI/SSDI Outreach, Access, and Recovery) this training has been essential for case managers in the area in understanding the process for applications for assistance and obtaining this assistance for those in our community who are currently experiencing homelessness or at risk of homelessness. Training and information are presented at general CoC meetings throughout the year as well as specific trainings conducted during Family Services meetings. Additionally, correspondence with the list serve is sent out frequently to update any changes to the application process, the benefits available, and how to assist with access. 2. The primary training occurs at the Family Services meetings when are overseen by the SOCO (South Coast Regional Network to End Homelessness). This is a collaborative effort among three CoC's in Bristol County Massachusetts. Additionally, the local Department of Transitional Assistance, provides education and access to much of the non-employment assistance available.

## 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?	No
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3A-2.	New PH-PSH/PH-RRH Project–Leveraging Healthcare Resources.	
	NOFO Section VII.B.6.b.	
	You must upload the Healthcare Formal Agreements attachment to the 4B. Attachments Screen.	

	Is your CoC applying for a new PH-PSH or PH-RRH project that uses healthcare resources to help individuals and families experiencing homelessness?	No
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3A-3.	Leveraging Housing/Healthcare Resources–List of Projects.	
	NOFO Sections VII.B.6.a. and VII.B.6.b.	

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

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



## 3B. New Projects With Rehabilitation/New Construction Costs

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

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

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

Is your CoC requesting funding for any new project application requesting \$200,000 or more in funding for housing rehabilitation or new construction?	No
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3B-2.	Rehabilitation/New Construction Costs–New Projects.	
	NOFO Section VII.B.1.s.	

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

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

(limit 2,500 characters)

n/a

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

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

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

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

	Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes?	No
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3C-2.	Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.	
	NOFO Section VII.C.	

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

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

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

(limit 2,500 characters)

n/a

## 4A. DV Bonus Project Applicants

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

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

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

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

## 4B. Attachments Screen For All Application Questions

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

1.	You must include a Document Description for each attachment you upload; if you do not, the Submission Summary screen will display a red X indicating the submission is incomplete.
2.	You must upload an attachment for each document listed where 'Required?' is 'Yes'.
3.	We prefer that you use PDF files, though other file types are supported—please only use zip files if necessary. Converting electronic files to PDF, rather than printing documents and scanning them, often produces higher quality images. Many systems allow you to create PDF files as a Print option. If you are unfamiliar with this process, you should consult your IT Support or search for information on Google or YouTube.
4.	Attachments must match the questions they are associated with.
5.	Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process.
6.	If you cannot read the attachment, it is likely we cannot read it either.  . 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	1C-7 PHA HOMELESS...	09/15/2022
1C-7. PHA Moving On Preference	No	IC-7 PHA MOVING O...	09/15/2022
1E-1. Local Competition Deadline	Yes	1E-1 LOCAL COMPET...	09/15/2022
1E-2. Local Competition Scoring Tool	Yes	1E-2 LOCAL COMPET...	09/15/2022
1E-2a. Scored Renewal Project Application	Yes	1E-2a SCORED RENE...	09/15/2022
1E-5. Notification of Projects Rejected-Reduced	Yes	1E-5 NOTIFICATION...	09/15/2022
1E-5a. Notification of Projects Accepted	Yes	1E-5a NOTIFICATIO...	09/15/2022
1E-5b. Final Project Scores for All Projects	Yes	1e-5b FINAL PROJE...	09/15/2022
1E-5c. Web Posting—CoC-Approved Consolidated Application	Yes		
1E-5d. Notification of CoC-Approved Consolidated Application	Yes		
3A-1a. Housing Leveraging Commitments	No		

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

## **Attachment Details**

**Document Description:** 1C-7 PHA HOMELESS PREFERENCE

## **Attachment Details**

**Document Description:** 1C-7 PHA MOVING ON PREFERENCE

## **Attachment Details**

**Document Description:** 1E-1 LOCAL COMPETITION DEADLINE

## **Attachment Details**

**Document Description:** 1E-2 LOCAL COMPETITION SCORING TOOL

## **Attachment Details**

**Document Description:** 1E-2a SCORED RENEWAL PROJECT  
APPLICATION

## **Attachment Details**

**Document Description:** 1E-5 NOTIFICATION OF PROJECTS  
REJECTED-REDUCED

## **Attachment Details**

**Document Description:** 1E-5a NOTIFICATION OF PROJECTS  
ACCEPTED

## **Attachment Details**

**Document Description:** 1e-5b FINAL PROJECT SCORES FOR ALL  
PROJECTS

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:**



## Submission Summary

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

Page	Last Updated
1A. CoC Identification	09/14/2022
1B. Inclusive Structure	09/20/2022
1C. Coordination and Engagement	09/21/2022
1D. Coordination and Engagement Cont'd	09/22/2022
1E. Project Review/Ranking	Please Complete
2A. HMIS Implementation	09/16/2022
2B. Point-in-Time (PIT) Count	09/16/2022
2C. System Performance	09/16/2022
3A. Coordination with Housing and Healthcare	09/15/2022
3B. Rehabilitation/New Construction Costs	09/15/2022
3C. Serving Homeless Under Other Federal Statutes	09/15/2022

<b>4A. DV Bonus Project Applicants</b>	09/15/2022
<b>4B. Attachments Screen</b>	Please Complete
<b>Submission Summary</b>	No Input Required



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MA-519

# PHA Homeless Preference

1C-7

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**TAUNTON HOUSING AUTHORITY PROCESSING INSTRUCTIONS FOR  
FEDERAL EMERGENCY APPLICATIONS**

The Taunton Housing Authority hereby adopts the following Emergency Case Plan.

**I. STATEMENT OF POLICY AND PURPOSE.** Through this Plan, the Taunton Housing Authority seeks to establish a fair and uniform standard to be applied to all applicants for Emergency Case Status to the end that similarly situated applicants will receive similar treatment. Requirements as to evidence, documentation and verification employed by the Taunton Housing Authority in making determinations of Emergency Case Status shall be reasonable in relation to the realistic capacity and resources of the applicant.

**II. DEFINITION OF HOMELESS APPLICANT.** The Taunton Housing Authority shall define a "Homeless Applicant" as an applicant who **has been or is imminently faced with displacement from his/her "Primary Residence" as a result of circumstances described in Section III below, and who:**

- (A) is without a place to live or is in a living situation in which there is a significant immediate and direct threat to the life or safety of the applicant or a household member which situation would be alleviated by placement in an appropriate unit; **and**
- (B) has made reasonable efforts to locate alternative housing; **and**
- (C) has not caused or substantially contributed to the safety or life threatening situation; **and**
- (D) has pursued available ways to prevent or avoid the safety or life threatening situation by seeking assistance through the courts or appropriate administrative or enforcement agencies.

**"Primary Residence" is defined as the principal home (domicile) occupied by all members of an applicant household not less than nine months of the year.**

**III. THE TAUNTON HOUSING AUTHORITY SHALL GRANT- EMERGENCY CASE STATUS** to an otherwise eligible and qualified "Homeless Applicant" who **meets the definition in Section II above, and who is displaced from his/her "Primary Residence" under the following circumstances:**

(A) **Homeless and Facing a Significant Immediate and Direct Threat to the Life or Safety of the Applicant or any Household Member for Causes Other Than the Fault of the Applicant or Member of the Applicant Household.** Applicants are "homeless and facing a significant immediate and direct threat to life or safety" if they meet the definition set out in Section II above. "Causes other than the fault of the applicant or member of the applicant household" shall mean causes outside their reasonable control, including but not limited to substandard housing conditions which directly and substantially endanger or impair the health, safety, or well-being of the family, and other circumstances as determined by the Taunton Housing Authority.

(B) **Severe Medical Emergencies.** An applicant is suffering a severe medical emergency if the applicant or member of the applicant household is determined by the Taunton Housing Authority to suffer from an illness or injury posing a severe and medically documented threat to life or safety which has been significantly caused by the lack of suitable housing or as to which the lack of suitable housing is a substantial impediment to treatment or recovery.

(C) **Abusive Situation.** An applicant is in an abusive situation if the applicant or member of the applicant household is determined by the Taunton Housing Authority to be a victim of abuse as defined in the Abuse Prevention Act (G.L. c.209A, §1), which abuse constitutes a significant and direct threat to life or safety. **The Abuse Prevention Act defines "abuse" as the occurrence of one or more of the following acts between "family or household members":** (1) attempting to cause or causing physical harm; (2) placing another in fear of imminent serious physical harm; or (3) causing another to engage involuntarily in sexual relations by force, threat or duress. **"Family or household members" are individuals who are related by blood or marriage, have a child together, or who now or formerly resided in the same household or dated each other.**

#### **IV. ADMINISTRATION OF THE PLAN**

(A) **Applications.** Emergency Case applications shall be processed using the same application procedures, determination of eligibility procedures, verification procedures, and appeal procedures as Standard Applicants. In view of the nature of Emergency Cases, the Taunton Housing Authority shall make every reasonable effort to process Emergency Case applications promptly and to make timely determinations of eligibility or ineligibility. If the applicant is found to be eligible and qualified, but not to qualify for Emergency Case Status, he or she shall be treated as a Standard Applicant.

(B) **Placement.** When an applicant has been determined by the Taunton Housing Authority to qualify as an Emergency Case applicant, the applicant shall be offered the next appropriate and available unit, in accordance with the priority ranking. If the Taunton Housing Authority determines that an applicant granted Emergency Case Status but not yet offered a unit has obtained permanent housing suitable for his/her household size and income, the applicant shall no longer be considered an Emergency Case applicant, and shall remain on the appropriate waiting lists as a Standard Applicant.

(C) **Records.** The Taunton Housing Authority shall maintain records with regard to Emergency Case applications within the applicant's file.

**V. PROCEDURES FOR PROCESSING EMERGENCY CASE APPLICATIONS.** Upon receipt of an application for Emergency Case Status, the Taunton Housing Authority shall determine whether the applicant is apparently eligible based solely on the information in the application. If so, it shall follow the procedures below. **The applicant must qualify under each of the criteria set forth below:**

- (A) Determine if the applicant is a "Homeless Applicant" as defined above, **and if so;**
- (B) Determine if displacement has been or will be from the applicant's "Primary Residence," as defined above, **and if so;**
- (C) Determine if the applicant **meets all of the requirements in any one of the Paragraphs (1, 2, or 3) below.**

**1. Requirement of Paragraph 1:**

The loss of housing was not caused by the fault of the applicant or household member.

**2. Requirements of Paragraph 2:**

- a. The applicant or a member of the applicant household is suffering an illness or injury which poses a severe and medically documented threat to life or safety; **and**
- b. The medical emergency has either been significantly caused by lack of suitable housing or lack of suitable housing is a substantial impediment to treatment or recovery.

**3. Requirements of Paragraph 3:**

- a. The applicant or a member of the applicant household is the victim of abuse as defined in Section III (C); **and**
- b. The abuse constitutes a significant immediate and direct threat to life or safety of the applicant or a member of the applicant household.

If the criteria in Sections V (A) and (B) and the requirements of Paragraph 1, 2 or 3 of Section V (C) above have been met and the applicant is entitled to the emergency priority in accordance with the Emergency Case Plan of the Taunton Housing Authority then the housing authority after changing the application to an emergency and notifying the applicant of such by issuing a new letter of eligibility; (**reflecting an emergency priority category of #1**) and will then proceed by requesting all the verifications required and/or conducting all the background checks so as to determine final eligibility of the application.

11/01/14

*Person with disabilities (for purposes of civil rights):* see 24 CFR § 8.3; 24 CFR § 100.201; 28 CFR §§ 35.104, 108).

**Select one or more of the 4 (four) following categories:**

☐ *Institutionalized:* Includes, but not limited to: (1) congregate settings populated exclusively or primarily with individuals with disabilities; (2) congregate settings characterized by regimentation in daily activities, lack of privacy or autonomy, policies limiting visitors, or limits on individuals' ability to engage freely in community activities and to manage their own activities of daily living; or (3) settings that provide for daytime activities primarily with other individuals with disabilities.

☐ *At serious risk of institutionalization:* Includes an individual with a disability who as a result of a public entity's failure to provide community services or its cut to such services will likely cause a decline in health, safety, or welfare that would lead to the individual's eventual placement in an institution. This includes individuals experiencing lack of access to supportive services for independent living, long waiting lists for or lack of access to housing combined with community based services, individuals currently living under poor housing conditions or homeless with barriers to geographic mobility, and/or currently living alone but requiring supportive services for independent living. A person cannot be considered at serious risk of institutionalization unless the person has a disability. An individual may be designated as at serious risk of institutionalization either by a health and human services agency, by a community-based organization, or by self-identification.

☐ *Homeless:*

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

(i) An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;

(ii) An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, State, or local government programs for low-income individuals); or

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

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

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

(ii) No subsequent residence has been identified; and

(iii) The individual or family lacks the resources or support networks, e.g., family, friends, faith-based or other social networks, needed to obtain other permanent housing;

**Taunton Housing Authority**  
**New Section 8 Mainstream At Risk of Homelessness Voucher Program**

*The New Mainstream At Risk of Homeless Voucher Program offers preferences of which you may be eligible.*

In order to be eligible for this Section 8 Voucher Program, at least **one (1)** member of the household must be Non-Elderly Disabled (under the age of 62) **and** eligible for one or more of the preference categories; (see attached list of preferences):



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

(i) Are defined as homeless under section 387 of the Runaway and Homeless Youth Act (42 U.S.C. 5732a), section 637 of the Head Start Act (42 U.S.C. 9832), section 41403 of the Violence Against Women Act of 1994 (42 U.S.C. 14043e-2), section 330(h) of the Public Health Service Act (42 U.S.C. 254b(h)), section 3 of the Food and Nutrition Act of 2008 (7 U.S.C. 2012), section 17(b) of the Child Nutrition Act of 1966 (42 U.S.C. 1786(b)), or section 725 of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a);

(ii) Have not had a lease, ownership interest, or occupancy agreement in permanent housing at any time during the 60 days immediately preceding the date of application for homeless assistance;

(iii) Have experienced persistent instability as measured by two moves or more during the 60-day period immediately preceding the date of applying for homeless assistance; and

(iv) Can be expected to continue in such status for an extended period of time because of chronic disabilities; chronic physical health or mental health conditions; substance addiction; histories of domestic violence or childhood abuse (including neglect); the presence of a child or youth with a disability; or two or more barriers to employment, which include the lack of a high school degree or General Education Development (GED), illiteracy, low English proficiency, a history of incarceration or detention for criminal activity, and a history of unstable employment; or

(4) Any individual or family who:

(i) Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence;

(ii) Has no other residence; and

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

☐ *At risk of becoming homeless:* An individual or family who:

(i) Does not have sufficient resources or support networks, e.g., family, friends, faith-based or other social networks, immediately available to prevent there from moving to an emergency shelter or another place described in paragraph (1) of the "Homeless" definition in this section; and

(ii) Meets one of the following conditions:

(A) Has moved because of economic reasons two or more times during the 60 days immediately preceding the application for homelessness prevention assistance;

(B) living in the home of another because of economic hardship;

(C) Has been notified in writing that their right to occupy their current housing or living situation will be terminated within 21 days of the date of application for assistance;

(D) Lives in a hotel or motel and the cost of the hotel or motel stay is not paid by charitable organizations or by federal, State, or local government programs for low-income individuals;

(E) Lives in a single-room occupancy or efficiency apartment unit in which there reside more than two persons, or lives in a larger housing unit in which there reside more than 1.5 people per room, as defined by the U.S. Census Bureau;

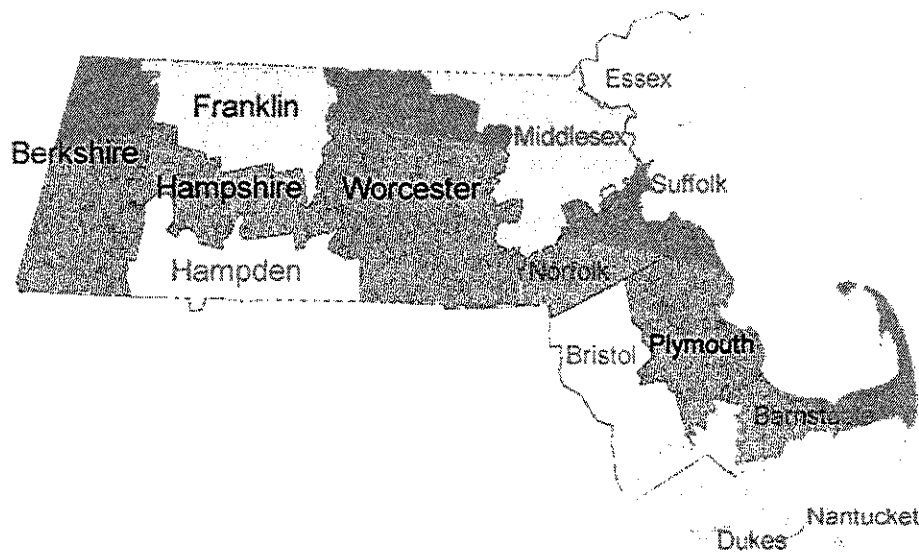
(F) Is exiting a publicly funded institution, or system of care (such as a health-care facility, a mental health facility, foster care or other youth facility, or correction program or institution); or

(G) Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness.

# Housing Choice Voucher Program Administrative Plan

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MASSACHUSETTS DEPARTMENT OF HOUSING &  
COMMUNITY DEVELOPMENT



COMMONWEALTH OF MASSACHUSETTS  
DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT

## **20.24 PREFERENCES**

The tenant selection plan for the PBV site includes the specific admission preferences used to select applicants from the waiting list. On a case-by-case basis, DHCD or its designee may approve a project sponsor's request to combine preferences, e.g., homeless veterans. These preferences would be subject to approval and outlined in the project's affirmative fair housing marketing plan and tenant selection plan.

### **20.24.1 Pre-Qualifying for Certain Preference Units**

In some instances, it is appropriate to require that applicants pre-qualify for a preference in order to avoid issuing selection letters to applicants who would not otherwise be eligible and delaying the lease-up of the unit. DHCD or its designee will identify these units before the selection process begins. In these instances, upon receipt of an application for units in these projects – where the household size meets the preference units' bedroom size – DHCD or its designee will inform the applicant that if they wish to be considered for these units, they must submit documentation to pre-qualify their eligibility for this priority consideration. The letter to the applicant will include:

1. A description of the preference criteria for priority consideration;
2. A description listing what documentation is required to verify eligibility for this consideration;
3. A list of entities appropriate to verify the applicant's eligibility for the priority consideration.

When making selections for these units, applicants who have been pre-qualified will be selected before all other applicants.

### **20.24.2 Regional Residency Preference**

A regional residency preference will be applied as a ranking preference to all PBV applicants. Applicants may apply to units outside of their region, but they will not be selected until all applicants with a residency preference have been exhausted. A regional residency preference will not apply to PBV projects that have received DHCD approval for an owner-maintained, site-based waiting list.

### **20.24.3 Homeless Preference**

DHCD may approve homeless criteria for occupancy of units that are created to address the issue of homelessness.

An applicant will generally be considered homeless, unless otherwise provided by DHCD, if the applicant lacks a fixed, regular, and adequate nighttime residence and has a primary nighttime residence that is:

- A supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing), or
- An institution in which they have been residents for more than 30 consecutive days and no subsequent residences have been identified and they lack the resources and support networks needed to obtain access to housing, or

- A public or private place not designed for, or ordinarily used as, a regular sleeping place for human beings.

#### **20.24.4 Homeless Veterans Preference**

An applicant will generally be considered a veteran, unless otherwise provided by DHCD or its designee, if the applicant:

- Served in the active military, navy, or air service; and
- Was discharged or released from such service under conditions other than dishonorable.

#### **20.24.5 Youth Aging Out Preference**

DHCD may approve a PBV preference for youth aging out of foster care and receiving supportive services.

#### **20.24.6 Preference for Certain Disability Projects**

DHCD may agree to provide a preference for projects serving persons with disabilities who live in institutions or are at risk of institutionalization.

#### **Tenant Selection for Community Based Housing (CBH) Units**

CBH is a state bond-financed program that provides 0% deferred loans for housing for disabled people who are institutionalized or at risk of institutionalization. Clients of the MA Department of Mental Health (DMH) and the MA Department of Developmental Services (DDS) are not eligible for CBH units (because they are eligible for the state-financed Facilities Consolidation Fund (FCF) program). When CBH development funds are included in any units selected for PBV, priority shall be provided as follows:

- First Priority: Persons with disabilities (as that term is defined in 760 CMR 60.02) who are living in institutions or are at risk of institutionalization, and are not eligible for the FCF program as set out in St. 2004, c.290, Line Item 4000-8200. Of all persons eligible for this priority, for units that incorporate special design features, preference shall be given to those persons with a documented need for the special design features.
- Second Priority: All persons with disabilities living in institutions or at risk of institutionalization.
- Third Priority: All persons with disabilities.

Eligibility for first priority will be documented by a Massachusetts Rehabilitation Commission (MRC)-approved entity.

#### **Tenant Selection for Facilities Consolidation Funds (FCF) Units**

FCF is a state bond-financed program that funds community-based housing for clients of the MA Department of Mental Health (DMH) and MA Department of Developmental Services (DDS) who

#### **24.2.2.1 Disability Status**

This program serves very low-income families that include a person with disabilities who is at least 18 and less than 62 years of age.

DHCD's designees will verify the family's disability status for purposes of determining program eligibility. See CHAPTER 6.

#### **24.2.3 Waiting List Management and Selection**

DHCD's designees will issue MS5 turnover vouchers to eligible, disabled households selected from their regional standard HCV waiting list.

If an MS5 applicant or participant moves out of the initial designee's region, DHCD must be notified and the allocation of vouchers will be adjusted between the initial and receiving designee in order to prevent over-issuance of MS5 vouchers.

#### **24.2.4 Services**

Each designee must provide applicants with housing search assistance that includes, at a minimum, a list of available units in the area. Applicants may utilize the designee's Housing Consumer Education Center resources that include listings of available units, a computer to access listings on the internet, local newspapers, and a telephone.

### **24.3 MAINSTREAM 2018 (MS2018)**

#### **24.3.1 Overview**

MS2018 vouchers are subject to MTW policies.

#### **24.3.2 Eligibility**

Vouchers must be used to assist non-elderly persons with disabilities and their families. The non-elderly person with disabilities must be at least 18 years of age and less than 62 years of age. The eligible household member does not need to be the head of household. A household where a child under age 18 is the only family member with a disability is not eligible for this program.

DHCD's designees will verify an applicant's disability status for purposes of determining program eligibility in accordance with CHAPTER 6.

#### **24.3.3 Waiting List Management and Selection**

New increments of targeted vouchers must be issued to the specific target population in the NOFA. Upon turnover, DHCD's designees will issue MS2018 turnover vouchers to eligible, non-elderly disabled households selected from their regional standard HCV waiting list.

For MS2018 vouchers, assistance is provided to the following populations<sup>1</sup>, in the order listed below:

1. Qualifying applicants who are in institutional or other segregated settings

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<sup>1</sup> As defined in HUD Notice of Funding Availability # FR-6100-N-43.

## 2. Qualifying applicants who are homeless

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

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

*Homeless* means:

1. An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:
  - i. An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;
  - ii. An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, State, or local government programs for low-income individuals); or
  - iii. An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution;
2. An individual or family who will imminently lose their primary nighttime residence, provided that:
  - i. The primary nighttime residence will be lost within 14 days of the date of application for homeless assistance;
  - ii. No subsequent residence has been identified; and
  - iii. The individual or family lacks the resources or support networks, e.g., family, friends, faith-based or other social networks, needed to obtain other permanent housing;
3. Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:
  - i. Are defined as homeless under section 387 of the Runaway and Homeless Youth Act (42 USC 5732a), section 637 of the Head Start Act (42 USC 9832), section 41403 of the Violence Against Women Act of 1994 (42 USC 14043e-2), section 330(h) of the Public Health Service Act (42 USC 254b(h)), section 3 of the Food and Nutrition Act of 2008 (7 USC 2012), section 17(b) of the Child Nutrition Act of 1966 (42 USC 1786(b)), or section 725 of the McKinney-Vento Homeless Assistance Act (42 USC 11434a);
  - ii. Have not had a lease, ownership interest, or occupancy agreement in permanent housing at any time during the 60 days immediately preceding the date of application for homeless assistance;
  - iii. Have experienced persistent instability as measured by two moves or more during the 60-day period immediately preceding the date of applying for homeless assistance; and
  - iv. Can be expected to continue in such status for an extended period of time because of chronic disabilities; chronic physical health or mental health conditions; substance addiction; histories of domestic violence or childhood abuse (including neglect); the presence of a child or youth with a disability; or two

or more barriers to employment, which include the lack of a high school degree or General Education Development (GED), illiteracy, low English proficiency, a history of incarceration or detention for criminal activity, and a history of unstable employment; or

4. Any individual or family who:

- i. Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence;
- ii. Has no other residence; and
- iii. Lacks the resources or support networks, e.g., family, friends, and faith-based or other social networks, to obtain other permanent housing.

#### **24.3.4 Support Services**

At the briefing, each applicant will be offered a list of contacts at the human service agencies in their region. This list should include staff that can:

- Assist in identifying supports for individuals with psychiatric disabilities including those who have mental health illnesses but may not be eligible for DMH programs.
- Assist in identifying supports for individuals with mental retardation including community-based supports.
- Assist in identifying detoxification, treatment, and support programs for people with substance abuse problems.
- Make referrals to resources that support people with HIV/AIDS including housing search services, specialized health services, support groups, meals programs and others.
- Assist in providing referrals for vocational rehabilitation programs for individuals with any type of disability who would like to go to work.
- Direct individuals to home care assistance, personal care assistance, home modifications, and independent living supports.

Participants will be encouraged to review the list and to contact any agency if they feel they need or want any support services. DHCD's designees will use the list as needed to make referrals if requested by participants and also to obtain advice from a human service professional if needed.

#### **Housing Search**

Each designee must provide applicants with housing search assistance that includes, at a minimum: a list of available units in the area. Applicants may utilize the designee's Housing Consumer Education Center resources that include listings of available units, a computer to access listings on the internet, local newspapers, and a telephone.

### **24.4 FAMILY UNIFICATION PROGRAM**

#### **24.4.1 Overview**





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MA-519

# PHA Moving On Preference

1C-7

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The MA-519 CoC utilized the Emergency Housing Vouchers presented from the Department of Housing and Community Development (DHCD) to develop and implement a Move On plan for those currently in Permanent Supportive Housing, Treatment Programs, and Institutions. This allowed for those programs to open vital beds for others in the community. Attached is the Prioritization list for the EHV's.

## MA-519 GBCATCH EHV PRIORITIZATION PLAN

The GBCATCH Continuum of Care is a small CoC incorporating all cities and towns in Bristol County with the exception of New Bedford and Fall River city limits. This Continuum of care holds 3 HUD CoC funded permanent supportive housing programs for families and individuals and few other permanent housing options for those who are experiencing homelessness. As none of the cities and towns within the continuum qualify directly for Emergency Solutions Funding and no Public Housing Authorities in the continuum received direct Emergency Housing Vouchers (EHV's) the CoC has a unique opportunity to utilize vouchers awarded to the Commonwealth to serve those in the area.

In the year 2020 only a total of 5 individuals were placed in permanent supportive housing due to the lack of availability of affordable units for those who are ready to move on from the program. As Permanent Supportive Housing programs are created to serve those most vulnerable it is extremely beneficial to the Continuum to assist in creating opportunities for clients to move on to less "supportive" housing as they are able. Most of those in the programs struggle with stable income to sustain a market rate unit necessitating them to remain in the program only for the rental subsidy.

Additionally, treatment programs throughout the continuum of care struggle with a plan for clients who have chosen to seek and engage in treatment. As effective treatment is often extended beyond 90 days, those in these programs are unable to be supported by programs designated for those experiencing homelessness.

Finally, through research and analysis of statistics supported by HUD System Performance Measures it has been discovered that MA-519 may have created an unconscious bias in placement of both BIPOC individuals as well as those who identify as LGBTQ+. While our two main cities average 8.8% and 4.4% of the population identifying as Black/African American, and 9.0% and 6.6% identifying as Hispanic we see 28% of those served in shelter are Black/African American and 7% are Hispanic. The more disturbing statistic is that of those served 89% of those placed were white non-hispanic. The Continuum is disproportionately housing those who identify as white over those who identify as BIPOC (Black, Indigenous, People of color). While this is not intentional it must be addressed. Additionally, while national statistics show that approx. 5.6% of the population identifies as LGBTQ+ and .6% of the population identifies as transgender, the CoC has not asked this question throughout any measurable intake either in outreach or placement. Both of these populations are underserved throughout the continuum and are significantly more affected by housing crisis. These households are at greater risk of Covid as well as discrimination while working through a housing crisis.

Therefore, the MA-519 CoC has decided to prioritize the following subsets of individuals for the use of the Emergency Housing Vouchers.

1. Those ready to move on from Permanent Supportive Housing but continue to need a housing subsidy to successfully maintain. These will go first, to those who are able to maintain their current housing unit and take over the lease with the voucher
2. Those ready to exit a treatment program or transitional housing tx program where they have resided for longer than 90 days and would be successful with community supports and a housing voucher

3. Those who are currently receiving Rapid Rehousing funds and can show they need a voucher to maintain housing
4. Those who identify as BIPOC or LGBTQ+ in the community and are currently in a housing crisis.

To further clarify, those households that identify as BIPOC and/or LGBTQ++ will be prioritized within each sub category listed above. The plan for the use of these vouchers will allow the Continuum to begin to serve those who are currently experiencing homelessness in Permanent Supportive Housing programs and treatment programs which will provide the supports necessary for success. Additionally, they will provide the Continuum an opportunity to begin to look at prioritization factors and tools used to prioritize for supportive housing in the future.



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MA-519

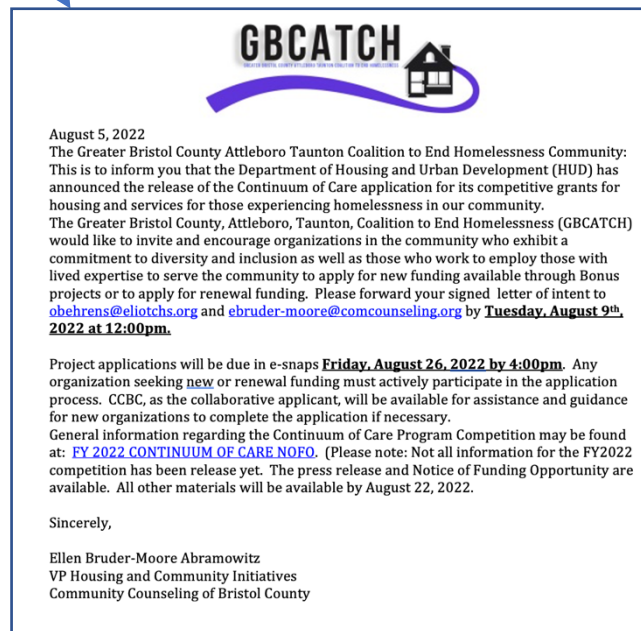
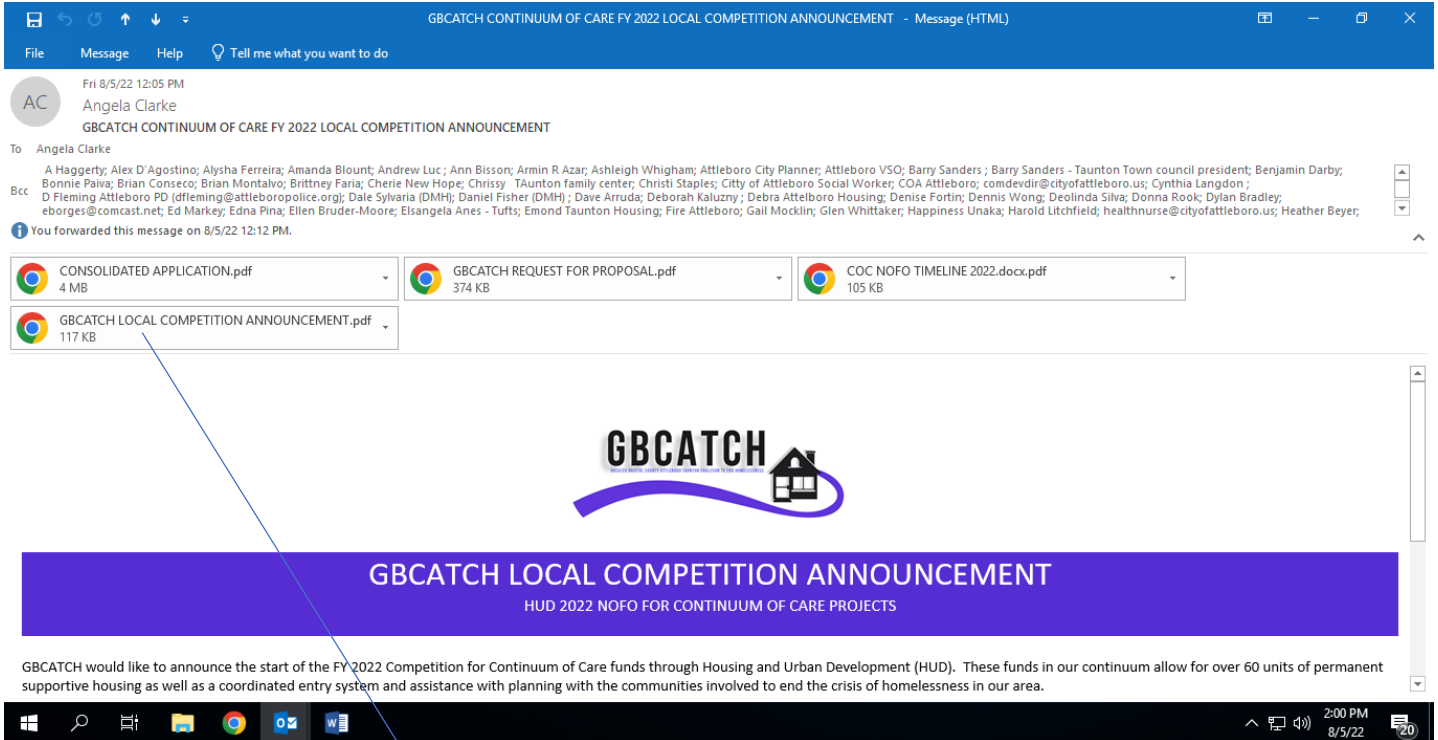
# Local Competition Deadline

1E-1

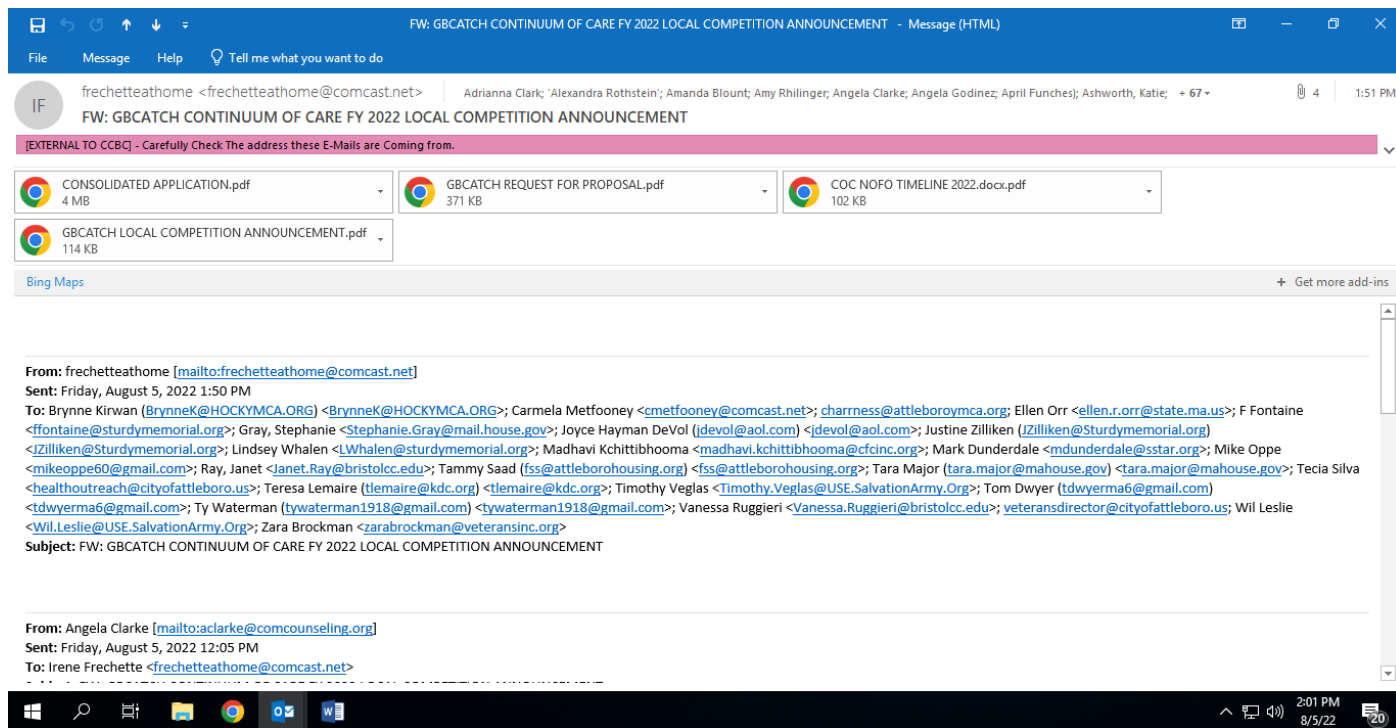
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Note: in Facebook posts and emails (provided in Local Competition Deadline) a link and attachment provided the RFR for the competition. Included in the RFR are the ranking criteria.

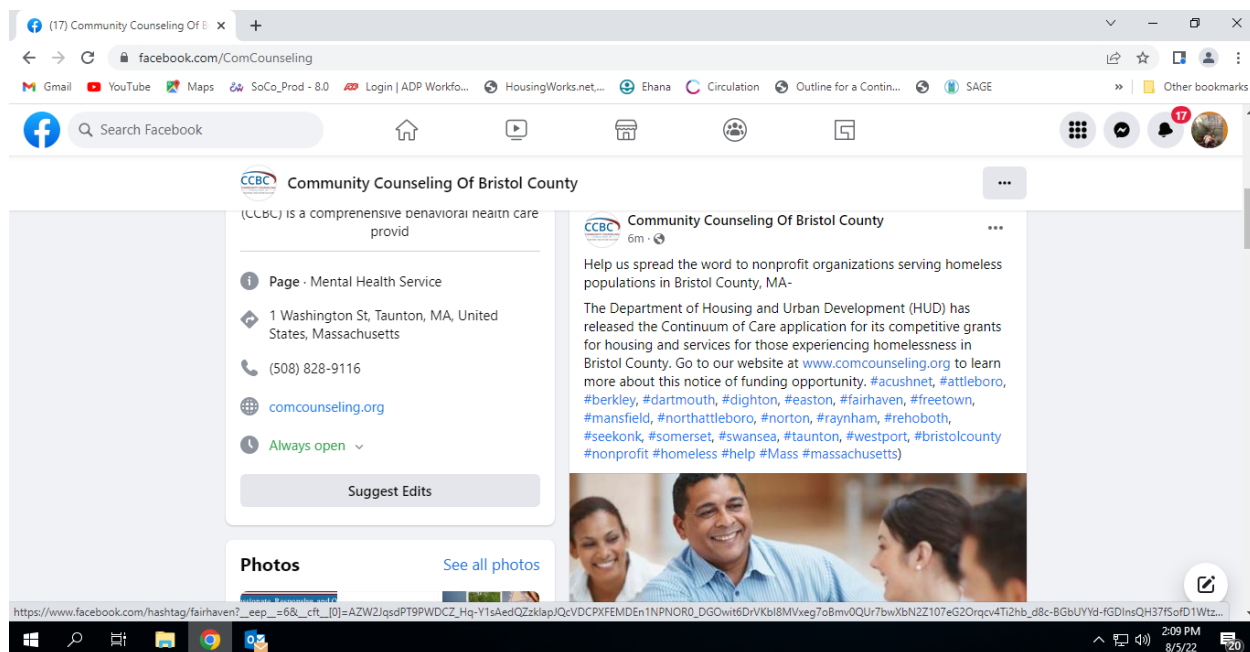
## Email sent to CoC listserve on August 5, 2022



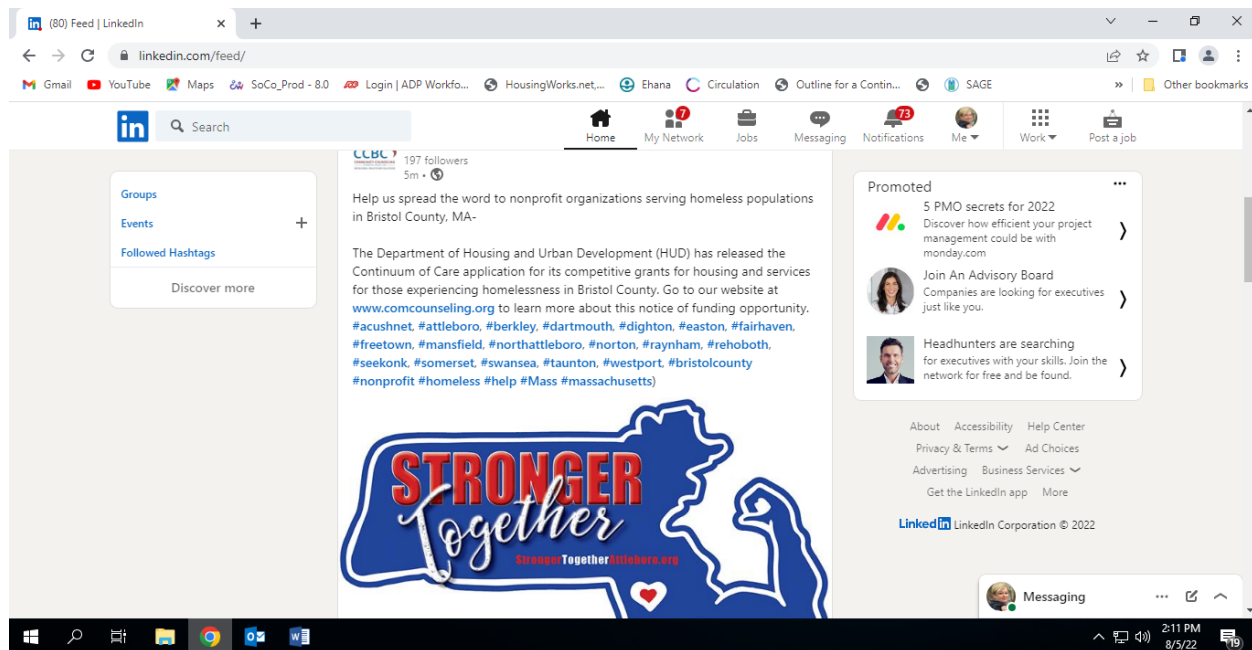
## Email sent to Community listserve on August 5, 2022



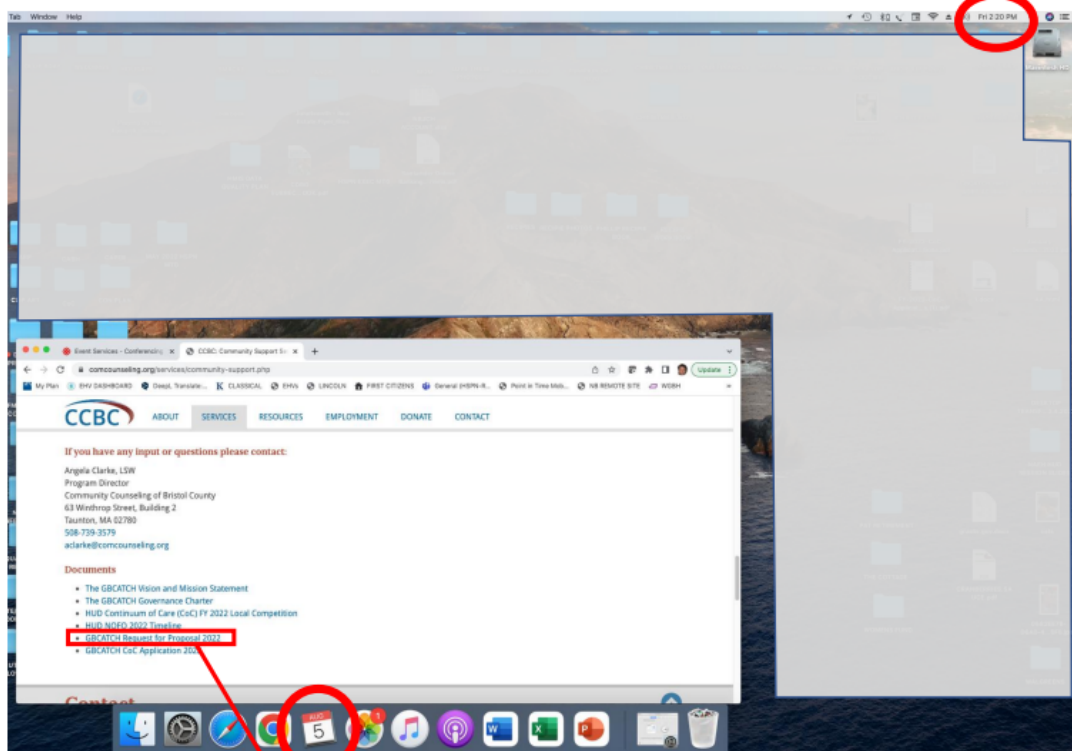
## Collaborative Applicant Facebook Post on August 5, 2022



## Collaborative Applicant Post on LinkedIn - August 5, 2022



## Public Posting GBCATCH CoC RFP on August 5, 2022



Location of 2022  
Request for Proposal



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MA-519

# Local Rating and Ranking Tool

1E-2

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## PERMANENT SUPPORTIVE HOUSING

### Ranking Score Tool

**Total Points  
Awarded:**

Project Name:

Grant ID #:

Scoring Element	Max Points	Scoring Threshold	Awarded Points
<b>1. Racial and Overrepresented Polulation Representation</b>			
How is the agency working to correct racial injustice in the community and within the programs funded by HUD?	20	Based on discussion with each program administrator	
<b>2. Racial and Overrepresented Population Representation</b>			
<p>Has the agency, specific to the proposed renewal project, intentionally and effectively instituted racial equity and/or equity initiatives including efforts to obtain input and include historically marginalized populations when identifying any barriers to participation faced by such persons.</p> <p>-----</p> <p><b>If YES:</b> Briefly describe what the agency has done, the breadth of its efforts and its relatedness to the proposed renewal project. Please discuss whether this is agency-wide, program-specific, related to staff and/or related to service delivery, barriers, etc.</p> <p><b>If NO:</b> Briefly discuss what issues have existed that have precluded the program from achieving these performance metrics and what steps are being taken to ensure the agency addresses and mitigates such issues going forward during the coming renewal year.</p>	10	Determination based on response from applying agencies	
<b>3. Housing First Approach</b>			
The extent to which the project follows a housing first approach where (1) Individuals are placed and stabilized in permanent housing without preconditions, and (2) Individuals never face requirements to participate in services as conditions to retain their housing.	10	2 Factors met = 10 pts 1 Factor met = 5 pts 0 Factors met = 0 pts	

<b>4. Grant Spending</b>			
The percentage of project funds spent during the last operating year	10	100% = 10 pts 97-99% = 5 pts 95-97% = 3 pts 94% or less = 0 pts	
<b>5. Partnerships with Housing, Healthcare, and Service Agencies</b>			
Has the program established partnerships with healthcare and service agencies to offer services to those in the program.  ----- <b>If YES:</b> what partnerships have been established creating what services?	10	Yes <i>(established and operating)</i> = 10 pts  Yes <i>(established but not currently operating)</i> = 5 pts  <i>In discussion but not currently operational</i> = 0 pts	
<b>6. Total Income</b>			
The percentage of adults that maintained or increased total income (earned income or other income) during the program year	10	75%-100% = 10 pts 74%-65% = 5 pts 64%-55% = 3 pts 54% or below = 0 pts	
<b>7. Utilization Rate</b>			
Average Bed utilization on all PIT dates during operating year	10	91%-100% = 10 pts 80%-90% = 5 pts 70%-79% = 3 pts 69% or below = 0 pts	
<b>8.. Permanent Housing Placements</b>			
The percentage of households who remained in or exited to Permanent Housing Destinations	10	97%-100% = 10 pts 94%-96% = 7 pts 90%-93% = 5 pts 89% or below = 0 pts	
<b>9. Timely submission of Annual Performance Report</b>			
Annual Performance Report submitted in SAGE on time. If the submission was rejected by HUD, report must be amended and resubmitted within 30 days	10	On time submission to HUD = 10pts HUD Rejected report: = 0 pts	
<b>TOTAL POINTS AWARDED:</b>			



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MA-519

# Scored Renewal Project Application

1E-2a

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## PERMANENT SUPPORTIVE HOUSING

### Ranking Score Tool

**Total Points**

**Awarded: 92**

Project Name:

Moving Forward II

Grant ID #:

Scoring Element	Max Points	Scoring Threshold	Awarded Points
<b>1. Racial and Overrepresented Polulation Representation</b>			
How is the agency working to correct racial injustice in the community and within the programs funded by HUD?	20	Based on discussion with each program administrator	15
<b>2. Racial and Overrepresented Population Representation</b>			
<p>Has the agency, specific to the proposed renewal project, intentionally and effectively instituted racial equity and/or equity initiatives including efforts to obtain input and include historically marginalized populations when identifying any barriers to participation faced by such persons.</p> <p>-----</p> <p><b>If YES:</b> Briefly describe what the agency has done, the breadth of its efforts and its relatedness to the proposed renewal project. Please discuss whether this is agency-wide, program-specific, related to staff and/or related to service delivery, barriers, etc.</p> <p><b>If NO:</b> Briefly discuss what issues have existed that have precluded the program from achieving these performance metrics and what steps are being taken to ensure the agency addresses and mitigates such issues going forward during the coming renewal year.</p>	10	Determination based on response from applying agencies	10
<b>3. Housing First Approach</b>			
The extent to which the project follows a housing first approach where (1) Individuals are placed and stabilized in permanent housing without preconditions, and (2) Individuals never face requirements to participate in services as conditions to retain their housing.	10	<p>2 Factors met = 10 pts</p> <p>1 Factor met = 5 pts</p> <p>0 Factors met = 0 pts</p>	10

4. Grant Spending			
The percentage of project funds spent during the last operating year	10	100% = 10 pts 97-99% = 5 pts 95-97% = 3 pts 94% or less = 0 pts	10
5. Partnerships with Housing, Healthcare, and Service Agencies			
Has the program established partnerships with healthcare and service agencies to offer services to those in the program.  ----- <b>If YES:</b> what partnerships have been established creating what services?	10	Yes <i>(established and operating)</i> = 10 pts  Yes <i>(established but not currently operating)</i> = 5 pts  <i>In discussion but not currently operational</i> = 0 pts	10
6. Total Income			
The percentage of adults that maintained or increased total income (earned income or other income) during the program year	10	75%-100% = 10 pts 74%-65% = 5 pts 64%-55% = 3 pts 54% or below = 0 pts	10
7. Utilization Rate			
Average Bed utilization on all PIT dates during operating year	10	91%-100% = 10 pts 80%-90% = 5 pts 70%-79% = 3 pts 69% or below = 0 pts	10
8.. Permanent Housing Placements			
The percentage of households who remained in or exited to Permanent Housing Destinations	10	97%-100% = 10 pts 94%-96% = 7 pts 90%-93% = 5 pts 89% or below = 0 pts	7
9. Timely submission of Annual Performance Report			
Annual Performance Report submitted in SAGE on time. If the submission was rejected by HUD, report must be amended and resubmitted within 30 days	10	On time submission to HUD = 10pts HUD Rejected report: = 0 pts	10
<b>TOTAL POINTS AWARDED:</b>			<b>92</b>



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MA-519

# Notification of Projects Rejected - Reduced

1E-5

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Note: The Previous Coordinated Entry program was reallocated to create a new program to align with the needs of the Continuum.

**From:** Olivia Behrens [<mailto:obehrens@eliotchs.org>]

**Sent:** Wednesday, September 14, 2022 5:35 PM

**To:** Philip Shea <[philip.shea@comcounseling.org](mailto:philip.shea@comcounseling.org)>; Ellen Bruder-Moore <[EBruder-Moore@comcounseling.org](mailto:EBruder-Moore@comcounseling.org)>

**Subject:** GBCATCH Rating and Ranking Formal Notification 2022

RE: APPLICATION FOR COC RENEWAL and NEW PROJECTS

HOMES WITH HEART

MOVING FORWARD II

EXPANDED THE CALL – CE

PLANNING GRANT

Dear Mr. Shea,

This email is formal notification that the Programs for which CCBC applied for renewal as well as new programs, were ranked, by the GBCATCH Rating and Ranking Committee, and presented at the GBCATCH meeting for vote on September 9, 2022.

The Ranking and Rating Committee created and implemented a ranking tool based on the priorities listed by HUD in the FY22 NOFO. The Committee and the Continuum, as a whole, have supported the decision to place Coordinated Entry as the number 1 ranked project annually to demonstrate to HUD the importance of these services. In order to make the funds more viable, the Committee chose to make the current Coordinated Entry program into a combined program, which will include all bonus funds. Additionally, the previous program designated for Coordinated Entry – The CALL – has been reallocated to the new Coordinated Entry program to allow for realignment with the priorities of the Continuum.

EXPANDED – The CALL – n/a (this project scored a total of 95 which was the highest score).

HOMES WITH HEART – **90** Placing this program fully in Tier I as number 2 in the priority listing with an estimated renewal of \$220,918.00

MOVING FORWARD II – **82** Placing this program fully in Tier I as program number 3 in the priority listing with an estimated renewal of \$441,981.00

Additionally a planning grant was submitted which will not be ranked with an estimated award of \$29,530.00, if fully funded. The CoC wants to thank Community Counseling of Bristol County for their dedication to end homelessness as we all work together until everyone has a home in our community.

Sincerely,

Olivia K. Behrens, MBA, LCSW

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**Olivia Behrens, MBA, LCSW**

**GBCATCH CHAIR**

**Southeast Team Lead/Clinician**

Homeless Services - DMH PATH

*Taunton, New Bedford, Fall River*

Business Cell: (617) 818-7886

Google Voice: (617) 819-4185

Business Fax: (857) 288-4567

Email: [obehrens@eliotchs.org](mailto:obehrens@eliotchs.org)



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MA-519

# Notification of Projects Accepted

1E-5a

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Note: The Chair of GBCATCH notified all CEO's of their project's acceptance, ranking and scoring on September 14, 2022 prior to the September 15, 2022 deadline, through email as evidenced by the email's time stamp.

Additionally the CoC voted on the ranking of projects on September 9, 2022 and posted throughout a variety of social media pages as well as the Collaborative Applicant website.



From: Olivia Behrens <[obehrens@eliotchs.org](mailto:obehrens@eliotchs.org)>  
Date: Wed, Sep 14, 2022 at 3:27 PM  
Subject: GBCATCH Rating and Ranking Formal Notification 2022  
To: Susan Mazzarella <[SMazzarella@cssdioc.org](mailto:SMazzarella@cssdioc.org)>  
Cc: Janet Richardi <[jrichardi@supportunitedway.org](mailto:jrichardi@supportunitedway.org)>

Dear Ms. Mazzarella,

This email is formal notification that the Steadfast Program project for renewal was ranked, by the GBCATCH Rating and Ranking Committee, and presented at the GBCATCH meeting for vote on September 9, 2022.

The Ranking and Rating Committee created and implemented a ranking tool based on the priorities listed by HUD in the FY22 NOFO. The Committee and the Continuum, as a whole, have supported the decision to place Coordinated Entry as the number 1 ranked project annually to demonstrate to HUD the importance of these services. In order to make the funds more viable, the Committee chose to make the current Coordinated Entry program into a combined program, which will include the bonus funds.

The remaining funding is then scored based on the following factors: Racial Diversity; Housing First Practices; Grant Spending; Partnerships with Housing, Healthcare and Service Agencies; Client income, Utilization Rate, Permanent Housing Placements; and Submission of Reports. HUD has chosen to ask CoC's to place 95% of ranked projects in Tier 1 and the remaining 5% in Tier 2. The overall score for the Steadfast program of 74 placed the program number 4 overall in the CoC's ranking vote. As a result, Catholic Social Services proposed renewal will be included in this year's application as a project that straddles Tier 1 and Tier 2 with a projected amount of \$134,492.00 in Tier 1 and \$95,215.00 going into Tier 2. Given the critical need to keep people housed, the CoC is hoping that HUD will fund both tier 1 and Tier 2 based on the submission of a strong CoC application. Attached, you will find the Rating and Ranking numbers that will be posted and submitted with the NOFO.

The CoC wants to thank Catholic Social Services for your continued dedication to end homelessness as we all work together until everyone has a home in our community.

Sincerely,  
Olivia K. Behrens, MBA, LCSW

--

**Olivia Behrens, MBA, LCSW**  
**GBCATCH Chair**  
**Southeast Team Lead/Shelter Clinician**  
Homeless Services - DMH PATH  
*Taunton, New Bedford, Fall River*  
Business Cell: (617) 818-7886  
Google Voice: (617) 819-4185  
Business Fax: [\(857\) 288-4567](tel:8572884567)  
Email: [obehrens@eliotchs.org](mailto:obehrens@eliotchs.org)

**From:** Olivia Behrens [<mailto:obehrens@eliotchs.org>]

**Sent:** Wednesday, September 14, 2022 5:35 PM

**To:** Philip Shea <[philip.shea@comcounseling.org](mailto:philip.shea@comcounseling.org)>; Ellen Bruder-Moore <[EBrunder-Moore@comcounseling.org](mailto:EBrunder-Moore@comcounseling.org)>

**Subject:** GBCATCH Rating and Ranking Formal Notification 2022

RE: APPLICATION FOR COC RENEWAL and NEW PROJECTS  
HOMES WITH HEART  
MOVING FORWARD II  
EXPANDED THE CALL – CE  
PLANNING GRANT

Dear Mr. Shea,

This email is formal notification that the Programs for which CCBC applied for renewal as well as new programs, were ranked, by the GBCATCH Rating and Ranking Committee, and presented at the GBCATCH meeting for vote on September 9, 2022.

The Ranking and Rating Committee created and implemented a ranking tool based on the priorities listed by HUD in the FY22 NOFO. The Committee and the Continuum, as a whole, have supported the decision to place Coordinated Entry as the number 1 ranked project annually to demonstrate to HUD the importance of these services. In order to make the funds more viable, the Committee chose to make the current Coordinated Entry program into a combined program, which will include all bonus funds. Additionally, the previous program designated for Coordinated Entry – The CALL – has been reallocated to the new Coordinated Entry program to allow for realignment with the priorities of the Continuum.

EXPANDED – The CALL – n/a (this project scored a total of 95 which was the highest score).

HOMES WITH HEART – **90** Placing this program fully in Tier I as number 2 in the priority listing with an estimated renewal of \$220,918.00

MOVING FORWARD II – **82** Placing this program fully in Tier I as program number 3 in the priority listing with an estimated renewal of \$441,981.00

Additionally a planning grant was submitted which will not be ranked with an estimated award of \$29,530.00, if fully funded. The CoC wants to thank Community Counseling of Bristol County for their dedication to end homelessness as we all work together until everyone has a home in our community.

Sincerely,

Olivia K. Behrens, MBA, LCSW

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**Olivia Behrens, MBA, LCSW**

**GBCATCH CHAIR**

**Southeast Team Lead/Clinician**

Homeless Services - DMH PATH

*Taunton, New Bedford, Fall River*

Business Cell: (617) 818-7886

Google Voice: (617) 819-4185

Business Fax: [\(857\) 288-4567](tel:8572884567)

Email: [obehrens@eliotchs.org](mailto:obehrens@eliotchs.org)



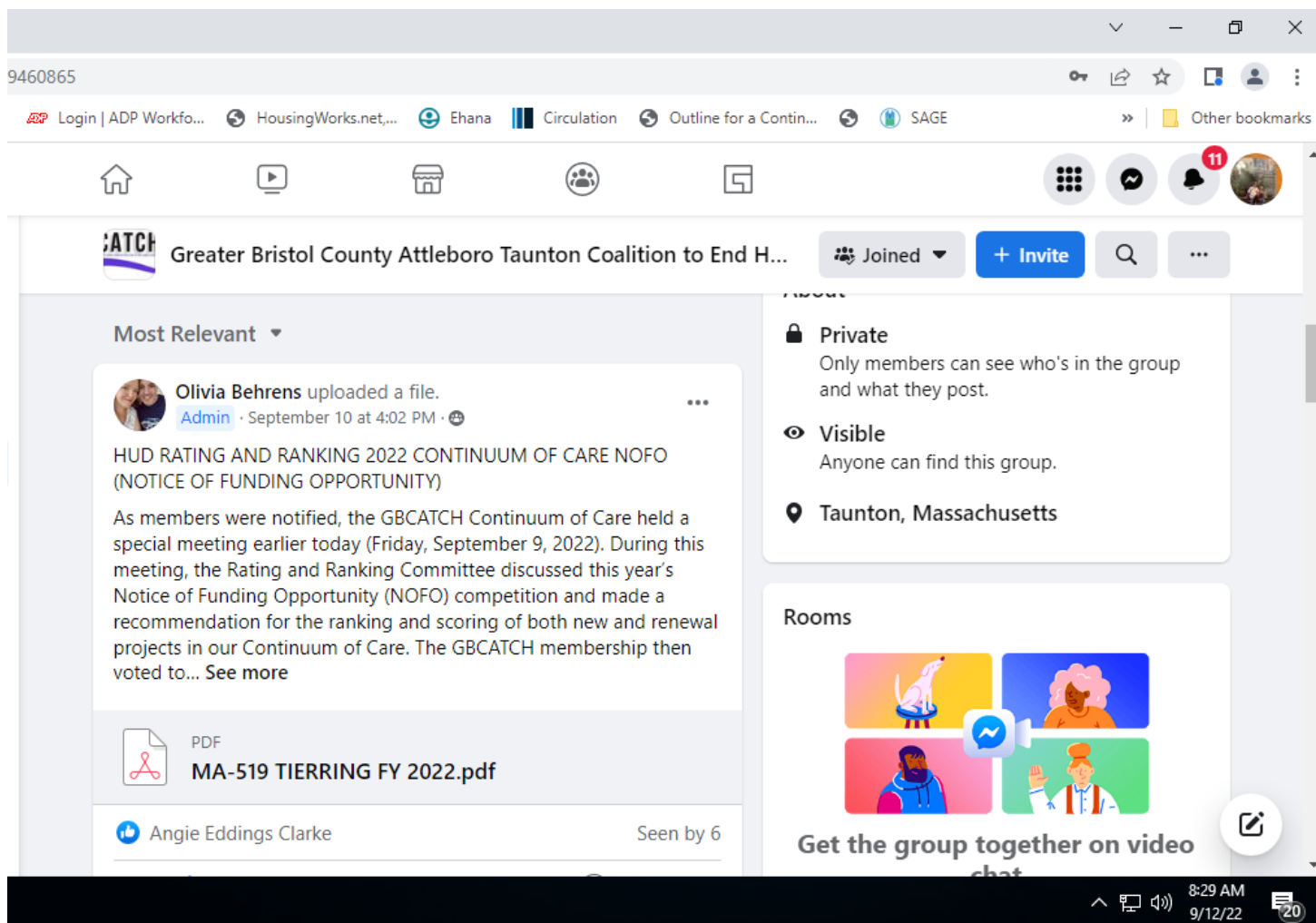
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MA-519

# Final Project Scores for all Projects

1E-5b

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**Evidence of Facebook Posting  
of Final Project Scores**

File

Message

Help

Tell me what you want to do

GBGCATCH CoC Ranking and Rating 2022 NOFO - Message (HTML)

AC

Angela Clarke

Fri 9/9/22 4:40 PM

GBGCATCH CoC Ranking and Rating 2022 NOFO

To

Angela Clarke

Bcc

A Haggerty; Alex D'Agostino; Alysha Ferreira; Amanda Blount; Armin R Azar; Ashleigh Whigham; Attleboro City Planner; Attleboro VSO; Barry Sanders; Barry Sanders - Taunton Town council president; Benjamin Darby; Bonnie Paiva; Brian Conesco; Brian Montalvo; Brittney Faria; Cherie New Hope; Chrissy TAunton Family center; Christi Staples; City of Attleboro Social Worker; COA Attleboro; comdevdir@cityofattleboro.us; Cynthia Langdon; D Fleming; Attleboro PD (dfleming@attleboropd.org); Dale Sylvaria (DMH); Daniel Fisher (DMH); Dave Arruda; Deborah Kaluzny; Debra Attleboro Housing; Denise Fortin; Dennis Wong; Deolinda Silva; Diana Reeves; Donna Rook; Dylan Bradley; eborges@comcast.net; Ed Markey; Edna Pina; Ellen Bruder-Moore; Elsangela Anes - Tufts; Emond Taunton Housing; Fire Attleboro; Gail Mocklin; Glen Whitaker; Happiness Unaka; Heather Beyer; healthnurse@cityofattleboro.us; Heather Beyer;

PDF

MA-519 TIERRING FY 2022.pdf

145 KB

GBGCATCH

BRISTOL COUNTY COMMUNITY COUNSELING OF BRISTOL COUNTY

HUD RATING AND RANKING 2022 CONTINUUM OF CARE NOFO (NOTICE OF FUNDING OPPORTUNITY)

As you were notified, the GBGCATCH Continuum of Care held at a special meeting earlier today (Friday, September 9, 2022). During this meeting, the Rating and Ranking Committee discussed this year's Notice of Funding Opportunity (NOFO) competition and made a recommendation for the ranking and scoring of both new and renewal projects in our Continuum of Care. The GBGCATCH membership then voted to ratify the ranking as presented by the committee. The Coordinated Entry project currently in existence (The CALL) is being reallocated to a new Coordinated entry project, the CALL Expansion, Taunton/Attleboro Greater Bristol County. All projects were ranked in Tier 1 with the 4<sup>th</sup> project straddling Tier 1 and Tier 2. A copy of the final ranking sheet is attached to this email.

A copy can also be located on the Collaborative Applicant website at: [COMMUNITY COUNSELING OF BRISTOL COUNTY \(CCBC\)](#)

Stay tuned for an announcement including a draft of the Collaborative Application for public review.

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8:30 AM 9/12/22

Evidence of CoC  
Notification of Final  
Project Scores