Before Starting the CoC Application

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

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

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

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

 Your CoC Must Approve the Consolidated Application before You Submit It
 - 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2021 CoC Program Competition on behalf of your CoC.
 - 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.
 Answering Multi-Part Narrative Questions
 Many questions require you to address multiple elements in a single text box. Number your responses to correspond with multi-element questions using the same numbers in the question. This will help you organize your responses to ensure they are complete and help us to review and score your responses.

 Attachments
 Questions requiring attachments to receive points state, "You Must Upload an Attachment to the 4B. Attachments Screen." Only upload documents responsive to the questions posed–including other material slows down the review process, which ultimately slows down the funding process. Include a cover page with the attachment name.
 - Attachments must match the questions they are associated with–if we do not award points for evidence you upload and associate with the wrong question, this is not a valid reason for you to appeal HUD's funding determination.
 - We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).

1A. Continuum of Care (CoC) Identification

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

1A-1. CoC Name and Number: MD-601 - Montgomery County CoC

1A-2. Collaborative Applicant Name: Montgomery County Maryland

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Montgomery County Maryland

1B. Coordination and Engagement–Inclusive Structure and Participation

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

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

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

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

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

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

(limit 2,000 characters)

1.The CoC has an open invitation process and new members can join at any time. To join, interested persons/groups complete an application and submit it to the CoC Coordinator. Information on how to apply for membership is posted on the CoC website. Once a year, a formal solicitation occurs for new members. There is no membership fee to join the CoC.

2.The CoC, through the Department of Health and Human Services makes all documentation on the website and other materials accessible to those with visual or hearing impairments. Sign language interpretation, and other accommodations are available upon request. Meetings are held in ADA compliant facilities.

3.Special outreach is conducted to assure participation of those with lived experience of homelessness serve on the various committees of the ICH and as a standing member of the governing board. Focus groups were conducted for people with lived experience to inform CoC policies and practices. A "People's Committee" has been formed to include members with lived experience of homelessness. This committee reports directly to the ICH and plays an active role is informing policy and funding priorities. The ICH has also partnered with a

PLE group that self-organized around decriminalizing homelessness.
4.The CoC has engaged organizations serving culturally specific communities experiencing and at risk of homelessness in the County. The CoC has invited all the minority health initiative agencies to both inform policy and programming for homeless diversion/ eviction prevention and attend training on best practices in homeless services. The minority health initiatives led by people of color are tasked with reducing health disparities for minority populations. The Reducing Racial Disparities work group of the ICH is chaired by a Black led organization providing homeless services actively recruits groups led by and serving culturally specific communities.

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

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

(limit 2,000 characters)

1.The CoC is open to all organizations & persons that have knowledge of and/or an interest in preventing & ending homelessness and solicits input from members/stakeholders. The primary way to solicit feedback is through the Interagency Commission on Homelessness (ICH) & the eight standing committees. All ICH & committee meetings are open to the public and include membership from a diverse group of stakeholders. ICH members participate in other community forums including Citizen Advisory Boards, business groups, & other commissions within the county.
2.The CoC provides multiple forums to communicate information and solicit input from the public. Individuals can join committees or issue specific workgroups. Community-wide meetings, held bi-annually, are open to the public, provide a forum for sharing information, & solicit feedback. A public comment period at the beginning of each ICH meeting provides further opportunity for input. On average, ICH meetings are attended by 75-100 public members. The CoC also uses online surveys to solicit feedback to ensure input from CoC members who are unable to attend in-person meetings. Input from these avenues is used to inform the work of committees and workgroups. Meeting notification is made via email to the CoC membership, announced at CoC meetings and posted on the CoC website. All member organizations are encouraged to share posts with staff/clients.
3.Information gathered at public meetings is used by the ICH/CoC to inform the CoC's approach. Recently the CoC revised the Strategic Plan to End Homelessness. The CoC engaged in a participatory, community-wide planning process to develop a shared vision & set of common goals and strategies to make strides towards ending homelessness in MD-601. For example, the CoC joined government officials including police & the justice system, people with lived experience, businesses and public members to make recommendations to the County Executive & Council on decriminalizing homelessness.

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

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

(limit 2,000 characters)

1.The CoC posts on the website and emails out to the community-wide list that applications are now being accepted.

2.An information session was held on September 9 to review funding priorities, requirements, scoring criteria, priority populations and timelines. This session was open to the public and clearly indicated that project applications would be accepted from any eligible entity, even those who had not previously received CoC funds. Participation was available via webinar. An audio and visual recording was posted on the CoC website on Sept. 10 and emailed out community wide. All new project applications, regardless of previous funding history, submitted in accordance with competition deadlines by an eligible entity for an eligible project were included in the competition. Interested entities were required to submit a letter of intent to apply for new/bonus funding by Sept. 16 with proposals due no later than 5pm on Oct. 11. Application materials including the scoring tool was posted on the CoC website. A complete application included: a pdf version of the HUD application, a Housing First Addendum developed by the CoC, a COVID Response Addendum developed by the CoC, renewal project Policy and Procedures and full project budget. All information regarding project application requirements, application materials, scoring criteria and timelines was posted on the CoC website. TA was offered to any entity to ensure accessibility.

3.The Allocation Committee used a standard scoring tool to review & rank projects based on HUD threshold requirements, priorities of the CoC, organizational capacity, quality of project description, use of Housing First model, and cost effectiveness.

4.The CoC, through the Department of Health and Human Services makes all documentation on the website and other materials accessible to those with visual or hearing impairments. Sign language interpretation is available upon request. Meetings are held in ADA compliant facilities.

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

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

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

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

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

18.	

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

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

(limit 2,000 characters)

1.Montgomery County (MC) government is the sole recipient of ESG funds in the MD-601 geographic area. As both the CoC Collaborative Applicant & the administering entity for ESG funds, the MC Dept. of Health & Human Services (DHHS) assures CoC input in the planning & allocation of funds. The CoC Governing Board, of which MC is a member, identifies needs based on a review of the CoC's strategic plan and a gaps analysis developed by the CoC that incorporated Point-in-Time, Housing Inventory Chart, and other local data. The CoC then recommends how to best use local ESG funds. The same process was followed to allocate the ESG-CV funds. DHHS in partnership with the ICH and full CoC, determined the majority of ESG-CV funds would be used to increase Rapid Rehousing to mitigate the impact of increasing number of people seeking emergency shelter. In addition, DHHS is also a member of the Maryland Interagency Council on Homelessness (MD ICH). The MD ICH identifies gaps and needs for the State of Maryland & provides input as to how Maryland ESG funds should be allocated.

2.The CoC Outcomes and Improvement committee develops performance outcomes for the CoC and reviews performance for all providers in the CoC geographic area, including ESG funded providers. The committee reviews HMIS data to assess performance regularly and reports out on findings.

3.DHHS provides PIT and HIC data to all jurisdictions within the region to inform the Consolidated Plan. In addition to PIT and HIC, DHHS provides data on overall system performance measures and related project outcomes.

4.DHHS collaborates with the Montgomery County Dept. of Housing & Community Affairs (DHCA), who develops the local Consolidated Plan. DHHS provides PIT, HIC data, & CAPER report which identifies needs in the homeless system, & helps draft the plan. DHHS also provides PIT & HIC data to the Maryland ICH which is used to determine need and inform the State's consolidated plan.

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

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

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

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

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

(limit 2,000 characters)

1 &5.MD-601 CoC policy requires all homeless service providers ensure that children are enrolled in school/connected to early childhood education. At program admission, educational needs are assessed by homeless providers & information is obtained from the home school. A brochure developed by Montgomery County Public Schools (MCPS) is provided to all households & unaccompanied youth explaining their rights. If not currently enrolled, CoC provider staff will assist parents, or unaccompanied youth to enroll all children/youth in educational setting, including coordinating transportation. All programs/collaborations outlined below have a whole family approach to Social Determinants of Health including connecting with resources for food insecurity, mental health, & housing security. A representative of MCPS sits on the ICH.
2.DHHS trains MCPS staff about CoC resources & how to refer families for shelter/assistance. MCPS Liaison educates all homeless providers on eligibility of youth & families for educational services. DHHS monitors homeless programs to assure that procedures are followed & reviews case records to ensure educational needs are met. The MD Department of Education includes CoC lead participation at annual meetings with McKinney-Vento LEAs.
3. DHHS has a data sharing agreement with MCPS and Implementation MOUs for the Linkages to Learning program which serves households in 29 schools in high need areas. We collaborate with MSDE, the SEA, through the State Child Care Subsidy program.
4 & 5. We have formal partnerships with MCPS, the LEA, for Linkages to Learning Program, Positive Youth Development programs, High School Wellness Centers, Cluster Support Teams, & Child Welfare System. We also have partnerships to provide mental health services. We collaborate with the

SEA and the LEA to provides supports and services for families and their children, 0-3 who have special needs.

6. MD-601 has formal MOU/MOAs with Head Start and public pre-K and also has formal agreements with Early Head Start.

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

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

(limit 2,000 characters)

MD-601 CoC policy requires all homeless service providers, including those that are ESG and CoC funded, to ensure that children are enrolled in school and/or are connected to early childhood education. At program admission, the educational needs of children and youth are assessed by homeless providers and information is obtained from the home school. A brochure developed by Montgomery County Public Schools (MCPS) is provided to all homeless households and unaccompanied youth explaining their rights. If not currently enrolled, CoC provider staff will assist parents to enroll their children/youth in school or early childhood education. Unaccompanied youth are also assisted to enroll in school or other educational programming. Staff work with the MCPS Homeless Liaison to coordinate transportation to school so children/youth can continue without interruption. To assure that all providers and school personnel are familiar with these procedures, Montgomery County Department of Health and Human Services
(MCDHHS,) the Collaborative Applicant, trains MCPS staff about CoC resources & how to refer families for shelter/assistance. The MCPS Liaison educates all homeless providers about the eligibility of youth & families for educational services. MCDHHS monitors homeless programs to assure that procedures are followed & reviews case records to ensure educational needs of children/youth are met.

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

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

		MOU/MOA	Other Formal Agreement
1.	Birth to 3 years	No	Yes
2.	Child Care and Development Fund	No	No
3.	Early Childhood Providers	No	No
4.	Early Head Start	No	Yes
5.	Federal Home Visiting Program–(including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	No	No

6.	Head Start	Yes	No
7.	Healthy Start	No	No
8.	Public Pre-K	Yes	No
9.	Tribal Home Visiting Program	No	No
	Other (limit 150 characters)		
10.			

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

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

(limit 2,000 characters)

1.All CoC housing and service providers are required to provide annual training to their staff on trauma-informed and victim-centered. Training includes ensuring each agency has safety and planning protocols. Documentation of staff training is part of the annual contract monitoring report conducted by the Department of Health and Human Services (DHHS). Additional training is made available through DHHS learning collaborative for staff and contractors.
2.In addition, CoC Coordinated Entry staff are trained annually on the CoC emergency transfer plan, best practices in serving survivors, and ensuring safety for all CoC clients. On September 21, 2021 the Department of Health and Human Services held a community-wide training on trauma-informed, victim-centered care, and Coordinated Entry for survivors of domestic violence. The trainers included Colleen Bokman, LCSW-C – Montgomery County Trauma Services Supervisory Therapist and Jill Larson Manager of the Betty Ann Kranke domestic violence shelter. Members of the CoC and Coordinated Entry staff were in attendance.   This training addressed best practices for serving people who have experienced trauma including survivors of domestic violence, dating violence, sexual assault, and stalking. This training will be provided annually.

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

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

(limit 2,000 characters)

The CoC uses data provided by the Montgomery County Victim Advisory Commission and from the Betty Ann Kranke Center (BAK), the County's

domestic violence shelter, to assess community needs related to domestic violence, dating violence and stalking. This includes de-identified aggregate data on the total number of households served in domestic violence shelter, average length of stay in shelter and exit destination. For FY21, 114 households including 260 individuals were served by the domestic violence shelter. Households averaged 26 days in shelter with 40% exiting with 60 days of admission. Of those exiting, 29% exited to a permanent housing destination, 39% exited to family/friends, and 3% returned to their abuser.

This data has demonstrated a need for additional support services after the households are discharged from BAK. We are partnering with the DV advocate organizations and service providers to obtain additional data on the rates of recidivism and the acuity of households to better inform service delivery and housing needs.

To better assess the special needs of persons experiencing domestic violence the CoC, in partnership with BAK, utilize a protected database to collect personal identifiable information (PII) including name, age, gender, race and ethnicity as well as any other information that could disclose a person's location. All DV households are included on the Coordinated Entry System (CES) list to ensure access to all CoC Programs including Federal and State ESG programs. All PII data is kept confidential and is not entered in the CoC HMIS system in compliance with VAWA. Using unique client identification numbers for persons served at BAK, data on project start date and end date is entered into HMIS in an isolated data structure that is not accessible to other CoC projects. This enables the CoC to include this client data in CoC-wide summary reports and allows for full inclusion of domestic violence project participants in CES.

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

	Describe in the field below how your CoC's coordinated entry system protocols incorporate trauma-informed, victim-centered approaches while maximizing client choice for housing and services that:
1.	prioritize safety;
2.	use emergency transfer plan; and
3.	ensure confidentiality.

(limit 2,000 characters)

1.The CoC embraces a victim-centered, trauma-informed, housing focused approach in all programs, services and policies. Safety is prioritized over all other vulnerabilities.
2.To address the safety needs of victims of domestic violence, dating violence, sexual assault and stalking, the CoC has developed an emergency transfer plan that allows tenants to request an emergency transfer from the tenant's current unit to another unit. The ability to request a transfer is available regardless of sex, gender identity, or sexual orientation. Transfers are considered for victims of domestic violence where there is imminent threat of further harm should the tenant remain in their current housing and for tenants who have experienced sexual assault where the assault occurred in their dwelling unit within the previous 90 days of the request. The CoC works to honor transfer requests for tenants currently receiving assistance; however, availability may depend upon a

preliminary determination that the tenant is or has been a victim of domestic violence, dating violence, sexual assault, or stalking, and on whether the CoC has another dwelling unit that is available and safe to offer the tenant for temporary or permanent occupancy.

Whenever possible, an emergency transfer will occur within the tenant's current CoC program. If this is not possible, the program can present the emergency transfer request to the Coordinated Entry staff to transfer the tenant to another program. Tenants are offered choice in location and program to the extent possible based on their service needs as well as availability.

3.All emergency transfer requests are kept confidential and only shared on a need-to-know basis. The CoC recognizes that sharing victim information is a safety risk and should be avoided. All victim information is shared in a separate and secure database.

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

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

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

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

Public Housing Agency Name	**Enter the Percent of New Admissions into Public Housing and Housing Choice Voucher Program During FY 2020 who were experiencing homelessness at entry**	**Does the PHA have a General or Limited Homeless Preference?**	**Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?**
Housing Opportunities Commission	12%	Yes-HCV	Yes
Rockville Housing Enterprises	28%	No	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 2,000 characters)

1.Montgomery County as the Collaborative Applicant has met with Rockville Housing Enterprises (RHE) to discuss the possibility of creating a homeless admission preference and to invite RHE to become more engaged in CoC activities. RHE is not able to implement a preference at this time but continues to be willing to collaborate with the CoC to serve eligible homeless residents. RHE has limited housing vouchers and want to ensure they are able to serve the residents that lost permanent housing in their specific geographical area. The RHE and the City of Rockville is supportive to the CoC and is open to exploring a preference option in the future. As first steps, RHE will work to improve data collection on housing status of applicants and the CoC will utilize HMIS to assist in collecting this data from homeless participants. Additionally, the City of Rockville has a representative that serves on the Interagency Commission on Homelessness (ICH), the governing body of the CoC and may have some influence over RHE.

Montgomery County continuously works with the Housing Opportunities Commission (HOC), the primary PHA to expand the homeless preference in the County. Currently HOC has a limited local preference for ten Housing Choice Vouchers as part of the Move-Up Initiative. HOC serves as a Commissioner on the ICH and regularly participates in the CoC. HOC also operates two PSH projects and has collaborated in writing and obtaining HUD Family Unification and the Non-Elderly Disabled (NED) Programs that do include homeless prioritization. Steps included developing questions to identify at risk, homeless, disabled persons when submitting their application to the PHA waitlist. The PHA pulls names from the database and informs the CoC lead. The CoC utilizes HMIS to locate the homeless participant and assist with PHA application process. In the most recent application for additional NED vouchers, HOC agreed to accept referrals for the Coordinated Entry System.
2.N/A

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

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

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

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

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

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

	If you selected yes in question 1C-7c., describe in the field below:	
1.	how your CoC includes the units in its Coordinated Entry process; and	
2.	whether your CoC's practices are formalized in written agreements with the PHA, e.g., MOUs.	

(limit 2,000 characters)

1.The CoC includes several permanent supportive housing programs that include project-based vouchers funded through the local PHA. All permanent supportive housing vacancies are filled through the local Coordinated Entry System. Recently the PHA has received new mainstream vouchers for people experiencing homelessness. The CoC partnered with the HOC, the local PHA, to fill vacancies in this program. The CoC provided a list of active households currently on the Coordinated Entry System by-name list to HOC. HOC then cross referenced this list with households on their waitlist to fill the mainstream vouchers.

2.The CoC practices are formalized in an agreement with HOC although not a formal MOU.

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

Did your CoC coordinate with a PHA(s) to submit a joint application(s) for funding of projects serving families experiencing homelessness (e.g., applications for mainstream vouchers, Family Unification Program (FUP), other non-federal programs)?	Yes

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

	If you selected yes to question 1C-7d, describe in the field below:	
1.	the type of joint project applied for;	
2.	whether the application was approved; and	
3.	how your CoC and families experiencing homelessness benefited from the coordination.	

(limit 2,000 characters)

1.The CoC partnered with both HOC and RHE, the two largest PHAs in the region to apply for the Family Unification Program (FUP). In addition, the CoC

partnered with HOC to apply for the 2018 and 2019 Mainstream Vouchers to serve households experiencing homelessness. Finally, HOC and the CoC jointly applied for the Emergency Housing Voucher program.

2.HOC's FUP application was approved adding 17 vouchers effective January 2019. RHE's FUP application was approved adding 18 vouchers. HOC was also approved for additional 99 mainstream vouchers. HOC was also awarded 118 EHV units.

3.Montgomery County has a severe lack of affordable housing so adding new vouchers benefits households experiencing homelessness in the CoC by providing access to permanent, affordable housing. The CoC benefited from the FUP vouchers as it created a program specifically targeted to youth aging out of foster care and families seeking to reunify with their children. The FUP with RHE enabled youth to be successfully diverted from entering homelessness. The most significant benefit of the coordination with HOC was the award of 118 EHV units. The new vouchers allowed the CoC to increase the number of households served by the Maryland 1115 Medicaid Waiver pilot that funds housing support but not rental costs. The EHV also provided a much-needed resource to allow households to graduate from permanent supportive housing and creating more vacancies for homeless households with the greatest needs.

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

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

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

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

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

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

Name of PHA: Housing Opportunities Commission

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

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

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

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

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

1.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2021 CoC Program Competition.	14
2.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2021 CoC Program Competition that have adopted the Housing First approach.	14
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-Coordinated Entry projects the CoC has ranked in its CoC Priority Listing in the FY 2021 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

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

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

(limit 2,000 characters)

The CoC has a strong commitment to Housing First principles and requires all projects funded by CoC or local dollars to demonstrate Housing First fidelity. As part of the local CoC competition all renewal and new projects must submit a Housing First Addendum that asks for a description of how the project prioritizes

rapid placement and stabilization in permanent housing and does not require service participation or preconditions. Projects must provide program policies on intake, service coordination and termination. Projects are evaluated on ensuring low barrier access and how well they screen in versus screen out referrals.

Fidelity to Housing First is also part of the contract monitoring process for all CoC and locally funded projects. Contract monitors receive extensive training on Housing First equipping them to properly evaluate adherence to the model. Contracts are monitored twice a year and include a review of all program policies and protocols as well as interviews with staff and program participants. The Coordinated Entry System (CES) leadership tracks how often and for what reason provider deny referrals from CES. If a project is not adhering to Housing First principles, they are placed on a corrective action plan and are at risk of losing funding.

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

Does your CoC have sufficient resources to ensure each Veteran experiencing homelessness is assisted to quickly move into permanent housing using a Housing First approach?	Yes

1C-10.	Street Outreach–Scope.	
	NOFO Section VII.B.1.j.	

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

(limit 2,000 characters)

1.Providers have been trained in Motivational Interviewing and Assertive Engagement. The CoC's Outreach Coordinator oversees the overall outreach strategy. This includes overseeing semi-annual "blitz" counts to identify trends and emerging hot spots. This person also acts as a liaison between the outreach providers and the business community. Clients are assigned to street outreach through the Coordinated Entry System, targeting those most resistant to services. Outreach teams have bilingual staff and access to a language line for those with Limited English Proficiency.
2.The CoC has four primary homeless street outreach providers that serve 100% of the CoC geographic area. In the few years, an additional team was added to serve the urban areas of the county as businesses and community members reported an increase in unsheltered homelessness in city centers. While not funded through the CoC, other outreach teams serving gang involved youth and other disconnected youth work in coordination with the homeless street outreach teams.
3. Outreach is provided daily with all teams required to provide services during early morning, late evening, and on the weekends as well as during normal

business hours.

4. Outreach is assertive and persistent. Services are provided on the streets and in locations where people experiencing homelessness frequent. Another part of the strategy involves partnering with library staff, police officers, meal programs, and businesses to identify individuals that are the most resistant to services. The CoC also operates a Homeless Outreach Hotline for community members to call and report locations of encampments and people sleeping outside, improving our knowledge of the unsheltered population. Finally, the street outreach teams partner with Health Care for the Homeless to provide medical and psychiatric services to people on the streets.

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

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

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

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

		2020	2021
Enter the total number of RRH beds available to serve all populations as reported in the HIC–only enter bed data for projects that have an inventory type of "Current."		371	434

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

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

	Type of Health Care	Assist with Enrollment?	Assist with Utilization of Benefits?
1.	Public Health Care Benefits (State or Federal benefits, Medicaid, Indian Health Services)	Yes	Yes
2.	Private Insurers	Yes	Yes

3.	Nonprofit, Philanthropic	Yes	Yes
4.	Other (limit 150 characters)		

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

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

(limit 2,000 characters)

1.The CoC systematically keeps program staff up to date on available resources through maintaining relationships with mainstream providers and colleagues in the Montgomery County Department of Health and Human Services (MC DHHS). Several members of the ICH Systems Coordination Committee are leaders of agencies/programs providing mainstream benefits. One the goals of this committee is to co-locate services allowing easy access to apply for benefits onsite at shelters and day programs.
2.The CoC shares information on the availability of mainstream resources via email, monthly CES meetings, and community-wide meetings. CoC Adult & Family Provider teams, which meet bi-monthly, provide a forum to train providers & share information about mainstream resources. SOAR training is also provided four times per year through the CoC Local Behavioral Health Authority.
3.The CoC coordinates with mainstream programs to enroll persons in health insurance and other benefits. Kelly Collaborative provides health insurance enrollment assistance & health services on-site at shelters for 300 homeless adults per year. DHHS assists persons to enroll in Medicaid, TANF, SNAP, Temporary Disability Assistance, SSI and other benefits at its annual Homeless Resource Day. Health Care for the Homeless partners with area hospitals to assure persons are enrolled in health insurance coverage prior to discharge and provides assistance post-discharge to medically vulnerable persons that need continued assistance with insurance eligibility.
4. During Homeless Resource Day, Social Security Administration provides annual training to CoC providers and informs CoC of public training in the community. Information about new/updated resources is sent to all CoC providers via email alerts. The CoC collaborates with community partners to ensure effective utilization of Medicaid and other available benefits during intensive team case reviews, communication with contract monitors, and Continuous Learning Courses available through DHHS.

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

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

(limit 2,000 characters)

1.The CoC has parallel Coordinated Entry Systems (CES) for single adults and families. Both cover the entire geographic region and can be accessed 24-7. The CES for single adults offers multiple access points throughout the CoC including emergency shelter, on the streets, transitional housing, meal programs, hospitals, behavioral health providers and treatment facilities, jails, and DV providers. The CES for families is more centralized with access points at the Department of Health & Human Services (DHHS) three regional service centers and the County's 24-7 Crisis Center. DHHS offices are located throughout the county and are convenient to all families experiencing homelessness.

2.If a household identified by the community is unable to access the CES office locations, trained CES staff can conduct assessments in the community. Through outreach and multiple access points, the CES reaches people least likely to apply for assistance. Street outreach and meal programs reach individuals that are disengaged from services by offering low barrier access to assessment and assistance. The family CES offices are co-located with DHHS mainstream benefit programs (TANF, SNAP, etc.) and all mainstream benefit workers conduct a "screening for other needs" to identify households experiencing homelessness who may not be requesting access to shelter services.

3.Both the single adult and family CES use the VI-SPDAT/Family VI-SPDAT as well as the Montgomery County Acuity Scale to prioritize households for services and housing. For all populations, the CoC prioritizes those with the greatest vulnerability including Veterans, unsheltered, and those most disengaged from services. The CES team meets weekly for families and bi-weekly for single adults to ensure assistance in provided in a timely manner.

4.All CES meetings occur bimonthly to fill any vacancies. Projects are expected to accept the referral with 5 days and secure housing within 30 days of program acceptance.

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

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

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

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

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

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

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

1.	**The CoC's board and decisionmaking bodies are representative of the population served in the CoC.**	Yes
2.	**The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.**	Yes
3.	**The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.**	Yes
4.	**The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups.**	Yes
5.	**The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.**	Yes
6.	**The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.**	Yes
7.	**The CoC has staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness.**	Yes
8.	**The CoC is educating organizations, stakeholders, boards of directors for local and national nonprofit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.**	Yes
9.	**The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.**	Yes
10.	**The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.**	Yes
11.	**The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.**	Yes
	Other:(limit 500 characters)	
12.		

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

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

(limit 2,000 characters)

The CoC has engaged in the following activities to advance racial equity in homelessness:

a. Partnered in the development of legislation to limit a landlord's ability to deny applicants based on their criminal record. The Housing Justice Bill recognizes that people of color are overrepresented in the criminal justice system and such involvement serves as a barrier to accessing safe, affordable housing.

b. The CoC has joined the Washington Metropolitan Council of Governments to participate in the Racial Equity Regional Homeless Services in Racial Equity and Systems Analysis Project facilitated by C4 Center for Social Innovations.

c. Contracted with Evident Change to conduct an analysis of all assessment tools including the locally developed Acuity Scale to determine if any racial basis exists in the administration of assessments or the tools themselves.

d. Selected by CSH as one of five communities to participate in a project funded by Wells Fargo to develop systemic solutions to overcoming racial disparities. Through this project, CSH will overlay their Racial Disparities and Disproportionality Index (RDDI) with local data on child welfare and behavioral health involvement. The analysis will be shared with BIPOC led agencies serving marginalized groups and these groups will conduct focus groups to provide context to the data.

e. Created a Homeless Prevention Index to ensure federal funding for rental assistance went to households most likely to experience homelessness. The tool combines data on social determinants (rates of poverty, residents of color, and single parent households), COVID impact (positive cases and job loss), and housing stress (rates of low-income renters, turnover, and overcrowding) to determine the census tracts with the highest composite score. SEPH used this data to target outreach efforts to specific neighborhoods.

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

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

	Level of Active Participation	**Number of People with Lived Experience Within the Last 7 Years or Current Program Participant**	**Number of People with Lived Experience Coming from Unsheltered Situations**
1.	Included and provide input that is incorporated in the local planning process.	50	5
2.	Review and recommend revisions to local policies addressing homelessness related to coordinated entry, services, and housing.	15	2
3.	Participate on CoC committees, subcommittees, or workgroups.	15	2
4.	Included in the decisionmaking processes related to addressing homelessness.	15	2
5.	Included in the development or revision of your CoC's local competition rating factors.	0	0

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

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

1.	The CoC trains provider organization staff on connecting program participants and people experiencing homelessness with education and job training opportunities.	Yes
2.	The CoC trains provider organization staff on facilitating informal employment opportunities for program participants and people experiencing homelessness (e.g., babysitting, housekeeping, food delivery, data entry).	Yes
3.	The CoC works with organizations to create volunteer opportunities for program participants.	Yes
4.	The CoC works with community organizations to create opportunities for civic participation for people experiencing homelessness (e.g., townhall forums, meeting with public officials).	Yes
5.	Provider organizations within the CoC have incentives for employment and/or volunteerism.	Yes
6.	Other:(limit 500 characters)	

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

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

1D-1.	**Safety Protocols Implemented to Address Immediate Needs of People Experiencing Unsheltered, Congregate Emergency Shelter, Transitional Housing Homelessness.**	
	NOFO Section VII.B.1.q.	

	Describe in the field below protocols your CoC implemented during the COVID-19 pandemic to address immediate safety needs for individuals and families living in:
1.	**unsheltered situations;**
2.	**congregate emergency shelters; and**
3.	**transitional housing.**

(limit 2,000 characters)

1. The following actions were taken to protect people in unsheltered situations:
a. Placed individuals at high risk for COVID complications in hotels with daily meal delivery, laundry, and case management services.
b. Shifted to to-go meals at meal programs and offered meal pick up in areas of the County without a meal program
c. Provided access to outdoor showers/toilets and funding for laundry
d. Expanding medical services in partnership with outreach teams to screen individuals for COVID-19 symptoms and testing.
2. The following actions were taken to protect people in emergency shelters:
a. Immediately placed individuals at risk of COVID complications in hotels with services.
b. Opted to keep all winter overflow shelters open throughout the pandemic.
c. Used rec center space to open two additional shelter facilities that ensures all shelters were able to maintain proper social distancing.
d. Provided professional cleaning daily at all facilities.
e. Required shelter staff to screen all clients for COVID symptoms at least once a day.
f. Designated space in each facility to isolate new clients until they could be tested.
3. Transitional Housing: same as above

In addition, mask mandates were implemented in all congregate facilities for staff and clients. CoC providers were given PPE and cleaning supplies. Enhanced monitoring was conducted to ensure all facilities were adhering to safety protocols. COVID testing was and continues at all congregate facilities on

a weekly basis. A quarantine hotel was established for those who tested positive or were exposed. Training and support offered to shelter providers. For clients unwilling to quarantine after testing positive, the CoC worked with the local Health Officer to issue orders to force quarantine. Medical monitoring, meals, and case management was provided at the quarantine hotel. Due to all these efforts, the CoC has maintained a positivity rate of less than 2% and two people in congregate shelter died from COVID.

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

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

(limit 2,000 characters)

The CoC is in a much better position to handle future public health emergencies for the following ways:
•All CoC providers were required to establish Continuity of Operations Plans that address staffing shortages and facility issues. These plans will better prepare our provider network for future outbreaks.
•The CoC established COVID Recovery Work groups that identified the needs of the CoC to prepare for future emergencies. The work groups included various stakeholders from homeless service agencies, County Council, and other government agencies. The recommendations were presented to County Council and the County Executive to be used for future budget decisions.
•The County will no longer operate winter overflow shelters but instead increased the number of year-round beds from 140 to 350.
•All shelter facilities must maintain 6 feet of spacing between beds indefinitely. This required an investment of a new building to temporarily house 200 men. The new shelter will open in January 2022. Other improvements to shelter facilities including air filtration systems are underway.
•Emergency funding through the state of Maryland allowed the CoC to increase medical services offered onsite at shelter and drop-in facilities as well as through street outreach. The CoC, partner agencies, and the people we serve have a established a trusting relationship with Kelly Collaborative, the agency providing primary care to the homeless continuum. Because of this trust, the CoC has been able to debunk COVID myths and will be better equipped to address any other dis or mis- information about future public health emergencies.

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

Describe in the field below how your CoC coordinated with ESG-CV recipients to distribute funds to address:	
1.	safety measures;
2.	housing assistance;
3.	eviction prevention;
4.	healthcare supplies; and

5.	sanitary supplies.

(limit 2,000 characters)

1.The CoC used ESG-CV funds to provide general support of additional shelter operations and hazard pay for staff at the frontline of services. ESG-CV funds were not used for non-congregate shelter as Montgomery County used FEMA dollars for this purpose.
2.The majority of the ESG-CV funds were used to provide housing assistance by expanding and creating new Rapid Rehousing programs.
3.The CoC did not use ESG-CV funds for eviction prevention as other funds were available for this purpose. In May 2020, the Montgomery County Council allocated $2 million in local funding for eviction prevention. Later $20 million of the county's CRF allocation was committed to eviction prevention.
4& 5 General shelter support dollars include the purchase of cleaning supplies and PPE as needed, but was not purchased directly with ESG-CV funds. The CoC did contract with cleaning companies and utilized county procurement to ensure that needed PPE and sanitation was available at all shelter facilities throughout the pandemic.

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

	Describe in the field below how your CoC coordinated with mainstream health (e.g., local and state health agencies, hospitals) during the COVID-19 pandemic to:
1.	decrease the spread of COVID-19; and
2.	ensure safety measures were implemented (e.g., social distancing, hand washing/sanitizing, masks).

(limit 2,000 characters)

1.Montgomery County Department of Health and Human Services (MCDHHS) is an integrated department that includes both Services to End and Prevent Homelessness (SEPH), the CoC lead agency, and Public Health Services (PHS) led by the Health Officer. The Health Officer is both an employee of the state of Maryland and the county. The CoC participated in daily COVID calls with all county employees where health officials provided regular updates on case rates, mandates, testing and vaccinations. A direct line of contact was established with PHS and SEPH to get test results for CoC participants and provide quarantine/isolation directives. Discharging planning from hospital for people experiencing homelessness also included communication on COVID status and testing prior to returning to a congregate facility. Additionally, the CoC partnered with the Maryland health department to bring testing to the emergency shelters
2.SEPH partnered with PHS to develop a COVID protocols for congregate facilities, testing, vaccinations, and home visiting based on CDC guidance. These protocols were regularly reviewed and revised to ensure all safety measures were both communicated and implemented by the CoC.

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

	Describe in the field below how your CoC communicated information to homeless service providers during the COVID-19 pandemic on:

1.	safety measures;
2.	changing local restrictions; and
3.	vaccine implementation.

(limit 2,000 characters)

The CoC quickly implemented daily CoC COVID calls with all homeless service providers to communicate COVID related information. After a few months, the calls decreased to twice a week, then weekly and finally monthly. After each call, notes and action items were circulated to all homeless service provider leadership. Data on testing and vaccination rates in the homeless continuum as well as local and state case rates and transmission levels were also shared to this network monthly.
1.Safety measures were communicated during the CoC COVID calls and protocols on shelters and home visiting were distributed via email and posted on the CoC website. Training on safety measures was provided by Health Care for the Homeless and Kelly Collaborative, the primary care physician for the homeless continuum.
2.Changing local restrictions were communicated to providers during the CoC COVID calls and during regular Coordinated Entry bimonthly meetings. Posters and flyers explaining COVID restrictions were distributed and posted at all congregate facilities. This information was also shared at Interagency Commission on Homelessness meetings and through committees.
3.Vaccine implementation was communicated during the CoC COVID calls and directly to providers via email and established meetings of the CoC. Through our partnership with the health department, a streamline process was developed to ensure all staff working in congregate facilities had access to the vaccine. This process was communicated during the CoC COVID calls.

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

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

(limit 2,000 characters)

People experiencing homelessness and those living in congregate shelter facilities were among the first groups to be prioritized for vaccines. The CoC worked with the local health department to bring vaccination clinics to the four largest shelter facilities. Vaccine clinics happen twice a month at these facilities and anyone currently in any shelter facility or experiencing unsheltered homelessness is eligible to attend the clinics and receive the vaccine thus identifying "eligible" households was not necessary. Vaccine status is tracked through HMIS and the state COVID database. For families in homeless shelters, priority is given to these households to receive a vaccine through the health department community clinics. For formally homeless households in CoC permanent housing programs, the CoC encouraged providers to review their HMIS data on participant demographics to identify those who were eligible to receive a vaccine earlier based on age or medical vulnerability. Many providers did so and developed a tracking system to ensure all eligible PSH or RRH participants received a vaccine.

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

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

(limit 2,000 characters)

The CoC did not see an increase in the number of households reporting domestic violence and seeking emergency shelter or housing resources. That said, the CoC significantly increased the number of rapid rehousing units and designated some of these units specifically to survivors of domestic violence. The CoC continues to partner with agencies services survivors to provide low barrier, immediate access to housing support.

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

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

(limit 2,000 characters)

The best way to keep people experiencing homelessness safe during a pandemic is to quickly connect them to permanent housing. Homelessness was a crisis before COVID-19 and the CoC continues to respond with a sense of urgency. Notably, the average monthly housing placement rate doubled between 2019 and now. The most impactful change to the Coordinated Entry System was creating multiple pathways to housing for all households regardless of their vulnerability. Traditionally housing resources were limited to permanent supportive housing or rapid re-housing, and one needed to score high on the vulnerability scale or have the longest length of time. If a program had a vacancy, the household needed to accept this placement or remain homeless. With the influx of resources, people are afforded more autonomy and choice is how to best resolve their homelessness. The following changes to the Coordinated Entry System have been taken to increase the number of people placed in housing and reduce the length of time homeless:
a.Prioritized housing resources including permanent supportive housing and rapid rehousing for those most at risk of COVID-19 complications
b.Added Housing Location staff
c.Dedicated most of the new HUD Emergency Solutions Grant funding for Rapid Rehousing and employment services
d.Provided first month's rent and security deposit for any household exiting homelessness
e.Used CARES Act Coronavirus Relief Funds to rapidly exit 218 households by providing a short-term rental subsidy
f.Developed a direct cash assistance program for households exiting

emergency shelter. This program provides $5000 to single adults and $8000 to families to resolve their housing crisis.

g.Suspended all terminations from CoC funded permanent housing programs.

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

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

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

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

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

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

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

1E-2a.	Project Review and Ranking Process–Addressing Severity of Needs and Vulnerabilities.	

NOFO Section VII.B.2.d.

Describe in the field below how your CoC reviewed, scored, and selected projects based on:	
1.	the specific severity of needs and vulnerabilities your CoC considered when ranking and selecting projects; and
2.	considerations your CoC gave to projects that provide housing and services to the hardest to serve populations that could result in lower performance levels but are projects your CoC needs in its geographic area.

(limit 2,000 characters)

1.The Allocation Committee, who reviews and ranks projects, took special care this year to ensure they were accounting for the severity of needs and vulnerabilities of populations served. As the system has adopted a Housing First philosophy, all projects are required to accept households with low or no income, current or past substance use, DV survivors, chronic homelessness, and serious mental illness. To distinguish between the projects, the Allocation Committee considered the % of households with high service needs and the % with extreme vulnerabilities based on a local assessment tool- Montgomery County Acuity Scale.

2.The CoC recognizes the need to evaluate the severity of needs of the population served by projects in an objective way. Historically, we used narratives of the participant population. Using this criteria, nearly all projects received the highest score on severity of needs. Now, applicants complete the Acuity Scale for all program participants prior to submitting their application. Projects serving households with high acuity and a high percent of households with extreme vulnerability received higher points. Projects were scored by the Committee using standardized criteria, with twenty % of points awarded based on the severity of needs & vulnerabilities of person served. In addition to severity of needs, projects are evaluated on performance outcomes, cost effectiveness, and good financial stewardship. Having a balanced scoresheet allows projects that serve those with the most vulnerabilities to not be penalized for having poorer outcomes or costing more than the average project. Additionally, the Allocation Committee also takes into account the needs of the continuum based on data analysis. For example, Montgomery County has effectively ended Veteran homelessness and significantly reduced chronic homelessness so continued funding for renewal projects and new funding for bonus projects serving this population is needed to sustain the gains made by the CoC.

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

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

(limit 2,000 characters)

1.The Interagency Commission on Homelessness determines the funding

priorities for the CoC competition as well as confirms all members of the Allocation Committee. The Interagency Commission on Homelessness includes members from different races, specifically Black or African American persons who are overrepresented in the local homeless population.

2.The Allocation Committee members are also diverse, and they determine the score sheets, rank and review projects, and decide on reallocation of funding. 40% of the Allocation Committee identify as Black. More than 60% of people experiencing homelessness in the CoC identify as Black.

3.This year, all renewal projects were asked to address any racial disparities in their program implementation. HMIS data was used to determine how closely project participants mirror the race and ethnicity of the local homeless population. Where there were discrepancies, projects were asked to specifically state how that seek to remedy the discrepancy. This information was used to determine the final ranking.

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

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

(limit 2,000 characters)

1.As stated in the written policy, the Montgomery County Continuum of Care will reallocate HUD CoC program funds as needed, in accordance with the Montgomery County CoC's strategic plan, to improve CoC performance, reduce homelessness and promote housing stability. Funds can be reallocated on a voluntary or involuntary basis. The policy describes voluntary and involuntary reallocation. Over the past few years, the CoC has reallocated funding from projects that were less needed, so all existing renewal projects are aligned with the Strategic Plan to End Homelessness and support the overall goal of ending homelessness for all populations. Through the ranking and review process, low performing projects that align with CoC priorities but have poor outcomes, may be ranked below a new project that also addresses any gaps in services and is aligned with CoC priorities.

2.One renewal project was ranked in Tier 2, below a new bonus project based on low performance.

3.Funding for a low performing renewal project was not officially reallocated and made available for a new project, but it's final ranking in Tier 2 is an indication from the Allocation Committee that it is at risk of losing funding to a new bonus project.

4.The Allocation did not reallocate funding from a low performing project officially this year because all renewal projects are needed and aligned with CoC. Due to COVID, the Allocation Committee was unable to take the necessary steps to inform low performing projects of their deficiencies and give

them an opportunity to correct their performance. This work will happen during the next year.

5.The reallocation process was communicated to project applicants during the technical assistance meeting in September and posted on the CoC website as a possible action of the CoC.

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

Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2016 and FY 2021?	No

1E-5.	Projects Rejected/Reduced–Public Posting. You Must Upload an Attachment to the 4B. Attachments Screen if You Select Yes.	
	NOFO Section VII.B.2.g.	

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

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

Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.	10/27/2021

1E-6.	Web Posting of CoC-Approved Consolidated Application. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.2.g.	

Enter the date your CoC's Consolidated Application was posted on the CoC's website or affiliate's website–which included: 1. the CoC Application; 2. Priority Listings; and 3. all projects accepted, ranked where required, or rejected.	11/10/2021

2A. Homeless Management Information System (HMIS) Implementation

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

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

Enter the name of the HMIS Vendor your CoC is currently using.	Wellsky-Servicepoint

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

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

2A-3.	**HIC Data Submission in HDX.**	
	NOFO Section VII.B.3.a.	

Enter the date your CoC submitted its 2021 HIC data into HDX.	05/12/2021

2A-4.	**HMIS Implementation–Comparable Database for DV.**	
	NOFO Section VII.B.3.b.	

	Describe in the field below actions your CoC and HMIS Lead have taken to ensure DV housing and service providers in your CoC:
1.	**have a comparable database that collects the same data elements required in the HUD-published 2020 HMIS Data Standards; and**
2.	**submit de-identified aggregated system performance measures data for each project in the comparable database to your CoC and HMIS lead.**

(limit 2,000 characters)

The CoC uses data stored in a comparable database and provided by the Montgomery County Victim Advisory Commission and from the Betty Ann Kranke Center (BAK), the County's
domestic violence shelter, to assess community needs related to domestic violence, dating violence and stalking. This includes summary data on the total number of households served in domestic violence shelter, average length of stay in shelter and exit destination. BAK also collected the required HUD data elements. To better assess the needs of persons experiencing domestic violence the CoC,
in partnership with BAK, has developed a comparable database to collect personally identifiable information (PII) including name, age, gender, race and ethnicity as well as any other information that could disclose a person's location. All PII data is kept confidential and is not entered in the CoC HMIS system. Using unique client identification numbers for persons served at BAK, data on project start date and end date is entered into HMIS in an isolated data structure that is not accessible to other CoC projects. This enables the CoC to include this client data in CoC-wide summary reports and will allows for full inclusion of domestic violence project participants in the Coordinated Entry System.

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

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

Project Type	Total Beds 2021 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
1. Emergency Shelter (ES) beds	636	60	576	100.00%
2. Safe Haven (SH) beds	5	0	5	100.00%
3. Transitional Housing (TH) beds	84	18	66	100.00%
4. Rapid Re-Housing (RRH) beds	434	0	434	100.00%
5. Permanent Supportive Housing	2,222	0	2,222	100.00%
6. Other Permanent Housing (OPH)	188	0	188	100.00%

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

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

(limit 2,000 characters)

not applicable

2A-5b.	Bed Coverage Rate in Comparable Databases.	

NOFO Section VII.B.3.c.	

Enter the percentage of beds covered in comparable databases in your CoC's geographic area.	100.00%

2A-5b.1.	**Partial Credit for Bed Coverage Rates at or Below 84.99 for Question 2A-5b.**	
	NOFO Section VII.B.3.c.	

	If the bed coverage rate entered in question 2A-5b. is 84.99 percent or less, describe in the field below:
1.	**steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent; and**
2.	**how your CoC will implement the steps described to increase bed coverage to at least 85 percent.**

(limit 2,000 characters)

not applicable

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

Did your CoC submit LSA data to HUD in HDX 2.0 by January 15, 2021, 8 p.m. EST?	Yes

2B. Continuum of Care (CoC) Point-in-Time (PIT) Count

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

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

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

2B-2.	Unsheltered Youth PIT Count–Commitment for Calendar Year 2022.	
	NOFO Section VII.B.4.b.	

Does your CoC commit to implementing an unsheltered youth PIT count in Calendar Year 2022 that includes consultation and participation from youth serving organizations and youth with lived experience?	Yes

2C. System Performance

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

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

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

(limit 2,000 characters)

1.Using local data and research on community level indicators of homelessness, the CoC created a Homeless Prevention Index to identify communities most at risk of homelessness. The tool combines data on social determinants, COVID impact, and housing stress to determine the census tracts within the county with the highest composite score. Rental assistance is prioritized to residents in these census tracts. The CoC uses HMIS data and data from other systems of care to determine risk factors at the individual level. Prevention providers also provide feedback about emerging trends based on their work with at-risk households.
2.As part of the Coordinated Entry System, DHHS is the primary point of contact for residents at risk of homelessness and operates three sites throughout the CoC where individuals and families can apply for emergency housing assistance. This year, the CoC built on the success of using centralized intake/ homeless diversion for families seeking shelter and implemented a parallel process for adult only households. Any household seeking emergency shelter is engaged in a homeless diversion discussion. Flexible funds are available to keep the households in place and other services including problem-solving, conflict mediation, education on tenants' rights is offered prior to shelter placement. Local data on returns showed that many people were entering homelessness from an institution. In response, the CoC has focused on providing diversion training for hospitals and MH/ SUD treatment programs to prevent people from being discharged to homelessness.
3.The Montgomery County Department of Health and Human Services, Chief of Services to End and Prevent Homelessness is responsible for overseeing this strategy.

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

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

(limit 2,000 characters)

1. The eviction moratorium and rent relief programs has led to decreased turnover in units. The CoC has also seen a rise in rents for many previously affordable units. Over the last 18 months, the CoC has responded more aggressively by taking the following actions:
a.Developed a landlord risk mitigation fund that offers incentives to landlord to house people exiting homelessness and provides insurance for unpaid rent or damages.
b.The County enacts the Housing Justice Bill that provides protections for rental applicants with criminal records.
c.Added several new housing programs to connect more people to permanent housing beyond traditional PSH or RRH programs.
d.Offered incentives to people referred to Rapid rehousing to move into housing more quickly. Incentives includes a full set of furniture and a laptop.
e.Organized mini-initiatives with providers to with time-limited goals. For example, in summer of 2020, the CoC set a goal of housing 100 people in 30 days.
f.Used ESG-CV funds to significantly increase the number of RRH slots for the CoC.
g.Created a "master lease" permanent supportive housing project targeted to unsheltered individuals unlikely or unwilling to complete paperwork or sign a lease. This provides the lowest barrier access to those hardest to house.
2.The Outcomes and Improvement Committee regularly reviews both project level and system wide performance on exits to permanent housing and length of time homeless. Through the Coordinated Entry System, the LOT is tracked for all households active on the By-Name list and is used to prioritize housing placements.
3.The Montgomery County Department of Health and Human Services, Chief of Services to End and Prevent Homelessness is responsible for overseeing this strategy.

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

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

(limit 2,000 characters)

1.Based on recent data analysis, the CoC is projected to increase exits to

permanent housing in FY21 to 48% from 35% in FY 20. The following actions have been taken to increase the rate of exits to permanent housing in ES, TH, and RRH:

a.Used federal CARES Act CRF funding to create pathways to housing for all households regardless of their vulnerability. The CoC created the COVID Rent Relief Program that provides a 6-month housing subsidy to households exiting homelessness and a direct cash assistance Exit Bonus program that provides $5000 for individuals and $8000 to families exiting shelter to resolve their homelessness.

b.Increased the number of RRH slots using the ESG-CV funds.

c.Used the EHV program as a Move-Up strategy for households ready to graduate from PSH. This frees up capacity of PSH programs to accept new referrals of the hardest to house.

2.The CoC maintains a high rate of housing retention in permanent housing due to a commitment to Housing First and the policy of rehousing households. Another way the CoC has increased housing retention is by amending the regulations for the shallow permanent housing subsidy program to target households exiting homelessness and increase the max benefit from $200 to $400. This program has created an exit path for households exiting RRH but who still need a housing subsidy to fill the gap. The CoC has also implemented in-house diversion and prevention continuing case management to continue to provide households with support after program exit.

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

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

(limit 2,000 characters)

1.The CoC uses HMIS data to track destination and reasons for exits from CoC permanent housing and to track returns to homelessness by person and by program type. In FY20, the highest rate of return to homelessness within 6 months was for those exiting from Safe Havens (13%) and Street Outreach (10%). The Reducing Racial Disparities work group in partnership with CSH is reviewing how outcomes for different racial/ethnic groups compare against each other. The data has shown that the Latino population have a higher likelihood of returning to homelessness compared to all other racial/ethnic groups.

2.Based on the data analysis, the CoC is employing the following strategies to reduce the rate of return:

a.Since the Latino population has a higher rate of return, the CoC is engaging community partners led by and serving this population to facilitate focus groups with people at risk or with histories of homelessness to provide context to way we see in the data. After these discussions, the CoC will have a better sense of what we can do to improve outcomes.

b.For the SH and SO population, the CoC is engaged with other systems of care on how to increase services to this group including peer support, psychiatric services, and home health care. Additionally, a group has been formed with the CoC and the behavioral health system to determine gaps and

how to prevent people placed in residential BH care from returning to shelter.
c.To address the needs of the population returning from permanent housing, the CoC is working to improve access to the locally funded shallow subsidy program and provide light touch case management to those connected to permanent housing without intensive support services. This will provide an opportunity to households to get connected to available resources before returning to homelessness.
3.The Montgomery County Department of Health and Human Services, Chief of Services to End and Prevent Homelessness is responsible for overseeing this strategy.

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

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

(limit 2,000 characters)

1.The CoC recognizes the importance of increasing income from employment in order to sustain housing. This year, the CoC used ESG-CV funds to contract with an local employment service provider with expertise in working with people experiencing homelessness. The Interagency Commission on Homelessness also formed a work group focused on improving access to mainstream employment programs. Finally, the CoC has emphasizes the need to focus on employment in all Rapid Rehousing programs and this will lead to shorter lengths of stay and allow the CoC to serve more households annually. CoC programs link participants to vocational programs including Career Catchers, Catholic Charities JOBS, Interfaith Works Empowerment Center, supportive employment, and other programs that assist with job readiness, search and placement. Many of our shelter, RRH, and PSH providers have formal relationships with these agencies and employment counselors are collocated with homeless services.
2.The CoC works with mainstream employment groups such as WorkSource Montgomery, Cornerstone Montgomery, DORS, & ResCare to help homeless persons increase income. WorkSource Montgomery operates the American Jobs Centers which provides help with job search, resume writing, referrals to training programs & work readiness training. In addition, WorkSource Montgomery provides specialized help to youth & persons with criminal history to obtain employment. Cornerstone Montgomery & DORS provide assessment, work readiness training, supportive employment, & placement services to persons with disabilities. ResCare, the area's Welfare to Work agency, provides job readiness, workforce experience, employment coaching, & job search assistance to families receiving TANF benefits.
3.The Montgomery County Department of Health and Human Services, Chief of Services to End and Prevent Homelessness is responsible for overseeing this strategy.

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

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

(limit 2,000 characters)

1.The CoC promotes access to employment opportunities by sharing job postings from local businesses and information on job fairs in the area. The Interagency Commission on Homelessness has formed a work group to address the need for enhanced job training and more importantly job development. One of the goals of the work group is to establish better relationship with local employers creating pathways to employment for people experiencing homelessness. The CoC is shifting to an "employment first" model that connects people who want to work with jobs immediately instead of focusing on job readiness.

2.Many of the homeless service providers in the CoC offer education and job training programs. These providers also maintain relationships with certain employers. The CoC is working to strengthen relationships with employment partners outside of the CoC that offer internships and employment opportunities. The most impactful change to the Coordinated Entry System was creating multiple pathways to housing for all households regardless of their vulnerability. Traditionally housing resources were limited to permanent supportive housing or rapid re-housing, and one needed to score high on the vulnerability scale or have the longest length of time. If a program had a vacancy, the household needed to accept this placement or remain homeless. With the influx of resources, people are afforded more autonomy and choice is how to best resolve their homelessness.

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

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

(limit 2,000 characters)

1 & 2. All CoC providers screen persons for mainstream benefits such as TANF, SNAP, state Temporary Disability Assistance Payments, SSI, SSDI, Home Energy Assistance and other non-employment cash assistance to maximize income and benefits. CoC project case managers are trained to assist with benefit applications & help obtain needed documentation. Outreach, Safe Haven and emergency shelter staff are SOAR trained. The CoC Adult & Family Provider teams, which meet bi-monthly, provide a forum to train providers & provide information. In addition, CoC provider staff are able to attend training about mainstream benefits and programs offered by the Montgomery County

Department of Health and Human Services (DHHS) Center for Continuous Learning.

Households apply for benefits through the DHHS Office of Eligibility and Support Services and the Office of Home Energy Program. The CoC has a partnership with this office and can provide alternative methods for applying if there are barriers to applying at the office in a traditional manner.

3.The Montgomery County Department of Health and Human Services, Chief of Services to End and Prevent Homelessness is responsible for overseeing this strategy.

3A. Coordination with Housing and Healthcare Bonus Points

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

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

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

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

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

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

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

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

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

1.	Did your CoC obtain a formal written agreement that includes: (a) the project name; (b) value of the commitment; and (c) specific dates that healthcare resources will be provided (e.g., 1-year, term of grant, etc.)?	Yes
2.	Is project eligibility for program participants in the new PH-PSH or PH-RRH project based on CoC Program fair housing requirements and not restricted by the health care service provider?	Yes

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

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

Project Name	Project Type	Rank Number	Leverage Type
Interfaith Works ...	PSH	12	Both

3A-3. List of Projects.

1. What is the name of the new project? Interfaith Works Medical PSH

2. Select the new project type: PSH

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

4. Select the type of leverage: Both

3B. New Projects With Rehabilitation/New Construction Costs

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

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

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

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

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

(limit 2,000 characters)

not applicable

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

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

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

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

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

	If you answered yes to question 3C-1, describe in the field below:
1.	how serving this population is of equal or greater priority, which means that it is equally or more cost effective in meeting the overall goals and objectives of the plan submitted under Section 427(b)(1)(B) of the Act, especially with respect to children and unaccompanied youth than serving the homeless as defined in paragraphs (1), (2), and (4) of the definition of homeless in 24 CFR 578.3; and
2.	how your CoC will meet requirements described in Section 427(b)(1)(F) of the Act.

(limit 2,000 characters)

not applicable

4A. DV Bonus Application

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

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

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

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

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

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

You must click "Save" after selecting Yes for element 1 SSO Coordinated Entry to view questions 4A-3 and 4A-3a.

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

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

You must enter a value for elements 1 and 2 in question 4A-2.

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

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

(limit 2,000 characters)

To Be completed

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

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

Applicant Name
National Center f...

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

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

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

1.	**Applicant Name**	National Center for Children and Families
2.	**Rate of Housing Placement of DV Survivors–Percentage**	
3.	**Rate of Housing Retention of DV Survivors–Percentage**	

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

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

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

(limit 1,000 characters)

NCCF utilized HMIS and administrative data collected on the participants served across our continuum of housing programs in Montgomery County for children and families to determine the number of participants impacted by domestic violence. Further, we were able to determine the rate of housing placement and predicted the number of families that we can likely serve during a 12-month performance period based on historical data and the resources available to assist families in overcoming the barriers that led to homelessness.

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

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

(limit 2,000 characters)

Since 2010 NCCF has supported survivors of domestic violence (DV) in its Betty's House program, a congregate living model for immigrant women and their children fleeing domestic violence. Using the Housing First approach, families are housed within 5 days of referral from the County Coordinated Entry Services and are not screened out by predetermined factors. Staff uses trauma informed practices to immediately assist families experiencing DV identify barriers to self-sufficiency, develop a person-centered service plan, and refers them to community service providers for voluntary mental health, medical and legal services, child care, food, employment, social services, and mainstream benefits. Staff also immediately assists women in getting protective orders and locating free or low-cost legal assistance. Participants are offered up to 24 months of communal housing, assistance locating independent housing upon exiting the program, case management, linkages to employment services, mainstream benefits legal services, immigration resources, supportive services, six months of aftercare services, including at minimum monthly in person contact with Betty's House staff and more if needed, continued access to donated goods at NCCF's onsite donation center and linkages to community resources as needed. NCCF staff is instrumental in assisting families with locating permanent housing resources that families are able to sustain independently when they exit the program. Staff links families to landlords with affordable housing options in centrally located areas, where public transportation is easily accessible. Additionally, staff helps families identify safe affordable housing properties that meet housing quality standards, follow fair housing policies and lead based paint requirements. Staff reviews leases with clients prior to them signing to ensure it meets the client's budgetary parameters, is sustainable without a subsidy and that tenant's rights are adhered to.

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

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

(limit 5,000 characters)

NCCF's staff are ethnically and racially diverse with "lived" experience, including homelessness, DV and racial biases. Staff are knowledgeable about overcoming DV and systemic racism in housing and job placement. All NCCF staff is trained by experienced trainers on the trauma informed approached which is implemented across all of NCF's programming. The NCCF staff who work for the Betty's house program which supports women and their children

fleeing domestic violence, have specialized training which encompasses the trauma informed approach as well as extensive training specific to domestic violence through the MNADV. The training emphasizes victim safety, victim empowerment and a comprehensive system's response to DV. Staff learn specific strategies to assist families in rebuilding their lives including safety planning, stages of change and self-care. The program provides a safe private room on-site designated for participants to meet with their case manager, make phone calls and use the computer to address confidential matters. Staff work with participants to develop personalized safety plans specific to what provides the most safety for each individual family. The property is maintained by NCCF's Facilities team who are trained in the trauma informed approach and enter spaces where participants reside utilizing trauma informed strategies when making repairs and upgrades to the facility. The Facilities team ensures that all areas, interior and exterior of the facilities are well maintained including replacing light bulbs to ensure all areas are properly lit, cutting grass, and trimming trees and shrubbery around the property, preventing areas for potential perpetrators to hide. Additional all participants are trained on the importance of maintaining safety for all residents and are asked not to disclose the location of the property. All units 8 in the program are designated for families fleeing DV.

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

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

(limit 2,000 characters)

NCCF evaluated its ability to ensure the safety of the DV survivors served in the Betty's House program through its assessment and understanding of the impact that the program, practices and strategies that we utilize have on the lives of the women and children. Through the use of our internal data base, experience successfully serving vulnerable children and families, client surveys, HMIS and funder reports, NCCF determined its ability to continue to provide resources and supports to keep DV safe. Further, NCCF's evaluation supported the needed for its effective programing to expand to serve other women and children fleeing domestic violence.

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

	Describe in the field below examples of the project applicant's experience in using trauma-informed, victim-centered approaches to meet needs of DV survivors in each of the following areas:
1.	prioritizing program participant choice and rapid placement and stabilization in permanent housing consistent with participants' preferences;
2.	establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
3.	providing program participants access to information on trauma, e.g., training staff on providing program participants with information on trauma;

4.	emphasizing program participants' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;
5.	centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;
6.	providing opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
7.	offering support for parenting, e.g., parenting classes, childcare.

(limit 5,000 characters)

Equity is the foundation of NCCF's programs ensuring that all families in housing crisis have access to immediate help including safe and stable housing, Access to immediate resources, increase in income, reduction of time homelessness. NCCF annually houses 12 children and their mothers in undisclosed locations within the beautiful residential communities of Montgomery County, Maryland in its current DV program. Participants are referred through the County Coordinated Entry System and families are immediately placed in safe housing. Priority is given to families fleeing domestic violence as the program specializes in serving this population and all housing units are designated for DV survivors. NCCF works rapidly to connect participants with community supports which include, protective orders, education about domestic violence and the impacts of trauma, paid and pro-bono legal services for immigrant women seeking their legal status and child custody. Betty's House is a co-operative living model, which provides shared housing for up to eight families at no cost. Through the support of NCCF staff and volunteers, the program model offers mothers the opportunity to live cooperatively together and to build longstanding positive relationships with other mothers, who become a circle of support to each other. The mothers often care for each other's children, share recipes, and encourage their children to develop friendships with each other. Staff facilitates group meetings focused on overcoming histories of trauma and DV. Volunteers provide meals, access to community outings, tutoring, birthday presents, holiday parties, and translation and legal services to support these families as they work towards self-sufficiency. All participants are linked to ResCare which allows participants to be eligible for services including Temporary Cash Assistance, child care vouchers, Medical Assistance, Supplemental Nutrition Assistance Program, and assistance with employment. Additionally, families are referred to Gilchrest Center, Interfaith Works, and Casa de Maryland, which are immigrant specific resources that provide educational supports such as English courses, citizenship and civic classes, employment opportunities and free legal seminars. Program staff have formed relationships with the Montgomery County Infants and Toddlers program which offers early childhood interventions and assessment services for children under the age of three. Since many of the children in Betty's House have been exposed to traumatic situations, they qualify to receive specialized services through the program. The Infants and Toddlers Program also provides education and training for the parents which helps to increase self-esteems and confidences in parenting. NCCF hires staff has staff with lived experience, including homelessness, DV and racial biases who provide personal experiences and knowledge around the best way to provide services to families who are experiencing homelessness and racial disparities. NCCF staff is representative of a diverse population who have experienced racial biases and disparities and connect with participants with similar life experiences. All staff and participant relations are of mutual respect and equality. The program does not use punitive strategies and client self-determination is encouraged by all staff. The program incorporates voluntary

service methods encouraging participants to make decisions that they feel are best for themselves and their children including voluntary mental health and legal services.

Participants work directly with a case manager to create budgets, secure employment, connect with community resources and identify and grow their support network. All participants receive regular case management in which they create Family Service Plans detailing their goals and objectives. The Case Manager supports each family in accomplishing their goals through community referrals and supports. Participants have been diligently working to create budgets during their case management sessions in order to help identify housing goals. NCCF's staff are trained in the Trauma Informed Model and domestic violence specific interventions to support families who are working to overcome barriers caused by past traumas. Staff help families develop active safety plans, including moving their children to new schools, when desired, while they reside in housing in an undisclosed location. Betty's House staff helps families overcome multiple barriers including assisting participants with participants develop skills to maintain independence, increase income, and locate permanent housing. Intensive case management service further assists families with linkages to community resources, such as bi-lingual mentors; assistance with enrollment in educational and certification programs; access to Domestic Violence Prevention programs; mental health providers; and legal services to assist with obtaining legal status / citizenship.

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

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

(limit 5,000 characters)

NCCF has been awarded funding through the Office on Violence against Women since 2010 to operate the Betty's House program, designed to support children and their immigrant mothers, who are fleeing domestic violence and are in need of safety, stability, and housing, while working on a long-term housing and safety plan. NCCF partners with Montgomery County to prioritize referrals of undocumented domestic violence victims from the BAK to provide housing and services to immigrant women and their children fleeing DV. NCCF annually houses 12 children and their mothers in undisclosed locations within the beautiful residential communities of Montgomery County, Maryland. All participants are offered up to 24 months of communal housing, case management, linkages to legal services, immigration resources, supportive services, six months of aftercare services, including monthly contact with Betty's House staff if needed, continued access to donated goods at Dr. C's Boutique, an onsite donation center and linkages to community resources as needed. All of NCCF's staff are trained in the Trauma Informed Model and domestic violence specific interventions to support families who are working to overcome barriers caused by past traumas. Staff assist families with the following as they enter the program:

Staff assist families with obtaining protective orders and locating free or low-

cost legal services, developing active safety plans, including moving their children to new schools, when desired, while they reside in housing in an undisclosed location. Intensive case management services are provided at minimum monthly and more if needed.

Assistance with developing skills to maintain independence, including increasing income, and locating permanent housing upon exiting the program. Intensive case management services, linkages to community resources, such as bi-lingual mentors; assistance with enrollment in educational and certification programs; access to Domestic Violence Prevention programs; mental health providers; and legal services to assist with obtaining legal status / citizenship are also offered. Staff will assist families upon exiting the program by linking them to landlords with affordable housing options in centrally located areas, where public transportation is easily accessible. Catholic Charities' immigrant legal services and pro-bono private attorney panel provide legal representation on immigrant matters. In addition, Catholic Charities' staff will work with clients to provide resources, education, and information regarding their legal rights and to leverage this new information as they grow and develop self-advocacy skills. These self-advocacy skills will empower Betty's House clients as they enter the workforce and navigate the complex immigrant and judicial systems. Betty's House also leverages support from local cultural communities and organizations, such as the Redeemed Christian Church of God Jesus House DC, Proyecto Salud and Ayuda, to help provide specific services (i.e., religious/spiritual support, culturally specific clothing such as head scarves, and socialization at cultural events).

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

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

(limit 5,000 characters)

NCCF recognizes the deep and lasting negative effects of domestic violence and utilizes specifically tailored supports to reinforce the clients to know that they are not alone and that they CAN recover. We are committed to helping them and their families to become empowered and to live a life free from violence by providing compassionate care and comprehensive support. NCCF will assist families in obtaining medical insurance and connecting to various health, mental health, and community resources to help ensure wellness, self-

sufficiency, and permanent housing. Through our partnerships with other advocacy agencies, such as the Family Justice Center and Catholic Charities Legal Network, NCCF will connect families with resources to ensure safety and stability, such as protective orders and legal consultations about child custody matters. Upon entry into the DV RRH program, NCCF staff will use confidential assessment tools to determine the specific needs of each client. Case Managers will then coordinate and integrate program activities with other health, social services, and employment assistance programs in the community, and connect families to helpful resources and to ensure that they receive and maintain mainstream benefits for which they are eligible. The Case Manager will make referrals to community-based programs that may be helpful in working towards specific goals and provide workshops that are targeted to meeting family and individual goals. Specialized Case Managers will collaborate with participants to identify potential employers and educational-vocational opportunities, acting as a bridge between participants and necessary, relevant workforce related resources. They will generate partnerships with community groups, corporations, and other non-profits, and leverage an array of community resources to help families become self-sufficient. NCCF will use existing relationships with domestic and intimate partner violence specialists, i.e., MNADV, FJC and Thrive Behavioral Health, so that they can immediately connect DV victims to the resources they may need, including individual, group and family therapies. NCCF's effective partnerships between health care providers and domestic violence programs are tailored to specifically meet the needs of DV clients. Case Managers will offer clients voluntary services through referrals immediately after being assessed to link them to appropriate external agencies to assist them in accomplishing the assigned goals. NCCF will also link DV participants to various supportive services designed to recover from and manage traumatic impact for both parent and children, increase independence, achieve self-sufficiency, and ensure residential stability. Staff will help families develop active, practical safety plans, including moving children to new schools, when desired and will collaborate with school staff to ensure confidentiality for the children while they attend school and afterschool activities.