

Before Starting the CoC Application

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

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

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

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

Your CoC Must Approve the Consolidated Application before You Submit It
- 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2021 CoC Program Competition on behalf of your CoC.

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

Answering Multi-Part Narrative Questions

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

Attachments

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

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

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

1A. Continuum of Care (CoC) Identification

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

1A-1. CoC Name and Number: MA-509 - Cambridge CoC

1A-2. Collaborative Applicant Name: City of Cambridge Department of Human Service Programs

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Cambridge Department of Human Service Programs

1B. Coordination and Engagement–Inclusive Structure and Participation

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

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

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

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

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

(limit 2,000 characters)

1. The CoC has a year-round open invitation process where all interested persons and organizations are welcomed & encouraged to join the CoC & participate in its planning activities. To join the CoC, persons indicate interest to CoC staff through email or verbal communication, attend a CoC meeting, or access the CoC's membership application available year-round on the CoC's website.

2. The CoC ensures effective communication with persons with disabilities by utilizing TTY & interpretation services as needed, providing materials in accessible electronic formats, and ensuring CoC meetings are accessible.

3. The CoC conducts outreach at local shelters, meal programs and drop-in centers to advertise CoC meetings and events to encourage participation and membership by persons experiencing homelessness or those who have formerly experienced homelessness. Periodically the CoC hosts client feedback

sessions where currently homeless persons are informed of opportunities to participate in the CoC, and are offered compensation to share their experiences of the homeless services system.

4. The CoC membership, Board and stakeholders include organizations serving and representatives of culturally specific communities experiencing homelessness but additional outreach and direct communication - particularly with newly formed groups in the geographic area - is needed to proactively invite and engage with all organizations serving culturally specific communities experiencing homelessness to address equity in the CoC.

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

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

(limit 2,000 characters)

1. To solicit and consider opinions from a broad array of organizations and individuals that have knowledge of homelessness or an interest in implementing solutions to homelessness, the CoC: convenes regular CoC and Working Group meetings that are open to the public; participates in a broad range of City-hosted public meetings and local committees focused on homelessness; attends local meetings hosted by neighborhood associations, universities & business associations; actively encourages voicing of opinions and feedback by offering multiple formats including in-person meetings, 1:1 conversations and online surveys; and has a Board and membership that represents a broad array of stakeholders, opinions and expertise.

2. To communicate and advertise public meetings and forums, the CoC maintains a calendar of events and public meetings on its website; encourages participation from the public through the "Get Involved" section of the website; sends meeting reminders and newsletter to CoC members and email subscribers; and maintains a Twitter account to communicate announcements and meetings. During meetings introductions are made to introduce new members to the group, as well as time set aside for announcements by attendees as well as the CoC.

3. Information gathered in public forums is taken into consideration to improve CoC system performance and implement new approaches by being presented to the appropriate decision-making body where feedback and opinions are discussed, suggestions are vetted, and actions are agreed upon, delegated and implemented. In 2015 the CoC hosted a 3-day public forum that included local and national experts on homelessness and culminated in a series of recommendations agreed upon by a steering committee of diverse stakeholders. These recommendations resulted in improvements such as dedicated location for mail services, increased prevention funds, successful

advocacy to expand inclusionary zoning and continue to guide CoC priorities.

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

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

(limit 2,000 characters)

1. The CoC notified the public that it was accepting project application proposals by: posting public notifications to the CoC’s website (9/27/2021), emailing funding announcements to the CoC listserv (9/28/2021), and hosting a public meeting to provide instructions and information to interested agencies (10/4/2021).

2. The public notifications explicitly state that the CoC welcomes and encourages applications from all interested organizations, including those that have not previously received CoC program funding. Additionally, the CoC conducts outreach to providers not currently receiving funds to ensure they are aware of funding opportunities and provided technical assistance and 1:1 meetings with agencies to answer questions about application procedures and CoC Program requirements.

3. Notifications include a PDF copy and link to the CoC’s publicly posted Local Competition Information document, which includes detailed instructions on how to submit proposals, and a timeline & description of how applications will be reviewed and ranked.

4. The public was notified about how the CoC determines whether project applications will be included in the CoC’s submission to HUD through the procedures detailed in the Local Competition Information document, in the published request for project proposals and during the public meeting.

5. The CoC ensures effective communication with persons with disabilities by utilizing TTY & interpretation services as needed, providing materials in accessible electronic formats, and ensuring CoC meeting spaces are physically accessible.

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

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

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

In the chart below:

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

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

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

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

(limit 2,000 characters)

1. The City of Cambridge (ESG entitlement recipient) shares the same geography and boundaries as the Cambridge CoC. Planning, coordination, and allocation of ESG & ESG-CV funds is the responsibility of the City's Human Services Dept. in consultation with the CoC Board & members. Staff-including the CoC & ESG planners, HMIS lead, and Coordinated Entry project manager meet weekly to discuss program performance and to identify program and service gaps in both CoC and ESG programs that informs planning and allocation of funds. Additionally, a staff person from the City department overseeing the jurisdiction's Consolidated Plan sits on the CoC's Board of Directors and participates in CoC meetings.
2. During regular meetings, the CoC and ESG planners, HMIS lead, and Coordinated Entry project manager participate in evaluation of performance of the ESG Program primarily utilizing information input into HMIS by the ESG recipient and subrecipients. Staff strive to consistently address and respond to community needs and performance with both CoC and ESG program evaluation and subsequent program adjustments. Additionally, the HMIS manager and ESG planner work collaboratively with ESG subrecipients to improve data quality throughout the year and to complete the annual CAPER report on performance.
3. The CoC ensures local homeless information, including PIT & HIC data, gaps analysis, and system performance data, is communicated and addressed in the Consolidated Plan through active engagement and communication - bi-monthly meetings and frequent email communication - with the City department responsible for generating and updating the Consolidated Plan.
4. CoC staff contributed narrative submissions to assist in updating the Consolidated Plan, Annual Action Plan and CAPER reports. Additionally, the CoC ensures relevant information and updates are reflected through advertising public hearings and providing opportunities for feedback from the broad array of CoC stakeholders.

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

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

1.	Conducted mandatory training for all CoC- and ESG-funded service providers to ensure families are not separated.	No
2.	Conducted optional training for all CoC- and ESG-funded service providers to ensure families are not separated.	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.	No
5.	Sought assistance from HUD by submitting AAQs or requesting technical assistance to resolve noncompliance of service providers.	No
6.	Other. (limit 150 characters)	

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

Describe in the field below:

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

(limit 2,000 characters)

1, 3, 5. The CoC collaborates with youth education providers, LEAs and the Cambridge Public School District McKinney Liaisons through membership on the Homeless Education Providers Committee (HEPC) convened by the Cambridge Public School Department (LEA) to better serve children experiencing homelessness. The HEPC includes key members from education organizations throughout Cambridge. It includes representatives from daycares, schools, afterschool programs, CoC provider staff, Cambridge Multi-Service Center, clothing assistance and food banks. The HEPC meets quarterly and works on coordinating care and support for homeless children across the Cambridge education system. Additional collaboration occurs through attendance at CoC planning and working group meetings, communication related to service provision and resources, and participation in data collection (PIT and MA Youth Count).

2, 4, 6. The formal partnership between the CoC and the LEA & McKinney Liaisons is through membership on the Homeless Education Providers Committee (HEPC) convened by the Cambridge Public School Department (LEA) to better serve children experiencing homelessness. The McKinney Liaison as well as staff from CoC providers and the director of the CoC's Multiservice Center for the Homeless participate on the committee. The HEPC meets quarterly to improve identification of eligible children and provision of

educational and homeless services.

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

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

(limit 2,000 characters)

The CoC and ESG Written Standards include policies requiring all providers to inform individuals and families of their rights and eligibility for educational services. All CoC and ESG projects serving households with children must have a staff person designated as the educational liaison that will ensure children are enrolled in school and connected with appropriate services in the community, including early childhood programs such as Head Start, Part C of the Individuals with Disabilities Education Act, and McKinney Vento Title I education services. Additionally, Cambridge Public Schools maintains a resource guide and “Know Your Child’s Rights” pamphlet for families experiencing homelessness on the department’s website that includes general information, FAQs, and contact information for Homeless Service Coordinators and the Homeless Liaison. These resources are linked on the CoC’s website and Resource Guide. Finally, all family shelters operating in the CoC are contractually obligated to inform participants of eligibility through agreements with the State’s Emergency Assistance shelter program.

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

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

		MOU/MOA	Other Formal Agreement
1.	Birth to 3 years	No	No
2.	Child Care and Development Fund	No	No
3.	Early Childhood Providers	No	Yes
4.	Early Head Start	No	No
5.	Federal Home Visiting Program–(including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	No	No
6.	Head Start	No	No
7.	Healthy Start	No	No
8.	Public Pre-K	No	No
9.	Tribal Home Visiting Program	No	No
	Other (limit 150 characters)		
10.			

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

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

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

(limit 2,000 characters)

1. The CoC offers annual training for CoC project staff that covers best practices on serving survivors of domestic violence, including trainings on trauma-informed care and Motivational Interviewing. CoC providers are trained to offer housing and services in a manner that considers unique circumstances of survivors by assessing needs & coordination services while prioritizing safety for the client (case-by-case assessment of appropriate referrals). Information on local, State, and national trainings are shared via the CoC’s website and annual HMIS trainings allow the HMIS lead to train staff to assess, collect & record data, and make referrals in ways that protect safety and confidentiality while promoting client autonomy.

2. Coordinated Entry staff, including the Project Coordinator, Housing Navigators, and other partner staff, participate in annual training to review all CE policies and procedures, including trauma-informed care, confidentiality and safety planning protocols when working with survivors of domestic violence. Additionally, CE staff convene bi-weekly case conferencing with cross-agency participation. CE staff are trained to access community resources for safety planning available through Transition House, Legal Services, and the Cambridge Police Department’s Domestic Violence Unit.

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

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

(limit 2,000 characters)

The CoC uses several data sources to assess the needs related to domestic violence, dating violence, sexual assault, and stalking. The CoC recognizes that domestic violence needs are historically underreported, and that these data sources are not perfect, but the CoC utilizes all data sources available to understand the scope and types of needs in the community. The primary source used to assess the needs related to DV of persons accessing services through the CoC is data from Transition House, the CoC’s provider of housing and services for DV survivors. Transition House maintains a comparable HMIS database, which produces deidentified aggregate reports for annual performance assessments for the CoC and ESG programs. The CoC also

utilizes data from HMIS to assess the number of clients in different program types who are currently fleeing DV or who have experienced DV in the past.

The CoC also reviews data from the following sources to assess broader community need: Cambridge Domestic and Gender Based Violence Prevention Initiative’s Assets and Needs Assessment Report (qualitative data gathered through a 4 month series of interviews and focus groups); Cambridge Police Department’s Domestic Crime Data (annual statistics about domestic incidents reported to police); Cambridge Public Health Department’s Community Health Assessment; City of Cambridge’s Community Needs Assessment; National Network to End Domestic Violence’s Census; data from On the Rise, a drop-in center for homeless women; and the statewide SafeLink Domestic Violence Hotline’s reports.

The CoC uses information from the above sources to quantify needs and gaps in the homeless service system for persons impacted by domestic violence; determine training needs for CoC staff; improve communication of resources available to clients and staff; and engage in policy work to improve overall system coordination and functioning.

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

Describe in the field below how your CoC’s coordinated entry system protocols incorporate trauma-informed, victim-centered approaches while maximizing client choice for housing and services that:

1.	prioritize safety;
2.	use emergency transfer plan; and
3.	ensure confidentiality.

(limit 2,000 characters)

The CoC Board -in consultation with Transition House, the CoC’s primary DV service provider- has issued policies and procedures to address the safety concerns and unique needs of those experiencing and/or those who have survived Domestic Violence, Dating Violence, Sexual Assault, and Stalking (DV). The CoC’s website has a dedicated VAWA resource page, which includes information about the CoC’s emergency transfer plan and emergency response protocol for those experiencing DV. Clients actively fleeing DV are encouraged to develop a safety plan and are referred to Transition House for assistance. Safety plans are used as a guide to determine which services or interventions are best for the client’s unique needs.

Coordinated Entry (CE) staff follow an intake workflow that prioritizes safety and ensures confidentiality that begins with informed consent re: HMIS data and privacy. This initial protocol establishes if someone is actively fleeing DV, and if so, no identified information is entered in HMIS and trauma informed staff assess and prioritize any immediate safety concerns, working closely with Transition House. Clients are encouraged but not required to make choices to address their most emergent safety, security, and housing needs. If a client chooses not to accept-or to engage but later withdraw from-a service, intervention, or housing placement, the client is not penalized, demoted from their place on any CoC-controlled priority listing or waitlist, and is not terminated

from any CoC or ESG-funded program. The CE system is trauma-informed and client-centered; staff are trained to identify and recommend services or interventions that address each client's unique needs. Housing and service programs available to households fleeing DV include: emergency shelter; permanent housing; safety planning; legal advocacy; public benefits advocacy; counseling and support groups; and services in languages other than English.

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

1.	Did your CoC implement a written CoC-wide anti-discrimination policy ensuring that LGBT individuals and families receive supportive services, shelter, and housing free from discrimination?	Yes
2.	Did your CoC conduct annual CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity (Equal Access Final Rule)?	No
3.	Did your CoC conduct annual CoC-wide training with providers on how to effectively implement Equal Access to Housing in HUD Programs in Accordance with an Individual's Gender Identity (Gender Identity Final Rule)?	No

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

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

Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing and Housing Choice Voucher Program During FY 2020 who were experiencing homelessness at entry	Does the PHA have a General or Limited Homeless Preference?	Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?
Cambridge Housing Authority	16%	No	No
Department of Housing and Community Development	10%	Yes-Both	Yes

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

Describe in the field below:

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

(limit 2,000 characters)

1. The CoC has encouraged adoption of a homeless admission preference through regular communication with leadership at the Cambridge Housing Authority (CHA), which is the largest PHA in the CoC's geographic area, and through ongoing work related to mainstream and Emergency Housing vouchers, and joint participation in HUD field office meetings related to PHA & CoC collaboration. The Executive Director of the CHA sits on the CoC's Board of Directors and is actively engaged in the CoC planning and governance processes. Although the CHA's Board has not yet formally adopted a homeless preference, the CHA works directly with several homeless service nonprofits in the CoC to provide support with sponsor-based voucher programs serving homeless families with children, unaccompanied homeless youth, households fleeing domestic violence, and chronically homeless individuals. The CHA is a critical partner in the CoC's efforts to end homelessness and has demonstrated commitment to the shared goal through use of its Moving to Work designation to support innovative projects dedicated for households moving out of homelessness and through executing MOUs with the CoC related to Section 811 Mainstream Vouchers and Emergency Housing Vouchers that will serve households exiting homelessness.

The second largest PHA the CoC works with is the State's Department of Housing and Community Development (DHCD) PHA, which recently adopted a limited homeless preference for a new allocation of Mainstream Vouchers that will serve clients in the CoC's geographic area.

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

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

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

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

Does your CoC include PHA-funded units in the CoC's coordinated entry process?	Yes
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1C-7c.1.	Method for Including PHA-Funded Units in Your CoC's Coordinated Entry System.	
	NOFO Section VII.B.1.g.	

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

(limit 2,000 characters)

1. The CoC includes mainstream and Emergency Housing vouchers issued by the Cambridge Housing Authority (CHA) in its CE process to facilitate prioritized referrals from the CoC to the CHA's application system. The CE process prioritizes participants for referrals based on population type allocations (At-Risk, Recently, and Literally Homeless for EHV) and eligibility requirements (<62 with disabling condition for Mainstream vouchers). CE prioritized clients work with Housing Navigators to submit the CHA's online application, which includes a section where CE referral letter is attached to signal to CHA that applicant is prioritized by CoC for one of the special voucher types.

2. The CoC's practices are formalized in MOUs with the CHA and key service partners. MOUs include defined roles and responsibilities and commitments for housing navigation and stabilization services to be provided by CoC's CE system and CoC providers.

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

Did your CoC coordinate with a PHA(s) to submit a joint application(s) for funding of projects serving families experiencing homelessness (e.g., applications for mainstream vouchers, Family Unification Program (FUP), other non-federal programs)?	Yes
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1C-7d.1.	CoC and PHA Joint Application–Experience–Benefits.	
	NOFO Section VII.B.1.g.	

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

(limit 2,000 characters)

1. Two recent applications (one in 2018 (FY17) and another in 2019 (FY19)) for Mainstream Housing Choice Vouchers for non-elderly disabled persons were submitted in partnership with Cambridge Housing Authority.

2. The FY17 application was approved.

3. The CoC has benefited from the coordination as it laid a crucial groundwork of formal partnership between CoC, CE and PHA staff that helped to expedite the MOU process when Emergency Housing Vouchers were announced and allocated. The coordination also facilitated more frequent communication among key staff and more tangible understanding of each entity's procedures, terminology, goals and challenges. The CoC and households experiencing

homelessness benefit from the coordination as it resulted in increased supportive housing, which is critically needed to meet demand in our geographic area.

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

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

Did your CoC enter into a Memorandum of Understanding (MOU) with any PHA to administer the EHV Program?	Yes
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If you select yes, you must use the list feature below to enter the name of every PHA your CoC has entered into a MOU with to administer the Emergency Housing Voucher Program.

PHA
Cambridge Housing...

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

Name of PHA: Cambridge Housing Authority

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

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

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

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

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

1.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2021 CoC Program Competition.	18
2.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2021 CoC Program Competition that have adopted the Housing First approach.	18
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-coordinated entry projects the CoC has ranked in its CoC Priority Listing in the FY 2021 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

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

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

(limit 2,000 characters)

The CoC evaluates compliance with Housing First commitments through continuous monitoring of HMIS data that documents referrals from the Coordinated Entry (CE) system, referral status (pending, denied, accepted), and notes/status updates indicating reasons for denials or delays in accepting

clients. The CE Program Specialist meets weekly with HMIS staff to review data dashboards and follows up with housing project staff when there are questions or issues indicated by HMIS data. Bi-weekly case conferencing meetings are another venue by which compliance with Housing First commitments are monitored.

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

Does your CoC have sufficient resources to ensure each Veteran experiencing homelessness is assisted to quickly move into permanent housing using a Housing First approach?	No
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1C-10.	Street Outreach–Scope.	
	NOFO Section VII.B.1.j.	

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

(limit 2,000 characters)

1. The CoC’s street outreach efforts include multiple dedicated outreach teams and programs that work collaboratively to ensure that all unsheltered persons are identified, engaged with the CoC’s Coordinated Entry system, and connected to needed services. Street outreach targeting unsheltered persons is provided primarily by CASPAR’s First Step Street Outreach project and the City’s Multi-Disciplinary Outreach Team (MDOT), which includes staff from Healthcare for the Homeless, Professional EMS, Cambridge Police Dept Homeless Outreach Unit, MA Department of Mental Health, PATH Team, recovery coaches, Veterans services, MH crisis intervention staff and other providers. Other agencies in the CoC offer street outreach services, including student-run shelters, the local needle exchange program, youth drop-in center, and faith-based organizations.

2. Street outreach teams cover the CoC’s entire 6 square mile geography, and regularly visit less visible encampments in wooded areas, along the river and train tracks to ensure all unsheltered persons are identified and engaged.

3. The CoC conducts street outreach 7 days/week year-round, publicizes a phone number for the public to call if they encounter a person in need of assistance, and MDOT meets weekly to engage in cross-agency case conferencing.

4. The CoC has tailored street outreach to persons unlikely to request assistance by persistent, frequent visits and by offering essential items -food, water, toiletries, socks, underwear, transportation assistance, “pocket guides” to available services including meals, showers, health clinics, shelters, etc. - in an

effort to develop rapport with persons reluctant to access services and to ensure basic needs are met. ESG-CV CARES Act funds have enhanced efforts by including a MD on the street outreach van three shifts per week, bringing critical medical care directly to unsheltered persons.

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

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

1.	Engaged/educated local policymakers	Yes
2.	Engaged/educated law enforcement	Yes
3.	Engaged/educated local business leaders	Yes
4.	Implemented communitywide plans	No
5.	Other:(limit 500 characters)	
	Homeless session of District Court -	Yes

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

	2020	2021
Enter the total number of RRH beds available to serve all populations as reported in the HIC–only enter bed data for projects that have an inventory type of “Current.”	10	15

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

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

	Type of Health Care	Assist with Enrollment?	Assist with Utilization of Benefits?
1.	Public Health Care Benefits (State or Federal benefits, Medicaid, Indian Health Services)	Yes	Yes
2.	Private Insurers	Yes	Yes
3.	Nonprofit, Philanthropic	Yes	Yes
4.	Other (limit 150 characters)		

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

Describe in the field below how your CoC provides information and training to CoC Program-funded projects by:

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

(limit 2,000 characters)

1. The CoC systematically keeps program staff up-to-date on mainstream resources available to persons experiencing homelessness through regular updates to the CoC's web-based Resource Guide for Persons Experiencing Homelessness; regular communication about available resources, updates and trainings disseminated through the CoC's newsletter and provider email listserv updates; staff participation in regular regional meetings related to public benefits; and periodic trainings provided by the State's Disability Determination Service (for SSI/SSDI).

2. The CoC disseminates information about the availability of mainstream resources and other assistance through its CoC newsletter and website, by convening monthly, bi-monthly, and quarterly meetings with homeless service providers in various working groups and case-conferencing settings, and by keeping an open-door policy for meetings with all CoC funded project recipients and subrecipients.

3. The CoC relies on MA's MassHealth system, which provides broad coverage to all MA residents. The CoC coordinates with MassHealth to facilitate ongoing health insurance enrollment for clients through the MA Health Connector - all CoC and ESG funded projects are required to ensure that clients are enrolled for health insurance.

4. The CoC is located in MA, which is a Medicaid expansion state. Several CoC-funded PSH providers utilize the Community Support for People Experiencing Chronic Homelessness (CSPECH) program, which provides Community Support Services Medicaid reimbursement (through the C. 1115 Waiver) for chronically homeless individuals placed in permanent housing. This innovative program reduces supportive service costs for projects serving CH individuals, and helps vulnerable clients maintain tenancies.

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

Describe in the field below how your CoC's coordinated entry system:

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

(limit 2,000 characters)

1. The CoC’s Coordinated Entry (CE) system covers the entire CoC geographic area, which includes the entirety of the City of Cambridge. Policy-wise, any homeless household presenting within the CoC is eligible for an intake with CE. Operationally, CE is accessible through the entire geographic area by offering both fixed intake sites and mobile intake via outreach staff. The broad array of services and providers in the geography – including ESG and CoC programs, state family shelters, community meal programs, law enforcement community outreach teams, recovery coaches, substance use programs, faith based providers, and mental health crisis intervention teams – participate in CE as referral partners.

2. The CE grant funds outreach staff employed by two partner agencies. The fact that outreach workers make up a core component of the CE staff team and are trained assessors means they engage proactively with the most vulnerable households (particularly outdoor sleepers) resulting in intake/assessment of this population on the spot.

3. The CE system prioritizes people most in need of assistance through use of standardized assessment designed to identify those with highest severity of service needs and prioritization of chronically homeless persons with longest duration of homelessness.

4. All resources that are prioritized through CE-including Permanent Supportive Housing, Rapid Rehousing, and Housing Navigation-are allocated based on dynamic prioritization, ensuring that the clients most in need of these resources receive access to them in as timely a manner as possible. While the availability of resources directly prioritized through CE is significantly exceeded by the number of clients appropriate for these interventions, our assessment staff maintains strong knowledge of local services and collaborations in order to provide soft referrals to community resources that may be of assistance, so that clients who are not highest-prioritized can still receive timely and meaningful help.

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

Did your CoC conduct an assessment of whether disparities in the provision or outcome of homeless assistance exists within the last 3 years?	Yes
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1C-15a.	Racial Disparities Assessment Results.	
	NOFO Section VII.B.1.o.	

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

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

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

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

1.	The CoC's board and decisionmaking bodies are representative of the population served in the CoC.	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.		

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

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

(limit 2,000 characters)

The CoC works to improve racial equity in the provision and outcomes of

assistance through regular monitoring of data, communication of findings of racial disparity assessments and other key metrics found in STELLA reports, and use of data and racial equity lens to inform policy and resource decision-making as the CoC coordinates with the City of Cambridge on federal and local relief funds. An example is the planning process related to Emergency Housing Vouchers and evaluation of CE data, which showed a significant number of BIPOC emergency shelter clients with active enrollments had not been assessed by CE system, prompting new assessment approach, including training additional field-based assessors, reducing length of initial assessment and dedicating resources to increase site-based housing navigation staff. The CoC Board has approved new EHV/CE Working Group that will monitor implementation of EHV program in Cambridge, including tracking racial equity outcomes to identify and correct disparities at various phases including assessment, prioritization, referral, navigation, voucher issuance and leasing.

CoC Collaborative Applicant staff participate in the Racial Equity Working Group of the MA CoC Association and have participated in the City's dedicated Human Services Racial Equity Initiative that launched in 2018 and includes trainings on Identity, Active Listening, 10Cs of Awareness and Change and monthly learning activities designed to infuse racial equity framework and anti-racist actions into all aspects of the department's work. CoC homeless provider organizations have formed agency-level racial equity committees and some have created new staff positions dedicated to improving racial equity in provision of services. The CoC is working to expand representation of organizations and individuals representing historically marginalized groups on the CoC Board and within Collaborative Applicant staff as we work to fill vacancies due to staff turnover in the last 18 months.

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

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

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

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

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

1.	The CoC trains provider organization staff on connecting program participants and people experiencing homelessness with education and job training opportunities.	Yes
2.	The CoC trains provider organization staff on facilitating informal employment opportunities for program participants and people experiencing homelessness (e.g., babysitting, housekeeping, food delivery, data entry).	No
3.	The CoC works with organizations to create volunteer opportunities for program participants.	Yes
4.	The CoC works with community organizations to create opportunities for civic participation for people experiencing homelessness (e.g., townhall forums, meeting with public officials).	Yes
5.	Provider organizations within the CoC have incentives for employment and/or volunteerism.	Yes
6.	Other:(limit 500 characters)	

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

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

1D-1.	Safety Protocols Implemented to Address Immediate Needs of People Experiencing Unsheltered, Congregate Emergency Shelter, Transitional Housing Homelessness.	
	NOFO Section VII.B.1.q.	
	Describe in the field below protocols your CoC implemented during the COVID-19 pandemic to address immediate safety needs for individuals and families living in:	
1.	unsheltered situations;	
2.	congregate emergency shelters; and	
3.	transitional housing.	

(limit 2,000 characters)

The CoC worked to address immediate safety needs through communication of CDC and state guidelines; assistance in supporting depopulation efforts; provision of PPE; connection to food assistance; increases in hand-washing, portable toilets and shower services; and facilitating access to testing and vaccines.

1. unsheltered- street outreach (SO) providers continued offering outreach services including provision of survival supplies during the lockdown and public health emergency. Persons in unsheltered living situations were offered information about risk factors, symptoms, how to access testing and vaccines, and how to access shelter and services. CoC shared information from CDC recommending against clearing encampments with relevant stakeholders. CoC worked with various city departments to increase access to hygiene facilities such as showers, portable toilets and handwashing in response to feedback from frontline providers. Relief funds were used to provide PPE for staff and unsheltered persons, increase SO and to support meal distribution.

2. congregate emergency shelters and TH- congregate settings worked to quickly reduce census counts to follow CDC guidance on social distancing. Screening procedures including temperature and symptom checks were put into place, and CoC worked to communicate changing protocols related to testing and how to access state-sponsored isolation units. The City of Cambridge, in consultation with CoC and Cambridge Health Alliance, worked to quickly open overflow shelter site and the MA Emergency Management Agency (MEMA) opened a temporary non-congregate shelter in vacant dormitory to further

mitigate shelter bed capacity reductions resulting from public health emergency. The CoC also utilized ESG-CV funds to support 24-7 operations at shelters to maintain safe spaces for people to stay during daytime hours. Relief funds were also allocated to provision of meal service through City's Restaurant Meals program.

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

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

(limit 2,000 characters)

The CoC improved readiness for future public health emergencies by developing and strengthening collaborations and consistent communication channels with key partners including the Cambridge Public Health Department, Cambridge Health Alliance, and several City departments and State offices that were key partners in deploying emergency response, expedient identification and preparation of alternate shelter sites, and ongoing testing and vaccination services. CoC staff participate in regular calls - initially 7 days/week and now weekly - with shelter provider, Public Health Department, Healthcare for the Homeless, Fire Department, Police and Public Works to maintain open lines of communication about shared work and response. CoC staff participate in the Cambridge Public Health Department's Community Health Improvement Plan (CHIP) process, which includes a Priority Area and working group focused on Community and Social Resilience. The working group has identified several action steps to improve readiness for public health emergencies, including formalizing emergency response infrastructure and roles and development of Neighborhood Resilience Hubs.

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

Describe in the field below how your CoC coordinated with ESG-CV recipients to distribute funds to address:

1.	safety measures;
2.	housing assistance;
3.	eviction prevention;
4.	healthcare supplies; and
5.	sanitary supplies.

(limit 2,000 characters)

The City of Cambridge Department of Human Service Programs (DHSP) serves as the CoC Collaborative Applicant and DHSP staff are also responsible for administering the City's entitlement ESG and ESG-CV funds in partnership with the Community Development Department. Coordination on distribution of ESG-CV funds occurred through frequent communication between relevant city staff, distribution of requests for proposals to CoC members and stakeholders including agencies not previously receiving CoC or ESG funds, and

communication with other City staff responsible for administering various other relief funds including local disaster relief funds, CDBG-CV, FEMA and Coronavirus Relief Fund. ESG-CV funds were distributed to address:

1. safety measures - ES activities to support depopulation of congregate settings and extended hours/periods of operation for seasonal sites; SO activities to expand scope and coverage of street outreach services to bring critical survival supplies and services to unsheltered population; ES and SO activities to fund additional staff and hazard pay to maintain staffing levels in essential frontline positions critical to CoC's COVID response efforts
2. housing assistance - RRH activities to expand housing assistance
3. eviction prevention - prevention services have been funded with other local (Mayor's Disaster Relief Fund, Housing Stabilization Fund) and federal funds (ERAP, "classic" ESG, eviction moratoria) and Cambridge ESG-CV was not distributed for this purpose
4. and 5. healthcare and sanitary supplies - ESG-CV funds are being used to fund purchase of PPE for ES and SO projects and to fund cleaning services in shelters.

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

Describe in the field below how your CoC coordinated with mainstream health (e.g., local and state health agencies, hospitals) during the COVID-19 pandemic to:

1.	decrease the spread of COVID-19; and
2.	ensure safety measures were implemented (e.g., social distancing, hand washing/sanitizing, masks).

(limit 2,000 characters)

1. The CoC coordinated with the Cambridge Health Alliance - Cambridge Public Health Department (CPHD), Cambridge/Somerville Healthcare for the Homeless (HCH), Cambridge Hospital, MA's Department of Public Health, Professional EMS, Cambridge Fire Department - to decrease the spread of COVID-19 through: frequent communication about shifting protocols and resources (ranging from 7 days/week to current ongoing weekly calls); deployment of free testing sites 5 days/week, including "walk up" testing in locations convenient to homeless service sites; siting, design and staffing of overflow shelters at Field House (including separate quarantine unit) and Spaulding Hospital sites; access to state-sponsored isolation units; inclusion of HCH clinic at overflow shelters; embedding of public health staff along with HCH staff within shelters to respond to outbreaks and coordinate on transports to quarantine and isolation sites; and planning and coordination with CoC providers to provide shelter-based and mobile vaccine clinics designed to reach unsheltered persons. Mainstream health partners - particularly the Cambridge Health Alliance through CPHD and HCH - have been critical partners to the CoC throughout the emergency and have consistently prioritized decreasing the spread of COVID-19 among persons experiencing homelessness. Additionally the significant resources deployed by CPHD, Professional EMS and the Cambridge Fire Department to staff testing and vaccine sites in collaboration with CoC staff and members have significantly decreased the spread of COVID-

19 among the vulnerable populations served by the CoC.

2. The CoC coordinated with mainstream health partners to ensure safety measures such as social distancing, hand-washing, masks and COVID screenings were implemented by communicating CDC guidelines and protocols, providing resources and printable "tips" and handouts about safety measures and symptoms, and through provision of masks and hand sanitizer to service sites.

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

Describe in the field below how your CoC communicated information to homeless service providers during the COVID-19 pandemic on:	
1.	safety measures;
2.	changing local restrictions; and
3.	vaccine implementation.

(limit 2,000 characters)

The CoC communicated information about safety measures, changing local restrictions and vaccine implementation to homeless service providers during the COVID-19 pandemic primarily through email and updates to the CoC website. Beginning in March 2020 CoC staff sent weekly provider updates to CoC members and additional stakeholders to communicate key information both about safety measures, changing local restrictions, and changes to service and site availability as regular services' hours, capacity and availability changed. CoC staff requested updates from CoC, ESG and other providers and consolidated into PDF document that was distributed to broad email list. The CoC also dedicated a page on its website to communicate COVID-19 updates including information about CDC safety protocols, changes to written standards resulting from HUD waivers, and encouraged all CoC members and stakeholders to subscribe to the City of Cambridge's communication channels for daily updates on COVID numbers, protocols, local restrictions and resources (including testing and vaccine site locations and hours). Additionally CoC staff along with many CoC and ESG providers participated in frequent calls hosted by the State's Department of Housing and Community Development specific to state-funded emergency shelters and state response efforts.

When residents and staff of congregate settings became eligible for the vaccine in MA in early 2021, the CoC communicated directly with shelter staff to coordinate with Cambridge Public Health Department on scheduling shelter-based vaccine clinics. Information about MA and local vaccination clinics was also communicated to CoC's email list to ensure timely information about eligibility and access to vaccine for participants and staff of CoC-funded projects. Information about safety measures, changing local restrictions, changing resource availability and vaccine access was additionally communicated through virtual meetings of the CoC and working groups.

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

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

(limit 2,000 characters)

The CoC - in collaboration with the Cambridge Public Health Department - identified persons eligible for COVID-19 vaccination by following the state-defined phases of eligibility. Staff and residents of congregate settings were eligible during Phase 1 (January 2021) and CoC staff worked with Public Health staff to communicate directly with congregate shelter sites to coordinate and plan site-based clinics, and CoC staff communicated with other congregate housing sites about how and where to access vaccines through state, pharmacy and local clinics. Participants in CoC-funded PSH projects became eligible at variable times (Phases 2 - Feb 2021 and Phase 3 - April 2021) depending on individual risk factors such as age and health conditions. CoC providers were informed about state eligibility phases and case managers worked with participants to access vaccines through numerous channels including state-sponsored vaccine sites, federal pharmacy program, individuals' healthcare providers, CHA vaccination clinics, and through community clinics hosted by the Cambridge Public Health Department.

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

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

(limit 2,000 characters)

The CoC addressed possible increases in domestic violence calls for assistance by including resources about DV services and hotline number in regular communications to CoC providers and reminders from DV provider that stay-at-home orders and other COVID mitigation measures were likely to increase DV. ESG-CV funds along with local relief funds were dedicated to assisting DV shelter implement COVID-19 safety measures. The City of Cambridge distributed DV resource guides through web-postings and emails and the Cambridge Police Department's Domestic Violence Unit distributed DV resource guide and Safety Planning tips for adapting safety plans during public health emergency. DV service providers in the CoC's geography and throughout the state of MA advocated for increased resources for DV survivors and the CoC continues work with DV provider and PHA to issue Emergency Housing Vouchers for persons fleeing domestic violence, sexual assault and trafficking.

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

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

(limit 2,000 characters)

The CoC's CE system remained available throughout the public health emergency though certain operations, including adjustments to hours and availability for walk-in assessments, were impacted by stay-at-home orders and closures to city buildings. Field-based assessments remained available through stay-at-home period thanks to work and efforts of essential street outreach and shelter-based assessors. Housing navigation services transitioned to a primarily virtual model with much of the work during the initial period of the pandemic occurring through virtual meetings and phone calls. The CoC coordinated with the City of Cambridge to utilize local funds to support increased access to mobile phones to facilitate ongoing communication between housing navigation staff and clients, and the City's public library made hotspots and available to shelter sites. Bi-weekly case conferencing meetings were and continue to be conducted virtually.

The addition of new and needed resources, including ESG-CV RRH assistance, vouchers committed to the CoC by the PHA in 2020 and Emergency Housing Vouchers allocated through the Rescue Plan in 2021, have challenged the CoC's CE system to scale up quickly while simultaneously adapting to challenges of remote and distributed staffing and staff vacancies in key positions (CoC Planner and ESG Planner), and have been catalyst for evaluating the CE system's staffing models, access and assessment procedures, and prioritization policies. This work is ongoing and aims to further CE system's goals of improving access and equity in provision of CoC services and assistance.

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

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

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

1.	Enter the date your CoC published the 30-day submission deadline for project applications for your CoC's local competition.	09/27/2021
2.	Enter the date your CoC publicly posted its local scoring and rating criteria, including point values, in advance of the local review and ranking process.	09/27/2021

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

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

1.	Established total points available for each project application type.	Yes
2.	At least 33 percent of the total points were based on objective criteria for the project application (e.g., cost effectiveness, timely draws, utilization rate, match, leverage), performance data, type of population served (e.g., DV, youth, Veterans, chronic homelessness), or type of housing proposed (e.g., PSH, RRH).	Yes
3.	At least 20 percent of the total points were based on system performance criteria for the project application (e.g., exits to permanent housing destinations, retention of permanent housing, length of time homeless, returns to homelessness).	Yes
4.	Used data from a comparable database to score projects submitted by victim service providers.	Yes
5.	Used objective criteria to evaluate how projects submitted by victim service providers improved safety for the population they serve.	Yes
6.	Used a specific method for evaluating projects based on the CoC's analysis of rapid returns to permanent housing.	No

1E-2a.	Project Review and Ranking Process–Addressing Severity of Needs and Vulnerabilities.	
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NOFO Section VII.B.2.d.

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

- | | |
|----|--|
| 1. | the specific severity of needs and vulnerabilities your CoC considered when ranking and selecting projects; and |
| 2. | considerations your CoC gave to projects that provide housing and services to the hardest to serve populations that could result in lower performance levels but are projects your CoC needs in its geographic area. |

(limit 2,000 characters)

1. The CoC considers the following vulnerabilities experienced by clients in the project review, ranking & selection process: abuse/victimization, chronic homelessness, serious mental illness, substance abuse, and chronic health condition. The CoC also considers whether projects serve priority populations with specific needs including Veterans, unaccompanied or parenting youth, and families with children, and gives special consideration to projects that are the sole providers of services to subpopulations in the CoC.

2. Project scorecards award points for serving vulnerable populations by evaluating the service needs at entry of persons served as reported on the Annual Performance Report. To receive points, at least 50% of the households served in the reporting year must be a population with intensive service needs. Awarding extra points in this way is designed to acknowledge the resource requirements of serving populations with intensive service needs, and to offset the impact serving these populations may have on other scored components such as housing stability and income increases. Additionally, the CoC's Evaluation Panel considers the impact serving chronically homeless clients with criminal histories, particularly sex offenders, has on the length of time to secure a unit and subsequent impact on projects' utilization rates and recaptures of funds.

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

Describe in the field below how your CoC:

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

(limit 2,000 characters)

1. The rating factors used to review project applications were developed and approved by the CoC's Homeless Services Planning Committee and CoC Board, which include persons who identify as races over-represented in the local homeless population.

2. The CoC's Board and Evaluation Panel that reviews, selects and ranks projects includes representation of persons who share identities over-represented in the local homeless population and of organizations who serve over-represented groups.

3. The 2021 ranking process did not include explicit elements related to program participation mirroring local homeless population demographics. The CoC plans to adjust scoring and ranking criteria in the coming year, depending upon staffing capacity and filling of key vacant positions, to evaluate project applicants' contributions to improving racial equity in provision of services. Elements being considered for scoring include demographic information related to acceptance and denials of referrals to evaluate if there are disparities in acceptance of participants referred by CE system and retention/recidivism rates.

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

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

(limit 2,000 characters)

1. A project may voluntarily elect to reallocate funds as part of the project’s local renewal application. For involuntary reallocation, each renewal project is assessed by Collaborative Applicant staff using published criteria to determine if full or partial reallocation should be considered by the CoC Board’s Evaluation Panel. The purpose of the reallocation assessment is to determine if renewal projects are underutilized, underperforming or less needed. Completed reallocation assessments are provided to the Evaluation Panel alongside project scores to inform reallocation decisions. The CoC identifies projects that are low performing by analyzing data in four key areas: recaptures of funds, contribution to the CoC’s progress in improving system level performance and HUD’s policy priorities, alignment with local funding priorities and needs, and the CoC grant fund costs per permanent housing exit/placement.

2. The CoC identified projects with significant recaptures through the reallocation assessment process in the FY21 competition.

3. The CoC did not reallocate projects during the local 2021 competition.

4. The CoC did not reallocate projects in the 2021 competition due to the circumstances under which projects operated in the last operating cycle. Many projects were impacted profoundly by the public health emergency experiencing challenges to all aspects of operations, particularly staffing challenges that impacted speed by which vacancies could be filled and overall expenditures. CoC Collaborative Applicant staff will use Reallocation Assessment data to prioritize monitoring and technical assistance for subrecipients in the coming year.

5. Reallocation procedures are clearly stated and communicated to project applicants in the publicly posted Local Procedures document and in CoC meetings.

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

Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2016 and FY 2021?	No
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1E-5.	Projects Rejected/Reduced–Public Posting. You Must Upload an Attachment to the 4B. Attachments Screen if You Select Yes.	
	NOFO Section VII.B.2.g.	

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

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

Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.	11/01/2021
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1E-6.	Web Posting of CoC-Approved Consolidated Application. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.2.g.	

Enter the date your CoC's Consolidated Application was posted on the CoC's website or affiliate's website—which included: 1. the CoC Application; 2. Priority Listings; and 3. all projects accepted, ranked where required, or rejected.	11/12/2021
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2A. Homeless Management Information System (HMIS) Implementation

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

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

Enter the name of the HMIS Vendor your CoC is currently using.	Bitfocus - Clarity HMIS
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2A-2.	HMIS Implementation Coverage Area.	
	Not Scored—For Information Only	

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

Enter the date your CoC submitted its 2021 HIC data into HDX.	05/14/2021
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2A-4.	HMIS Implementation—Comparable Database for DV.	
	NOFO Section VII.B.3.b.	

Describe in the field below actions your CoC and HMIS Lead have taken to ensure DV housing and service providers in your CoC:

- | | |
|----|---|
| 1. | have a comparable database that collects the same data elements required in the HUD-published 2020 HMIS Data Standards; and |
| 2. | submit de-identified aggregated system performance measures data for each project in the comparable database to your CoC and HMIS lead. |

(limit 2,000 characters)

1. The CoC and HMIS Lead work closely with the CoC's Domestic Violence provider to ensure the comparable database is compliant with current HUD data standards. Between 2019-2020, the DV provider switched database providers and HMIS Lead staff provided information and technical assistance for several years leading up to the switch to ensure accurate and compliant reporting for CoC Annual Performance Reports and ESG CAPER.

2. The CoC and HMIS Lead, through frequent communication with DV provider, will work to ensure that de-identified aggregated system performance measures data can be submitted to the CoC. Data has been provided and submitted for APR and CAPER and much work has been done to ensure the comparable database is compliant with current HUD data standards through regular SAGE uploads of test and actual data.

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

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

Project Type	Total Beds 2021 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
1. Emergency Shelter (ES) beds	302	20	282	100.00%
2. Safe Haven (SH) beds	0	0	0	
3. Transitional Housing (TH) beds	76	9	67	100.00%
4. Rapid Re-Housing (RRH) beds	50	6	23	52.27%
5. Permanent Supportive Housing	476	17	271	59.04%
6. Other Permanent Housing (OPH)	122	9	13	11.50%

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

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

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

(limit 2,000 characters)

1. The CoC has 91 Section 8 Mod. Rehab. SRO beds (OPH) and 165 VASH beds (PSH) that are not represented in our HMIS and this significantly impacts the bed coverage rates in these categories. Please note that if VASH vouchers are excluded from the PSH calculation, the coverage rate would be over 85%. To improve PSH coverage, the CoC's HMIS Lead will dedicate staff and resources to understand and work with HMIS vendor and Boston VA Medical Center staff to implement the HUD-VASH HOMES to HMIS Translator Tool. CoC capacity and staffing did not allow for implementation of this tool prior to the 2021 PIT/HIC. To increase coverage for OPH, the CoC and HMIS Lead will work with the Cambridge Housing Authority to evaluate and strategize on

barriers to HMIS participation for each of the distinct Mod Rehab SRO projects.

2. The CoC will implement the steps to increase bed coverage by:

DEC 2021 - JAN 2022 - dedicate staff and meeting time in December and January to utilize the HUD-VASH HOMES to HMIS Translator Tool to incorporate VASH data into Cambridge HMIS. Schedule meeting with VAMC in December to establish points of contact and timeline for rapid implementation.

JAN 2022 - MAR 2022 - continue conversations and planning work disrupted by COVID related to incorporation of Cambridge Housing Authority's SRO inventory into HMIS and CE. Leverage new staff positions and relationships created through implementation of EHV to further prioritize this work.

APR 2022 - AUG 2022 - meet with each individual Mod Rehab SRO provider to determine primary points of contact and begin HMIS training and participation.

2A-5b.	Bed Coverage Rate in Comparable Databases.	
	NOFO Section VII.B.3.c.	

Enter the percentage of beds covered in comparable databases in your CoC's geographic area.	100.00%
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2A-5b.1.	Partial Credit for Bed Coverage Rates at or Below 84.99 for Question 2A-5b.	
	NOFO Section VII.B.3.c.	

If the bed coverage rate entered in question 2A-5b. is 84.99 percent or less, describe in the field below:

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

(limit 2,000 characters)

NA

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

Did your CoC submit LSA data to HUD in HDX 2.0 by January 15, 2021, 8 p.m. EST?	Yes
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2B. Continuum of Care (CoC) Point-in-Time (PIT) Count

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

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- 24 CFR part 578

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

Does your CoC commit to conducting a sheltered and unsheltered PIT count in Calendar Year 2022?	Yes
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2B-2.	Unsheltered Youth PIT Count—Commitment for Calendar Year 2022.	
	NOFO Section VII.B.4.b.	

Does your CoC commit to implementing an unsheltered youth PIT count in Calendar Year 2022 that includes consultation and participation from youth serving organizations and youth with lived experience?	Yes
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2C. System Performance

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

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- 24 CFR part 578

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

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

(limit 2,000 characters)

1. The CoC uses data collected from its two homelessness prevention programs and its general support program (all operated out of the Multiservice Center for the Homeless (MSC)) to identify risk factors for first-time homelessness. Households at risk of homelessness are identified by presenting as at risk at a Coordinated Entry access point, at walk-in hours at the MSC, at eviction sessions at Cambridge District Court and Eastern Housing Court, and through landlord/property manager referral. Services are advertised throughout the CoC at places likely to be frequented by households at risk of homelessness.

2. The CoC’s strategy to address households at risk of homelessness is through intervention in eviction proceedings for non-payment of rent and lease violations-including hoarding and quiet enjoyment violations-as well as with households experiencing problems that threaten tenancy (sanitary, rent increases, etc.) that are not yet at the eviction stage. Households in these situations may be offered clinical or traditional case management, diversion, mediation services, legal services, financial assistance, and/or rental assistance to prevent homelessness. Additionally, households facing significant rent increases in unsubsidized rental housing (a substantial risk factor for first time homelessness) can apply for an emergency Housing Choice Voucher through the Cambridge Housing Authority that allows the household to remain in their housing unit. The CoC prioritizes households seeking emergency HCVs due to rent increase for funds to clear rental arrears, case management to assist with the HCV application, and mediation and/or legal services to work with landlords to address concerns about working with a PHA.

3. The CoC-through the ESG and CoC Planners in consultation with the CoC Board-is responsible for development of strategies to combat first time homelessness, the Director of the MSC is responsible for overseeing the implementation of these strategies.

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

Describe in the field below:

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

(limit 2,000 characters)

1. The CoC’s strategy to reduce the length-of-time (LOT) individuals and persons in families remain homeless is to prioritize chronically homeless persons with the longest LOT homeless for housing placement. The number of PH vacancies each year is not high enough to meet the demand of clients prioritized for PH, and long waitlists for PH increase the LOT clients spend in homelessness. The CoC works to address this by continuing to seek non-CoC funded PH resources to include in the Coordinated Entry (CE) system to increase the inventory of units available for persons exiting homelessness, and by working to increase Housing Search resources in the CoC. The CoC has increasingly focused on housing search as a measure to reduce LOT. Through a reevaluation of its ESG RRH funding, the CoC was able to create a full time position dedicated to housing search. CoC staff worked with the Cambridge Housing Authority to secure new Section 811 Mainstream vouchers, a portion of which will be dedicated for persons experiencing homelessness. The CoC anticipates that this increase in inventory will help to reduce the average LOT households remain homeless. The CoC is working with the Cambridge Housing Authority on utilizing the CE system to fill vacancies for the housing authority’s SRO inventory, which will further increase inventory of PH available through the CE system.

2. The Coordinated Entry (CE) system identifies and prioritizes households with longest LOT for housing placement, by prioritizing clients who are Chronically Homeless for Permanent Housing and Housing Navigation resources.

3. The CoC’s Board of Directors and the City of Cambridge - in its role as the Collaborative Applicant and ESG recipient - are responsible for development of strategies to reduce LOT households remain homeless, and the City’s CoC Planner is responsible for overseeing the implementation of these strategies.

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

Describe in the field below how your CoC will increase the rate that individuals and persons in families residing in:

1.	emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations; and
2.	permanent housing projects retain their permanent housing or exit to permanent housing destinations.

(limit 2,000 characters)

1. The CoC’s strategy to increase the rate at which households in emergency shelter, safe havens, transitional housing and rapid rehousing exit to permanent destinations includes supporting providers in accessing services for clients (financial assistance for start up costs, housing search, assistance accessing mainstream benefits & document readiness (IDs, birth certificates)); offering Housing First training to CoC providers; implementing regular CoC-wide case conferencing meetings; and improving resources, communication and standardization related to document collection needed to access housing (identification, homeless and chronically homeless verification). The CoC’s Board of Directors and the City of Cambridge - in its role as the Collaborative Applicant and ESG recipient - are responsible for development of strategies to increase the rate of exits from homelessness into PH, and the City’s CoC Planner is responsible for overseeing the implementation of these strategies.

3. The strategy to increase the rate at which households retain permanent housing includes supporting PH providers in offering tenancy supports including on-site case management to ensure clients obtain and retain income and benefits, access treatment if desired, and develop good tenancy practices. Additionally, in Fall of 2017 the CoC offered free training to providers on supportive housing case management (including mitigating issues with landlords), Motivational Interviewing, and Housing First practices. The CoC’s strategy also includes accessing funds available to supplement supportive service staffing through Medicaid (Community Supports for Persons Experiencing Chronic Homelessness -CSPECH). In FY20, the CoC had a 99% PH retention rate. The CoC’s Board of Directors and the City of Cambridge are responsible for development of strategies to increase the rate of PH retention, and the City’s CoC Planner is responsible for overseeing the implementation of these strategies.

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

Describe in the field below:

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

(limit 2,000 characters)

1. The CoC identifies individuals and persons in families who return to homelessness by monitoring HMIS data elements (Prior Residence, Exit Destination) collected by CoC and ESG projects and by the CoC's Coordinated Entry (CE) system.

2. The CoC’s strategy to reduce returns to homelessness is utilization of the CoC's prevention services funded by ESG, CDBG and City dollars. The CoC works to reduce returns to homelessness by supporting effective case

management and stabilization services through training and technical assistance, with a specific focus on Motivational Interviewing, tenancy skill development, money management, assistance obtaining benefits, and effective referrals to clinical, legal, medical and employment services. Cross-agency collaboration via bi-weekly case conferencing, convened by CE staff, is utilized to strategize supports needed and to connect clients newly housed through CE to above mentioned supports in order to retain housing.

3. The CoC's Board of Directors and the City of Cambridge - in its role as the Collaborative Applicant and ESG recipient - are responsible for development of strategies to reduce the rate of returns to homelessness, and the City's CoC Planner is responsible for overseeing the implementation of these strategies.

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

Describe in the field below:

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

(limit 2,000 characters)

1. The CoC implements the following strategies to increase clients' access to employment income: providing training and resources to CoC providers about the array of projects and programs that can assist with increasing income for clients; regularly disseminating information such as resource guides and career fair announcements.

2. To increase access to employment and cash income, CoC providers collaborate with the Cambridge Employment Program (local Office of Workforce Development), Career Source (the local One-Stop Center), and local jobs programs to provide employment assistance, job search, and training to clients in CoC-funded projects.

3. The CoC's Board of Directors and the City of Cambridge - in its role as the Collaborative Applicant and ESG recipient - are responsible for development of strategies to increase income from employment, and the City's CoC Planner is responsible for overseeing the implementation of these strategies.

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

Describe in the field below how your CoC:

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

(limit 2,000 characters)

1. The CoC promotes access to employment opportunities with private employers primarily through partnership with the City of Cambridge's Office of Workforce Development (OWD). OWD organizes and hosts job fairs focused on private employment opportunities throughout the year, which are promoted by the CoC through newsletters, email listserv announcements, paper flyers in programs and service sites, and in-person announcements at various meetings and working groups of the CoC. Additionally, OWD provides informational presentations to the CoC's Homeless Services Planning Committee to encourage referrals from homeless providers for OWD's job training and employment readiness programs.

2. The CoC works closely with public organizations (Cambridge Department of Human Service Programs) to provide meaningful opportunities for education, training, and employment opportunities for PSH residents primarily by promoting information about how to access various programs and training classes available through the Office of Workforce Development and the Community Learning Center, which is an adult education and training organization. Additionally, the CoC promotes opportunities available through private organizations, such as the newly formed MIT Job Connector program, which was created by MIT in 2019 to help connect Cambridge residents to employment programs and opportunities in the Innovation Economy.

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

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

(limit 2,000 characters)

1. The CoC implements the following strategies to increase client's access to non-employment cash income: offering training on applying for SSI/SSDI; and providing opportunities to connect with representatives from employment & benefits agencies at CoC meetings. Additionally, several CoC-funded projects have staff who have completed SOAR training to assist clients in accessing benefits.

2. CoC providers collaborate with the Massachusetts Rehabilitation Commission (vocational rehab & SSI/SSDI eligibility) and the Massachusetts Department of Transitional Assistance (TAFDC, EAEDC, SNAP) to increase access to cash assistance and benefits.

3. The CoC's Board of Directors and the City of Cambridge - in its role as the Collaborative Applicant and ESG recipient - are responsible for development of strategies to increase non-employment cash income, and the City's CoC Planner is responsible for overseeing the implementation of these strategies.

3A. Coordination with Housing and Healthcare Bonus Points

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

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

Is your CoC applying for a new PSH or RRH project(s) that uses housing subsidies or subsidized housing units which are not funded through the CoC or ESG Programs to help individuals and families experiencing homelessness?	No
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3A-1a.	New PH-PSH/PH-RRH Project—Leveraging Housing Commitment. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.6.a.	

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

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

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

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

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

1.	Did your CoC obtain a formal written agreement that includes: (a) the project name; (b) value of the commitment; and (c) specific dates that healthcare resources will be provided (e.g., 1-year, term of grant, etc.)?	No
2.	Is project eligibility for program participants in the new PH-PSH or PH-RRH project based on CoC Program fair housing requirements and not restricted by the health care service provider?	No

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

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

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

3B. New Projects With Rehabilitation/New Construction Costs

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

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

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

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

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

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

(limit 2,000 characters)

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

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

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

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

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

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

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

(limit 2,000 characters)

4A. DV Bonus Application

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

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

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

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

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

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

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

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

1.	Enter the number of survivors that need housing or services:	370
2.	Enter the number of survivors your CoC is currently serving:	264
3.	Unmet Need:	106

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

Describe in the field below:

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

(limit 2,000 characters)

1. The CoC calculated the number of DV survivors needing housing or services by looking at the total number of clients active in the HMIS system who answered “Yes” to HUD data element 4.11 and adding the number of DV survivors currently being served by DV-specific housing projects recorded in comparable database.

2. The data source(s) for calculating the number of DV survivors needing housing and services are the CoC’s HMIS database collecting information from non-DV projects and data collected from the comparable database for the CoC’s DV provider, Transition House.

3. The barrier to meeting needs of all DV survivors is insufficient affordable and supportive housing resources in the CoC's geography and region.

4A-4.	New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects–Project Applicant Information.	
	NOFO Section II.B.11.	
	Use the list feature icon to enter information on each unique project applicant applying for New PH-RRH and Joint TH and PH-RRH Component DV Bonus projects–only enter project applicant information once, regardless of how many DV Bonus projects that applicant is applying for.	

Applicant Name
City of Cambridge

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

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

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

1.	Applicant Name	City of Cambridge
2.	Rate of Housing Placement of DV Survivors–Percentage	18.00%
3.	Rate of Housing Retention of DV Survivors–Percentage	80.80%

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

Describe in the field below:

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

(limit 1,000 characters)

1. The rate of housing placement was calculated using data from the CE system. The total number of DV survivors who exited CE with permanent destination was divided by the total number of DV survivors enrolled in CE system. The calculation was done for FY21 - 10/1/20 - 9/30/21. The rate of housing retention of DV survivors was calculated using data from comparable DV database for existing PH-RRH and PH-PSH projects. The total number of participants currently in housing plus the total number of clients who exited to permanent destination was divided by the total number of clients served.

2. The data source for Housing Placement rate of DV survivors is the CE project within HMIS system used by non-DV specific projects and the data source for Housing Retention rate of DV survivors is the comparable database used by the CoC’s DV provider, Transition House, who is the subrecipient for the proposed DV Bonus expansion project.

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

Describe in the field below how the project applicant:

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

(limit 2,000 characters)

1. The project applicant and the subrecipient, Transition House (TH), ensured DV survivors experiencing homelessness were assisted to move into permanent housing as quickly as possible by: working to develop safety plans/safety zones, identifying available housing units, accompanying survivors to view possible housing, meeting with survivors weekly to provide support through the process of gathering documentation and applying for subsidized or other housing.

2. Homeless victims of DV come to TH through a dedicated confidential Massachusetts screening/access system (SAFELINK), a 24-hour hotline that coordinates safe shelter for victims of DV. After entry into shelter with TH, as soon as possible and within 30 days of entry, homeless participants are assessed by staff for eligibility to a range of housing programs and prioritized by severity of service needs. After intense safety planning, crisis intervention and legal supports, the agency puts great effort in moving people into long term solutions as soon as possible.

3. Staff provide on-going one on one case management tailored to the specific need of the client. TH staff assist clients in accessing benefits such as unemployment, SSI, TAFDC, etc. Those whose disability does not impede employment opportunities are supported with job search, job training programs, and other job readiness services to maximize earned income. Case management is trauma-informed and client centered, and is tailored to the person’s unique needs, goals and desired outcomes.

4. Once clients have secured housing, staff help survivors access furniture/housewares and provide stabilization to ensure they are able to sustain in the housing unit with complimentary unduplicated subsidies. Transition House works with the Cambridge Housing Authority and City’s Housing Dept. to identify and negotiate units, such as inclusionary units and provide time-limited stabilization services to assist clients in sustaining tenancy after CoC subsidy ends.

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

Describe in the field below examples of how the project applicant ensured the safety of DV survivors experiencing homelessness by:

1.	training staff on safety planning;
2.	adjusting intake space to better ensure a private conversation;
3.	conducting separate interviews/intake with each member of a couple;
4.	working with survivors to have them identify what is safe for them as it relates to scattered site units and/or rental assistance;

5.	maintaining bars on windows, fixing lights in the hallways, etc. for congregate living spaces operated by the applicant; and
6.	keeping the location confidential for dedicated units and/or congregate living spaces set-aside solely for use by survivors.

(limit 5,000 characters)

The project applicant and the subrecipient, Transition House (TH), ensured the safety of DV survivors by prioritizing safety planning at all points throughout the housing process. All TH staff receive intensive training around safety planning, crisis intervention and high-risk assessment, and partner closely with the Cambridge Police Department in times of escalated danger. Survivors of DV entering the system through the CoC’s Coordinated Entry system are assessed for service in private intake spaces, and interviews are always conducted individually (not with a partner or spouse present). Maintaining client confidentiality is highly prioritized, and data are entered either into TH’s insular data system, or in a deidentified manner into the CoC’s HMIS system (when clients enter through the CE system rather than through the State’s SAFELINK DV referral system). TH staff worked with clients to create safety plans and housing plans that consider safety zones and places where it would be unsafe to live. All of TH’s housing programs (shelter, Transitional Living Program, and PSH projects) keep locations confidential and maintain appropriate safety measures such as lighting and security features at the properties.

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

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

(limit 2,000 characters)

Evaluation of the project's ability to ensure the safety of DV survivors is instilled into all aspects of the project and the subrecipient agency's daily operations. All staff receive intensive training around safety planning and crisis intervention, and work with participants to develop individualized, victim-centered safety plans. Project staff receive ongoing clinical supervision and are supported by staff and partners within the agency and within broader DV provider networks (Jane Doe). Transition House also relies on the Cambridge Police Department's Domestic Violence Unit in times of escalated danger. Evaluation of the project's ability to ensure safety of participants occurs primarily through clinical supervision and through frequent review of safety plans. The primary quantitative measure of success in ensuring the safety and stability of DV survivors served is in the housing outcomes/destinations as reported in the Annual Performance Report. TH, the proposed subrecipient, has consistently high rates of PH retention or exits to safe, stable destinations.

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

Describe in the field below examples of the project applicant’s experience in using trauma-informed, victim-centered approaches to meet needs of DV survivors in each of the following areas:

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

(limit 5,000 characters)

The project applicant and the subrecipient, Transition House (TH), have extensive experience utilizing trauma-informed, victim-centered approaches to meet the needs of DV survivors. Founded in 1976, TH is an innovative organization that develops prevention tools and provides holistic support and a range of housing options for individuals and families surviving DV. TH has experience and qualifications serving victims of DV for over 40 years. All staff receive intensive training around safety planning, crisis intervention, high risk assessment, housing search/support and connecting low income clients to benefits. TH staff receive ongoing clinical supervision and are supported by others working in the agency that have more unique skills (for example several staff have extensive experience in legal matters that are linked to domestic violence and court representation). Community partners like Cambridge Police Dept. assist in times of escalated danger around DV and the De Novo (Community Legal Services and Counseling Center) assists with free representation in Family Court. Two full time clinicians are available to support both adults and children around their trauma. The Mass. Office of Victim Assistance has provided growing funding to TH to support trauma-informed clinical support for both adults and children that experienced DV and a Community Advocate that support clients with court system and housing advocacy.

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

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

(limit 5,000 characters)

Staff assess and support each client's complex needs and work closely with each client through weekly case management. Staff assist with court accompaniment (to obtain restraining orders), assist in clearing credit and criminal histories related to DV, link clients to mainstream services offered through other community sources, and screen all participants for enrollment in

Medicare and other public benefits programs. Referrals include: Access to benefits, counseling, long-term housing subsidies, MH provider referrals, DV resources, CORI repair, career counseling, and registration for employment training programs. Income maximization strategies are a core component of case management services. Services for housed participants are adapted to the needs of each household to ensure long-term stabilization. Using a Housing First Model, all stabilization services are respectful of clients’ rights to self-determination (participation is not a requirement).

The Motivational Interviewing method of case management using OARS (Open questions, Affirmations, Reflective listening, and Summarizing) skills and techniques has been successfully used. This method of client engagement and case management produces positive changes in unproductive habits and harmful and risky behaviors. Transition House staff are well trained in providing trauma-informed care that considers the many layers of trauma that those fleeing DV need to overcome. Case management is trauma-informed and client centered, and is tailored to the person’s unique needs, goals and desired outcomes. Practices such as Harm Reduction and Motivational Interviewing are core competencies applied by case managers.

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

Provide examples in the field below of how the new project will:

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

(limit 5,000 characters)

If funded, the project will utilize trauma-informed, victim-centered approaches in all aspects of operations. The TH Housing Search Coordinator (HSC) and Case Manager will work with participants to create a housing plan based on an assessment of strengths and resources, needs, housing barriers, and preferences. All TH staff receive intensive training on trauma-informed care, and all services will be provided in an environment of mutual respect and equality. Two full time clinicians will be available to support both adults and children around their trauma. The project will utilize the Motivational Interviewing method of case management using OARS (Open questions, Affirmations, Reflective listening, and Summarizing) skills and techniques that are successfully used by TH staff in similar programs. This method of client engagement and case management produces positive changes in unproductive

habits and harmful and risky behaviors. TH staff are well trained in providing trauma-informed care that considers the many layers of trauma that those fleeing DV need to overcome. Case management will be client centered and tailored to the person's unique needs, goals and desired outcomes, and grounded in cultural responsiveness and inclusivity. TH is committed to serving underserved and vulnerable communities, including victims of DV that are LGBTQ. The program will offer opportunities for participation in groups and other meaningful opportunities to connect with peers and mentors. Participants will also be helped in accessing parenting support, including accessing appropriate child care, pre-school services, school-based educational and related services, including linkage with a McKinney Liaison, and after school services, along with accessing the clinical services needed to support healthy child development. Using a Housing First Model, all stabilization services will be respectful of client's rights to self-determination.

4B. Attachments Screen For All Application Questions

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

Attachments must match the questions they are associated with.

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

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

Document Type	Required?	Document Description	Date Attached
1C-14. CE Assessment Tool	Yes	CE Assessment Tool	11/13/2021
1C-7. PHA Homeless Preference	No	PHA Homeless Pref...	11/13/2021
1C-7. PHA Moving On Preference	No		
1E-1. Local Competition Announcement	Yes	Local Competition...	11/13/2021
1E-2. Project Review and Selection Process	Yes	Project Review an...	11/13/2021
1E-5. Public Posting–Projects Rejected-Reduced	Yes	Public Posting- P...	11/13/2021
1E-5a. Public Posting–Projects Accepted	Yes	Public Posting- P...	11/13/2021
1E-6. Web Posting–CoC-Approved Consolidated Application	Yes		
3A-1a. Housing Leveraging Commitments	No		
3A-2a. Healthcare Formal Agreements	No		
3C-2. Project List for Other Federal Statutes	No		

Attachment Details

Document Description: CE Assessment Tool

Attachment Details

Document Description: PHA Homeless Preference

Attachment Details

Document Description:

Attachment Details

Document Description: Local Competition Announcement

Attachment Details

Document Description: Project Review and Selection Process

Attachment Details

Document Description: Public Posting- Projects Rejected-Reduced

Attachment Details

Document Description: Public Posting- Projects Accepted

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. CoC Identification	11/04/2021
1B. Inclusive Structure	11/12/2021
1C. Coordination	11/13/2021
1C. Coordination continued	11/12/2021
1D. Addressing COVID-19	11/13/2021
1E. Project Review/Ranking	11/12/2021
2A. HMIS Implementation	11/12/2021
2B. Point-in-Time (PIT) Count	10/17/2021
2C. System Performance	11/12/2021
3A. Housing/Healthcare Bonus Points	11/10/2021
3B. Rehabilitation/New Construction Costs	10/17/2021

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3C. Serving Homeless Under Other Federal Statutes	10/17/2021
4A. DV Bonus Application	11/13/2021
4B. Attachments Screen	Please Complete
Submission Summary	No Input Required

1C-14: CE ASSESSMENT TOOL

- Cambridge Streamlined Assessment

Cambridge, MA HMIS and Cambridge
Coordinated Access Network (C-CAN)
Client Consent Form

What is the Cambridge HMIS and Cambridge CAN?

The Homeless Management Information System (HMIS) is a computerized data collection system designed to collect client information about the characteristics and service needs of individuals and households at risk of or experiencing homelessness. The information collected in HMIS will help us to analyze and improve service delivery, identify programs you are eligible for, better understand homelessness, and evaluate the effectiveness of our services. The Planning and Development Office of the Department of Human Services for the City of Cambridge is the HMIS Lead Agency as defined by HUD. Clarity Human Services is the HMIS application used by the Cambridge Continuum of Care (CoC). The Cambridge Coordinated Access Network (Cambridge CAN/C-CAN) is the coordinated homeless response system for the City of Cambridge, MA.

In Cambridge, all the agencies that participate in entering client data in HMIS share some of that data with each other if needed. This means that if you receive services from a program participating in the Cambridge HMIS and later need assistance in another program that also participates, staff at the second agency will search for your name and be able to find your profile. Then you will be asked to confirm your existing information in HMIS (like your name, date of birth and social security number). The second agency will be able to see what kind of services you've received in the past. If you are enrolling in C-CAN, staff you work with will be able to use your HMIS record to help provide documentation of your time experiencing homelessness.

If you would like to see a list of the agencies that participate in the Cambridge HMIS, please ask the agency you are receiving services from presently for a list of the Participating Agencies or visit cambridgecoc.org/hmis-participating-agencies/. Please note that the list of agencies contributing data to HMIS can change frequently and without notice, therefore the website should be referred to for the most current list.

Because Cambridge HMIS contains sensitive data, we take your privacy very seriously. The following protections for your data are in place:

- Individual client data is only viewable by certain qualified staff at each participating agency
- In order to participate in the Cambridge HMIS, leaders at each agency must sign a Partner Agency Agreement that includes a commitment to protecting client data and maintaining confidentiality.
- In order to use HMIS, agency staff must successfully complete trainings that inform them of how to protect client privacy.
- The Cambridge HMIS is hosted on a secure server and is data encrypted.

What information is collected in the HMIS database?

We collect Personal Identifying Information (PII) and general information obtained during your intake and assessment, which may include but is not limited to:

- Your name and your contact information and address
- Your social security number and date of birth
- Your basic demographic information such as gender, race and ethnicity
- Your veteran status
- Your photo (at select agencies only and is optional)
- Your history of homelessness and housing (including your current housing status, and where and when you have accessed services)
- Documents related to housing eligibility

If you are assessed for C-CAN, we also may share self-reported medical history and disability status, including mental and physical health concerns, substance abuse history, and HIV/AIDS status, income sources and amounts, and non-cash benefits, information about other members of your household and your self-reported history of domestic violence.

Why is this information collected?

- To provide and coordinate services
- To assess your needs and the needs of others in our community
- To reduce the duplication of information
- To reduce the amount of time you spend trying to get services and make sure you get the services you need
- To meet requirements of funders such as the U.S. Department of Housing and Urban Development (HUD)
- To develop and improve programs to work towards ending homelessness in our community

How is the information used?

- Based on your needs, social service and housing provider agencies may use HMIS to exchange, share and/or release information collected about you. The purpose of this form is to receive your permission to share this information as needed.
- This may include coordinating referrals for housing services and, if applicable, help in verifying instances of homelessness.
- Information may be used for research and evaluation. If so, your personal identity will never be a part of any research reports.

What are my rights?

- You have the right to receive services, even if you do not sign this consent form. Providers may not refuse to provide you with services if you refuse to sign, but they are still required to ask you questions for intake and enter that information into HMIS, however, they will either lock the

record (preventing it from being seen by other participating agency staff) or de-identify it so there is no way of determining your identity. If you are actively fleeing domestic violence, we are prohibited from entering any identifying data about you in HMIS. If you are assessed for C-CAN, your signature on this document will help us determine your eligibility for housing programs.

- If you have enrolled in C-CAN, you may stop your participation in that program at any time by contacting the C-CAN Coordinator at cambridgeCAN@cambridgema.gov or 617-349-7715.
- You have a right to see a copy of the information in your HMIS record and to ask for changes upon written request.
- You have a right to request a copy of our Privacy Notice, which provides more detail on how we may use or disclose information collected in HMIS.
- This form will expire seven years from the date you signed it. You may revoke your consent at any time prior, but your revocation must be provided either in writing or by completing the Revocation of Consent form. The agency you are receiving services from must make this form available to you if you ask. You understand that revoking consent will not change anything about information disclosures that have already occurred.
- If you have any questions or you feel your information has been misused in any way you can contact the Cambridge CoC by emailing PlanningDev@cambridgema.gov or calling [617-349-6206](tel:617-349-6206).

SIGNATURE AND ACKNOWLEDGEMENT

By signing below, I affirm that I have read this document, or it was read to/or explained to me and I understand and agree with the terms of this document.

NOTE: If you have a family/household with dependents under age 18, please complete the back of this form as well.

Client Name (printed) _____

Client Signature _____

Date ___/___/___

Agency Witness/Staff Name _____

Agency Witness/Staff Signature _____

Date ___/___/___

Agency Name _____

Minor Children (if any):

Name: _____ DOB: __/__/__

Name: _____ DOB: __/__/__

Name: _____ DOB: __/__/__

Name: _____ DOB: __/__/__

Name: _____ DOB: __/__/__

Name: _____ DOB: __/__/__

ASSESSOR OBSERVATION ONLY, do not ask: Do you observe signs or symptoms of serious physical health conditions?

Note regarding this and other observation questions: assessors are not expected to have or use a clinical level of judgement for observation questions. The assessment's scoring does not privilege assessor observation over clients' self-reported disability; observation questions are simply a mechanism to screen *in* clients who have an observable barrier to housing but may not identify that way.

- Yes
- No

Do you have a physical disability that limits your mobility? (i.e. wheelchair, amputation, inability to climb stairs)

- Yes
- No
- Don't know or refuse

ASSESSOR OBSERVATION ONLY, do not ask: Do you have any reason to suspect the client may have a mental health condition? (either through personal knowledge or observation)

- Yes
- No

Have you ever been taken to the hospital against your will for mental health reasons?

- Yes
- No
- Don't know or refuse

ASSESSOR OBSERVATION ONLY, do not ask: Do you observe signs or symptoms of alcohol or drug abuse?

- Yes
- No

If you consume alcohol, did you consume alcohol every day during the past month?

- Yes
- No
- Don't know or refuse

Have you ever used injection drugs or shots?

- Yes
- No
- Don't know or refuse

Have you ever been in jail, arrested, or accused of a crime or criminal activity (even if it wasn't true)?

As appropriate, it may be useful to explain that a criminal history will not reduce the person's likelihood of Cambridge CAN prioritizing them for a housing program.

- Yes
- No
- Don't know or refuse

Which of these categories (if any) does your criminal history include?

If multiple responses apply, only record the answer for the highest severity of crime. For example, if the client reports both arson and a DUI, record only "Offenses that make it extremely difficult to find housing[...]"

- Offenses that make it extremely difficult to find housing, such as arson, crime resulting in placement on the sex offender registry, production of crystal meth, etc.
- Drug offenses or crimes against person or property
- Just a few minor offenses, such as a moving violation, a DUI, a misdemeanor, etc.
- Don't know or refuse

How many times have you been to an emergency room in the past three months?

- 0 times
- 1 time
- 2 times
- 3 or more times
- Don't know or refuse

Please record as many ways that the client can be contacted as she/he is willing to provide. (For example, cell phone, email address, location client frequently spends time at, name of a provider they work closely with, etc.) This allows us to get in touch with them if they receive an offer of services or housing.

Client's Cambridge Streamlined Assessment is now complete.

1C-7: PHA HOMELESS PREFERENCE

- Excerpt from DHCD Administrative Plan

20.24 PREFERENCES

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

20.24.1 Pre-Qualifying for Certain Preference Units

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

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

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

20.24.2 Regional Residency Preference

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

20.24.3 Homeless Preference

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

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

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

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

20.24.4 Homeless Veterans Preference

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

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

20.24.5 Youth Aging Out Preference

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

20.24.6 Preference for Certain Disability Projects

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

Tenant Selection for Community Based Housing (CBH) Units

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

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

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

Tenant Selection for Facilities Consolidation Funds (FCF) Units

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

require services. When FCF development funds are included in any unit selected for PBV, priority shall be provided as follows:

- First Priority: FCF-eligible clients who require services in accordance with the criteria outlined below in Preference for Disabled Households Needing Services.
- Second Priority: All other disabled clients requiring services in accordance with the criteria outlined below in Preference for Disabled Households Needing Services.
- Eligibility for first priority in units funded with FCF will be documented by a DMH- or DDS-approved entity.

Preference for Disabled Households Needing Services

DHCD may support projects that require preference be given to disabled households that need services offered at a particular project in accordance with the following HUD conditions and criteria:

1. Preference cannot be granted to persons with a specific disability.
2. The project sponsor must document that the applicant has a disability that significantly interferes with their ability to obtain and maintain themselves in housing; and
3. Who, without appropriate services, will not be able to obtain or maintain themselves in housing; and
4. For whom such services cannot be provided in a non-segregated setting (i.e. a tenant-based voucher for an independently selected unit would not meet the needs of the applicant).
5. Disabled residents shall not be required to accept the particular services offered at the project.
6. In advertising the project, the owner may advertise the project as offering services for a particular type of disability; however, the project must be open to all otherwise eligible persons with disabilities who may benefit from the services provided.

Tenant Eligibility for Preference for Disabled Households Needing Services

The owner/project sponsor must identify in their application which professional organization and/or independent individual(s) will make the assessment that a disabled applicant meets the HUD criteria listed above. Such professionals could include licensed medical, psychological, or allied mental health and/or human services professionals. Whomever the owner/project sponsor selects to make the assessment must sign a certification form that either attests to or rejects each applicant's need for services in accordance with said section.

Applicant eligibility will be made by the owner/project sponsor.

Applicant Referrals for Units with Disability Preference

All disabled applicant referrals will be made from the project's site specific waiting list maintained by DHCD or its designee. The owner/project sponsor will send all applicant referrals written notification of their selection determination, with a copy to DHCD or its designee.

20.24.7 Applicant Right to Appeal Denial of PBV Unit Based on Failure to Demonstrate Need for Services Offered

Any applicant denied preference consideration for a project providing services must be offered the right to appeal the decision made by the owner/project sponsor. The owner/project sponsor must include in their PBV application to DHCD the specific criteria they will use to assess an applicant's need for services.

20.24.8 Transfer Preference

MTW Policy

DHCD or its designee may provide a PBV transfer preference for families who have verified educational opportunities or employment offers that are more than 25 miles from the family's current PB unit and/or for over or under-housed families who are willing to move to another PB unit in another region within DHCD's jurisdiction. The PB transfer preference is subject to availability of another PB unit within a 25-mile radius of the educational opportunity or employment offer. The over-/under-housed PB transfer preference will be consistent with family composition and DHCD occupancy standards.

20.24.9 Other Preferences

DHCD may establish other tenant selection preferences for its PBV projects, provided these preferences support DHCD's mission. DHCD will amend this PBV plan and announce any new preference(s) on DHCD's website at www.mass.gov/dhcd/.

20.25 SCREENING

When the owner selects from the list of referrals provided by DHCD or its designee in accordance with its approved written tenant selection plan, the owner may screen prospective applicants based in the order in which the applicant contacts the owner, comes to see the unit, and completes the owner's selection requirements.

DHCD or Designee Responsibility

DHCD or its designee will not verify an applicant's Section 8 eligibility until after the owner has screened and selected the tenant(s).

DHCD or its designee will inform owners of their responsibility to screen prospective tenants, and will provide owners with the required known name and address information, at the time of the turnover HQS inspection or before. DHCD or its designee will not provide any additional information to the owner, such as tenancy history, criminal history, etc.

Owner Responsibility

The owner is responsible for screening and selection of the family to occupy the owner's unit. When screening families the owner may consider a family's background with respect to the following factors:

- Payment of rent and utility bills;
- Caring for a unit and premises;
- Respecting the rights of other residents to the peaceful enjoyment of their housing;

1E-1: LOCAL COMPETITION ANNOUNCEMENT

- screenshot of website posting
- copy of 2021 Local Competition Information document that includes point values for objective criteria used to review, score and rank projects



Need Help?

About How We Help About Homelessness HMIS Resources News & Events Get Involved

September 27, 2021

FY 2021 CoC Competition

Each year, the Cambridge Continuum of Care applies for funds from the U.S. Department of Housing and Urban Development (HUD). This annual grant competition brings about \$5 million to the City's continuum of housing and services.

Please review the [2021 Local Competition Information](#) document for details about the Cambridge CoC's competition process, timeline, and project review, reallocation and ranking procedures. The deadline to submit renewal and new project applications is Friday, October 15.

The [Cambridge CoC meeting on Monday, October 4](#) will focus on reviewing the process and procedures for the annual competition. We encourage all organizations interested in applying for new and renewal projects to attend the meeting and submit proposals, even if you have not previously received or applied for funds through this grant program. If you cannot attend the meeting, please reach out to Liz (emengers@cambridgema.gov) with any questions about the competition.



Cambridge CONTINUUM OF CARE

FFY 2021 Continuum of Care (CoC) Program Competition LOCAL COMPETITION INFORMATION

CONTENTS

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BACKGROUND

The U.S. Department of Housing and Urban Development (HUD) provides federal funding for homeless programming through the Continuum of Care (CoC) Homeless Assistance Program. The CoC Program is designed to promote a community-wide commitment to the goal of ending homelessness; to provide funding for efforts by nonprofit providers, States, and local governments to quickly re-house homeless individuals, families, persons fleeing domestic violence, and youth while minimizing the trauma and dislocation caused by homelessness; to promote access to and effective utilization of mainstream programs by homeless individuals and families; and to optimize self-sufficiency among those experiencing homelessness.

HUD is making available approximately \$2 billion for the 2021 CoC Program. The Cambridge CoC is eligible to apply for up to \$6,506,837. This amount includes the CoC’s Annual Renewal Demand of \$5,713,505, \$285,675 in Bonus funds, \$336,252 in Domestic Violence (DV) Bonus funds, and \$171,405 in Planning funds.

The Cambridge Department of Human Service Programs (DHSP) coordinates the annual process and prepares the consolidated application for funding for the Cambridge CoC. This document provides information to Cambridge CoC stakeholders, subrecipients and other interested parties about the local process leading up to submission of an application to HUD, including the steps required to submit an application for renewal funding, the steps required to submit a proposal for new funding, and the CoC’s procedures for reviewing, scoring, ranking and reallocating projects.

FUNDING PARAMETERS

Like past years, the 2021 CoC Competition is highly competitive, with HUD placing increasing emphasis on reallocating resources based on performance. The available amount of funding may not be sufficient to fund all submitted project applications, and HUD requires CoCs to competitively rank all projects (except Planning projects) in two tiers.

Maximum application total (renewal, Bonus, DV Bonus)	\$6,335,432
Tier 1 (90.2% of maximum application amount):	\$5,713,505
Tier 2 (9.8% of maximum application amount):	\$621,927

CoCs may create the following types of new projects by using amounts available through the bonus process or by making funds available through reallocation. Reallocation is when a CoC shifts funds in whole or part from existing renewal projects to create one or more new projects without decreasing the CoC’s ARD. CoCs may also apply to expand renewal projects if they fall within the eligible new project types.

1. CoCs may create new Permanent Supportive Housing (PSH) projects that will serve 100 percent chronically homeless individuals and families (including unaccompanied youth) or that meet the requirements of “DedicatedPLUS” as defined in the NOFA;
2. CoCs may create new Rapid Rehousing (RRH) projects that will serve homeless individuals and families (including unaccompanied youth) coming directly from the streets or emergency shelters, and include persons fleeing domestic violence situations; and
3. CoCs may create new Joint Transitional Housing (TH) and RRH projects that provide TH units and short or medium term tenant-based rental assistance (RRH) in one project.
4. CoCs may create new PH-RRH, TH/RRH and/or SSO-Coordinated Intake projects serving domestic violence survivors through the DV Bonus process.

New and existing agencies are encouraged to apply for new projects. All agencies interested in applying for a new project in the 2021 competition must complete and submit a New Project proposal form. The New Project proposal form is available on the CoC’s website and has been distributed to the CoC’s email list.

HUD'S SELECTION PROCEDURES

As described above, the 2021 competition requires CoCs to rank a portion of the total amount eligible for the application in Tier 2. It is likely that projects ranked in Tier 1 will be conditionally awarded by HUD if they pass eligibility and threshold reviews. HUD will select projects ranked in Tier 2 by point value and in order of CoC score. All projects ranked in Tier 2 are at risk of nonrenewal.

As in prior competitions, projects will be allowed to "straddle" tiers. If a project application straddles the Tier 1 and Tier 2 funding line, HUD will conditionally select the project up to the amount of funding that falls within Tier 1, and may fund the Tier 2 portion of the project depending on the CoC score and other factors. If HUD does not fund the Tier 2 portion of the project, HUD may award project funds at the reduced amount provided the project is still feasible with reduced funding.

CoC Scoring

HUD will score CoCs on the following items. CoC level scores impact likelihood of Tier 1 and Tier 2 projects being selected for funding.

1.	Coordination and Engagement	96
2.	Project Ranking, Review and Capacity	30
3.	Homeless Management Information System	11
4.	Point-in-Time Count	3
5.	System Performance	23
6.	Coordination with Housing and Healthcare (up to 10 Bonus points for CoCs that submit new permanent housing project applications that demonstrate coordination with housing providers and healthcare agencies).	10

Tier 2 Scoring

HUD will assign point values to all projects ranked in Tier 2. Projects will be selected by point value and in the order of CoC score.

1.	CoC Score	Up to 50 points
2.	CoC Project Ranking	Up to 40 points
3.	Commitment to Housing First	Up to 10 points

HELPFUL RESOURCES

Please utilize the following websites for important documents and updates, and please reach out to DHSP staff with any questions related to the 2021 competition.

Cambridge CoC's NOFA Page:

<https://www.cambridgecoc.org/coc-program>

HUD's NOFA Competition Pages:

https://www.hud.gov/program_offices/comm_planning/coc/competition

<https://www.hudexchange.info/programs/e-snaps/fy-2021-coc-program-nofa-coc-program-competition/>

COMPETITION TIMELINE

8-18-2021	HUD published FFY2021 NOFO
9-28-2021	Local Competition Procedures, Renewal Applications and New Project Proposal forms distributed and posted to CoC website
10-04-2021	CoC Meeting – NOFA Overview and Q&A; 10:30 AM – 12 PM
10-15-2021	Renewal and New Project Application forms due to CoC staff
10-22-2021	Match commitment letters due to CoC staff
10-21 – 10-27	Evaluation panel meets to review project scores, select new project proposals, and determine project rankings
11-01-2021	Projects notified of score & rank; rankings posted to CoC website
11-13-2021	Collaborative Application and Priority Listing posted to CoC website
11-16-2021	Final submission deadline

PROJECT REVIEW, SCORE & RANKING PROCEDURES

The CoC Program regulations and the 2021 CoC Program NOFA requires CoCs to evaluate and rank all project applications as part of the annual application process. The Cambridge CoC via the Board's Evaluation Panel will comprehensively evaluate all new and renewal projects based on quality and performance to strategically allocate resources available to the CoC through the 2021 competition.

Process & Responsibilities

To review, score and rank projects, the CoC will follow the following process, designed to be fair, inclusive and transparent. The CoC Board's Evaluation Panel is responsible for making final decisions related to project ranking and reallocation. Project scores, ranking, and reallocation decisions will be disseminated to all project applicants by DHSP staff no later than November 1, 2021.

Procedure for Renewal Projects	Responsible Party	Deadline
1. Local Renewal Application submitted to DHSP staff	Subrecipient agency	10-15
2. Match letters submitted to DHSP staff	Subrecipient agency	10-29
3. esnaps forms completed	DHSP CoC staff	10-29
4. Complete Project Scoring & Reallocation Assessment – each project scorecard will be reviewed by 2 DHSP/CoC staff members	DHSP CoC staff	by 10-21
5. Evaluation Panel meets to review and approve renewal project scoring & determine final rankings	CoC Evaluation Panel	10-21 to 10-27
6. Subrecipients agencies notified of score & rank	DHSP CoC staff	11-01
7. Submit Renewal Application with Collaborative Application & Priority Listing to HUD	DHSP CoC staff	11-16

Procedure for New Projects	Responsible Party	Deadline
1. New Project Application submitted to DHSP staff	Subrecipient agency	10-15
2. Match and commitment letters submitted to DHSP staff	Subrecipient agency	10-29
3. Complete Project Scoring	CoC Evaluation Panel	10-15 to 10-21
4. Evaluation Panel meets to determine final score & ranking	CoC Evaluation Panel	10-21 to 10-27
5. Subrecipients agencies notified of score & rank	DHSP CoC staff	11-01
6. Complete esnaps forms	DHSP CoC staff	11-10
7. Submit New Project Application & Priority Listing to HUD	DHSP CoC staff	11-16

Data Sources for Evaluating Projects

The Cambridge CoC will rank all projects using objective criteria to evaluate past performance, and assessments of the degree to which projects improve the CoC's system performance, progress toward meeting Federal Strategic Plan goals, and contributions to local funding priorities. The following components will be considered by the CoC Board's Evaluation Panel when evaluating new and renewal projects: Project Score (NOFA Scorecard); CoC Funding Priority Recommendations; and Reallocation Assessments.

1. Project Score (NOFA Scorecard) – the Collaborative Applicant (DHSP staff) will complete a NOFA Scorecard for each renewal project. Each project's NOFA Scorecard will be checked for accuracy by a second reviewer to ensure accuracy. The NOFA Scorecard includes objective data agreed upon by the CoC's Homeless Services Planning Committee and the CoC's Evaluation Panel. Data sources include projects' Annual Performance Report (APR), and DHSP's records related to timely submission of data reports. Projects operated by victim service providers will be evaluated using non-identified APR data generated from a comparable database. NOFA Scorecards including performance goals for each project type are included at the end of this section for reference. First time renewals, HUD mandated projects (CE and HMIS), and projects without a full year of performance data will be assigned the median score and if necessary will be ordered based on Evaluation Panel scores from their original application for funding. Project scores for new project proposals will be completed by the Evaluation Panel based on submitted proposals using the criteria published in the New Project proposal form.
2. CoC Funding Priority Recommendations – Voting members of the CoC indicate preferences and recommendations related to local funding priorities and ranking strategy in an annual survey administered during the CoC competition. The CoC Board's Evaluation Panel considers these local funding priority recommendations when determining project rankings.
3. Reallocation Assessments - Each Renewal Project will be assessed by Collaborative Applicant staff using the following criteria to determine if reallocation should be considered by the CoC Board's Evaluation Panel. The purpose of the Reallocation Assessment is to determine if renewal projects are underutilized or underperforming while also considering the special needs of subpopulations served by each project. Completed Reallocation Assessments will be provided to the Evaluation Panel for review and to inform Reallocation decisions. Reallocation Assessments include information related to projects' contributions to policy priorities and system performance collected through local Renewal Applications, and helps the CoC to consider the severity of needs and vulnerabilities experienced by project participants.

Question	Data Source
1. Has the project had significant recaptures in the past two completed grant cycles? If so, what amounts have been recaptured?	NOFA Scorecard; Annual Performance Report (APR)
2. Does the project contribute to the CoC's progress in improving System Level Performance?	NOFA Scorecard; APR
3. Does the project contribute to the CoC's progress in meeting HUD's Policy Priorities?	Local Renewal Application
4. Does the project align with local funding priorities and CoC programming needs?	Local Renewal Application; CoC Funding Priorities Survey
5. What are the CoC grant fund costs per permanent housing exit/placement?	APR

NOFA Scorecards by Project Type

The following pages show the NOFA Scorecards for renewal and new projects, including data sources and point values.

2021 Cambridge CoC Program Competition

NOFA Scorecard - Renewal Projects	Data Source (new APR)	Data Source (old APR)	Max	Scale	Score
CLIENT OUTCOMES					
Housing Stability					
% of clients remaining in PH or exiting to permanent destination	Q23a, Q23b	Q29a1, Q29a2	20	> 98%	20
				96 - 97.9%	18
Goal: > 90%				94 - 95.9%	16
				92 - 93.9%	14
				90 - 91.9%	12
				82.5 - 89.9%	10
				75 - 82.4%	8
				67.5 - 74.9%	6
				60 - 67.4%	4
				< 60%	0
Access to income & benefits					
% of adults who increased total income	Q19a3	Q24b3	10	> 40%	10
				40%	8
Goal: > 35%				36 - 39%	6
				32 - 35%	4
				28 - 31%	2
				<28%	0
% of households receiving non-cash benefits	Q20b	Q26a2, Q26b2	10	100%	10
				95 - 99.9%	8
Goal: > 85%				90 - 94.9%	6
				85 - 89.9%	4
				80 - 84.9%	2
				< 80%	0
HUD & LOCAL PRIORITIES					
Housing First					
Project must meet Housing First Threshold as indicated in application.	Project application	Project application	2	Project is Housing First	2
				Not Housing First	0
Priority populations					
Project can receive 1 point for each priority population served (Chronically Homeless, Veterans, Youth, Households with Children). To receive points, at least 50% of households served during the reporting year must be a priority population.	Q5a, Q8	Q8, Q16, Q21	4	4 populations	4
				3 populations	3
				2 populations	2
				1 populations	1
				0 populations	0
Populations with intensive service needs					
Project can receive 1 point for each population with intensive service needs: serious mental illness; substance use; chronic health condition (HIV/AIDS, developmental and physical disability); and domestic violence. To receive points, at least 50% of households served during the reporting year must be a population with intensive service needs.	Q13, Q14	Q18, Q19	4	4 populations	4
				3 populations	3
				2 populations	2
				1 populations	1
				0 populations	0
Dedicated units for Chronically Homeless					
1 points per unit (max 10) plus up to 10 points for percentage of units dedicated (100% = 10, 90%=9, 80%=8, etc.)	HIC / Proj. App.	HIC / Proj. App.	20	# of dedicated CH units	up to 10
				% of dedicated units	up to 10
PROJECT CAPACITY					
HMS Data Quality					
Exits to known destinations	Q6	DQ report	5	< 5%	5
				5 - 20%	4
Maximum points for less than 5% missing destination data. Projects with 0 exits will receive full points.				20 - 40%	3
				40 - 60%	2
				80 - 40%	1
				> 80%	0
Data completeness	Q6	DQ report	10	10 elements <10% error rate	10
Maximum points when error rate is below 10% for each of the following 10 universal data elements: DOB, Race, Ethnicity, Gender, Veteran Status, Relationship to HoH, Disabling Condition, Income at entry, Income at annual assessment, and Income at Exit. Example: 10 points for low error rate on all 10 elements, 7 points for error rate below 10% on 7/10 elements.				9 elements <10% error rate	9
				8 elements <10% error rate	8
				7 elements <10% error rate	7
				6 elements <10% error rate	6
				5 elements <10% error rate	5
				4 elements <10% error rate	4
				3 elements <10% error rate	3
				2 elements <10% error rate	2
				1 element <10% error rate	1
Utilization Rate					
Average daily bed utilization	Q2	Q10, 11	5	> 90%	5
				85 - 90%	3
				80 - 84.9%	1
				< 80%	0
Reporting deadlines					
Project meets all reporting deadlines.	DHSP records	DHSP records	5	All deadlines met	5
				Any deadline missed	0
Expenditures/Recaptures					
Project expends contracted budget.	DHSP records	DHSP records	5	≤ 90% of budget spent	5
				< 90% of budget spent	0
TOTAL SCORE			100		0

NEW PROJECT SCORECARD

Component	Maximum Points	Points Awarded
Experience		
Proposal demonstrates that the applicant is experienced in working with the target population and in providing housing similar to that proposed in the application. Application provides concrete examples showing experience and expertise in working with and addressing the target population's housing and supportive service needs.	15	
Proposal demonstrates that the applicant is experienced with effectively utilizing federal funds and/or other public funding. Application provides concrete examples showing experience in managing basic organization operations including capacity to submit required reports on existing grants, and financial accounting systems to ensure timely expenditures of grant funds.	10	
Project Design and Activities		
Housing First – proposal indicates a clear commitment to a Housing First program design and includes required assurances related to screening and termination, and includes applicant's experience operating or contributing to a Housing First program.	10	
Application clearly describes proposed activities and target population; demonstrates the community's need for the proposed project activities; and demonstrates an understanding of the needs of the clients to be served.	10	
Application demonstrates that the type and location of the housing proposed will fit the needs of the clients to be served. If another entity is providing the housing or subsidy, a letter of commitment must be included with the proposal form.	5	
Application demonstrates a clear plan to assist clients to rapidly secure and maintain housing that is safe, affordable, accessible, and meets their needs.	5	
Application clearly describes how clients will be assisted in obtaining mainstream benefits.	5	
Application clearly describes how clients will be assisted to increase employment and/or income.	5	
Application clearly describes the types of supportive services that will be offered to clients, including the role of project staff and coordination with other providers, to maximize positive outcomes for clients.	5	
Proposal describes client outcome goals that will improve the CoC's progress toward meeting Federal Strategic Plan goals and improving system-level performance.	5	
Financial		
Budget request is reasonable and appropriate, items align with project activities; and costs are within funding guidelines.	15	
Match amount is documented and meets requirements.	5	
Timeliness		
Application clearly describes a plan for rapid implementation of the project, including a schedule of proposed activities for 60 days, 120 days, and 180 days after grant award.	5	
Bonus Points		
Up to 10 points for applications that include letters of commitment for housing (5) and healthcare (5) funding to support proposed project.	10	
Total	110	

PROCESS FOR REALLOCATION

Voluntary Reallocation

Subrecipient agencies must complete a local Renewal Application form for each project for which they are seeking renewal funding. The local Renewal Application includes a section on Voluntary Reallocation that will provide agencies with an opportunity to voluntarily reallocate funds. CoC Board Evaluation Panel members will be responsible for determining how to reallocate funds based on project scores and the CoC's Funding Priorities recommendations.

Involuntary Reallocation

Each Renewal Project¹ will be assessed by Collaborative Applicant staff using the following criteria to determine if reallocation should be considered by the CoC Board's Evaluation Panel. The purpose of the Reallocation Assessment is to determine if renewal projects are underutilized or underperforming. Completed Reallocation Assessments will be provided to the Evaluation Panel alongside Project Scores for review and to inform Reallocation decisions.

Reallocation Assessment

Question	Data Source
1. Has the project had significant recaptures in the past two completed grant cycles? If so, what amounts have been recaptured?	NOFA Scorecard; Annual Performance Report (APR)
2. Does the project contribute to the CoC's progress in improving System Level Performance?	NOFA Scorecard; APR
3. Does the project contribute to the CoC's progress in meeting HUD's Policy Priorities?	Local Renewal Application
4. Does the project align with local funding priorities and CoC programming needs?	Local Renewal Application; CoC Funding Priorities Survey
5. What are the CoC grant fund costs per permanent housing exit/placement?	APR

Applying for New Projects using Reallocated Funds

New and existing agencies are encouraged to apply for new projects using reallocation funds. Interested agencies should review materials posted on the CoC's website, and should reach out to DHSP staff to discuss any questions related to the process.

All agencies interested in submitting an application for a new project in the 2021 competition must complete and submit a New Project proposal form. The CoC Board's Evaluation Panel will evaluate and score all New Project proposals. Depending on the number of proposals received and the amount of reallocation funds available, the Panel will determine whether New Projects will be submitted as PH Bonus Projects or as Reallocation projects.

¹ First time renewal projects cannot be reallocated.

1E-2: PROJECT REVIEW AND SELECTION PROCESS

- Scoring Tool
- copy of one scored project application form
- final project scores for ranked projects – shown in 2021 Project Ranking List document, posted to CoC website on 11/1/2021

Project Name

Start Date

End Date

Q2. Total beds/units
Total CH beds #DIV/0!

Q5. Total clients
Total adults
Total leavers

DATA QUALITY (Q6)	dk/r/m	Error Rate
DOB	0	#DIV/0!
Race	0	#DIV/0!
Ethnicity	0	#DIV/0!
Gender	0	#DIV/0!
Veteran Status	0	#DIV/0!
Disabling Condition	0	#DIV/0!
Income (entry)	0	#DIV/0!
Income (exit)	0	#DIV/0!
Relationship to HoH	0	#DIV/0!
Income (annual)	0	#DIV/0!
Destination	0	#DIV/0!

of elements <10% error 0

Q8. HH With Children #DIV/0!

Q8. Total HH Served

Q2. Avg. daily bed utilization

Q11. 18-24, Without Children #DIV/0!

Q13a1. Mental Illness #DIV/0!

Q13a1. Alcohol + Drug Abuse #DIV/0!

Q13a1. Chronic+HIV+DD+PD #DIV/0!

Q14. DV #DIV/0!

Q5a. Veterans #DIV/0!

Q5a. CH #DIV/0!

ACCESS TO INCOME/BENEFITS
Q19a. % with increased total income

Q20b. Total with 1+ source at annual
Q20b. Total with 1+ source at exit
Total leavers + stayers w/ 1+ source 0 #DIV/0!

HOUSING STABILITY
Q23c. Permanent total
Total stayers 0
% successful exits/retention 0 #DIV/0!

EXPENDITURES
Amount of Contract
Q28. Total Expenses + Admin
Unspent funds \$0 #DIV/0!
Percent spent #DIV/0!
PRIOR YEAR RECAPTURE

PRIORITY POPULATIONS
of populations with 50%+ 0
(at least 50% of HH served meet criteria)

INTENSIVE SERVICE NEEDS
of populations with 50%+ 0
(at least 50% of HH served meet criteria)

Cambridge CoC - CoC Program Renewal Scorecard FY21 NOFA

0	Data Source	Data Source (old)	Performance	Max	Scale	Score
CLIENT OUTCOMES						
Housing Stability						
% of clients remaining in PH or exiting to permanent destination	Q23a, Q23b	Q29a1, Q29a2	#DIV/0!	20	> 98%	20
					96 - 97.9%	18
Goal: > 90%					94 - 95.9%	16
					92 - 93.9%	14
					90 - 91.9%	12
					82.5 - 89.9%	10
					75 - 82.4%	8
					67.5 - 74.9%	6
					60 - 67.4%	4
					< 60%	0
Access to income & benefits						
% of adults who increased total income	Q19a3	Q24b3	0%	10	> 40%	10
					40%	8
Goal: > 35%					36 - 39%	6
					32 - 35%	4
					28 - 31%	2
					<28%	0
% of households receiving non-cash benefits	Q20b	Q26a2, Q26b2	#DIV/0!	10	100%	10
					95 - 99.9%	8
Goal: > 85%					90 - 94.9%	6
					85 - 89.9%	4
					80 - 84.9%	2
					< 80%	0
HUD & LOCAL PRIORITIES						
Housing First						
Project must meet Housing First Threshold as indicated in application.	Project applic	Project application	HF	2	Project is Housing First	2
					Not Housing First	0
Priority populations						
Project can receive 1 point for each priority population served (Chronically Homeless, Veterans, Youth, Households with Children). To receive points, at least 50% of households served during the reporting year must be a priority population.	Q5a, Q8	Q8, Q16, Q21	0	4	4 populations	4
					3 populations	3
					2 populations	2
					1 populations	1
					0 populations	0
Populations with intensive service needs						
Project can receive 1 point for each population with intensive service needs: serious mental illness; substance use; chronic health condition (HIV/AIDS, developmental and physical disability); and domestic violence. To receive points, at least 50% of households served during the reporting year must be a population with intensive service needs.	Q13, Q14	Q18, Q19	0	4	4 populations	4
					3 populations	3
					2 populations	2
					1 populations	1
					0 populations	0
Dedicated units for Chronically Homeless						
1 points per unit (max 10) plus up to 10 points for percentage of units dedicated (100% = 10, 90%=9, 80%=8, etc.)	HIC / Proj. Ap	HIC / Proj. App.	0	20	# of dedicated CH units	up to 10
			#DIV/0!		% of dedicated units	up to 10
PROJECT CAPACITY						
HMIS Data Quality						
Exits to known destinations	Q6	DQ report	#DIV/0!	5	< 5%	5
					5 - 20%	4
Maximum points for less than 5% missing destination data. Projects with 0 exits will receive full points.					20 - 40%	3
					40 - 60%	2
					80 - 40%	1
					> 80%	0
Data completeness	Q6	DQ report	0	10	10 elements <10% error rate	10
Maximum points when error rate is below 10% for each of the following 10 universal data elements: DOB, Race, Ethnicity, Gender, Veteran Status, Relationship to HoH, Disabling Condition, Income at entry, Income at annual assessment, and Income at Exit. Example: 10 points for low error rate on all 10 elements, 7 points for error rate below 10% on 7/10 elements.					9 elements <10% error rate	9
					8 elements <10% error rate	8
					7 elements <10% error rate	7
					6 elements <10% error rate	6
					5 elements <10% error rate	5
					4 elements <10% error rate	4
					3 elements <10% error rate	3
					2 elements <10% error rate	2
					1 element <10% error rate	1
Utilization Rate						
Average daily bed utilization	Q2	Q10, 11	0%	5	> 90%	5
					85 - 90%	3
					80 - 84.9%	1
					< 80%	0
Reporting deadlines						
Project meets all reporting deadlines.	DHSP records	DHSP records		5	All deadlines met	5
					Any deadline missed	0
Expenditures/Recaptures						
Project expends contracted budget.	DHSP records	DHSP records	#DIV/0!	5	≤ 90% of budget spent	5
					< 90% of budget spent	0
TOTAL SCORE				100		0

FY21 COC REALLOCATION ASSESSMENT

Project Name | 0

1. Has the project had significant recaptures in the past two completed grant cycles?

Recapture amount	<input type="text" value="\$0.00"/>	#DIV/0!
Recapture amount	<input type="text" value="\$0.00"/>	
	\$0.00	

2. Does the project contribute to the CoC's progress in improving System Level Performance?

SPM 4	Percentage of adults who increased total income	<input type="text" value="0%"/>
SPM 7	% successful exits/retention of permanent housing	<input type="text" value="#DIV/0!"/>

3. Does the project contribute to the CoC's progress in meeting HUD Policy Priorities?

Project contributes to at least one of HUD's priority subpopulations	<input type="checkbox"/>
Project uses a Housing First Approach	<input type="checkbox"/>
Project maximizes mainstream resources	<input type="checkbox"/>
Project contributes to Coordinated Entry and/or promotes client choice	<input type="checkbox"/>

4. Does the project align with local funding priorities and CoC programming needs?

5. What are the CoC grant fund costs per permanent housing exit/placement?

Contract amount	=	\$0	=	#DIV/0!
number of successful exits & retentions		0		

Based on responses above, is reallocation recommended?

Project Name	0
CLIENT OUTCOMES	
% of clients remaining in PH	#DIV/0!
% of adults with increased income	0%
% of households receiving benefits	#DIV/0!
HUD & LOCAL PRIORITIES	
Project is Housing First	Yes
# of priority populations served	0
# of populations with intensive service needs	0
# of dedicated units for CH	0
% of dedicated units for CH	#DIV/0!
DATA QUALITY & PROJECT CAPACITY	
% of records missing destination	#DIV/0!
# of elements with <10% error rate	0
Average daily bed utilization	0%
Project met reporting deadlines	Yes
% of budget spent	#DIV/0!
TOTAL SCORE	0
REALLOCATION ASSESSMENT	
Significant recaptures? (>10% of grant)	0
Most recent recapture amount	0
Contribute to improving System Performance?	0
SPM 4 - adults w/ increased income	0%
SPM 7 - successful exits / retention	#DIV/0!
Contribute to HUD Policy Priorities?	0
Align with local funding priorities and needs?	0
Costs per PH exit or placement	#DIV/0!
Reallocation Recommended?	0

Project Name

Heading Home: Stepping Stone PSH

Start Date

10/1/2019

Grant Number

MA0317L1T091810

End Date

9/30/2020

Name of Person Completing Scorecard

Liz Magargee

Q2. Total beds/units

31

ACCESS TO INCOME/BENEFITS

Total CH beds

31

100%

Q19a. % with increased total income

54%

15/28

Q5. Total clients

32

Q20b. Total with 1+ source at annual

16

Total adults

30

Q20b. Total with 1+ source at exit

1

Total leavers

3

Total leavers + stayers w/ 1+ source

17

53%

DATA QUALITY (Q6)

dk/r/m

Error Rate

DOB

1

3%

HOUSING STABILITY

Race

0

0%

Q23c. Permanent total

1

2 leavers excluded (1 deceased, 1 long-term care)

Ethnicity

0

0%

Total stayers

29

Gender

0

0%

% successful exits/retention

30

100%

Veteran Status

0

0%

EXPENDITURES

Disabling Condition

0

0%

Amount of Contract

\$487,315

Income (entry)

0

0%

Q28. Total Expenses + Admin

\$483,382

Income (exit)

0

0%

Unspent funds

\$3,933

1%

Relationship to HoH

0

0%

Percent spent

99%

Income (annual)

0

0%

PRIOR YEAR RECAPTURE

\$0.00

Destination

0

0%

of elements <10% error

10

PRIORITY POPULATIONS

Q8. HH With Children

2

7%

of populations with 50%+

1

(at least 50% of HH served meet criteria)

Q8. Total HH Served

27

Q2. Avg. daily bed utilization

96%

Q11. 18-24, Without Children

2

7%

INTENSIVE SERVICE NEEDS

Q13a1. Mental Illness

24

75%

of populations with 50%+

3

(at least 50% of HH served meet criteria)

Q13a1. Alcohol + Drug Abuse

17

53%

Q13a1. Chronic+HIV+DD+PD

19

59%

Q14. DV

7

22%

Q5a. Veterans

0

0%

Q5a. CH

27

84%

Cambridge CoC - CoC Program Renewal Scorecard FY21 NOFA

Heading Home: Stepping Stone PSH		Data Source	Data Source (old)	Performance	Max	Scale	Score
CLIENT OUTCOMES							
Housing Stability							
% of clients remaining in PH or exiting to permanent destination	Q23a, Q23b	Q29a1, Q29a2	100%	20	> 98%	20	20
					96 - 97.9%	18	
Goal: > 90%					94 - 95.9%	16	
					92 - 93.9%	14	
					90 - 91.9%	12	
					82.5 - 89.9%	10	
					75 - 82.4%	8	
					67.5 - 74.9%	6	
					60 - 67.4%	4	
					< 60%	0	
Access to income & benefits							
% of adults who increased total income	Q19a3	Q24b3	54%	10	> 40%	10	10
					40%	8	
Goal: > 35%					36 - 39%	6	
					32 - 35%	4	
					28 - 31%	2	
					<28%	0	
% of households receiving non-cash benefits	Q20b	Q26a2, Q26b2	53%	10	100%	10	
					95 - 99.9%	8	
Goal: > 85%					90 - 94.9%	6	
					85 - 89.9%	4	
					80 - 84.9%	2	
					< 80%	0	0
HUD & LOCAL PRIORITIES							
Housing First							
Project must meet Housing First Threshold as indicated in application.	Project applic	Project application	HF	2	Project is Housing First	2	2
					Not Housing First	0	
Priority populations							
Project can receive 1 point for each priority population served (Chronically Homeless, Veterans, Youth, Households with Children). To receive points, at least 50% of households served during the reporting year must be a priority population.	Q5a, Q8	Q8, Q16, Q21	1	4	4 populations	4	
					3 populations	3	
					2 populations	2	
					1 populations	1	1
					0 populations	0	
Populations with intensive service needs							
Project can receive 1 point for each population with intensive service needs: serious mental illness; substance use; chronic health condition (HIV/AIDS, developmental and physical disability); and domestic violence. To receive points, at least 50% of households served during the reporting year must be a population with intensive service needs.	Q13, Q14	Q18, Q19	3	4	4 populations	4	
					3 populations	3	3
					2 populations	2	
					1 populations	1	
					0 populations	0	
Dedicated units for Chronically Homeless							
1 points per unit (max 10) plus up to 10 points for percentage of units dedicated (100% = 10, 90%=9, 80%=8, etc.)	HIC / Proj. Ap	HIC / Proj. App.	31	20	# of dedicated CH units	up to 10	10
					% of dedicated units	up to 10	10
			100%				
PROJECT CAPACITY							
HMIS Data Quality							
Exits to known destinations	Q6	DQ report	0%	5	< 5%	5	5
					5 - 20%	4	
Maximum points for less than 5% missing destination data. Projects with 0 exits will receive full points.					20 - 40%	3	
					40 - 60%	2	
					80 - 40%	1	
					> 80%	0	
Data completeness	Q6	DQ report	10	10	10 elements <10% error rate	10	10
Maximum points when error rate is below 10% for each of the following 10 universal data elements: DOB, Race, Ethnicity, Gender, Veteran Status, Relationship to HoH, Disabling Condition, Income at entry, Income at annual assessment, and Income at Exit. Example: 10 points for low error rate on all 10 elements, 7 points for error rate below 10% on 7/10 elements.					9 elements <10% error rate	9	
					8 elements <10% error rate	8	
					7 elements <10% error rate	7	
					6 elements <10% error rate	6	
					5 elements <10% error rate	5	
					4 elements <10% error rate	4	
					3 elements <10% error rate	3	
					2 elements <10% error rate	2	
					1 element <10% error rate	1	
Utilization Rate	Q2	Q10, 11	96%	5	> 90%	5	5
Average daily bed utilization					85 - 90%	3	
					80 - 84.9%	1	
					< 80%	0	
Reporting deadlines	DHSP records	DHSP records		5	All deadlines met	5	5
Project meets all reporting deadlines.					Any deadline missed	0	
Expenditures/Recaptures	DHSP records	DHSP records	99%	5	≤ 90% of budget spent	5	5
Project expends contracted budget.					< 90% of budget spent	0	
TOTAL SCORE					100		86

FY21 COC REALLOCATION ASSESSMENT

Project Name | Heading Home: Stepping Stone PSH

1. Has the project had significant recaptures in the past two completed grant cycles?

No

Recapture amount	\$3,933.00	1%
Recapture amount	\$0.00	
	\$3,933.00	

2. Does the project contribute to the CoC's progress in improving System Level Performance?

Yes

SPM 4	Percentage of adults who increased total income	54%
SPM 7	% successful exits/retention of permanent housing	100%

3. Does the project contribute to the CoC's progress in meeting HUD Policy Priorities?

Yes

Project contributes to at least one of HUD's priority subpopulations	Y
Project uses a Housing First Approach	Y
Project maximizes mainstream resources	Y
Project contributes to Coordinated Entry and/or promotes client choice	Y

4. Does the project align with local funding priorities and CoC programming needs?

Yes

5. What are the CoC grant fund costs per permanent housing exit/placement?

$$\frac{\text{Contract amount}}{\text{number of successful exits \& retentions}} = \frac{\$487,315}{30} = \$16,244$$

Based on responses above, is reallocation recommended?

No

Project Name

Heading Home: Stepping Stone PSH

CLIENT OUTCOMES

% of clients remaining in PH	100%
% of adults with increased income	54%
% of households receiving benefits	53%

HUD & LOCAL PRIORITIES

Project is Housing First	Yes
# of priority populations served	1
# of populations with intensive service needs	3
# of dedicated units for CH	31
% of dedicated units for CH	100%

DATA QUALITY & PROJECT CAPACITY

% of records missing destination	0%
# of elements with <10% error rate	10
Average daily bed utilization	96%
Project met reporting deadlines	Yes
% of budget spent	99%
TOTAL SCORE	86

REALLOCATION ASSESSMENT

Significant recaptures? (>10% of grant)	No
Most recent recapture amount	3933
Contribute to improving System Performance?	Yes
SPM 4 - adults w/ increased income	54%
SPM 7 - successful exits / retention	100%
Contribute to HUD Policy Priorities?	Yes
Align with local funding priorities and needs?	Yes
Costs per PH exit or placement	16243.83333
Reallocation Recommended?	No

**2021 Cambridge CoC
Project Scores and Ranks**

Project	Type	Score	Amount	Cumulative Total	
1 HomeStart: Going Home PSH	PH - PSH	89	\$855,077	\$855,077	
2 Heading Home: Cambridge Stepping Stone PSH	PH - PSH	86	\$721,946	\$1,577,023	
3 HomeStart: Key PSH	PH - PSH	86	\$1,180,226	\$2,757,249	
4 Heading Home: Solid Ground PSH	PH - PSH	82	\$134,086	\$2,891,335	
5 TRA Consolidated	PH - PSH	77	\$333,981	\$3,225,316	
6 Heading Home: Cambridge Homeless to Housing PSH	PH - PSH	74	\$406,413	\$3,631,729	
7 AAC: Supportive Housing Ending Homelessness	PH - PSH	66	\$165,354	\$3,797,083	
8 PRA: YMCA SRO Project	PH - PSH	64	\$218,069	\$4,015,152	
9 Transition House: T-House PSH	PH - PSH	63	\$350,511	\$4,365,663	
10 Bay Cove: Bridge PSH	PH - PSH	61	\$128,177	\$4,493,840	
11 Cambridge Coordinated Intake	SSO - CI	67	\$515,075	\$5,008,915	
12 Cambridge Dedicated HMIS	HMIS	67	\$35,000	\$5,043,915	
13 Transition House: T-House PSH Expansion [BONUS]	PSH Exp	99	\$93,412	\$5,137,327	
14 TRA Consolidated Expansion [BONUS]	PSH Exp	98	\$13,366	\$5,150,693	
15 AAC: Supportive Housing Ending Homelessness Expansion [BONUS]	PSH Exp	98	\$21,275	\$5,171,968	
16 PRA: YMCA SRO Project [BONUS]	PSH Exp	98	\$28,789	\$5,200,757	
17 AAC: Youth Rapid Rehousing Project	PH - RRH	29	\$161,189	\$5,361,946	
18 Transition House: Rapid Rehousing Project	PH - RRH	27	\$138,941	\$5,500,887	
19 Bay Cove: Rapid Rehousing Project	PH - RRH - SC	51	\$212,618	\$5,713,505	TIER 1
19 Bay Cove: Rapid Rehousing Project	PH - RRH		\$156,842	\$5,870,347	TIER 2
20 Transition House: Rapid Rehousing Project Expansion [DV BONUS]	RRH Exp	99	\$115,236	\$5,985,583	
21 Cambridge Coordinated Intake Expansion [BONUS]	SSO - Exp	92	\$78,320	\$6,063,903	
22 Cambridge Dedicated HMIS Expansion [BONUS]	HMIS - Exp	67	\$50,513	\$6,114,416	
FY 2021 CoC Planning Grant (not ranked)	Planning		\$171,405	\$6,285,821	

Tier 1 Maximum (100% of Annual Renewal Demand)	\$5,713,505
Tier 2	\$400,911
Planning Grant	\$171,405
TOTAL APPLICATION REQUEST	\$6,285,821

DV Bonus Request	\$115,236
"Standard" Bonus Request	\$285,675

- RANKING PRIORITIES
1. PSH Renewal
 2. HUD Mandated Projects (HMIS, Coordinated Intake)
 3. PSH Expansion
 4. RRH Renewal
 5. RRH Renewal - subrecipient change (SC)
 6. RRH Expansion
 7. Other Expansion

Projects are ranked by score within each prioritized category.

1E-5: PROJECTS REJECTED/REDUCED

- NA – no projects rejected or reduced in 2021 competition

1E-5a: PUBLIC POSTING- PROJECTS ACCEPTED

- Individual emails to project applicants
- Public posting on 11/1/2021 to CoC website of 2021 Project Rankings List
- 2021 Project Rankings List that was attached to individual emails and posted online

Mengers, Elizabeth

From: Mengers, Elizabeth
Sent: Monday, November 1, 2021 5:00 PM
To: Justine Kahn; Kristen Lascoe; Yahaira Bautista
Cc: Woods, Anthony
Subject: 2021 Cambridge CoC rankings - AAC/Fenway
Attachments: 2021 MA 509 Ranking.pdf; AAC_SHEH_FY21_Scorecard.xlsx; AAC_YRRH_FY21 Scorecard.xlsx

Good afternoon,

I'm writing to update you on the decisions made by the CoC Board's Evaluation Panel for the 2021 CoC Program competition. The Panel met last week to work through the difficult strategic resource allocation decisions required for the 2021 submission to HUD. Each of your agency's project applications have been accepted and will be ranked on the CoC's Priority Listing.

As shown in the attached ranking document, the rankings prioritize preservation of funding for existing Permanent Supportive Housing (PSH) projects, expansion of PSH projects, projects that support mandated functions (HMIS and Coordinated Entry), and Rapid Rehousing (RRH) renewals. Expansions of RRH and Other (SSO-CI and HMIS) project types are prioritized lowest. The Panel decided on the rankings using the scores of renewal and new project submissions, results of the CoC Funding Priorities survey, and consideration of HUD's Policy Priorities and selection methods.

The scoring workbooks for each of your agency's renewal projects are attached to this email. Projects supporting mandated functions (HMIS and C-CAN) and those without a full year of performance data have been assigned the average score and ranked accordingly.

Each of your expansion requests have been approved and ranked in Tier 1. We will be in touch if any additional information is needed as we work to complete the forms in the esnaps system.

Thank you for your ongoing partnership and work to serve the Cambridge community. Please feel free to contact us if you have questions or would like to discuss the rankings in more detail.

Thanks,
Liz

Liz Mengers Magargee (she, her, hers)
Planning & Development Manager
City of Cambridge | Department of Human Service Programs
617-349-6209

Mengers, Elizabeth

From: Mengers, Elizabeth
Sent: Monday, November 1, 2021 4:59 PM
To: Theresa Young
Cc: 'Levin, Josh'; Payack, Michael
Subject: 2021 Cambridge CoC rankings
Attachments: 2021 MA 509 Ranking.pdf; BayCove_Bridge_FY21_Scorecard.xlsx

Hi Theresa,

I'm writing to update you on the decisions made by the CoC Board's Evaluation Panel for the 2021 CoC Program competition. The Panel met last week to work through the difficult strategic resource allocation decisions required for the 2021 submission to HUD. Each of your agency's project applications have been accepted and will be ranked on the CoC's Priority Listing.

As shown in the attached ranking document, the rankings prioritize preservation of funding for existing Permanent Supportive Housing (PSH) projects, expansion of PSH projects, projects that support mandated functions (HMIS and Coordinated Entry), and Rapid Rehousing (RRH) renewals. Expansions of RRH and Other (SSO-CI and HMIS) project types are prioritized lowest. The Panel decided on the rankings using the scores of renewal and new project submissions, results of the CoC Funding Priorities survey, and consideration of HUD's Policy Priorities and selection methods.

The scoring workbooks for each of your agency's renewal projects are attached to this email. Projects supporting mandated functions (HMIS and C-CAN) and those without a full year of performance data have been assigned the average score and ranked accordingly.

Please note that the RRH project "straddles" Tier 1 and Tier 2. In prior years, projects that straddle tiers have been fully funded by HUD. We are hopeful this will continue. However, in the case that only Tier 1 portion is funded, the Evaluation Panel discussed that the project – and potential future reallocations to PSH – will still be viable with a reduced budget (\$212,618 in Tier 1). The Expansion request for First Step will be submitted as an SSO-CI expansion request and has been ranked in Tier 2. Please let me know if you have any questions about this. We will be in touch with any questions as we work to complete the esnaps forms for the Expansion project request.

Thank you for your ongoing partnership and work to serve the Cambridge community. Please feel free to contact us if you have questions or would like to discuss the rankings in more detail.

Thanks,
Liz

Liz Mengers Magargee (she, her, hers)
Planning & Development Manager
City of Cambridge | Department of Human Service Programs
617-349-6209

Mengers, Elizabeth

From: Mengers, Elizabeth
Sent: Monday, November 1, 2021 4:59 PM
To: Hannah Bolcome
Cc: 'Levin, Josh'; Woods, Anthony
Subject: 2021 Cambridge CoC rankings - CHA
Attachments: 2021 MA 509 Ranking.pdf; TRA_Consolidated_FY21_Scorecard.xlsx;
CHA_PRA_YMCA_FY21_Scorecard.xlsx

Hi Hannah,

I'm writing to update you on the decisions made by the CoC Board's Evaluation Panel for the 2021 CoC Program competition. The Panel met last week to work through the difficult strategic resource allocation decisions required for the 2021 submission to HUD. Each of your agency's project applications have been accepted and will be ranked on the CoC's Priority Listing.

As shown in the attached ranking document, the rankings prioritize preservation of funding for existing Permanent Supportive Housing (PSH) projects, expansion of PSH projects, projects that support mandated functions (HMIS and Coordinated Entry), and Rapid Rehousing (RRH) renewals. Expansions of RRH and Other (SSO-CI and HMIS) project types are prioritized lowest. The Panel decided on the rankings using the scores of renewal and new project submissions, results of the CoC Funding Priorities survey, and consideration of HUD's Policy Priorities and selection methods.

The scoring workbooks for each of your agency's renewal projects are attached to this email. Projects supporting mandated functions (HMIS and C-CAN) and those without a full year of performance data have been assigned the average score and ranked accordingly.

Please note that AAC/Fenway requested expansion funds to support services in the former S+C projects (PRA and TRA Consolidated). These projects have been approved by the Evaluation Panel and AAC/Fenway will be added as a subrecipient to these projects in the expansion requests. This will not impact the amount CHA receives as the subrecipient administering Rental Assistance.

Thank you for your ongoing partnership and work to serve the Cambridge community. Please feel free to contact us if you have questions or would like to discuss the rankings in more detail.

Thanks,
Liz

Liz Mengers Magargee (she, her, hers)
Planning & Development Manager
City of Cambridge | Department of Human Service Programs
617-349-6209

Mengers, Elizabeth

From: Mengers, Elizabeth
Sent: Monday, November 1, 2021 4:59 PM
To: Keith Wales
Cc: 'Levin, Josh'
Subject: 2021 Cambridge CoC rankings - CCAN
Attachments: 2021 MA 509 Ranking.pdf

Good afternoon,

I'm writing to update you on the decisions made by the CoC Board's Evaluation Panel for the 2021 CoC Program competition. The Panel met last week to work through the difficult strategic resource allocation decisions required for the 2021 submission to HUD. Each of your agency's project applications have been accepted and will be ranked on the CoC's Priority Listing.

As shown in the attached ranking document, the rankings prioritize preservation of funding for existing Permanent Supportive Housing (PSH) projects, expansion of PSH projects, projects that support mandated functions (HMIS and Coordinated Entry), and Rapid Rehousing (RRH) renewals. Expansions of RRH and Other (SSO-CI and HMIS) project types are prioritized lowest. The Panel decided on the rankings using the scores of renewal and new project submissions, results of the CoC Funding Priorities survey, and consideration of HUD's Policy Priorities and selection methods.

The scoring workbooks for each of your agency's renewal projects are attached to this email. Projects supporting mandated functions (HMIS and C-CAN) and those without a full year of performance data have been assigned the average score and ranked accordingly.

Thank you for your ongoing partnership and work to serve the Cambridge community. Please feel free to contact us if you have questions or would like to discuss the rankings in more detail.

Thanks,
Liz

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Mengers, Elizabeth

From: Mengers, Elizabeth
Sent: Monday, November 1, 2021 5:00 PM
To: Lisa Schorr Kaplan; David Parilla
Cc: 'Mengers, Elizabeth'; Woods, Anthony
Subject: 2021 Cambridge CoC rankings - Heading Home
Attachments: 2021 MA 509 Ranking.pdf; HH_H2H_FY21 Scorecard.xlsx; HH_SS_FY21 Scorecard.xlsx; Heading Home_Solid Ground FY21 Scorecard.xlsx

Good afternoon,

I'm writing to update you on the decisions made by the CoC Board's Evaluation Panel for the 2021 CoC Program competition. The Panel met last week to work through the difficult strategic resource allocation decisions required for the 2021 submission to HUD. Each of your agency's project applications have been accepted and will be ranked on the CoC's Priority Listing.

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Thank you for your ongoing partnership and work to serve the Cambridge community. Please feel free to contact us if you have questions or would like to discuss the rankings in more detail.

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Liz

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Mengers, Elizabeth

From: Mengers, Elizabeth
Sent: Monday, November 1, 2021 5:00 PM
To: mulligan@homestart.org
Cc: 'Levin, Josh'
Subject: 2021 Cambridge CoC rankings - HomeStart
Attachments: 2021 MA 509 Ranking.pdf; HS_Key_FY21_Scorecard.xlsx; HS_GH_FY21_Scorecard.xlsx

Hi Kelly,

I'm writing to update you on the decisions made by the CoC Board's Evaluation Panel for the 2021 CoC Program competition. The Panel met last week to work through the difficult strategic resource allocation decisions required for the 2021 submission to HUD. Each of your agency's project applications have been accepted and will be ranked on the CoC's Priority Listing.

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Thank you for your ongoing partnership and work to serve the Cambridge community. Please feel free to contact us if you have questions or would like to discuss the rankings in more detail.

Thanks,
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Mengers, Elizabeth

From: Mengers, Elizabeth
Sent: Monday, November 1, 2021 5:00 PM
To: Sarah Gyorog; Ronit Barkai; Jassie Senwah
Cc: Payack, Michael
Subject: 2021 Cambridge CoC rankings - Transition House
Attachments: 2021 MA 509 Ranking.pdf; THouse_PSH_FY21_Scorecard.xlsx; THouse_RRH_FY21_Scorecard.xlsx

Good afternoon,

I'm writing to update you on the decisions made by the CoC Board's Evaluation Panel for the 2021 CoC Program competition. The Panel met last week to work through the difficult strategic resource allocation decisions required for the 2021 submission to HUD. Each of your agency's project applications have been accepted and will be ranked on the CoC's Priority Listing.

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The scoring workbooks for each of your agency's renewal projects are attached to this email. Projects supporting mandated functions (HMIS and C-CAN) and those without a full year of performance data have been assigned the average score and ranked accordingly.

Because the submissions the CoC received for "standard" Bonus funds did not exceed the maximum allowed, the Evaluation Panel determined that rather than simultaneously reallocating from and expanding the Transition House DV RRH renewal project, it would be better to simply expand the DV PSH project using "standard" bonus funds. The DV Bonus expansion request was subsequently reduced by \$93,412, the amount originally planned to be reallocated. Please let us know if there are any questions about this. We will be in touch with any questions or clarifications on the expansion requests as we work to complete the esnaps forms in the next 2 weeks.

Thank you for your ongoing partnership and work to serve the Cambridge community. Please feel free to contact us if you have questions or would like to discuss the rankings in more detail.

Thanks,
Liz

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November 1, 2021

2021 CoC Project Ranking List

The Project Ranking List for the 2021 CoC competition is available on the CoC's website. This listing includes all projects that have been approved and ranked for inclusion in the Cambridge CoC's annual submission to HUD for CoC Program funds. The 2021 Ranking list is available here: <https://www.cambridgecoc.org/s/2021-MA-509-Ranking.pdf>



NEXT

[Information on Cambridge Emergency Housing Vouchers \(EHV\)](#)

**2021 Cambridge CoC
Project Scores and Ranks**

Project	Type	Score	Amount	Cumulative Total	
1 HomeStart: Going Home PSH	PH - PSH	89	\$855,077	\$855,077	
2 Heading Home: Cambridge Stepping Stone PSH	PH - PSH	86	\$721,946	\$1,577,023	
3 HomeStart: Key PSH	PH - PSH	86	\$1,180,226	\$2,757,249	
4 Heading Home: Solid Ground PSH	PH - PSH	82	\$134,086	\$2,891,335	
5 TRA Consolidated	PH - PSH	77	\$333,981	\$3,225,316	
6 Heading Home: Cambridge Homeless to Housing PSH	PH - PSH	74	\$406,413	\$3,631,729	
7 AAC: Supportive Housing Ending Homelessness	PH - PSH	66	\$165,354	\$3,797,083	
8 PRA: YMCA SRO Project	PH - PSH	64	\$218,069	\$4,015,152	
9 Transition House: T-House PSH	PH - PSH	63	\$350,511	\$4,365,663	
10 Bay Cove: Bridge PSH	PH - PSH	61	\$128,177	\$4,493,840	
11 Cambridge Coordinated Intake	SSO - CI	67	\$515,075	\$5,008,915	
12 Cambridge Dedicated HMIS	HMIS	67	\$35,000	\$5,043,915	
13 Transition House: T-House PSH Expansion [BONUS]	PSH Exp	99	\$93,412	\$5,137,327	
14 TRA Consolidated Expansion [BONUS]	PSH Exp	98	\$13,366	\$5,150,693	
15 AAC: Supportive Housing Ending Homelessness Expansion [BONUS]	PSH Exp	98	\$21,275	\$5,171,968	
16 PRA: YMCA SRO Project [BONUS]	PSH Exp	98	\$28,789	\$5,200,757	
17 AAC: Youth Rapid Rehousing Project	PH - RRH	29	\$161,189	\$5,361,946	
18 Transition House: Rapid Rehousing Project	PH - RRH	27	\$138,941	\$5,500,887	
19 Bay Cove: Rapid Rehousing Project	PH - RRH - SC	51	\$212,618	\$5,713,505	TIER 1
19 Bay Cove: Rapid Rehousing Project	PH - RRH		\$156,842	\$5,870,347	TIER 2
20 Transition House: Rapid Rehousing Project Expansion [DV BONUS]	RRH Exp	99	\$115,236	\$5,985,583	
21 Cambridge Coordinated Intake Expansion [BONUS]	SSO - Exp	92	\$78,320	\$6,063,903	
22 Cambridge Dedicated HMIS Expansion [BONUS]	HMIS - Exp	67	\$50,513	\$6,114,416	
FY 2021 CoC Planning Grant (not ranked)	Planning		\$171,405	\$6,285,821	

Tier 1 Maximum (100% of Annual Renewal Demand)	\$5,713,505
Tier 2	\$400,911
Planning Grant	\$171,405
TOTAL APPLICATION REQUEST	\$6,285,821

DV Bonus Request	\$115,236
"Standard" Bonus Request	\$285,675

- RANKING PRIORITIES
1. PSH Renewal
 2. HUD Mandated Projects (HMIS, Coordinated Intake)
 3. PSH Expansion
 4. RRH Renewal
 5. RRH Renewal - subrecipient change (SC)
 6. RRH Expansion
 7. Other Expansion

Projects are ranked by score within each prioritized category.