

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-503 - Annapolis/Anne Arundel County CoC

1A-2. Collaborative Applicant Name: Anne Arundel County, Maryland

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Anne Arundel County Department of Social Services

1B. Coordination and Engagement–Inclusive Structure and Participation

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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	No
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	Nonexistent	No	No
5.	CoC-Funded Youth Homeless Organizations	Nonexistent	No	No
6.	Disability Advocates	Yes	Yes	No
7.	Disability Service Organizations	Yes	Yes	No
8.	Domestic Violence Advocates	Yes	Yes	Yes
9.	EMS/Crisis Response Team(s)	Yes	Yes	Yes
10.	Homeless or Formerly Homeless Persons	Yes	Yes	Yes
11.	Hospital(s)	Yes	No	Yes
12.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent	No	No
13.	Law Enforcement	Yes	No	Yes
14.	Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates	Yes	Yes	No
15.	LGBT Service Organizations	No	No	No
16.	Local Government Staff/Officials	Yes	Yes	Yes
17.	Local Jail(s)	Yes	No	No
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	No	No	No
24.	Organizations led by and serving people with disabilities	Yes	No	No
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	No
31.	Youth Advocates	Yes	Yes	No
32.	Youth Service Providers	Yes	Yes	Yes
Other:(limit 50 characters)				
33.	Faith Community (e.g. churches)	Yes	Yes	Yes
34.	Emergency/Prevention Assistance Providers	Yes	Yes	Yes

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

	Describe in the field below how your CoC:
1.	communicated 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 MD-503 CoC is open to any person or agency interested in preventing or ending homelessness. New members are invited to join the Coalition on an ongoing basis by: a) Board Development Committee annually evaluates current membership and identifies/outreaches to persons involved in preventing or ending homelessness who are not currently represented; b) ACDS, the lead agency, publishes coalition meeting information on its website and has an open invitation for new members on its website. This year, three new members have joined the CoC in this way; c) CoC successes are highlighted on ACDS Facebook page; and d) outreach presentations on the CoC to community and faith groups and health care agencies. The open invitation to join the Coalition is posted on the ACDS website, with staff contact information on how to get involved. Interested individuals are also encouraged to sign up for the CoC newsletter/email distribution list to stay informed. Current members are encouraged to invite other interested parties to CoC meetings.

2. The lead agency, ACDS, has contact information on their website for individuals with disabilities to contact if they require accommodations to access or attend public hearings. Additionally, documents are available in PDF format

with speak to text captions on any graphics posted on the ACDS website. The ACDS website is ADA-compliant.

3. The MD-503 CoC works with its members to identify and invite homeless or formally homeless members to join and participate in the Coalition. A formally homeless individual is the Co-Chair of the CoC Board and also serves on the Homeless Youth Committee. Additionally, the CoC is utilizing an electronic meeting format in response to COVID, which has increased meeting accessibility to persons who are formerly homeless.

4. The CoC invited Centro de Ayuda to join the CoC due to the increased need of the Latino and immigrant community illuminated by COVID-19. Centro de Ayuda provides bilingual case management.

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. MD-503 invites all interested in ending homelessness and holds open monthly board/leadership meetings, which focus on topics related to homelessness, including affordable housing, education, mental health and substance use, and workforce development. The CoC holds quarterly Coalition meetings, which provide training on evidence-based practices such as trauma informed care or Housing First, and other relevant topics such as harm reduction using Naloxone or policy advocacy. This past year, the Coalition was instrumental in keeping the community up to date about COVID-19 resources, funding shelter, and accessing to testing and vaccines for the homeless. The CoC has various subcommittees that meet to discuss relevant topics including coordinated entry, shelter, and homelessness diversion. All meetings are advertised on the lead agency (ACDS) website and shared with the 100 plus person email list. The MD-503 leaders frequently give presentations to community organizations interested in preventing or ending homelessness. Additionally, elected officials frequently refer constituents to MD-503 Board leadership.

2. outreaching (via email) to 100 plus person membership list alerting them of meetings, availability of funds, and notice of availability of draft plans, and applications posted on lead agency website. CoC members request time on the agenda of local meetings to gather feedback for subpopulations including the local HIV/AIDS commission or veterans task force group. Stakeholder opinions are solicited in the Consolidated Planning process by ACDS, the lead agency.

3. the Board solicits input from community stakeholders during the homelessness consolidated planning process by incorporating feedback from the County’s three annual housing and community development public hearings; and hosting roundtable discussion providing opportunity or community to identify needs, issues, share updates and resources.

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. On September 7, 2021, a notice of availability of funds was sent to approximately 150 members of the AA CoC via email announcing the competition, providing application updates and resources, and inviting all interested parties to apply. Notice was also given of the FY2021 CoC Application Planning Meeting held virtually on September 15, 2021 and reminders about the FY2021 CoC Application Planning Meeting were sent via email. Notice that CoC was accepting project application proposals from the public, and that applications should be submitted to the ACDS office, was also posted on the ACDS, lead agency, website, and contact information for ACDS staff was provided.
2. CoC Application announcement email stated that new organizations are welcome to apply. ACDS received inquiries from three new organizations, one of which attended the CoC Application Planning Meeting.
3. Application submission instructions were sent to the CoC list serv and posted online on the ACDS website. Submission instructions are also included on the project application itself.
4. ACDS emailed the CoC email list and linked to the ranking and review criteria for new and renewal projects. Ranking and review criteria are also posted on the ACDS website. The process for evaluating applications, including the review committee and notification of project ranking, and posted on the ACDS website.
5. The lead agency, ACDS, has contact information on their website for individuals with disabilities to request accommodations. Also, the ACDS website is ADA-compliant.

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

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

In the chart below:

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

	Entities or Organizations Your CoC Coordinates with for Planning or Operations of Projects	Coordinates with Planning or Operations of Projects
1.	Funding Collaboratives	Yes
2.	Head Start Program	No
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)	Nonexistent
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	No
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)	Nonexistent
17.	Temporary Assistance for Needy Families (TANF)	Yes
	Other:(limit 50 characters)	

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

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

(limit 2,000 characters)

1. ACDS, the MD-503 CoC's Collaborative Applicant, is under contract with Anne Arundel County to administer the ESG and CoC programs and to provide staff support to the County's Homeless Coalition. As a result, ACDS consults with the CoC to establish the strategy for the use of ESG funds. Annually, CoC members are invited to participate in a minimum of two annual budget hearings discussing the allocation of ESG funds and to provide input into their use. ACDS staff is responsible for leading the County's Consolidated Plan and as such involves MD-503 CoC members in the process. The Annapolis Community Development Administrator administers CDBG for the City and is also CoC Board member.
2. The CoC has an ongoing committee to evaluate the performance of ESG Program subrecipients including the review of HMIS data, total homeless counts and ESG funded shelter performance data (e.g. length of stay, occupancy, income, housing placement and performance measures), HIC, and PIT data. Performance data from ESG funded programs is used to make recommendations for other funding sources including the State funded Homelessness Solutions Program and FEMA. ACDS is designated as the MD-503 lead agency and is responsible for monitoring all ESG programs. Results of these monitoring visits are also utilized when making funding decisions.
3. ACDS staff is responsible for leading the County's Consolidated Plan and incorporated PIT Count and HIC data into the Plan. This data was used to evaluate the efficacy of Con Plan goals by comparing by evaluating the needs of the community compared to available resources.
4. ACDS staff is responsible for leading the County's Consolidated Plan and as such involves MD-503 CoC members in the process by inviting them to meetings, presenting at CoC meetings; and requesting written feedback on Consolidated Plan goals and strategies for addressing homelessness.

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.	Yes
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. The MD-503 collaborates with a broad network of educational youth service providers operating in local schools and place-based programs. Kingdom Kare, Inc. operates an early childhood education center, a mentoring program for students in the Meade High School feeder system, and the new West County Family Support Center, which provides educational services to teen moms and their children to ensure that they earn their GED. The CoC also works with day care programs serving homeless youth.
2. The County has a formal partnership with Catholic Charities to operate a day care center for homeless children that is co-located with the Sarah's House Family Shelter. ACDS, funded Kingdom Kare, Inc. to provide a safe remote learning space during the COVID-19 public health crisis to low-income families. Another formal partner is the Boys & Girls Clubs of Annapolis and Anne Arundel County which provides affordable care for youth ages 6-18 during and after school hours.
3. CoC partnered with the McKinney-Vento SEA via the Youth Reach Count to administer the Youth Reach Survey to unaccompanied homeless youth at local high schools.
4. The MD-503 has a formal partnership with the LEA. The County's public school system has a designated Homeless Liaison who is an active member of the CoC's Board/coalition, and a lead on the committee for homeless youth.
5. Strategic partnership between the school system and CoC led to better access to resources such as school Pupil Personnel Workers (PPWs) identifying and referring at-risk and homeless families to a United Way funded prevention and rapid re-housing program.
6. The State of Maryland requires that the school district Homeless Liaison attend CoC meetings, so there is an ex officio role on the CoC Board.

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)

The CoC has policies to inform homeless families and unaccompanied youth of their educational rights. Each family shelter/program actively works with PPWs and school personnel to implement policies. For example, at Sarah’s House Shelter, case workers and childcare staff communicate with PPWs about transportation, organize school orientation to educate families about rights and resources, arrange and host parent/teacher conference at the shelter; and together (PPW, teachers, and Program staff) arrange tutoring and other academic supports for families. The County’s school system Homeless Liaison participates in the County’s Homeless Resource Day to ensure families – who may be doubled up with friends or families or at-risk of homelessness - receive information about their eligibility for education services. Additionally, the homeless liaison also presents at Homeless Coalition meeting which includes a wider range of stakeholders to ensure they are also educated about McKinney-Vento Programs that benefit homeless children. The Homeless Liaison also meets with homeless families residing in local motels to enroll children in school and services.

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	Yes
4. Early Head Start	No	No
5. Federal Home Visiting Program–(including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	No	No
6. Head Start	No	No
7. Healthy Start	No	No
8. Public Pre-K	No	No
9. Tribal Home Visiting Program	No	No
	Other (limit 150 characters)	
10.		

1C-5.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors–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. The YWCA is the expert for issues related to domestic violence, sexual assault, teen dating violence, stalking, and trafficking in Anne Arundel County and is active on a MD-503 CoC Board of Directors. The CoC annually hosts training on best practices, such as trauma-informed care, safety and planning protocols for servicing survivors, for service providers and community members. The CoC has also established a team, BRICKIT, which is an interagency team that functions as a collaboration of partners dedicated to providing families with the resources necessary to re-route their lives towards success. This team brings together agencies to best assist families in a caring and supportive manner and ensure they are linked to services. The YWCA offers training to CoC members and shelter staff on serving domestic violence, sexual assault, trafficking on an annual basis. The YWCA and Sarah’s House services both offer “trauma informed care” and respond to those who have experienced violence by offering counseling by qualified staff and licensed therapists.

2. Staff from the YWCA, are CoC Board members, participated in the development for the County Coordinated Entry (CE) process, including educating CoC members on the lethality assessment used by the YWCA. One of the initial questions in the CE intake process asks “are you in danger?” and the CE makes the appropriate referrals based on the answer (e.g. if in danger, referred to YWCA Safe House. CE Coordinator work closely with the staff of the YWCA, police, and crisis response coordinating services, making referrals, and collaborating to ensure families are served with safety and sensitivity. Training on Trauma Informed Care is offered annually to all CoC members, including the CE staff.

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 MD-503 CoC utilizes various data sources to assess the scope of community needs related to domestic violence, dating violence, sexual assault, and stalking. The YWCA, as the local expert for the field, maintains a separate but comparable database of services provided. During the fiscal year, the YWCA responded to approximately 2,575 calls through the Domestic

Violence/Sexual Abuse hotlines and an additional 1,489 calls came through the legal hotline. The YWCA’s Safe House Shelter served 145 persons during the last fiscal year. This data is maintained and de-identified in a separate database. Given the limited number of beds for survivors of domestic violence at the Safe House shelter, many survivors also enter the County’s family shelter, Sarah’s House, or receive services from other agencies and are entered into the County’s HMIS system. During Local Fiscal Year 2021, 116 persons were served in non-DV shelters or programs but indicated they had a history of domestic violence. Due to the limited space in the YWCA Safe House, 29 individuals identified themselves as actively fleeing but were served in non-DV programs. This is approximately 25 percent of those served in County’s emergency shelters and hotel programs. Given the de-identified data is not shared between the two data systems, it is difficult to obtain a completely accurate assessment of the need. However, the CoC estimates the need based on the gap between those served by the Safe House and those fleeing violence yet served in shelter.

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. CoC protocols prioritize safety by providing prompt risk assessment and safety planning; and 24-hour access to domestic violence (DV) providers. The YWCA is the primary provider for DV, dating violence, sexual assault and stalking and offers 24-hour access to case managers and intake staff for prompt response to individuals in crisis. The YWCA operates a DV safe house shelter and offers licensed therapy, legal services, support groups, hospital accompaniment for SAFE exams, and community education/outreach. DV survivors have the housing choice to enter the Safe House, Sarah’s House family shelter, or Rapid Re-Housing. Sarah’s House has 24 hour staff ensuring all emergencies are handled efficiently. All entryways are locked to ensure safety. The YWCA and Sarah’s House both practice trauma informed care and training on Trauma Informed Care has been offered to all CoC members. One of the initial questions on the Coordinated Entry assessment is “are you in danger?” and as needed, staff refer to the YWCA 24-hour hotline where survivors are assessed using a lethality assessment. The CoC coordinates with the County Crisis Response System and County Police to ensure the safety needs of survivors.
2. The CoC emergency transfer plan is in accordance with VAWA and allows DV survivors who are in imminent risk of further violence based on their placement location to request an emergency transfer to a new placement; and if another placement is available the CoC will accommodate the request. Documentation of the threat of further violence and that they were a victim of DV within 90 days of the transfer request are required.
3. YWCA maintains a separate database comparable HMIS to ensure

confidentiality. In compliance with VAWA, the client's location and information related to the DV incident are kept confidential unless the client provides written permission to release the information or if disclosure is required by law.

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 Commission of Anne Arundel County	7%	Yes-HCV	Yes
Housing Authority of the City of Annapolis	25%	Yes-Both	No

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

Describe in the field below:

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

(limit 2,000 characters)

1. The City of Annapolis Housing Authority has a homeless preference as part of their written policies. The Housing Commission of Anne Arundel County (HCAAC) recently opened up their housing voucher wait list after a number of years, and as such, has adjusted their homeless preference policies. The

HCAAC has a limited preference, or set-aside as defined as a number of project-based vouchers specifically designated to serve homeless individuals. The CoC worked with the HCAAC to set aside project-based vouchers to provide housing for homeless families and individuals. HCAAC has 25 project based vouchers available for homeless families exiting shelter and 8 project based vouchers for homeless individuals. The CoC and HCAAC developed a move-on strategy for clients in permanent supportive housing who still require a housing subsidy, but no longer require the supportive services component, to free up CoC-funded PSH units for more vulnerable and chronically homeless individuals. Additionally, in response to COVID-19, HCAAC created 60 emergency housing vouchers that are specifically targeted to families experiencing homelessness or housing instability in the County.

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	No
2.	PHA	Yes
3.	Low Income Tax Credit (LIHTC) developments	Yes
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
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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. In response to collaboration with the CoC and the increased need for voucher-based assistance for families, the Housing Commission of Anne Arundel County created a new set aside of 60 permanent housing vouchers that

are exclusive to homeless families who are referred through the Coordinated Entry system.
2. The PHA committed to accepting referrals for the 60 permanent housing vouchers exclusively through the Coordinated Entry system in a written commitment.

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)?	No
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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 supported the application of the Housing Commission of Anne Arundel County, the local PHA, for Emergency Housing Vouchers and Mainstream Housing Vouchers.
2. These vouchers were not awarded, but the CoC participants still benefited from the coordination.
3. CoC and families experiencing homelessness benefited as the PHA created a set aside of 60 vouchers dedicated exclusively to homeless families who are referred through the Coordinated Entry system.

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?	No
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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?	No
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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
This list contains no items

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.	8
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.	8
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 uses a coordinated ACCESS Housing List for all permanent supportive housing. This list is prioritized based on the VI-SPDAT assessment, and therefore persons with the highest vulnerability are prioritized for permanent housing placement. Therefore, clients who are chronically homeless with

complex behavioral health issues are housed first, and are able to stabilize while they are in their own unit. PSH providers exclusively accept referrals from the ACCESS Housing List, and therefore do not put preconditions on program participants. Additionally, services are offered to PSH clients, but service participation is not a requirement to maintain PSH. Additionally, the CoC evaluates projects through its annual monitoring process by reviewing files of program participants to ensure that Housing First principles are in practice and that participants are not denied entry due to lack of income, substance use issues, or prior criminal activity.

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?	No
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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. As part of its efforts to end chronic homelessness, the MD-503 CoC recognized the need for a comprehensive Homeless Outreach Team and in 2016, developed one with County and CDBG funds. Last year, the Homeless Outreach Team successfully linked more than 30 chronically and vulnerable homeless to PSH. The Team works closely with the County's mental health Crisis Response Team to link homeless individuals and families living in places not fit for habitation to housing and services. The Homeless Outreach Team receives tips from concerned community members, police, or the Crisis Response Team in order find persons experiencing homelessness, who are least likely to request assistance.
2. The CoC Homeless Outreach Team covers 100% of the County.
3. The CoC Homeless Outreach Team conducts outreach Monday-Friday, and the Crisis Response Team is available 24/7 for emergency situations.
4. Two outreach workers visit all known encampments and street locations on at least a monthly basis to build relationships and link persons experiencing homelessness to services. Outreach workers use a person-centered approach with sensitivity to the lived experiences of homeless individuals when providing services. In response to COVID-19, the street outreach team has been expanded to five staff. Workers meet clients where they are, literally and figuratively, thereby engaging the clients least likely to request assistance. Services, when possible, are brought to the encampments. For example, one member of the Team completes applications for income benefits; staff from the

County's Health Department has been brought to the camp to give flu shots and COVID-19 vaccines have been offered; and housing assessments, such as VI-SPDAT, are administered as new individuals are identified to place clients on the coordinated Access Housing List for permanent supportive housing.

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	No
4.	Implemented communitywide plans	No
5.	Other:(limit 500 characters)	

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

	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.”	42	39

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.	
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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. All CoC providers have procedures to help program participants enroll in mainstream benefits. The County Department of Social Services (DSS) has a benefits eligibility staff on-site at the County family shelter. The Homeless Outreach Team enroll homeless persons in Food Stamps and TANF, and the general assistance program. Programs utilize SOAR to apply for SSI/SSDI. The County has two ACT Teams that also link homeless to mainstream benefits. The County has a crisis response hotline that links persons to needed services, such as substance abuse programs. 2. The Homeless Coordinator holds quarterly meetings for case managers to educate all on available resources and new programs. The CoC also hosts training on available resources, including hosting a S.O.A.R. training in recent years. Updates on mainstream resources are emailed to the 100+ person CoC distribution list on an as-available basis. 3. CoC has relationship with the County Health Department (HD) and DSS to assist with enrollment in health insurance. CoC frequently collaborates with the HD when working with special needs populations who are in HUD-funded housing, such as persons living with HIV/AIDS. 4. Staff work to enroll all eligible clients in Medicaid. Staff provide education to clients around eligible services that extend past physical health, such as mental health services, Medicaid transportation services for medical appointments, home and community-based services, substance use treatment, and supported employment opportunities. Effective use of these benefits provides comprehensive services and preventative services that ensure clients remain stably housed and reduce emergency costs. Many of the CoC PSH programs utilize state and federal Medicaid – both grant funded and fee-for-service funds – for mental health/health services for participants.

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. MD-503 CoC has Coordinated Entry (CE) for both its shelter system and permanent supportive housing programs. The CE system covers the entire

County. Anyone can be assessed for shelter using a universal assessment tool via telephone. Agencies place clients on a single list for the three County shelters and the COVID emergency shelter, which is managed by a CE Gatekeeper. If clients are at-risk for homelessness, they are referred to homelessness prevention or ERAP services.

2. MD-503 has a Homeless Outreach Team and Crisis Response Team, which reach clients least likely to apply for assistance (chronically street homeless; mentally ill). Both teams assist with CE assessment. CE is affirmatively marketed on ACDS and County websites, listing contact information for each CE location and homelessness prevention program. Crisis Response Team provides 24-hour/7 days a week referrals for accessing CE and homelessness assistance resources. Therefore, the CE system is well-advertised and easily accessed. Outreach and services are conducted with a person-first approach, focused on client choice, sensitivity to client lived experiences, and clear CE policies so clients understand the process.

3. CE uses a comprehensive assessment tool that prioritizes homeless individuals and families based on the following ratings: (1) Housing Rating - CoC gives first priority to those on street (2) Income Rating- priority is given to those with no income; (3) Safety Rating - priority is given to those fleeing domestic violence when the County's Safe House is at capacity; (4) Health Rating priority is given to those with chronic health problems. Shelter priority is given to most at-risk based on the assessment vulnerability score.

4. Clients are prioritized based on need for shelter utilizing the risk assessment, and therefore people most in need of assistance are served first. Assessments are entered into HMIS in real time to ensure timely services.

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
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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.	Yes
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.	No
4.	People of different races or ethnicities are less likely to receive a positive outcome from homeless assistance.	No
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 wants to ensure that racial minorities have equal access to permanent housing opportunities. For example, the CoC evaluated its racial equity in the provision of rapid re-housing (RRH) services. During Fiscal Year 2021, the population residing in the County family emergency shelter was approximately 50% African American. A significant portion of RRH clients, over 80%, were residing in an emergency shelter immediately prior to RRH program entry. So, the CoC evaluated if the percentage of racial minority families accessing RRH services was congruent with the percentage of racial minority families residing in the emergency shelter. The goal was to assess equal access to permanent solutions, and to ensure that permanent housing solutions were not offered to

white households at a higher rate. The evaluation revealed that during Local Fiscal Year 2021, about 63% of family shelter residents identified as a racial minority, and approximately 50% identified as African American. In Local Fiscal Year 2021, approximately 74% of CoC-funded RRH participants identified as a racial minority, with about 68% identifying as African American. Based on this evaluation, the CoC concluded that RRH services were equitable and in this regard, racial equity in homelessness.

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.	1	1
2.	Review and recommend revisions to local policies addressing homelessness related to coordinated entry, services, and housing.	6	6
3.	Participate on CoC committees, subcommittees, or workgroups.	1	1
4.	Included in the decisionmaking processes related to addressing homelessness.	1	1
5.	Included in the development or revision of your CoC's local competition rating factors.	1	1

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.	No
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 CoC immediately mobilized its homeless street outreach team to visit homeless encampments and provide PPE and MREs to the street homeless. The County offered handwashing and mobile shower stations for street homeless to maintain good hygiene. Further, health care workers were dispatched to encampments to provide information on COVID-19 and safe social distancing. ESG-CV funds were provided to the local Crisis Response Team for emergency hotel stays for persons living in unsafe unsheltered situations due to COVID-19. Once available, vaccines and testing were offered directly at the homeless day centers frequented by unsheltered persons.

2.The County opened an emergency hotel shelter to serve approximately 90 homeless persons. The hotel setting allowed for social distancing and compensated for reduced shelter capacity at congregate programs. Services include 24-hour staffing, case management, transportation, and meals. The most high-risk clients were temporarily moved into hotel rooms. Congregate shelters met with the Health Department and based on their guidance, reduced their census. Regular temperature checks and COVID testing were implemented. Additionally, the lead agency ACDS funded a restructuring of the Light House (LH) shelter lobby to allow for social distancing to prevent the spread of COVID-19. CARES Act and ESG-CV funds were provided to emergency shelter programs to cover PPE supplies, additional facility cleaning, and COVID-19 physical barriers. Once available, vaccines were offered directly at the emergency shelter programs. CARES Act funds were provided to the LH for case management, support services, and daily meals for families being sheltered through the hotel shelter.

3.Project North and the Fouse Center, two transitional programs, implemented

strict social distancing regulations and required that masks be worn by everyone when in a congregate setting. Project North is apartment-based, and therefore was able to continue operating.

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 improved readiness for future public health emergencies by solidifying a strong partnership with the local Health and Emergency Management Departments. The Health Department coordinated directly with homeless service providers and emergency shelters to create a COVID-19 response plan on an agency level, and created a CoC-wide vaccination plan. Having these structures in place will enable the CoC to respond even more rapidly to any future public health emergencies. For example, the Health Department is now able to setup vaccine and testing clinics at a moment's notice throughout the county, at both traditional and non-traditional locations. The collaboration between the Health Department and the community has been a key factor in providing testing and vaccines to the community, especially in regards to the most vulnerable clients. Additionally, emergency shelters now have a plan in place to respond to public health emergencies based on guidance from the Health Department. The Health Department hired new employees to help aid with the new COVID-19 programs and a new branch of the Health Department, Emergent Disease and Pathogens, has been created to continue responding to COVID-19 and preparing for future 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. ESG-CV funds were used to operate handwashing stations, bathrooms, and showers in outdoor locations for the unsheltered homeless. Similarly, funds were used for safety measures such as PPE, social distancing, and additional sanitizing and cleaning of emergency homeless shelters. ESG-CV funds were also used to operate an emergency hotel shelter program to provide a safe alternative to congregate programs. Funds were also used to expand the homeless outreach team from two to five outreach workers to meet the increased need for services in response to COVID-19 as well as to increase

security at emergency shelter programs in response to the increased safety risk due of COVID-19. The local Crisis Response team received ESG-CV funds to provide emergency hoteling to families.

2.AHOH, Mental Health Agency, YWCA, and Sarah’s House received ESG-CV funds to administer Rapid Re-Housing Programs (RRH). These funds will help to quickly move people from shelters or other temporary settings into permanent homes. Programs will leverage eligible landlord incentive costs, signing bonuses, and double security deposits to house clients with multiple housing barriers. This assistance will help mitigate the impact of COVID-19 and will increase housing placements and ensure that clients do not return to unsheltered homelessness or high-risk shelters.

3.The County launched an Eviction Prevention Program (EPP) administered by the lead agency, ACDS, in response to COVID, funded with CDBG-CV, CARES Act, and ERAP funds. ACDS contracted with the Center of Help to provide bilingual triage case management for Spanish-speaking renters seeking eviction prevention assistance.

4.ESG-CV funds were used to provide PPE, gloves, masks, thermometers, and other healthcare supplies by homeless services providers.

5.ESG-CV funds were used to purchase sanitary supplies for shelters and the outreach team including cleaning supplies, single use plates, and hand sanitizer dispensers.

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.The Health Department developed a Vulnerable Populations Group (VPG) that served as a liaison between the hospitals, homeless services providers and the Department of Social Services. The Vulnerable Populations Group coordinated COVID testing prior to shelter entry, and provided weekly testing at emergency shelters. The Health Department also communicated updated Local, State and CDC protocols, and provided PPE as needed. Local Health Department officials visited homeless shelters to provide guidance on safe social distancing and made a plan with homeless providers on how to safely house and shelter clients within the congregate setting. The Health Department had regular meetings with the VPG and the Department of Social Services to coordinate vaccine distribution and made vaccines available to homeless persons as a vulnerable priority group. Vaccines were offered directly on site at local homeless service agencies for both clients and staff. Additionally, the Health Department provided on-site nursing at the emergency hotel shelter to prevent the spread of COVID-19.

2.The VPG coordinated to obtain supply donations. For example, Bank of America provided the Light House with a large donation of 180,000 masks, 50,000 gloves, and 10 cases of hand sanitizer and the Light House distributed a portion of these supplies to local partners, including St. John’s College, Anne Arundel Community College, Anne Arundel Department of Health, Anne Arundel Emergency Volunteers, Sarah’s House, and Arundel House of Hope.

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)

1.The CoC met monthly via Zoom to discuss homeless services and communicate information regarding COVID-19. Information from the local Health Department (HD) was regularly communicated via email to the CoC email list serv, which has over 100 agency members. The HD communicated local COVID-19 transmission data to homeless service providers and provided regular guidance on COVID-19 response protocol, including individual meetings with the congregate shelters to create a COVID-19 safety plan. Guidance from the CDC regarding mask use and PPE was communicated to homeless service providers by the HD and ACDS, the lead agency, including educational materials for staff and clients on handwashing and mask-wearing. ACDS participated on an Executive Team led by the County Executive and HD, and updates were sent to the CoC via email.

2.The local HD developed a Vulnerable Populations Group (VPG) that served as a liaison between the hospitals, homeless services providers and the Department of Social Services. As local restrictions changed, the information was communicated directly from the HD to the homeless service providers, and the VPG collaborated to adjust programming accordingly.

3.In the County, residents and staff of homeless shelters were considered a vulnerable group and were given priority for vaccination. The County began vaccinating the homeless population in January 2021 and continues to facilitate community clinics. For example, the Light House implemented a weekly COVID-19 vaccination clinic open to the community. The HD provided on site vaccinations at the local emergency shelters and information on vaccine distribution was provided by the outreach team at homeless encampments. Additionally, the County opened a COVID Care Warmline to provide information to the public regarding COVID-19, and had over 15,000 calls related to vaccinations. The County provided assistance with pre-registering, transportation to a vaccine site, and taxi vouchers.

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)

In the County, residents and staff of homeless shelters were considered a

vulnerable group and were given priority for the vaccination. The County began vaccinating the homeless population in January 2021 and continues to collaborate with community partners to facilitate community clinics as an additional means for vaccination. The Health Department provided on site vaccinations at the local emergency shelters and information was communicated directly to the programs. Information on vaccine distribution was also provided by the outreach team at homeless encampments.

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 YWCA of Annapolis and Anne Arundel County is the primary service provider for survivors of domestic violence and offer comprehensive crisis response services including, residential services (emergency safe house shelter, safe alternative shelter through hotel placement and rapid rehousing); educational and wellness services; 24-hour crisis hotlines for domestic violence; individual trauma counseling; case management; advocacy; victim and trauma support groups; art and play therapy; hospital accompaniment; legal representation in the process of obtaining peace and protective orders and domestic violence-related divorce and custody; community education and outreach and education services, and abuse intervention programming. In response to the COVID-19 pandemic and after the conclusion of a region-wide collective impact initiative aimed at identifying gaps in the victim services continuum of care, the YWCA re-established its Rapid Rehousing program with ESG-CV funds, which previously operated from 2009-2011. YWCA's Rapid Rehousing program is the only known program within the county's homeless continuum of care that will be solely dedicated to serving victims of domestic violence who are homeless or facing homelessness. Additionally, the YWCA utilized CARES Act funds to increase the capacity of the agency to respond to the increased need for domestic violence services due to COVID-19 including direct client assistance; increased legal assistance for clients seeking protection orders; emergency hotel funds for safe non-congregate sheltering; technology services so that YWCA could connect with families fleeing domestic violence virtually; and increased facility sanitation and cleaning costs so that YWCA could continue to provide domestic violence services safely.

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 CoC continued to give priority for emergency shelter to homeless individuals assessed as vulnerable and on the street or residing in a place not fit for human habitation. Given the increased risk of congregate shelter, entry into emergency shelter was limited to clients who were literally homeless, and extensive homelessness prevention resources were provided to families facing eviction due to COVID-19. In response to COVID-19, the coordinated entry process became entirely virtual and individual coordinated entry intakes were completed over the telephone. The Homeless Coalition meets on a monthly basis to develop policies and procedures, which included evaluation of necessary changes to the design of the County's coordinated entry process due to COVID-19.

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.	09/07/2021
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.	09/07/2021

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.	
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NOFO Section VII.B.2.d.

Describe in the field below how your CoC reviewed, scored, and selected projects based on:
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- | | |
|----|--|
| 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)

The MD-503 CoC gave preference as evidenced by awarding higher ranking and rating points thereby prioritizing projects that serve the following four vulnerable populations with the most severe needs: 1) chronically and vulnerable homeless, 2) severely and persistently mentally ill; 3) survivors of domestic violence; and 4) homeless youth. The CoC also considered the needs and vulnerabilities of clients served in the program, with additional points awarded to projects that serve clients with one or more vulnerability. The MD503 CoC remains committed to ending chronic homelessness in the County and has established a targeted by-name waitlist, ACCESS HOUSING, which prioritizes the County’s most vulnerable chronically homeless. A total of 71 chronically homeless persons were identified in the County’s PIT count. Prioritizing PSH projects serving the chronically homeless so units continue to be available has made a difference in the reduction of this number. The Homeless Outreach Team helped over 30 homeless persons from the streets move into CoC-funded PSH housing last year. Therefore, given the County success, targeting the chronically homeless remains a priority in the ranking/rating criteria. Additionally, new projects serving survivors of domestic violence are also given higher priority. As described in prior sections of the application, housing for DV survivors is a need and therefore programs serving this population received additional ranking points. As the CoC has established a plan for ending youth homelessness, projects for unaccompanied homeless youth were given additional points in the ranking process. Unfortunately, the MD-503 CoC did not receive a youth homelessness project application, although the CoC receives State funding for a rapid re-housing program for unaccompanied homeless youth.

1E-3.	Promoting Racial Equity in the Local Review and Ranking Process.	
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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 CoC made available for review the rating factors for both renewal and new CoC applications at the monthly CoC Board meeting. The criteria were reviewed by CoC members, and feedback regarding the prioritization of both rating criteria and prioritization of project type was solicited and received by

ACDS, the lead agency. CoC members also had the opportunity to complete an online service regarding the rating criteria. The CoC Board includes individuals who identify as racial minorities and the co-chair of the CoC is African American.

2. In the local homeless population, racial minorities are over-represented, specifically African Americans. The CoC Ranking and Review Committee was comprised of a diverse group of stakeholders and approximately 30% of participants were people of color, including African Americans and Latinos. Just under 15% of participants identified as African American, and one member of the CoC Ranking and Review Committee had lived experience of homelessness.

3. The CoC utilizes ranking and rating criteria to determine if the project is serving clients with the highest vulnerability and the most barriers including chronic homelessness, mental health, and substance use. The CoC uses a coordinated ACCESS Housing List for all permanent supportive housing. This list is prioritized based on the VI-SPDAT assessment, and therefore persons with the highest vulnerability are prioritized for permanent housing placement. Therefore, the rating criteria gives preference to projects whose clients most closely resemble the chronically homeless population in the County.

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. The MD-503 CoC annually evaluates renewal projects to determine if they are meeting performance benchmarks, regulatory requirements, and effectively managing the program. These monitoring results are incorporated as a part of the objective review criteria during the application process. Monitored programs are given the opportunity to correct any concern or action identified and this too is included in the discussion by review committee. The MD-503 CoC written policies states that the CoC may reallocate projects that no longer meets a HUD defined Policy priority and has a reduced likelihood of being funded (e.g. supportive service only, transitional housing programs etc.); b) the CoC may re-allocate the funding of a low performing project that fails to meet established performance measures or maintain regulatory compliance. If a project scores below 150 points on the Rating Tool for renewal projects, the project is considered low-performing and at-risk of having the project funds reallocated for a new project that better meets the needs of the CoC.

2. N/A

3. N/A

4. In the review process, the CoC uses a point scale of 175 pts for renewal

projects. A project scoring less than 150 out of 175 is determined to be low performing and at risk of being re-allocated. The Ranking and Review Committee adjusted some assumptions of the ranking tool due to the pandemic, including employment outcomes. Thus, it was determined that given the economic situation caused by COVID-19, that no project should be considered for reallocation based on this metric alone. In the past, programs such as SSO were reallocated due to changes in HUD’S funding priorities; reallocation for this type of project is discussed and approved by the CoC’s Board prior to competition; but was not applicable this year.
5. The reallocation policy is posted on the website and reviewed as part of an informational meeting held annually to discuss the CoC Application, timeline, new priorities, changes, and review criteria.

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
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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.	10/15/2021
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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.	11/12/2021
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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
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- 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 - Community Services (Service Point)
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2A-2.	HMIS Implementation Coverage Area.	
	Not Scored—For Information Only	

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

Enter the date your CoC submitted its 2021 HIC data into HDX.	05/14/2021
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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)

1. The YWCA of Annapolis and Anne Arundel County is the primary DV provider in the County. The YWCA utilizes Social Solutions Apricot, which is considered a comparable database to HMIS in compliance with 2020 HMIS Data Standards. Additionally, the HMIS lead and CoC lead agency met with the YWCA to ensure that their comparable system met the 2020 HMIS Data Standards and had the necessary reporting functionality, and it was found to be in compliance.

2. The comparable system, Social Solutions Apricot, is a comparable database to HMIS and is therefore able to pull de-identified aggregate reports that mirror HMIS data reports including APRs and the CAPER report. The YWCA is an ESG-CV grantee and is able to provide performance, demographic, and financial expenditure data to the HMIS lead and the CoC lead agency, and would be able to replicate these de-identified aggregate reports for CoC programs.

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	221	0	221	100.00%
2. Safe Haven (SH) beds	0	0	0	
3. Transitional Housing (TH) beds	14	0	14	100.00%
4. Rapid Re-Housing (RRH) beds	39	0	39	100.00%
5. Permanent Supportive Housing	270	0	270	100.00%
6. Other Permanent Housing (OPH)	72	0	72	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)

N/A

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.	0.00%
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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)

N/A

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
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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:

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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
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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
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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:

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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)

In FY2020, a total of 761 persons entered emergency or transitional housing programs for the first time. The risk factors that MD-503 CoC uses to identify persons becoming homeless for the first time include: pending eviction; being extremely rent burdened, or paying more than 50 percent of income for housing; health crisis including addiction or a mental health diagnosis; unstable employment or low wages. Opioid addiction continues to contribute to an increase of new homeless persons residing on the streets as well as in shelter.

2. The CoC addresses persons at risk of becoming homeless by: a. using State, CDBG, ERAP and faith community funds to provide emergency rental assistance, eviction prevention, supportive services, landlord mediation, turnoff prevention. In response to COVID-19, ACDS implemented an eviction prevention legal strategy that included hiring an expert staff attorney and developing a plan with the courts to prevent and stay evictions; b. partnering with local agencies such as Community Action Agency, the Light House, and United Way to utilize these funds; c. affirmatively marketing services to at-risk population out in community, providing services throughout the County, and posting homelessness prevention referrals on ACDS website; d. assessing those seeking shelter to determine if the person can receive prevention assistance to remain housed instead of entering homelessness; and f. working with the State Health Department to train CoC providers on opioid overdose prevention and referring clients to opioid treatment. CoC lead agency ACDS began a partnership with Community Legal Services to provide legal support to renters facing eviction due to COVID 19.

3. Homeless Coordinator at Department of Social Services (DSS) and ACDS are responsible for 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. In FY20, the average length of time someone remained homeless decreased by over 13% from 89 to 77 days; that is an almost 30% decrease since FY17. The MD-503 CoC focuses on Housing First and rapid re-housing strategy to get people quickly housed. Strategies to reduce the length of time someone remains homeless include: a) comprehensive assessment identifying housing barriers and options; b) increasing the number of rapid re-housing programs; c) prioritizing those in shelter or on the street for both rapid re-housing programs and PSH programs; and d) identifying and taking advantage of new housing opportunities, such as getting homeless clients on waitlists of new LIHTC projects by helping clients apply the day a waitlist is opened. Staff utilize evidence-based practices such as motivational interviewing to provide clear expectations using a person centered approach to increase client motivation to exit shelter and stabilize. Comprehensive wrap-around services, including partnerships and referrals to employment/workforce development to help increase income to afford housing, are offered by Sarah’s House shelter and CoC local providers.
2. The Homeless Street Outreach Team works on the ground with chronically street homeless persons, who often have the longest length of time experiencing homeless in the County. Outreach staff meet clients where they are to develop rapport. In FY21, over 30 persons were placed in PSH. The Outreach team uses HMIS data and VI-SPDAT scores to identify individuals and assess their vulnerability. Clients are then placed on the coordinated entry list for PSH, the ACCESS Housing list, and outreach staff work with clients to obtain necessary documentation for the housing process. Chronically homeless persons with the highest vulnerability are prioritized for PSH. CoC holds monthly case conferences focused on getting clients housed as quickly as possible.
3. Planning Staff at ACDS, the lead agency, oversee CoC strategy to reduce the length of time persons are homeless.

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. The CoC main strategy to increase the rate at which those in emergency

shelter, transitional housing, and rapid re-housing exit to permanent housing destinations includes: (a) comprehensive assessment to quickly identifying housing barriers and options in order to develop a housing plan; (b) develop and build strong landlord relations and operate a landlord mitigation fund, which will encourage landlords to accept clients with multiple barriers; (c) continuously identifying new housing opportunities including obtaining increased funding from the County which set aside nearly \$400,000 in new funding for rental assistance programs; (d) implementing the "Move On" strategy with PHAs to free up additional PSH space; (e) leveraging ESG-CV landlord incentives to obtain and maintain permanent housing placements for persons who are difficult to house. The CoC will continue the strategy of using the byname lists for all PSH programs and holding monthly case conferencing meetings with the focus of getting participants housed as quickly as possible. Not evident by this percentage, is the CoC's success in assisting over 30 homeless individuals living on the street obtain CoC funded PSH housing based on the CoC's order of priority vulnerability list.

2. The CoC's strategy to increase the rate at which those in PSH remain permanently housed include: (a) incorporating the Housing First model into program design and to minimize discharge from programs; (b) providing comprehensive supportive evidence-based services while in program including financial management, budgeting, apartment maintenance and providing ongoing services with individualized service plan goals to build on independence and self-sufficiency, even once clients have stabilized; and (c) strengthening landlord relations and developing partnerships. The CoC has a strong 98% retention/successful exits rate for PH projects.

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 identifies returns to homelessness by reviewing HMIS data, consulting with providers, through Coordinated Entry assessment, and working with clients. Commonalities are found in this group, which include (a) an untreated addiction or mental health diagnosis, (b) families or individuals who rely on a shelter as a safety net, and (c) unstable employment and high housing cost. Whenever possible, CoC works with clients to ameliorate these issues prior to exit to permanent housing, or if in permanent housing, prior to eviction to keep them stably housed.

2. The CoC strategy to reduce returns is to (a) develop an array of housing resources including PSH, rapid re-housing, and other PH resources and to target the housing intervention through case conferencing meetings and utilizing the by-name lists; (b) offer follow-up services such as Sarah’s House Service Linked Housing Program and case management; and (c) minimize discharge from PSH programs by again offering case management and landlord mediation. The CoC has prioritized housing extremely vulnerable, chronically homeless, as well as increasing the number of rapid re-housing programs in the

County. Additionally, Catholic Charities offers 20 units of permanent housing at Ft. Meade for families. These families are given priority to receive a mainstream Housing Choice Voucher after a year in the program.
 3. ACDS, the lead agency, oversees CoC strategy to reduce the rate of returns to homelessness.

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)

In FY20, 11% of adult leavers increased their earned income from program entry to program exit, and 7% of adult stayers increased their earned income. CoC members have relationships with many employers who hire clients after completion of training programs in the construction or food service industry including Light House (LH) Building Employment Success Training, which prepares students for employment with skills training, education, and credentialing. CoC members LH and SCAR Foundation prioritize access to training programs for the homeless and accept referrals from the CoC. SCAR is federally bonded through the Department of Labor, providing employers with additional insurance. Given the target population for CoC PSH is disabled chronically homeless persons, CoC is looking to partner with the County's supported employment programs to help increase cash income. The Mental Health Agency, a subrecipient, offers supported employment for CoC tenants.
 2. The local Workforce Development Corporation (WDC) is on the CoC Board to educate CoC on WDC programs. Many providers offer employment and training programs - LH has a social enterprise, the Bistro, which trains and employs homeless persons for careers in the food service industry. LH has a new program through Maryland Department of Labor Opioid Workforce Innovation Fund providing employment opportunities to persons with history of opioid use, which accepts referrals from CoC. Many providers provide client transportation assistance to place of employment.
 3. ACDS planning staff and Light House oversee these strategies.

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. CoC members have relationships with several employers who will hire clients after they complete training programs in the construction or food service industry including Light House (LH) Building Employment Success Training (B.E.S.T.), which prepares students for meaningful employment by providing skills training, education, and credentialing. CoC members LH and SCAR Foundation prioritize access to these training programs for individuals who are homeless and accept referrals from the CoC. SCAR is federally bonded through the Department of Labor, which provides employers with additional insurance. The Workforce Development Corporation (WDC) has partnerships with many local employers, which creates employment opportunities for homeless persons. For example, WDC has a partnership with BWI Airport to hire WDC clients. This year, identified the homeless population as a key target population for services. WDC accepts referrals from CoC providers, and has long standing agreements with many providers, including the LH. There is an MOU between WDC and the CoC.

2. WDC Executive Director is on the Board of the Homeless Coalition to ensure that providers of homeless services are aware of the WDC programs. Many employment opportunities and training programs are offered on the provider level. LH has a social enterprise, The Bistro, which trains and employs homeless individuals to prepare them for careers in the food service and management industry. LH recently acquired Maryland Department of Labor funding through the Opioid Workforce Innovation Fund for a program geared at providing employment opportunities to individuals with history of opioid use, which will accept referrals from the CoC.

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. In FY20, 4% of adult leavers increased their non-employment income from program entry to program exit. CoC providers offer benefit assistance to clients on-site and by providing referrals to Anne Arundel County Department of Social Services (DSS) to determine eligibility for benefits such as SNAP, SSI/SSDI, Medicaid, WIC or TANF. Mental Health Agency staff are trained to provide S.O.A.R. assistance.

2. DSS provides on-site services at emergency shelters to enroll participants in mainstream programs and utilize the County's S.O.A.R program to assist participants in applying for SSI/SSDI. The Homeless Outreach Team is able to enroll clients in benefits out in the community, thereby increasing access to non-employment cash sources and reaching the hardest to serve clients. Workforce Development Corporation (WDC), the local workforce development board, outreaches and affirmatively markets workforce development and educational programs to local shelters and has funded a program at the Light House Shelter.

3. ACDS, the lead agency, 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:
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- 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	No
3.	Public Housing Agencies, including use of a set aside or limited preference	Yes
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
ACDS Partnership ...	PSH	7	Housing
YWCA Safe Homes R...	RRH	8	Healthcare

3A-3. List of Projects.

1. What is the name of the new project? ACDS Partnership for Permanent Housing Consolidated Expansion Program

2. Select the new project type: PSH

3. Enter the rank number of the project on your CoC's Priority Listing: 7

4. Select the type of leverage: Housing

3A-3. List of Projects.

1. What is the name of the new project? YWCA Safe Homes RRH Program

2. Select the new project type: RRH

3. Enter the rank number of the project on your CoC's Priority Listing: 8

4. Select the type of leverage: Healthcare

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)

N/A

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)

N/A

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:	169
2.	Enter the number of survivors your CoC is currently serving:	145
3.	Unmet Need:	24

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)

1. The YWCA is the local expert on serving survivors of domestic violence. During LFY2021, the YWCA reported that its Safe House served 145 persons fleeing domestic violence. The CoC HMIS system documented 29 persons that reported they were actively fleeing from a domestic violence situation when entering non-domestic violence emergency shelter. It is assumed these families were unable to obtain a bed at the YWCA’s Safe House due to capacity. Therefore, the estimated annual need for housing and services for DV survivors is 169 persons (145 persons served by the Safe House plus 29 persons actively fleeing domestic violence, but served in a non-domestic violence program). The number served by programs likely decreased due to COVID-19, so the CoC will continue to monitor numbers to evaluate need.
2. Estimate based on YWCA comparable database and MD-503 HMIS data.
3. While the 24 individuals listed in 4A-2 (3) have access to services, the estimation is that they do not have access to services designed specifically for survivors of domestic violence or families actively fleeing domestic violence due to program capacity. Therefore, a RRH program designed specifically for survivors of domestic violence would address this unmet need.

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
YWCA

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	YWCA
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)

- 1.
2. Comparable database for domestic violence provider (YWCA)

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)

1. YWCA previously operated a CoC-funded Rapid Re-Housing Program (RRH) for survivors of domestic violence in 2009-11 and began operating an ESG-CV funded RRH program in response to COVID-19. To assist program participants

in reaching their housing goals, participants have an identified Case Manager to work collaboratively with to develop their goals, housing stability plan and to develop and/or review their comprehensive safety and empowerment plan. YWCA Case Managers will work with the client to quickly locate housing and assist in communicating with the landlord/leasing office to secure the property. The YWCA will leverage existing relationships and recruit landlords to assist participants in quickly identifying safe and sustainable permanent housing by prioritizing the needs, voice and rights of the victims enrolled in the program.

2. YWCA exclusively serves survivors of domestic violence.
3. YWCA has a wide array of supportive services including educational and wellness services; 24-hour crisis hotlines for domestic violence; individual trauma counseling; case management; advocacy; victim and trauma support groups; art and play therapy; hospital accompaniment; legal representation in the process of obtaining peace and protective orders and domestic violence-related divorce and custody; community education and outreach and education services, and abuse intervention programming. Additionally, program participants will have access to a 6-week education program curriculum, food pantry, transportation assistance, support groups, counseling, legal services and prevention/education sessions.
4. YWCA provides graduated support with a higher level of financial support in the first quarter and tapering off in the final quarter, with wrap around supports continuing to be available at the completion of the program. This can be adjusted based on the needs of the client.

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)

Since 1977, the YWCA has delivered a continuum of care to those impacted by domestic violence and sexual assault. Victims face unique obstacles that impact their ability to live safe and independent lives. The YWCA aims to remove these barriers by providing a comprehensive array of services that foster victim self-sufficiency and restore feelings of safety, choice, and control. The YWCA will utilize a victim-centered, trauma-informed, and strengths-based approach to rapidly move victims into permanent housing after their immediate safety needs have been addressed. Referral and case management services will specifically be developed for victims of domestic violence that prioritizes a victim’s rights, safety, choice and control. YWCA will utilize evidence-based assessment and evaluation tools such as the Lethality Assessment Program and Danger Assessment tool to ensure ongoing focus victim safety planning

and address any immediate safety concerns that may arise during program participation. YWCA staff are trained to utilize the Danger Assessment Tool, which is used to discuss safety planning and recommended services. Additionally, YWCA will all utilize the best practices to ensure all victims are aided in developing formalized written safety plans, which will be reviewed throughout the duration of program enrollment and prior to program discharge. Case management takes place as frequently as the program participant and the case manager agree upon during program enrollment, with a minimum of once a month. Program participants are invited to actively participate in these meetings as this is where they develop goals for their time in the program and receive assistance in obtaining necessary resources to reach their housing goals. Supportive services are voluntary; however, the Case Manager will actively engage program participants to encourage participation through the use of motivational interviewing techniques and ensuring all communication and engagements with program participants are trauma-informed victim-centered. Program participants will be provided information on the benefits of active case management and engagement in support services. All data regarding participant location is kept confidential and maintained in a separate database. The YWCA has experiencing operating a Safe House at a secure and undisclosed location with additional safety and security features to protect the families fleeing domestic violence. Additionally, the YWCA has experience serving families that are in imminent danger, and utilize the definition of a threat or risk of harm, serious injury or death (lethality); or the belief that death or physical harm could occur without further intervention.

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)

Being the only comprehensive victim service provider in all of Anne Arundel County means that the YWCA is uniquely qualified to provide victim-centered and trauma-informed Rapid Rehousing services to victims who are fleeing or attempting to flee domestic violence, sexual assault, human trafficking, stalking and dating violence. In 1984, the YWCA opened the county’s first and only emergency domestic violence safe house shelter. Known as Arden House, this emergency shelter continued to operate until 2019 when the YWCA opened a new and expanded domestic violence safe house shelter, with the capacity to provide accommodations to up to forty (40) individuals at any given time. The YWCA provides a full continuum of victim-centered services that address the specific needs of this client population that ensures victim self-determination, safety, and self-sufficiency through the following services: Residential services (emergency safe house shelter, safe alternative shelter through hotel placement and rapid rehousing); educational and wellness services; 24-hour crisis hotlines for domestic violence; individual trauma counseling; case management; advocacy; victim and trauma support groups; art and play therapy; hospital accompaniment; legal representation in the process of obtaining peace and protective orders and domestic violence-related divorce and custody; community education and outreach and education

services, and abuse intervention programming.

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)

The YWCA will utilize a victim-centered, trauma-informed, and strengths-based approach to rapidly move victims into permanent housing after their immediate safety needs have been addressed. Referral and case management services will specifically be developed for victims of domestic violence that prioritizes a victim’s rights, safety, choice and control. YWCA will utilize evidence-based assessment and evaluation tools such as the Lethality Assessment Program and Danger Assessment tool to ensure ongoing focus victim safety planning and address any immediate safety concerns that may arise during program participation. Additionally, YWCA will all utilize the best practices to ensure all victims are aided in developing formalized written safety plans, which will be reviewed throughout the duration of program enrollment and prior to program discharge. Case management takes place as frequently as the program participant and the case manager agree upon during program enrollment, with a minimum of once a month. Program participants are invited to actively participate in these meetings as this is where they develop goals for their time in the program and receive assistance in obtaining necessary resources to reach their housing goals. Supportive services are voluntary; however, the Case Manager will actively engage program participants to encourage participation through the use of motivational interviewing techniques and ensuring all communication and engagements with program participants are trauma-informed victim-centered. Program participants will be provided information on the benefits of active case management and engagement in support services. Individuals supported by the program have the right to access YWCA’s full continuum of comprehensive victim services and victims may elect to voluntarily utilize these additional supports during their time in the Safe Homes Rapid Rehousing Program to decrease housing barriers and maintain self-sufficient living situations. Support services include financial literacy training, job skills development, resume/interviewing sessions, connection to medical services, prenatal care, scholarship/higher education offerings, substance

abuse treatment, counseling/therapy, psychiatric services, legal representation, trauma-focused mental health counseling and support groups.

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)

1. The goal of the RRH program is to help victims that are fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, that have no other residence and lack the resources and support to obtain safe permanent housing; and/or are living in homelessness, obtain safe permanent housing, increase feelings of safety, and self-sufficiency and increase knowledge regarding rights and resources. The program will help reduce the length of time program participants spend in homelessness and increase self-sufficiency through a tailored package of assistance that includes the use of tenant-based rental and financial assistance, housing-focused case management and other identified beneficial supportive services and/or referrals. The core components of the Safe Homes Rapid Rehousing Program are: Housing Identification, Financial Assistance and Case Management.

2. The YWCA provides a full continuum of victim-centered services that address the specific needs of this client population that ensures victim self-determination, safety, and self-sufficiency through the following services: Residential services (emergency safe house shelter, safe alternative shelter through hotel placement and rapid rehousing); educational and wellness services; 24-hour crisis hotlines for domestic violence; individual trauma counseling; case management; advocacy; victim and trauma support groups; art and play therapy; hospital accompaniment; legal representation in the process of obtaining peace and protective orders and domestic violence-related divorce and custody; community education and outreach and education services, and abuse intervention programming. Individuals supported by the program have the right to access YWCA’s full continuum of comprehensive victim services and victims may elect to voluntarily utilize these additional supports during their time in the Safe Homes Rapid Rehousing Program to decrease housing barriers and maintain self-sufficient living situations. Support services include financial literacy training, job skills development, resume/interviewing sessions, connection to medical services, prenatal care, scholarship/higher education offerings, substance abuse treatment, counseling/therapy, psychiatric services, legal representation, trauma-focused mental health counseling and support groups. Additionally, program participants will have access to the same resources available to victims residing in the organization’s domestic violence safe house shelter. This includes the 6-week education program curriculum, food pantry, transportation assistance, support groups, counseling, legal services and prevention/education sessions.

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)

The YWCA will utilize a victim-centered, trauma-informed, and strengths-based approach to rapidly move victims into permanent housing after their immediate safety needs have been addressed. Referral and case management services will specifically be developed for victims of domestic violence that prioritizes a victim's rights, safety, choice and control. YWCA will utilize evidence-based assessment and evaluation tools such as the Lethality Assessment Program and Danger Assessment tool to ensure ongoing focus victim safety planning and address any immediate safety concerns that may arise during program participation. Additionally, YWCA will all utilize the best practices to ensure all victims are aided in developing formalized written safety plans, which will be reviewed throughout the duration of program enrollment and prior to program discharge. Case management takes place as frequently as the program participant and the case manager agree upon during program enrollment, with a minimum of once a month. Program participants are invited to actively participate in these meetings as this is where they develop goals for their time in the program and receive assistance in obtaining necessary resources to reach their housing goals. Supportive services are voluntary; however, the Case Manager will actively engage program participants to encourage participation through the use of motivational interviewing techniques and ensuring all communication and engagements with program participants are trauma-informed victim-centered. Program participants will be provided information on the benefits of active case management and engagement in support services. Individuals supported by the program have the right to access YWCA's full continuum of comprehensive victim services and victims may elect to voluntarily utilize these additional supports during their time in the Safe Homes Rapid Rehousing Program to decrease housing barriers and maintain self-sufficient living situations. Support services include financial literacy training, job skills development, resume/interviewing sessions, connection to medical services, prenatal care, scholarship/higher education offerings, substance abuse treatment, counseling/therapy, psychiatric services, legal representation, trauma-focused mental health counseling and support groups. YWCA's Safe Homes Rapid Rehousing Program will utilize a Housing First

Approach to service provision to ensure victims have immediate access safe and sustainable housing after immediate safety concerns related to domestic violence, sexual assault, stalking, human trafficking or dating violence have been addressed. Every potential program participant referred to the program will have the right to be screened-in or assessed for YWCA's rapid rehousing program to address the barriers that accompany residential displacement and victimization to allow victims to rapidly move into permanent housing. The Case Manager will conduct an initial needs and danger assessment to determine if the participant meets the Category I or Category IV definition of homelessness and will describe; however, the program will have no barriers to entry or pre-conditions for eligible participants and will instead focus on participant strengths and needs. Participants will be encouraged to actively participate in case management services and all supportive services will be voluntary, with all participants having the right to access services that best fit their needs and situation. Services will be encouraged and the benefits of participation will be explained to the participant to assist them in reaching their housing goals. Program participants will be informed of their rights and will not be terminated from YWCA's Safe Homes Rapid Rehousing program for lack of participation in supportive or case management services.

4B. Attachments Screen For All Application Questions

We prefer that you use PDF files, though other file types are supported. Please only use zip files if necessary.

Attachments must match the questions they are associated with.

Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process.

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).

Document Type	Required?	Document Description	Date Attached
1C-14. CE Assessment Tool	Yes	CE Assessment Tool	11/10/2021
1C-7. PHA Homeless Preference	No	PHA Homeless Pref...	11/09/2021
1C-7. PHA Moving On Preference	No		
1E-1. Local Competition Announcement	Yes	Local Competitio...	11/10/2021
1E-2. Project Review and Selection Process	Yes	Project Review an...	11/10/2021
1E-5. Public Posting–Projects Rejected-Reduced	Yes	Public Posting–P...	11/09/2021
1E-5a. Public Posting–Projects Accepted	Yes	Public Posting–Pr...	11/10/2021
1E-6. Web Posting–CoC-Approved Consolidated Application	Yes		
3A-1a. Housing Leveraging Commitments	No		
3A-2a. Healthcare Formal Agreements	No		
3C-2. Project List for Other Federal Statutes	No		

Attachment Details

Document Description: CE Assessment Tool

Attachment Details

Document Description: PHA Homeless Preference

Attachment Details

Document Description:

Attachment Details

Document Description: Local Competition Announcement

Attachment Details

Document Description: Project Review and Selection Process

Attachment Details

Document Description: Public Posting–Projects Rejected-Reduced

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Attachment Details

Document Description: Public Posting–Projects Accepted

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

COORDINATED ENTRY ASSESSMENT

Screeners Name:		Date:	
Name <i>(Last, First, M.I.):</i>		<input type="checkbox"/> M <input type="checkbox"/> F	DOB:
Primary Race: <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander			
Ethnicity: <input type="checkbox"/> Hispanic/Latino		Client Phone Number:	
Social Security Number:		Served in Military?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Children or other household members Names	Race / Ethnicity	Date Of Birth	Gender

ALL QUESTIONS CONTAINED IN THIS QUESTIONNAIRE ARE OPTIONAL AND WILL BE KEPT STRICTLY CONFIDENTIAL.

Housing / Shelter	County Resided prior to being homeless?	
	Where did you stay last night?	<input type="checkbox"/> Outside / Car <input type="checkbox"/> Friend <input type="checkbox"/> Family <input type="checkbox"/> Own Place <input type="checkbox"/> Shelter <input type="checkbox"/> Jail <input type="checkbox"/> Hospital <input type="checkbox"/> Substance Abuse Program <input type="checkbox"/> Hotel <input type="checkbox"/> Other _____
	How long did you stay there?	
	Explain Homeless Situation:	
Vulnerability Rating	Do you have income (Check all that apply)	<input type="checkbox"/> Employment (Monthly Amount \$_____) <input type="checkbox"/> SSDI (Monthly Amount \$_____) <input type="checkbox"/> SSI (Monthly Amount \$_____) <input type="checkbox"/> TCA (Monthly Amount \$_____) <input type="checkbox"/> TDAP (Monthly Amount \$_____) <input type="checkbox"/> Unemployment (Monthly Amount \$_____) <input type="checkbox"/> Veterans Pension (Monthly Amount \$_____) <input type="checkbox"/> Child Support (Monthly Amount \$_____) <input type="checkbox"/> Other (Specify) _____ (Monthly Amount \$_____) <input type="checkbox"/> None
	Do you have a disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Is yes, what disability (Check all that apply)	<input type="checkbox"/> Mental Health <input type="checkbox"/> Physical <input type="checkbox"/> Developmental <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Substance Abuse
	Is the client ONLY interested in a specific shelter?	<input type="checkbox"/> Light House only <input type="checkbox"/> Sarah's House only <input type="checkbox"/> Winter Relief only <input type="checkbox"/> First available
	Domestic violence victim or survivor	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, are you currently fleeing? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Pregnant?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, projected birth date: _____
	Housing Rating	<input type="checkbox"/> Street, car, outdoors, etc (1 pt) <input type="checkbox"/> Shelter, treatment facility (2 pt) <input type="checkbox"/> with family or friends (3 pts)
Income Rating	<input type="checkbox"/> No cash income, inadequate income, no credit (1 pt) <input type="checkbox"/> Limited income (2 pt) <input type="checkbox"/> Income sufficient but has other debt (3 pt)	
Safety Rating	<input type="checkbox"/> Safety is threatened, domestic violence or violence from non-domestic partner (1 pt) <input type="checkbox"/> Safe and stable (3 pt)	
Health Rating	<input type="checkbox"/> Chronic health, mental health, substance use requiring ongoing treatment (1 pt) <input type="checkbox"/> Manages health, mental health, and/or substance use (2 pt) <input type="checkbox"/> No health problems (3 pts)	
Total Risk (Vulnerability Rating):		

**Vulnerability Index -
Service Prioritization Decision Assistance Tool
(VI-SPDAT)**

Prescreen Triage Tool for Single Adults

AMERICAN VERSION 2.0

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**COMMUNITY
SOLUTIONS**



VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

SINGLE ADULTS

AMERICAN VERSION 2.0

**** This is a survey - do not give this to your client to fill out on their own - you must survey the client! ****

Administration

Interviewer's Name _____	Agency _____	<input type="checkbox"/> Team <input type="checkbox"/> Staff <input type="checkbox"/> Volunteer
Survey Date DD/MM/YYYY ___/___/____	Survey Time ____:____ AM/PM	Survey Location _____

Opening Script

Every assessor in your community regardless of organization completing the VI-SPDAT should use the same introductory script. In that script you should highlight the following information:

- the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc.)
- the purpose of the VI-SPDAT being completed
- that it usually takes less than 7 minutes to complete
- that only "Yes," "No," or one-word answers are being sought
- that any question can be skipped or refused
- where the information is going to be stored
- that if the participant does not understand a question or the assessor does not understand the question that clarification can be provided
- the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

Basic Information

First Name _____	Nickname _____	Last Name _____
In what language do you feel best able to express yourself? _____		
Date of Birth DD/MM/YYYY ___/___/____	Age _____	Social Security Number _____
		Consent to participate <input type="checkbox"/> Yes <input type="checkbox"/> No

IF THE PERSON IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1.

SCORE:

VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

SINGLE ADULTS

AMERICAN VERSION 2.0

A. History of Housing and Homelessness

1. Where do you sleep most frequently? (check one)

(NOTE - those that are doubled up or staying with a friend/ family are not considered homeless under HUD definition and will not be considered for most housing opportunities)

- Shelters
 Transitional Housing
 Safe Haven
 Outdoors
 Other (specify):

Refused

IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER", "TRANSITIONAL HOUSING", OR "SAFE HAVEN", THEN SCORE 1.

SCORE:

2. How long has it been since you lived in permanent stable housing? _____

Refused

3. In the last three years, how many times have you been homeless? _____

Refused

IF THE PERSON HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1.

SCORE:

B. Risks

4. In the past six months, how many times have you...

a) Received health care at an emergency department/room? _____

Refused

b) Taken an ambulance to the hospital? _____

Refused

c) Been hospitalized as an inpatient? _____

Refused

d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines? _____

Refused

e) Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along? _____

Refused

f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between? _____

Refused

IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR EMERGENCY SERVICE USE.

SCORE:

5. Have you been attacked or beaten up since you've become homeless? Y N Refused

6. Have you threatened to or tried to harm yourself or anyone else in the last year? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF HARM.

SCORE:

VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

SINGLE ADULTS

AMERICAN VERSION 2.0

7. Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live? Y N Refused

IF "YES," THEN SCORE 1 FOR **LEGAL ISSUES**.

SCORE:

8. Does anybody force or trick you to do things that you do not want to do? Y N Refused

9. Do you ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **RISK OF EXPLOITATION**.

SCORE:

C. Socialization & Daily Functioning

10. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money? Y N Refused

11. Do you get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that? Y N Refused

IF "YES" TO QUESTION 10 OR "NO" TO QUESTION 11, THEN SCORE 1 FOR **MONEY MANAGEMENT**.

SCORE:

12. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled? Y N Refused

IF "NO," THEN SCORE 1 FOR **MEANINGFUL DAILY ACTIVITY**.

SCORE:

13. Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that? Y N Refused

IF "NO," THEN SCORE 1 FOR **SELF-CARE**.

SCORE:

14. Is your current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because family or friends caused you to become evicted? Y N Refused

IF "YES," THEN SCORE 1 FOR **SOCIAL RELATIONSHIPS**.

SCORE:

VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

SINGLE ADULTS

AMERICAN VERSION 2.0

D. Wellness

- 15. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health? Y N Refused
- 16. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart? Y N Refused
- 17. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you? Y N Refused
- 18. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help? Y N Refused
- 19. When you are sick or not feeling well, do you avoid getting help? Y N Refused
- 20. **FOR FEMALE RESPONDENTS ONLY:** Are you currently pregnant? Y N N/A or Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **PHYSICAL HEALTH**.

SCORE:

- 21. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past? Y N Refused
- 22. Will drinking or drug use make it difficult for you to stay housed or afford your housing? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **SUBSTANCE USE**.

SCORE:

- 23. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:
 - a) A mental health issue or concern? Y N Refused
 - b) A past head injury? Y N Refused
 - c) A learning disability, developmental disability, or other impairment? Y N Refused
- 24. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **MENTAL HEALTH**.

SCORE:

IF THE RESPONDENT SCORED 1 FOR **PHYSICAL HEALTH** AND 1 FOR **SUBSTANCE USE** AND 1 FOR **MENTAL HEALTH**, SCORE 1 FOR **TRI-MORBIDITY**.

SCORE:

VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

SINGLE ADULTS

AMERICAN VERSION 2.0

25. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking? Y N Refused

26. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication? Y N Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR **MEDICATIONS**.

SCORE:

27. **YES OR NO:** Has your current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you have experienced? Y N Refused

IF "YES", SCORE 1 FOR **ABUSE AND TRAUMA**.

SCORE:

Scoring Summary

DOMAIN	SUBTOTAL	RESULTS
PRE-SURVEY	/1	Score: Recommendation: 0-3: no housing intervention 4-7: an assessment for Rapid Re-Housing 8+: an assessment for Permanent Supportive Housing/Housing First
A. HISTORY OF HOUSING & HOMELESSNESS	/2	
B. RISKS	/4	
C. SOCIALIZATION & DAILY FUNCTIONS	/4	
D. WELLNESS	/6	
GRAND TOTAL:	/17	

Follow-Up Questions

On a regular day, where is it easiest to find you and what time of day is easiest to do so?	place: _____ time: ___ : ___ or Morning/Afternoon/Evening/Night
Is there a phone number and/or email where someone can safely get in touch with you or leave you a message?	phone: (____) _____ - _____ email: _____

Communities are encouraged to think of additional questions that may be relevant to the programs being operated or your specific local context. This may include questions related to:

- military service and nature of discharge
- ageing out of care
- mobility issues
- legal status in country
- income and source of it
- current restrictions on where a person can legally reside
- children that may reside with the adult at some point in the future
- safety planning

Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT)

Finally I'd like to ask you some questions to help us better understand homelessness and improve housing and support services

What is your gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Other
Have you ever served in the US Military	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
<i>If yes, what was the character of your discharge?</i>	<input type="checkbox"/> Honorable <input type="checkbox"/> Other than Honorable <input type="checkbox"/> Bad Conduct <input type="checkbox"/> Dishonorable <input type="checkbox"/> Refused
Where did you live prior to becoming homeless?	<input type="checkbox"/> Anne Arundel County <input type="checkbox"/> Other part of Maryland <input type="checkbox"/> Somewhere Else (Specify) _____
Have you ever been in foster care?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
Have you ever been in jail?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
Have you ever been in prison?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
What kind of health insurance do you have, if any? (Check all that apply)	<input type="checkbox"/> Medicaid (MA) <input type="checkbox"/> Medicare <input type="checkbox"/> VA <input type="checkbox"/> Private Insurance <input type="checkbox"/> None <input type="checkbox"/> Other (Specify) _____
What is your primary race or ethnicity?	<input type="checkbox"/> Black/ African American <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> American Indian
Are you a domestic violence victim?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
Do you have any income?	<input type="checkbox"/> None <input type="checkbox"/> Employment <input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> TCA <input type="checkbox"/> TDAP <input type="checkbox"/> Veterans Benefits <input type="checkbox"/> Child Support <input type="checkbox"/> Food Stamps <input type="checkbox"/> Other (Specify) _____
Are you employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused

**Vulnerability Index -
Service Prioritization Decision Assistance Tool
(VI-SPDAT)**

Prescreen Triage Tool for Families

AMERICAN VERSION 2.0

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VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

FAMILIES

AMERICAN VERSION 2.0

**** This is a survey - do not give this to your client to fill out on their own - you must survey the client! ****

Administration

Interviewer's Name _____	Agency _____	<input type="checkbox"/> Team <input type="checkbox"/> Staff <input type="checkbox"/> Volunteer
Survey Date DD/MM/YYYY ___/___/____	Survey Time ____:____ AM/PM	Survey Location _____

Opening Script

Every assessor in your community regardless of organization completing the VI-SPDAT should use the same introductory script. In that script you should highlight the following information:

- the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc.)
- the purpose of the VI-SPDAT being completed
- that it usually takes less than 7 minutes to complete
- that only "Yes," "No," or one-word answers are being sought
- that any question can be skipped or refused
- where the information is going to be stored
- that if the participant does not understand a question that clarification can be provided
- the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

Basic Information

PARENT 1	First Name _____	Nickname _____	Last Name _____
	In what language do you feel best able to express yourself? _____		
	Date of Birth DD/MM/YYYY ___/___/____	Age _____	Social Security Number _____
PARENT 2	<input type="checkbox"/> No second parent currently part of the household		
	First Name _____	Nickname _____	Last Name _____
	In what language do you feel best able to express yourself? _____		
	Date of Birth DD/MM/YYYY ___/___/____	Age _____	Social Security Number _____
IF EITHER HEAD OF HOUSEHOLD IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1.			SCORE: <input type="text"/>

VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

FAMILIES

AMERICAN VERSION 2.0

Children

- 1. How many children under the age of 18 are currently with you?
2. How many children under the age of 18 are not currently with your family, but you have reason to believe they will be joining you when you get housed?
3. IF HOUSEHOLD INCLUDES A FEMALE: Is any member of the family currently pregnant?
4. Please provide a list of children's names and ages:

Table with 4 columns: First Name, Last Name, Age, Date of Birth. Includes multiple rows for data entry.

IF THERE IS A SINGLE PARENT WITH 2+ CHILDREN, AND/OR A CHILD AGED 11 OR YOUNGER, AND/OR A CURRENT PREGNANCY, THEN SCORE 1 FOR FAMILY SIZE. SCORE: []

A. History of Housing and Homelessness

- 5. Where do you and your family sleep most frequently? (check one)
(NOTE - those that are doubled up or staying with a friend/ family are not considered homeless under HUD definition and will not be considered for most housing opportunities)
Options: Shelters, Transitional Housing, Safe Haven, Outdoors, Other (specify), Refused

IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER", "TRANSITIONAL HOUSING", OR "SAFE HAVEN", THEN SCORE 1. SCORE: []

- 6. How long has it been since you and your family lived in permanent stable housing?
7. In the last three years, how many times have you and your family been homeless?

IF THE FAMILY HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1. SCORE: []

VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

FAMILIES

AMERICAN VERSION 2.0

B. Risks

8. In the past six months, how many times have you or anyone in your family...
- a) Received health care at an emergency department/room? ___ Refused
 - b) Taken an ambulance to the hospital? ___ Refused
 - c) Been hospitalized as an inpatient? ___ Refused
 - d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines? ___ Refused
 - e) Talked to police because they witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told them that they must move along? ___ Refused
 - f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between? ___ Refused

IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR EMERGENCY SERVICE USE. **SCORE:**

9. Have you or anyone in your family been attacked or beaten up since they've become homeless? Y N Refused
10. Have you or anyone in your family threatened to or tried to harm themselves or anyone else in the last year? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF HARM. **SCORE:**

11. Do you or anyone in your family have any legal stuff going on right now that may result in them being locked up, having to pay fines, or that make it more difficult to rent a place to live? Y N Refused

IF "YES," THEN SCORE 1 FOR LEGAL ISSUES. **SCORE:**

12. Does anybody force or trick you or anyone in your family to do things that you do not want to do? Y N Refused
13. Do you or anyone in your family ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone they don't know, share a needle, or anything like that? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF EXPLOITATION. **SCORE:**

C. Socialization & Daily Functioning

14. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you or anyone in your family owe them money? Y N Refused

15. Do you or anyone in your family get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that? Y N Refused

IF "YES" TO QUESTION 14 OR "NO" TO QUESTION 15, THEN SCORE 1 FOR **MONEY MANAGEMENT.** **SCORE:**

16. Does everyone in your family have planned activities, other than just surviving, that make them feel happy and fulfilled? Y N Refused

IF "NO," THEN SCORE 1 FOR **MEANINGFUL DAILY ACTIVITY.** **SCORE:**

17. Is everyone in your family currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that? Y N Refused

IF "NO," THEN SCORE 1 FOR **SELF-CARE.** **SCORE:**

18. Is your family's current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because other family or friends caused your family to become evicted? Y N Refused

IF "YES," THEN SCORE 1 FOR **SOCIAL RELATIONSHIPS.** **SCORE:**

D. Wellness

19. Has your family ever had to leave an apartment, shelter program, or other place you were staying because of the physical health of you or anyone in your family? Y N Refused

20. Do you or anyone in your family have any chronic health issues with your liver, kidneys, stomach, lungs or heart? Y N Refused

21. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you or anyone in your family? Y N Refused

22. Does anyone in your family have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help? Y N Refused

23. When someone in your family is sick or not feeling well, does your family avoid getting medical help? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **PHYSICAL HEALTH.** **SCORE:**

VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

FAMILIES

AMERICAN VERSION 2.0

24. Has drinking or drug use by you or anyone in your family led your family to being kicked out of an apartment or program where you were staying in the past? Y N Refused

25. Will drinking or drug use make it difficult for your family to stay housed or afford your housing? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **SUBSTANCE USE**.

SCORE:

26. Has your family ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:

a) A mental health issue or concern? Y N Refused

b) A past head injury? Y N Refused

c) A learning disability, developmental disability, or other impairment? Y N Refused

27. Do you or anyone in your family have any mental health or brain issues that would make it hard for your family to live independently because help would be needed? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **MENTAL HEALTH**.

SCORE:

28. **IF THE FAMILY SCORED 1 EACH FOR PHYSICAL HEALTH, SUBSTANCE USE, AND MENTAL HEALTH:** Does any single member of your household have a medical condition, mental health concerns, **and** experience with problematic substance use? Y N N/A or Refused

IF "YES", SCORE 1 FOR **TRI-MORBIDITY**.

SCORE:

29. Are there any medications that a doctor said you or anyone in your family should be taking that, for whatever reason, they are not taking? Y N Refused

30. Are there any medications like painkillers that you or anyone in your family don't take the way the doctor prescribed or where they sell the medication? Y N Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR **MEDICATIONS**.

SCORE:

31. **YES OR NO:** Has your family's current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you or anyone in your family have experienced? Y N Refused

IF "YES", SCORE 1 FOR **ABUSE AND TRAUMA**.

SCORE:

VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

FAMILIES

AMERICAN VERSION 2.0

E. Family Unit

32. Are there any children that have been removed from the family by a child protection service within the last 180 days? Y N Refused

33. Do you have any family legal issues that are being resolved in court or need to be resolved in court that would impact your housing or who may live within your housing? Y N Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR FAMILY LEGAL ISSUES. SCORE:

34. In the last 180 days have any children lived with family or friends because of your homelessness or housing situation? Y N Refused

35. Has any child in the family experienced abuse or trauma in the last 180 days? Y N Refused

36. IF THERE ARE SCHOOL-AGED CHILDREN: Do your children attend school more often than not each week? Y N N/A or Refused

IF "YES" TO ANY OF QUESTIONS 34 OR 35, OR "NO" TO QUESTION 36, SCORE 1 FOR NEEDS OF CHILDREN. SCORE:

37. Have the members of your family changed in the last 180 days, due to things like divorce, your kids coming back to live with you, someone leaving for military service or incarceration, a relative moving in, or anything like that? Y N Refused

38. Do you anticipate any other adults or children coming to live with you within the first 180 days of being housed? Y N Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR FAMILY STABILITY. SCORE:

39. Do you have two or more planned activities each week as a family such as outings to the park, going to the library, visiting other family, watching a family movie, or anything like that? Y N Refused

40. After school, or on weekends or days when there isn't school, is the total time children spend each day where there is no interaction with you or another responsible adult...

a) 3 or more hours per day for children aged 13 or older? Y N Refused

b) 2 or more hours per day for children aged 12 or younger? Y N Refused

41. IF THERE ARE CHILDREN BOTH 12 AND UNDER & 13 AND OVER: Do your older kids spend 2 or more hours on a typical day helping their younger sibling(s) with things like getting ready for school, helping with homework, making them dinner, bathing them, or anything like that? Y N N/A or Refused

IF "NO" TO QUESTION 39, OR "YES" TO ANY OF QUESTIONS 40 OR 41, SCORE 1 FOR PARENTAL ENGAGEMENT. SCORE:

VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

FAMILIES

AMERICAN VERSION 2.0

Scoring Summary

DOMAIN	SUBTOTAL	RESULTS
PRE-SURVEY	/2	Score: Recommendation: 0-3 no housing intervention 4-8 an assessment for Rapid Re-Housing 9+ an assessment for Permanent Supportive Housing/Housing First
A. HISTORY OF HOUSING & HOMELESSNESS	/2	
B. RISKS	/4	
C. SOCIALIZATION & DAILY FUNCTIONS	/4	
D. WELLNESS	/6	
E. FAMILY UNIT	/4	
GRAND TOTAL:	/22	

Follow-Up Questions

On a regular day, where is it easiest to find you and what time of day is easiest to do so?	place: _____ time: ____ : ____ or Morning/Afternoon/Evening/Night
Is there a phone number and/or email where someone can safely get in touch with you or leave you a message?	phone: (____) _____ - _____ email: _____
Ok, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused

Communities are encouraged to think of additional questions that may be relevant to the programs being operated or your specific local context. This may include questions related to:

- military service and nature of discharge
- ageing out of care
- mobility issues
- legal status in country
- income and source of it
- current restrictions on where a person can legally reside
- children that may reside with the adult at some point in the future
- safety planning

Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT)

Finally I'd like to ask you some questions to help us better understand homelessness and improve housing and support services

What is your gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Other
Have you ever served in the US Military	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
<i>If yes, what was the character of your discharge?</i>	<input type="checkbox"/> Honorable <input type="checkbox"/> Other than Honorable <input type="checkbox"/> Bad Conduct <input type="checkbox"/> Dishonorable <input type="checkbox"/> Refused
Where did you live prior to becoming homeless?	<input type="checkbox"/> Anne Arundel County <input type="checkbox"/> Other part of Maryland <input type="checkbox"/> Somewhere Else (Specify) _____
Have you ever been in foster care?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
Have you ever been in jail?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
Have you ever been in prison?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
What kind of health insurance do you have, if any? (Check all that apply)	<input type="checkbox"/> Medicaid (MA) <input type="checkbox"/> Medicare <input type="checkbox"/> VA <input type="checkbox"/> Private Insurance <input type="checkbox"/> None <input type="checkbox"/> Other (Specify) _____
What is your primary race or ethnicity?	<input type="checkbox"/> Black/ African American <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> American Indian
Are you a domestic violence victim?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
Do you have any income?	<input type="checkbox"/> None <input type="checkbox"/> Employment <input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> TCA <input type="checkbox"/> TDAP <input type="checkbox"/> Veterans Benefits <input type="checkbox"/> Child Support <input type="checkbox"/> Food Stamps <input type="checkbox"/> Other (Specify) _____
Are you employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused



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Continuum of Care Grants

FY2021 Continuum of Care Program Competition

The U.S. Department of Housing and Urban Development (HUD) has announced the NOFO (Notice of Funding Opportunity) for FY 2021 funds for the Continuum of Care Homeless Assistance Program (CoC Application). The Continuum of Care NOFA is an online application which will be coordinated by Arundel Community Development Services (ACDS) on behalf of the [Anne Arundel and Annapolis Coalition to End Homelessness](#). Please view our application process timeline below.

NOFO TIMELINE

- August 18, 2021: HUD Released FY2021 CoC Program Competition
- November 16, 2021: FY2021 CoC Program Competition submission deadline

FY21 COC LOCAL COMPETITION KEY DATES

Funding Opportunities

- Budget Process
- Capital Loans & Grants
- Public Service Grants
- Continuum of Care Grants
- Financing for Group Homes
- Financing for Affordable Rental Housing
- Local Development Council Grants

Contact Us

2666 Riva Road, Suite 210, Annapolis
 MD 21401

Translate

FY21 COC LOCAL COMPETITION KEY DATES

- Wednesday, September 15, 2021 – FY2021 CoC Application Information and Planning Meeting

Time: 1:00pm

Place: Virtual via Zoom (<https://us02web.zoom.us/j/89369789579>)

Purpose: Discuss FY2021 CoC Application changes, project review procedures, potential new projects, review and ranking criteria. Applicants interested in submitting a CoC Project application in the FY2021 Competition, interested Coalition Board and General members can and should attend.

- Friday, October 1, 2021 – Draft applications for new projects due via email to ACDS (These applications will be entered into Esnaps by ACDS staff and returned to you for final submission)
- Friday, October 8, 2021 – All Final New and Renewal applications due via email to ACDS (including all match letters)
- Wednesday, October 20, 2021 – (tentative) Ranking and Review committee
- Friday, October 29, 2021 – (tentative) Notification of Project Applications selected for submission in FY2021 Competition

FY21 COC LOCAL COMPETITION OVERVIEW

Arundel Community Development Services (ACDS), on behalf of Anne Arundel and Annapolis Coalition to End Homelessness, the Anne Arundel County and the City of Annapolis Continuum of Care (the

2000 King Road, Suite 210, Annapolis, MD 21401
410-222-7600
info@acdsinc.org

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First Name

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YES, I WOULD LIKE TO JOIN!

FY21COC LOCAL COMPETITION OVERVIEW

Arundel Community Development Services (ACDS), on behalf of Anne Arundel and Annapolis Coalition to End Homelessness, the Anne Arundel County and the City of Annapolis Continuum of Care (the Anne Arundel County CoC), invites applications under HUD's FY 2021 Continuum of Care (CoC) Program for renewal, new, and bonus projects at this time.

This local competition for projects serving Anne Arundel County and the City of Annapolis is in accordance with the Notice of Funding Opportunity (NOFO) for the 2021 Continuum of Care Program (2021 CoC Competition) by the U.S. Department of Housing and Urban Development.

The NOFO for 2021 CoC Competition is an online application which will be coordinated by ACDS. The complete application includes the Consolidated CoC Application for the Anne Arundel County CoC. ACDS, on behalf of the AA CoC, will submit one collaborative "Continuum of Care Application" as well as all New and Renewal Project Applications.

FY21HUD CoC FUNDING AMOUNTS

HUD will continue to require CoC projects to be ranked in two (2) tiers. Projects ranked in Tier 1 will be conditionally selected provided the project applications pass both eligibility and quality threshold review. Tier 2 is the difference between Tier 1 and the CoC's ARD plus any amount available for CoC Bonus projects (not including DV Bonus Project). This does not include funds made available for CoC Planning.

- The Anne Arundel County CoC ARD is \$2,389,940.
- The Anne Arundel County Tier 1 is \$2,389,940.

- The Anne Arundel County CoC ARD is \$2,389,940.
- The Anne Arundel County Tier I is \$2,389,940.
- The Anne Arundel County CoC can apply for a CoC bonus project award up to \$119,497.
- The Anne Arundel County CoC can apply for a Domestic Violence (DV) bonus project award up to \$287,023.

FY21 COC REALLOCATION POLICY

Any CoC grantee interested in voluntarily reallocating funding to better reach the goal of ending homelessness is encouraged to create a new project that will better achieve that goal is encouraged to talk with ACDS staff as soon as possible. Low performing projects may be reallocated through the process of review and ranking procedures per the MD-503 Anne Arundel County CoC Reallocation Policy, available [here](#).

FY21 COC RESOURCES

Information about the FY2021 Continuum of Care Application is available on HUD's website at <https://www.hudexchange.info/programs/e-snaps/fy-2021-coc-program-nota-coc-program-competition/>. It is important that you review and understand the FY2021 CoC NOFO and the changes so we can build the best application together.

CONTACT

Please feel free to contact Heather Donahue, CoC Planning and Grants Manager, at (410) 222-3958 or heather.donahue@acdsinc.org.

FY21 COC RANKING/REVIEW CRITERIA

The ranking and review criteria for the FY 2021 Continuum of Care Competition is available [here](#) for new projects and [here](#) for renewal (existing) projects. These scoring tools are used to rank and review new and renewal applications, respectively. Please refer to these tools to see how project applications will be scored and how points are awarded in the competition. A ranking and review committee comprised of CoC Board Members will use this ranking and review criteria to evaluate all FY21 CoC applications and will use the scoring tools to determine project ranking.

Maryland Homelessness Solutions Program (HSP) Funding

The **Maryland Homelessness Solutions Program (HSP)** provides federal and state funding to CoCs to support homeless shelters and homeless services programs across the State of Maryland. The main funding priorities are: Outreach, Emergency Shelter, and Housing Stabilization services. It is a competitive process open to all provider organizations within the CoC. **To apply**, complete the application linked [here](#). Please read the provider application and accompanying guidance [carefully](#) to avoid any errors.

We are also excited to announce that there is new, competitive **Youth Homelessness funding** available through the HSP program to serve unaccompanied homeless youth and youth at risk of homelessness. Existing and new projects are both encouraged to apply. There is approximately **\$1 million** available statewide for this initiative. **To apply** for youth homelessness funding, please complete the application linked [here](#).

If you have any questions regarding the application process, please feel free to contact Heather

2021 Coc New Application Review/Rating Criteria

Project Name: _____

Subrecipient: _____

Experience		TOTAL EXPERIENCE POINTS
15 points	Describe the experience of the applicant and sub-recipients (if any) in working with the proposed population and in providing housing similar to that proposed in the application.	
10 points	Describe experience with utilizing a Housing First approach. Include 1) eligibility criteria; 2) process for accepting new clients; 3) process and criteria for exiting clients. Must demonstrate there are no preconditions to entry, allowing entry regardless of current or past substance abuse, income, criminal records (with exceptions of restrictions imposed by federal, state, or local law or ordinance), marital status, familial status, actual or perceived sexual orientation, gender identity. Must demonstrate the project has a process to address situations that may jeopardize housing or project assistance to ensure that project participation is terminated in only the most severe cases.	5 points
30 points	Describe experience in effectively utilizing federal funds including HUD grants and other public funding, including satisfactory drawdowns and performance for existing grants as evidenced by timely reimbursement of subrecipients (if applicable), regular drawdowns, timely resolution of monitoring findings, and timely submission of required reporting on existing grants.	

Design of Housing and Supportive Services		Extent to which the applicant
10 points	1. Demonstrate understanding of the needs of the clients to be served. 2. Demonstrate type, scale, and location of the housing fit the needs of the clients to be served 3. Demonstrate type and scale of the all supportive services, regardless of funding source, meet the needs of the clients to be served. 4. Demonstrate how clients will be assisted in obtaining and coordinating the provision of mainstream benefits	

2021 CoC New Application Review/Rating Criteria

TOTAL DESIGN POINTS		40 points
5. Establish performance measures for housing and income that are objective, measurable, trackable, and meet or exceed any established HUD, HEARTH or CoC benchmarks to improve CoC performance.		
Describe the plan to assist clients to rapidly secure and maintain permanent housing that is safe, affordable, accessible, and acceptable to their needs.	10 points	
Describe how clients will be assisted to increase employment and/or income and to maximize their ability to live independently.	10 points	
Timeliness - Describe plan for rapid implementation of the program documenting how the project will be ready to begin housing the first program participant. Provide a detailed schedule of proposed activities for 60 days, 120 days, and 180 days after grant award.	10 points	
TOTAL DESIGN POINTS		40 points

Financial		
Project is cost-effective - comparing projected cost per person served to CoC average within project type.	10 points	
AUDIT - 1. Most recent audit found no exceptions to standard practices 2. Most recent audit identified agency as 'low risk' 3. Most recent audit indicates no findings	10 points	
Budgeted costs are reasonable, allocable, and allowable.	10 points	
Documented match amount.	10 points	
Project is Financially Feasible	10 points	
TOTAL FINANCIAL POINTS		50 points

PROJECT THRESHOLD		
Project designated as Housing First and/or Low Barrier Implementation	10 points	
Applicant is active participant in CoC	10 points	
Coordinated Entry Participation by organization - All programs such as shelter, RRH to greatest extent possible (e.g. participates in planning, implantation based on funding, program type, case conference groups, etc.)	10 points	
Serves a community identified and prioritized high, need vulnerable population *Chronic Homeless Persons, especially those residing on the street or place not fit for human habitation.	10 points	

2021 CoC New Application Review/Rating Criteria

		*Victim of Domestic Violence, *Homeless Youth *Mentally ill
	10 points	Participates in the County HMIS system If Victim Service Provider is the applicant, has the capacity to develop/obtain a comparable data system for participants, including the ability generate reports, APRS, etc.
	50 points	TOTAL THRESHOLD POINTS
	170 points	TOTAL POINTS

Maximum Point Value	RENEWAL GRANTS FY21 COC THRESHOLD REQUIREMENT
10 Points	<p>Agency Commitment to Coordinated Entry Participation</p> <p>*Agency participates in the County's Coordinated Entry (at all levels) and participates in the develop process and procedures for prioritizing families/individuals in need.</p> <p>Point Scale: Yes = 10; No = 0</p>
10 Points	<p>Agency contributes to the Coc's success –(e.g. if the agency operates a shelter or other program to the success of the Coc meeting performance measures including reducing length of time homelessness etc.) Review of program performance reports</p>
10 Points	<p>Housing First and/or Low Barrier Implementation (review of APR/results of survey; other reports; Coordinated Entry results) (5 pts if one barrier identified; 0 if more than three points)</p> <ul style="list-style-type: none"> ✓ Participants are not screened out due to zero or too little income ✓ Participants are not screened out because of active or history of substance abuse ✓ Participants are not screened out because they have a criminal record with the exception of state-mandated restrictions ✓ Participants are not screened out because of a history of domestic violence. ✓ Participants are not screened out due to marital status, familial status, actual or perceived sexual orientation, gender identity ✓ Other barriers – which may slow or preclude individuals from obtaining housing in a timely manner.
5 Points	<p>Has a system in place to help individuals or families quickly obtain housing or utilize rental assistance</p>
10 Points	<p>Demonstrate Program Serves a High Need Population</p> <ul style="list-style-type: none"> ✓ Chronic Homelessness/vulnerable ✓ Domestic Violence Victims/Sexual Assault ✓ Homeless Youth (on street, shelter)
5 Points	<p>HMS data quality is at or above 90% (or if Victim Service Provider demonstrated use of equivalent system)</p>
10 Points	<p>Bed/Unit Utilization rate at or above 90%</p>
5 Points	<p>Project has reasonable costs - (average of \$15,000 per client/unit per year)</p>
5 Points	<p>Project is financially feasible (yes or no); has other resources significant enough to ensure support services and ability to operate program for the grant term. Project has the resources to secure minimum match requirements.</p>
10 Points	<p>Subrecipient is active Coc participant (full points for agency that participates in both Board and Bi-monthly Coalition Meetings)</p>
10 Points	<p>Expenditures – Subrecipient fully expends grant within grant term. If more than \$5,000 unexpended at end of grant term = 0 points.</p>
10 Points	<p>Monitoring Results – Program is in fiscal, regulatory compliance with Coc Regulations.</p>
100 Points	<p>TOTAL THRESHOLD REQUIREMENTS</p>

FY21 COC PERFORMANCE MEASURES		Maximum Point Value
At least 90% of participants remain or move to permanent housing		25 points
No more than 15% of participants return to homelessness (places not meant for human habitation or shelter) within 12 months of entry (based on APR)		15 points
New or Increased Income and Earned Income 8% of participants have new or increased earned income for project stayers (2 points) 10% of participants have new or increased non-employment income for project stayers (3 points) 8% of participants have new or increased earned income for project leavers (2 points) 10% of participants have new or increased non-employment income for project leavers (3 points)		25 Points
Health Insurance and/or other resources (e.g. food stamps etc.) 100% of participants obtain benefits		10 Points
TOTAL PERFORMANCE MEASURES		75 Points
TOTAL POINTS		175 Points

2021 CoC New Application Review/Rating Criteria

Project Name: _____

Subrecipient: _____

Experience		
Describe the experience of the applicant and sub-recipients (if any) in working with the proposed population and in providing housing similar to that proposed in the application.	15 points	
Describe experience with utilizing a Housing First approach. Include 1) eligibility criteria; 2) process for accepting new clients; 3) process and criteria for exiting clients. Must demonstrate there are no preconditions to entry, allowing entry regardless of current or past substance abuse, income, criminal records (with exceptions of restrictions imposed by federal, state, or local law or ordinance), marital status, familial status, actual or perceived sexual orientation, gender identity. Must demonstrate the project has a process to address situations that may jeopardize housing or project assistance to ensure that project participation is terminated in only the most severe cases.	10 points	
Describe experience in effectively utilizing federal funds including HUD grants and other public funding, including satisfactory drawdowns and performance for existing grants as evidenced by timely reimbursement of subrecipients (if applicable), regular drawdowns, timely resolution of monitoring findings, and timely submission of required reporting on existing grants.	5 points	
TOTAL EXPERIENCE POINTS	30 points	

Design of Housing and Supportive Services		
Extent to which the applicant <ol style="list-style-type: none"> 1. Demonstrate understanding of the needs of the clients to be served. 2. Demonstrate type, scale, and location of the housing fit the needs of the clients to be served 3. Demonstrate type and scale of the all supportive services, regardless of funding source, meet the needs of the clients to be served. 4. Demonstrate how clients will be assisted in obtaining and coordinating the provision of mainstream benefits 	10 points	

2021 CoC New Application Review/Rating Criteria

5. Establish performance measures for housing and income that are objective, measurable, trackable, and meet or exceed any established HUD, HEARTH or CoC benchmarks to improve CoC performance.		
Describe the plan to assist clients to rapidly secure and maintain permanent housing that is safe, affordable, accessible, and acceptable to their needs.	10 points	
Describe how clients will be assisted to increase employment and/or income and to maximize their ability to live independently.	10 points	
Timeliness - Describe plan for rapid implementation of the program documenting how the project will be ready to begin housing the first program participant. Provide a detailed schedule of proposed activities for 60 days, 120 days, and 180 days after grant award.	10 points	
TOTAL DESIGN POINTS	40 points	

Financial		
Project is cost-effective - comparing projected cost per person served to CoC average within project type.	10 points	
AUDIT - 1. Most recent audit found no exceptions to standard practices 2. Most recent audit identified agency as 'low risk' 3. Most recent audit indicates no findings	10 points	
Budgeted costs are reasonable, allocable, and allowable.	10 points	
Documented match amount.	10 points	
Project is Financially Feasible	10 points	
TOTAL FINANCIAL POINTS	50 points	

PROJECT THRESHOLD		
Project designated as Housing First and/or Low Barrier Implementation	10 points	
Applicant is active participant in CoC	10 points	
Coordinated Entry Participation by <u>organization</u> -All programs such as shelter, RRH to greatest extent possible (e.g. participates in planning, implantation based on funding, program type, case conference groups, etc.)	10 points	
Serves a community identified and prioritized high, need vulnerable population *Chronic Homeless Persons, especially those residing on the street or place not fit for human habitation.	10 points	

2021 CoC New Application Review/Rating Criteria

*Victim of Domestic Violence, *Homeless Youth *Mentally ill		
Participates in the County HMIS system <i>If Victim Service Provider is the applicant, has the capacity to develop/obtain an comparable data system for participants, including the ability generate reports, APRS, etc.</i>	10 points	
TOTAL THRESHOLD POINTS	50 points	
TOTAL POINTS	170 points	

FY21 COC THRESHOLD REQUIREMENT RENEWAL GRANTS	Maximum Point Value
Agency Commitment to Coordinated Entry Participation *Agency participates in the County's Coordinated Entry (at all levels) and participates in the develop process and procedures for prioritizing families/individuals in need. Point Scale: Yes = 10; No = 0	10 Points
Agency contributes to the CoC's success –(e.g. if the agency operates a shelter or other program to the success of the CoC meeting performance measures including reducing length of time homelessness etc.) Review of program performance reports	10 Points
Housing First and/or Low Barrier Implementation (review of APR/results of survey; other reports; Coordinated Entry results) (5 pts if one barrier identified; 0 if more than three points) <ul style="list-style-type: none"> ✓ Participants are not screened out due to zero or too little income ✓ Participants are not screened out because of active or history of substance abuse ✓ Participants are not screened out because they have a criminal record with the exception of state-mandated restrictions ✓ Participants are not screened out because of a history of domestic violence. ✓ Participants are not screened out due to marital status, familial status, actual or perceived sexual orientation, gender identity ✓ Other barriers – which may slow or preclude individuals from obtaining housing in a timely manner. 	10 Points
Has a system in place to help individuals or families quickly obtain housing or utilize rental assistance	5 Points
Demonstrate Program Serves a High Need Population <ul style="list-style-type: none"> ✓ Chronic Homelessness/vulnerable ✓ Domestic Violence Victims/Sexual Assault ✓ Homeless Youth (on street, shelter) 	10 Points
HMIS data quality is at or above 90% (or if Victim Service Provider demonstrated use of equivalent system)	5 Points
Bed/Unit Utilization rate at or above 90%	10 Points
Project has reasonable costs - (average of \$15,000 per client/unit per year)	5 Points
Project is financially feasible (yes or no); has other resources significant enough to ensure support services and ability to operate program for the grant term. Project has the resources to secure minimum match requirements.	5 Points
Subrecipient is active CoC participant (full points for agency that participates in both Board and Bi-monthly Coalition Meetings)	10 Points
Expenditures – Subrecipient fully expends grant within grant term. If more than \$5,000 unexpended at end of grant term = 0 points.	10 Points
Monitoring Results – Program is in fiscal, regulatory compliance with CoC Regulations.	10 points
TOTAL THRESHOLD REQUIREMENTS	100 Points

FY21 COC PERFORMANCE MEASURES	Maximum Point Value
At least 90% of participants remain or move to permanent housing	25 points
No more than 15% of participants return to homelessness (places not meant for human habitation or shelter) within 12 months of entry (based on APR)	15 points
New or Increased Income and Earned Income 8 % of participants have new or increased earned income for project stayers (2 points) 10 % of participants have new or increased non-employment income for project stayers(3 points) 8 % of participants have new or increased earned income for project leavers (2 points) 10 % of participants have new or increased non-employment income for project leavers (3 points)	25 Points
Health Insurance and/or other resources (e.g. food stamps etc.) 100% of participants obtain benefits	10 Points
TOTAL PERFORMANCE MEASURES	75 Points
TOTAL POINTS	175 Points

CRITERIA	Maximum POINTS SCALE	AHOH-Community Housing Program Consolidated					ACDS- Partnership	Sarah's House RRH	BHA/STATE 5+C
		AACMHA-SHOP Consolidated	AHOH-Safe Haven Consolidated	AHOH-Community Housing Program Consolidated	ACDS- Partnership	Sarah's House RRH			
Agency Commitment to Coordinated Entry Participation *Agency participates in the County's Coordinated Entry (at all levels) and participates in the develop process and procedures for prioritizing families/individuals in need.	10	10	10	10	10	10	10	10	10
Agency contributes to the CoC's success -(e.g. if the agency operates a shelter or other program to the success of the CoC meeting performance measures including reducing length of time homelessness etc.) Review of program performance reports	10	8	10	10	10	10	10	10	10
Housing First and/or Low Barrier Implementation (review of APR/results of survey; other reports; Coordinated Entry results) 1) Participants are not screened out due to zero or too little income 2) Participants are not screened out because of active or history of substance abuse 3) Participants are not screened out because they have a criminal record with the exception of state-mandated restrictions 4) Participants are not screened out because of a history of domestic violence.	10	10	10	8	8	9	8	10	
Has a system in place to help individuals or families quickly obtain housing or utilize rental assistance	5	5	5	5	5	4	5	5	
Demonstrate Program Serves a High Need Population *Chronic Homelessness/Vulnerable *Domestic Violence Victims/Sexual Assault *Homeless Youth (on street, shelter) *Serious Mental Illness HMIS data quality is at or above 90% If Victim Service Provider demonstrated use of equivalent system	10	10	10	10	10	10	8	10	
Bed/Unit Utilization rate at or above 90% Project has reasonable costs	5	5	5	5	5	5	5	5	
Project is financially feasible (yes or no); has other resources significant enough to ensure support services and ability to operate program for the grant term. Project has the resources to secure minimum match requirements. Subrecipient is active CoC participant (full points for agency that participates in both Board and Bi-monthly Coalition Meetings)	5	5	5	5	5	5	5	5	
	10	6	10	10	10	10	10	7	

FFY21 CoC Application Ranking and Review Score Sheet

Expenditures – Subrecipient fully expends grant within grant term.
 If more than \$5,000 unexpended at end of grant term, or more than 5% of the award = 0 points

Monitoring Results – Program is in fiscal, regulatory compliance with CoC Regulations.

TOTAL THRESHOLD REQUIREMENTS

Maximum
100 PTS

10	7	8	10	7	10	10	10	10	10
10	10	10	10	10	10	10	10	10	10
91	98	98	98	95	98	96	97		

PERFORMANCE MEASURES

Maximum
Point

At least 90% of participants remain or move to permanent housing
 No more than 15% of participants return to homelessness (places not meant for human habitation or shelter) within 12 months of entry (based on APR)

New or Increased Income and Earned Income

- 8% of participants have new or increased earned income for project stayers (7 points)
- 10% of participants have new or increased non-employment income for project stayers (7 points)
- 8% of participants have new or increased earned income for project leavers (6 points)
- 10% of participants have new or increased non-employment income for project leavers (5 points)

Health Insurance and/or other resources (e.g. food stamps etc.)
 100% of participants obtain benefits

TOTAL PERFORMANCE MEASURE POINTS	75	46	64	62	62	63	54	63
TOTAL POINTS	175	137	162	160	157	161	150	160

given economic climate of COVID-19, will not consider for reallocation due to income numbers

encourage participation in CoC planning; communicate importance

NOTES:

Project Name: SHOP Subrecipient: Anne Arundel County Mental Health Agency Ranking and Review Committee Meeting: October 12, 2021	
FY21 COC THRESHOLD REQUIREMENT RENEWAL GRANTS	Maximum Point Value
Agency Commitment to Coordinated Entry Participation *Agency participates in the County's Coordinated Entry (at all levels) and participates in the develop process and procedures for prioritizing families/individuals in need. Point Scale: Yes = 10; No = 0	10/10 Points
Agency contributes to the CoC's success –(e.g. if the agency operates a shelter or other program to the success of the CoC meeting performance measures including reducing length of time homelessness etc.) Review of program performance reports	10/ 10 Points
Housing First and/or Low Barrier Implementation (review of APR/results of survey; other reports; Coordinated Entry results) (5 pts if one barrier identified; 0 if more than three points) <ul style="list-style-type: none"> ✓ Participants are not screened out due to zero or too little income ✓ Participants are not screened out because of active or history of substance abuse ✓ Participants are not screened out because they have a criminal record with the exception of state-mandated restrictions ✓ Participants are not screened out because of a history of domestic violence. ✓ Participants are not screened out due to marital status, familial status, actual or perceived sexual orientation, gender identity ✓ Other barriers – which may slow or preclude individuals from obtaining housing in a timely manner. 	10/10 Points
Has a system in place to help individuals or families quickly obtain housing or utilize rental assistance	5/5 Points
Demonstrate Program Serves a High Need Population <ul style="list-style-type: none"> ✓ Chronic Homelessness/vulnerable ✓ Domestic Violence Victims/Sexual Assault ✓ Homeless Youth (on street, shelter) 	10/10 Points
HMIS data quality is at or above 90% (or if Victim Service Provider demonstrated use of equivalent system)	5/5 Points
Bed/Unit Utilization rate at or above 90%	10/10 Points
Project has reasonable costs - (average of \$15,000 per client/unit per year)	5/5 Points
Project is financially feasible (yes or no); has other resources significant enough to ensure support services and ability to operate program for the grant term. Project has the resources to secure minimum match requirements.	5/5 Points
Subrecipient is active CoC participant (full points for agency that participates in both Board and Bi-monthly Coalition Meetings)	10/10 Points
Expenditures – Subrecipient fully expends grant within grant term. If more than \$5,000 unexpended at end of grant term = 0 points.	8/10 Points
Monitoring Results – Program is in fiscal, regulatory compliance with CoC Regulations.	10/10 points
TOTAL THRESHOLD REQUIREMENTS	98/100 Points

FY21 COC PERFORMANCE MEASURES	Maximum Point Value
At least 90% of participants remain or move to permanent housing	25/25 points
No more than 15% of participants return to homelessness (places not meant for human habitation or shelter) within 12 months of entry (based on APR)	15/15 points
New or Increased Income and Earned Income 8 % of participants have new or increased earned income for project stayers (2 points) 10 % of participants have new or increased non-employment income for project stayers (3 points) 8 % of participants have new or increased earned income for project leavers (2 points) 10 % of participants have new or increased non-employment income for project leavers (3 points)	14/25 Points
Health Insurance and/or other resources (e.g. food stamps etc.) 100% of participants obtain benefits	10/10 Points
TOTAL PERFORMANCE MEASURES	64/75 Points
TOTAL POINTS	162 Points

From: Heather Donahue
Sent: Friday, October 29, 2021 6:34 PM
To: 'Tonia Stokes'
Cc: Elizabeth Brush; Adriana Ramirez
Subject: CoC Competition - Ranking Results

Dear Tonia,

Thank you for submitting an application for the FFY21 Continuum of Care (CoC) competition. The CoC Ranking and Review Committee met to evaluate all applications submitted in the competition. The committee used the FY 2021 New Application Review Criteria to evaluate new projects and the FY21 Renewal Grant Ranking and Review Criteria to evaluate renewal projects, both of which are available on the ACDS [website](#).

Below is the ranking order of the projects submitted in the FFY21 CoC competition. The PEP Housing First Consolidated Program was ranked 7 in the competition.

Rank	Project	Grant Number	Funding Request
1	AACMHA SHOP Consolidated	MD0362L3B032105	\$398,214
2	ACDS Partnership for Housing	MD0113L3B032114	\$ 930,584
3	AHOH Safe Haven Consolidated	MD0250L3B032112	\$127,103
4	BHA S+C Anne Arundel County	MD0114L3B032114	\$447,391
5	AHOH Community Housing Consolidated	MD0238L3B032111	\$129,838
6	Catholic Charities Rapid Re-Housing	MD0363L3B032105	\$151,169
7	PEP Housing First Consolidated	MD0271L3B032110	\$202,708
8	Partnership for Housing Expansion Bonus Project	TBA	\$119,497
9	DV Bonus Project – YWCA Safe Homes RRH	TBA	<u>\$287,023</u>
		TOTAL	\$2,793,527

Should you have any questions, please feel free to reach out and I would be happy to discuss further.

Best,
 Heather

Heather Donahue, MSW
 CoC Planning and Grant Manager
 (410) 222-3958
hdonahue@acdsinc.org

From: Heather Donahue
Sent: Friday, October 29, 2021 6:34 PM
To: 'Adrienne Mickler'
Cc: 'Catherine Gray'; Elizabeth Brush; Adriana Ramirez
Subject: CoC Competition - Ranking Results

Dear Adrienne,

Thank you for submitting an application for the FFY21 Continuum of Care (CoC) competition. The CoC Ranking and Review Committee met to evaluate all applications submitted in the competition. The committee used the FY 2021 New Application Review Criteria to evaluate new projects and the FY21 Renewal Grant Ranking and Review Criteria to evaluate renewal projects, both of which are available on the ACDS [website](#).

Below is the ranking order of the projects submitted in the FFY21 CoC competition. The SHOP Consolidated Program was ranked 1 in the competition.

Rank	Project	Grant Number	Funding Request
1	AACMHA SHOP Consolidated	MD0362L3B032105	\$398,214
2	ACDS Partnership for Housing	MD0113L3B032114	\$ 930,584
3	AHOH Safe Haven Consolidated	MD0250L3B032112	\$127,103
4	BHA S+C Anne Arundel County	MD0114L3B032114	\$447,391
5	AHOH Community Housing Consolidated	MD0238L3B032111	\$129,838
6	Catholic Charities Rapid Re-Housing	MD0363L3B032105	\$151,169
7	PEP Housing First Consolidated	MD0271L3B032110	\$202,708
8	Partnership for Housing Expansion Bonus Project	TBA	\$119,497
9	DV Bonus Project – YWCA Safe Homes RRH	TBA	\$287,023
		TOTAL	\$2,793,527

Should you have any questions, please feel free to reach out and I would be happy to discuss further.

Best,
 Heather

Heather Donahue, MSW
 CoC Planning and Grant Manager
 (410) 222-3958
hdonahue@acdsinc.org

From: Heather Donahue
Sent: Friday, October 29, 2021 6:35 PM
To: 'Clifton Martin'; 'Lanita Hillen'
Cc: Elizabeth Brush; Adriana Ramirez
Subject: CoC Competition - Ranking Results

Dear Clif and Lanita,

Thank you for submitting an application for the FFY21 Continuum of Care (CoC) competition. The CoC Ranking and Review Committee met to evaluate all applications submitted in the competition. The committee used the FY 2021 New Application Review Criteria to evaluate new projects and the FY21 Renewal Grant Ranking and Review Criteria to evaluate renewal projects, both of which are available on the ACDS [website](#).

Below is the ranking order of the projects submitted in the FFY21 CoC competition. The Partnership for Housing Program, which includes the SHP Program, was ranked 2 in the competition and the Partnership for Housing Expansion Project was ranked 8 in the competition.

Rank	Project	Grant Number	Funding Request
1	AACMHA SHOP Consolidated	MD0362L3B032105	\$398,214
2	ACDS Partnership for Housing	MD0113L3B032114	\$ 930,584
3	AHOH Safe Haven Consolidated	MD0250L3B032112	\$127,103
4	BHA S+C Anne Arundel County	MD0114L3B032114	\$447,391
5	AHOH Community Housing Consolidated	MD0238L3B032111	\$129,838
6	Catholic Charities Rapid Re-Housing	MD0363L3B032105	\$151,169
7	PEP Housing First Consolidated	MD0271L3B032110	\$202,708
8	Partnership for Housing Expansion Bonus Project	TBA	\$119,497
9	DV Bonus Project – YWCA Safe Homes RRH	TBA	\$287,023
		TOTAL	\$2,793,527

Should you have any questions, please feel free to reach out and I would be happy to discuss further.

Best,
 Heather

Heather Donahue, MSW
 CoC Planning and Grant Manager
 (410).222-3958
hdonahue@acdsinc.org

From: Heather Donahue
Sent: Friday, October 29, 2021 6:36 PM
To: 'mberninzoni@arundelhoh.org'
Cc: Elizabeth Brush; Adriana Ramirez
Subject: CoC Competition - Ranking Results

Dear Mario,

Thank you for submitting an application for the FFY21 Continuum of Care (CoC) competition. The CoC Ranking and Review Committee met to evaluate all applications submitted in the competition. The committee used the FY 2021 New Application Review Criteria to evaluate new projects and the FY21 Renewal Grant Ranking and Review Criteria to evaluate renewal projects, both of which are available on the ACDS [website](#).

Below is the ranking order of the projects submitted in the FFY21 CoC competition. The AHOH Safe Haven Consolidated Program was ranked 3 in the competition and the AHOH Community Housing Consolidated Program was ranked 5 in the competition.

Rank	Project	Grant Number	Funding Request
1	AACMHA SHOP Consolidated	MD0362L3B032105	\$398,214
2	ACDS Partnership for Housing	MD0113L3B032114	\$ 930,584
3	AHOH Safe Haven Consolidated	MD0250L3B032112	\$127,103
4	BHA S+C Anne Arundel County	MD0114L3B032114	\$447,391
5	AHOH Community Housing Consolidated	MD0238L3B032111	\$129,838
6	Catholic Charities Rapid Re-Housing	MD0363L3B032105	\$151,169
7	PEP Housing First Consolidated	MD0271L3B032110	\$202,708
8	Partnership for Housing Expansion Bonus Project	TBA	\$119,497
9	DV Bonus Project - YWCA Safe Homes RRH	TBA	\$287,023
		TOTAL	\$2,793,527

Should you have any questions, please feel free to reach out and I would be happy to discuss further.

Best,
Heather

Heather Donahue, MSW
CoC Planning and Grant Manager
(410).222.3958
hdonahue@acdsinc.org

From: Heather Donahue
Sent: Friday, October 29, 2021 6:36 PM
To: Amy Collier
Cc: 'Kelly Anderson'; Elizabeth Brush; Adriana Ramirez
Subject: CoC Competition - Ranking Results

Dear Amy,

Thank you for submitting an application for the FFY21 Continuum of Care (CoC) competition. The CoC Ranking and Review Committee met to evaluate all applications submitted in the competition. The committee used the FY 2021 New Application Review Criteria to evaluate new projects and the FY21 Renewal Grant Ranking and Review Criteria to evaluate renewal projects, both of which are available on the ACDS [website](#).

Below is the ranking order of the projects submitted in the FFY21 CoC competition. The Catholic Charities Rapid Re-Housing Program was ranked 6 in the competition.

Rank	Project	Grant Number	Funding Request
1	AACMHA SHOP Consolidated	MD0362L3B032105	\$398,214
2	ACDS Partnership for Housing	MD0113L3B032114	\$ 930,584
3	AHOH Safe Haven Consolidated	MD0250L3B032112	\$127,103
4	BHA S+C Anne Arundel County	MD0114L3B032114	\$447,391
5	AHOH Community Housing Consolidated	MD0238L3B032111	\$129,838
6	Catholic Charities Rapid Re-Housing	MD0363L3B032105	\$151,169
7	PEP Housing First Consolidated	MD0271L3B032110	\$202,708
8	Partnership for Housing Expansion Bonus Project	TBA	\$119,497
9	DV Bonus Project – YWCA Safe Homes RRH	TBA	\$287,023
		TOTAL	\$2,793,527

Should you have any questions, please feel free to reach out and I would be happy to discuss further.

Best,
 Heather

Heather Donahue, MSW
 CoC Planning and Grant Manager
 (410) 222-3958
hdonahue@acdsinc.org

From: Heather Donahue
Sent: Friday, October 29, 2021 6:36 PM
To: 'Molly Knipe'
Cc: 'Anna Barton'; Elizabeth Brush; Adriana Ramirez
Subject: CoC Competition - Ranking Results

Dear Molly,

Thank you for submitting an application for the FFY21 Continuum of Care (CoC) competition. The CoC Ranking and Review Committee met to evaluate all applications submitted in the competition. The committee used the FY 2021 New Application Review Criteria to evaluate new projects and the FY21 Renewal Grant Ranking and Review Criteria to evaluate renewal projects, both of which are available on the ACDS [website](#).

Below is the ranking order of the projects submitted in the FFY21 CoC competition. The YWCA Safe Homes Rapid Re-Housing Program was ranked 9 in the competition.

Rank	Project	Grant Number	Funding Request
1	AACMHA SHOP Consolidated	MD0362L3B032105	\$398,214
2	ACDS Partnership for Housing	MD0113L3B032114	\$ 930,584
3	AHOH Safe Haven Consolidated	MD0250L3B032112	\$127,103
4	BHA S+C Anne Arundel County	MD0114L3B032114	\$447,391
5	AHOH Community Housing Consolidated	MD0238L3B032111	\$129,838
6	Catholic Charities Rapid Re-Housing	MD0363L3B032105	\$151,169
7	PEP Housing First Consolidated	MD0271L3B032110	\$202,708
8	Partnership for Housing Expansion Bonus Project	TBA	\$119,497
9	DV Bonus Project - YWCA Safe Homes RRH	TBA	\$287,023
		TOTAL	\$2,793,527

Should you have any questions, please feel free to reach out and I would be happy to discuss further.

Best,
Heather

Heather Donahue, MSW
CoC Planning and Grant Manager
(410) 222-3958
hdonahue@acdsinc.org

Continuum of Care Grants

UPDATE: October 29, 2021

MD 503 FFY21 Continuum of Care Application Project Ranking

The Anne Arundel and Annapolis Coalition to End Homelessness (MD-503 CoC) used the Ranking and Review Criteria for Renewal and New Projects posted on the addsync.org website to evaluate projects for inclusion in the FY 2021 CoC Consolidated Application.

The following projects were evaluated and ranked based on approved Ranking and Review Criteria. Bonus funding up to \$119,497 for a new housing project and \$287,023 for a targeted housing project for survivors of domestic violence was available for new projects through the competition. Applications from two new projects were submitted for the competition's bonus funding.

Below is the listing of projects renewed, ranked, and accepted for the FY2021 Continuum of Care Competition for the MD-503 CoC, complete with their ranking information. The MD-503 CoC will also submit an application for Planning funds, which is not included in the project ranking. Questions about the Ranking and Review for the FY2021 CoC Competition may be directed to Heather Donahue at (410) 222-3958 or hdonahue@addsync.org

Rank	Project	Grant Number	Funding Request
1	AACMHA SHOP Consolidated	MD0362L3B032105	\$398,214
2	ACDS Partnership for Housing	MD0113L3B032114	\$930,584
3	AHOH Safe Haven Consolidated	MD0250L3B032112	\$127,103
4	RHA S-C Anne Arundel County	MD0114L3B032114	\$447,391

- Budget Process
- Capital Loans & Grants
- Public Service Grants
- Continuum of Care Grants
- Financing for Group Homes
- Financing for Affordable Rental Housing
- Local Development Council Grants

Contact Us

2666 Riva Road, Suite 210, Annapolis, MD 21401
 410-222-7600
info@addsync.org

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Below is the listing of projects reviewed, ranked, and accepted for the FY2021 Continuum of Care Competition for the MD 503 CoC, complete with their ranking information. The MD 503 CoC will also submit an application for Planning funds, which is not included in the project ranking. Questions about the Ranking and Review for the FY2021 CoC Competition may be directed to Heather Donahue at (410) 222-3958 or hdonahue@acdsinc.org

Rank	Project	Grant Number	Funding Request
1	AACMHA SHOP Consolidated	MD0362L3B032105	\$398,214
2	ACDS Partnership for Housing	MD013L3B032114	\$930,584
3	AHOH Safe Haven Consolidated	MD0250L3B032112	\$127,103
4	BHA S-C Anne Arundel County	MD014L3B032114	\$447,391
5	AHOH Community Housing Consolidated	MD0238L3B032111	\$129,838
6	Catholic Charities Rapid Re-Housing	MD0363L3B032105	\$151,169
7	PEP Housing First Consolidated	MD0271L3B032110	\$202,708
8	SHP Expansion Bonus Project	TBA	\$119,497
9	DV Bonus Project - YWCA Safe Homes RRH TBA	TBA	\$287,023
TOTAL			\$2,793,527

FY2021 Continuum of Care Program Competition

The U.S. Department of Housing and Urban Development (HUD) has announced the NOFO (Notice of Funding Opportunity) for FY 2021 funds for the Continuum of Care Homeless Assistance Program (CoC

 MD 21401
 410-222-7600
 info@acdsinc.org

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