Before Starting the CoC Application

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

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

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

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

Your CoC Must Approve the Consolidated Application before You Submit It

- 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2022 CoC Program Competition on behalf of your CoC.
- 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.

Answering Multi-Part Narrative Questions

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

Attachments

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

- Attachments must match the questions they are associated with–if we do not award points for evidence you upload and associate with the wrong question, this is not a valid reason for you to appeal HUD's funding determination.
- We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).

1A. Continuum of Care (CoC) Identification

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

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

1A-1. CoC Name and Number: 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: City of Cambridge Department of Human Service Prog

1B. Coordination and Engagement–Inclusive Structure and Participation

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
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- Frequently Asked Questions

1B-1.	**Inclusive Structure and Participation–Participation in Coordinated Entry.**	
	NOFO Sections VII.B.1.a.(1), VII.B.1.e., VII.B.1.p., and VII.B.1.r.	

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

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

17.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes	No	Yes
18.	Organizations led by and serving LGBTQ+ persons	Yes	Yes	Yes
19.	Organizations led by and serving people with disabilities	Yes	No	No
20.	Other homeless subpopulation advocates	Yes	No	Yes
21.	Public Housing Authorities	Yes	Yes	Yes
22.	School Administrators/Homeless Liaisons	Yes	No	No
23.	State Domestic Violence Coalition	No	No	No
24.	State Sexual Assault Coalition	No	No	No
25.	Street Outreach Team(s)	Yes	Yes	Yes
26.	Substance Abuse Advocates	Yes	No	No
27.	Substance Abuse Service Organizations	Yes	Yes	Yes
28.	Victim Service Providers	Yes	Yes	Yes
29.	Domestic Violence Advocates	Yes	Yes	Yes
30.	Other Victim Service Organizations	No	No	No
31.	Youth Advocates	Yes	No	No
32.	Youth Homeless Organizations	Yes	Yes	Yes
33.	Youth Service Providers	Yes	Yes	Yes
	Other: (limit 50 characters)			
34.				
35.				

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

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

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

(limit 2,500 characters)

1. 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: https://www.cambridgecoc.org/.

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 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 2,500 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 Cityhosted 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. From May - November 2021, the CoC in partnership with the City of Cambridge formed an Ad Hoc group to make recommendations on how to improve the response to homelessness in our community. Recommendations are focused on prevention, crisis intervention, long-term solutions and cross-cutting issues. The recommendations from this group of diverse stakeholders helped to secure ARPA - State and Local Fiscal Relief Funds for projects to improve the community's approach to preventing and ending homelessness.

1B-4.	Public Notification for Proposals from Organizations Not Previously Awarded CoC Program Funding.	
	NOFO Section VII.B.1.a.(4)	

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

(limit 2,500 characters)

1. The CoC notified the public that it was accepting project application proposals by: posting public notifications to the CoC's website (8/15/2022), emailing funding announcements to the CoC listserv (8/15/2022), and hosting a public meeting to provide instructions and information to interested agencies (8/18/2022). 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.

2. Notifications include a 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. The process for submitting applications was described during the public meeting on 8/18 and the slides and Q&A from that meeting were posted to the CoC's public website.

3. 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.

4. 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 accessible.

1C. Coordination and Engagement

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
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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 Nonexistentif the organization does not exist within your CoC's geographic area.**

	Entities or Organizations Your CoC Coordinates with for Planning or Operations of Projects	Coordinates with the Planning or Operations of Projects?
1.	Funding Collaboratives	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)	No
9.	Housing Opportunities for Persons with AIDS (HOPWA)	Yes
10.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent
11.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes
12.	Organizations led by and serving LGBTQ+ persons	Yes
13.	Organizations led by and serving people with disabilities	No
14.	Private Foundations	Yes
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.		

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

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

(limit 2,500 characters)

1. The 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 (and quarterly CAPERs for ESG-CV projects).

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, HMIS reports and bed utilization data 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 sexual orientation and gender identity:

1.	Conducted mandatory training for all CoC- and ESG-funded service providers to ensure families are not separated.	No
2.	Conducted optional training for all CoC- and ESG-funded service providers to ensure families are not separated.	No
3.	Worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.	Yes
4.	Worked with ESG recipient(s) to identify both CoC- and ESG-funded facilities within your CoC's geographic area that might be out of compliance and took steps to work directly with those facilities to bring them into compliance.	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, School Districts.	
	NOFO Section VII.B.1.d.	

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

1.	Youth Education Provider	Yes
2.	State Education Agency (SEA)	No
3.	Local Education Agency (LEA)	Yes
4.	School Districts	Yes

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

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

(limit 2,500 characters)

The 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).

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

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

(limit 2,500 characters)

The 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: https://www.cpsd.us/cms/one.aspx?portalId=3042869&pageId=3508704.

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

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

		MOU/MOA	Other Formal Agreement
1.	Birth to 3 years	No	No
2.	Child Care and Development Fund	No	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–Collaborating with Victim Service Providers.	
	NOFO Section VII.B.1.e.	

	Describe in the field below how your CoC regularly collaborates with organizations who help provide housing and services to survivors of domestic violence, dating violence, sexual assault, and stalking to:
1.	update CoC-wide policies; and
2.	ensure all housing and services provided in the CoC are trauma-informed and can meet the needs of survivors.

(limit 2,500 characters)

1. 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: https://www.cambridgecoc.org/violenceagainst-women-act-vawa-resources. 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.

2. The CoC, through partnership with Transition House, the CoC's primary DV service provider works to share information and best practices related to trauma-informed service provision through communication via listserv, resource documents and meetings. CoC subrecipients and partners implement agency-level training focused on trauma-informed care, and Transition House is available as a resource to all providers in the community to consult on individual cases and assist in development of safety plans for project participants.

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

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

(limit 2,500 characters)

1. 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). At this time, the training occurs at the subrecipient agency-level as the CoC has not had capacity in the last year to offer a CoC-level training. Information on local, State, and national trainings are shared via the CoC's website, and annual HIMS trainings cover how staff should 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 training upon hire and then periodically throughout the year 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-5b.	Using De-identified Aggregate Data to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section VII.B.1.e.	

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

(limit 2,500 characters)

1. 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.

2. 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 funding and training needs; improve communication of resources available to clients and staff; and engage in policy work to improve overall system coordination and functioning.

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

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

(limit 2,500 characters)

1. The 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: https://www.cambridgecoc.org/violenceagainst-women-act-vawa-resources. Clients actively fleeing DV are encouraged to develop a safety plan and are referred to Transition House for assistance with safety planning. Safety plans are used as a guide to determine which services or interventions are best for the client's unique needs.

All CoC-funded housing providers and ESG-funded Homelessness Prevention and Rapid Rehousing providers must provide notice to Program Participants of their rights under VAWA and must document procedures for providing notification to project participants in their Policies and Procedures. The CoC's VAWA resource page includes links to HUD's Form 5380 to provide a template for subrecipients to use as part of their notification procedures.

2. The CoC's VAWA resource page also includes detailed information about the process by which households can request an emergency transfer, and includes link to HUD's form 5383, which is the Emergency Transfer Request Form required by the CoC to be used to document transfer requests.

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

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

(limit 2,500 characters)

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. Through training of CE staff and protocols for providing services while prioritizing safety and confidentiality, the CoC ensures that survivors of domestic violence, dating violence, sexual assault, or stalking have access to all of the housing and services available within the CoC's geographic area. Additionally, the CoC's Coordinated Entry policies and procedures state that households fleeing domestic violence who qualify for an emergency transfer from a CoC funded project shall have priority over all other applicants provided that the household meets all eligibility requirements.

1C-5e.	Including Safety, Planning, and Confidentiality Protocols in Coordinated Entry to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section VII.B.1.e.	

	Describe in the field below how your CoC's coordinated entry includes:
1.	safety protocols,
2.	planning protocols, and
3.	confidentiality protocols.

(limit 2,500 characters)

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.

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

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

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

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

(limit 2,500 characters)

1. The CoC is prepared to update the CoC-wide anti-discrimination policy, as necessary, based on stakeholder feedback. Beyond the initial feedback incorporated when the policy was originally developed, the CoC has not yet received feedback that has necessitated updates to the policy.

2. The CoC held meetings describing the Anti-Discrimination policy and expectations for CoC and ESG subrecipients, and has offered to provide assistance to subrecipients in development of project-level anti-discrimination policies. The CoC plans to provide additional training to CoC and ESG subrecipients regarding the Anti-Discrimination Policy in the coming year.

3. Currently, the CoC's process for evaluating compliance with anti-discrimination policies is based on review of project-level policies.

4. The CoC's process for addressing noncompliance with anti-discrimination policies is to consult with the City of Cambridge's Human Rights Commission, which is the city's Human Rights and Fair Housing enforcement agency that investigates and adjudicates complaints of discrimination in the areas of employment, housing, public accommodation and education.

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

You must upload the PHA Homeless Preference\PHA Moving On Preference attachment(s) to the 4B. Attachments Screen.
Enter information in the chart below for the two largest PHAs highlighted in gray on the FY 2021 CoC-PHA Crosswalk Report or the two PHAs your CoC has a working relationship with–if there is only one PHA in your CoC's geographic area, provide information on the one:

Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing and Housing Choice Voucher Program During FY 2021 who were experiencing homelessness at entry	Does the PHA have a General or Limited Homeless Preference?	Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?
Cambridge Housing Authority	27%	Yes-HCV	No
Department of Housing and Community Development	12%	Yes-HCV	No

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

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

(limit 2,500 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 through adjustments to the Administrative Plan, the changes are pending and CHA has entered into MOU with the CoC Collaborative Applicant (DHSP) indicating limited preference for Mainstream vouchers. Additionally, 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, through executing MOUs with the CoC related to Section 811 Mainstream Vouchers and Emergency Housing Vouchers that serve households exiting homelessness, and through significant housing development projects targeting 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.

2. N/A

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

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

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

1C-7c.	Include Units from PHA Administered Programs in Your CoC's Coordinated Entry.	
	NOFO Section VII.B.1.g.	

In the chart below, indicate if your CoC includes units from the following PHA programs in your CoC's coordinated entry process?

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

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

1.	Did your CoC coordinate with a PHA(s) to submit a competitive joint application(s) for funding or jointly implement a competitive project serving individuals or families experiencing homelessness (e.g., applications for mainstream vouchers, Family Unification Program (FUP), other programs)?	Yes
		Program Funding Source
2.	Enter the type of competitive project your CoC coordinated with a PHA(s) to submit a joint application for or jointly implement.	Mainstream HCV for non-elderly disabled persons

1C-7e.	Coordinating with PHA(s) to Apply for or Implement HCV Dedicated to Homelessness Including Emergency Housing Voucher (EHV).	
	NOFO Section VII.B.1.g.	

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

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

	Does your CoC have an active Memorandum of Understanding (MOU) with any PHA to administer the EHV Program?	Yes
	If you select yes to question 1C-7e.1., you must use the list feature below to enter the name of every PHA your CoC has an active MOU with to administer the Emergency Housing Voucher Program.	

PHA
Cambridge Housing...

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

Name of PHA: Cambridge Housing Authority

1D. Coordination and Engagement Cont'd

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

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

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

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

1.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2022 CoC Program Competition.	13
2.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2022 CoC Program Competition that have adopted the Housing First approach.	13
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, SSO non-Coordinated Entry, Safe-Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in the FY 2022 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

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

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

(limit 2,500 characters)

1. The CoC utilizes the local competition's application form and HMIS data to evaluate Housing First Compliance.

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

3. 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 throughout the year.

1D-3.	Street Outreach–Scope.	
	NOFO Section VII.B.1.j.	

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

(limit 2,500 characters)

1. The 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 team 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, Cambridge Public Library social workers, 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, local Business Improvement District, 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 focused on people living in unsheltered situations.

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 enhanced efforts by including a MD on the street outreach van three shifts per week, bringing critical medical care directly to unsheltered persons. The CoC has worked to extend and expand the medical outreach efforts by securing funding through the ARPA State and Local Fiscal Relief funds.

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

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

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

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

		2021	2022
	Enter the total number of RRH beds available to serve all populations as reported in the HIC–only enter bed data for projects that have an inventory type of "Current."	50	24

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

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

	Resource	CoC Provides Annual Training?
1.	Food Stamps	No
2.	SSI–Supplemental Security Income	No
3.	TANF–Temporary Assistance for Needy Families	No
4.	Substance Abuse Programs	No
5.	Employment Assistance Programs	No
6.	Other (limit 150 characters)	

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

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

(limit 2,500 characters)

1. The CoC systematically provides up-to-date on mainstream resources available to persons experiencing homelessness through 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 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 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. 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. Additionally, the CoC and subrecipient agencies work to connect project participants to substance use treatment and mental health treatment as part of standard case management practices, utilizing assistance from Healthcare for the Homeless, the Cambridge Health Alliance, and other services available through Accountable Care Organizations (ACOs).

3. The CoC shares information about SOAR certification and training opportunities with program staff through listserv communication and CoC/workgroup meetings.

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

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

(limit 2,500 characters)

The CoC, in partnership with the City of Cambridge and the Commonwealth of Massachusetts, has increased capacity for non-congregate sheltering over the past 2 years. There are currently 2 large noncongregate shelters operating in the CoC – one funded by the City (58 beds in a converted vacant hospital space) and the other funded by the State (56 beds in a former dormitory space). The CoC is currently actively engaged with the City and nonprofit partners to identify funding sources and locations for additional noncongregate shelter sites.

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

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

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

(limit 2,500 characters)

1. The CoC collaborates with the Cambridge Public Health Department and Healthcare for the Homeless to develop CoC-wide policies and procedures to respond to infectious disease outbreaks through regular communication, information-sharing and consultation with public health staff. The COVID-19 public health emergency prompted more frequent communication and collaboration between the local health department and the CoC that resulted in standard procedures related to screening, testing, quarantine and isolation procedures. Importantly, the crisis facilitated lines of communication that allow for expedient dissemination of information and protocols to respond to the quickly changing nature of updated guidance and protocols related to different infectious disease threats and responses.

2. The CoC collaborates with the Cambridge Public Health Department to prevent infectious disease outbreaks among people experiencing homelessness through coordination of resources such as PPE, test kits, isolation spaces, informational flyers, screening tools and case reporting procedures – ensuring that people experiencing homelessness and the provider staff who work in homeless service settings have access to updated information and resources to effectively prevent and respond to infectious disease outbreaks. The Cambridge Public Health Department was recently awarded a grant to plan for improved response related to sanitation (access to clean water and hygiene facilities) during emergencies, and is actively engaging with CoC and ESG subrecipients on the project.

ID-8a.	Collaboration With Public Health Agencies on Infectious Diseases.	
	NOFO Section VII.B.1.o.	

	Describe in the field below how your CoC effectively equipped providers to prevent or limit infectious disease outbreaks among program participants by:
1.	sharing information related to public health measures and homelessness, and
2.	facilitating communication between public health agencies and homeless service providers to ensure street outreach providers and shelter and housing providers are equipped to prevent or limit infectious disease outbreaks among program participants.

(limit 2,500 characters)

1. The CoC shares information related to public health measures to equip providers to prevent or limit disease outbreaks among program participants through regular email communication and meetings. The Cambridge Public Health Department regularly hosts clinics for vaccination and testing at emergency shelters and other service settings for homeless population, and makes available PPE and test kits to homeless providers.

2. The CoC facilitates communication between public health agencies and homeless service providers to ensure they are equipped to prevent or limit infectious disease outbreaks by hosting regular calls attended by homeless service providers, public health department staff (crisis response staff, public health nurse and epidemiologist), and Healthcare for the Homeless staff. During COVID surges during the past year, the frequency of calls is once per week and drops down to every two weeks when things are quieter. These standing meetings provide venue for public health staff to share information on protocols, procedures, data trends, testing and vaccine availability and clinic information, etc. It also provides dedicated time and space for providers to ask questions of public health staff, consult on questions related to site-based isolation, incubation periods, etc.

1D-9.	Centralized or Coordinated Entry System–Assessment Process.	
	NOFO Section VII.B.1.p.	

	Describe in the field below how your CoC's coordinated entry system:
1.	covers 100 percent of your CoC's geographic area;
2.	uses a standardized assessment process; and
3.	is updated regularly using feedback received from participating projects and households that participated in coordinated entry.

(limit 2,500 characters)

1. The CoC's Coordinated Entry (CE) system covers 100% of the CoC's geographic area, which includes the entirety of the City of Cambridge. 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 MH crisis intervention teams – engage with the CE system by working together on client cases and directing new clients towards CE.

2. The CE uses a standard assessment process. Clients present at either the Cambridge Multi-Service Center primary access point or access Coordinated Entry intake in the field from designated outreach staff. Intake staff ascertain the subpopulation that the household belongs to (i.e. homeless individual, family at risk of becoming homeless, etc.) and then either assess them in the event that they are equipped as an access point for that subpopulation, or connect them to the appropriate access point if not (for example, a street outreach worker coming across someone who is housed but at-risk would help them schedule an appointment at the Multi-Service Center, which is the designated access point for that population). Following any needed triage as discussed above, Coordinated Entry intake staff administer the assessment appropriate to that subpopulation and enroll the household in HMIS as appropriate.

3. The CE system, policies and assessment process are updated using feedback from stakeholders. In 2019 the standardized assessment tool was shortened and streamlined using feedback collected from participants and providers. The CE Working Group is currently engaged in a process mapping endeavor assisted by technical assistance providers to formalize feedback loops and facilitate more expedient updates based on data and feedback from participants and providers.

1D-9a.	Program Participant-Centered Approach to Centralized or Coordinated Entry.	
	NOFO Section VII.B.1.p.	

	Describe in the field below how your CoC's coordinated entry system:
1.	reaches people who are least likely to apply for homeless assistance in the absence of special outreach;
2.	prioritizes people most in need of assistance;
3.	ensures people most in need of assistance receive permanent housing in a timely manner, consistent with their preferences; and
4.	takes steps to reduce burdens on people using coordinated entry.

(limit 2,500 characters)

1. The CE's mobile access points – street outreach workers and mobile case managers – are designed specifically to reach clients with the highest barriers to accessing assistance. Street outreach workers are trained to engage clients who are not likely to seek services on their own or to present at a traditional service location. They also draw upon their relationships with clients who have historically refused to engage with any other services besides outreach. 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.

2. 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.

3. Resources that are prioritized through CE-including PSH, RRH, 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. Housing Navigation staff assisting participants prioritized for permanent housing work to understand and honor client preferences throughout their engagement with participants. While the availability of resources directly prioritized through CE is significantly exceeded by the number of clients appropriate for these interventions, assessment staff maintains strong knowledge of local services and collaborations in order to provide referrals to community resources that may be of assistance, so that clients who are not highest prioritized can still receive timely and meaningful help.

4. Some recent steps the CE system has taken to reduce burdens on people using CE include:

-increasing access to CE assessment at shelter and service settings – working to meet participants where most convenient;
-adding Housing Navigation staff and resources (utilizing ARPA SLFRF) to increase the capacity for 1:1 assistance in gathering needed documentation, funding to obtain copies of birth certificates, assisting with voucher applications and completing housing search; and
-engaging with technical assistance to evaluate CE processes and identify areas for improvement and efficiency.

1D-10.	**Promoting Racial Equity in Homelessness–Conducing Assessment.**	
	NOFO Section VII.B.1.q.	

1.	**Has your CoC conducted a racial disparities assessment in the last 3 years?**	Yes
2.	**Enter the date your CoC conducted its latest assessment for racial disparities.**	01/19/2021

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

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

(limit 2,500 characters)

1. The CoC's process for analyzing whether racial disparities are present in provision or outcomes of homeless assistance relies on data collected in HMIS, PIT count, LSA/Stella tools, and HUD's Racial Equity tool to compare homeless rates to census data. Additionally, CE data – both assessment rates and scoring results are analyzed to evaluate racial disparities.

2. The CoC identified that Black or African American individuals are overrepresented in the population of people experiencing homelessness in Cambridge, and the overrepresentation is not explained by poverty rates alone. Additionally the CoC identified that Black or African American and Latinx households are overrepresented in the population of households with children experiencing homelessness. The January 2021 analysis of emergency shelter participants found that the majority of emergency-shelter stayers who had not received a CE assessment were Black or African American, and analysis of CE assessment data found that of individuals who were assessed, Black or African American individuals scored lower than White individuals on the CE assessment tool, meaning that there is disparity in both access to assessment and in the results of the assessment process leading to disparities in access to limited housing opportunities.

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

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

1.	The CoC's board and decisionmaking bodies are representative of the population served in the CoC.	No
2.	The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.	Yes
3.	The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.	Yes
4.	The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups.	Yes
5.	The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.	Yes
6.	The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.	No
7.	The CoC has staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness.	Yes

8.	The CoC is educating organizations, stakeholders, boards of directors for local and national nonprofit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.	Yes
9.	The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.	Yes
10.	The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.	Yes
11.	The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.	Yes
	Other:(limit 500 characters)	
12.		

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

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

(limit 2,500 characters)

1. The CoC has piloted a new assessment process for CE that simplifies the scoring, relying more heavily on LOT homeless – an objective measure deduced from HMIS bed stay records and less on self-reported or assessor observed vulnerabilities. This initial step has resulted in more equal scoring results and the CoC is working to build on this work to overhaul the CE assessment process in the coming months. The CoC is working with technical assistance providers to facilitate an inclusive planning process to work toward a more equitable assessment process. Additionally, the CoC – in partnership with the City of Cambridge – has increased the number of assessors and Housing Navigators available in the CoC to work to eliminate the disparities observed in access to assessment in the January 2021 analysis.

2. 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 and affinity groups 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 24 months.

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

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

(limit 2,500 characters)

The CoC has worked closely with HMIS staff to develop data dashboards designed to monitor CE assessment access and outcomes by race and ethnicity. The CoC is working to expand the tracking tools to monitor racial equity outcomes at various phases including assessment, prioritization, referral, navigation, voucher issuance, leasing, and retention/recidivism. HUD's Stella tool is an additional resource used by the CoC and the CoC's HMIS Working Group to track progress on eliminating disparities in the CoC.

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

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

(limit 2,500 characters)

The CoC, through partnerships with the City of Cambridge, has worked to involve individuals with lived experience in leadership roles on various committees and working groups focused on improving the City's response to homelessness and response to substance use in the community. Outreach has included flyers for opportunities to participate in focus groups, communication with trusted service providers, and direct engagement with individuals known to committee leaders and stakeholders.

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

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

	Level of Active Participation	Number of People with Lived Experience Within the Last 7 Years or Current Program Participant	Number of People with Lived Experience Coming from Unsheltered Situations
1.	Included and provide input that is incorporated in the local planning process.	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

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

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

(limit 2,500 characters)

CoC member agencies offer professional development and employment opportunities to individuals with lived experience of homelessness. CoC agencies partner with local agencies such as the Mass Rehabilitation Commission to recruit interns with lived experience of homelessness and/or substance use with the goal of integrating individuals with lived experience into the workforce. Additionally, clubhouse programs and recovery centers offer individuals with lived experience opportunities for developing and strengthening professional skills and employment opportunities. The CoC and member agencies have worked to reduce unnecessary barriers to employment by evaluating the educational requirements for positions - recognizing relevant lived and work experience. Each of the CoCs subrecipient agencies include several staff members with lived experience of homelessness and/or substance use and multiple CoC member agencies include staff in leadership and senior management roles with lived experience.

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

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

(limit 2,500 characters)

1. The CoC does not currently have an established advisory group comprised of individuals with lived experience and has prioritized formation of such a group in the coming months. Absent this formal body, the CoC has gathered feedback from people experiencing homelessness through individuals' participation on the CoC Board and on an Ad Hoc committee tasked with making recommendations to improve homeless response in the city. The Ad Hoc committee also facilitated multiple focus group sessions to gather feedback from individuals currently experiencing homelessness that informed the recommendations of that group. Informal feedback is passed from CoC and ESG subrecipients to the CoC's staff and committees, and CoC and ESG subrecipient routinely collect participant feedback through surveys and/or client feedback sessions.

2. The CoC, in partnership with the City of Cambridge, has worked to address challenges raised by people with lived experience of homelessness by increasing the availability of shower services in the community, increasing the number of housing navigators available to assist with gathering documentation needed for housing opportunities, increasing the availability of meals and water, and working to increase communication related to resources available in the community.

1D-12.	Increasing Affordable Housing Supply.	
	NOFO Section VII.B.1.t.	

	Describe in the field below at least 2 steps your CoC has taken in the past 12 months that engage city, county, or state governments that represent your CoC's geographic area regarding the following:
1.	reforming zoning and land use policies to permit more housing development; and
2.	reducing regulatory barriers to housing development.

(limit 2,500 characters)

After several years of advocacy efforts and policy negotiations, the City of Cambridge adopted a 100 percent Affordable Housing Overlay (AHO) in October 2020. The AHO is designed to help affordable housing developers create new, permanently affordable homes more quickly, more cost effectively, and in areas of the city where there are currently fewer affordable housing opportunities. The AHO allows the creation of new, permanently affordable housing that is denser than what might be allowed under base zoning, and creates a new streamlined review process through which new affordable housing can be approved more efficiently.

The CoC and CoC Board members supported the efforts to pass the AHO, which both changed zoning and land use policies and reduced barriers to development, and are continuing to advocate for increasing affordable housing supply through utilization of the AHO and through other pathways.

In the last 12 months, the CoC has had several planning meetings with the Cambridge Housing Authority and the City of Cambridge's Community Development Department regarding the development of the 116 Norfolk Street property. This project will utilize the AHO to convert and expand the existing 37 SROs into 62 studio apartments for individuals exiting homelessness. The CoC has consulted with the planners to develop the tenant selection plan, which will rely on using the CoC's Coordinated Entry system to fill the units.

In the last 12 months, the CoC has also met with the City's Community Development Department to discuss how the City's Affordable Housing Trust might include set-asides for people exiting homelessness as part of tenant selection plans for large affordable housing projects.

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

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

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

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

	Enter the date your CoC published the deadline for project applicants to submit their applications to your CoC's local competition.	08/12/2022

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

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

1.	**Established total points available for each project application type.**	Yes
2.	**At least 33 percent of the total points were based on objective criteria for the project application (e.g., cost effectiveness, timely draws, utilization rate, match, leverage), performance data, type of population served (e.g., DV, youth, Veterans, chronic homelessness), or type of housing proposed (e.g., PSH, RRH).**	Yes
3.	**At least 20 percent of the total points were based on system performance criteria for the project application (e.g., exits to permanent housing destinations, retention of permanent housing, length of time homeless, returns to homelessness).**	Yes
4.	**Provided points for projects that addressed specific severe barriers to housing and services.**	Yes
5.	**Used data from comparable databases to score projects submitted by victim service providers.**	Yes

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

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

1.	What were the maximum number of points available for the renewal project form(s)?	100
2.	How many renewal projects did your CoC submit?	14
3.	What renewal project type did most applicants use?	PH-PSH

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

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

(limit 2,500 characters)

1. The CoC utilizes data collected in HMIS and reported in Annual Performance Reports (APRs) to evaluate projects' success in rehousing participants.

2. The FY2022 Review and Ranking process did not include analysis of length of time it takes to house people in permanent housing but focused on housing stability/retention.

3. 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.

4. Project scorecards award points for projects that provide housing and services to hard to serve populations, including chronically homeless, and households with mental illness, substance use, chronic health, and other disabling conditions. Scorecards account for 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 by awarding up to 20 points to projects serving chronically homeless participants as the CoC has significant need for PSH dedicated for CH participants in the geography.

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

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

(limit 2,500 characters)

1. The rating factors used to review project applications were developed and approved by the CoC's Homeless Services Planning Committee (HSPC) and CoC Board, which include persons who identify as races over-represented in the local homeless population. The CoC had a dedicated HSPC meeting to review the scorecards and feedback was encouraged from participants of different races. Feedback was encouraged through multiple communications and CoC staff encouraged HSPC and Board members to provide feedback through whatever format was easiest (phone, written, in-person, etc.).

2. The CoC did not receive any feedback or input on rating factors for project application review in the 2022 competition beyond agreement to utilize the same scorecard as in the FY2021 competition given the tight timeline. Based on feedback received from the CoC Board, which includes persons who identify as races over-represented in the local homelessness population, new informational questions related to subrecipient efforts to address racial equity at agency- and project- levels was added to the local renewal application. These responses were not scored in the 2022 local competition.

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

4. The 2022 ranking process did not include explicit elements related to the degree to which a project has identified any barriers to participation faced by persons of different races and ethnicities. 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 reducing barriers to participation and 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.	
	NOFO Section VII.B.2.f.	

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

(limit 2,500 characters)

1. 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 FY22 competition.

3. The CoC did not reallocate projects during the local 2022 competition.

4. The CoC did not reallocate projects in the 2022 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, corrective action and technical assistance for subrecipients in the coming year.

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

	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2017 and FY 2022?	No

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

1.	**Did your CoC reject or reduce any project application(s)?**	Yes
2.	**Did your CoC inform applicants why their projects were rejected or reduced?**	Yes
3.	**If you selected Yes for element 1 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2022, 06/27/2022, and 06/28/2022, then you must enter 06/28/2022.**	09/15/2022

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

	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2022, 06/27/2022, and 06/28/2022, then you must enter 06/28/2022.	09/15/2022

1E-5b.	Local Competition Selection Results–Scores for All Projects.	
	NOFO Section VII.B.2.g.	
	You must upload the Final Project Scores for All Projects attachment to the 4B. Attachments Screen.	

	Does your attachment include: 1. Applicant Names; 2. Project Names; 3. Project Scores; 4. Project Rank–if accepted; 5. Award amounts; and 6. Projects accepted or rejected status.	Yes

1E-5c.	1E-5c. Web Posting of CoC-Approved Consolidated Application.	
	NOFO Section VII.B.2.g.	
	You must upload the Web Posting–CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	Enter the date your CoC posted the CoC-approved Consolidated Application on the CoC's website or partner's website–which included: 1. the CoC Application; and 2. Priority Listings for Reallocation forms and all New, Renewal, and Replacement Project Listings.	09/28/2022

1E-5d.	Notification to Community Members and Key Stakeholders that the CoC-Approved Consolidated Application is Posted on Website.	
	NOFO Section VII.B.2.g.	
	You must upload the Notification of CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application has been posted on the CoC's website or partner's website.	09/28/2022

2A. Homeless Management Information System (HMIS) Implementation

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

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

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

	Enter the name of the HMIS Vendor your CoC is currently using.	Bitfocus, Inc.

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

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

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

	Enter the date your CoC submitted its 2022 HIC data into HDX.	05/04/2022

2A-4.	**Comparable Database for DV Providers–CoC and HMIS Lead Supporting Data Collection and Data Submission by Victim Service Providers.**	
	NOFO Section VII.B.3.b.	

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

(limit 2,500 characters)

1. The HMIS lead, working with the grant manager of our CoC funded DV agency, ensures that staff responsible for data collection and reporting are compliant. This includes ensuring that their software vendor updates data standards and reporting functionality as needed. Transition House, Inc. uses Empower DB and they are in compliance with HMIS data collection and HUD reporting. Their submission of APRs, CAPER and PIT reports also serve as means of verification of meeting requirements of a comparable database, and the vendor's website publishes a log of report changes that help us to monitor the software's updates.

2. The Cambridge CoC is compliant with the current 2022 HMIS data standards.

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

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

Project Type	Total Beds 2022 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
1. Emergency Shelter (ES) beds	248	20	228	100.00%
2. Safe Haven (SH) beds	0	0	0	
3. Transitional Housing (TH) beds	74	9	65	100.00%
4. Rapid Re-Housing (RRH) beds	24	4	20	100.00%
5. Permanent Supportive Housing	464	17	265	59.28%
6. Other Permanent Housing (OPH)	226	10	5	2.31%

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

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

(limit 2,500 characters)

Row #5 – PSH coverage – This rate is impacted by 165 VASH beds. Work is already underway for obtaining full participation of VASH via HOMES data uploads. Though not reflected on our most recent HIC, we have since made headway on obtaining VASH client level data, however it is not in the HMIS format needed in order to upload/enter non-manually. Continuing toward the goal of data sets for uploading the steps will be:

1. October 2022 - November 2022 – Meet with HUD-VASH Program Coordinator of VA Boston to obtain a HOMES export file that is updated to FY 2022 HMIS data standards. This will be implemented by setting up regular monthly meetings between HMIS Lead staff and the HUD-VASH Program Coordinator.

2. December 2022 – January 2023 - Instead of entering data manually via HMIS lead staff, obtain HOMES data file in .csv format. Use HUD VASH-HOMES to HMIS data translator tool.
This will be implemented by HMIS Lead acquiring data sets from the HOMES database rep, using the abovementioned tools and then importing the data into our Clarity HMIS under the Cambridge Housing Authority Agency.

3. April 2023 and months following each quarter: obtain quarterly data sets to be uploaded to Cambridge HMIS under the VASH project.

Row #6 – OPH Coverage – This rate is impacted by 115 EHV and 91 Section 8 Mod. Rehab SRO beds.

1. October 2022 - December 2022 – Engage in conversations with staff at Cambridge Housing Authority to establish shared goal of HMIS participation for Section 8 Mod rehab client level data.
This will be implemented by scheduling meetings among Planning & Development Manager, HMIS lead and contacts at CHA that can help us achieve this goal. Meet with each individual Mod Rehab SRO provider to determine whether or not direct data entry is achievable or if HMIS lead staff should play a role in entering data.

2. January 2023 - If direct data entry from provider is viable option, hold HMIS trainings specific to this group of providers.

3. February 2023 - Follow up on data entry, review data quality of client and project level data.

While the EHV project in our HMIS is coded as non-participating, we have other providers working with both referred and housed clients and they track progress elsewhere in our system. Specifically, we have ARPA funded navigators that enter services pertaining to voucher issuance, viewed units, leases, etc. And stabilization workers that record weekly case notes for clients who are housed under EH

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

Did your CoC submit LSA data to HUD in HDX 2.0 by February 15, 2022, 8 p.m. EST?	Yes

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

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

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

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

	Enter the date your CoC conducted its 2022 PIT count.	02/23/2022

2B-2.	PIT Count Data–HDX Submission Date.	
	NOFO Section VII.B.4.b	

	Enter the date your CoC submitted its 2022 PIT count data in HDX.	05/04/2022

2B-3.	PIT Count–Effectively Counting Youth.	
	NOFO Section VII.B.4.b.	

	Describe in the field below how during the planning process for the 2022 PIT count your CoC:
1.	engaged stakeholders that serve homeless youth;
2.	involved homeless youth in the actual count; and
3.	worked with stakeholders to select locations where homeless youth are most likely to be identified.

(limit 2,500 characters)

1. The CoC engages stakeholders serving youth experiencing homelessness through regular meetings and communications throughout the year to inform year-round street outreach efforts, to plan the annual PIT count, and to plan and implement the State's annual count of unaccompanied youth (separate from the annual HUD PIT count). These meetings and communications throughout the year, and lessons learned from the State count of unaccompanied youth, informed the methodology and approach used in the 2022 count.

2. Planning for the 2022 PIT count included current and formerly homeless youth via feedback provided through the State count and survey of unaccompanied youth (primarily implemented by youth ambassadors), and through location information gathered through providers, but no youth directly participated in counting efforts in the CoC's 2022 HUD PIT count.

3. . Providers serving youth experiencing homelessness provide critical information to the CoC about locations where youth experiencing homelessness are staying and utilizing services, and directly inform the planning for the PIT count. The information resulted in focused coverage of specific geographic locations where youth were most recently reported to camp outdoors, as well as the known service locations of drop-in centers and night-by-night shelters.

2B-4.	PIT Count–Methodology Change–CoC Merger Bonus Points.	
	NOFO Section VII.B.5.a and VII.B.7.c.	

	In the field below:
1.	describe any changes your CoC made to your sheltered PIT count implementation, including methodology or data quality changes between 2021 and 2022, if applicable;
2.	describe any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2021 and 2022, if applicable; and
3.	describe how the changes affected your CoC's PIT count results; or
4.	state "Not Applicable" if there were no changes or if you did not conduct an unsheltered PIT count in 2022.

(limit 2,500 characters)

Not applicable - no changes to sheltered or unsheltered PIT count methodology between 2021 and 2022.

2C. System Performance

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

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

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

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

(limit 2,500 characters)

1. The CoC uses HMIS 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. During the last 12 months, 35 households at-risk of homelessness were referred to the Cambridge Housing Authority (CHA) for Emergency Housing Vouchers (EHV).

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–CoC's Strategy to Reduce.	
	NOFO Section VII.B.5.c.	

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

(limit 2,500 characters)

1. The 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 in addition to the Emergency Housing Vouchers (EHV) 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–CoC's Strategy	
	NOFO Section VII.B.5.d.	

	In the field below:
1.	describe your CoC's strategy to increase the rate that individuals and persons in families residing in emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations;
2.	describe your CoC's strategy to increase the rate that individuals and persons in families residing in permanent housing projects retain their permanent housing or exit to permanent housing destinations; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to increase the rate that individuals and families exit to or retain permanent housing.

(limit 2,500 characters)

1. The 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).

2. 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. The CoC's strategy also includes accessing funds available to supplement supportive service staffing through Medicaid (Community Supports for Persons Experiencing Chronic Homelessness -CSPECH) and other sources such as ARPA-SLFRF to increase housing stabilization services for EHV recipients. In FY21, the CoC had a 95% PH retention rate.

4. 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.	

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

(limit 2,500 characters)

1. The 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, 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–CoC's Strategy.	
	NOFO Section VII.B.5.f.	

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

(limit 2,500 characters)

1. The 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. The CoC, through its newsletter, and various meetings, disseminates information about local and regional employment resources, career fairs, and job training programs. Additionally, 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.

2. To increase access to employment, 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. 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 recently 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.

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 Non-employment Cash Income–CoC's Strategy	
	NOFO Section VII.B.5.f.	

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

(limit 2,500 characters)

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

2. 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

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

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

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

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

3A-2.	**New PH-PSH/PH-RRH Project–Leveraging Healthcare Resources.**	
	NOFO Section VII.B.6.b.	
	You must upload the Healthcare Formal Agreements attachment to the 4B. Attachments Screen.	

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

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

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

Project Name	Project Type	Rank Number	Leverage Type
Bay Cove: Cambrid...	PH-PSH	15	Housing

3A-3. List of Projects.

1. What is the name of the new project?	Bay Cove: Cambridge PSH
2. Enter the Unique Entity Identifier (UEI):	JJ3JKMU5K4L1
3. Select the new project type:	PH-PSH
4. Enter the rank number of the project on your CoC's Priority Listing:	15
5. Select the type of leverage:	Housing

3B. New Projects With Rehabilitation/New Construction Costs

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

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

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

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

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

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

(limit 2,500 characters)

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

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

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

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

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

3C-2.	**Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.**	
	NOFO Section VII.C.	

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

(limit 2,500 characters)

4A. DV Bonus Project Applicants

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

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

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

	Did your CoC submit one or more new project applications for DV Bonus Funding?	No

Applicant Name
This list contains no items

4B. Attachments Screen For All Application Questions

	We have provided the following guidance to help you successfully upload attachments and get maximum points:
1.	You must include a Document Description for each attachment you upload; if you do not, the Submission Summary screen will display a red X indicating the submission is incomplete.
2.	You must upload an attachment for each document listed where 'Required?' is 'Yes'.
3.	We prefer that you use PDF files, though other file types are supported–please only use zip files if necessary. Converting electronic files to PDF, rather than printing documents and scanning them, often produces higher quality images. Many systems allow you to create PDF files as a Print option. If you are unfamiliar with this process, you should consult your IT Support or search for information on Google or YouTube.
4.	Attachments must match the questions they are associated with.
5.	Only upload documents responsive to the questions posed–including other material slows down the review process, which ultimately slows down the funding process.
6.	If you cannot read the attachment, it is likely we cannot read it either.
	. 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).
	. We must be able to read everything you want us to consider in any attachment.
7.	After you upload each attachment, use the Download feature to access and check the attachment to ensure it matches the required Document Type and to ensure it contains all pages you intend to include.

Document Type	Required?	Document Description	Date Attached
1C-7. PHA Homeless Preference	No	PHA Homeless Pref...	09/28/2022
1C-7. PHA Moving On Preference	No		
1E-1. Local Competition Deadline	Yes	Local Competition...	09/28/2022
1E-2. Local Competition Scoring Tool	Yes	Local Competition...	09/28/2022
1E-2a. Scored Renewal Project Application	Yes	Scored Forms for ...	09/28/2022
1E-5. Notification of Projects Rejected-Reduced	Yes	Notification of P...	09/28/2022
1E-5a. Notification of Projects Accepted	Yes	Notification of P...	09/28/2022
1E-5b. Final Project Scores for All Projects	Yes	Final Project Sco...	09/28/2022
1E-5c. Web Posting–CoC-Approved Consolidated Application	Yes		
1E-5d. Notification of CoC-Approved Consolidated Application	Yes		
3A-1a. Housing Leveraging Commitments	No	Housing Leveragin...	09/28/2022

3A-2a. Healthcare Formal Agreements	No		
3C-2. Project List for Other Federal Statutes	No		

Attachment Details

Document Description: PHA Homeless Preference

Attachment Details

Document Description:

Attachment Details

Document Description: Local Competition Deadline

Attachment Details

Document Description: Local Competition Scoring Tool

Attachment Details

Document Description: Scored Forms for One Project

Attachment Details

Document Description: Notification of Projects Rejected-Reduced

Attachment Details

Document Description: Notification of Projects Accepted

Attachment Details

Document Description: Final Project Scores for All Projects

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: Housing Leveraging Commitments

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	09/17/2022
1B. Inclusive Structure	09/26/2022
1C. Coordination and Engagement	09/27/2022
1D. Coordination and Engagement Cont'd	09/28/2022
1E. Project Review/Ranking	09/28/2022
2A. HMIS Implementation	09/28/2022
2B. Point-in-Time (PIT) Count	09/28/2022
2C. System Performance	09/26/2022
3A. Coordination with Housing and Healthcare	09/28/2022
3B. Rehabilitation/New Construction Costs	09/26/2022
3C. Serving Homeless Under Other Federal Statutes	09/26/2022

4A. DV Bonus Project Applicants	09/26/2022
4B. Attachments Screen	Please Complete
Submission Summary	No Input Required

1C-7: PHA HOMELESS PREFERENCE

- Excerpt from MA Department of Housing and Community Development (DHCD) Administrative Plan
- MOU with Cambridge Housing Authority (CHA) for Emergency Housing Vouchers
- MOU with Cambridge Housing Authority (CHA) for Mainstream Vouchers

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;

Memorandum of Understanding

This Memorandum of Understanding (MOU) has been created and entered into on July 27, 2021 by and between:

Cambridge Housing Authority
362 Green Street
Cambridge, MA 02139

and

Cambridge Continuum of Care through
City of Cambridge Department of Human Service Programs
51 Inman Street
Cambridge, MA 02139

and

Transition House, Inc.
P.O. Box 392016
Cambridge, MA 02139

I. Introduction and Goals

The Cambridge Housing Authority (CHA) has been awarded 128 Emergency Housing Vouchers (EHV) through the American Rescue Plan Act of 2021, also known as the stimulus package. The EHV are effective as of July 1, 2021. The U.S. Department of Housing and Urban Development (HUD) provides CHA with funding to administer the EHV program (Program). The Program requires that CHA execute a Memorandum of Understanding with the Cambridge Continuum of Care (CCoC), through the City of Cambridge Department of Human Service Programs (DHSP), the designated lead agency within the City of Cambridge, and Transition House, Inc. (Transition House), the Victim Service Provider for CCoC.

1. The CHA, DHSP and Transition House are committed to administering the Program in accordance with all HUD requirements.

2. The CHA's goals and standards of success in administering the program include:
   i. Issue 50% of the vouchers by December 31, 2021
   ii. Issue 50% of the vouchers by June 30, 2022
   iii. Achieve 100% leasing of vouchers by December 31, 2022

3. The following staff will serve as the lead Program liaisons:

Lead CHA Liaison:
Hannah Bolcome
Director of Leased Housing

Lead DHSP/CCoC Liaison:
Liz Mengers Magargee
DHSP Planning and Development Manager

Lead Transition House/Victim Service Provider Liaison:
Ronit Barkai
Assistant Director, Transition House, Inc.

II. Eligible Populations

a. The CCoC's coordinated entry system, Cambridge Coordinated Access Network (CCAN), will refer households (individuals and families) to CHA who meet the following Program eligibility requirements:
   i. Individuals or families who are experiencing homelessness
   ii. Individuals or families who are at risk of homelessness
   iii. Individuals or families who are recently homeless

b. Transition House will refer homeless households to CHA who are fleeing or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or human trafficking.

III. Services

1. CCoC partnering service providers will support referred individuals and families in completing applications and obtaining necessary supporting documentation to support applications for assistance while aiding households in addressing barriers.

2. CCoC partnering service providers will ensure that appointment notifications from the CHA are delivered to eligible individuals and families and will assist eligible households in keeping appointments with the CHA and responding to document needs of the CHA.

3. The CHA will establish windows of time for EHV applicants to complete intake documents for EHV.

4. CCoC partnering service providers will provide housing search assistance for eligible individuals and families.

5. CCoC partnering service providers will provide counseling on compliance with rental lease requirements.

6. CCoC partnering service providers will assess individuals and families who may require referrals for assistance on security deposits, utility hook-up fees, and utility deposits.

7. CCoC partnering service providers will assess and refer individuals and families to benefits and supportive services, where applicable.

IV. CHA Roles and Responsibilities

1. Coordinate and consult with DHSP/ CCoC in developing the services and assistance to be offered under the EHV services fee.

2. Accept direct referrals for eligible individuals and families through the CCoC Coordinated Entry System via CES or alternately directly through a victim's services provider.

3. Commit a sufficient number of staff and necessary resources to ensure that the application, certification, and voucher issuance processes are completed in a timely manner.

4. Commit a sufficient number of staff and resources to ensure that inspections of units are completed in a timely manner.

5. Designate a staff member to serve as the lead EHV liaison.

6. Comply with the provisions of this MOU.

V. DHSP/CCoC Roles and Responsibilities

1. Designate and maintain a lead EHV liaison to communicate with the CHA.

2. In alignment with program goals detailed in Section I.1, refer sufficient eligible individuals and families to the CHA using the coordinated entry system, with the goal of 20 referrals being sent to CHA every 3 weeks.

3. Commit a sufficient number of staff and resources to support eligible individuals and households in completing and applying for supportive documentation to accompany admissions application to the CHA (i.e., self-certifications, birth certificate, social security card, etc.).

4. DHSP/ CCoC or partnering service provider staff will attend EHV participant briefings when needed.

5. Commit a sufficient number of staff and resources to assess all households referred for EHV for mainstream benefits and supportive services available to support eligible individuals and families through their transition.

6. Identify and provide supportive services to EHV families. (While EHV participants are not required to participate in services, the DHSP/ CCoC should assure that services are available and accessible.)

7. Comply with the provisions of this MOU.

VI. Transition House Roles and Responsibilities

1. Designate and maintain a lead EHV liaison to communicate with the CHA.

2. Refer eligible individuals and families who are fleeing or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or human trafficking to the CHA.

3. Commit a sufficient number of staff and resources to support eligible households in completing and applying for supportive documentation to accompany admissions application to the CHA (i.e., self-certifications, birth certificate, social security card, etc.)

4. Assign staff to attend EHV participant briefings when needed.

5. Assess all households referred for EHV for mainstream benefits and supportive services available to support eligible individuals and families through their transition.

6. Communicate and coordinate with DHSP/CCoC on supportive service needs for EHV participants.

7. Comply with the provisions of this MOU.

VII. Program Evaluation

1. The CHA, DHSP/CCoC and Transition House liaisons or their designees agree to meet regularly to monitor Program implementation and adherence to Program goals and standards.

2. The CHA, DHSP/CCoC and Transition House agree to cooperate with HUD, provide requested data to HUD or HUD-approved contractor(s) that have been delegated the responsibility of program evaluation protocols established by HUD or HUD-approved contractor(s), including possible random assignment procedures.

IN WITNESS WHEREOF, the Parties hereto have hereunder set their hands as of the date first written above.

CITY OF CAMBRIDGE,
by

Louis A. DePasquale,
City Manager

Cambridge Housing Authority,
by

Michael J. Johnston,
Executive Director

CITY OF CAMBRIDGE DHSP,
by

Ellen Semonoff,
Assistant City Manager for Human Services

Transition House, Inc.,
by

Sarah Gyorog,
Executive Director

Approved as to form:

Nancy E. Glowa,
City Solicitor

Department *of*
Human Service Programs
Ellen Semonoff, Assistant City Manager

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MEMORANDUM OF UNDERSTANDING

Cambridge Housing Authority Mainstream Housing Choice Voucher Program Service Partner MOU

I. Purpose of This MOU

This memorandum of understanding ("MOU") has been created and entered into on March 8, 2021 between the **Cambridge Housing Authority** ("CHA"), the **City of Cambridge Department of Human Service Programs** ("DHSP") and **HomeStart, Inc.** ("the Agency") (collectively, "the Parties") in connection with CHA's application ("the Application") in response to the U.S. Department of Housing and Urban Development (HUD) FY 2017 Mainstream Voucher Program Notice of Funding Availability ("the NOFA"). This MOU outlines the basic agreement between the Parties during operation of the **Mainstream Housing Choice Voucher Program**, a tenant-based supportive housing program that assists non-elderly persons with disabilities ("the Program").

II. Program Goal and Definitions

The goal of the Program is to pair housing subsidies with supportive services to provide sustained community-based integrated housing for non-elderly persons with disabilities, with a preference for disabled non-elderly persons who are transitioning out of institutional or other segregated settings, at serious risk of institutionalization, homeless, or at risk of becoming homeless ("the Preference"). CHA shall provide the housing subsidies, DHSP shall identify eligible participants, and the Agency shall provide the supportive services.

III. Term

This MOU is intended to facilitate the award of Mainstream Voucher Program funding to CHA and utilization of the vouchers by eligible households pursuant to HUD Notice of Funding Availability for FY2017, Docket No. FR-6100-N-43 and shall commence on January 1, 2021 and end on September 30, 2022. It may be amended or extended based upon agreement of the parties.

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IV. Operational Roles and Responsibilities

A. CHA

1. Establish a preference for households that qualify for Mainstream vouchers, including those referred by the Agency.
2. Commit a sufficient number of staff and other resources to ensure that the application, certification, and voucher issuance processes are completed in a timely manner.
3. Commit a sufficient number of staff and other resources to ensure that inspections of units are completed in a timely manner.
4. Hold regular evaluation meetings with Agency staff to monitor and correct issues with such benchmarks as number of referrals received, vouchers issued, units leased/families housed, service coordination and tenancy support provided, lease infraction notices, average length of time in unit, and overall utilization.
5. Maintain releases of information for each participant in the Program to ensure open communication between CHA and the Agency.
6. Designate a staff person to meet with the Agency's representative on a regular basis to exchange updates about participants' housing stability.
7. Notify the Agency's contact person when a participant's housing is at risk due to noncompliance with the Program or their landlord.

B. DHSP

1. Identify and maintain a single point of contact for communication with CHA.
2. Identify households active in Cambridge shelters and outreach programs who are eligible for the Program and the Preference and provide list of those households to the Agency for further screening.
3. Participate in evaluation meetings with CHA and Agency staff to monitor, support and correct issues with program operations.

C. The Agency

1. Identify and maintain a single point of contact for communication with CHA.
2. Using list provided by DHSP, identify households who are eligible for the Program and the Preference, and are who are in need of the supportive services provided by the Agency.
3. Obtain releases of information for potential Program households to ensure open communication between the Agency and CHA, as well as with other partner agencies who may be able to provide services to eligible households.

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4. Assist applicants with application completion, paperwork and verifications, and ensure that the applications are complete prior to the Agency's submission of the application package to CHA.
5. Assist applicants and participants with reasonable accommodations as needed, including securing home modifications and/or disability related accommodations.
6. Attend participant briefings when needed.
7. Provide housing search and move-in services in a manner that affirmatively furthers fair housing to ensure that applicants and participants identify housing units that meet their needs and lease housing prior to the expiration of their voucher. Housing search services may include but are not limited to the following:
    a. Educate participants and landlords about the Program.
    b. Visit prospective rental units with voucher holders.
    c. Counsel participants in communicating effectively with landlords.
    d. Assist participants in completing rental applications.
    e. Assist participants with credit check fees and security deposits.
    f. Arrange for provision of foreign language translation and interpretation services.
    g. Assist participants in understanding the terms of the lease.
    h. Allow participants to freely exercise their preferences in selecting neighborhoods and buildings in which they want to live.
    i. Assist the participant with transitioning into their new unit.
8. Assist participants in identifying their ongoing service needs (e.g. in-home assistance, nutrition assistance, physical and mental health services, transportation assistance, employment training, education assistance, etc.) and make supportive services available to participants for the duration of the Program either directly or by assisting the participants in locating and accessing services from other agencies and systems. While participants are not required to participate in services, the Agency must assure that services are available and easily accessible.
9. Establish and implement methods to identify housing problems for participants as early as possible and engage participants in a change process to prevent a loss of housing, including but not limited to the following:
    a. Provide assistance in fulfilling Program requirements.
    b. Provide and/or refer participants to supportive services.
    c. Engage participants in determining the types of assistance they need.
    d. Provide interventions with landlords.
10. Maintain excellent service to any landlord with whom participants are applying or leased. The Agency will be available to the landlord not less than during regular business hours.
11. Provide training to applicable Agency staff on an ongoing basis to support operations of the Program and facilitate training and coordination between CHA and Agency.
12. Commit to attending evaluation meetings with CHA and DHSP staff.

Department of
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V. Contacts

CHA		Agency	
Name:	Hannah Bolcome	Name:	Kelly Mulligan
Title:	Director of Leased Housing	Title:	Chief Program Officer
Phone:	617-405-5529	Phone:	617.542.0338
E-mail:	hbolcome@cambridge-housing.org	E-mail:	mulligan@homestart.org

DHSP	
Name:	Ellen Semonoff
Title:	Assistant City Manager
Phone:	617-349-6200
E-mail:	esemonoff@cambridgema.gov

VI. Communication and Media

The Parties to this MOU shall acknowledge the others in all public releases of information about the collaboration and the Program.

VII. Further Cooperation

The Parties hereby commit to cooperating with one another to address issues as they arise and to resolve them based on the agreements stated in this MOU.

VIII. Privacy and Confidentiality

CHA is covered by M.G.L. c. 66A and 760 CMR 8 relating to Privacy and Confidentiality. CHA is a "holder" of personal data. As defined in M.G.L. c. 66A. The Parties agree to keep confidential any and all personal information and data to which they may have access under this Agreement, and all personal information

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that is received that is related to program participants. Such information and data shall be used only for the purposes of performing the work and shall not be duplicated, used, or disclosed to any third party without the prior written permission of CHA and/or the data subject, unless required by law. The parties further agree that, upon the expiration of this Agreement, any such data collected shall, as CHA directs, be either returned to CHA or destroyed; provided, however, that the parties may retain a copy of such tangible information for compliance and/or archival purposes. The requirements of this section shall remain in effect as long as CHA is a holder of personal data under this Agreement. The parties' responsibilities under this section shall survive the expiration or termination of this Agreement.

IX. Records

The Parties shall maintain financial and programmatic records, supporting documents, statistical records, and other records concerning the Section 811 Mainstream project-based vouchers for three (3) years subsequent to the expiration of this Agreement, unless a longer period is required under applicable statutes, regulations, or Section 811 Mainstream project-based voucher program requirements.

XI. No Rights or Privileges

The provisions of this Agreement shall not create any rights or privileges in any third parties, including without limitation, the right to bring suit to compel the parties to action or abstain from taking action. It is the specific intention of the parties that no express or implied rights or privileges are hereby granted to any Section 811 voucher recipient as a result of the parties' execution of this Agreement.

XII. Breach of Agreement

Either party shall be in breach of this Agreement in the event such party fails to perform or observe any material requirement, term or condition of this Agreement.

Department *of*
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VIII. Signatures

CHA

Michael J. Johnston
Name

Title

Mar 22, 2021
Date

Agency

Name Kelly Mulligan

Chief Program Officer
Title

3/11/21
Date

DHSP

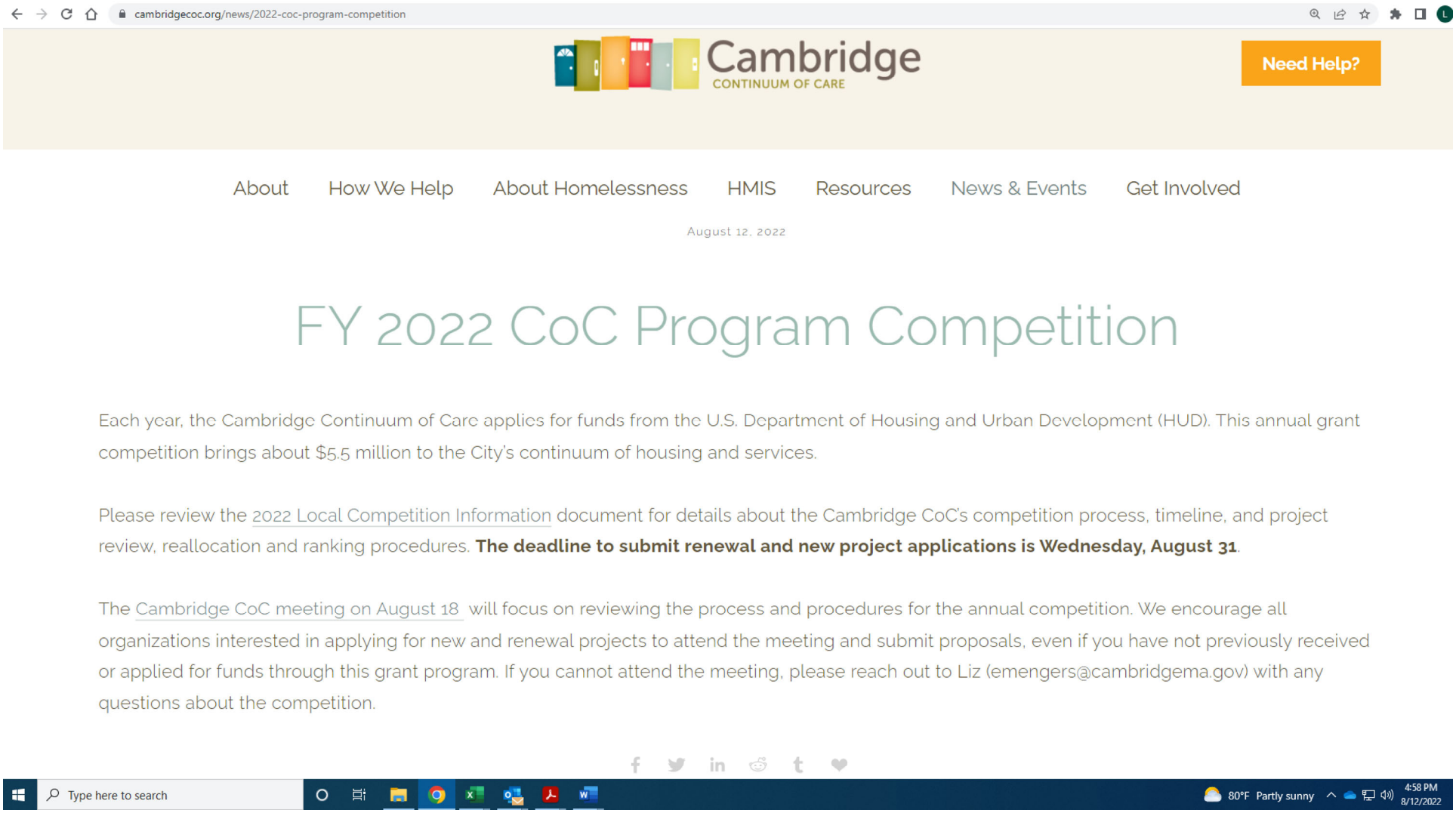
Name

Assistant City Manager
Title

March 8, 2021
Date

1E-1: LOCAL COMPETITION DEADLINE

- Screenshot of Cambridge CoC website posting on 8/12/2022 announcing the 2022 local competition, including submission deadline of 8/31.


cambridgecoc.org/news/2022-coc-program-competition
Cambridge
CONTINUUM OF CARE
Need Help?
About
How We Help
About Homelessness
HMIS
Resources
News & Events
Get Involved
August 12, 2022
FY 2022 CoC Program 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 $5.5 million to the City's continuum of housing and services.
Please review the 2022 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 Wednesday, August 31.
The Cambridge CoC meeting on August 18 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.
Type here to search
80°F Partly sunny
4:58 PM
8/12/2022

1E-2: LOCAL COMPETITION SCORING TOOL

- Blank copy of the local competition scoring tool. This is a PDF of an Excel Template with 4 tabs:
  - Source Data (the data entered into this tab populates into the Scorecard tab)
  - Scorecard
  - Reallocation Assessment
  - Summary Data

FY22 Scorecard Template

Project Name					
Start Date			Grant Number		
End Date			Name of Person Completing Scorecard		
			Second Reviewer		
Q2. Total beds/units			ACCESS TO INCOME/BENEFITS		
Total CH beds		#DIV/0!	Q19a. % with increased total income		
Q5. Total clients			Q20b. Total with 1+ source at annual		
Total adults			Q20b. Total with 1+ source at exit		
Total leavers			Total leavers + stayers w/ 1+ source	0	#DIV/0!
DATA QUALITY (Q6)	dk/r/m	Error Rate	HOUSING STABILITY		
DOB	0	#DIV/0!	Q23c. Permanent total		
Race	0	#DIV/0!	Total stayers	0	
Ethnicity	0	#DIV/0!	% successful exits/retention	0	#DIV/0!
Gender	0	#DIV/0!			
Veteran Status	0	#DIV/0!			
Disabling Condition	0	#DIV/0!	EXPENDITURES		
Income (entry)	0	#DIV/0!	Amount of Contract		
Income (exit)	0	#DIV/0!	Q28. Total Expenses + Admin		
Relationship to HoH	0	#DIV/0!	Unspent funds	$0	#DIV/0!
Income (annual)	0	#DIV/0!	Percent spent	#DIV/0!	
Destination	0	#DIV/0!	*PRIOR YEAR RECAPTURE*		
# of elements <10% error		0			
			PRIORITY POPULATIONS		
Q8. HH With Children		#DIV/0!	# of populations with 50%+	0	
Q8. Total HH Served			(at least 50% of HH served meet criteria)		
Q2. Avg. daily bed utilization					
Q11. 18-24, Without Children		#DIV/0!	INTENSIVE SERVICE NEEDS		
Q13a1. Mental Illness		#DIV/0!	# of populations with 50%+	0	
Q13a1. Alcohol + Drug Abuse		#DIV/0!	(at least 50% of HH served meet criteria)		
Q13a1. Chronic+HIV+DD+PD		#DIV/0!			
Q14. DV		#DIV/0!			
Q5a. Veterans		#DIV/0!			
Q5a. CH		#DIV/0!			

SourceData

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			HF	2	Project is Housing First	2	
Project must meet Housing First Threshold as indicated in application.	Project applic	Project application			Not Housing First	0	
Priority populations				4	4 populations	4	
Project can receive 1 point for each priority population served	Q5a, Q8	Q8, Q16, Q21	0		3 populations	3	
(Chronically Homeless, Veterans, Youth, Households with Children). To					2 populations	2	
receive points, at least 50% of households served during the reporting					1 populations	1	
year must be a priority population.					0 populations	0	
Populations with intensive service needs	Q13, Q14	Q18, Q19	0	4	4 populations	4	
Project can receive 1 point for each population with intensive service					3 populations	3	
needs: serious mental illness; substance use; chronic health condition					2 populations	2	
(HIV/AIDS, developmental and physical disability); and domestic					1 populations	1	
violence. To receive points, at least 50% of households served during					0 populations	0	
the reporting year must be a population with intensive service needs.							
Dedicated units for Chronically Homeless	HIC / Proj. Ap	HIC / Proj. App.	0	20	# of dedicated CH units	up to 10	
1 points per unit (max 10) plus up to 10 points for percentage of units							
dedicated (100% = 10, 90%=9, 80%=8, etc.)			#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					20 - 40%	3	
0 exits will receive full points.					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					9 elements <10% error rate	9	
10 universal data elements: DOB, Race, Ethnicity, Gender, Veteran Status,					8 elements <10% error rate	8	
Relationship to HoH, Disabling Condition, Income at entry, Income at					7 elements <10% error rate	7	
annual assessment, and Income at Exit. Example: 10 points for low error					6 elements <10% error rate	6	
rate on all 10 elements, 7 points for error rate below 10% on 7/10					5 elements <10% error rate	5	
elements.					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	0%	5	> 90%	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	
Project meets all reporting deadlines.					Any deadline missed	0	
Expenditures/Recaptures	DHSP records	DHSP records	#DIV/0!	5	≤ 90% of budget spent	5	
Project expends contracted budget.					< 90% of budget spent	0	
TOTAL SCORE				100			0

FY22 COC REALLOCATION ASSESSMENT

Project Name | 0

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

Recapture amount	$0.00	#DIV/0!
Recapture amount	$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	0%
SPM 7	% successful exits/retention of permanent housing	#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	
Project uses a Housing First Approach	
Project maximizes mainstream resources	
Project contributes to Coordinated Entry and/or promotes client choice	

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?

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

$$\frac{\text{Total Project Budget}}{\text{number of successful exits \& retentions}} = \frac{}{0} = \text{\#DIV/0!}$$

Based on responses above, is reallocation recommended?

SummaryData

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	0
# 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	0
% 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

1E-2a: SCORED FORMS FOR ONE PROJECT

- Completed Scored Forms for one PSH Renewal Project

Project Name	Heading Home: Stepping Stone PSH				
Start Date	10/1/2020		Grant Number	MA0317L1T091911	
End Date	9/30/2021		Name of Person Completing Scorecard	Liz Mengers	
			Second reviewer	Anthony Woods	
Q2. Total beds/units	31		ACCESS TO INCOME/BENEFITS		
Total CH beds	31	100%	Q19a. % with increased total income	57%	
Q5. Total clients	31		Q20b. Total with 1+ source at annual	17	
Total adults	30		Q20b. Total with 1+ source at exit	1	
Total leavers	5		Total leavers + stayers w/ 1+ source	18	58%
DATA QUALITY (Q6)	dk/r/m	Error Rate	HOUSING STABILITY		
DOB	1	3%	Q23c. Permanent total	3	
Race	0	0%	Total stayers	26	
Ethnicity	0	0%	% successful exits/retention	29	94%
Gender	0	0%			
Veteran Status	0	0%			
Disabling Condition	0	0%	EXPENDITURES		
Income (entry)	0	0%	Amount of Contract	$564,071	
Income (exit)	0	0%	Q28. Total Expenses + Admin	$520,711	
Relationship to HoH	0	0%	Unspent funds	$43,360	8%
Income (annual)	0	0%	Percent spent	92%	
Destination	1	3%	*PRIOR YEAR RECAPTURE*	$3,933.00	
# of elements <10% error		10			
			PRIORITY POPULATIONS		
Q8. HH With Children	1	4%	# of populations with 50%+	1	
Q8. Total HH Served	26		(at least 50% of HH served meet criteria)		
Q2. Avg. daily bed utilization	87%				
Q11. 18-24, Without Children	2	7%	INTENSIVE SERVICE NEEDS		
Q13a1. Mental Illness	25	81%	# of populations with 50%+	3	
Q13a1. Alcohol + Drug Abuse	17	55%	(at least 50% of HH served meet criteria)		
Q13a1. Chronic+HIV+DD+PD	19	61%			
Q14. DV	6	19%			
Q5a. Veterans	0	0%			
Q5a. CH	25	81%			

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	94%	20	> 98%	20	
					96 - 97.9%	18	
Goal: > 90%					94 - 95.9%	16	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	57%	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	58%	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			HF	2	Project is Housing First	2	2
Project must meet Housing First Threshold as indicated in application.	Project applic	Project application			Not Housing First	0	
Priority populations				4	4 populations	4	
Project can receive 1 point for each priority population served	Q5a, Q8	Q8, Q16, Q21	1		3 populations	3	
(Chronically Homeless, Veterans, Youth, Households with Children). To					2 populations	2	
receive points, at least 50% of households served during the reporting					1 populations	1	1
year must be a priority population.					0 populations	0	
Populations with intensive service needs	Q13, Q14	Q18, Q19	3	4	4 populations	4	
Project can receive 1 point for each population with intensive service					3 populations	3	3
needs: serious mental illness; substance use; chronic health condition					2 populations	2	
(HIV/AIDS, developmental and physical disability); and domestic					1 populations	1	
violence. To receive points, at least 50% of households served during the					0 populations	0	
reporting year must be a population with intensive service needs.							
Dedicated units for Chronically Homeless	HIC / Proj. Ap	HIC / Proj. App.	31	20	# of dedicated CH units	up to 10	10
1 points per unit (max 10) plus up to 10 points for percentage of units							
dedicated (100% = 10, 90%=9, 80%=8, etc.)			100%		% of dedicated units	up to 10	10
PROJECT CAPACITY							
HMIS Data Quality							
Exits to known destinations	Q6	DQ report	3%	5	< 5%	5	5
					5 - 20%	4	
Maximum points for less than 5% missing destination data. Projects with					20 - 40%	3	
0 exits will receive full points.					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					9 elements <10% error rate	9	
10 universal data elements: DOB, Race, Ethnicity, Gender, Veteran Status,					8 elements <10% error rate	8	
Relationship to HoH, Disabling Condition, Income at entry, Income at					7 elements <10% error rate	7	
annual assessment, and Income at Exit. Example: 10 points for low error					6 elements <10% error rate	6	
rate on all 10 elements, 7 points for error rate below 10% on 7/10					5 elements <10% error rate	5	
elements.					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	87%	5	> 90%	5	
Average daily bed utilization					85 - 90%	3	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	92%	5	≤ 90% of budget spent	5	5
Project expends contracted budget.					< 90% of budget spent	0	
TOTAL SCORE				100			80

FY22 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	$43,359.83	8%
Recapture amount	$3,933.00	
	$47,292.83	

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	57%
SPM 7	% successful exits/retention of permanent housing	94%

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**

Yes. Project serves CH individuals with consistently high retention rates.

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

$$\frac{\text{Contract amount}}{\text{number of successful exits \& retentions}} = \frac{\$564{,}071}{29} = \$19{,}451$$

$$\frac{\text{Total Project Budget}}{\text{number of successful exits \& retentions}} = \frac{}{29} = \$0$$

Based on responses above, is reallocation recommended? **No**

Recapture due to COVID impact on staffing and unit turnover rates.

Project Name	Heading Home: Stepping Stone PSH
CLIENT OUTCOMES	
% of clients remaining in PH	94%
% of adults with increased income	57%
% of households receiving benefits	58%
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	3%
# of elements with <10% error rate	10
Average daily bed utilization	87%
Project met reporting deadlines	Yes
% of budget spent	92%
TOTAL SCORE	80

REALLOCATION ASSESSMENT	
Significant recaptures? (>10% of grant)	No
Most recent recapture amount	43359.83
Contribute to improving System Performance?	Yes
SPM 4 - adults w/ increased income	57%
SPM 7 - successful exits / retention	94%
Contribute to HUD Policy Priorities?	Yes
Align with local funding priorities and needs?	Yes
Costs per PH exit or placement	19450.72414
Reallocation Recommended?	No

1E-5: NOTIFICATION OF PROJECTS REJECTED-REDUCED

- Email sent to applicant providing notification that the New Project proposed through the Local competition process did not pass threshold eligibility for the CoC Program.

From: Mengers, Elizabeth
To: Alice Kidder
Subject: RE: FFY2022 Coc Program Competition submission by Solutions at Work, Inc.
Date: Thursday, September 15, 2022 2:18:00 PM

Hi Alice,
Thank you for submitting a project proposal for the 2022 Continuum of Care (CoC) program competition. I am writing to notify you that the proposed project does not meet the threshold eligibility for the CoC Program and will not be ranked or included in the CoC's submission to HUD.

The proposal described a project that is not eligible for funding as a Permanent Supportive Housing (PSH) project type. CoC Permanent Housing projects require participants to have tenancy with lease terms of one year, and the proposal for 4 month pilot project for quarantine accommodations for persons testing positive for COVID does not align with the requirements of CoC-funded PSH.

The CoC Program rule at title 24 part 578 describes the CoC components and eligible activities and there is a helpful overview here: https://www.hudexchange.info/programs/coc/coc-program-eligibility-requirements/.

Thank you for the time and effort put into the proposal. Please be in touch if you have any questions.
Liz

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

From: Mengers, Elizabeth
Sent: Wednesday, August 31, 2022 11:53 AM
To: Alice Kidder <flintkiddr@aol.com>
Subject: RE: FFY2022 Coc Program Competition submission by Solutions at Work, Inc.

Hi Alice,
I am confirming receipt of the submission. We will be in touch if there are questions.

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

From: Alice Kidder <flintkiddr@aol.com>
Sent: Wednesday, August 31, 2022 11:46 AM
To: Mengers, Elizabeth <emengers@cambridgema.gov>
Subject: FFY2022 Coc Program Competition submission by Solutions at Work, Inc.

Attached please find the sections filled out in this document. If you have questions, do not hesitate to call me at 617 276-6227 or email me at flintkiddr@aol.com. Thank you.

Please acknowledge receipt of this proposal. Thanks.

Peace with Justice,
Alice E. Kidder, Co-Director, Solutions at Work, Inc.

1E-5a: NOTIFICATION OF PROJECTS ACCEPTED

- Public posting on CoC website on 9/15/2022 of ranked projects

- Individual emails sent to project applicants on 9/15/2022 that included completed scorecards for projects and link to public posting on CoC website of project ranking list

September 15, 2022

2022 CoC Project Ranking List

The Project Ranking List for the 2022 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 2022 Ranking list is available here: https://www.cambridgecoc.org/s/2022_MA509_CoC_Project_Rankings.pdf

2022 Cambridge CoC
Project Scores and Ranks

MA-509 Cambridge CoC

	Ranked Project Applications	Type	Score	Amount	Cumulative Total	
1	HomeStart: Going Home PSH	PH - PSH	89	$855,077	$855,077	
2	HomeStart: Key PSH	PH - PSH	86	$1,180,226	$2,035,303	
3	Heading Home: Solid Ground PSH	PH - PSH	82	$134,086	$2,169,389	
4	Heading Home: Cambridge Stepping Stone PSH	PH - PSH	80	$721,946	$2,891,335	
5	Heading Home: Cambridge Homeless to Housing PSH	PH - PSH	74	$406,413	$3,297,748	
6	Transition House: T-House PSH	PH - PSH	71	$443,923	$3,741,671	
7	TRA Consolidated	PH - PSH	71	$330,475	$4,072,146	
8	AAC: Supportive Housing Ending Homelessness	PH - PSH	66	$179,069	$4,251,215	
9	PRA: YMCA SRO Project	PH - PSH	64	$237,030	$4,488,245	
10	Bay Cove: Bridge PSH	PH - PSH	61	$124,397	$4,612,642	
11	Cambridge Coordinated Intake	SSO - CI	67	$515,075	$5,127,717	
12	Cambridge Dedicated HMIS	HMIS	67	$35,000	$5,162,717	
13	AAC: Youth Rapid Rehousing Project	PH - RRH	29	$156,485	$5,319,202	
14	Transition House: Rapid Rehousing Project	PH - RRH	27	$164,590	$5,483,792	TIER 1
15	Transition House: Rapid Rehousing Project	PH - RRH		$84,835	$84,835	TIER 2
16	Bay Cove: Rapid Rehousing / PSH Transition grant	PH - RRH to PSH		$195,937	$280,772	
	Ranked Total			$5,764,564		
	FY 2022 CoC Planning Grant (not ranked)	Planning		$173,172		

From:	Mengers, Elizabeth
To:	Kelly Mulligan
Cc:	Woods, Anthony
Subject:	2022 Cambridge CoC rankings: HomeStart
Date:	Thursday, September 15, 2022 2:18:00 PM
Attachments:	HS_GH_FY22 Scorecard.xlsx HS_Key_FY22 Scorecard.xlsx

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Hi Kelly,
I'm writing to update you on the decisions made by the CoC Board's Evaluation Panel for the 2022 CoC Program competition. The Panel met this week to work through the difficult strategic resource allocation decisions required for the 2022 submission to HUD. Each of your agency's project applications have been accepted and will be ranked on the CoC's Priority Listing.

The rankings prioritize preservation of funding for existing Permanent Supportive Housing (PSH) projects, Rapid Rehousing (RRH) renewals, projects that support mandated functions (HMIS and Coordinated Entry) and expansion of PSH projects,. 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 and the full 2022 Project Ranking List is available on the CoC's website here:
https://www.cambridgecoc.org/s/2022_MA509_CoC_Project_Rankings.pdf

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

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

From: Mengers, Elizabeth
To: David Parilla; Lisa Schorr Kaplan
Subject: 2022 Cambridge CoC rankings: Heading Home
Date: Thursday, September 15, 2022 2:19:00 PM
Attachments: HH_Solid Ground FY22 Scorecard.xlsx
HH_H2H_FY22 Scorecard.xlsx
HH_SteppingStone_FY22 Scorecard.xlsx

Hi Lisa and Dave,
I'm writing to update you on the decisions made by the CoC Board's Evaluation Panel for the 2022 CoC Program competition. The Panel met this week to work through the difficult strategic resource allocation decisions required for the 2022 submission to HUD. Each of your agency's project applications have been accepted and will be ranked on the CoC's Priority Listing.

The rankings prioritize preservation of funding for existing Permanent Supportive Housing (PSH) projects, Rapid Rehousing (RRH) renewals, projects that support mandated functions (HMIS and Coordinated Entry) and expansion of PSH projects,. 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.

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https://www.cambridgecoc.org/s/2022_MA509_CoC_Project_Rankings.pdf

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

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

From:	Mengers, Elizabeth
To:	Ronit Barkai; Jassie Senwah; sarah@transitionhouse.org
Cc:	Payack, Michael
Subject:	2022 Cambridge CoC rankings: Transition House
Date:	Thursday, September 15, 2022 2:20:00 PM
Attachments:	THouse_PSH_FY22 Scorecard.xlsx THouse_RRH_FY22 Scorecard.xlsx

Hi Ronit, Jassie and Sarah,
I'm writing to update you on the decisions made by the CoC Board's Evaluation Panel for the 2022 CoC Program competition. The Panel met this week to work through the difficult strategic resource allocation decisions required for the 2022 submission to HUD. Each of your agency's project applications have been accepted and will be ranked on the CoC's Priority Listing.

The rankings prioritize preservation of funding for existing Permanent Supportive Housing (PSH) projects, Rapid Rehousing (RRH) renewals, projects that support mandated functions (HMIS and Coordinated Entry) and expansion of PSH projects,. 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 and the full 2022 Project Ranking List is available on the CoC's website here:
https://www.cambridgecoc.org/s/2022_MA509_CoC_Project_Rankings.pdf

Please note that the RRH project "straddles" Tier 1 and Tier 2. In most recent competitions, projects that straddle tiers have been fully funded by HUD. We are hopeful this will be the case in the 2022 competition. However, in the event that only Tier 1 portion is funded, the Evaluation Panel discussed that the project will still be viable with a reduced budget ($164,590 in Tier 1).

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

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

From: Mengers, Elizabeth
To: Kristen Lascoe; Yahaira Bautista; Justine Kahn
Cc: Woods, Anthony; Payack, Michael
Subject: 2022 Cambridge CoC rankings: FCHC
Date: Thursday, September 15, 2022 2:19:00 PM
Attachments: AAC_SHEH_FY22 Scorecard.xlsx
AAC_YRRH_FY22 Scorecard.xlsx
TRA_Consolidate_FY22 Scorecard.xlsx
CHA_PRA_YMCA_FY22_Scorecard.xlsx

Hi Justine, Yahaira, and Kristen,
I'm writing to update you on the decisions made by the CoC Board's Evaluation Panel for the 2022 CoC Program competition. The Panel met this week to work through the difficult strategic resource allocation decisions required for the 2022 submission to HUD. Each of your agency's project applications have been accepted and will be ranked on the CoC's Priority Listing.

The rankings prioritize preservation of funding for existing Permanent Supportive Housing (PSH) projects, Rapid Rehousing (RRH) renewals, projects that support mandated functions (HMIS and Coordinated Entry) and expansion of PSH projects,. 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 and the full 2022 Project Ranking List is available on the CoC's website here:
https://www.cambridgecoc.org/s/2022_MA509_CoC_Project_Rankings.pdf

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

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

From: Mengers, Elizabeth
To: kwales@eliotchs.org
Subject: 2022 Cambridge CoC rankings: Eliot CHS
Date: Thursday, September 15, 2022 2:21:00 PM

Hi Keith,
I'm writing to update you on the decisions made by the CoC Board's Evaluation Panel for the 2022 CoC Program competition. The Panel met this week to work through the difficult strategic resource allocation decisions required for the 2022 submission to HUD. Each of your agency's project applications have been accepted and will be ranked on the CoC's Priority Listing.

The rankings prioritize preservation of funding for existing Permanent Supportive Housing (PSH) projects, Rapid Rehousing (RRH) renewals, projects that support mandated functions (HMIS and Coordinated Entry) and expansion of PSH projects,. 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 2022 Project Ranking List is available on the CoC's website here:
https://www.cambridgecoc.org/s/2022_MA509_CoC_Project_Rankings.pdf

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 contact us if you have questions or would like to discuss the rankings in more detail.
Liz

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

From:	Mengers, Elizabeth
To:	Sue Nohl
Cc:	Payack, Michael
Subject:	2022 Cambridge CoC rankings: CHA
Date:	Thursday, September 15, 2022 2:19:00 PM
Attachments:	TRA_Consolidate_FY22 Scorecard.xlsx CHA_PRA_YMCA_FY22_Scorecard.xlsx

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Hi Sue,
I'm writing to update you on the decisions made by the CoC Board's Evaluation Panel for the 2022 CoC Program competition. The Panel met this week to work through the difficult strategic resource allocation decisions required for the 2022 submission to HUD. Each of your agency's project applications have been accepted and will be ranked on the CoC's Priority Listing.

The rankings prioritize preservation of funding for existing Permanent Supportive Housing (PSH) projects, Rapid Rehousing (RRH) renewals, projects that support mandated functions (HMIS and Coordinated Entry) and expansion of PSH projects,. 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 and the full 2022 Project Ranking List is available on the CoC's website here:
https://www.cambridgecoc.org/s/2022_MA509_CoC_Project_Rankings.pdf

We are concerned about the track record of significant recaptures with the PRA YMCA project and will reach out to set up a meeting to discuss how this might be addressed. Thank you for your ongoing partnership and work to serve the Cambridge community. Please contact us if you have questions or would like to discuss the rankings in more detail.
Liz

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

From:	Mengers, Elizabeth
To:	Theresa Young; Brenda Cassidy
Cc:	Payack, Michael
Subject:	2022 Cambridge CoC rankings: Bay Cove
Date:	Thursday, September 15, 2022 2:21:00 PM
Attachments:	BayCove_Bridge_FY22 Scorecard.xlsx

Hi Theresa and Brenda,
I'm writing to update you on the decisions made by the CoC Board's Evaluation Panel for the 2022 CoC Program competition. The Panel met this week to work through the difficult strategic resource allocation decisions required for the 2022 submission to HUD. Each of your agency's project applications have been accepted and will be ranked on the CoC's Priority Listing.

The rankings prioritize preservation of funding for existing Permanent Supportive Housing (PSH) projects, Rapid Rehousing (RRH) renewals, projects that support mandated functions (HMIS and Coordinated Entry) and expansion of PSH projects,. 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 and the full 2022 Project Ranking List is available on the CoC's website here:
https://www.cambridgecoc.org/s/2022_MA509_CoC_Project_Rankings.pdf

Projects supporting mandated functions (HMIS and C-CAN) have been assigned the average score and ranked accordingly. The transition grant has been accepted and will be submitted to HUD for review but has been ranked in Tier 2, which means that the funding for the 2023-2024 grant is not certain. I am happy to set up a time to discuss this project and how we might move forward in the event HUD does not award the grant.

Thank you for your ongoing partnership and work to serve the Cambridge community.
Liz

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

1E-2b: FINAL PROJECT SCORES FOR ALL PROJECTS

- Final Project Scores for All Projects

Accepted & Ranked Projects

Project Name	Applicant Name	Project PIN	Status	Type	Rank	Score	Amount	Cumulative Total	
HomeStart: Going Home PSH	City of Cambridge	MA0152	Accepted	PH - PSH	1	89	$855,077	$855,077	
HomeStart: Key PSH	City of Cambridge	MA0170	Accepted	PH - PSH	2	86	$1,180,226	$2,035,303	
Heading Home: Solid Ground PSH	City of Cambridge	MA0151	Accepted	PH - PSH	3	82	$134,086	$2,169,389	
Heading Home: Cambridge Stepping Stone PSH	City of Cambridge	MA0317	Accepted	PH - PSH	4	80	$721,946	$2,891,335	
Heading Home: Cambridge Homeless to Housing PSH	City of Cambridge	MA0156	Accepted	PH - PSH	5	74	$406,413	$3,297,748	
Transition House: T-House PSH	City of Cambridge	MA0572	Accepted	PH - PSH	6	71	$443,923	$3,741,671	
TRA Consolidated	City of Cambridge	MA0180	Accepted	PH - PSH	7	71	$330,475	$4,072,146	
AAC: Supportive Housing Ending Homelessness	City of Cambridge	MA0570	Accepted	PH - PSH	8	66	$179,069	$4,251,215	
PRA: YMCA SRO Project	City of Cambridge	MA0179	Accepted	PH - PSH	9	64	$237,030	$4,488,245	
Bay Cove: Bridge PSH	City of Cambridge	MA0571	Accepted	PH - PSH	10	61	$124,397	$4,612,642	
Cambridge Coordinated Intake	City of Cambridge	MA0542	Accepted	SSO - CI	11	67	$515,075	$5,127,717	
Cambridge Dedicated HMIS	City of Cambridge	MA0155	Accepted	HMIS	12	67	$35,000	$5,162,717	
AAC: Youth Rapid Rehousing Project	City of Cambridge	MA0638	Accepted	PH - RRH	13	29	$156,485	$5,319,202	
Transition House: Rapid Rehousing Project	City of Cambridge	MA0637	Accepted	PH - RRH	14	27	$164,590	$5,483,792	TIER 1
Transition House: Rapid Rehousing Project	City of Cambridge	MA0637	Accepted	PH - RRH	14	27	$84,835	$5,568,627	TIER 2
Bay Cove: Rapid Rehousing / PSH Transition grant	City of Cambridge	MA0543	Accepted	PH - RRH to PSH	15	96	$195,937	$5,764,564	

Other

MA-509 FY 2022 CoC Planning Project (not ranked)			Accepted	Planning	NA		$173,172		

TOTAL FY 2022 Request	**$5,937,736**

Rejected Project

Solutions At Work: PSH for COVID Homeless			Rejected	NA	NA	NA	$256,040

Proposed project did not meet threshold eligibility; request described quarantine emergency noncongregate shelter w/ 4 month funding period; proposal did not align with PSH requirements. No esnaps project application submitted; no project score assigned by Eval Panel because project did not pass threshold eligibility.

RANKING PRIORITIES

1. PSH Renewal
2. HUD Mandated Projects
3. RRH Renewal
4. PSH Expansion

Projects are ranked by score within each prioritized category.

3A-1a: HOUSING LEVERAGE COMMITMENTS

- MOU between CoC and CHA for Emergency Housing Vouchers

  The Cambridge Housing Authority received allocation of 128 EHVs. The New Project Proposal for **Bay Cove: Cambridge PSH (MA0543)** is a Transition grant that seeks to provide permanent ongoing housing supports to 30 chronically homeless voucher recipients.

Memorandum of Understanding

This Memorandum of Understanding (MOU) has been created and entered into on July 27, 2021 by and between:

Cambridge Housing Authority
362 Green Street
Cambridge, MA 02139

and

Cambridge Continuum of Care through
City of Cambridge Department of Human Service Programs
51 Inman Street
Cambridge, MA 02139

and

Transition House, Inc.
P.O. Box 392016
Cambridge, MA 02139

I. Introduction and Goals

The Cambridge Housing Authority (CHA) has been awarded 128 Emergency Housing Vouchers (EHV) through the American Rescue Plan Act of 2021, also known as the stimulus package. The EHV are effective as of July 1, 2021. The U.S. Department of Housing and Urban Development (HUD) provides CHA with funding to administer the EHV program (Program). The Program requires that CHA execute a Memorandum of Understanding with the Cambridge Continuum of Care (CCoC), through the City of Cambridge Department of Human Service Programs (DHSP), the designated lead agency within the City of Cambridge, and Transition House, Inc. (Transition House), the Victim Service Provider for CCoC.

1. The CHA, DHSP and Transition House are committed to administering the Program in accordance with all HUD requirements.

2. The CHA's goals and standards of success in administering the program include:
   i. Issue 50% of the vouchers by December 31, 2021
   ii. Issue 50% of the vouchers by June 30, 2022
   iii. Achieve 100% leasing of vouchers by December 31, 2022

3. The following staff will serve as the lead Program liaisons:

Lead CHA Liaison:
Hannah Bolcome
Director of Leased Housing

Lead DHSP/CCoC Liaison:
Liz Mengers Magargee
DHSP Planning and Development Manager

Lead Transition House/Victim Service Provider Liaison:
Ronit Barkai
Assistant Director, Transition House, Inc.

II. Eligible Populations

a. The CCoC's coordinated entry system, Cambridge Coordinated Access Network (CCAN), will refer households (individuals and families) to CHA who meet the following Program eligibility requirements:
   i. Individuals or families who are experiencing homelessness
   ii. Individuals or families who are at risk of homelessness
   iii. Individuals or families who are recently homeless

b. Transition House will refer homeless households to CHA who are fleeing or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or human trafficking.

III. Services

1. CCoC partnering service providers will support referred individuals and families in completing applications and obtaining necessary supporting documentation to support applications for assistance while aiding households in addressing barriers.

2. CCoC partnering service providers will ensure that appointment notifications from the CHA are delivered to eligible individuals and families and will assist eligible households in keeping appointments with the CHA and responding to document needs of the CHA.

3. The CHA will establish windows of time for EHV applicants to complete intake documents for EHV.

4. CCoC partnering service providers will provide housing search assistance for eligible individuals and families.

5. CCoC partnering service providers will provide counseling on compliance with rental lease requirements.

6. CCoC partnering service providers will assess individuals and families who may require referrals for assistance on security deposits, utility hook-up fees, and utility deposits.

7. CCoC partnering service providers will assess and refer individuals and families to benefits and supportive services, where applicable.

IV. CHA Roles and Responsibilities

1. Coordinate and consult with DHSP/ CCoC in developing the services and assistance to be offered under the EHV services fee.

2. Accept direct referrals for eligible individuals and families through the CCoC Coordinated Entry System via CES or alternately directly through a victim's services provider.

3. Commit a sufficient number of staff and necessary resources to ensure that the application, certification, and voucher issuance processes are completed in a timely manner.

4. Commit a sufficient number of staff and resources to ensure that inspections of units are completed in a timely manner.

5. Designate a staff member to serve as the lead EHV liaison.

6. Comply with the provisions of this MOU.

V. DHSP/CCoC Roles and Responsibilities

1. Designate and maintain a lead EHV liaison to communicate with the CHA.

2. In alignment with program goals detailed in Section I.1, refer sufficient eligible individuals and families to the CHA using the coordinated entry system, with the goal of 20 referrals being sent to CHA every 3 weeks.

3. Commit a sufficient number of staff and resources to support eligible individuals and households in completing and applying for supportive documentation to accompany admissions application to the CHA (i.e., self-certifications, birth certificate, social security card, etc.).

4. DHSP/ CCoC or partnering service provider staff will attend EHV participant briefings when needed.

5. Commit a sufficient number of staff and resources to assess all households referred for EHV for mainstream benefits and supportive services available to support eligible individuals and families through their transition.

6. Identify and provide supportive services to EHV families. (While EHV participants are not required to participate in services, the DHSP/ CCoC should assure that services are available and accessible.)

7. Comply with the provisions of this MOU.

VI. Transition House Roles and Responsibilities

1. Designate and maintain a lead EHV liaison to communicate with the CHA.

2. Refer eligible individuals and families who are fleeing or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or human trafficking to the CHA.

3. Commit a sufficient number of staff and resources to support eligible households in completing and applying for supportive documentation to accompany admissions application to the CHA (i.e., self-certifications, birth certificate, social security card, etc.)

4. Assign staff to attend EHV participant briefings when needed.

5. Assess all households referred for EHV for mainstream benefits and supportive services available to support eligible individuals and families through their transition.

6. Communicate and coordinate with DHSP/CCoC on supportive service needs for EHV participants.

7. Comply with the provisions of this MOU.

VII. Program Evaluation

1. The CHA, DHSP/CCoC and Transition House liaisons or their designees agree to meet regularly to monitor Program implementation and adherence to Program goals and standards.

2. The CHA, DHSP/CCoC and Transition House agree to cooperate with HUD, provide requested data to HUD or HUD-approved contractor(s) that have been delegated the responsibility of program evaluation protocols established by HUD or HUD-approved contractor(s), including possible random assignment procedures.

IN WITNESS WHEREOF, the Parties hereto have hereunder set their hands as of the date first written above.

CITY OF CAMBRIDGE,
by

Louis A. DePasquale,
City Manager

Cambridge Housing Authority,
by

Michael J. Johnston,
Executive Director

CITY OF CAMBRIDGE DHSP,
by

Ellen Semonoff,
Assistant City Manager for Human Services

Transition House, Inc.,
by

Sarah Gyorog,
Executive Director

Approved as to form:

Nancy E. Glowa,
City Solicitor