Before Starting the Special CoC Application

You must submit both of the following parts in order for us to consider your Special NOFO Consolidated Application complete:
  1. the CoC Application, and
 2. the CoC Priority Listing.

   The CoC Special NOFO page provides HUD-approved resources to assist you in completing the Special NOFO CoC Application, including:

- Special Notice of Funding Opportunity to Address Unsheltered and Rural Homelessness
 - 24 CFR part 578
 - Special NOFO CoC Application Navigational Guide
 - Section 3 Resources
 - Frequently Asked Questions

  As the Collaborative Applicant, you are responsible for reviewing the following:
  1. The Special Notice of Funding Opportunity (Special NOFO) for specific application and program requirements.
  2. The Special NOFO Continuum of Care (CoC) Application Detailed Instructions for Collaborative Applicants 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.

  CoC Approval is Required before You Submit Your CoC's Special NOFO CoC Consolidated Application
- 24 CFR 578.9 requires you to compile and submit the Special NOFO CoC Consolidated Application 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 the [Specific Attachment Name] attachment to the 4A. 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

The CoC Special NOFO page provides HUD-approved resources to assist you in completing the Special NOFO CoC Application, including:

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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

1A-5.	New Projects	
	Complete the chart below by indicating which funding opportunity(ies) your CoC applying for projects under. A CoC may apply for funding under both set asides; however, projects funded through the rural set aside may only be used in rural areas, as defined in the Special NOFO.	
1.	Unsheltered Homelessness Set Aside	Yes
2.	Rural Homelessness Set Aside	No

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

The CoC Special NOFO page provides HUD-approved resources to assist you in completing the Special NOFO CoC Application, including:

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1B-1.	Web Posting of Your CoC Local Competition Deadline–Advance Public Notice. (All Applicants)	
	Special NOFO Section VII.B.1.b.	
	You must upload the Local Competition Deadline attachment to the 4A. Attachments Screen.	
	Enter the date your CoC published the deadline for project application submission for your CoC's local competition.	08/08/2022

1B-2.	Project Review and Ranking Process Your CoC Used in Its Local Competition. (All Applicants)	
	Special NOFO Section VII.B.1.a.	
	You must upload the Local Competition Scoring Tool attachment to the 4A. Attachments Screen.	
	Select yes or no in the chart below to indicate how your CoC ranked and selected new project applications during your CoC's 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

1B-3.	Projects Rejected/Reduced–Notification Outside of e-snaps. (All Applicants)	
	Special NOFO Section VII.B.1.b.	
	You must upload the Notification of Projects Rejected-Reduced attachment to the 4A. Attachments Screen.	
1.	Did your CoC reject or reduce any project application(s)?	No
2.	Did your CoC inform the applicants why their projects were rejected or reduced?	
3.	If you selected yes, for element 1 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps. If you notified applicants on various dates, list the latest date of any notification. For example, if you notified applicants on 6/26/22, 6/27/22, and 6/28/22, then you must enter 6/28/22.	

You must select a response for elements 1 and 2 – if you select Yes for element 1, you must enter a date in element 3 in question 1B-3.

1B-3a.	Projects Accepted–Notification Outside of e-snaps. (All Applicants)	
	Special NOFO Section VII.B.1.b.	
	You must upload the Notification of Projects Accepted attachment to the 4A. Attachments Screen.	
	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New Priority Listings in writing, outside of e-snaps. If you notified applicants on various dates, list the latest date of any notification. For example, if you notified applicants on 6/26/22, 6/27/22, and 6/28/22, then you must enter 6/28/22.	10/04/2022

1B-4.	Web Posting of the CoC-Approved Special NOFO CoC Consolidated Application. (All Applicants)	
	Special NOFO Section VII.B.1.b.	
	You must upload the Web Posting–Special NOFO CoC Consolidated Application attachment to the 4A. Attachments Screen.	
	Enter the date your CoC posted its Special NOFO CoC Consolidated Application on the CoC's website or affiliate's website–which included: 1. the CoC Application, and 2. Priority Listings.	

You must enter a date in question 1B-4.

2A. System Performance

The CoC Special NOFO page provides HUD-approved resources to assist you in completing the Special NOFO CoC Application, including:

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2A-1.	Reduction in the Number of First Time Homeless–Risk Factors.	
	Special NOFO Section VII.B.2.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 2,500 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. Eviction/ Homeless Prevention 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. 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. In recent months, the CoC has seen an increase in the number of migrants seeking emergency shelter and housing resources. Finally the CoC provides a permanent shallow rental subsidy for households at imminent risk of homelessness and who have a family member with a disability or who is over 55 years old. Last year the max benefit amount increased from $200 to $400 to account for rises in rent for the shallow subsidy. This year, we have already submitted a request to the County Executive to increase benefit even higher to $500. The extra rental assistance fills a gap in the household budget and decreases the likelihood of becoming homeless in the future.

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

2A-2.	Length of Time Homeless–Strategy to Reduce. (All Applicants)	
	Special NOFO Section VII.B.2.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 2,500 characters)

1.Montgomery County is experiencing extremely low vacancy rates and increasing high rents. The state of Maryland has limited tenant rights. This has posed a serious challenges in reducing the length of time homeless even for individuals with a housing subsidy. To mitigate the problem, 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 about a year ago. Now the CoC is working with the Fair Housing offices to enforce the new legislation.
c.Added several new housing programs to connect more people to permanent housing beyond traditional PSH or RRH programs including direct cash assistance and 6 month rental subsidy.
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 Housing Fairs at all emergency shelters to inform shelter guests of new programming, answer, questions, and sing people up for a housing intervention on the spot.
f.Used ESG-CV funds to significantly increase the number of RRH slots for the CoC.
g.Created a "corporate 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.
h. During the bi-weekly Coordinated Entry System (CES) meeting, the CES specialist discusses barriers to housing those who have remained homeless for the longest through case conferencing with community providers. The CES Committee develops solutions to find the most immediate and appropriate housing for these households.

These combined strategies aim to lower the average LOT homeless in the CoC.
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 CES, 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.

	2A-3.	Successful Permanent Housing Placement or Retention. (All Applicants)	
		Special NOFO Section VII.B.2.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 2,500 characters)

1. The following actions have been taken to increase the rate of exits to permanent housing in ES, TH, and RRH:
a. Used CARES Act CRF and now local 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. The CoC is also offering $6000 Exit Bonus to Veteran's to support efforts to end Veteran homelessness.
b. Increased the number of RRH slots
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.
d. Increased the number of locally funded PSH slots including extremely low barrier PSH. Service costs will in part be provided through an expansion of CoC's participation in the state 1115 Medicaid Waiver Pilot that leverages Medicaid to pay for services.
e. Hosted a number of Housing Fairs at emergency shelters to sign up people for housing programs on the spot and answer questions.
f. Developed FAQs and fact sheets for shelter and outreach caseworkers to ensure they were aware of all available housing interventions.
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 creating an exit path for households exiting RRH but who still need a housing subsidy to fill the gap. The CoC has also improved partnerships with adjacent systems including behavioral health and in home medical care to allow households in PSH to remain housed rather than exiting to an institution. The CoC has seen a rise in the number of older adults in PSH requiring more supports than a typical PSH program can offer. Bringing in home medical and behavioral care to these households will allow them to age in place.

	2A-4.	Returns to Homelessness—CoC's Strategy to Reduce Rate. (All Applicants)	
		Special NOFO Section VII.B.2.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 2,500 characters)

1.   The CoC uses HMIS data to track exit reasons and destinations and to track returns to homelessness by person and by program type. Of the 1250 clients that exited to PH destinations, 9% (112) returned in 6 months. In FY22, the highest rate of return to homelessness within 6 months was for those exiting from ES to PH 71% (80 clients - 65% Black 25% White 88% Non Hispanic). HMIS data is also used to identify for trends with specific programs or project types.

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.

d. Individuals who are long stayers in RRH and those who received alternative housing interventions like direct cash assistance or the 6 month housing subsidy are more likely to return to homelessness than other groups. For families, long stayers in RRH are the most likely to return. In an effort to combat this, the CoC is piloting a guaranteed basic income pilot for randomly selected households meeting these criterion. Each household is receiving $800/mo. with no strings attached. There is a research component to this pilot so if it is successfully, the CoC hopes to expand the program.

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

2A-5.	Increasing Employment Cash Income–Strategy. (All Applicants)	
	Special NOFO Section VII.B.2.f.	

	Describe in the field below:	
1.	the strategy your CoC has implemented to increase employment cash sources;	
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 2,500 characters)

The CoC promotes access to employment opportunities by sharing job postings from local businesses and information on job fairs in the area. The CoC has formed a work group on Workforce Development. They meet with vocational service program providers monthly to assess service gaps, training opportunities, and to bring resources to the CoC. The group outreaches to employers to match with targeted job seekers with multiple barriers to employment. The CoC has shifted to an "employment first" model that connects people who want to work with jobs immediately. 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. This includes working with local business improvement groups and the Chamber of Commerce to connect employers desperately seeking a work force to job seekers.

 The CoC has contracted with a local employment service provider with expertise in working with people experiencing homelessness, Career Catchers. To date, Career Catchers has received 300 referrals and served 198 individuals. Of those served, 74% gained employment and 88% maintained employment after six months. 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.

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.

	2A-5a.	Increasing Non-employment Cash Income–Strategy. (All Applicants)	
		Special NOFO Section VII.B.2.f.	
		Describe in the field below:	
	1.	the strategy your CoC has implemented 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 2,500 characters)

1. 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.
2. Over the next year, the CoC's strategy to increase access to non-employment cash sources includes the following:
- hosting a resource day that would allow people experiencing homelessness to apply onsite for Medicaid, food stamps, utility and rental assistance, child care and other entitlement programs
-partner with OESS to hire staff to serve as the liaison between the CoC and eligibility services
-Partner with the state Department of Human Services to train homeless service providers on how to apply for benefits on behalf of people experiencing homelessness and grant access to the state database to check the status of applications
3. The Montgomery County Department of Health and Human Services, Chief of Services to End and Prevent Homelessness is responsible for overseeing this strategy.

2B. Coordination and Engagement–Inclusive Structure and Participation

The CoC Special NOFO page provides HUD-approved resources to assist you in completing the Special NOFO CoC Application, including:

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2B-1.	Inclusive Structure and Participation–Participation in Coordinated Entry. (All Applicants)	
	Special NOFO Sections VII.B.3.a.(1)	

	In the chart below for the period from May 1, 2021 to April 30, 2022:
1.	select yes or no in the chart below if the entity listed participates in CoC meetings, voted–including selecting CoC Board members, and participated in your CoC's coordinated entry system; or
2.	select Nonexistent if the organization does not exist in your CoC's geographic area:

	Organization/Person	Participated in CoC Meetings	Voted, Including Electing of CoC Board Members	Participated in CoC's Coordinated Entry System
1.	Affordable Housing Developer(s)	Yes	Yes	Yes
2.	Agencies serving survivors of human trafficking	Yes	Yes	Yes
3.	CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
4.	CoC-Funded Victim Service Providers	Yes	Yes	Yes
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, Queer (LGBTQ+) Advocates	Yes	Yes	Yes
15.	LGBTQ+ 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	No
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 LGBTQ+ 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	No
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	Yes	Yes	Yes

2B-2.	Open Invitation for New Members. (All Applicants)	
	Special NOFO Section VII.B.3.a.(2), V.B.3.g.	

	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, other People of Color, persons with disabilities).

(limit 2,500 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. Information about the process and activities of the CoC are shared through a list serve of nearly 1000 interested parties including nonprofits from adjacent systems, local officials, members of the public and people with lived experience.

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. Most CoC meetings offer a virtual option for those with limited mobility or other barriers to attending in person meetings.

3. Special outreach is conducted to ensure 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. A "People's Committee" has been formed to include members with lived experience. 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.

2B-3.	CoC's Strategy to Solicit/Consider Opinions on Preventing and Ending Homelessness. (All Applicants)	
	Special NOFO Section VII.B.3.a.(3)	

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

(limit 2,500 characters)

1.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 as well as a number of workgroups focused on specific populations or project types. 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. Stakeholders include but are not limited to people currently experiencing homelessness in the CoC, other CoC leadership from neighboring jurisdictions, policy think tanks and universities, government agencies, homeless services providers, providers of adjacent systems like behavioral health and somatic healthcare, elected officials, and members of the general public.

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.. The CoC also uses online surveys to solicit feedback to ensure input from CoC members who are unable to attend in-person meetings. 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. In addition to the formal meetings of the ICH, the CoC leadership presents the strategy to end homelessness to various advocacy groups, community partners and organizations working in adjacent systems and solicits feedback.

3.Information gathered at public meetings is used by the ICH/CoC to inform the CoC's approach. Recently the CoC has committed to ending homelessness for all populations by the end of 2025. 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.

2B-4.	Public Notification for Proposals from Organizations Not Previously Funded. (All Applicants)	
	Special NOFO Section VII.B.3.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 2,500 characters)

1. and 2.   The CoC posts on the website and emails out to the community-wide list that applications are now being accepted. An information session was held on July 18, 2022 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 July 19. 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 funding by August 22 and proposals were due no later than 5pm on September 21. Information and instructions on completing and submitting project applications was presented at the July 18 public meeting. Application materials including the scoring tool was posted on the CoC website.

3. A complete application included: a pdf version of the HUD application and a completed Addendum and budget developed by the CoC. 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. Applications were submitted via email.

4. 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 likelihood to reduce unsheltered homelessness.

5.   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.

2C. Coordination / Engagement–with Federal, State, Local, Private, and Other Organizations

The CoC Special NOFO page provides HUD-approved resources to assist you in completing the Special NOFO CoC Application, including:

- Special Notice of Funding Opportunity to Address Unsheltered and Rural Homelessness
- 24 CFR part 578
- Special NOFO CoC Application Navigational Guide
- Section 3 Resources
- Frequently Asked Questions

2C-1.	Coordination with Federal, State, Local, Private, and Other Organizations. (All Applicants)	
	Special NOFO Section VII.B.3.b.	

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

	Entities or Organizations Your CoC Coordinates with for Planning or Operations of Projects	Coordinates with Planning or Operations of Projects
1.	Funding Collaboratives	Yes
2.	Head Start Program	Yes
3.	Housing and services programs funded through Local Government	Yes
4.	Housing and services programs funded through other Federal Resources (non-CoC)	Yes
5.	Housing and services programs funded through private entities, including Foundations	Yes
6.	Housing and services programs funded through State Government	Yes
7.	Housing and services programs funded through U.S. Department of Health and Human Services (HHS)	Yes
8.	Housing and services programs funded through U.S. Department of Justice (DOJ)	Yes
9.	Housing Opportunities for Persons with AIDS (HOPWA)	Yes
10.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent
11.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes
12.	Organizations led by and serving LGBTQ+ persons	Yes
13.	Organizations led by and serving people with disabilities	Yes
14.	Private Foundations	Yes
15.	Public Housing Authorities	Yes
16.	Runaway and Homeless Youth (RHY)	Yes
17.	Temporary Assistance for Needy Families (TANF)	Yes
	Other:(limit 50 characters)	
18.	Behavioral Health Orgs, FQHCs, & orgs serving older adults	Yes

2C-2.	CoC Consultation with ESG Program Recipients. (All Applicants)	
	Special NOFO Section VII.B.3.b.	

	Describe in the field below how your CoC:
1.	consulted with ESG Program recipients in planning and allocating ESG 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 to address homelessness within your CoC's geographic area so it could be addressed in Consolidated Plan update.

(limit 2,500 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 data on CoC systems performance measures and gaps in the CoC. DHHS also provides PIT & HIC data to the Maryland ICH which is used to determine need and inform the State's consolidated plan.

2C-3.	Discharge Planning Coordination. (All Applicants)	
	Special NOFO Section VII.B.3.c.	

	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

2C-4.	CoC Collaboration Related to Children and Youth–SEAs, LEAs, School Districts. (All Applicants)	
	Special NOFO Section VII.B.3.d.	

	Select yes or no in the chart below to indicate the entities your CoC collaborates with:	
1.	Youth Education Provider	Yes
2.	State Education Agency (SEA)	Yes
3.	Local Education Agency (LEA)	Yes
4.	School Districts	Yes

2C-4a.	CoC Collaboration Related to Children and Youth–SEAs, LEAs, School Districts–Formal Partnerships. (All Applicants)	
	Special NOFO Section VII.B.3.d.	

	Describe in the field below:
1.	how your CoC collaborates with the entities checked in Question 2C-4; and
2.	the formal partnerships your CoC has with the entities checked in Question 2C-4.

(limit 2,500 characters)

1. MD-601 CoC policy requires all homeless service providers ensure that children are enrolled in school/connected to early childhood education. At program admission, the 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.

2. DHHS 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. 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. DHHS has a data sharing agreement with MCPS and Implementation MOUs for the Linkages to Learning program which serves households in 29 elementary & middle schools in high need areas. We collaborate with MSDE, the SEA, through the State Child Care Subsidy program. 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 to families. We collaborate with the SEA and the LEA to provides supports and services for families and their children, 0-3 who have special needs. MD-601 has formal MOU/MOAs with Head Start and public pre-K and also has formal agreements with Early Head Start. Additionally, an MCPS representative sits on the ICH.

| 2C-4b. | CoC Collaboration Related to Children and Youth–Informing Individuals and Families Experiencing Homelessness about Eligibility for Educational Services. (All Applicants) | |
| | Special NOFO Section VII.B.3.d. | |

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

(limit 2,500 characters)

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.

2C-5.	Mainstream Resources–CoC Training of Project Staff. (All Applicants)	
	Special NOFO Section VII.B.3.e.	

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

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

You must select a response for elements 1 through 6 in question 2C-5.

2C-5a.	Mainstream Resources–CoC Collaboration with Project Staff Regarding Healthcare Organizations. (All Applicants)	
	Special NOFO Section VII.B.3.e.	

	Describe in the field below how your CoC:
1.	systemically provides up-to-date information on mainstream resources available for program participants (e.g., Food Stamps, SSI, TANF, substance abuse programs) within your CoC's geographic area;

	2.	works with project staff to collaborate with healthcare organizations to assist program participants with enrolling in health insurance;
	3.	provides assistance to project staff with the effective use of Medicaid and other benefits; and
	4.	works with projects to promote SOAR certification of program staff.

(limit 2,500 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 as well as removing any barriers to access. The above referenced partners regularly present to the community providers about new resources and how to access existing one. The trainings are facilitated by the CoC. 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.

2. The CoC works with both healthcare organizations including substance use and mental health treatment and project staff to break down barriers to collaboration. CoC leadership attends healthcare led meetings like the High Utilizers and Hospital Discharge meetings to partner on individual persons experiencing homelessness to connect them to housing and healthcare as well as systemic issues with care coordination. The CoC contracts with community healthcare providers to provide primary care, substance use treatment, and mental services in emergency shelter, through street outreach and in permanent housing programs. This year the CoC has worked with Public Health officials to ensure access to specialty care like cancer treatment, podiatry, and dialysis. In addition, the CoC Lead operates the Health Care for the Homeless program that works with hospitals, inpatient psychiatric facility and inpatient substance use treatment providers to facilitate appropriate discharges as well as admission to said facilities for people experiencing homelessness.

3. The CoC trains providers on how to assist program participants to apply for Medicaid. The CoC Lead has the ability to verify Medicaid status for any household in the CoC. Through Coordinated Entry, people with active Medicaid are referred to programs who bill some or all of their services through Medicaid.

4. The CoC offers SOAR training 4 times a year and actively promotes project staff to get certified as a SOAR specialists.

3A. New Projects With Rehabilitation/New Construction Costs

The CoC Special NOFO page provides HUD-approved resources to assist you in completing the Special NOFO CoC Application, including:

- Special Notice of Funding Opportunity to Address Unsheltered and Rural Homelessness
- 24 CFR part 578
- Special NOFO CoC Application Navigational Guide
- Section 3 Resources
- Frequently Asked Questions

3A-1.	Rehabilitation/New Construction Costs–New Projects. (Rural Set Aside Only).	
	Special NOFO Section VII.A.	

If the answer to the question below is yes, you must upload the CoC Letter Supporting Capital Costs attachment to the 4A. Attachments Screen.	
Is your CoC requesting funding for any new project(s) under the Rural Set Aside for housing rehabilitation or new construction costs?	No

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

The CoC Special NOFO page provides HUD-approved resources to assist you in completing the Special NOFO CoC Application, including:

- Special Notice of Funding Opportunity to Address Unsheltered and Rural Homelessness
- 24 CFR part 578
- Special NOFO CoC Application Navigational Guide
- Section 3 Resources
- Frequently Asked Questions

3B-1.	Designating SSO/TH/Joint TH and PH-RRH Component Projects to Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes. (Rural Set Aside Only)	
	Special 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

3B-2.	Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes. (Rural Set Aside Only)	
	Special NOFO Section VII.C.	
	You must upload the Project List for Other Federal Statutes attachment to the 4A. Attachments Screen.	
	If you answered yes to question 3B-1, describe in the field below:	
1.	how serving this population is of equal or greater priority, which means that it is equally or more cost effective in meeting the overall goals and objectives of the plan submitted under Section 427(b)(1)(B) of the Act, especially with respect to children and unaccompanied youth than serving the homeless as defined in paragraphs (1), (2), and (4) of the definition of homeless in 24 CFR 578.3; and	
2.	how your CoC will meet requirements described in Section 427(b)(1)(F) of the Act.	

(limit 2,500 characters)

n/a