

Before Starting the CoC Application

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

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

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

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

Your CoC Must Approve the Consolidated Application before You Submit It
- 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2022 CoC Program Competition on behalf of your CoC.

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

Answering Multi-Part Narrative Questions

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

Attachments

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

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

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

1A. Continuum of Care (CoC) Identification

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

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

1A-1. CoC Name and Number: MD-504 - Howard County CoC

1A-2. Collaborative Applicant Name: Howard County Government

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Howard County Government

1B. Coordination and Engagement–Inclusive Structure and Participation

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

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- Frequently Asked Questions

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

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

17.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes	Yes	Yes
18.	Organizations led by and serving LGBTQ+ persons	Yes	Yes	Yes
19.	Organizations led by and serving people with disabilities	Yes	Yes	Yes
20.	Other homeless subpopulation advocates	Yes	Yes	Yes
21.	Public Housing Authorities	Yes	Yes	Yes
22.	School Administrators/Homeless Liaisons	Yes	Yes	Yes
23.	State Domestic Violence Coalition	Yes	Yes	Yes
24.	State Sexual Assault Coalition	Yes	Yes	Yes
25.	Street Outreach Team(s)	Yes	Yes	Yes
26.	Substance Abuse Advocates	Yes	Yes	Yes
27.	Substance Abuse Service Organizations	Yes	Yes	Yes
28.	Victim Service Providers	Yes	Yes	Yes
29.	Domestic Violence Advocates	Yes	Yes	Yes
30.	Other Victim Service Organizations	Yes	Yes	Yes
31.	Youth Advocates	Yes	Yes	Yes
32.	Youth Homeless Organizations	Yes	Yes	Yes
33.	Youth Service Providers	Yes	Yes	Yes
	Other: (limit 50 characters)			
34.				
35.				

By selecting "other" you must identify what "other" is.

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

Describe in the field below how your CoC:	
1.	communicated a transparent invitation process annually (e.g., communicated to the public on the CoC's website) to solicit new members to join the CoC;
2.	ensured effective communication with individuals with disabilities, including the availability of accessible electronic formats;
3.	invited organizations serving culturally specific communities experiencing homelessness in the geographic area to address equity (e.g., Black, Latino, Indigenous, LGBTQ+, and persons with disabilities).

(limit 2,500 characters)

1) As of March 2020, the Continuum of Care (CoC) Board and the Coalition Board to End Homelessness (Coalition) in-person meetings were converted to a virtual platform due to COVID-19. In order to ensure the meetings remained an open and inclusive process, the CoC publicly invited members of the community to attend the (Coalition) meeting via WebEx, which is posted on the Coalition's website. The CoC also communicates information through its monthly CoC Board and committee meetings as well as the semi-annual Coalition meeting. Current CoC Board members are encouraged to invite advocates, community members, public and private employees, and others who are committed to ending homelessness to actively participate and join meetings. One-on-One meetings to discuss the work and participation in the CoC are held with organizations with a vested interest in serving those experiencing homelessness. 2) To ensure effective communication for individuals with disabilities, the CoC Board and Coalition's meeting minutes and agenda are accessible in electronic formats on its website. 3) The CoC through its Community Commitment & Awareness Committee has an open invitation process to ensure its CoC Board membership includes Black, Latino, Indigenous, LGBTQ+ and persons with disabilities are constantly being represented. Over the next several months, the CoC Board will assess the number of persons represented in these specific communities with the intentions of establishing an inclusive, diverse CoC Board. The CoC Board believes this assessment will ensure the CoC is meeting the current needs of the communities experiencing homelessness in Howard County.

1B-3.	CoC's Strategy to Solicit/Consider Opinions on Preventing and Ending Homelessness.	
	NOFO Section VII.B.1.a.(3)	
	Describe in the field below how your CoC:	
1.	solicited and considered opinions from a broad array of organizations and individuals that have knowledge of homelessness, or an interest in preventing and ending homelessness;	
2.	communicated information during public meetings or other forums your CoC uses to solicit public information; and	
3.	took into consideration information gathered in public meetings or forums to address improvements or new approaches to preventing and ending homelessness.	

(limit 2,500 characters)

1)The Path Home 2019, Howard County's (5 year) Plan to End Homelessness, is a compilation of interviews and feedback from work groups, persons with lived experience, case managers, program directors and agency leaders as well as online surveys gathered to develop Continuum of Care (CoC) goals and objectives. The CoC has five Committees designed to incorporate the expertise and opinions of its members and guests, which include community members, non-profit and private organizations, advocates, government staff and persons with lived experience. 2)The CoC communicates information through its bi-monthly CoC Board and Committee meetings; An invitation to the community at-large and a point of contact is posted on the CoC website for anyone who would like to contribute to ending homelessness. During these meetings, members, stakeholders, and guests can expect to hear current information about CoC activities, current funding opportunities, Committee progress, and program/project achievements; A portion of the meetings is also dedicated to soliciting and receiving comments or suggestions on improving Howard County's response to homelessness. The semi-annual Coalition Board meetings are another opportunity to discuss funding, system performance measures, and hear from homeless and crisis service providers with questions/answers in an open forum. 3) All feedback gathered during the CoC Board, Coalition and Committee meetings are addressed as an agenda item during the bi-monthly or semi-annual meetings. Once an idea is presented for consideration, board and committee members vote on how to incorporate new approaches to improve system performance.

1B-4.	Public Notification for Proposals from Organizations Not Previously Awarded CoC Program Funding.	
NOFO Section VII.B.1.a.(4)		
Describe in the field below how your CoC notified the public:		
1.	that your CoC will consider project applications from organizations that have not previously received CoC Program funding;	
2.	about how project applicants must submit their project applications—the process;	
3.	about how your CoC would determine which project applications it would submit to HUD for funding; and	
4.	how your CoC effectively communicated with individuals with disabilities, including making information accessible in electronic formats.	

(limit 2,500 characters)

Public Notification for Proposals from Organizations Not Previously Funded 1) The Continuum of Care (CoC) developed a Request for Proposal (RFP) in order to solicit and consider new project applications. The RFP package included the application requirements, application template, timeline of important deadlines and scoring rubric. This information was posted publicly through its website, Facebook and the Board Coalition (email) listserv. 2) Renewal and new project applicants were required to submit a project application two weeks after the release of the RFP to a designated email address. For every application received, an email acknowledgement was forwarded to the project applicant. Project Applications submission included a 3-5 page program narrative highlighting the program's capacity, financial management, special populations served, and budget projections. 3) The CoC determined which projects to submit for funding based on meeting a threshold review, which ensured each application was complete and inclusive of documentation such as 501c3 status, most recent audit, match requirements, housing first commitment, and policies and procedures. Further consideration was given based on disaggregated performance measure data, agency's demonstrated goals and objectives that align with Howard County's Plan to End Homelessness, a commitment to housing first approach, financial management and feasibility, and staffing capacity. This information was used to assess each project application on a 160-point rating/ranking tool used to score each project utilizing performance measures. 4) Materials are in ADA accessible formatted documents (pdf) to ensure persons of all abilities can access competition information.

1C. Coordination and Engagement

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

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

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

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

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

(limit 2,500 characters)

1) The Continuum of Care (CoC) consulted with its ESG service providers in planning and allocating ESG and/or ESG-CV funds in order to serve adults and families including those impacted by COVID-19. 2) The ESG providers participated in evaluating and reporting performance of ESG program by submitting monthly expenditure reports for eligible activities, entering program data into HMIS, reporting data in the state data warehouse, and monthly participation in the CoC Board's System Performance & Evaluation Committee meetings. 3) ESG providers participate in the Point-in-Time (PIT) count and Housing Inventory County (HIC) data to the Consolidated Plan jurisdictions by providing demographical data that was entered in HMIS and used to evaluate the population within Howard County. The PIT and HIC data is captured throughout the grant year and compiled in the annual performance report for the geographic area. 4)The Howard County CoC provides annual input to the entitlement jurisdiction (through the neighboring Department of Housing and Community Development) including: Annual Action Plans, Consolidated Annual Performance and Evaluation Report (CAPER) and the Consolidated Planning process. All PIT, System Performance Measures and HIC data is provided annually, and throughout each fiscal year, to allow for its inclusion in Consolidated Plan updates.

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

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

1.	Conducted mandatory training for all CoC- and ESG-funded service providers to ensure families are not separated.	No
2.	Conducted optional training for all CoC- and ESG-funded service providers to ensure families are not separated.	No
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.	Yes
6.	Other. (limit 150 characters)	

1C-4.	CoC Collaboration Related to Children and Youth—SEAs, LEAs, School Districts.	
	NOFO Section VII.B.1.d.	

Select yes or no in the chart below to indicate the entities your CoC collaborates with:

1.	Youth Education Provider	Yes
2.	State Education Agency (SEA)	Yes
3.	Local Education Agency (LEA)	Yes
4.	School Districts	Yes

1C-4a.	Formal Partnerships with Youth Education Providers, SEAs, LEAs, School Districts.	
	NOFO Section VII.B.1.d.	

Describe in the field below the formal partnerships your CoC has with at least one of the entities where you responded yes in question 1C-4.

(limit 2,500 characters)

The Continuum of Care (CoC) collaboration with youth education providers includes partnering with Howard County Public School System (HCPSS) to ensure homeless youth and their families receive equal assistance and access to educational programs, activities, and services in Howard County. The Local Children's Board is another valuable partnership used to ensure Howard County youth receive access to behavioral health resources such as treatment and intervention services throughout the school year. Formal partnerships with youth education providers includes partnering with HopeWorks of Howard County and Springboard Community Services, two local providers specializing in sexual and dating assault and domestic violence that provides housing and supportive services. The CoC collaborates with Howard County Public School System (HCPSS) to ensure homeless youth and/or their families are enrolled in educational activities, receive educational support, and are connected to housing and related services. Homeless youth are connected to pupil personnel workers to ensure they receive housing and services, transportation to and from school, and access to behavioral intervention services. The CoC also has a partnership with Community Action Council that operates a local Head Start program in Howard County.

1C-4b.	Informing Individuals and Families Experiencing Homelessness about Eligibility for Educational Services.	
	NOFO Section VII.B.1.d.	

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

(limit 2,500 characters)

The Continuum of Care (CoC) partnership with Howard County's local Department of Social Services (DSS), Pupil Personnel Workers (PPW) are connected with individuals and families experiencing homelessness to inform them about McKinney Vento program and eligibility criteria. The Department of Social Services also links families with school-aged children to their local public school, and ensures they are provided with information on their rights and school-based services offered to families in need. Assigned CoC and DSS Case Managers are also responsible for following-up and making sure households are connected to their local public school and Pupil Personnel Workers.

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

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

		MOU/MOA	Other Formal Agreement
1.	Birth to 3 years	No	No
2.	Child Care and Development Fund	No	Yes
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	Yes
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.	Howard County Office of Children and Family Services	No	Yes

1C-5.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors--Collaborating with Victim Service Providers.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC regularly collaborates with organizations who help provide housing and services to survivors of domestic violence, dating violence, sexual assault, and stalking to:

1.	update CoC-wide policies; and
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2.	ensure all housing and services provided in the CoC are trauma-informed and can meet the needs of survivors.
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(limit 2,500 characters)

The Continuum of Care (CoC) partners with two local domestic violence service providers who assist survivors of domestic violence, dating violence, sexual assault, and stalking. Through Springboard Community Services and HopeWorks, crisis hotline counselors receive interactive training in safety and planning, human trafficking, and intimate partner violence as part of the on-boarding process. Additionally, through the Maryland Network Against Domestic Violence, case managers attend the annual multi-session training on intimate partner violence. 1) To ensure service continuity, in June 2022, the CoC hired a homeless service technical assistance agency to update its written policies and procedures, which include domestic violence standards in accordance to Violence Against Women's Act (VAWA). The written standards considered and incorporated feedback from the CoC's subrecipients, Board members, and local government staff with knowledge and/or expertise in domestic violence, permanent housing, and rapid rehousing. The written policies and procedures are now undergoing a review process that will include an open forum for comments from staff, board members, and local advocates. 2) Trauma-Informed training is a regular and on-going training provided to case managers through Substance Abuse and Mental Health Administration (SAMSHA) in order to serve survivors of domestic violence. The training provides all case managers with the knowledge and skills to identify and respond to survivors without re-traumatization. To ensure the needs of survivors are met without re-traumatization, domestic violence service providers utilize a separate HMIS database designed to track housing move-in and supportive service needs while protecting the identity and location of survivors.

1C-5a.	Annual Training on Safety and Best Practices to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC coordinates to provide training for:

1.	project staff that addresses best practices (e.g., trauma-informed, victim-centered) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually); and
2.	Coordinated Entry staff that addresses best practices (e.g., trauma informed care) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually).

(limit 2,500 characters)

1) The Continuum of Care (CoC), through its domestic violence provider, host an annual training to hotline and emergency shelter staff on trauma-informed, victim-centered safety and planning protocols; The materials for this training are maintained and provided upon request as a refresher and for new employees. 2).The Continuum of Care (CoC) domestic violence providers (HopeWorks and Springboard) are points of access for our Coordinated Entry System, which ensures those that are fleeing violence/experiencing domestic violence can enter the system through a provider that is equipped to provide safety and uses with the proper confidentiality protocols. As a best practice, CE protocols and best practices are reviewed annually and adjustments are made in accordance with the current needs of this population.

1C-5b.	Using De-identified Aggregate Data to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section VII.B.1.e.	

Describe in the field below:	
1.	the de-identified aggregate data source(s) your CoC uses for data on survivors of domestic violence, dating violence, sexual assault, and stalking; and
2.	how your CoC uses the de-identified aggregate data described in element 1 of this question to evaluate how to best meet the specialized needs related to domestic violence and homelessness.

(limit 2,500 characters)

1) In FY22 the Continuum of Care (CoC) launched a separate and comparable database for collecting data on domestic violence, dating violence, sexual assault, and stalking survivors. This de-identified data is retrieved aggregated and integrated into the system wide data for evaluation. 2) This information is collected and shared with the System Performance and Evaluation Committee of the CoC Board to evaluate effectiveness of service and develop recommendations to ensure that specialized needs of this population are met.

1C-5c.	Communicating Emergency Transfer Plan to Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC communicates to all individuals and families seeking or receiving CoC Program assistance:	
1.	the emergency transfer plan policies and procedures; and
2.	the process for individuals and families to request an emergency transfer.

(limit 2,500 characters)

1) The Continuum of Care (CoC) communicates its Emergency Transfer Plan to all individuals/families through its written policies and procedures. 2) Newly established Emergency Transfer Plan allows clients to request an emergency transfer from one unit to another or one jurisdiction to another.

1C-5d.	Access to Housing for Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC ensures that survivors of domestic violence, dating violence, sexual assault, or stalking have access to all of the housing and services available within the CoC's geographic area.

(limit 2,500 characters)

The Continuum of Care (CoC) ensures that survivors of domestic violence, dating violence, sexual assault, or stalking have access to all of the housing and services available within the CoC's geographic area through its separate, comparable database established exclusively for this population. The domestic violence database allows trained providers to collect data under strict confidential provisions while meeting HUD regulatory reporting requirements. This data helps the CoC to ensure survivors have and maintain access to housing and services within Howard County. Additionally, the CoC maintains a separate, de-identified by-name list that is parallel to the coordinated entry general by-name list. The DV by-name list ensures survivors gain immediate access to housing and services after being moved to a safe, secured location.

1C-5e.	Including Safety, Planning, and Confidentiality Protocols in Coordinated Entry to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section VII.B.1.e.	
	Describe in the field below how your CoC's coordinated entry includes:	
1.	safety protocols,	
2.	planning protocols, and	
3.	confidentiality protocols.	

(limit 2,500 characters)

1) Springboard and HopeWorks are our primary provider for DV, dating violence, sexual assault and stalking survivors. It offers 24-hour access to case managers and intake staff for prompt response to individuals in crisis. Our CoC prioritizes safety over all other vulnerabilities. Through HopeWorks, new domestic violence hotline counselors receive interactive training in safety and planning, human trafficking, and intimate partner violence as part of the on-boarding process. Additionally, through the Maryland Network Against Domestic Violence, case managers attend the annual multi-session training on intimate partner violence. 2) Coordinated Entry staff provide annual training and best practices on how to enter survivor information into database and maintain confidentiality. As a result of COVID-19, this training was offered and provided virtually. 3) The CoC maintains a separate database comparable HMIS to ensure confidentiality. In Compliance with DV providers, the client's location related to the DV incident are kept confidential.

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

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

1C-6a.	Anti-Discrimination Policy—Updating Policies—Assisting Providers—Evaluating Compliance—Addressing Noncompliance.	
	NOFO Section VII.B.1.f.	

Describe in the field below:

1.	whether your CoC updates its CoC-wide anti-discrimination policy, as necessary, based on stakeholder feedback;
2.	how your CoC assisted providers in developing project-level anti-discrimination policies that are consistent with the CoC-wide anti-discrimination policy ensuring that LGBTQ+ individuals and families receive supportive services, shelter, and housing free from discrimination;
3.	your CoC's process for evaluating compliance with your CoC's anti-discrimination policies; and
4.	your CoC's process for addressing noncompliance with your CoC's anti-discrimination policies.

(limit 2,500 characters)

1) The Continuum of Care (CoC) updates its CoC wide anti-discrimination policies based on the feedback stakeholders, annual monitoring, and best practices. The CoC is currently updating its CoC-wide policy to include responsibilities of its subrecipient/providers to timely document and report incidents of discrimination within a designated timeframe. The policy updates will ensure providers are clear about how to address incidents of discrimination and when to report such incidents. 2) Technical Assistance for policies, procedures and standards are provided on a project-level. Providers are instructed to enhance their policies and procedures based on regulatory standards and best practices, which first begins with identifying and understanding any biases that exist in the organizational culture. 3) The CoC evaluates anti-discrimination policies in accordance with Civil Rights Act of 1968, the Americans with Disabilities Act of 1990, Equal Access to Housing Act, and the Gender Identity Rule. As part of the annual monitoring, the CoC's monitoring tool includes a series of anti-discrimination questions in which the providers confirms, and explains if necessary, that anti-discriminatory practices are adhered to. 4) During the annual monitoring, providers' policies and procedures are reviewed for tone and consistency to ensure that the policies and procedures do not discriminate based on race, ethnicity, sex, gender, age, national origin, family status, disability or sexual orientation. If a provider's anti-discrimination policy, in anyway is discriminatory, an action plan is created and issued to the providers for immediate rectification. The corrective action includes the regulatory requirement that prohibits discrimination and a request for how the provider will avoid discriminatory practices in the future.

1C-7.	Public Housing Agencies within Your CoC's Geographic Area—New Admissions—General/Limited Preference—Moving On Strategy.	
	NOFO Section VII.B.1.g.	

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

Enter information in the chart below for the two largest PHAs highlighted in gray on the FY 2021 CoC-PHA Crosswalk Report or the two PHAs your CoC has a working relationship with—if there is only one PHA in your CoC’s geographic area, provide information on the one:

Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing and Housing Choice Voucher Program During FY 2021 who were experiencing homelessness at entry	Does the PHA have a General or Limited Homeless Preference?	Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?
Housing Commission of Howard County	46%	Yes-Both	Yes

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

Describe in the field below:

- 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
- state that your CoC has not worked with the PHAs in its geographic area to adopt a homeless admission preference.

(limit 2,500 characters)

The CoC has a longstanding relationship with the Housing Commission of Howard County also known as the Commission. The Commission sets aside certain number of Housing Choice vouchers each fiscal year for households referred through the CoC’s Coordinated Entry System. The Housing Choice Voucher Program gives preference in any calendar year up to 40 vouchers referred to them from the CoC for families who are transitioning from a program where they were previously receiving rental assistance and supportive services but are no longer in need of supportive services (such as Shelter Plus Care(SPC) and Foster Youth Initiative (FYI); and for chronically homeless families as defined by the CoC. The Commission also issues 3 vouchers from the wait list for every 1 voucher to the CoC; the CoC establishes the order and rank of the families. The CoC and the Commission will collectively review the CoC’s criteria on an annual basis to ensure that it is consistent with Fair Housing Law and does not provide an unfair advantage to any particular group.

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 Housing Tax Credit (LIHTC) developments	No
4.	Local low-income housing programs	No
	Other (limit 150 characters)	
5.		

1C-7c.	Include Units from PHA Administered Programs in Your CoC's Coordinated Entry. NOFO Section VII.B.1.g.	
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In the chart below, indicate if your CoC includes units from the following PHA programs in your CoC's coordinated entry process?

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

1C-7d.	Submitting CoC and PHA Joint Applications for Funding for People Experiencing Homelessness. NOFO Section VII.B.1.g.	
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1.	Did your CoC coordinate with a PHA(s) to submit a competitive joint application(s) for funding or jointly implement a competitive project serving individuals or families experiencing homelessness (e.g., applications for mainstream vouchers, Family Unification Program (FUP), other programs)?	No
		Program Funding Source
2.	Enter the type of competitive project your CoC coordinated with a PHA(s) to submit a joint application for or jointly implement.	0

1C-7e.	Coordinating with PHA(s) to Apply for or Implement HCV Dedicated to Homelessness Including Emergency Housing Voucher (EHV). NOFO Section VII.B.1.g.	
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	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.	List of PHAs with Active MOUs to Administer the Emergency Housing Voucher (EHV) Program.	
	Not Scored—For Information Only	

	Does your CoC have an active Memorandum of Understanding (MOU) with any PHA to administer the EHV Program?	No
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	If you select yes to question 1C-7e.1., you must use the list feature below to enter the name of every PHA your CoC has an active MOU with to administer the Emergency Housing Voucher Program.	
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PHA		
	This list contains no items	

1D. Coordination and Engagement Cont'd

1D-1.	Discharge Planning Coordination.	
	NOFO Section VII.B.1.h.	

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

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

1D-2.	Housing First—Lowering Barriers to Entry.	
	NOFO Section VII.B.1.i.	

1.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2022 CoC Program Competition.	6
2.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2022 CoC Program Competition that have adopted the Housing First approach.	6
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, SSO non-Coordinated Entry, Safe-Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in the FY 2022 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

1D-2a.	Project Evaluation for Housing First Compliance.	
	NOFO Section VII.B.1.i.	

Describe in the field below:

1.	how your CoC evaluates every recipient—that checks Housing First on their Project Application—to determine if they are actually using a Housing First approach;
2.	the list of factors and performance indicators your CoC uses during its evaluation; and
3.	how your CoC regularly evaluates projects outside of the competition to ensure the projects are using a Housing First approach.

(limit 2,500 characters)

The Continuum of Care (CoC) evaluation of Housing First is based on the project applicant's ability to demonstrate a client-centered attitude in practice and through the agency's written policies and procedures. Project Applicants were required to submit a letter of commitment to housing first, current policies and procedures, and the client handbook. 2) Each of the aforementioned documents were reviewed for continuity of housing first approach that allows clients to make individualized decision about their housing plan without conditions. Additionally, the CoC considers the following indicators to evaluate the effectiveness of housing first: agency's use of coordinated entry, length of time from entry to move-in, return to homelessness, and exits to positive permanent placements. 3) Outside of the NOFO competition, project applicants are monitored annually for housing first approach the evaluates policies and procedures in congruent with the participant's case notes. This type of evaluation ensures the projects not only document their commitment to housing first, but also implement housing first practices and behaviors.

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

(limit 2,500 characters)

1) The Continuum of Care (CoC) street outreach efforts are made possible through the combined efforts of Grassroots Hotline, Outreach Workers, Day Resource Center, Howard County Police Multi-Cultural Community Liaison, and community members who work together to identify and engage unsheltered persons. Grassroots' Hotline serves as a single point access to services 24/7. Calls received through the hotline are sent to outreach worker(s) who will make immediate contact with the person at the reported location. Depending on the circumstances, the outreach worker will also be accompanied by the Police Officer Community Liaison to identify unsheltered persons and engage them to assess needs of service. 2) The CoC Street Outreach covers 100 percent of the geographic area; however, focus is given to several hotspots with a high concentration of unsheltered persons, as indicated by the 2021 Point in Time count. 3) Street outreach is conducted daily between 9 a.m. to 5 p.m. The street outreach worker also participates in ride-a-longs with a Howard County Police Officer Community Liaison on as needed basis outside of the business hours. This year, the CoC is adding an additional outreach worker who will be responsible for identifying and engaging clients during the evenings and weekends. 4) The CoC relies on community members such as private citizens and/or religious organizations to call into the hotline to report persons who are sleeping in places not meant for habitation. Once the call is received, an outreach worker will attempt to engage the person to assess the individual's immediate needs and what type of ongoing services maybe needed. For those least likely to call our hotline, the CoC's Day Resource Center staff regularly engage panhandlers to identify those who maybe experiencing homelessness and offer services and resources. The outreach worker also goes into the camps/hotspots to meet people who may not have reached out. Additional work includes regular ride-a-longs with the Police Officer Community Liaison to share information and work together for outreach. The Day Resource Center staff encourages regular clients to bring in those who a new to homelessness or aren't receiving services. Outreach is also done at local hotels to identify those not known to the system and may be at imminent risk of homelessness. Volunteers and staff regularly hand out flyers to panhandlers and community members.

1D-4.	Strategies to Prevent Criminalization of Homelessness.	
	NOFO Section VII.B.1.k.	

Select yes or no in the chart below to indicate strategies your CoC implemented to ensure homelessness is not criminalized and to reverse existing criminalization policies in your CoC's geographic area:

		Ensure Homelessness is not Criminalized	Reverse Existing Criminalization Policies
1.	Engaged/educated local policymakers	Yes	Yes
2.	Engaged/educated law enforcement	Yes	Yes
3.	Engaged/educated local business leaders	No	No
4.	Implemented community wide plans	Yes	Yes
5.	Other:(limit 500 characters)		

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

		2021	2022
	Enter the total number of RRH beds available to serve all populations as reported in the HIC—only enter bed data for projects that have an inventory type of "Current."	81	93

1D-6.	Mainstream Benefits–CoC Annual Training of Project Staff.	
	NOFO Section VII.B.1.m.	

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

	Resource	CoC Provides Annual Training?
1.	Food Stamps	Yes
2.	SSI–Supplemental Security Income	Yes
3.	TANF–Temporary Assistance for Needy Families	Yes
4.	Substance Abuse Programs	Yes
5.	Employment Assistance Programs	Yes
6.	Other (limit 150 characters)	

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

Describe in the field below how your CoC:

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

(limit 2,500 characters)

1)The CoC through Grassroots of Howard County provides SSI/SSDI Outreach Access and Recovery (SOAR) strategy to inform and increase access to mainstream resources at the federal and state level. Benefit Specialists through Humanim, Inc. are trained to assess and provide information on various benefits (e.g. Food Stamps, SSI, TANF, medical assistance and other benefits). The local Community Action Council works with those receiving eviction prevention assistance to connect to mainstream benefits. 2)The CoC through its providers conveys information about mainstream benefits during the intake process and throughout case management, participants are encouraged to develop goals to obtain available benefits. 3)The CoC works with the CoC-funded PSH providers, Department of Social Services, Social Security Administration, Howard County Health Department, Bowling Green Brandywine Treatment Center, and Waystation to link persons experiencing homelessness to transportation to and from treatment, medication management, therapy and health care services. Once households obtain SSI/SSDI, they are enrolled in Medicaid/Medicare; those ineligible for SSI/SSDI are connected to state insurance. 4)The CoC through its PSH provider connects persons with Medicaid/Medicare, and other mainstream benefits through a Benefits Specialist who ensures participants are educated about how to use Medicaid for health care, prescriptions and/or doctor's visits, etc. This ensures effective utilization of Medicaid and other benefits.

1D-7.	Increasing Capacity for Non-Congregate Sheltering.	
	NOFO Section VII.B.1.n.	

Describe in the field below how your CoC is increasing its capacity to provide non-congregate sheltering.

(limit 2,500 characters)

The Continuum of Care (CoC) has seen significant growth in its non-congregate sheltering capacity. Howard County's local providers, Grassroots Crisis Intervention Center, serves as the 24-hour Crisis Hotline and Shelter. Persons experiencing homelessness can receive shelter and behavioral health services for up to six-months. In light of COVID-19, it was necessary to increase non-congregate shelter in order to isolate participants who were exposed to COVID-19. To that end, the CoC received state and federal funds to help minimize the impact of COVID-19 by increasing its capacity to provide non-congregate shelter through hotel/motel lodging. The capacity increased from 63 in 2019 to 133 in 2021.

ID-8.	Partnerships with Public Health Agencies–Collaborating to Respond to and Prevent Spread of Infectious Diseases.	
	NOFO Section VII.B.1.o.	

Describe in the field below how your CoC effectively collaborates with state and local public health agencies to:

- | | |
|----|--|
| 1. | develop CoC-wide policies and procedures to respond to infectious disease outbreaks; and |
| 2. | prevent infectious disease outbreaks among people experiencing homelessness. |

(limit 2,500 characters)

The Continuum of Care (CoC) collaborates with the Howard County Health Department's Infection Prevention & Control Program that is responsible for tracking and monitoring infectious diseases outbreaks such as COVID-19. 1) The CoC's written policies and procedures in responding to infectious disease outbreak is a collaborative led efforts with the Health Department leading the charge. Those efforts and policies include community engagement, behavioral health strategies, telemedicine and virtual training, and expanding communication across multiple agencies and departments. 2) This program connects the community with reoccurring reports on infectious disease. These reports are generated from data and mapping software used to track and monitor high concentrated areas for possible outbreak. For example, data and mapping software was used to help establish vaccination clinics for COVID-19 and flu shots for local governmental and service provider staff and residents of Howard County. Howard County also offers a clean needle program to reduce the risk and spread of disease.

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

(limit 2,500 characters)

1) The COVID-19 pandemic necessarily required a whole-of-government response as well as new partnerships within the community to including partnerships with United Way, Office of Emergency Management, Howard County Sheriffs Office, Health Department. The Commission and Local Nonprofit Organizations. As a result, all of these entities now see themselves as having a role in the CoC, and understand the population of those experiencing homelessness as one in need of unique response. The Health Department now has closer ties with our shelters, both to address concerns related to structures as well as how to deliver care and resources. 2) The hospital worked closely with the Lead Agency and Coordinated Entry staff to address the needs of discharging patients experiencing homelessness, and the head of the hospital's Social Work department has joined the CoC Board. The Office of Emergency Management has been tasked with considering the needs of those experiencing homelessness by County Administration. Finally, the PHA played a significant role in efforts to move households experiencing homelessness out of emergency shelter and into housing. While the CoC already had strong ties with the local PHA, their participation in the pandemic response has opened additional avenues for housing our population, including vouchers as mentioned but also information sharing related the PHA's own housing units.

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

(limit 2,500 characters)

1) The Continuum of Care (CoC) covers 250 square miles in Howard County included in the Metropolitan Statistical Area, which is also part of the Washington-Baltimore-Arlington, DC-MD-VA-WV-PA Combined Statistical Area. Howard County uses Coordinated Entry (CE) for both its shelter system and permanent supportive housing programs and covers the entire CoC geographic area. Anyone can be assessed for shelter using a universal assessment tool via Street Outreach. Providers/agencies can place clients on a single list By name list which is managed by the Coordinated Entry Manager. 2) The CE system uses a standardized vulnerability index tool to ensure Housing prioritization and provide a uniform decision criterion based upon vulnerability score. This consists of street, chronic homeless, illness, disabled, and homeless with safety concerns. The Coordinated Entry Manager identifies and assigns individuals and families by utilizing the coordinated entry list via HMIS. 3) Howard County Coordinated Entry engages in ongoing planning with all stakeholders in the Coordinated Entry process, including participating providers and households that participated in Coordinated Entry. Feedback from individuals and families experiencing homelessness or recently connected to housing through the Coordinated Entry process is gathered at least annually during Summer Solstice event and is used to improve the CE process.

1D-9a.	Program Participant-Centered Approach to Centralized or Coordinated Entry.	
	NOFO Section VII.B.1.p.	
	Describe in the field below how your CoC's coordinated entry system:	
1.	reaches people who are least likely to apply for homeless assistance in the absence of special outreach;	
2.	prioritizes people most in need of assistance;	
3.	ensures people most in need of assistance receive permanent housing in a timely manner, consistent with their preferences; and	
4.	takes steps to reduce burdens on people using coordinated entry.	

(limit 2,500 characters)

1) Households are identified through Street Outreach and partnerships with Grassroots Crisis Intervention Center shelter, Howard County Public Schools and Howard County Police Community Outreach Department that serve the entire county or by contacting the Coordinated Entry System through the county's crisis response center and homelessness hotline. The CoC has relationships with the school cultivating a relationship with a large clinical provider in the public behavioral health system. Street Outreach and meal programs reach individuals that are disengaged from services by offering low barrier access to assessment and assistance. 2) The Continuum of Care (CoC) uses VI SPDAT for single adults and Family VI-SPDAT/family for services and housing. For all populations, the CoC prioritizes those with the greatest vulnerability including households experiencing chronic homelessness, Veterans, unsheltered, and those most disengaged from services and those least likely to apply for assistance in the absence of special outreach. The CES Committee meets biweekly to ensure assistance is provided in a timely manner. 3) The CoC also placed increased emphasis on consistent and coordinated Street Outreach aimed at regular engagement of unsheltered households toward housing resources. 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. The CES Committee meets biweekly to fill any vacancies. Projects are expected to accept the referral within 5 days and secure housing within 30 days of program acceptance. 4) The CoC's no wrong door approach allows outreach workers, shelter staff, Day Resource Center, hospitals social workers, and reentry liaisons to verify homelessness through third-party verification, which quickly prioritizes clients for shelter. Clients can have their assessment completed with someone who they already have a relationship with. The Hotline has started using service point in real-time data enabling us to identify persons experiencing homelessness. The CoC has also expanded quality street outreach to locate, engage and build relationships with persons living outdoors and connect them with services and housing.

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

1.	Has your CoC conducted a racial disparities assessment in the last 3 years?	Yes
2.	Enter the date your CoC conducted its latest assessment for racial disparities.	02/07/2022

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

Describe in the field below:

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

(limit 2,500 characters)

1) The CoC's System Performance and Evaluation Committee has been tasked with generating a Racial Equity report to assess any racial disparities in the system. The report will be used on an ongoing basis and is still in development, but once it is completed the report will be monitored regularly alongside the Continuum's other system performance benchmarks. To initiate the discussions regarding the report development, the System Performance and Evaluation Committee did a system assessment using Stella data from the most recent LSA in conjunction with a local annual report to look at the distribution of resources/services by race. 2) The initial evaluation indicated that there are not obvious disparities within the local homeless system, with people experiencing similar lengths of stay, and exiting to permanent housing at similar rates, regardless of race. However, Black/African American people are significantly over-represented in the homeless system when compared to the community at large. This is the reason a more detailed and ongoing report is being generated to look at points in the system at a more granular level to try to determine the reasons behind this.

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

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.	No
2.	The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.	Yes
3.	The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.	Yes
4.	The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups.	Yes
5.	The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.	Yes
6.	The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.	No
7.	The CoC has staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness.	Yes
8.	The CoC is educating organizations, stakeholders, boards of directors for local and national nonprofit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.	Yes
9.	The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.	Yes
10.	The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.	Yes
11.	The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.	Yes
	Other:(limit 500 characters)	
12.		

1D-10c.	Actions Taken to Address Known Disparities.	
	NOFO Section VII.B.1.q.	

Describe in the field below the steps your CoC and homeless providers have taken to address disparities identified in the provision or outcomes of homeless assistance.

(limit 2,500 characters)

During the initial evaluation, there were no obvious disparities identified on which action could be taken. Currently, a report is being developed to help identify potential disparities in the future in order to make service provision more equitable in Howard County.

1D-10d.	Tracking Progress on Preventing or Eliminating Disparities.	
	NOFO Section VII.B.1.q.	

Describe in the field below the measures your CoC has in place to track progress on preventing or eliminating disparities in the provision or outcomes of homeless assistance.

(limit 2,500 characters)

The Racial Equity report that is in the development process will be used to identify and address disparities within the system, but the intention is to continue using the report, quarterly, to monitor the system with the aim of continuous improvement.

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

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

(limit 2,500 characters)

The Continuum of Care (CoC) is currently revamping its CoC Charter in order to incorporate new strategies for engaging persons with lived experience to become more involved in the CoC Board’s decision-making, services delivery enhancements, and outreach efforts. Thus far, the CoC has consulted with lived experience youth and young adults in preparation for the annual Point-in-Time Count to develop strategies for engaging youth during the count. During COVID-19, the CoC’s lived experience members were unable to maintain their membership due to employment restrictions and family situations.

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

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

	Level of Active Participation	Number of People with Lived Experience Within the Last 7 Years or Current Program Participant	Number of People with Lived Experience Coming from Unsheltered Situations
1.	Included and provide input that is incorporated in the local planning process.	10	0
2.	Review and recommend revisions to local policies addressing homelessness related to coordinated entry, services, and housing.	3	0
3.	Participate on CoC committees, subcommittees, or workgroups.	3	0
4.	Included in the decisionmaking processes related to addressing homelessness.	3	0
5.	Included in the development or revision of your CoC's local competition rating factors.	0	0

1D-11b.	Professional Development and Employment Opportunities for Individuals with Lived Experience of Homelessness.	
	NOFO Section VII.B.1.r.	

Describe in the field below how your CoC or CoC membership organizations provide professional development and employment opportunities to individuals with lived experience of homelessness.

(limit 2,500 characters)

The CoC developed a 2022 training calendar that provides local and national training opportunities for lead agency staff and its subrecipient providers to attend. The same training opportunities were also offered to persons with lived experience. The CoC provided financial support to make it possible and ensure stakeholders remain abreast of current best practices. This year, the CoC offered a paid sponsorship (travel expenses included) for two persons with lived experience to attend the National Alliance to End Homelessness Conference in Washington, DC. Persons with lived experience are also connected to employment resources such as resume development and interviewing techniques, as well as employment opportunities with local employers.

1D-11c.	Routinely Gathering Feedback and Addressing Challenges of Individuals with Lived Experience of Homelessness.	
	NOFO Section VII.B.1.r.	

Describe in the field below how your CoC:

1.	how your CoC routinely gathered feedback from people experiencing homelessness and people who have received assistance through the CoC or ESG program on their experience receiving assistance; and
2.	the steps your CoC has taken to address challenges raised by people with lived experience of homelessness

(limit 2,500 characters)

1) The CoC routinely gathers feedback from people experiencing homelessness through the CoC programs. Annually, local youth and young adults are involved with planning and decision-making for the annual PIT Count. This year, a total of seven youth were involved in planning and executing the PIT Count and Youth Reach. 2) One challenge raised that the CoC is addressing is fair and equal compensation for persons with lived experience. The CoC is currently assessing multiple avenues to compensate and to provide other benefits such as transportation and child care.

1D-12.	Increasing Affordable Housing Supply.	
	NOFO Section VII.B.1.t.	
	Describe in the field below at least 2 steps your CoC has taken in the past 12 months that engage city, county, or state governments that represent your CoC's geographic area regarding the following:	
1.	reforming zoning and land use policies to permit more housing development; and	
2.	reducing regulatory barriers to housing development.	

(limit 2,500 characters)

1) Howard County Continuum of Care (CoC) functions under the authority of Howard County government and through its efforts, a housing opportunity plan was created in May 2021, to create diverse, affordable housing options. This plan exist in order to address current housing needs, increase housing resources, improve racial and socioeconomic opportunities and develop best practices policies. 2) A barrier that currently exist in Howard County -- is approximately 30% of its residents use 30% or more of their household income on housing cost, which makes it even less affordable for those within the community experiencing homelessness. For reasons such as this, Howard County is working to make a significant impact on policies that prevent affordable housing for its residents through three key strategies: revision of land, use and zoning regulations to create accessibility and affordability; strengthen existing policies and programs; and improving infrastructures while increasing housing.

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

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

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

1E-1.	Web Posting of Your CoC's Local Competition Deadline–Advance Public Notice.	
	NOFO Section VII.B.2.a. and 2.g.	
	You must upload the Local Competition Deadline attachment to the 4B. Attachments Screen.	

	Enter the date your CoC published the deadline for project applicants to submit their applications to your CoC's local competition.	08/17/2022
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1E-2.	Project Review and Ranking Process Your CoC Used in Its Local Competition. We use the response to this question and the response in Question 1E-2a along with the required attachments from both questions as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below.	
	NOFO Section VII.B.2.a., 2.b., 2.c., and 2.d.	

You must upload the Local Competition Scoring Tool attachment to the 4B. Attachments Screen.
Select yes or no in the chart below to indicate how your CoC ranked and selected project applications during your local competition:

1.	Established total points available for each project application type.	Yes
2.	At least 33 percent of the total points were based on objective criteria for the project application (e.g., cost effectiveness, timely draws, utilization rate, match, leverage), performance data, type of population served (e.g., DV, youth, Veterans, chronic homelessness), or type of housing proposed (e.g., PSH, RRH).	Yes
3.	At least 20 percent of the total points were based on system performance criteria for the project application (e.g., exits to permanent housing destinations, retention of permanent housing, length of time homeless, returns to homelessness).	Yes
4.	Provided points for projects that addressed specific severe barriers to housing and services.	Yes
5.	Used data from comparable databases to score projects submitted by victim service providers.	No

1E-2a.	Scored Project Forms for One Project from Your CoC's Local Competition. We use the response to this question and Question 1E-2. along with the required attachments from both questions as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below.	
	NOFO Section VII.B.2.a., 2.b., 2.c., and 2.d.	

You must upload the Scored Forms for One Project attachment to the 4B. Attachments Screen.
 Complete the chart below to provide details of your CoC's local competition:

1.	What were the maximum number of points available for the renewal project form(s)?	160
2.	How many renewal projects did your CoC submit?	6
3.	What renewal project type did most applicants use?	PH-PSH

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

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

(limit 2,500 characters)

1) The Continuum of Care (CoC), through the HMIS Manager, collects and analyze data from its HMIS system for each project that has successfully housed program participants in permanent housing. The CoC's approach for collecting and analyzing data is supported through the work of the System Performance Committee members who are responsible for reviewing and analyzing aggregated as well as disaggregated HMIS data used to evaluate the performance of each project and its functionality within the homeless response system. 2) As a performance measure, the CoC considers and assesses how long it takes to permanently house persons experiencing homelessness. Great emphasis is placed on the time it takes to move participants into housing once they've been referred to a permanent housing placement. HMIS data showing the number of days between the program entry date and the move-in were reviewed and used to analyze each project. Projects that were able to move participants into permanent housing in 30 days or less were considered as low barrier projects. 3) The CoC considers both the severity of needs and vulnerability as well as the ability of the project to stably house participants over time. Through its Coordinated Entry System, participants are assessed and given a vulnerability score based on the severity of their condition(s) and homeless history. This information is collected in HMIS and used to evaluate the effectiveness of the projects to house participants who are high needs and chronically homeless. 4) Consideration was given to projects that served high needs population and/or chronically homeless participants. The CoC considered criteria such as the race and ethnic demographic of the project's participants in comparison to the general demographics within the geographical area. The CoC's assessment ensures that minorities, as the highest group to experience homelessness, are not only housed, but receive critical services such as case management, employment, educational resources, and legal services needed to sustain housing.

1E-3.	Promoting Racial Equity in the Local Competition Review and Ranking Process.	
	NOFO Section VII.B.2.e.	
	Describe in the field below:	
	1. how your CoC obtained input and included persons of different races, particularly those over-represented in the local homelessness population;	
	2. how the input from persons of different races, particularly those over-represented in the local homelessness population, affected how your CoC determined the rating factors used to review project applications;	
	3. how your CoC included persons of different races, particularly those over-represented in the local homelessness population, in the review, selection, and ranking process; and	
	4. how your CoC rated and ranked projects based on the degree to which their project has identified any barriers to participation (e.g., lack of outreach) faced by persons of different races and ethnicities, particularly those over-represented in the local homelessness population, and has taken or will take steps to eliminate the identified barriers.	

(limit 2,500 characters)

The Continuum of Care (CoC) understands how important it is to promote racial equity in how we manage programs/grants as well as promoting equity in the local review and ranking process. Based on 2020 Coordinated Entry Racial Disparity Evaluation, 71% of the population are women and within this population African American/Black women make up a significant portion of those experiencing unsheltered homelessness. For reasons stated: 1) The CoC obtain input through peer-to-peer sharing via WebEx and calls with other jurisdictions with a large over-represented and underserved population. The peer-to-peer sharing included representatives of other races and backgrounds. 2) The project applications were reviewed and ranked were inclusive of a diverse group of reviewers that mostly included persons from minority groups. 3) The CoC's ranked/rated renewal projects only include providers that fosters a culture of diversity, inclusion, and equity which is reflected in their written policies and daily activities. We are able to ensure the program participants are reflective of the actual population by prioritizing eligible underserved/over-represented populations are on the By-name list, thereby ensuring racial equity. 4) Project Applicants were rated and ranked on their ability to identify and remove barriers to housing, moving rapidly into permanent housing, or receiving essential services. Project applications that demonstrated the capacity to identify and remove barriers, utilized coordinated entry and housing first approach earned a total of 50 points for eliminating identified barriers.

1E-4.	Reallocation—Reviewing Performance of Existing Projects.	
	NOFO Section VII.B.2.f.	
	Describe in the field below:	
1.	your CoC's reallocation process, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed;	
2.	whether your CoC identified any projects through this process during your local competition this year;	
3.	whether your CoC reallocated any low performing or less needed projects during its local competition this year; and	
4.	why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable.	

(limit 2,500 characters)

1). The Continuum of Care (CoC) established an objective allocation process used to consider which projects will be reallocated based on their performance. Data collected in HMIS such as unit/bed utilization and service notes were used to determine if projects were achieving project performance markers. The Annual Performance Report (APR) was also used to review and consider other program related markers such as, but not limited to length of time homeless, exit to permanent housing, increased income, connection to mainstream benefits for stayers and leavers in each project. Projects that did not fulfill their bed/unit requirement and showed a lack of capacity to provide or connect clients to supportive services were considered as low performing projects. 2) In 2021, the CoC did identify a low performing project and the project funds were reallocated to a new service provider. 3) However, this year, the CoC did not identify a low performing project, and therefore no recommendation for reallocation were made due to low performance. 4) Not applicable.

1E-4a.	Reallocation Between FY 2017 and FY 2022.	
	NOFO Section VII.B.2.f.	

	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2017 and FY 2022?	No
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1E-5.	Projects Rejected/Reduced–Notification Outside of e-snaps.	
	NOFO Section VII.B.2.g.	
	You must upload the Notification of Projects Rejected-Reduced attachment to the 4B. Attachments Screen.	

1.	Did your CoC reject or reduce any project application(s)?	No
2.	Did your CoC inform applicants why their projects were rejected or reduced?	Yes
3.	If you selected Yes for element 1 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2022, 06/27/2022, and 06/28/2022, then you must enter 06/28/2022.	09/12/2022

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

	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2022, 06/27/2022, and 06/28/2022, then you must enter 06/28/2022.	09/15/2022
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1E-5b.	Local Competition Selection Results–Scores for All Projects.	
	NOFO Section VII.B.2.g.	
	You must upload the Final Project Scores for All Projects attachment to the 4B. Attachments Screen.	

	Does your attachment include: 1. Applicant Names; 2. Project Names; 3. Project Scores; 4. Project Rank–if accepted; 5. Award amounts; and 6. Projects accepted or rejected status.	Yes
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1E-5c.	1E-5c. Web Posting of CoC-Approved Consolidated Application.	
	NOFO Section VII.B.2.g.	
	You must upload the Web Posting–CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	
	Enter the date your CoC posted the CoC-approved Consolidated Application on the CoC’s website or partner’s website—which included: 1. the CoC Application; and 2. Priority Listings for Reallocation forms and all New, Renewal, and Replacement Project Listings.	09/28/2022
	1E-5d. Notification to Community Members and Key Stakeholders that the CoC-Approved Consolidated Application is Posted on Website.	
	NOFO Section VII.B.2.g.	
	You must upload the Notification of CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	
	Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application has been posted on the CoC’s website or partner’s website.	09/28/2022

2A. Homeless Management Information System (HMIS) Implementation

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

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

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

	Enter the name of the HMIS Vendor your CoC is currently using.	Wellsky
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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 2022 HIC data into HDX.	04/22/2022
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2A-4.	Comparable Database for DV Providers–CoC and HMIS Lead Supporting Data Collection and Data Submission by Victim Service Providers.	
	NOFO Section VII.B.3.b.	

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

(limit 2,500 characters)

1) Recently the Continuum of Care (CoC) has implemented a new comparable database platform using the same vendor used for our HMIS platform to ensure we can collect the same data points in the same way and pull the same reports just from a separate database accessible only to victim service providers with no data sharing. 2.) Howard County is compliant with the 2022 HMIS Data Standards.

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

Enter 2022 HIC and HMIS data in the chart below by project type:

Project Type	Total Beds 2022 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
1. Emergency Shelter (ES) beds	143	4	139	100.00%
2. Safe Haven (SH) beds	0	0	0	
3. Transitional Housing (TH) beds	0	0	0	
4. Rapid Re-Housing (RRH) beds	93	0	93	100.00%
5. Permanent Supportive Housing	125	0	125	100.00%
6. Other Permanent Housing (OPH)	25	0	25	100.00%

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

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

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

(limit 2,500 characters)

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 February 15, 2022, 8 p.m. EST?	Yes
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2B. Continuum of Care (CoC) Point-in-Time (PIT) Count

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

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

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

	Enter the date your CoC conducted its 2022 PIT count.	02/15/2022
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2B-2.	PIT Count Data–HDX Submission Date.	
	NOFO Section VII.B.4.b	

	Enter the date your CoC submitted its 2022 PIT count data in HDX.	04/22/2022
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2B-3.	PIT Count–Effectively Counting Youth.	
	NOFO Section VII.B.4.b.	

Describe in the field below how during the planning process for the 2022 PIT count your CoC:

1.	engaged stakeholders that serve homeless youth;
2.	involved homeless youth in the actual count; and
3.	worked with stakeholders to select locations where homeless youth are most likely to be identified.

(limit 2,500 characters)

1) The 2022 Point-in-Time (PIT) Count engaged stakeholders that serve homeless youth through a series of scheduled virtual meetings. During these meetings, stakeholders were invited to provide feedback on planning, goals and objectives, incentives, and PIT methodology. 2) There were a couple of youth from Springboard Youth RRH program who participated in the planning of the PIT only.
 3) During the weekly scheduled meeting, stakeholders used data and youth with lived experience to select the locations as well as the best time and way to engage youth based on their personal experience. The youth were able to provide information on specific locations in Howard County where homeless youth congregated during certain hours of the day.

2B-4.	PIT Count–Methodology Change–CoC Merger Bonus Points.	
	NOFO Section VII.B.5.a and VII.B.7.c.	
	In the field below:	
	1. describe any changes your CoC made to your sheltered PIT count implementation, including methodology or data quality changes between 2021 and 2022, if applicable;	
	2. describe any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2021 and 2022, if applicable; and	
	3. describe how the changes affected your CoC’s PIT count results; or	
	4. state “Not Applicable” if there were no changes or if you did not conduct an unsheltered PIT count in 2022.	

(limit 2,500 characters)

1) There was not a change to the methodology used for the sheltered PIT Count – data was pulled from HMIS with the exception of those with the victim service provider. Those were collected via survey by the case managers and provided as aggregate data to be included in the larger PIT report. 2) Unsheltered PIT was not conducted in 2021 due to the pandemic. 3.) PIT count results were impacted by the shifting situations surrounding the pandemic (ie shelter decongregation, etc) and the fact that an unsheltered PIT was not held in 2021. Changes were not a result of methodology.

2C. System Performance

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

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

2C-1.	Reduction in the Number of First Time Homeless–Risk Factors Your CoC Uses.	
	NOFO Section VII.B.5.b.	
	In the field below:	
	1. describe how your CoC determined the risk factors to identify persons experiencing homelessness for the first time;	
	2. describe your CoC’s strategies to address individuals and families at risk of becoming homeless; and	
	3. provide the name of the organization or position title that is responsible for overseeing your CoC’s strategy to reduce the number of individuals and families experiencing homelessness for the first time	

(limit 2,500 characters)

1) Continuum of Care (CoC) has made significant efforts to have community providers/programs that are outside of direct homeless services participate in the CoC Board and its committees. This enables us to monitor prevention activities and needs within the community and facilitate connection to the homeless system if needed. The data obtained through this process is incorporated into the local benchmarks, monitored quarterly by the CoC, which looks at first time homeless numbers, total served, length of time homeless, exits to positive destinations (or otherwise), and income growth. 2) The benchmarks are monitored quarterly by the System Performance and Evaluation Committee and presented to the Board. The System Performance and Evaluation Committee looks for trends and shifts in numbers or other red flags and provides them to the Program, Policy, and Process committee which is tasked with researching best practices and implementing standardized procedures or new programs to address the needs of the community, as informed by the data. 3.) The System Performance and Program, Policy, and Process Committees of the CoC Board, working with the Howard County Coordinated Entry Manager to reduce the number of individuals and families experiencing homelessness for the first time.

2C-2.	Length of Time Homeless—CoC's Strategy to Reduce.	
	NOFO Section VII.B.5.c.	
	In the field below:	
1.	describe your CoC's strategy to reduce the length of time individuals and persons in families remain homeless;	
2.	describe how your CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and	
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the length of time individuals and families remain homeless.	

(limit 2,500 characters)

1.) The Continuum of Care (CoC) uses data collected from the Coordinated System entry points, Street Outreach, and Emergency Shelter to determine how long individuals and families are experiencing homelessness. The data obtained through this process is incorporated into the local benchmarks, monitored quarterly by the CoC, which looks at first time homeless numbers, total served, length of time homeless, exits to positive destinations (or otherwise), and income growth. 2) The benchmarks are monitored quarterly by the System Performance and Evaluation Committee and presented to the Board. The System Performance and Evaluation Committee looks for trends and shifts in numbers or other red flags and provides them to the Program, Policy, and Process committee which is tasked with researching best practices and implementing standardized procedures or new programs to address the needs of the community, as informed by the data. As an example relating to length of time homeless, it was determined in the last year that people are waiting too long for visual verification due to a lack of capacity in the Street Outreach program, so actions were taken to expand Street Outreach and build in some additional services to help people access the system more quickly. 3) The System Performance and Program, Policy, and Process Committees of the CoC Board, with the Howard County Coordinated Entry Manager work to reduce the length of time individuals and families experience homelessness.

2C-3.	Exits to Permanent Housing Destinations/Retention of Permanent Housing—CoC's Strategy	
	NOFO Section VII.B.5.d.	
	In the field below:	
1.	describe your CoC's strategy to increase the rate that individuals and persons in families residing in emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations;	
2.	describe your CoC's strategy to increase the rate that individuals and persons in families residing in permanent housing projects retain their permanent housing or exit to permanent housing destinations; and	
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to increase the rate that individuals and families exit to or retain permanent housing.	

(limit 2,500 characters)

1) The Coordinated Entry Manager facilitates regular calls to prioritize people from the By-Name List to available, appropriate vacancies. Case Managers at the various local providers provide wrap around services to assist program participants in maintaining housing. Local benchmarks are monitored quarterly by the CoC, which looks at first time homeless numbers, total served, length of time homeless, exits to positive destinations (or otherwise), and income growth. 2) The benchmarks are monitored quarterly by the System Performance and Evaluation Committee and presented to the Board. The System Performance and Evaluation Committee looks for trends and shifts in numbers or other red flags and provides them to the Program, Policy, and Process committee which is tasked with researching best practices and implementing standardized procedures or new programs to address the needs of the community, as informed by the data. Additionally, the Community Housing Program Manager works with the local Housing Commission to obtain and utilize mainstream vouchers to supplement housing options, frequently “moving on” those that have stabilized in supportive housing programs that can be self-sufficient with a subsidy to open up vacancies for more vulnerable individuals and families. 3) The System Performance and Program, Policy, and Process Committees of the CoC Board, working with the Howard County Coordinated Entry Manager and Community Housing Program Manager to ensure individuals and families are housed and remain housed.

2C-4.	Returns to Homelessness—CoC’s Strategy to Reduce Rate.	
	NOFO Section VII.B.5.e.	
	In the field below:	
1.	describe your CoC’s strategy to identify individuals and families who return to homelessness;	
2.	describe your CoC’s strategy to reduce the rate of additional returns to homelessness; and	
3.	provide the name of the organization or position title that is responsible for overseeing your CoC’s strategy to reduce the rate individuals and persons in families return to homelessness.	

(limit 2,500 characters)

1). The Continuum of Care (CoC), fortunately, does not see a lot of returns to homelessness, however it is also a data point on the benchmark report that is monitored quarterly and, in the event of growth in this area, would refer the issued observed to Program, Policy, and Process Committee for action. 2). If housed in a supportive housing program, program participants do not need to re-enter the system for services, should they return to homelessness. The Case Manager that is already assigned to them through that program would work with them to find other housing. This rarely happens, as the assigned Case Manager will often be able to intervene before housing is lost. For those that are housed in the community, if housing is in jeopardy, they will be directed to community programs that can help prevent eviction and re-stabilize the household. This results in a low number of returns to homelessness. 3).The System Performance and Program, Policy, and Process Committees of the CoC Board, working with the Howard County Community Housing Program Manager to help make sure those that are housed remain in housing and provide quick access to needed services to divert them from returning to homelessness.

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

(limit 2,500 characters)

1). The Continuum of Care (CoC) utilizes local funds to maintain a Workforce Development case worker that is available to the homeless population. This case worker works with households in programs across the entire homeless system to assist with job finding activities. Case Managers are also trained to assist households in obtaining employment. Additionally, increases in income are monitored via the CoC Benchmarks. 2). As mentioned above, the Howard County Continuum of Care works closely with the Office of Workforce Development to assist households in the homeless system. Not only does the case worker assist households, but Workforce Development works within the community to find employers willing to hire from this vulnerable population, or those with more challenging backgrounds. 3). Office of Workforce Development representative has a seat in the Continuum of Care Board , and the Workforce Development Consultant works directly with providers to connect to households. Additional support is provided to Case Managers as part of the Case Managers Round Table.

2C-5a.	Increasing Non-employment Cash Income—CoC's Strategy	
	NOFO Section VII.B.5.f.	
	In the field below:	
1.	describe your CoC's strategy to access non-employment cash income; and	
2.	provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase non-employment cash income.	

(limit 2,500 characters)

1). Agencies that provide access to non-employment cash income, such as the Community Action Council and the Department of Social Services, are represented and have strong voices in the CoC Board, as well as having leadership roles in various CoC Committees. These agencies work as a resource to homeless service provider case managers. Case Managers are trained to assist households in obtaining non-employment cash income. Additionally, increases in income are monitored via the CoC Benchmarks. 2). Department of Social Services representative has a seat in the Continuum of Care Board and chairs the Coordinated Entry Committee. Additional support is provided to Case Managers as part of the Case Managers Round Table.

3A. Coordination with Housing and Healthcare

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

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

3A-1.	New PH-PSH/PH-RRH Project–Leveraging Housing Resources.	
	NOFO Section VII.B.6.a.	
	You must upload the Housing Leveraging Commitment attachment to the 4B. Attachments Screen.	

	Is your CoC applying for a new PH-PSH or PH-RRH project that uses housing subsidies or subsidized housing units which are not funded through the CoC or ESG Programs to help individuals and families experiencing homelessness?	No
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3A-2.	New PH-PSH/PH-RRH Project–Leveraging Healthcare Resources.	
	NOFO Section VII.B.6.b.	
	You must upload the Healthcare Formal Agreements attachment to the 4B. Attachments Screen.	

	Is your CoC applying for a new PH-PSH or PH-RRH project that uses healthcare resources to help individuals and families experiencing homelessness?	No
--	--	----

3A-3.	Leveraging Housing/Healthcare Resources–List of Projects.	
	NOFO Sections VII.B.6.a. and VII.B.6.b.	
	If you selected yes to questions 3A-1. or 3A-2., use the list feature icon to enter information about each project application you intend for HUD to evaluate to determine if they meet the criteria.	

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

3B. New Projects With Rehabilitation/New Construction Costs

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

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

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

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

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

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

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

(limit 2,500 characters)

N/A

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

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

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

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

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

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

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

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

(limit 2,500 characters)

N/A

4A. DV Bonus Project Applicants

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

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

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

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