

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 2024 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2024 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 2024 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) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

1A-1. CoC Name and Number: ME-500 - Maine Statewide CoC

1A-2. Collaborative Applicant Name: Maine State Housing Authority

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Maine State Housing Authority

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) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
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- Frequently Asked Questions

1B-1.	Inclusive Structure and Participation–Participation in Coordinated Entry.	
	NOFO Sections V.B.1.a.(1), V.B.1.e., V.B.1f., and V.B.1.p.	
	In the chart below for the period from May 1, 2023 to April 30, 2024:	
1.	select yes or no in the chart below if the entity listed participates in CoC meetings, voted—including selecting CoC Board members, and participated in your CoC’s coordinated entry system; or	
2.	select Nonexistent if the organization does not exist in your CoC’s geographic area:	

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

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

1B-1a.	Experience Promoting Racial Equity.	
	NOFO Section III.B.3.c.	

Describe in the field below your CoC's experience in effectively addressing the needs of underserved communities, particularly Black and Brown communities, who are substantially overrepresented in the homeless population.

(limit 2,500 characters)

MCOCC worked w/ DEI Consultants to revise docs & processes to address racial disparities & implicit bias & establish "Racial Equity Policy & Standards" to improve racial equity in provision & outcomes of assistance among providers, including revisions to our CE Assessments for BIPOC & LGBTQ+ pops & work has begun on an addendum specifically for Asylum seekers. The standards recognize institutional & systematic racism contribute to oppression of people of color, creating inequity, poverty & homelessness, & affirm our commitment to proactive policies, practices, attitudes, & actions to produce equitable power, access, opportunities, treatment, & outcomes for all. MCOCC created a DEIB Committee to monitor & advise MCOCC & partners on issues related to equity & diversity, including advising partners to review & revise job descriptions & policies to remove implicit bias & eliminate potential barriers a more diverse workforce. A presentation & discussion on White Dominant Cultural Norms to MCOCC, SHC, & RHCs helped raise awareness of implicit bias & unconscious attitudes that must be addressed.

The Standards & DEIB Comm. seek to ensure that MCOCC Board, committees, & program staff be representative of populations served by establishing professional development opportunities to invest in emerging leaders of different races & ethnicities, reviewing Board, committee, & program staff composition for progress on being more representative of populations served & actively recruiting for more diversity by seeking new leaders of different races & ethnicities that emerge from MCOCC professional development efforts. MCOCC works w/ communities to ensure racial disparities are not perpetuated by expanding outreach to areas w/ higher concentrations of underrepresented groups & ensuring trainings & communications are inclusive of these groups, including MCOCC-led training for homeless services system staff to better understand the intersection of racism & homelessness. Maine has seen a great influx of immigrants, including asylum seekers, in the last few years, many of whom receive assistance through our homeless response system. MCOCC providers have engaged translation services to make forms & policies, especially for Coordinated Entry, available in other languages based on census data & local provider requests. All MCOCC info, including invitations to join meetings & committees, is publicly posted on our website in easily translatable formats.

1B-2.	Open Invitation for New Members.	
	NOFO Section V.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 and access for persons with disabilities, including the availability of accessible electronic formats; and	
3.	invited organizations serving culturally specific communities experiencing homelessness in your CoC's geographic area to address equity (e.g., Black, Latino, Indigenous, LGBTQ+, and persons with disabilities).	

(limit 2,500 characters)

1) MCOC solicits new members monthly by public invite to meetings & annually in our NOFO RFP, encouraging agencies not funded by MCOC to apply & participate. All posts are on our publicly accessible www.mainehomelessplanning.org site & shared by Statewide & Regional Homeless Councils, Service Hub Coordinators & other population specific email lists. Targeted outreach & engagement of new members also occurs via our Resource Comm. soliciting & recruiting new members at monthly meetings & quarterly trainings attended by agencies who may not be familiar w/ MCOC. So far in 2024 we have seen 15 new agencies at MCOC meetings.

2) The call for new members & all notices are posted on our website as WORD/PDF docs that can be read aloud via Text to Speech or translated to other languages w/ Google Translate. We use cohelpdesk@mainehousing.org for all questions/comments about MCOC including accommodations for people w/ disabilities. We use teleconferencing for all meetings, which eliminates the need for travel & includes real time transcription & allows chat so hearing impaired members can participate in discussions. We can also record meetings & are updating our website to make recordings publicly accessible.

3) MCOC has worked w/ Immigrant Resource Center of Maine & other Cultural Brokers & orgs serving culturally specific communities including Black, Latino, Indigenous, LGBTQ+, persons w/ disabilities, migrant workers, asylum seekers, & other New Mainers who may experience homelessness. Most recently, MCOC reached out to Tribal Leaders & the Wabanaki Housing Circle w/ info on the CoC & CoCBUILDS NOFOs. Much outreach is done by our People w/ Lived Experience Committee (PWLE). MCOC has a Board Executive Committee At-Large Seat that can only be held by a member w/ Lived Experience of Homelessness & a Board seat for a YAB member. The PWLE Com works w/Homeless Voices for Justice & Homeless Advocacy For All, two homeless self-advocacy groups, to ensure persons experiencing homelessness &/or formerly homeless persons actively & meaningfully participate. We have also incorporated Maine's Youth Advisory Board (YAB), which includes youth w/ lived experience of homelessness, in our governance & approved stipends to compensate PWLE & YAB members for time/travel to participate in MCOC activities. All these groups have increased their efforts to connect w/ culturally specific communities experiencing homelessness, inviting them to attend meetings of MCOC & committees.

1B-3.	CoC's Strategy to Solicit/Consider Opinions on Preventing and Ending Homelessness.	
	NOFO Section V.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;	
3.	ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats; and	
4.	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) MCOC solicits & considers opinions of people who've experienced homelessness, the Statewide & Regional Homeless Councils (SHC&RHC), Service Hub Coordinators & HOPWA, ESG, RHYA, DV/VAWA, PATH, SSVF, & SAMHSA providers, housing developers, advocates, businesses, local, state & federal officials & community members. MCOC & SHC developed a Service Hub structure in Maine to bring together providers at a local level to focus on prevention, diversion & Coordinated Entry (CE). MCOC & our Board target outreach to seek input from groups not regularly meetings including Tribal entities & organizations led by & serving BIPOC & LGBTQ+ communities. MCOC & committee meetings are open to the public & accessible via phone/video conferencing. Our CA provides an email: cochelpdesk@mainehousing.org where anyone may submit questions/comments on MCOC efforts.
- 2) MCOC & committee meetings use teleconferencing & are open to the public; there are no membership fees/dues. All are welcome to participate & share ideas/opinions. MCOC activities are standing agenda items at SHC&RHC meetings which are also public monthly forums to solicit/share info, opinions, feedback, best practices & discuss emerging state & local issues & advocacy. Agendas, minutes, notices, & links to attend remotely are posted prior to meetings at www.mainehomelessplanning.org which is publicly accessible.
- 3) All MCOC notices are posted on our website as WORD/PDF docs that can be read aloud using Text to Speech or translated into other languages using Google Translate. Our CA has an email, cochelpdesk@mainehousing.org for all questions/comments about MCOC including accommodations for people w/ disabilities. We use videoconferencing for our meetings, which eliminates the need for people to travel to participate & includes a real time transcription function & chat, allowing hearing impaired members to participate in discussions.
- 4) Information gathered at MCOC meetings & other public forums is considered in all efforts to develop improvements, best practices & new approaches to ending & preventing homelessness. For example Landlord risk mitigation; Infectious Disease/Public Health response initiatives, rapid resolution & new diversion efforts were all developed w/ public input. Based on public feedback, MCOC developed a Service Hub structure in Maine to bring together partner organizations at the local level throughout the state & helped implement new Housing Problem Solving & other Diversion focused programs

1B-4.	Public Notification for Proposals from Organizations Not Previously Awarded CoC Program Funding.	
	NOFO Section V.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.	ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats.	

(limit 2,500 characters)

1) Our RFP seeking Project Applications for the 2024 NOFO Competition was publicly posted on our website on August 23, 2024 & specifically invited new proposals from organizations not previously funded by MCOC. (An RFP for the CoCBuilds NOFO was similarly posted on August 27th, & also specifically invited proposals from organizations not previously funded by MCOC.) Our website, www.mainehomelessplanning.org, is publicly accessible and has over 3400 subscribers. Information about the RFP was also shared on the MaineHousing.org website, and at MCOC, Statewide Homeless Council, Regional Homeless Council, and Service Hub partner meetings - all of which are public forums.

2) The MCOC RFP included links to the initial HUD NOFO Announcement & information specific to the MCOC process & deadlines, including how to access the detailed instructions & navigational guides to create an esnaps profile & submit an application to MCOC. All such announcements encourage interested parties to contact staff at MCOC's CA via email for more information.

3) MCOC accepts project applications from all eligible organizations & uses a publicly posted scoring/ranking process for all new/renewal projects including those from entities not previously funded. Final scoring/ranking of all projects determines if any project proposal, including any from entities not previously funded, will be included in the current CoC Program Competition final submission to HUD.

4) To ensure effective communication w/ individuals w/ disabilities in its public notification of the Request For Proposals, the MCOC posts all information, notifications, & materials as WORD &/or PDF documents on its website where they can be read aloud using Text to Speech or translated into other languages using Google Translate by anyone familiar w/ these programs. Our CA maintains an email account: cochelpdesk@mainehousing.org where anyone may submit questions or comments regarding this process, including any needed accommodations. We use videoconferencing for all meetings, including meetings where the RFP and Application Process are discussed, which eliminates the need for people to travel to participate & includes a real time transcription function & chat, allowing hearing impaired attendees to meaningfully participate in discussions.

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

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

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

In the chart below select yes or no to indicate whether your CoC:

1.	Consulted with ESG Program recipients in planning and allocating ESG Program funds?	Yes
2.	Provided Point-in-Time (PIT) count and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area?	Yes
3.	Ensured local homelessness information is communicated and addressed in the Consolidated Plan updates?	Yes
4.	Coordinated with ESG recipients in evaluating and reporting performance of ESG Program recipients and subrecipients?	Yes

1C-3.	Ensuring Families are not Separated.	
	NOFO Section V.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 family members are not separated?	Yes
3.	Worked with CoC and ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients?	Yes
4.	Worked with ESG recipient(s) to identify both CoC- and ESG-funded facilities within your CoC's geographic area that might be out of compliance and took steps to work directly with those facilities to bring them into compliance?	Yes
5.	Sought assistance from HUD by submitting questions or requesting technical assistance to resolve noncompliance by service providers?	No

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

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

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

1C-4a.	Formal Partnerships with Youth Education Providers, SEAs, LEAs, School Districts.	
	NOFO Section V.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)

MCOE has agreements & longstanding historical partnerships w/SEA&LEAs, DOE, head starts, child development, healthy start & childcare & youth service providers throughout Maine through its members who work w/ families & youth, including outreach to unsheltered households. The Statewide McKinney-Vento Educational (M-V Ed) Lead has attended MCOE meetings. MCOE & its members collaborate w/youth education (ed) agencies who provide early childhood ed, early/head start, child care/child development/healthy start programs, & public schools including early/pre-K & w/McKinney-Vento SEA&LEAs, by requiring all CoC/ESG programs serving unaccompanied youth &/or families w/children to inform clients of their M-V Ed Assurances Act rights & assist in connecting them w/ M-V Ed Liaisons. MCOE also collaborates w/youth ed. providers & SEA&LEAs via our Youth Homelessness Demonstration Program (YHDP) & our Youth Action Board (YAB). Our YAB has worked w/Maine DOE to update M-V info forms & flyers & to distribute these directly to teachers & school administrators. ESG programs are required to have staff to work w/LEA liaisons. Providers working w/homeless youth meet re practices/policy sharing info w/ M-V Ed liaisons. MCOE/ESG sub-recipients work w/LEAs on enrollment, transportation, ESL, support plans, immunizations, records, testing, etc. HMIS asks if youth are connected to LEAs. MCOE collaborates w/local school districts ensuring they work closely w/ family/youth programs. Shelters consult w/school district liaisons to ensure youth in shelter stay enrolled locally & arrange any testing/educational/homeless services needed to stay in school. School liaisons/social workers refer to MCoE partners if students may be homeless/at risk. All shelters including DV have policies on youth/child educational needs.

1C-4b.	Informing Individuals and Families Who Have Recently Begun Experiencing Homelessness about Eligibility for Educational Services.	
NOFO Section V.B.1.d.		

Describe in the field below written policies and procedures your CoC uses to inform individuals and families who have recently begun experiencing homelessness of their eligibility for educational services.

(limit 2,500 characters)

MCOCC has written policies, procedures & written standards to inform individuals & families who have recently become homeless, including those experiencing unsheltered homelessness, of their eligibility for education services. MCOCC has established universal, standardized forms which include information on SEA, LEAs, school districts, available education services, how to access those services & eligibility requirements for those services. The forms & informational flyers were recently updated through a collaborative effort of our YAB & the Statewide McKinney-Vento Educational Lead. Our YAB has also coordinated trainings on MCOCC policies & forms w/ local School Liaisons & has provided flyers, forms & information directly to teachers & school administrators. It is required that agencies which provide services/shelter to households w/ school aged children have designated staff trained on the use of the forms & policies to ensure connections to education services including enrollment in school are made. These agencies also ensure these connections remain intact & maintain close relationships w/ the school systems/districts where they are located. In MCOCC/ESG written policies/procedures it states ESG & CoC recipients will work closely w/ local school districts to ensure households w/ children have information about eligibility for education services. These protocols/procedures for ensuring that households w/ children who have recently begun experiencing homelessness know of their eligibility for ed. services were expanded to ensure hotel/motels used for ES & unsheltered households were included. Shelters/outreach/people w/ lived experience/other providers consult w/school liaisons to ensure children in shelter/unsheltered stay enrolled locally & to arrange any testing/educational/homeless/on-site services needed to stay in school. MCOCC ensures providers of services & housing to unaccompanied youth who have recently begun experiencing homelessness make sure connections to education/schools remain intact & have established close relationships w/ their school systems/districts. MCOCC also ensures that youth providers maintain connections to continuing education services through area Adult Education programs. MCOCC, its members & ESG/CoC recipients ensure connections to & partnerships w/ SEA, LEAs, & local area school districts/systems. The MCOCC monitors CoC-funded projects & ESG recipients for adherence/compliance to all of the above strategies/policies.

1C-4c.	Written/Formal Agreements or Partnerships with Early Childhood Services Providers.	
	NOFO Section V.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	Yes	No
2.	Child Care and Development Fund	Yes	No
3.	Early Childhood Providers	Yes	No
4.	Early Head Start	Yes	No
5.	Federal Home Visiting Program–(including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	Yes	No
6.	Head Start	Yes	No

7.	Healthy Start	Yes	No
8.	Public Pre-K	Yes	No
9.	Tribal Home Visiting Program	No	No
	Other (limit 150 characters)		
10.			

1C-5.	Addressing Needs of Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking–Collaboration with Federally Funded Programs and Victim Service Providers.
	NOFO Section V.B.1.e.

In the chart below select yes or no for the organizations your CoC collaborates with:

	Organizations	
1.	State Domestic Violence Coalitions	Yes
2.	State Sexual Assault Coalitions	Yes
3.	Anti-trafficking Service Providers	Yes
	Other Organizations that Help this Population (limit 500 characters)	
4.	The Maine Coalition to End Domestic Violence, a 501c Non-Profit, & their 8 DV Resource Centers are all members of MCoC. MCEdV & 2 DVRCs have MCoC grants. MCEdV will soon have a new grant partner agency; Her Safety Net, a community non-profit founded in Maine in 2021 to provide advocacy for women of all ages, including immigrants, refugees, asylum seekers & BIPOC communities, with a focus on victims of domestic violence, sexual violence, other types of gender-based violence or human trafficking.	Yes

1C-5a.	Collaborating with Federally Funded Programs and Victim Service Providers to Address Needs of Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.
	NOFO Section V.B.1.e.

Describe in the field below how your CoC regularly collaborates with organizations that you selected yes to in Question 1C-5 to:

1.	update CoC-wide policies; and
2.	ensure all housing and services provided in the CoC's geographic area are trauma-informed and can meet the needs of survivors.

(limit 2,500 characters)

1) MCOC works w/ the Maine Coalition to End Domestic Violence (MCEDV), made up of DV shelter, housing & service providers across Maine, including State & Fed. funded VSPs, to regularly review & update CoC policies to ensure those fleeing DV, dating violence, sexual assault & stalking can access housing & services unique to their needs that prioritize safety & confidentiality, including trauma-informed, survivor-centered services, & to develop, implement & adhere to Emergency Transfer Plans (ETPs) & protocols for DV referrals to Coordinated Entry (CE) to ensure safety, confidentiality & maximize client choice, regardless of where or how they connect to the system. MCOC ensures safety, confidentiality & maximizes client choice w/ CE protocols developed in conjunction w/ MCEDV, that prioritize safety/ trauma informed/ survivor-centered services & account for unique housing & service needs of DV, dating violence, sexual assault & stalking survivors, including a DV specific CE if they choose. Maine's ESG criteria includes maintaining confidentiality of DV client data/PII & CE incorporates confidentiality/safety protections in policy & ensures access to both DV & non- DV housing/service options as desired by the client.

2)MCOC has many ES, TH & PSH beds dedicated to people fleeing DV & including shelters, services & housing specifically for human trafficking survivors accessible via MCOC & DV CE. MCOC also reaches out to Tribal DV Shelters & Service Orgs in Maine to share polices, best practices, ETPs, etc. Many DV clients qualify for & may prefer non-DV specific housing/rental assistance, so MCOC ensures access to all available housing types w/ various levels of supports to maximize client choice. MCEDV trains & monitors compliance w/ QA standards for DV providers, who must offer crisis intervention & advocacy services for emotional & physical safety for all DV clients, enhancing survivors' personal autonomy. Non-VSPs who receive ESG funds are trained on ETPs & use a trauma-informed approach regardless of known DV/SA survivor status. Each interaction is survivor-lead, collaborative & trauma-informed, understanding that survivors are the experts regarding potential risks & impact of interventions. Advocates provide shelter, housing & services in compliance w/ VAWA confidentiality/nondiscrimination standards. MCEDV provides MCoC membership w/ an annual DV VAWA foundations training & will soon provide a trauma informed intake assessment training for MCoC.

1C-5b.	Implemented Safety Planning, Confidentiality Protocols in Your CoC's Coordinated Entry to Address the Needs of Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.	
	NOFO Section V.B.1.e.	
	Describe in the field below how your CoC's coordinated entry addresses the needs of DV survivors by including:	
	1. safety planning protocols; and	
	2. confidentiality protocols.	

(limit 2,500 characters)

1) Maine ESG criteria for all Emergency Shelters includes maintaining confidentiality of DV client data/PII to ensure survivor safety. MCOC CE protocols prioritize safety/ trauma informed/ survivor-centered services, including a separate DV CE, if desired by the client. Clients experiencing DV who work with a VSP will be placed on the prioritization list in a confidential manner using an ID#. All clients in the CoC are eligible for this same service and are never required to be fully identified on the prioritization list. The Maine Coalition to End Domestic Violence (MCEDV) works w/MCOC to develop plans that ensure those fleeing DV, dating violence, sexual assault & stalking can access housing/services unique to their needs that prioritize safety & confidentiality, including trauma-informed, survivor-centered services, & development, implementation, & adherence to Emergency Transfer Plans (ETPs) & protocols for DV referrals to Coordinated Entry (CE).

2) MCoC's CE uses trauma-informed, survivor-centered approaches in development, implementation, & adherence to ETPs & protocols for CE DV referrals to ensure confidentiality & maximize client choice. All clients fleeing or attempting to flee DV will be offered the option to be referred to a VSP for specific advocacy and support. All policies and protocols are maximized to maintain confidentiality for all clients. No client is required to be fully identified in order to be placed on the prioritization list. All clients, regardless of known DV/SA status, are offered the opportunity to use a de-identified method to access the list. MCEDV has been facilitating discussions with other state DV coalition providers to enhance all survivor's access to coordinated entry.

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

In the chart below, indicate how your CoC facilitates training for project staff and coordinated entry staff that addresses best practices on safety planning and confidentiality protocols:

		Project Staff	Coordinated Entry Staff
1.	Training Occurs at least annually?	Yes	Yes
2.	Incorporates Trauma Informed best practices?	Yes	Yes
3.	Incorporates Survivor-Centered best practices?	Yes	Yes
4.	Identifies and assesses survivors' individual safety needs?	Yes	Yes
5.	Enhances and supports collaboration with DV organizations?	Yes	Yes
6.	Ensures survivors' rights, voices, and perspectives are incorporated?	Yes	Yes
	Other? (limit 500 characters)		
7.			

1C-5d.	Implemented VAWA-Required Written Emergency Transfer Plan Policies and Procedures for Domestic Violence, Dating Violence, Sexual Assault, and Stalking.	
	NOFO Section V.B.1.e.	

Describe in the field below:

1.	whether your CoC's written policies and procedures include an emergency transfer plan;
2.	how your CoC informs all households seeking or receiving CoC Program assistance about their rights to an emergency transfer;
3.	what your CoC requires households to do to request emergency transfers; and
4.	what your CoC does in response to households requesting emergency transfers.

(limit 2,500 characters)

1) MCoC worked w/ Maine Coalition to End Domestic Violence to develop & implement written Emergency Transfer Plans (ETPs) policies & procedures covering all aspects of VAWA & HUD requirements. ETP policies & procedures are part of MCoC Written Standards.

2) MCoC uses its Monitoring Tool to ensure all CoC projects have ETP policies in place. MCoC's CE adheres to ETPs & related protocols for all referrals. CE & CoC Project intakes use trauma-informed, survivor-centered approaches to ensure safety, confidentiality & maximize client choice. MCoC CE integrates confidentiality & safety protections & ensures client-requested access to both DV & non-DV housing/service options. MCoC ensures safety, confidentiality & maximizes client choice w/ a CE that accounts for unique housing & service needs of DV, dating violence, sexual assault & stalking survivors, including a DV specific CE assessment if requested. All CoC & ESG recipients/subrecipients must make ETPs available for clients/tenants who are victims of domestic violence, dating violence, sexual assault, or stalking by providing clients/tenants w/ ETP Request Forms & information including local DV resources. When notified a client/tenant is experiencing domestic violence, sexual assault, or other qualifying circumstances, the provider MUST offer them the option to request a transfer.

3) To request an ETP, the client/tenant notifies the CoC/ESG recipient/subrecipient of the situation & submits a request. The request for an ETP should include a statement/documentation the client/tenant reasonably believes there is a threat of imminent harm from violence if they were to stay in the same unit assisted under the CoC/ESG project OR documentation the client/tenant was a victim of sexual assault occurring on the premises w/in 90 days of the request for an ETP.

4) When a MCoC/ESG recipient/subrecipient receives a written request for an ETP, the Provider works w/ the client/tenant to expedite the request using best practices & VAWA & HUD guided processes & procedures to ensure an appropriate ET is made based on the client/tenant's unique situation, protecting confidentiality & survivor safety & coordinating as/if/when appropriate w/ Department of Human Services/Coordinated Entry Lead. ET options considered include internal & external ETs. MCoC/ESG recipients/subrecipients must provide reasonable accommodations for individuals w/ disabilities in ETPs. The ETP policies & procedures are part of MCoC Written Standards.

1C-5e.	Facilitating Safe Access to Housing and Services for Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.	
	NOFO Section V.B.1.e.	
	Describe in the field below how your CoC ensures households experiencing trauma or a lack of safety related to fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking have safe access to all of the housing and services available within your CoC's geographic area.	

(limit 2,500 characters)

The MCoC works closely with the Maine Coalition to End Domestic Violence (MCEDV) and local VSPs to provide access to the full range of housing and services available with MCOOC. No client, regardless of known survivor status, is required to be identified on the CE prioritization list - they control how their personally identifying information (PII) is protected including withdrawing their personally identification from the CE list and remaining there in a de-identified manner. All MCEDV DV Resource Centers (DVRCs) are members of the MCoC and are engaged with the CE system. MCOOC has many ES, TH & PSH beds dedicated to people fleeing DV & some providers operate shelters, services & housing specifically for human trafficking survivors accessible via MCOOC & DV CE. Many DV clients qualify for non DV-specific housing/rental assistance, ensuring access to many housing types w/ varying levels of support to maximize client choice. Maine's CE System has a specific process for survivors to access all available CoC Housing resources while maintaining the level of confidentiality required. The State assessment tool allows for additional prioritization for anyone fleeing or attempting to flee DV/SA regardless of length of time homeless, thus increasing the probability othat those fleeing DV/SA will be referred to all appropriate resources. DV providers participate in CE case conferencing, however client names are not used, and PII is not shared.

1C-5f.	Identifying and Removing Barriers for Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.	
	NOFO Section V.B.1.e.	
	Describe in the field below how your CoC ensures survivors receive safe housing and services by:	
1.	identifying barriers specific to survivors; and	
2.	working to remove those barriers.	

(limit 2,500 characters)

1. Each survivor that Maine's Domestic Violence Resource Centers (DVRCs) serve has a unique set of barriers, and therefore requires a unique safety plan. What may be an option or support for one survivor, may not be for another. While some survivors feel comfortable reaching out to law enforcement, adding home security systems, or filing a Protection from Abuse (PFA) order, others can find those options doing the very opposite- increasing their level of risk. Advocates work alongside each survivor to help them determine which type of housing and services would be most helpful given their situation. Children, employment, and the need for confidentiality are just some of the things that advocates take into consideration when making a plan with a survivor.

2. Working more broadly to reduce barriers for all survivors, the Maine Coalition to End Domestic Violence regularly attends the MCoC Coordinated Entry Committee meetings and has worked with the committee to better address the needs of survivors that engage with that system. From reviewing the Coordinated Entry Policies & Procedures, to researching how other states have implemented Coordinated Entry, the MCoC is constantly seeking to adapt and improve the CE system and all policies, procedures, and programs to reduce barriers for survivors. Individuals who are fleeing are afforded the opportunity to end their coordinated entry assessment at any time to directly contact a local DVRC for a connection to advocacy services. DVRC advocates also attend the MCoC Meeting, Committee Meetings, and their individual Hub meetings across the state to voice survivors' needs, and raise awareness that advocacy services are free, confidential, and available 24/7, to ensure that all survivors are able to access their local DVRC.

1C-6.	Addressing the Needs of Lesbian, Gay, Bisexual, Transgender and Queer+--Anti-Discrimination Policy and Equal Access Trainings.	
	NOFO Section V.B.1.f.	

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

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

Describe in the field below:

1.	how your CoC regularly collaborates with LGBTQ+ and other organizations to update its CoC-wide anti-discrimination policy, as necessary to ensure all housing and services provided in the CoC are trauma-informed and able to meet the needs of LGBTQ+ individuals and families;
2.	how your CoC assisted housing and services providers in developing project-level anti-discrimination policies that are consistent with the CoC-wide anti-discrimination policy;
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)MCOOC collaborates with LGBTQ+ Advocates & organizations to regularly update Written Standards & CoC-wide anti-discrimination policy w/ input/feedback from a broad array of partners including ESG recipients/subrecipients, project staff, key leadership, government entities, ppl w/ lived experience, ppl most likely to be adversely affected by discrimination & people least likely to provide feedback w/o specific outreach to ensure all housing & services provided in the MCoC are trauma-informed & able to meet the needs of LGBTQ+ individuals & families & other historically underserved populations.

2)MCOOC has a written CoC-wide anti-discrimination policy & Maine's CES includes specific language/provisions pertaining to anti-discrimination. MCOOC invites all CoC/ESG providers to trainings on the importance of diversity, equity, & inclusion including information to assist in developing/improving project-level antidiscrimination policies consistent w/ the CoC-wide policy ensuring LGBTQ+ individuals/families receive supportive services, shelter & housing free from discrimination. Trainings include how to effectively implement HUD's Equal Access Final Rule.

3)MCOOC, w/ assistance from HUD TA, has incorporated compliance w/ antidiscrimination policies into our project monitoring/project scoring processes & CES evaluation. The Lived Experience Committee, the DEI Committee, & the Youth Advisory Board play key roles in assisting MCOOC to evaluate compliance. MCOOC has a grievance/appeals process through which complaints of discrimination can be made by clients or on their behalf. MCOOC evaluates these grievances & the projects against whom they've been made.

4)MCOOC's process for addressing noncompliance w/anti-discrimination policies includes: formal written notification to projects alleged to be or found to be in noncompliance; encouraging/assisting aggrieved parties to seek out all avenues of addressing discrimination including Fair Housing violation complaints/formal complaints w/ Maine Human Rights Commission; providing additional TA to projects found to be in noncompliance; putting projects in noncompliance on Project Improvement Plans & more frequent project monitoring specifically evaluating compliance; reduction in scores in the annual CoC competition for noncompliance; & projects found to consistently not comply face reduction in/loss of funding.

1C-7.	Public Housing Agencies within Your CoC's Geographic Area–New Admissions–General/Limited Preference–Moving On Strategy.	
NOFO Section V.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 current 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 or Housing Choice Voucher Program During FY 2023 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?
Maine State Housing Authority	44%	Yes-HCV	No
Portland Housing Authority	19%	Yes-Public Housing	Yes

1C-7a.	Written Policies on Homeless Admission Preferences with PHAs.	
	NOFO Section V.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) MCoC continues to work with the two largest HAs in the state, Portland Housing Authority (Portland HA) & Maine State Housing Authority (MaineHousing), as well as others, to adopt homeless admission preferences. MCoC has done this via written communications, meetings w/ HA leadership, invitations to join MCoC meetings, seeking membership on HA boards & networking at community stakeholder events. MCoC enjoys a strong relationship with Portland HA, & MaineHousing serves as the MCoC Collaborative Applicant & is an integral part of the MCoC. The successful collaborations between MCoC & the two largest HAs in the state is evidenced by the high percentage of people experiencing homelessness upon program entry: 44% of MaineHousing new admissions into the Housing Choice Voucher Program in FY23 were people who were experiencing homelessness at entry; & for Portland HA's new admissions of people who were experiencing homelessness at entry were 17% into Public Housing, and 24% into the Housing Choice Voucher Program, 19% overall. In collaboration with MCoC, both Portland HA & MaineHousing have incorporated general or limited homeless preferences in their admin plans. MCoC continues to work with & encourage all HAs in the state to incorporate Homeless Admission Preference Policies into their Admin Plans. Additionally, MCoC has secured MOUs from Portland HA & MaineHousing documenting Move On Strategies, which designate preference/practices for current PSH program participants who no longer need intensive services, for their programs, such as allowing current PSH program participants to port existing Project Based Section 8 vouchers to Housing Choice Vouchers. MCoC helped facilitate the use of EHV Vouchers for homeless households with the Housing Authorities in Bangor, Caribou, Lewiston & Waterville, as well as Portland & MaineHousing. Although no longer issuing new EHV vouchers, HAs are still providing EHV rental subsidy to tenants.

2)N/A, since MCoC does work closely with these & other PHAs to adopt such policies.

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	Yes
2.	PHA	Yes
3.	Low Income Housing Tax Credit (LIHTC) developments	Yes
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 V.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)	Yes
4.	HUD-Veterans Affairs Supportive Housing (HUD-VASH)	Yes
5.	Mainstream Vouchers	No
6.	Non-Elderly Disabled (NED) Vouchers	No
7.	Public Housing	No
8.	Other Units from PHAs:	
	Portland FYI Vouchers, MaineHousing STEP Vouchers	Yes

1C-7d.	Submitting CoC and PHA Joint Applications for Funding for People Experiencing Homelessness.	
	NOFO Section V.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)?	No
		Program Funding Source
2.	Enter the type of competitive project your CoC coordinated with a PHA(s) to submit a joint application for or jointly implement.	N/A

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

	Did your CoC coordinate with any PHA to apply for or implement funding provided for Housing Choice Vouchers dedicated to homelessness, including vouchers provided through the American Rescue Plan?	Yes
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1D. Coordination and Engagement Cont'd

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) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

1D-1.	Preventing People Transitioning from Public Systems from Experiencing Homelessness.	
	NOFO Section V.B.1.h.	

Select yes or no in the chart below to indicate whether your CoC actively coordinates with the public systems 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.	Prisons/Jails?	Yes
2.	Health Care Facilities?	Yes
3.	Residential Care Facilities?	Yes
4.	Foster Care?	Yes

1D-2.	Housing First—Lowering Barriers to Entry.	
	NOFO Section V.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 2024 CoC Program Competition.	24
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 2024 CoC Program Competition that have adopted the Housing First approach.	23
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 2024 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	96%

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

You must upload the Housing First Evaluation attachment to the 4B. Attachments Screen.

Describe in the field below:

1.	how your CoC evaluates every project—where the applicant checks Housing First on their project application—to determine if they are using a Housing First approach;
2.	the list of factors and performance indicators your CoC uses during its evaluation;
3.	how your CoC regularly evaluates projects outside of your local CoC competition to ensure the projects are using a Housing First approach; and
4.	what your CoC has done to improve fidelity to Housing First.

(limit 2,500 characters)

1)MCOCC reviews how projects respond to Housing First (HF) questions in their apps & monitors/scores based on how well projects implement those HF approaches. MCoC w/ HUD TA improved our Monitoring Tools & incorporate factors like: referral/admission/intake/selection procedures w/ no/low barriers to entry & rapid placement/stabilization in PH; not screening out applicants based on rental, credit, criminal histories, sobriety, income & not requiring services/preconditions. MCOCC Monitoring incorporated HUD's HF Assessment Tool & USICH HF checklist to cover all aspects of HF. How well projects follow HF is addressed in Monitoring committee meetings to ensure projects that commit to a HF approach do so in practice. The Maine Legislature has approved development of a State HF Program & MCOCC will work to ensure a true HF approach is used.

2)MCOCC monitors/scores/ranks projects based on HF factors including if projects enroll ppl w/: little/no income, active/history of SUD, criminal records, history of victimization & if projects prevent termination for: failure to participate in services/failure to make progress on service plan/loss of income/not improved income/any other activity not covered in a typical lease. MCOCC w/ HUD TA incorporated new methods of verification of these factors into Monitoring: HMIS verification project moves ppl quickly into housing & enrolls ppl w/SUD/history of victimization; APR verification project enrolls ppl w/ little/no income or loss of income & if projects operating/termination/tenant selection policies prevent termination for failure to participate in support services/make progress on service plans or any activity not covered in a typical lease based on review of project policy docs.

3)MCOCC reviews projects' operating procedures/tenant selection/admission/termination policies for HF compliance. MCOCC evaluates HF compliance outside the competition using HMIS data/APRs to reveal project participant barriers/reasons for project termination to show HF compliance. There is a MCOCC/Board feedback loop to ensure projects follow through w/ performance improvement plans. Client grievance/appeals are reviewed w/ a HF lens.

4)MCOCC's new Monitoring Tool includes site monitoring visits client file review & address all aspects of fidelity to using a HF approach. If a project is found to not be HF compliant they will be given an opportunity to implement a performance improvement plan. If they do not, MCOCC will take corrective action.

1D-3.	Street Outreach—Data—Reaching People Least Likely to Request Assistance.	
	NOFO Section V.B.1.j.	
	Describe in the field below how your CoC tailored its street outreach to people experiencing homelessness who are least likely to request assistance.	

(limit 2,500 characters)

MCoC outreach efforts ensure regular engagement of unsheltered individuals/families where they reside. These strategies have been improved by Maine's homeless system redesign, Service Hubs & Coordinated Entry System (CES). MCoC outreaches to unsheltered ppl w/a network of providers as referral partners/access points throughout our local Service Hubs/CES. Hubs operate in each region including CES case conferencing. Hubs ensure community participation/coverage for the service area including outreach. Maine 211 is available to connect ppl to this network of providers 24/7/365. ESG shelters conduct outreach in their local communities. PATH outreaches to those living w/Serious Mental Illness (SMI) who are homeless & least likely to seek assistance w/o outreach. Maine has multiple Medicaid-funded service programs for a coordinated statewide system to ensure unsheltered ppl are identified & engaged. PATH engages eligible persons & establishes trust to assist w/links to housing/vouchers/services, Mainstream Resources, & case management. Youth providers are contracted by MEDHHS for outreach to Homeless Youth. YHDP funded projects cover the entire state with outreach efforts. MCoC coordinates w/street outreach & by-name list efforts to meet the needs of unsheltered people in Maine. These efforts identify the least likely to engage/request assistance. SSVF programs conduct continuous street/community outreach to ID homeless Vets. Street Outreach resources Connections to street outreach services are also available via 211. MCoC tailored outreach to the least likely to request assistance by coordinating w/ regional street outreach/by-name list efforts to meet the needs of unsheltered ppl statewide. MCoC Hubs/CES use PATH and City of Bangor Outreach as outreach resources designed to aggressively & systematically provide outreach. These efforts are tailored to those least likely to engage/request assistance, to meet the needs of each individual & address service gaps including specific subpopulations that are reluctant to seek assistance such as LGBTQ, persons fleeing DV, unsheltered youth & those suffering w/SMI/SUD. CE prioritizes unsheltered for CoC TBRA resources, and uses a tie breaker for people with the same score. HUBs all doing CE as of 10/1/24. MCoC CE Comm developed an outreach structure. CE prioritized unsheltered in response to encampment health crisis. MCoC discusses unsheltered/encampments at monthly meetings.

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

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

Your CoC's Strategies	Engaged/Educated Legislators and Policymakers	Implemented Laws/Policies/Practices that Prevent Criminalization of Homelessness

1.	Increase utilization of co-responder responses or social services-led responses over law enforcement responses to people experiencing homelessness?	Yes	No
2.	Minimize use of law enforcement to enforce bans on public sleeping, public camping, or carrying out basic life functions in public places?	No	No
3.	Avoid imposing criminal sanctions, including fines, fees, and incarceration for public sleeping, public camping, and carrying out basic life functions in public places?	Yes	No
4.	Other:(limit 500 characters)		
	Maine Statewide Homeless Council w/ help of MCOC members, released a White Paper to the Governor, Legislature & municipal leaders throughout Maine offering practical, humane solutions to the crisis of unsheltered homelessness. The Paper opposes clearing of encampments unless every effort has been made to engage & house every individual/family & cites successful examples of social service led efforts to shelter &/or house people living in encampments prior to such sweeps in Maine & other states.	Yes	No

1D-5.	Rapid Rehousing–RRH Beds as Reported in the Housing Inventory Count (HIC) or Longitudinal Data from HMIS.	
	NOFO Section V.B.1.i.	

		HIC Longitudinal HMIS Data	2023	2024
	Enter the total number of RRH beds available to serve all populations as reported in the HIC or the number of households served per longitudinal HMIS data, e.g., APR.	HIC	521	486

1D-6.	Mainstream Benefits–CoC Annual Training of Project Staff.	
	NOFO Section V.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:

	Mainstream Benefits	CoC Provides Annual Training?
1.	Food Stamps	Yes
2.	SSI–Supplemental Security Income	Yes
3.	SSDI–Social Security Disability Insurance	Yes
4.	TANF–Temporary Assistance for Needy Families	Yes
5.	Substance Use Disorder Programs	Yes
6.	Employment Assistance Programs	Yes
7.	Other (limit 150 characters)	

1D-6a.	Information and Training on Mainstream Benefits and Other Assistance.	
	NOFO Section V.B.1.m	
	Describe in the field below how your CoC:	
	1. works with projects to collaborate with healthcare organizations, including those that provide substance use disorder treatment and mental health treatment, to assist program participants with receiving healthcare services, including Medicaid; and	
	2. promotes SSI/SSDI Outreach, Access, and Recovery (SOAR) certification of program staff.	

(limit 2,500 characters)

1)MCOC works w/ projects to keep program staff up-to-date on information regarding access to all mainstream resources available for program participants, including but not limited to, healthcare, substance use disorder (SUD) treatment, mental health (MH) treatment, SSI/SSDI, Medicaid, Medicare, SNAP, TANF, & VA benefits. MCOC works directly w/ healthcare, SUD, & MH providers to ensure collaboration & consumer access to programs/benefits. State/local healthcare, SUD, MH & mainstream benefit program staff attend MCOC meetings & regularly provide updates on their programs. MCOC shares information on the availability of healthcare, SUD, MH, & other mainstream resources including SSI/SSDI, Medicaid, Medicare & other assistance to projects by posting trainings/related info on our website & via email through the statewide & regional homeless councils & supportive service provider agency collaboratives. Maine DHHS & other MCOC partners have many trainings that are now available on-line at any time & are accessible from via computer, table, or smartphone. These including trainings on SSI/SSDI Outreach, Access, & Recovery (SOAR), accessing Food Stamps (SNAP), TANF, Recovery Coach Trainings, Community & Workplace trainings on SUD, Addiction, & Recovery, Employment Assistance, GA, Emergency Assistance, Alternative Aid, Parents as Scholars, Aspire & HOPE - Higher Opportunities for Pathways to Employment.

2) MCOC works w/ projects to promote SSI/SSDI Outreach, Access, & Recovery (SOAR) certification of program staff by advertising & promoting SOAR trainings offered by SAMHSA, both live and on-line, that highlight the benefits of SOAR certification for staff. MCOC works w/ project staff to collaborate w/ healthcare orgs, including SUD/mental health treatment, to assist program participants w/ receiving healthcare services they may be eligible for. SOAR trainings from SAMHSA & other trainings conducted by Maine DHHS Office of Behavioral Health (OBH) facilitate connections/partnerships w/MCOC projects & healthcare orgs in working to assist participants in accessing SSI/SSDI & other health related services including applying for healthcare coverage via Medicaid & VA Medical Services & SUD/mental health services. MCOC monitors & provides TA to projects on their ability to connect participants to SSI/SSDI & healthcare related services. MCOC helps project staff collaborate w/ DHHS to assist participants in enrolling in health/behavioral health services.

ID-7.	Partnerships with Public Health Agencies–Collaborating to Respond to and Prevent the Spread of Infectious Diseases.	
	NOFO Section V.B.1.n.	
	Describe in the field below how your CoC effectively collaborates with state and local public health agencies to develop CoC-wide policies and procedures that:	
	1. respond to infectious disease outbreaks; and	

2.	prevent infectious disease outbreaks among people experiencing homelessness.
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(limit 2,500 characters)

1)MCOCC has been collaborating with Bangor Public Health(BPH), MaineCDC (MCDC), Health Equity Alliance, DHHS Office of Behavioral Health, HUD's SNAP office, to rapidly house and establish policies & procedures to respond to & decrease the spread of HIV among the unsheltered. DHHS prioritized individuals in the HIV cluster using MCoC-funded TBRA vouchers. BPH and PATH secured apartments for individuals who are receiving medical case management through HEAL. MCOCC & its partners continue to work on facilitating collaborative responses & related policies & protocols to improve our readiness for future emergencies. This team of collaborators continue to meet weekly with guidance from HUD's SNAP office and HUD TA, to establish protocols for responding to and preventing the spread of infectious diseases 2) Education on maintaining/improving safety measures for housed/sheltered/unsheltered populations & staff is also shared at meetings and on MCoC's website. To prevent the spread of COVID-19, MCOCC has implemented policies based on guidance from MCDC including protocols for: conducting remote meetings for all COC activities to reduce physical contact, promote social distancing; de-congregating shelters by increasing space between beds & establishing quarantine/wellness shelters to allow for isolation from others to prevent the spread of infectious diseases. Distributing PPE, supplies, materials; practicing social distancing in all aspects of the homeless response system; working w/ mainstream resource providers to ensure testing, vaccines, treatments are made available to sheltered/unsheltered populations & front line staff, including coordination with Maine CDC, public health agencies. Maine Immunization program provides vaccinations for homeless individuals including Hepatitis A, Tetanus, Diphtheria and Pertussis, and Flu. Vaccines are also offered by VA Medical Staff at Veteran Stand Down events. Rapid HIV testing is offered to sheltered/unsheltered individuals. Positive HIV results are sent to MCDC for confirmation and tracking. MCOCC has coordinated w/ mainstream health/local & state health/MCDC to ensure safety measures are implemented throughout homeless response systems to quickly respond to infectious disease outbreaks & reduce their spread including: protocols for on-site/mobile testing/vaccinations; contingency plans for shelters to operate 24/7 prioritizing vouchers for housing sheltered/unsheltered populations.

ID-7a.	Collaboration With Public Health Agencies on Infectious Diseases.	
	NOFO Section V.B.1.n.	
	Describe in the field below how your CoC:	
1.	effectively shared information related to public health measures and homelessness; and	
2.	facilitated 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)MCOCC website quickly & publicly shares the most up-to-date Infectious Disease info w/ homeless service & outreach providers & the general public. Any info posted on the site is translatable into different languages to increase access & remove barriers. The website is the primary means of public communication for both the MCOCC & the Statewide Homeless Council (SHC) & multiple committees & other groups working to end & prevent homelessness in Maine. Info shared on the site includes safety measures, best practices, resources, guidance & links to trainings related to maintaining & improving safety measures for housed, sheltered, & unsheltered populations & staff, & info on accessing PPE, testing & vaccines, wellness/quarantine/isolation shelters & Rent Relief/Eviction Prevention resources to help people stay housed. Sources of this info include HUD, including HUD Office Hours, FEMA, USICH, NAEH, State & Federal CDC Offices, Maine.gov. & National Healthcare for the Homeless Council (NHCHC), & National Coalition for the Homeless (NCH).

2) Representatives from Maine CDC (MCDC) regularly attend MCOCC & SHC meetings to share the most up-to-date information on infectious diseases & other public health matters & address questions & concerns raised by attendees, including Outreach, Shelter, & Housing Providers. The most up to date info is publicly posted on the MCOCC website as soon as it becomes available & shared at all regular meetings of both MCOCC & SHC. MCOCC's ability to rapidly implement CDC guidance, recommendations, & best practices & our improved/increased lines of communication/information sharing enabled us to work w/ MCDC to make COVID vaccinations available to sheltered/unsheltered populations, & to front line shelter and supportive housing staff. HepA, Tetanus, Diphtheria & pertussis vaccines provided by Maine Immunization program, are available to homeless individuals. MCOCC & partners continue to work on facilitating creative, innovative, collaborative responses & related policies & protocols to improve our readiness for future emergencies & to end & prevent homelessness. Local onsite rapid HIV and HepC testing. Positive HIV testing confirmed by MCDC. MCOCC TBRA vouchers awarded to individual in HIV encampment cluster and connected them with medical case management. DHHS collaborates with providers to rapidly house individual from the HIV cluster. HUD SNAPS office is providing TA.

1D-8.	Coordinated Entry Standard Processes.	
	NOFO Section V.B.1.o.	

Describe in the field below how your CoC's coordinated entry system:	
1.	can serve everybody regardless of where they are located within your CoC's geographic area;
2.	uses a standardized assessment process to achieve fair, equitable, and equal access to housing and services within your CoC;
3.	collects personal information in a trauma-informed way; and
4.	is updated at least annually using feedback received from participating projects and households that participated in coordinated entry.

(limit 2,500 characters)

- 1) MCOC CES covers 100 percent of our geographic area using a statewide Service Hub model w/ 211, outreach programs, & access points working together so each county in the state is covered. Maine CES utilizes a multi-site access point system built off of a person-centered model w/ statewide access. There are currently more than 100 Access Points.
- 2) In 2024, based on feedback from outreach workers, access points, hub coordinators, community partners, & the YAB, MCOC redesigned the assessment tool. The tool has 5 sections, addressing emergency needs, including immediate access to DV CE if requested, collecting contact info, housing history, identifying housing preferences of the participant, & a problem solving/diversion conversation. This assessment is used at each CE access point & creates the CE prioritization list. A new training was created in 2024 on the use of the assessment tool to be sure all access points are collecting information uniformly, w/ appropriate messaging & resource referrals for participants, & supporting participants as the CES process is intended to do for an equitable CES. Over 475 people are required to complete the training using a self-directed online learning system. For equity, the MCOC CES provides interpreter services and HMIS captures 21 separate languages. Six organizations participated in ongoing discussions on Asylum Seekers' (AS) different needs, including current funding opps & legal/basic/housing needs. Discussion also included how AS' needs should be incorporated in the CE assessment. This group will reconvene to continue these discussions & see how AS can be best served in CE.
- 3) Maine CES trains all people administering the CE assessment on the basics of Trauma Informed Interviewing including the four key components: Safety, Collaboration, Voice/Choice, & Trust/Transparency. Assessors are encouraged to promote an atmosphere where interviewees can stop the assessment at any time & where they are not asked the same questions repeatedly. Assessors are taught to adopt a conversational approach and ask open-ended questions.
- 4) The MCOC CES is in the early stage of the implementation process & uses a continuous improvement process to the system can be updated at least annually. Feedback is solicited at the biweekly CES Committee meetings that includes both provider and PWLE.

1D-8a.	Coordinated Entry–Program Participant-Centered Approach.	
	NOFO Section V.B.1.o.	

	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 needs and preferences; and
4.	takes steps to reduce burdens on people seeking assistance.

(limit 2,500 characters)

1) To reach the least likely to apply for homeless assistance CES uses a multi-layered targeted & focused outreach approach. Wide statewide dissemination of written materials, combined w marketing strategies, partner meetings, translation services & work w/ culturally sensitive orgs/staff optimizes positive outcomes. Marketing materials are shared electronically/posted. Hub Coordinators, housing navigators, outreach staff/org partners connect w/ providers & orgs, towns, health/police, warming shelters & faith based orgs to reach households. Maine's CES includes access points beyond shelters: Public Libraries, Public Health, Recovery, Immigrant Resource Center of Maine, Community Actions, SA Response & Tribal Organization agencies. The MCoC has an Affirmatively Furthering Fair Housing Policy applying to CoC/ESG funded entities, connecting to the CES for access up to referral & placement.

2) Maine CES prioritizes clients w/ LOTH & barriers to housing so the most in need receive housing resources. Prioritization scores increase for clients meeting chronically homeless definition, are fleeing DV, or unsheltered, making it more likely for matches w/housing resources. The process aligns w/ HUD's Notice Prioritizing Persons Experiencing Chronic Homelessness & Other Vulnerable Homeless Persons in PSH.

3) The CES prioritizes clients based on LOTH & barriers to housing so clients needing permanent housing are rapidly referred. CES completes assessments w/in a specific # of days for rapid referral to housing. Case conferencing for system/client level barriers occurs regularly; matching to referrals is both ongoing & as needed. Clients are notified w/in 3 business days of match to a housing resource. The CE assessment includes housing preferences, i.e. location, size & type of housing, helping prioritization/referral/resource matching & case conferencing. Client choice takes precedence.

4) Maine CES has multiple access points w/ a common assessment to reduce barriers, including phone options for rural Mainers. Data is shared via HMIS reducing duplicate assessments/client discomfort. Flexibility is built into CES to lessen burdens, including many ways to contacting clients when they are matched w/ a resource & allowing assessments to be completed through progressive engagement, in person or by phone. Case conferencing happens regularly w/ barriers discussed; resolved & system level barriers identified.

1D-8b.	Coordinated Entry–Informing Program Participants about Their Rights and Remedies–Reporting Violations.	
	NOFO Section V.B.1.o.	

Describe in the field below how your CoC through its coordinated entry:	
1.	affirmatively markets housing and services provided within the CoC's geographic area and ensures it reaches all persons experiencing homelessness;
2.	informs program participants of their rights and remedies available under federal, state, and local fair housing and civil rights laws; and
3.	reports any conditions or actions that impede fair housing choice for current or prospective program participants to the jurisdiction(s) responsible for certifying consistency with the Consolidated Plan.

(limit 2,500 characters)

1.MCoC has an Affirmatively Furthering Fair Housing & Access to Supportive Services Policy which its Coordinated Entry System (CES) & CES participating agencies must follow. Affirmative marketing is defined as adherence to local, state & federal fair housing laws. Positive efforts to ensure that a wide spectrum of persons of various races, religions, familial status, color, sex, gender, disabilities, sexual orientation, & national origins are made aware through CES of CoC projects, services & their benefits. Maine has a relatively small population of minority residents; those least likely to apply for housing/ services w/o special outreach efforts are Black/African Americans, American Indian/Alaska Natives, Asians, & Hispanic/ Latin Americans, & persons w/ disabilities & mental health conditions are also among those least likely to apply for housing/services w/o special outreach. To reach these groups w/ marketing efforts, CES/participating projects contact local shelters/service providers/Hubs, alerting them to their projects. In CES marketing of housing/services, all advertising, brochures, leaflets & other printed materials must include the Equal Housing Opportunity statement, or statement & logo, all signs, on or off-site, will prominently display the statement, or statement & logo, & HUD's Fair Housing Poster must be displayed at all shelters/CoC-funded sites in a conspicuous place.

2.MCoC CES written policies & procedures include information for program participants on their rights & remedies available under federal, state, and local fair housing and civil rights laws & includes a grievance/appeals process, info on rights & how to contact the Maine Human Rights Commission, Pine Tree Legal Assistance, & other entities to remedy any issues. CES participating projects must inform participants of these rights & remedies.

3.CES grievance/appeals process details the procedure through which reports of any conditions or actions that impede fair housing choice for current or prospective program participants to the jurisdiction(s) responsible for certifying consistency with the Consolidated Plan can be made, as well as how to report these conditions/actions to the Maine Human Rights Commission/Maine Equal Justice Partners/other legal entities whose purpose is to uphold rights including fair housing laws. Regular reports of grievances/appeals made through CES are provided to the CoC Board for review & action is taken to remedy issues where & when needed.

1D-9.	Advancing Racial Equity in Homelessness—Conducting Assessment.	
	NOFO Section V.B.1.p.	

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.	06/08/2023

1D-9a.	Using Data to Determine if Racial Disparities Exist in Your CoC's Provision or Outcomes of CoC Program-Funded Homeless Assistance.	
	NOFO Section V.B.1.p.	

Describe in the field below:

1.	the data your CoC used to analyze whether any racial disparities are present in your CoC's provision or outcomes of CoC Program-funded homeless assistance; and
2.	how your CoC analyzed the data to determine whether any racial disparities are present in your CoC's provision or outcomes of CoC Program-funded homeless assistance.

(limit 2,500 characters)

1) Members of MCOC participated in HUD's Equity & Data Analysis Community Workshop to help Maine better understand & address equity & disparities in our Homeless system via data. MCOC's process for analyzing whether any racial disparities are present in the provision or outcomes of homeless assistance includes: data from our CoC Racial Equity Analysis Tool, data from system & project level assessments of whether disparities in the provision or outcome of homeless assistance exists; local/state data including HMIS System Performance Data, Stella reports, Census & American Community Survey data etc. to compare our general population, the pop living in poverty, & the pop experiencing homelessness, to determine if BIPOC Households (Hhs) are more or less likely to receive homeless assistance; local/state data including HMIS System Performance Data, Stella reports, Census & American Community Survey etc. to compare different pops/subpops experiencing homelessness in Maine to see if BIPOC Hhs have the same/better/ worse outcomes from other recipients (% of PH placements/retention for people of different races/ethnicities compared to % of PH placements/retention for people who are white/Caucasian &/or nonhispanic/nonlatino, whether or not BIPOC Hhs return to homelessness at the same, higher, or lower rates; length of time homeless for BIPOC Hhs vs that of those who are white/Caucasian/nonhispanic/nonlatino, etc.). MCoC Board contracted w/ a DEI consultant to review all CoC docs so they don't promote/perpetuate racial/ethnic disparities & uses this data to inform processes/analyses.

2)MCOC, MCOC Board & MCOC Data Committee regularly/systematically review all aforementioned data to determine whether any racial disparities are present in the provision/outcomes of CoC Program-funded homeless assistance. MCOC/MCOC Board/MCOC Data Committee reviews local/state/HMIS/Census/CE/System Performance data & determined racial disparities in the provision or outcomes of homeless assistance: BIPOC Hhs are more likely to receive homeless assistance vs people who are white/Caucasian &/or nonhispanic/nonlatino when compared to both the general pop in Maine & the pop of people in poverty in Maine; & people of different races or ethnicities who experience homelessness are more likely to receive a positive outcome from homeless assistance (successfully attaining/retaining permanent housing) vs people who are white/Caucasian &/or nonhispanic/nonlatino & experiencing homelessness.

1D-9b.	Implemented Strategies to Prevent or Eliminate Racial Disparities.	
	NOFO Section V.B.1.p	

Select yes or no in the chart below to indicate the strategies your CoC is using to prevent or eliminate racial disparities.
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1.	Are your CoC's board and decisionmaking bodies representative of the population served in the CoC?	Yes
2.	Did your CoC identify steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC?	Yes
3.	Is your CoC expanding outreach in your CoC's geographic areas with higher concentrations of underrepresented groups?	Yes
4.	Does your CoC have communication, such as flyers, websites, or other materials, inclusive of underrepresented groups?	Yes
5.	Is your CoC training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness?	Yes
6.	Is your CoC establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector?	Yes
7.	Does your CoC have staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness?	Yes
8.	Is your CoC 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.	Did your CoC review its coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness?	Yes
10.	Is your CoC collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system?	Yes
11.	Is your CoC conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness?	Yes
	Other:(limit 500 characters)	
12.		

1D-9c.	Plan for Ongoing Evaluation of System-level Processes, Policies, and Procedures for Racial Equity.	
	NOFO Section V.B.1.p.	

Describe in the field below your CoC's plan for ongoing evaluation of system-level processes, policies, and procedures for racial equity.

(limit 2,500 characters)

MCOB adopted "Racial Equity Policy & Standards" to improve overall racial equity in the provision/outcomes of assistance & plan for ongoing eval of system-level processes/policies/procedures for racial equity. MCOB Board adopted the following commitment statement to drive ongoing system-level work for racial equity: "Institutional & systematic racism contributes to the oppression of people of color, creating inequity, poverty & homelessness. This commitment includes the proactive reinforcement of policies/practices/attitudes/actions to produce equitable power, access, opportunities, treatment, impacts & outcomes for all." MCOB ensures the ongoing eval of system-level processes/policies/procedures for racial equity by: Having MCOB Board/decision-making bodies be representative of the pops served so processes are analyzed/driven by racial/ethnic diverse COC leadership – currently MCoC Board President & VP are both persons of color (person of color & multi-racial Hispanic/Latino respectively); reviewing data to find areas w/ higher concentrations of underrepresented groups & revising policies/process/strategies accordingly; MCOB-led trainings for homeless services system staff to better understand the intersection of racism & homelessness; creating professional dev ops to invest in emerging leaders of diff races/ethnicities to drive system-level racial equity efforts; MCOB decision-making bodies/Committees analyze/address system-level racial disparities; continuous review of CES process to examine its impact on racial equity; collect data to better understand the systemic pattern of prog use for people of different races/ethnicities; MCoC Board contracted w/ a DEI consultant to review all CoC system level docs so they don't promote/perpetuate racial/ethnic disparities. MCOB/MCOB Board's plan includes continuously: ID'ing racial disparity causes/scope to implement system strategies to reduce inequity, assessing how programs provide connections to services/housing at equitable rates for equitable outcomes across races/ethnicities throughout the homeless service system; reviewing system performance disaggregated by race to identify/address disparities across the homeless system.

1D-9d.	Plan for Using Data to Track Progress on Preventing or Eliminating Racial Disparities. NOFO Section V.B.1.p.	
Describe in the field below:		
1.	the measures your CoC plans to use to continuously track progress on preventing or eliminating racial disparities in the provision or outcomes of homeless assistance; and	
2.	the tools your CoC plans to use to continuously track progress on preventing or eliminating racial disparities in the provision or outcomes of homeless assistance.	

(limit 2,500 characters)

1)MCOC will continuously measure progress on preventing/eliminating disparities in provision/outcomes of homeless assistance by: review of Board/committee/program staff for progress on being more representative of populations served & actively recruiting for more diversity; trainings for homeless service staff to better understand the intersection of racism & homelessness; seek new leaders of different races/ethnicities (R/E) that emerge from MCOC professional development work (recently elected Board President and VP are persons of color & multi-racial/Hispanic/Latino respectively); review CES processes to track impact on BIPOC Households, & refer to CES Committee/MCOC Board to remedy issues; MCOC Board analyzes data to address patterns of program use by BIPOC Households; revise & adopt new MCoC/CES docs to address disparities including implicit bias based on DEI consultant recs. & track how changes improve equity; design consumer surveys on how programs/systems provide connections to services/housing at equitable rates for equitable outcomes; track SPMs disaggregated by race over time for LOTH & Exits to PH to ensure MCOC is reducing disparity/ inequity; monitor projects on how they implement a DEI lens & track to analyze progress.

2)MCoC will continuously track progress on preventing/eliminating disparities in provision/outcomes of homeless assistance w/ the following tools: Surveys of MCOC Board/committee/prog staff to see if MCOC is bettering rep of populations served & actively recruiting more diversity; system mapping disaggregated by geography to ensure MCOC expands outreach to higher concentrations of underrepresented groups; MCOC trainings on being inclusive of these groups & understanding the intersection of racism & homelessness; Committee review to ensure new leaders of diff R/E emerge from MCOC professional dev work; HMIS data to track how CES impacts ppl of diff R/E; Stella/SPMs to address patterns of program use by BIPOC Households; TA/Consultant tools & MCoC/CES doc revision to address disparities; HMIS data & consumer surveys to evaluate programs/system connections to services/housing at equitable rates for equitable outcomes; SPMs disaggregated by race over time for LOTH & Exits to PH to ensure MCOC is reducing disparity & ensuring equity; Monitoring to ensure projects adopt a DEI lens as described in the MCOC Written Standards.

1D-10.	Involving Individuals with Lived Experience of Homelessness in Service Delivery and Decisionmaking—CoC’s Outreach Efforts.	
	NOFO Section V.B.1.q.	

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 decisionmaking processes.

(limit 2,500 characters)

MCoC works to outreach & engage people w/ lived experience in all its work including service delivery and decision-making. MCoC has developed targeted outreach strategies to ensure people with lived experience (PWLE) are involved & play meaningful roles in all the MCoC's work. Information about committee opportunities and compensation for meeting time is published on the CoC's website and announced at CoC meetings. MCoC has a Lived Experience Committee comprised of individuals who are currently experiencing/have previously experienced homelessness, chaired by two persons w/ lived experience, one of whom is an officer of the MCoC Board. This group's purpose is to outreach & engage people w/ lived experience so that they are around all tables pertaining to CoC service delivery & decision-making. To ensure robust participation the MCoC/MCoC Board provides stipends to persons with lived experience for attending MCoC and MCoC Committee meetings. MCoC established an at-large leadership officer position on its Board of Directors reserved for someone w/ lived experience to ensure that people w/ lived experience are involved in the MCoC's decision-making at every level including in leadership roles. The MCoC Board VP is a PWLE. MCoC works w/Homeless Voices for Justice & w/Homeless Advocacy For All, Maine's two primary homeless self-advocacy groups, to ensure persons experiencing homelessness &/or formerly homeless persons actively & meaningfully participate. We incorporated Maine's Youth Advisory Board (YAB) in governance & approved stipends to compensate YAB members for time/travel for MCoC activities/conferences/etc. YAB membership includes youth w/ lived experience of homelessness. The YAB has a dedicated seat on the MCoC Board. The MCoC recently hired an executive director who has a focus on engaging persons with lived experience. The ED will work with the CoC to identify areas in which additional outreach and engagement can be done in order to foster authentic engagement among PWLE.

1D-10a.	Active CoC Participation of Individuals with Lived Experience of Homelessness.	
	NOFO Section V.B.1.q.	

You must upload the Lived Experience Support Letter attachment to the 4B. Attachments Screen.

Enter in the chart below the number of people with lived experience who currently participate in your CoC under the four 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.	Routinely included in the decisionmaking processes related to addressing homelessness.	20	7
2.	Participate on CoC committees, subcommittees, or workgroups.	25	10
3.	Included in the development or revision of your CoC's local competition rating factors.	5	2
4.	Included in the development or revision of your CoC's coordinated entry process.	5	3

1D-10b.	Professional Development and Employment Opportunities for Individuals with Lived Experience of Homelessness.	
	NOFO Section V.B.1.q.	

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)

MCOE provides professional development opportunities to individuals w/ lived experience in many ways. The MCoC/MCoC Board provides stipends to PWLE and the Youth Advisory Board (YAB) for attending MCOE and MCOE Committee meetings to increase individuals' professional development, access to CoC member orgs, & potential employment opportunities w/i them. MCOE has a position on the Board reserved for someone w/ lived experience as well as a position on the Board reserved for a member of the YAB to ensure there are opportunities for professional development & increased access to potential employment opportunities. MCOE also established an at-large leadership officer position on its Board reserved for someone w/ lived experience as a means of professional dev. which also ensures that people w/ lived experience are meaningfully involved in the MCOE's decision-making including in leadership roles. The Current MCoC Board VP is a PWLE. MCOE supports/encourages its membership to support/create/enhance opportunities for professional development & employment of people w/ lived experience by: scoring/ranking projects based on the degree to which they do this w/i their own organization; ensuring that members adhere to Section 3 of the Housing & Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), & (24 CFR Part 135), which require to the greatest extent feasible opportunities for training/employment be given to lower-income residents of projects, which the MCOE has specifically expanded to include people w/ lived experience. MCOE membership & its member orgs routinely provide employment training assistance to people w/ lived experience & have established preferential hiring practices. Numerous MCOE member orgs use a peer model which allows for the professional development of people w/ lived experience & routinely creates employment opportunities for peers to move into more professional, paid staff roles. The MCoC provides conference scholarships to PWLE to attend local and national conferences and trainings that provide professional development opportunities and opportunities to connect with other CoCs on best practices and support.

1D-10c.	Routinely Gathering Feedback and Addressing Challenges of Individuals with Lived Experience of Homelessness.	
	NOFO Section V.B.1.q.	

- Describe in the field below:
- | | |
|----|--|
| 1. | how your CoC gathers feedback from people experiencing homelessness; |
| 2. | how often your CoC gathers feedback from people experiencing homelessness; |
| 3. | how your CoC gathers feedback from people who received assistance through the CoC Program or ESG Program; |
| 4. | how often your CoC gathers feedback from people who have received assistance through the CoC Program or ESG Program; and |

5.	steps your CoC has taken to address challenges raised by people with lived experience of homelessness.
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(limit 2,500 characters)

1) MCOC gathers feedback from ppl experiencing homelessness (PWLE) at MCOC/State & Regional Homeless Council mtgs/public forums/conferences. MCOC incorporates this in all efforts to improve/create approaches to end& prevent homelessness: landlord risk mitigation, rapid resolution/diversion efforts were developed w/ PWLE. W/ PWLE feedback MCOC/SHC developed a Service Hub structure to convene Local level partners for prevention/diversion & CE. MCOC's CES & assessment tool= developed/tested/improved w/ PWLE input. PWLE feedback is solicited via client surveys/exit interviews/forums/PWLE Committee/YAB/Homeless Voices for Justice (HVJ).

2) MCOC gathers feedback from PWLE at least 3 times/month.

3) MCOC gathers feedback from ppl who have received assistance through CoC/ESG progs on their experience @ MCOC/State & Regional Homeless Council mtgs/public forums/conferences. MCoC compensates PWLE for their participation in these endeavors. MCOC incorporates this feedback to improve/create new approaches to end & prevent homelessness ie: landlord risk mitigation, rapid resolution & diversion progs developed w/ input from ppl using CoC/ESG progs. W/ feedback from ppl using CoC/ESG programs MCOC/SHC developed a Service Hub structure to convene local level stakeholders for prevention/diversion/CE. MCOC's CES process/assessment tool developed/tested/improved w/ input from ppl who receive(d) ESG/CoC prog assistance. Feedback is solicited via client surveys/exit interviews/forums from ppl using ESG/CoC progs/PWLE Com/YAB/HVJ.

4) MCOC gathers feedback from ppl who have received CoC/ESG Program assistance at least 3 times/month.

5) MCOC took these steps to address challenges PWLE raised: landlord risk mitigation, rapid resolution/diversion efforts developed w/ PWLE to address challenges w/the homeless system. W/ this feedback MCOC/ SHC developed a Service Hub structure to bring together local level stakeholders for prevention, diversion & CE - which all address specific challenges PWLE raised MCOC's CES process/ assessment tool were developed w/ input from people who receive(d) ESG/COG Program assistance including challenges faced. The assessment tool was tested/improved w/ PWLE feedback. MCOC uses feedback from client surveys/group forums/ppl using ESG/CoC programs/PWLE Com/YAB/HVJ to improve programs. The CoC has recently hired an ED who is committed to working through challenges raised by PWLE. This role will assess feedback & work w/ MCoC to improve in ID'd areas.

1D-11.	Increasing Affordable Housing Supply.	
	NOFO Section V.B.1.s.	
	Describe in the field below at least two steps your CoC has taken in the past 12 months to engage city, county, or state governments that represent your CoC's geographic area regarding the following:	
	1. reforming zoning and land use policies to permit more housing development; and	
	2. reducing regulatory barriers to housing development.	

(limit 2,500 characters)

1) In the last 12 months MCOC has continued to engage city/county/state gov. in reforming zoning & land use policies to increase affordable housing development. MCOC advocated w/ policymakers on a landmark bill for the State Legislature: LD 2003 An Act To Implement the Recommendations of the Commission To Increase Housing Opportunities in Maine by Studying Zoning & Land Use Restrictions, which streamlines zoning/permitting processes & lifts land use restrictions. MCoC advocated w/ policymakers on many bills in the past 12 months to enhance/expand LD 2003 & other zoning/land use reforms (such as bills to increase housing opportunities in Maine by studying land use regs & short-term rentals, & encourage affordable housing & mixed-use devs by studying implementing a Thriving Corridors Program), & opposed bills that would jeopardize LD 2003, w/ great success. Specific reforms include: mandating municipalities allow structures w/ up to 4 dwelling units per lot; statewide/regional housing goals; defining "affordable housing development," requiring municipalities allow affordable housing devs at certain densities; criteria to ensure affordability for at least 30 yrs; require cities' zoning ordinances affirmatively further fair housing in accordance w/ federal law & the Maine Human Rights Act.

2) MCOC worked to engage city/county/state gov. in reducing regulatory barriers to housing dev. MCOC worked w/ policymakers to pass the Governor's Supplemental Budget, which included affordable housing-related initiatives & maintained reductions in regulatory barriers to affordable housing dev thus increasing access to it. MCOC advocated for LD 2003 An Act To Implement the Recommendations of the Commission To Increase Housing Opportunities in Maine by Studying Zoning & Land Use Restrictions. This landmark bill, now public law, reduced regulatory burdens/barriers for towns/municipalities which will greatly assist Maine in developing more affordable & permanent supportive housing - in the past 12 months MCOC successfully advocated against numerous efforts to thwart the effect of this bill. MCoC worked w/ policymakers on bills in the Legislature in the past 12 months that enhance/expand LD 2003 & reduce regulatory barriers to housing dev w/ great success. MCoC Policy Committee led successful efforts to create a Housing First Program to create a fund in perpetuity that pays for development of & services in PSH & reduces barriers to Medicaid billing for such services.

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) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

1E-1.	Web Posting of Advance Public Notice of Your CoC’s Local Competition Deadline, Scoring and Rating Criteria.	
	NOFO Section V.B.2.a. and 2.g.	

1.	Enter the date your CoC published its submission deadline and scoring and rating criteria for New Project applicants to submit their project applications for your CoC’s local competition.	08/23/2024
2.	Enter the date your CoC published its submission deadline and scoring and rating criteria for Renewal Project applicants to submit their project applications for your CoC’s local competition.	08/23/2024

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 V.B.2.a., 2.b., 2.c., 2.d., and 2.e.	

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

6.	Provided points for projects based on the degree the projects 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.	No
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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 V.B.2.a., 2.b., 2.c., and 2.d.	
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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?	22
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 V.B.2.d.	
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Describe in the field below:	
1.	how your CoC 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.	the severe barriers your CoC considered.

(limit 2,500 characters)

- 1) MCOC collects & analyzes data on housing retention & outcomes during annual project monitoring. MCOC analyzes data on income & other measures at program entry, interim, & exit points, supportive services provided & referrals made. MCOC established performance thresholds for these measures to ensure projects are meeting the needs of participants to access programs, maintain housing & successfully exit to PH.
- 2) MCOC compares project start & move-in dates to determine LOT to permanently house people. MCOC uses aggregate data on ES & TH lengths of stay to determine average time to housing for the system as a whole. Program Entry & Housing Move in Date are used to analyze how long it takes to permanently house people from initial contact to move-in, including unsheltered.
- 3) MCOC accounts for projects serving hardest-to-serve populations in scoring & monitoring thresholds by giving highest ranking priority to PSH projects & including additional scoring opportunities for those serving particular populations w/ higher barriers to housing &/or stability. MCOC accommodates the challenges of those projects by using an inclusive threshold for income performance. Recognizing that hard-to-serve populations frequently struggle to maintain employment, MCOC considers cash & non-cash benefits when evaluating participant income. Projects may use either earned or benefit income to meet the overall performance goal, w/ no preference given to either at evaluation. This allows projects to serve people experiencing homelessness who may struggle to maintain employment without being unduly penalized by our scoring process.
- 4) MCOC's scoring template considers the specific severity of needs & vulnerabilities experienced by program participants that may prevent rapid placement in PH & the ability to maintain PH by allocating scoring points based on: following a Housing First model to reduce barriers for ppl w/ high needs; serving people experiencing chronic homelessness; serving people facing specific barriers & vulnerabilities, including disability, MH & SUD, veterans, households w/ children, unaccompanied youth, domestic violence, low or no income, criminal history, & past evictions. MCOC's scorecard allows projects to receive partial points for system performance measures related to rapid placement in PH/maintaining PH to account for needs/vulnerabilities of program participants & has lower benchmarks for project types that serve higher need/vulnerable populations in PSH

1E-3.	Advancing Racial Equity through Participation of Over-Represented Populations in the Local Competition Review and Ranking Process.	
	NOFO Section V.B.2.e.	
	Describe in the field below:	
1.	how your CoC used input from persons of different races and ethnicities, particularly those over-represented in the local homelessness population, to determine the rating factors used to review project applications;	
2.	how your CoC included persons of different races and ethnicities, particularly those over-represented in the local homelessness population in the review, selection, and ranking process; and	
3.	how your CoC rated and ranked projects based on the degree that proposed projects 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 steps the projects took or will take to eliminate the identified barriers.	

(limit 2,500 characters)

1)MCOC diversified its membership/Board to better include persons of different races particularly those overrepresented in homelessness locally (Board President and VP are BIPOC & multi-racial/Hispanic/Latino respectively). MCoC used feedback gathered from these groups on the scoring/ranking tools, including allocating additional points for clearly describing using a race equity lens to address racial disparities. MCOC has a DEI Committee & contracted w/ consultants for culturally sensitive training/TA on strategies to address/correct systemic racial inequities including scoring/ranking/selection tools w/ a DEI lens/how to better incorporate persons of different races/ethnicities in all aspects of MCoC work. This includes more strategies for input from persons of different races in selection factor determination. MCOC outreaches to BIPOC-led orgs for more voices/expertise around the table/in leadership to better address racial inequities/implicit bias systemically. MCoC Selection Committee includes BIPOC members.

2)MCOC has a DEI Committee & contracted w/ consultants for culturally sensitive training/TA to analyze systemic racial inequities & develop corrective strategies. Part of this work ensures persons of different races particularly those overrepresented in the local homeless population are included in MCoC's Selection Committee, the group responsible for the review/scoring/ranking of new/renewal project applications. MCOC intentionally diversified its Selection Committee members to include ppl of different races including those overrepresented in homelessness locally.

3) MCOC includes a question on its scoring tool for project apps addressing racial equity. New projects score more points if their application clearly describes using a race equity lens to address racial disparities in the homeless service system. MCOC created supplemental questions for project apps specifically pertaining to DEI, including staff equity training/equity lens/equitable policies that do not impose undue barriers on persons of different races/ethnicities/etc. MCOC Board contracted w/ consultants to provide culturally sensitive training/TA to acknowledge racial inequities in the system/develop corrective strategies. This work included how best to ID/address/correct barriers faced by persons of different races/ethnicities, particularly those over-represented in the local homelessness, which the DEI Committee is reviewing to establish goals/processes for eliminating barriers

1E-4.	Reallocation—Reviewing Performance of Existing Projects.	
	NOFO Section V.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 low performing or less needed projects through the process described in element 1 of this question during your CoC's 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)MCOC has written Reallocation Procedures in Governance outlining both voluntary & involuntary reallocation. The Reallocation process is communicated to all applicants by wide dissemination/public posting of the Governance, included w/in MCOC minutes also posted publicly & through monitoring results/TA to projects. Voluntary reallocations are initiated by the applicant. Involuntary reallocations are renewal projects that are entirely eliminated or have renewal funding reduced by MCOC. MCOC may use involuntary reallocation for reasons including unspent funds, repeated negative monitoring findings, or scoring very low during the competition. The reallocation process was approved by the full MCOC as part of Governance. MCOC uses reallocation to ensure progress toward HUD identified priorities, high performance standards & effective use of funds. Through annual project monitoring, MCOC analyzes projects per its Gaps & Needs Analysis & whether a project's funding in whole or in part should be reallocated to make resources available for new projects better aligning w/ needs. MCOC reviews performance of existing projects to determine the viability of reallocation to create new high performing projects. A Committee monitors project performance including APRs & data quality resulting in a threshold score. If projects fail to meet these thresholds they are provided TA & put on a Performance Improvement Plan (PIP). If the performance benchmarks in the PIP are not met, MCOC & its Board initiate involuntary reallocation to create higher performing projects.

2)MCOC did not identify any low performing or less needed projects through its Monitoring or Reallocation process/procedures during the local competition this year.

3)MCOC did not involuntarily reallocate any low performing or less needed projects during the local competition this year, however, one eligible Renewal project voluntarily chose to reallocate its funding.

4)MCOC did not involuntarily reallocate any projects this year because no renewal projects were considered to be underperforming/low performing & all projects were found to be performing well. Also, no projects were deemed to be less-needed; all were determined to be needed in the communities in which they operate & for the populations whom they serve, including the one project that chose to voluntarily reallocate their funding.

1E-4a.	Reallocation Between FY 2019 and FY 2024.	
	NOFO Section V.B.2.f.	

	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2019 and FY 2024?	No
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1E-5.	Projects Rejected/Reduced–Notification Outside of e-snaps.	
	NOFO Section V.B.2.g.	
	You must upload the Notification of Projects Rejected-Reduced attachment to the 4B. Attachments Screen.	

1.	Did your CoC reject any project application(s) submitted for funding during its local competition?	No
2.	Did your CoC reduce funding for any project application(s) submitted for funding during its local competition?	No
3.	Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition?	
4.	If you selected Yes for element 1 or element 2 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 06/26/2024, 06/27/2024, and 06/28/2024, then you must enter 06/28/2024.	10/15/2024

1E-5a.	Projects Accepted–Notification Outside of e-snaps.	
	NOFO Section V.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 06/26/2024, 06/27/2024, and 06/28/2024, then you must enter 06/28/2024.	10/15/2024
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1E-5b.	Local Competition Selection Results for All Projects.	
	NOFO Section V.B.2.g.	
	You must upload the Local Competition Selection Results attachment to the 4B. Attachments Screen.	

	Does your attachment include: 1. Project Names; 2. Project Scores; 3. Project Status–Accepted, Rejected, Reduced Reallocated, Fully Reallocated; 4. Project Rank; 5. Amount Requested from HUD; and 6. Reallocated Funds +/-.	Yes
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1E-5c.	Web Posting of CoC-Approved Consolidated Application 2 Days Before CoC Program Competition Application Submission Deadline.	
	NOFO Section V.B.2.g. and 24 CFR 578.95.	
	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.	10/28/2024
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1E-5d.	Notification to Community Members and Key Stakeholders by Email that the CoC-Approved Consolidated Application is Posted on Website.	
	NOFO Section V.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 was posted on your CoC's website or partner's website.	10/28/2024
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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) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

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

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

	Enter the date your CoC submitted its 2024 HIC data into HDX.	04/30/2024
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2A-4.	Comparable Databases for DV Providers—CoC and HMIS Lead Supporting Data Collection and Data Submission by Victim Service Providers.	
	NOFO Section V.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 HMIS comparable databases; and	
2.	state whether DV housing and service providers in your CoC are using a HUD-compliant comparable database—compliant with the FY 2024 HMIS Data Standards.	

(limit 2,500 characters)

1) MCoC and MaineHousing, our HMIS Lead, work closely with the Maine Coalition to End Domestic Violence (MCEDV) to establish data protocols & submission guidelines for all DV Resource Centers (DVRCs) & Coalition Member Programs to ensure DV housing and service providers collect data in an HMIS comparable database. All VSP & Member Programs use the same HMIS comparable database that collects the same data elements required in the HUD-published 2024 HMIS Data Standards, allowing for standardized DV specific data across the state. MaineHousing, MCoC's HMIS Lead Agency, meets regularly MCEDV to discuss data standards & quality issues that affect outcome measures. MCEDV sits on the MCoC Data Standards committee to hear HMIS concerns & relay them to the DV system's Operations Administrator for review. The HMIS Comparable Database in use by our DV Providers is updated for the 2024 Data Standards.

2) MCoC DV housing and service providers are using a HUD-compliant comparable database that's compliant with the FY 2024 HMIS Data Standards. The current HMIS Comparable Database functionality allows VSPs & MCEDV to pull reports & submit de-identified aggregated system performance measures data for each project to MaineHousing, MCoC, the SAGE platform, & other funders as needed. Reports are submitted directly to the HMIS Lead or directly into SAGE.

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

Using the 2024 HDX Competition Report we issued your CoC, enter data in the chart below by project type:

Project Type	Adjusted Total Year-Round, Current Non-VSP Beds [Column F of HDX Report]	Adjusted Total Year-Round, Current VSP Beds [Column K of HDX Report]	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS Comparable Database [Column M of HDX Report]	HMIS and Comparable Database Coverage Rate [Column O of HDX Report]
1. Emergency Shelter (ES) beds	2,040	8	1,229	60.01%
2. Safe Haven (SH) beds	15	0	15	100.00%
3. Transitional Housing (TH) beds	726	42	325	42.21%
4. Rapid Re-Housing (RRH) beds	479	7	486	100.00%
5. Permanent Supportive Housing (PSH) beds	2,290	0	2,280	99.56%
6. Other Permanent Housing (OPH) beds	359	2	361	100.00%

2A-5a.	Partial Credit for Bed Coverage Rates at or Below 84.99 for Any Project Type in Question 2A-5.	
	NOFO Section V.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	
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2. how your CoC will implement the steps described to increase bed coverage to at least 85 percent.

(limit 2,500 characters)

1) This year's HDX Competition Report shows bed coverage rates below 85% for ES & TH. The 3 main factors impacting our ES coverage, and the steps we will take to address these impacts are: MCoC has a large number of faith-based shelters that do not participate in HMIS - there are continued & ongoing efforts to show them the benefits of HMIS participation; Newer emergency resources have allowed the use of ES hotel/motel vouchers for referrals made by shelters, outreach, & other homeless service providers, but the management of the hotel/motel vouchers is primarily coordinated through Community Action Programs (CAP) & Municipal General Assistance (GA) Offices who do not participate in HMIS & provided only limited data - we are working with our Service Hubs to conduct Coordinated Entry Assessments & HMIS data collection/entry for these clients; Hotel/motel vouchers used as ES specifically for Asylum Seeker households are considered part of our Homeless Response System, but these facilities do not participate in HMIS - we are working with the municipalities operating these facilities to incorporate some level of HMIS data collection into their intake processes. Historically, our TH coverage has been at or very near 100%. Since our last submission, one of the ES Hotels for Asylum Seekers has officially been re-classified as TH, while still not participating in HMIS. As with the ES Hotel/Motel facilities, we are working with the municipality operating this TH facility to incorporate HMIS data collection into their intake process.

2) In addition to the efforts describe above, MaineHousing, our HMIS Lead, is seeking an Expansion Grant that will increase both staffing and system capacity of our HMIS, including allowing for 3rd party data entry for large ES & TH facilities that do not currently participate. We are also continuing & increasing outreach to non-participating programs, including through our Hub Coordinators at a very local level where these organizations interact with other agencies serving the same clients in their communities. An HMIS RFP will be sent out to seek responses from vendor who can integrate with multiple databases and reduce duplicate client data entry and allow for data to be more easily captured in the HMIS.

2A-6.	Longitudinal System Analysis (LSA) Submission in HDX 2.0.	
	NOFO Section V.B.3.d.	
	You must upload your CoC's FY 2024 HDX Competition Report to the 4B. Attachments Screen.	

Did your CoC submit at least two usable LSA data files to HUD in HDX 2.0 by January 24, 2024, 11:59 p.m. EST?	Yes
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2B. Continuum of Care (CoC) Point-in-Time (PIT) Count

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

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

2B-1.	PIT Count Date.	
	NOFO Section V.B.4.a	

	Enter the date your CoC conducted its 2024 PIT count.	01/23/2024
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2B-2.	PIT Count Data–HDX Submission Date.	
	NOFO Section V.B.4.a	

	Enter the date your CoC submitted its 2024 PIT count data in HDX.	05/10/2024
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2B-3.	PIT Count–Effectively Counting Youth in Your CoC’s Most Recent Unsheltered PIT Count.	
	NOFO Section V.B.4.b.	

	Describe in the field below how your CoC:	
1.	engaged unaccompanied youth and youth serving organizations in your CoC’s most recent PIT count planning process;	
2.	worked with unaccompanied youth and youth serving organizations to select locations where homeless youth are most likely to be identified during your CoC’s most recent PIT count planning process; and	
3.	included youth experiencing homelessness as counters during your CoC’s most recent unsheltered PIT count.	

(limit 2,500 characters)

1)The Maine Statewide Youth Advisory Board (YAB), Hub Coordinators & other partners serving homeless youth, all engaged in planning & implementing the 2024 MCOE PIT count by reviewing & updating Youth-specific survey tools designed to better engage homeless youth, & conducting survey interviews w/ homeless youth. Questions specifically for youth are included as an addendum to the standard MCOE PIT. All those conducting surveys were instructed to complete a Youth Addendum whenever they encountered an unaccompanied youth, or a youth only household. Maine’s Homeless Youth Provider Group (MHYPG) supported the work of the YAB and partners by promoting and educating providers about the PIT.

2) The YAB, MHYPG, HUB Coordinators, & other partners outreached & engaged w/ youth & non-youth providers, schools & other community partners on how best to conduct Youth Outreach efforts for the PIT. The YAB & the MHYPG discussed & determined how to best identify homeless &/or at risk youth & locations where homeless youth were most likely to be found. MCoC worked w/ the YAB, to consider the Youth Addendum questions & how best to administer the survey to homeless youth using trauma informed best practices. YAB members worked w/ providers in their communities on the PIT count by considering resources, staffing & how to best locate youth as determined by their local knowledge.

3)MCOE, the Maine Statewide Youth Action Board, & MHYPG used a variety of outreach techniques to connect w/ homeless youth & involve them in PIT efforts. This included outreach via community caseworkers & other youth serving providers. YAB members worked w/ providers in their communities on the PIT count by enhancing the youth addendum to make the questions more relatable to young people. MCoC used a mobile PIT app in addition to paper surveys & continued use of this app will increase opportunities for youth to be counters for the PIT. MCoC is still working to remove the barriers for Youth being PIT counters by addressing issues such as transportation.

2B-4.	PIT Count–Methodology Change–CoC Merger Bonus Points.	
	NOFO Section V.B.5.a and V.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 2023 and 2024, if applicable;
2.	describe any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2023 and 2024, if applicable;
3.	describe whether your CoC’s PIT count was affected by people displaced either from a natural disaster or seeking short-term shelter or housing assistance who recently arrived in your CoCs’ geographic; and
4.	describe how the changes affected your CoC’s PIT count results; or
5.	state “Not Applicable” if there were no changes or if you did not conduct an unsheltered PIT count in 2024.

(limit 2,500 characters)

- 1) Our 2024 Emergency Shelter (ES) PIT count was lower than 2023 numbers. The end of COVID funding reduced the number of hotel/motel stayers. Due to previous years collaboration we continued to get hotel/motel numbers from Community Action Programs & Municipal General Assistance Offices. The numbers were lower than previous years with COVID funding. The agencies were able to provide limited data in 2024. The counts & household configurations were accurate, but the agencies provide a lower level of demographic data than required of HMIS participating projects. The Sheltered PIT submission data was extrapolated. Our HMIS allows for answers of 'Client does not know' & 'Client Refused to Answer', the HDX does not, there has always been some degree of adjustment when submitting data, this year it was necessary to utilize demographic extrapolation.
- 2) In 2024 unsheltered PIT count, 9 regional service hubs continued relationship building w/ over 50 agencies across the state participating the night of the count. Teams made up of service providers & volunteers coordinated efforts, providing meals & handing out donations in addition to completing surveys. Volunteer recruitment continued using a PIT specific website to share information, including video trainings on forms & processes so all volunteers had access to the most consistent, up to date information about how to conduct the unsheltered count. A mobile app for data collection was used again this year. In addition to Search & Survey efforts, we strongly encouraged volunteers to participate in 3 Service Based counts for the unsheltered PIT to collect data related to the night of the PIT. The unsheltered count was similar to last year and lower than anticipated. Hubs with larger numbers of unsheltered individuals struggled w/ volunteers on the night of the count and participants unwilling to complete surveys. Funding for warming centers across the state have played a role in keeping the unsheltered numbers lower, as individuals are considered sheltered on the night of the count.
- 3) The PIT count efforts increased the accuracy of the 2024 count despite challenges. The asylum seeking (AS) population continues to be present in the PIT.
- 4) In 2024 2 emergency shelters for AS were reclassified as TH. A long standing HMIS project Bridging Renal Assistance Program historically reported as TH was removed from the count, it does not meet the HUD definition of TH/PH. This resulted in TH number remaining stable.

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) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

2C-1.	Reducing the Number of First Time Homeless—Risk Factors Your CoC Uses.	
	NOFO Section V.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)MCOCC's Coordinated Entry System (CES) includes assessments that ask for self-identified reasons people became homeless for the first time or are requesting assistance to prevent becoming homeless. This data is tracked & analyzed to create an ongoing list of risk factors for people becoming homeless for the first time so that MCoC can work to proactively identify/divert them. Questions/factors include: Current /most recent living situation, LOT there, Safety (including DV), habitability, food insecurity, income insecurity, history of homelessness or unstable housing, evictions, criminal conviction for violent, drug, or sex related activities, disability, income/employment, health & other factors. These risk factors are incorporated into the current Maine Plan to End & Prevent Homelessness & the new Maine Plan for Serving Individuals and Families Experiencing Homelessness with Severe Service Needs.

2)MCOCC's strategies to address individuals & families at risk of becoming homeless include first assessing their situation through a series of safety-planning & diversion/problem solving questions during initial contact via CE, whether that happens at a CE Access point, shelter, Outreach, or any other participating entity. Local Service Hub Coordinators developed lists of services & resources in their areas that can be accessed to help people remain in their current housing, if that is a safe & appropriate option, or quickly secure an alternative arrangement. This is done through identification of natural supports if safe/appropriate, and/or referrals to appropriate services including CDBG funded outreach, ESG prevention/RRH, SSVF outreach/prevention/RRH, PATH outreach, local/state funded short/medium term rental assistance, Eviction Prevention Program, municipal general assistance for help with back rent to prevent eviction. Assistance also includes: community legal services, HUD funded eviction prevention programs including legal rep in eviction courts, programs funded through private philanthropic funding, state funds used for a statewide housing problem solving program, Tribes & Tribal organizations such as Four Directions, & faith based organizations throughout the state, Maine has Discharge Planning Policies which identify people at risk of being discharged to homelessness & the ways this can be prevented.

3)The MCOCC CES, MCoC Diversion Committee, and MaineHousing as a Diversion prog funder are primarily responsible for overseeing these strategies.

2C-1a.	Impact of Displaced Persons on Number of First Time Homeless.	
	NOFO Section V.B.5.b	

Was your CoC's Number of First Time Homeless [metric 5.2] affected by the number of persons seeking short-term shelter or housing assistance displaced due to:
--

1.	natural disasters?	No
2.	having recently arrived in your CoC's geographic area?	Yes

(limit 2,500 characters)

Maine has experienced a significant increase in the number of displaced persons, primarily Asylum Seekers (AS) escaping violence & poverty in African nations and West Asia needing short-term shelter &/or housing assistance, especially in major metropolitan areas. Hundreds of Asylum Seekers continue to enter Maine's homeless system for the first time in Portland, Brunswick, Bath, Augusta and other communities across the state in the past 12 months. This influx drastically increased first time homeless numbers & affected capacity at Maine's largest emergency shelter, Portland's Homeless Services Center. Maine has very limited immigration/refugee services & even fewer that provide any sort of shelter/housing. The majority of Asylum Seekers arriving in Maine end up in our emergency shelters or Emergency Hotel/Motels. Most are not eligible for any form of federal housing assistance & federal laws restrict them from securing employment to earn money to seek housing on their own. A dedicated shelter for this population was created to address the specific needs of this population and to alleviate the strain on Maine's homeless response system. Since its creation this shelter has been reworked/reclassified as TH. Local community partners created housing specific for AS individuals and families to help address the need. GA is accessed for housing and food assistance for AS population. State funded TRRP and DV RRH programs assist the population to the extent possible.

2C-2.	Reducing Length of Time Homeless—CoC's Strategy.	
	NOFO Section V.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)MCoC strategies to reduce LOTH: prioritize those w/longest LOTH for housing/service resources using CE assessment tool, including those in shelter or on the street, living in tents, vehicles, or other places not meant for human habitation, in urban & rural areas. The tool utilizes diversion or rapid resolution as a short- or long-term solution. Shelters employ RRH and rapid resolution to quickly move Inds/Fams including CH into housing. MCoC works to increase affordable housing stock as lack of housing/low vacancy rates affect LOTH. Veteran CES By-Name List efforts also targets/prioritizes CH Vets w/very long histories of homelessness help to reduce overall LOTH. Most TH in MCoC is targeted to Youth, DV, & SPMI since they may struggle to quickly move to PH. MCoC's TH programs address the systems gaps/needs & are prioritized by many PHAs for HUD HCVs/PBV-funded housing in Maine. Stability & recovery can only begin in a safe, healthy & stable home & until ppl are able to move to more permanent subsidy or PH placements TH is vital, though can skew LOTH data. Knowing this, Maine reclassified its largest TH program serving the most vulnerable/highest need/CH pops, from TH to PH, as the program operates as PH & long lengths of stay in the program increased MCOC's overall LOTH. MCOCs continues to review current TH progs to determine if reclassification is warranted. Other strategies include: landlord outreach/engagement; Housing Navigator services; coordination of PATH w/ shelters & navigators; promoting Housing First; & partnering w/Maine DHHS, MCOC funded TBRA projects, & local PHAs for services/housing.

2)MCoC CES uses LOTH for assessment/prioritization for housing/services & is the primary strategy for ID'ing/housing individuals/families w/longest LOTH & ensuring they're highest priority for referral into housing via CE. Monthly, MCoC programs review a LOTH list of people generated from HMIS, Outreach data, & third party verifications & used at local/regional levels to refer CH to PSH & other long-term housing options via CES. Service Hubs, CES, & Built for Zero efforts gather quality By Name List data and use data dashboards to ID trends to reduce LOTH.

3)MCoC CE & MCoC Data Committees are responsible for data analysis and micro-level strategies & CoC BOD oversees macro/system level strategies to reduce the LOT individuals/families remain homeless.

2C-3.	Successful Permanent Housing Placement or Retention –CoC's Strategy. NOFO Section V.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) MCOC strategies to increase the rate ppl exit to PH from ES, SH, TH, & RRH: Maine's Emergency Shelter & Housing Assistance Program (ESHAP) offers incentive \$ for Exits to PH; shelters have Housing Navigators who develop Housing Stability Plans for housing retention; work w/ PHAs to establish set asides for homeless; work w/ LIHTC developers to increase LIHTC QAP points for homeless pops; increase supply of PSH; coordinate w/ PHAs for housing/vouchers; increase targeted vouchers; advocate for dev of affordable housing; creating the Housing First Program; include non-CoC funded PH projects in CES & encourage Housing First approach to quickly move people into PH; offer Rent Smart ed to attain/retain housing; Landlord engagement/recruitment, encourage PHAs to implement Landlord incentives; Landlord Engagement Programs for landlord-tenant resolution to avoid evictions=create strong relationships which leads to landlords wanting to house homeless pops.

2)MCOC strategies to increase successful PH retention include: MCoC conducts landlord outreach/engagement for housing problem solving to increase PH retention/exits to PH; MCoC created/expanded RRH/housing navigation services that follow ppl into housing & assist w/ retention; MCoC partners w/ community service/health providers so ppl have adequate support for success in housing/increase PH retention/exits to PH; MCoC successfully advocated at the Legislature to create a new housing stability program that provides rent relief to prevent evictions/increase PH retention. Created Diversion/Prevention program & Diversion Committee to assist w/ retention. Providing Tenant/Landlord education/trainings for problem solving/increase retention; developing supportive landlord relationships w/ CoC funded Voucher Programs; Promoting tenant legal assistance to prevent evictions; ESHAP program offers Incentive funding for PH Retention; all ESG funded shelters have Housing Navigators who's work includes stabilization in & retention of housing & provide/connect to post-housing services; PATH & Navigators work w/ clients to develop Housing Stability Plans emphasizing client choice & connect clients w/ ongoing supports eg Case Mgmt, MaineCare, for housing stability/community integration; Using private/local/state \$ to assist w/back rent/utilities so clients maintain housing.

3)MCOC CE, Diversion, & Resource Committees carry out strategies to increase exits to/retention of PH with the MCOC Board overseeing the processes.

2C-4.	Reducing Returns to Homelessness—CoC's Strategy.	
	NOFO Section V.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 that individuals and families return 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)MCOCC strategy to ID inds/fams who return to homelessness includes analyzing risk factors for returns via HMIS data sharing, improved tracking of returns & reasons for returns across multiple shelters & reviewing Stella SPM Reports. Other strategies include: MCOCC CES has questions re reasons for homelessness/returns to homelessness & CES participates in statewide data sharing & longitudinal systems data analysis; Providers review HMIS data regularly & ID returns/reasons for returns; MCoC Board reviews SPM Reports, including Returns data monthly. MCoC uses this data analysis to proactively ID inds/fams who return to homelessness.

2)MCOCC strategies for reducing Returns to Homelessness include: Sharing data & info on returns to increase awareness of risk factors so they can be timely addressed & prevent future returns; ESHAP program has incentive \$ to reduce returns to homelessness; all ESG funded shelters have Housing Navigators that help w/ stability in & retention of housing; Navigators work w/clients on Housing Stability Plans w/ retention strategies. MCoC conducts landlord outreach/engagement for housing problem solving to reduce/eliminate evictions/returns to homelessness; MCoC created/expanded RRH/housing navigation services that follow ppl into housing & assist w/ retention; MCoC partners w/ community service/health providers so ppl have support for success in housing/reduce returns to homelessness; MCoC successfully advocated at the Legislature to create a new eviction prevention program to provide rent relief to prevent evictions/returns to homelessness. MCOCC ID'd that most returns occur in the first 6 months & shifted follow-up support to be delivered in the 1st 6 months of move-in, at least every 30 days/more frequently as needed w/ services for better housing stability/retention; CES safety-planning & diversion includes ID'ing natural supports when safe/appropriate & community integration to reduce returns to homelessness; MCoC systematically coordinates w/ & refers to services statewide including-CDBG funded outreach, ESG/CDBG/SSVF prevention/RRH, PATH outreach, municipal general assistance, Community Action Programs, community legal services, eviction prevention education/programs, tenant rights & education programs, rent smart, Wrap Around Services &coordination of private/local/state/Federal funds to assist w/back rent/utilities.

3)MCOCC CE/MCOCC Board are responsible for overseeing strategies to reduce the number of returns to homelessness.

2C-5.	Increasing Employment Cash Income—CoC's Strategy.	
	NOFO Section V.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 employment 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)MCOC strategies to access employment cash sources include: working w/ employment orgs/boards to increase client access employment; creating/maintaining connections to community programs that promote employment & educational training and ensuring program participants have access/are referred to these programs. Other strategies include: Having shelters work with temp agencies so individuals can access employment opportunities or are referred to various resources: Maine's 19 Career Centers (CC), DOL & Voc Rehab for searches/training/job fairs. These centers offer resources available for homeless individuals, especially those who are first time job seekers, such as resume building, interview skills, & Job searches. Encouraging programs to refer people to local GA offices, which offer Workfare programs to place individuals at worksites, where they learn skills which often lead to regular employment.

Work w/ Vocational Clubhouses for training, job retention, transportation; use housing navigation services to help people w/ employment; work w/ Adult Ed & community college job training programs & hospital Employment Specialists to increase skill sets & attain higher paying jobs; advocacy to increase minimum wage; work w/ Hire A Vet initiative. Trainings/monitoring/TA helps projects w/ strategies. MCOC strategies to increase access to employment include relationships & connecting people w/ day labor orgs; job development w/ local retailers; work w/ hospital Employment Specialists to increase access to employment opportunities; CAP agencies & local Workforce Development Boards.

2)MCoC works w/mainstream employment orgs to help ppl/fams experiencing homelessness increase employment cash income by: MCOC Resource Committee alerting providers to employment opportunities/resources; having vocational Clubhouses help w/ training/job retention/transportation/transitional employment; navigators help people w/ employment goals; work w/ Adult Ed, Goodwill Industries & community college job training & hospitals' Employment Specialists for connections to employment opportunities; work w/ Hire A Vet initiative, CAP agencies & local workforce development boards. Building relationships & connecting ppl w/ day labor orgs; job development w/ local retailers; work w/ hospital Employment Specialists to increase access to employment opportunities; CAP agencies & local Workforce Development Boards.

3)MCOC Resource Committee & MCOC Board are responsible for overseeing this strategy.

2C-5a.	Increasing Non-employment Cash Income—CoC's Strategy	
	NOFO Section V.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)MCOC strategy to access non-employment cash Income includes: encouraging programs to develop in house programs &/or strong trusting relationships w/ mainstream benefit providers that provide assistance in applying for benefits. Programs offer application assistance & training; help in accessing non-CoC funded assistance programs, and referrals to various local & state agencies whose purpose is to assist individuals in applying for benefits. MCOC encourages programs to build relationships with local & state providers to help participants access/retain/increase mainstream benefits: Municipal General Assistance, VA service-connected & non-service-connected disability benefits, unemployment insurance, TANF, SSI/SSDI, Social Security Survivor's Benefits, worker's compensation, LIHEAP, etc. MCOC holds SOAR & other mainstream non-employment cash income trainings for providers statewide. Maine's SOAR training has recently been revamped to be a go-at-your-own-pace online training to increase access and increase the # of SOAR-trained ppl. Rent Smart trainings assist w/ increasing non-employment cash income. CoC-funded projects are assisted to implement strategies w/ frequent trainings/annual monitoring/TA. MCoC conducts Legislative advocacy to create/increase access to non-employment cash income. MCOC projects assess decreases of non-cash benefits at the time of annual reviews and have systems in place to help program participants maximize those benefits, including advocacy with mainstream benefits providers to have lost benefits restored if possible.

2)MCOC Monitoring, Resource & Policy Committees are responsible for carrying out these strategies to increase non-employment cash income, overseen by the CoC Board.

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) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 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 V.B.6.a.	
	You must upload the Housing Leveraging Commitment attachment to the 4B. Attachments Screen.	

	Is your CoC applying for a new PH-PSH or PH-RRH project that uses housing subsidies or subsidized housing units which are not funded through the CoC or ESG Programs to help individuals and families experiencing homelessness?	No
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3A-2.	New PH-PSH/PH-RRH Project–Leveraging Healthcare Resources.	
	NOFO Section V.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?	Yes
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3A-3.	Leveraging Housing/Healthcare Resources–List of Projects.	
	NOFO Sections V.B.6.a. and V.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
Expansion of Lewi...	PH-RRH	18	Healthcare

3A-3. List of Projects.

1. What is the name of the new project? Expansion of Lewiston/Auburn/Portland Rapid Re-Housing 2024
2. Enter the Unique Entity Identifier (UEI): DC9CME1ZSCS1
3. Select the new project type: PH-RRH
4. Enter the rank number of the project on your CoC's Priority Listing: 18
5. Select the type of leverage: Healthcare

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) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

3B-1.	Rehabilitation/New Construction Costs–New Projects.	
	NOFO Section V.B.1.r.	

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

3B-2.	Rehabilitation/New Construction Costs–New Projects.	
	NOFO Section V.B.1.r.	

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

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

(limit 2,500 characters)

N/A - no new construction/rehab requests

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) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 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 Serve Persons Experiencing Homelessness as Defined by Other Federal Statutes.	
	NOFO Section V.F.	

	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.	Cost Effectiveness of Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.	
	NOFO Section V.F.	

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

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

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

(limit 2,500 characters)

N/A - not using other definitions

4A. DV Bonus Project Applicants for New DV Bonus Funding

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) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

4A-1.	New DV Bonus Project Applicants.	
	NOFO Section I.B.3.j.	

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

4A-1a.	DV Bonus Project Types.	
	NOFO Section I.B.3.j.	

Select yes or no in the chart below to indicate the type(s) of new DV Bonus project(s) your CoC included in its FY 2024 Priority Listing.

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

You must click "Save" after selecting Yes for element 1 SSO Coordinated Entry to view questions 4A-2, 4A-2a. and 4A-2b.

4A-3.	Data Assessing Need for New DV Bonus Housing Projects in Your CoC's Geographic Area.	
	NOFO Section I.B.3.j.(1)(c) and I.B.3.j.(3)(c)	

1.	Enter the number of survivors that need housing or services:	2,308
2.	Enter the number of survivors your CoC is currently serving:	1,186
3.	Unmet Need:	1,122

4A-3a.	How Your CoC Calculated Local Need for New DV Bonus Housing Projects.	
	NOFO Section I.B.3.j.(1)(c)	
	Describe in the field below:	
	1. how your CoC calculated the number of DV survivors needing housing or services in question 4A-3 element 1 and element 2; and	
	2. the data source (e.g., comparable databases, other administrative data, external data source, HMIS for non-DV projects); or	
	3. if your CoC is unable to meet the needs of all survivors please explain in your response all barriers to meeting those needs.	

(limit 2,500 characters)

1)MCEDEV EmpowerDB intake of survivors' tracked barriers and needs
 2)EmpowerDB Database
 3) The biggest barrier to meeting the housing needs of all DV Victims/Survivors in Maine is the general lack of safe affordable housing, & more specifically, a lack of PSH & RRH that offer specialized supportive services to meet the unique need of DV survivors. DV survivors may have additional barriers such as limited employment history, or bad credit related to their DV situation. Some survivors have experienced forced criminality & that criminal history can be a barrier to housing. For survivors who have not lived independently, additional supports in building landlord relationships, establishing a plan to pay monthly rent & safety planning for life in the community are paramount. The Maine Coalition to End Domestic Violence collaborates w/ other agencies to address the needs of all DV Survivors in Maine, including partnering w/ non-VSPs who work w/ DV Survivors to provide DV specific trauma-informed services for Black, Indigenous, and other people of color as well as LGBTQ+ survivors.

4A-3b.	Information About Unique Project Applicant Requesting New DV Bonus Housing Project(s).	
	NOFO Section I.B.3.j.(1)	
	Use the list feature icon to enter information on each unique project applicant applying for New PH-RRH and Joint TH and PH-RRH Component DV Bonus projects—only enter project applicant information once, regardless of how many DV Bonus projects that applicant is applying for.	

Applicant Name
Maine Coalition t...
Through These Doors

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

4A-3b.	Information About Unique Project Applicant Requesting New DV Bonus Housing Project(s).	
	NOFO Section I.B.3.j.(1)	

Enter information in the chart below on the project applicant that applied for one or more New DV Bonus housing projects included on your CoC's FY 2024 Priority Listing for New Projects:

1.	Applicant Name	Maine Coalition to End Domestic Violence
2.	Rate of Housing Placement of DV Survivors–Percentage	100%
3.	Rate of Housing Retention of DV Survivors–Percentage	71%

4A-3b.1.	Applicant's Housing Placement and Retention Data Explanation.	
	NOFO Section I.B.3.j.(1)(d)	

For the rate of housing placement and rate of housing retention of DV survivors reported in question 4B-3b., describe in the field below:

1.	how the project applicant calculated the rate of housing placement;
2.	whether the rate for housing placement accounts for exits to safe housing destinations;
3.	how the project applicant calculated the rate of housing retention; and
4.	the data source (e.g., comparable databases, other administrative data, external data source, HMIS for non-DV projects).

(limit 1,500 characters)

1. MCEDV has placed every applicant who has completed the required documentation and opted into housing assistance for program year 12/01/2022 - 11/30/2023.
2. If this question is about "Safe-House" projects, then no - they are considered emergency shelter, not a housing placement. Exits to PH or RRH housing operated by DV and/or CoC entities are considered safe placements. Survivors who utilize tenant based voucher may choose housing in the wider community, but will still have access to services, including implementation of ETPs if needed, so such placements are also considered safe.
3. Survivor housing retention calculated as the % of survivors who maintained independent living after assistance ended whether remaining in the unit for finding stable housing elsewhere for program year 12/01/2022 - 11/30/2023.
4. Each DV Member Program and MCEDV use the same comparable database as approved by the CoC, and this data is sourced from that database. The use of a comparable database, mandatory for all VSPs, is encoded into law.

4A-3c.	Applicant's Experience Housing DV Survivors.	
	NOFO Section I.B.3.j.(1)(d)	
	Describe in the field below how the project applicant:	
	1. ensured DV survivors experiencing homelessness were quickly moved into safe affordable housing;	
	2. prioritized survivors—you must address the process the project applicant used, e.g., Coordinated Entry, prioritization list, CoC's emergency transfer plan;	
	3. determined survivors' supportive services needs;	
	4. connected survivors to supportive services; and	
	5. moved survivors from assisted housing to housing they could sustain—address housing stability after the housing subsidy ends.	

(limit 2,500 characters)

1. MCEDV partners with the 8 VSP DV Member Programs (DVRCs) in Maine to ensure that DV survivors experiencing homelessness are assessed quickly as they prepare to move into safe, affordable housing.
2. Housing survivors who have been made homeless because they are fleeing violence requires a different prioritization system. It is critical to appropriately balance needs of DV and those more traditionally Homeless as they have different characteristics that are equally urgent. The DVRCs each have their own Emergency Transfer Plan to safely and rapidly assist survivors to move to a confidential residence as needed. DVRCs work together to offer services to DV survivors in every county.
3. All services are voluntary for the client, and each client participates in the development of their individualized service delivery plan. We adapt the services offered and delivery methods based on survivor input, including exit surveys and service delivery surveys conducted in an ongoing way through the year.
4. DVRCs offer comprehensive support & advocacy services, including housing navigation, connection to & assistance in applying for state & federal benefits, legal services & court accompaniment, child welfare specific advocacy, & financial stability support as survivors and their children move through the first days and months of transition to independence and liberation. The Maine Secretary of State operates, in collaboration with DVRCs, the Address Confidentiality Program, allowing survivors to maintain safety through privacy from online address lists. DVRCs assist survivors with retaining household integrity & increasing safety through legal services, such as PFAs, and avoiding homelessness all together through the use of diversion funding.
5. DVRCs continue supporting survivors as they move out of subsidized housing and into permanent homes, providing case management to survivors for as long as needed. Advocates address and help dismantle barriers to housing stability after subsidy-end, often with community partners, offering economic justice programs with matched savings and financial literacy, education, & employment coaching. DVRCs are members of the State CASH Coalition assisting survivors with tax preparation, allowing them to access the child tax credits and other benefits.

4A-3d.	Applicant's Experience in Ensuring DV Survivors' Safety.	
	NOFO Section I.B.3.j.(1)(d)	
	Describe in the field below examples of how the project applicant ensured the safety and confidentiality of DV survivors experiencing homelessness by:	

1.	taking steps to ensure privacy/confidentiality during the intake and interview process to minimize potential coercion of survivors;
2.	making determinations and placements into safe housing;
3.	keeping survivors' information and locations confidential;
4.	training staff on safety and confidentiality policies and practices; and
5.	taking security measures for units (congregate or scattered site), that support survivors' physical safety and location confidentiality.

(limit 2,500 characters)

- 1) DVRCs have private offices for survivors to meet 1:1 w/ advocates to discuss individual circumstances, services & supports. DVRCs maintain privacy, safety & security w/ locked external doors, cameras & entry processes. Conversations w/ residents are conducted in private so others cannot overhear the exchange. Parents & children are sheltered together & have access to support groups for children & advocates experienced w/ child protective services.
- 2) DV Programs & MCEdV operate w/ client choice as the basis of all program enrollment & service delivery. Survivors can work w/ one DVRC, or move to another part of the state & continue services w/ that DVRC or receive a warm referral to the DVRC in the new area. Housing location is not disclosed & is known only to the voucher holder, PHA, & DV Advocate. DV survivors can choose what info is included in their electronic records.
- 3) DV shelters are in confidential locations. TH units operated by DVRCs are not publicly identified as such & are indistinguishable from the rest of the community but equipped w/ safety & security systems. CoC & MSHA maintain confidentiality in documentation, reports, & any published info. Repair people, service technicians, & other third-party service providers must submit to background checks & agree to maintain the privacy of the location - this is encoded into all MOUs & service contracts.
- 4) MCEdV developed & delivers a 44-hour training for new staff & volunteers on safety planning, ethics, active listening, & trauma-informed advocacy. Each advocate works directly w/ survivors of DV to assess risk & deeply understand the dangerousness of each individual's circumstances in order to create a safety plan that addresses immediate needs & has flexibility to address additional risks as they arise. Recognizing that the point of separation from an abusive partner is the most dangerous time for the survivor, Advocates attend to a clear & present danger that can become more dangerous as survivors establish their independence.
- 5) Shelters have reinforced glass or bars on windows, call buttons w/ direct access to shelter staff or law enforcement, & cameras & high-lumens lighting on exterior entrances. All hallways & common spaces are maintained w/ improved lighting & access to DVRC staff through call buttons or similar services. MaineHousing inspects all Shelter sites annually for structural compliance & monitors each program separately for program & data compliance.

4A-3d.1.	Applicant's Experience in Evaluating Its Ability to Ensure DV Survivors' Safety.	
	NOFO Section I.B.3.j.(1)(d)	

Describe in the field below how the project evaluated its ability to ensure the safety of DV survivors the project served in the project, including any areas identified for improvement throughout the project's operation.

(limit 2,500 characters)

MCEDV and DVRCs maintain strict confidentiality within each organization and only share personally identifiable information outside the organization with informed, voluntary, time-limited, and written consent from survivors. MCEDV does not have access to the personally identifying data compiled by each DVRC. It maintains the comparable database and provides technical assistance and training to ensure data integrity and reporting compliance and obtains deidentified, aggregate data from DVRCs on a monthly, quarterly, and yearly basis. At each emergency shelter and transitional housing site the physical location is private - known only to the DVRC and, in some cases, the property owner. There is security glass or bars on windows, locks, and panic buttons in key locations in the residence. MCEDV and partner DVRCs conduct thorough background checks on staff and volunteers and provide continued training in trauma-informed practices addressing confidentiality and privacy for adults and children. We maintain collaborative relations w/ local and statewide law enforcement organizations. MCEDV and DVRC Navigators develop professional relationships w/landlords and PHAs to offer support & advocacy to survivors should concerns arise or incidents occur that may jeopardize the survivors' housing status and/or safety. All DVRC services are survivor centered and trauma-informed. We adapt the services offered and delivery methods based on survivor input, including exit surveys and service delivery surveys conducted in an ongoing way through the year. MCEDV offers training, consultation, and technical assistance to statewide and multi-regional entities seeking to improve their domestic abuse responses. We also support the work of our members, who provide these same services in their local communities.

4A-3e.	Applicant's Experience in Placing and Stabilizing Survivors in Permanent Housing Using Trauma-Informed, Survivor-Centered Approaches.	
	NOFO Section I.B.3.j.(1)(d)	
	Describe in the field below the project applicant's experience in:	
1.	prioritizing placement and stabilization of survivors;	
2.	placing survivors in permanent housing;	
3.	placing and stabilizing survivors consistent with their preferences; and	
4.	placing and stabilizing survivors consistent with their stated needs.	

(limit 2,500 characters)

1. MCEDV and DVRC staff meet survivors where they are and use a housing-first model for determining best resource and service options.
2. MCEDV acts in a liaison role with MaineHousing, PHAs, & Housing Developers and other PH providers to ensure availability of DV specific housing for client placement, and addresses concerns that might arise for survivors while living in these homes.
3. MCEDV and the DVRCs rapidly place survivors in housing of choice by honoring participant agency and preference by working together and sharing resources and knowledge around the state. We center survivor agency and autonomy in all interactions. We approach each other and the survivors who choose to work with us with mutual respect.
4. Advocates use a variety of methodologies while assisting survivors including active listening, crisis intervention, trauma-informed coaching, specifically developing safety plans that address survivor choice, current relationship reality, children's needs, etc. We strive to create an environment that is inclusive, welcoming, destigmatizing, and non-retraumatizing. Advocates provide holistic services and attend to survivors' emotional as well as physical safety while attending to their practical needs.

4A-3f.	Applicant's Experience in Trauma-Informed, Survivor-Centered Approaches.	
	NOFO Section I.B.3.j.(1)(d)	
	Describe in the field below examples of the project applicant's experience using trauma-informed, victim-centered approaches to meet needs of DV survivors by:	
	1. establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures survivors and staff interactions are based on equality, and minimize power differentials;	
	2. providing survivors access to information on trauma, e.g., training staff on providing survivors with information on the effects of trauma;	
	3. emphasizing survivors' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans worked towards survivor-defined goals and aspirations;	
	4. centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;	
	5. providing a variety of opportunities for survivors' connections, e.g., groups, mentorships, peer-to-peer, spiritual needs; and	
	6. offering support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.	

(limit 5,000 characters)

- 1) DVRCs and MCEDV do not restrict survivors' access to housing or shelter nor does any organization use punitive measures to prohibit a survivor from accessing housing services. DVRC staff meet survivors where they are and use a housing-first model for determining best resource and service options. We center survivor agency and autonomy in all interactions, when developing policies & procedures. We approach each other and the survivors who choose to work with us with mutual respect. All services are provided on a voluntary basis and in compliance with FVPSA and VOCA regulations regarding confidentiality. Each provider is held to the Quality Assurance Standards of service delivery developed by MCEDV with survivor input and agreed to by the DVRCs.
- 2) Every staff member at MCEDV and the DVRCs attend trauma-informed practices training & over 40 hours of new hire and continued yearly training addressing the intersections of DV & homelessness. MCEDV creates & develops trainings in collaboration with survivors and DVRC staff to train the trainer and provide the best knowledge available. This is the core of professional practice and advocates continue to engage with survivors using the most promising practices available. All staff are trained and held accountable to the Quality Assurance Plan for service delivery. Each DVRC and MCEDV collects outcome data from all trainings and offers feedback surveys to survivors regularly. We are committed to continued improvement.
- 3) Advocates use a variety of methodologies while assisting survivors including active listening, crisis intervention, trauma-informed coaching, specifically developing safety plans that address survivor choice, current relationship reality, children's needs, etc. We strive to create an environment that is inclusive, welcoming, destigmatizing, and non-retraumatizing. Advocates provide holistic services and attend to survivors' emotional as well as physical safety while attending to their practical needs. DV survivors have told us that they need physical, emotional, & financial distance to make the move into liberation. MCEDV manages a privately funded Liberation Fund which provides flexible direct financial assistance to survivors as they work to establish freedom and safety. These are low barrier and immediately accessible.
- 4) MCEDV & DVRCs continue to address knowledge gaps in cultural competencies by actively seeking out partnerships with organizations that serve those with lived experience. We partner with New Mainer organizations, BIPOC led and LGBTQ+-led organizations that also address survivor needs, disability rights, and Indigenous survivor organizations to increase our knowledge of available resources and to offer services to survivors in the most trauma sensitive and culturally-appropriate manner. DVRC partners often serve as fiscal sponsors for emerging organizations addressing specific cultural gaps. MCEDV partners with the Wabanaki Women's Coalition, representing the five Tribal Nations in Wabanaki Territory. These two Coalitions provide mutual TA. MCEDV encourages philanthropists to allocate their financial resources to Tribal communities and WWC.
- 5) MCEDV partners with DVRCs to offer support groups addressing a wide range of topics such as financial literacy, DV general support, etc. Childcare is offered when needed.
- 6) Partner programs offer workshops, support groups, 1:1 discussions, etc. regarding childcare, access to child support, justice & courts system involvement, and general parenting support for often newly single parents who must remain in contact with their abuser. MCEDV supports each DVRC to hire special-focus advocates who work with families who are child welfare system involved. These DV-CPS Advocates provide information, support, and guidance for parents as well as training and TA for CPS Workers. DV Member Programs

in collaboration with MCEDV partner with culturally specific organizations offering additional support groups and advocacy. Examples include the Immigrant Resource Center of Maine and Maine TransNet. These organizations support DVRCs and MCEDV with developing culturally correct and responsive services.

4A-3g.	Applicant's Experience Meeting Service Needs of DV Survivors.	
	NOFO Section I.B.3.j.(1)(d)	

Describe in the field below examples of supportive services the project provided to domestic violence survivors while quickly moving them into permanent housing and addressing their safety needs.

(limit 5,000 characters)

MCEDV is well positioned to support survivors through the partnerships we have with the eight (8) domestic violence resource centers (DVRCs) in Maine. Advocates and volunteers are required to complete MCEDV's Comprehensive Advocacy, Intervention, Response & Ethics Training (CAIRET). This 44-hour training defines domestic abuse and violence and its intersection with trauma, mental health, and substance abuse as well as the civil and criminal justice systems. It provides best current practices for safety planning and social & systems change advocacy. Within CAIRET there are specific modules for advocates who provide specialized services such as shelter, legal advocacy, and working with children affected by domestic violence. This orientation to domestic abuse and violence provides the foundation from which Advocates have the knowledge and experience to provide supportive services such as safety & self-sufficiency planning, assistance with public benefits and referral to community resources. In addition to general advocacy, most DVRCs have a housing navigator on staff. Housing Navigation is a focused, outcome-oriented service helps people want to obtain and maintain stable, long-term housing of their choice. MCEDV has fiscal authority and maintains quality assurance standards for ourselves and the DVRCs. We are in compliance and maintain a spotless 40-year record of clean financial audits & performance measures. Advocates provide supportive services with the agreement of the survivor. These services range from legal advocacy, such as drafting PFA Orders, collecting evidence of abuse, attending court hearings, interactions with the child protective services, and assisting survivors with obtaining personal records, to applying for housing vouchers, SNAP benefits, or preparing tax returns for child tax credit eligibility. Advocates offer 1:1 and group support, including specific groups for elders, LGBTQIA+, youth, and those with disabilities. With support from MCEDV and their own boards, DVRCs established transitional housing programs in the late 1990s. The programs have consistently grown to include housing navigation to increase successful placement in permanent housing ever since. DVRCs successfully operate transitional housing programs from Madawaska to Sanford...covering all regions in the state...with locally informed programming in partnership with the diverse communities in those regions. MCEDV and the DV Member Programs are mature organizations who have been providing service and advocacy to survivors of DV and Trafficking in Maine since the late 1970s. MCEDV provides training and technical assistance to ensure member DVRCs meet the Quality Assurance Standards for services to domestic violence survivors that includes emergency shelter, transitional housing, individual advocacy, support and educational groups, helpline, and legal advocacy for survivors from diverse populations. MCEDV and its member programs have provided this broad spectrum of services for over 40 years. In addition to programmatic support, MCEDV conducts subrecipient monitoring to ensure the DVRCs' compliance with Part 200: Uniform Administrative, Cost Principles and Audit Requirements for Federal Awards and Chapter 148-C: Maine Uniform Accounting and Auditing Practices Act for Community Agencies. The financial stability, organizational structure and operations are integral to the quality and delivery of supportive services to domestic violence survivors. In 2023, 615 survivors moved into permanent housing, 342 into Transitional Housing with supports, and DVRCs provided housing services to individuals 1,186. We know that advocacy in the legal system is critical for survivors as they maintain their homes and. A yearly average of 6,000 individuals are assisted with legal advocacy . Over 1000 survivors have received direct assistance through the Liberation Fund, a flexible fund addressing immediate financial support for survivors since its start in 2020. All the member programs/partners in the grant are monitored by Maine Housing

for compliance and outcomes under the ESG/ESHAP program as well as by MCEDV. The Coalition and member programs successfully received and implemented innovative programming through VAWA OVW Grants, including Rural, Legal Services for Victims, and Consolidated Youth Grants, and received the civil rights and financial administration training required of all such grantees.

4A-3h.	Applicant's Plan for Placing and Stabilizing Survivors in Permanent Housing Using Trauma-Informed, Survivor-Centered Approaches in the New DV Bonus Housing Project(s).	
	NOFO Section I.B.3.j.(1)(e)	

Describe in the field below how the project(s) will:

1.	prioritize placement and stabilization of program participants;
2.	place program participants in permanent housing;
3.	place and stabilize program participants consistent with their preferences; and
4.	place and stabilize program participants consistent with their stated needs.

(limit 2,500 characters)

1. MCEDV and the DVRCs will work with Maine's Coodinated Entry System to rapidly place survivors in housing of their choice by honoring participant agency and preferences and by working together and sharing resources and knowledge around the state. As a statewide Coalition, MCEDV will offer regionally specific housing navigation and general advocacy services to survivors of DV and their families. MCEDV will facilitate sharing information about housing availability for survivors around the state and will provide information to DVRCs through the comparable database.
2. DVRC staff will meet survivors where they are at and use a housing-first model for determining best resource and service options, including PH and RRH,if that is the clients choice.
3. MCEDV and the DVRCs will rapidly place survivors in the housing type of their choice by honoring participant agency and preferences and by working together and sharing resources and knowledge around the state. We will center survivor agency and autonomy in all interactions.We will approach each other and the survivors who choose to work with us with mutual respect as we work with them on placement and stabilization.
4. Advocates will use a variety of methodologies while assisting survivors including trauma informed coaching, specifically developing safety plans that address survivor choice, current relationship reality, children's needs, etc. We will strive to create an environment that is inclusive, welcoming, destigmatizing, and non-retraumatizing. Advocates will attend to survivors' emotional as well as physical safety to ensure placement and stability consistent with their stated needs.

4A-3i.	Applicant's Plan for Administering Trauma-Informed, Survivor-Centered Practices in the New DV Bonus Housing Project(s).	
	NOFO Section I.B.3.j.(1)(e)	

Describe in the field below examples of how the new project(s) will:

1.	establish and maintain an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant and staff interactions are based on equality, and minimize power differentials;
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2.	provide program participants access to information on trauma, e.g., training staff on providing program participants with information on the effects of trauma;
3.	emphasize program participants' strengths—for example, strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans work towards survivor-defined goals and aspirations;
4.	center on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;
5.	provide a variety of opportunities for program participants' connections, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
6.	offer support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.

(limit 5,000 characters)

- 1) DVRCs and MCEdV will not restrict survivors' access to housing or shelter for any non-HUD mandated reason. No organization will use punitive measures to prohibit a survivor from accessing housing services. DVRC staff meet survivors where they are at and use a housing-first model for determining best resource and service options. Survivors with mental illness, substance use disorders, or other challenges are supported through advocacy at the DV program and with referrals to other services in their area. Many DV Member Program staff are survivors themselves and able to provide both professional level advocacy and peer level support.
- 2) Every staff member at MCEdV and the DVRCs attend trauma-informed practices training and the Comprehensive Advocacy, Intervention, Response & Ethics Training (CAIRET). This MCEdV developed, 44-hour training defines domestic abuse and violence and its intersection with trauma, mental health, and substance abuse as well as the civil and criminal justice systems. It provides best current practices for safety planning and social & systems change advocacy. Within CAIRET there are specific modules for advocates who provide specialized services such as shelter, legal advocacy, and working with children affected by domestic violence. This orientation to domestic abuse and violence provides the foundation from which Advocates have the knowledge and experience to provide supportive services such as safety & self-sufficiency planning, assistance with public benefits and referral to community resources. This is the core of professional practice and advocates continue to engage with survivors using the most promising practices available.
- 3) Advocates use a variety of methodologies while assisting survivors including trauma informed coaching, specifically developing safety plans that address survivor choice, current relationship reality, children's needs, etc. We strive to create an environment that is inclusive, welcoming, destigmatizing, and non-retraumatizing. Advocates attend to survivors' emotional as well as physical safety.
- 4) MCEdV & DVRCs continue to address knowledge gaps in cultural competencies by actively seeking out partnerships with organizations who serve those with lived experience. We partner with New Mainer organizations, BIPOC led and LGBTQ+-led survivor organizations, disability rights organizations, and Indigenous survivor organizations to increase our knowledge of available resources and to offer services to survivors in the most trauma sensitive and culturally-appropriate manner. We share resources as well as receiving and providing technical assistance to the Wabanaki Women's Coalition. DV Member Programs works closely with local organizations that provide specific resources in their area.
- 5) MCEdV partners with DVRCs to offer support groups addressing a wide range of topics - financial literacy, DV general support, etc. support groups are not mandatory and childcare is offered when needed.
- 6) Partner programs offer workshops, support groups, 1:1 discussions, etc., regarding childcare, access to child support, justice & courts system involvement, and general parenting support for often newly single parents who must remain in contact with their abuser. Our DV Member Programs in collaboration with MCEdV partner with culturally specific organizations offering additional support groups and advocacy - examples include the Her Safety Net, Immigrant Resource Center of Maine, and Maine TransNet. These organizations support DVRCs and MCEdV with developing culturally correct and responsive approaches to specific needs that a survivor might have as well as referring them to the best, most appropriate resource available.

4A-3j.	Applicant's Plan for Involving Survivors in Policy and Program Development, Operations, and Evaluation in the New DV Bonus Housing Project(s).	
	NOFO Section I.B.3.j.(1)(f)	

Describe in the field below how the new project will involve survivors:

- | | |
|----|---|
| 1. | with a range of lived expertise; and |
| 2. | in policy and program development throughout the project's operation. |

(limit 2,500 characters)

Our member programs constantly obtain feedback from survivors, in real time, regarding DVRC services, how they are structured, and how they meet their needs. This feedback helps inform any programmatic changes or additional training that may need to be made in order to improve access and/or experience. The staff and Boards of Directors at each member program include individuals who are survivors; in this way, their lived experience directly informs the program development and delivery process, and ensures that services are provided in a trauma-informed and survivor-centered manner. We regularly conduct surveys of individuals who are using our services to answer very specific questions that may help our approach to policy and program development. One recent example of this is our Report on the Impact of Economic Abuse on Survivors of Domestic Violence in Maine from 2019, which engaged 135 survivors who had used DVRC services. Their involvement in this survey provided great insight into survivors' needs and barriers when establishing freedom. This particular report was the basis for a new law that following legislative session which defined economic abuse in Maine law and provided protections through the protection from abuse process. Lastly, MCEDV's Survivors Access & Engagement Coordinator works closely on a regular basis with DVRCs to ensure service accessibility and planning for ongoing and meaningful engagement with survivors.

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

4A-3b.	Information About Unique Project Applicant Requesting New DV Bonus Housing Project(s).	
	NOFO Section I.B.3.j.(1)	

Enter information in the chart below on the project applicant that applied for one or more New DV Bonus housing projects included on your CoC's FY 2024 Priority Listing for New Projects:

1.	Applicant Name	Through These Doors
2.	Rate of Housing Placement of DV Survivors–Percentage	100%
3.	Rate of Housing Retention of DV Survivors–Percentage	86%

4A-3b.1.	Applicant's Housing Placement and Retention Data Explanation.	
	NOFO Section I.B.3.j.(1)(d)	
	For the rate of housing placement and rate of housing retention of DV survivors reported in question 4B-3b., describe in the field below:	
	1. how the project applicant calculated the rate of housing placement;	
	2. whether the rate for housing placement accounts for exits to safe housing destinations;	
	3. how the project applicant calculated the rate of housing retention; and	
	4. the data source (e.g., comparable databases, other administrative data, external data source, HMIS for non-DV projects).	

(limit 1,500 characters)

- 1) TTD calculated the rate of housing placement of DV survivors by using the annually reported data (FY24, October 1, 2023-September 30, 2024) of total adults moved into permanent housing divided by the total number of adults enrolled in the program. All survivors enrolled in TTD's RRH project, were placed in permanent housing.
- 2) Yes, the rate of housing placements accounts for exits to safe housing destinations.
- 3) TTD calculated the rate of housing retention by using the annually reported data (FY 24, October 1, 2023-September 30, 2024)- total adults remaining in their permanent housing placement divided by the total number of adults permanently housed.
- 4) The data source is EmpowerDB, an HMIS comparable database, used by the domestic violence resource centers in Maine.

4A-3c.	Applicant's Experience Housing DV Survivors.	
	NOFO Section I.B.3.j.(1)(d)	
	Describe in the field below how the project applicant:	
	1. ensured DV survivors experiencing homelessness were quickly moved into safe affordable housing;	
	2. prioritized survivors—you must address the process the project applicant used, e.g., Coordinated Entry, prioritization list, CoC's emergency transfer plan;	
	3. determined survivors' supportive services needs;	
	4. connected survivors to supportive services; and	
	5. moved survivors from assisted housing to housing they could sustain—address housing stability after the housing subsidy ends.	

(limit 2,500 characters)

- 1) Survivors of domestic abuse are offered housing focused support services to assist in quickly moving survivors from homelessness to safe, affordable, permanent housing. Services include housing navigation services including housing search and placement, case management, ongoing safety planning and financial assistance. Combining a RRH model with a domestic violence housing first approach, housing is identified by advocates through existing and growing landlord and housing provider partnerships and the survivor's own assessment of where they wish to live and which housing type best works for them/their family.
- 2) TTD participates in the Maine Coordinated Entry System as one point of entry for our services. However, survivors come to us from many access points. Often, survivors reach out to us utilizing our 24-hour helpline to request shelter and housing support. TTD has an emergency transfer plan to safely and rapidly assist survivors to move to confidential shelter or other locations if necessary.
- 3) All services provided to survivors of domestic abuse are free, voluntary, and confidential. Survivors work together with Housing and Resource Advocates at TTD to develop an individualized service plan which guides the services and supports the survivor receives. Housing and Resource Advocates use a mobile advocacy model to meet with survivors to assess their needs (both financial and otherwise).
- 4) TTD provides comprehensive victim advocacy and support services, including shelter and housing navigation, connection, and linkages to mainstream resources, legal advocacy and court accompaniment, child welfare specific advocacy and financial support as survivors and their children move from abuse and violence to independence and safety. Whenever possible, TTD assists survivors to divert them from homelessness by utilizing diversion approaches and funding.
- 5) TTD continues to support survivors after they move on from the financial subsidies the program provides by providing housing advocacy and support for as long as needed to ensure continued housing stability post subsidy. TTD services remain free, confidential, and voluntary for survivors of abuse whether they are enrolled in a housing program or not for as long as they are needed.

4A-3d.	Applicant's Experience in Ensuring DV Survivors' Safety.	
	NOFO Section I.B.3.j.(1)(d)	
	Describe in the field below examples of how the project applicant ensured the safety and confidentiality of DV survivors experiencing homelessness by:	
	1. taking steps to ensure privacy/confidentiality during the intake and interview process to minimize potential coercion of survivors;	
	2. making determinations and placements into safe housing;	
	3. keeping survivors' information and locations confidential;	
	4. training staff on safety and confidentiality policies and practices; and	
	5. taking security measures for units (congregate or scattered site), that support survivors' physical safety and location confidentiality.	

(limit 2,500 characters)

- 1)TTD has private spaces for survivors to meet 1:1 w/ advocates to discuss circumstances, services & supports. Intakes/interviews are often done via 24-hour confidential helpline. TTD offices use external/internal security procedures including locked/coded entry doors, security cameras, panic buttons, alarms & confidential locations. Advocates meet w/ clients in private so others cannot overhear. Sound machines & other measures protect confidentiality.
- 2)TTD's mission, vision & values place survivor choice as the basis of all services. Survivors are experts on their safety. Our work is trauma informed & survivor driven. Advocates work w/ survivors to identify safe secure housing. Safety planning is an organic process advocates are trained to engage in w/ survivors.
- 3)TTD's shelter for victims & survivors is in a private location & names & identities of residents are confidential. TTD maintains confidentiality in all documents, reports & publications to ensure no PII is disclosed. Anyone needing to access the shelter must agree to confidentiality policies. TTD uses an electronic database separate from HMIS to ensure data of survivors is not accessible to other providers. All paper documents are secured in locked offices in secure buildings.
- 4)All staff complete a 44-hr DV training prior to any direct service. CAIRET (Core Comprehensive Advocacy, Intervention, Response & Ethics Training), developed by DV experts & approved by the MCEDV, is the core training for DV advocates adopted by all DVRCs in Maine. Safety, confidentiality policies & practices are a significant part of the training. Advocates engage in continuing education on safety planning & confidentiality during employment via webinars, local & national conferences & on-the-job training. Confidentiality & safety practices are reviewed each January.
- 5)TTD owns a 16-bed shelter & maintains safety measures such as emergency lighting, keypad entries w/ frequently changing codes, limited entrances, security cameras, panic buttons & security alarms. Our location does not have signage & looks like a regular home in a residential neighborhood. We do not publicize the location for the safety, confidentiality, & privacy of residents. TTD maintains confidentiality of the addresses & locations of individuals we work w/ who are not residing in our shelter. We do not share identifying information, locations or addresses unless we have signed, time-limited, specific ROIs allowing us to do so when necessary.

4A-3d.1.	Applicant's Experience in Evaluating Its Ability to Ensure DV Survivors' Safety.	
	NOFO Section I.B.3.j.(1)(d)	

Describe in the field below how the project evaluated its ability to ensure the safety of DV survivors the project served in the project, including any areas identified for improvement throughout the project's operation.

(limit 2,500 characters)

Safety is the first, critical priority when serving victims and survivors of abuse. TTD maintains strict confidentiality and only shares personally identifying information outside of the organization with informed, voluntary, time-limited, written consent from survivors. TTD does not enter information into HMIS as we are prohibited from doing so. Instead, we maintain a comparable database to meet our reporting and compliance requirements. The site of our emergency shelter is private and not publicized or shared. As stated above, our emergency shelter is equipped with security features such as emergency lighting, keypad only entry, limited entrances, security cameras and panic buttons. TTD utilizes a scattered site model for our transitional and rapid re-housing programs and maintain confidentiality of all locations. TTD conducts background checks on staff and volunteers and provides regular training in trauma-informed practices including maintaining confidentiality for survivors. TTD Housing and Resource Advocates build relationships with landlords to offer support and advocacy to survivors should safety concerns arise that may jeopardize the survivors' housing status or safety. All services offered are free, voluntary, confidential and trauma informed. We regularly review and adapt services and delivery methods based on survivor input, including exit interviews and service delivery surveys conducted in an ongoing way.

4A-3e.	Applicant's Experience in Placing and Stabilizing Survivors in Permanent Housing Using Trauma-Informed, Survivor-Centered Approaches.	
	NOFO Section I.B.3.j.(1)(d)	
	Describe in the field below the project applicant's experience in:	
	1. prioritizing placement and stabilization of survivors;	
	2. placing survivors in permanent housing;	
	3. placing and stabilizing survivors consistent with their preferences; and	
	4. placing and stabilizing survivors consistent with their stated needs.	

(limit 2,500 characters)

- 1)Founded in 1977, Through These Doors is Cumberland County Maine's only regional domestic violence resource center, serving victims and survivors of domestic abuse, dating violence, and stalking. All participants enrolled in our rapid re-housing program are survivors of domestic abuse, many recently fleeing abuse and violence in their home.
- 2)Survivors of domestic abuse experiencing homelessness first need stabilization and immediate safety and housing needs met. Some participants reside in our emergency shelter, or another emergency shelter, others stay with friends or family but regardless, our first goal is to provide stability, support and placement in permanent housing.
- 3)Advocates meet with survivors to complete an assessment of their needs, recognize strengths and identify goals. Participant choice in the housing choice and placement process is paramount.
- 4)Advocates meet with survivors to complete an assessment of their needs, identify goals, and provide comprehensive advocacy and safety planning. In partnership, they find safe, stable housing consistent with the needs, goals, and safety plan of the survivor. Perpetrators of abuse systematically limit survivors' choices and agency over their lives therefore prioritizing participant preference is essential.

4A-3f.	Applicant's Experience in Trauma-Informed, Survivor-Centered Approaches.	
NOFO Section I.B.3.j.(1)(d)		
Describe in the field below examples of the project applicant's experience using trauma-informed, victim-centered approaches to meet needs of DV survivors by:		
1.	establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures survivors and staff interactions are based on equality, and minimize power differentials;	
2.	providing survivors access to information on trauma, e.g., training staff on providing survivors with information on the effects of trauma;	
3.	emphasizing survivors' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans worked towards survivor-defined goals and aspirations;	
4.	centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;	
5.	providing a variety of opportunities for survivors' connections, e.g., groups, mentorships, peer-to-peer, spiritual needs; and	
6.	offering support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.	

(limit 5,000 characters)

- 1) All services provided will be voluntary therefore survivors will lead the work. There will not be barriers to accessing services or requirements to receive support. TTD's mission, vision and value statements guide our work with each other as colleagues as well as those we serve. The CAIRET training that advocates complete explores power and oppression and teaches advocacy skills utilizing a victim-centered model. All staff are held accountable to MCEDEV's Quality Assurance Plan for service delivery across domestic violence resource centers in Maine. TTD collects outcome data and offers feedback surveys to survivors utilizing our services regularly.
- 2) TTD staff receive training on trauma and trauma informed practices during organizational training and by attending workshops and conferences facilitated by experts in the field. Domestic violence is a traumatic experience, and our advocates are well trained in working with survivors during and in the aftermath of trauma and in referring and linking survivors to resources and information on the effects of trauma.
- 3) Advocates are trained to use a variety of approaches to assist survivors of abuse such as active listening, crisis intervention, trauma-informed coaching specifically related to developing safety plans that support survivor choice. TTD strives to create an environment that is inclusive, welcoming and nonjudgmental, recognizing that survivors seek our services in various stages of their journey. TTD provides holistic, comprehensive services to survivors of abuse and attend to the survivor's emotional as well as physical safety while also focusing on their practical needs such as access to housing and basic needs. In our residential programs, advocates work with survivors to create an individual plan of care to achieve their identified goals.
- 4) TTD is continuously learning and evolving to ensure that our services are centered on cultural responsiveness and inclusivity. TTD has policies and practices in place to solidify our commitment to cultural responsiveness and inclusivity such as our language access plan. TTD provides regular opportunities for continuing education for staff on equal access, cultural competence and nondiscrimination practices. TTD acknowledges and addresses gaps in cultural competency by actively seeking out partnerships with organizations that serve those with lived experience. We partner with New Mainer organizations, BIPOC-led and LGBTQ+ led organizations that also address survivor needs, disability rights, and indigenous survivor organizations to increase our knowledge of available resources and to offer services to survivors that are trauma sensitive and culturally appropriate while always supporting and honoring survivor choice.
- 5) TTD recognizes the unique and powerful role that peer-to-peer connections have on survivors. Isolation is often a tactic of abuse as they try to limit the support that victims have access to. Support groups, mentorships or peer-to-peer opportunities in which survivors can talk to others who are sharing similar experiences, or who have in the past, can be life-changing. TTD provides opportunities for connection for program participants by offering support and educational groups and solicits input on other ways to facilitate peer-to-peer connections based on survivors' wants and needs.
- 6) TTD regularly offers support for parenting. TTD provides referrals and links to community programs that provide parenting resources and childcare. TTD will provide childcare, when possible, by securing volunteers so survivors can attend apartment viewings, court proceedings related to domestic violence and meet with advocates confidentially. TTD relies on the needs and feedback of program participants and guides all programmatic offerings to best meet the needs of individuals served.

4A-3g.	Applicant's Experience Meeting Service Needs of DV Survivors.	
	NOFO Section I.B.3.j.(1)(d)	

Describe in the field below examples of supportive services the project provided to domestic violence survivors while quickly moving them into permanent housing and addressing their safety needs.

(limit 5,000 characters)

TTD, founded in 1977, is the only regional domestic violence resource center in Cumberland County, Maine therefore a full continuum of support services is available to victims and survivors of abuse experiencing homelessness and housing instability. We provide safe and accessible services to all people affected by domestic violence regardless of race, ethnicity, disability, sexual orientation, gender, age, primary language spoken, or immigration status. Our core service is our free, confidential, anonymous 24-hour helpline to people living in or leaving abusive relationships, struggling with a former partner, and concerned friends, family members, neighbors, etc. We operate an emergency shelter for people fleeing abuse and violence, transitional services, support and education groups, and safety planning, advocacy, support and assistance with legal matters including Protection from Abuse Orders. We offer specialized support services on issues as elder abuse and human trafficking. We work in the systems of child protective services and local jails and prisons. We engage in consultation and case assessment with all law enforcement agencies in Cumberland County. In an effort to prevent future violence, we provide extensive community education, consultation, training, and systems change advocacy to the general public and to youth through our Young Adult Abuse Prevention Program. TTD operates the certified domestic violence intervention program in Cumberland County, Maine called A Different Choice.

All of the services mentioned above are available to participants in our RRH program. Domestic violence occurs in the context of survivor's lives so there are often competing safety demands while addressing the need for permanent, safe, stable housing. TTD approaches all these needs in a holistic way and provides comprehensive safety planning and services to assess, prioritize and address the varied and complex needs of survivors of domestic abuse experiencing homelessness and housing instability. After survivors obtain housing, TTD continues to provide support services such as safety planning, crisis intervention, referrals, and linkages to mainstream resources, budgeting and financial planning support, civil legal assistance, and continued housing stability services. Continued safety planning and support is critical for survivors of abuse to maintain safe, stable housing.

4A-3h.	Applicant's Plan for Placing and Stabilizing Survivors in Permanent Housing Using Trauma-Informed, Survivor-Centered Approaches in the New DV Bonus Housing Project(s).	
	NOFO Section I.B.3.j.(1)(e)	

Describe in the field below how the project(s) will:

- | | |
|----|---|
| 1. | prioritize placement and stabilization of program participants; |
| 2. | place program participants in permanent housing; |
| 3. | place and stabilize program participants consistent with their preferences; and |

4.	place and stabilize program participants consistent with their stated needs.
----	--

(limit 2,500 characters)

1. Founded in 1977, Through These Doors is Cumberland County Maine's only regional domestic violence resource center, serving victims and survivors of domestic abuse, dating violence, and stalking. All participants enrolled in our rapid re-housing program are survivors of domestic abuse, many recently fleeing abuse and violence in their home. Our new DV bonus housing application will allow us to serve additional program participants which is needed in our community.
2. Survivors of domestic abuse experiencing homelessness first need stabilization and immediate safety and housing needs met. Some participants reside in our emergency shelter, or another emergency shelter, others stay with friends or family but regardless, our first goal is to provide stability, support and placement in permanent housing.
3. Advocates meet with survivors to complete an assessment of their needs, recognize strengths and identify goals. Participant choice in the housing choice and placement process is paramount.
4. Advocates meet with survivors to complete an assessment of their needs, identify goals, and provide comprehensive advocacy and safety planning. In partnership, they find safe, stable housing consistent with the needs, goals, and safety plan of the survivor. Perpetrators of abuse systematically limit survivors' choices and agency over their lives therefore prioritizing participant preference is essential. With our proposed new project, TTD added flexible financial assistance for participants enrolled in the RRH program. We have found that participants often have additional financial needs and burdens, aside from rental assistance, that jeopardize their housing stability. By offering flexible financial assistance consistent with the participant's stated needs, we believe survivors will be more successful in maintaining permanent housing stability.

4A-3i.	Applicant's Plan for Administering Trauma-Informed, Survivor-Centered Practices in the New DV Bonus Housing Project(s).	
	NOFO Section I.B.3.j.(1)(e)	

Describe in the field below examples of how the new project(s) will:
--

1.	establish and maintain an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant and staff interactions are based on equality, and minimize power differentials;
2.	provide program participants access to information on trauma, e.g., training staff on providing program participants with information on the effects of trauma;
3.	emphasize program participants' strengths—for example, strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans work towards survivor-defined goals and aspirations;
4.	center on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;
5.	provide a variety of opportunities for program participants' connections, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
6.	offer support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.

(limit 5,000 characters)

- 1) All services provided will be voluntary therefore survivors will lead the work. There will not be barriers to accessing services or requirements to receive support. TTD's mission, vision and value statements guide our work with each other as colleagues as well as those we serve. The CAIRET training that advocates complete explores power and oppression and teaches advocacy skills utilizing a victim-centered model. All staff are held accountable to MCEDEV's Quality Assurance Plan for service delivery across domestic violence resource centers in Maine. TTD collects outcome data and offers feedback surveys to survivors utilizing our services regularly.
- 2) TTD staff receive training on trauma and trauma informed practices during organizational training and by attending workshops and conferences facilitated by experts in the field. Domestic violence is a traumatic experience, and our advocates are well trained in working with survivors during and in the aftermath of trauma and in referring and linking survivors to resources and information on the effects of trauma.
- 3) Advocates are trained to use a variety of approaches to assist survivors of abuse such as active listening, crisis intervention, trauma-informed coaching specifically related to developing safety plans that support survivor choice. TTD strives to create an environment that is inclusive, welcoming and nonjudgmental, recognizing that survivors seek our services in various stages of their journey. TTD provides holistic, comprehensive services to survivors of abuse and attend to the survivor's emotional as well as physical safety while also focusing on their practical needs such as access to housing and basic needs. In our residential programs, advocates work with survivors to create an individual plan of care to achieve their identified goals. Our new project proposes adding flexible financial assistance for survivors of abuse to ensure that other financial demands and burdens do not jeopardize stability in permanent housing. Financial assistance will be available to participants on a monthly basis consistent with the participant's identified needs.
- 4) TTD is continuously learning and evolving to ensure that our services are centered on cultural responsiveness and inclusivity. TTD has policies and practices in place to solidify our commitment to cultural responsiveness and inclusivity such as our language access plan. TTD provides regular opportunities for continuing education for staff on equal access, cultural competence and nondiscrimination practices. TTD acknowledges and addresses gaps in cultural competency by actively seeking out partnerships with organizations that serve those with lived experience. We partner with New Mainer organizations, BIPOC-led and LGBTQ+ led organizations that also address survivor needs, disability rights, and indigenous survivor organizations to increase our knowledge of available resources and to offer services to survivors that are trauma sensitive and culturally appropriate while always supporting and honoring survivor choice.
- 5) TTD recognizes the unique and powerful role that peer-to-peer connections have on survivors. Isolation is often a tactic of abuse as they try to limit the support that victims have access to. Support groups, mentorships or peer-to-peer opportunities in which survivors can talk to others who are sharing similar experiences, or who have in the past, can be life-changing. TTD provides opportunities for connection for program participants by offering support and educational groups and solicits input on other ways to facilitate peer-to-peer connections based on survivors' wants and needs.
- 6) TTD regularly offers support for parenting. TTD provides referrals and links to community programs that provide parenting resources and childcare. TTD will provide childcare, when possible, by securing volunteers so survivors can attend apartment viewings, court proceedings related to domestic violence and

meet with advocates confidentially. TTD relies on the needs and feedback of program participants and guides all programmatic offerings to best meet the needs of individuals served.

4A-3j.	Applicant's Plan for Involving Survivors in Policy and Program Development, Operations, and Evaluation in the New DV Bonus Housing Project(s).	
	NOFO Section I.B.3.j.(1)(f)	

Describe in the field below how the new project will involve survivors:

1.	with a range of lived expertise; and
2.	in policy and program development throughout the project's operation.

(limit 2,500 characters)

1)TTD seeks feedback from survivors, in real time, regarding the services offered, how services are structured and how they meet their needs. This feedback helps inform programmatic changes and additional training that may be needed to improve access and/or survivor experience. TTD's staff, board of directors and volunteers include individuals who are themselves survivors of abuse; in this way, their lived experience directly informs program development and delivery process and ensures that services are provided in a trauma-informed and survivor-centered manner.

2)We regularly conduct surveys of individuals who are using our services to answer very specific questions that may help our approach to policy and program development. Both questions ask about whether survivors have learned more (either about safety and planning for safety or community resources). TTD reviews this data quarterly to address areas in need of improvement.

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.
8. Only use the "Other" attachment option to meet an attachment requirement that is not otherwise listed in these detailed instructions.

Document Type	Required?	Document Description	Date Attached
1C-7. PHA Homeless Preference	No	PHA Homeless Pref...	10/22/2024
1C-7. PHA Moving On Preference	No	PHA Moving On Pre...	10/22/2024
1D-10a. Lived Experience Support Letter	Yes	Lived Experience ...	10/28/2024
1D-2a. Housing First Evaluation	Yes	Housing First Eva...	10/25/2024
1E-2. Local Competition Scoring Tool	Yes	Local Competition...	10/23/2024
1E-2a. Scored Forms for One Project	Yes	Scored form for O...	10/22/2024
1E-5. Notification of Projects Rejected-Reduced	Yes	Notification of P...	10/23/2024
1E-5a. Notification of Projects Accepted	Yes	Notification of P...	10/23/2024
1E-5b. Local Competition Selection Results	Yes	Local Competition...	10/23/2024
1E-5c. Web Posting—CoC-Approved Consolidated Application	Yes	Web Posting of Co...	10/28/2024
1E-5d. Notification of CoC-Approved Consolidated Application	Yes	Notivication of C...	10/28/2024

2A-6. HUD's Homeless Data Exchange (HDX) Competition Report	Yes	HUD's Homeless Da...	10/22/2024
3A-1a. Housing Leveraging Commitments	No		
3A-2a. Healthcare Formal Agreements	No	Healthcare Formal...	10/23/2024
3C-2. Project List for Other Federal Statutes	No		
Other	No		

Attachment Details

Document Description: PHA Homeless Preference

Attachment Details

Document Description: PHA Moving On Preference

Attachment Details

Document Description: Lived Experience Support Letters

Attachment Details

Document Description: Housing First Evaluation

Attachment Details

Document Description: Local Competition Scoring Tools

Attachment Details

Document Description: Scored form for One Project

Attachment Details

Document Description: Notification of Projects Rejected or Reduced (none)

Attachment Details

Document Description: Notification of Projects Accepted (all)

Attachment Details

Document Description: Local Competition Selection Results

Attachment Details

Document Description: Web Posting of CoC Approved Consolidated Application

Attachment Details

Document Description: Notification of CoC Approved Consolidated Application

Attachment Details

Document Description: HUD's Homeless Data Exchange (HDX) Competition Report

Attachment Details

Document Description:

Attachment Details

Document Description: Healthcare Formal Agreement - Preble Street RRH Expansion

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	09/17/2024
1B. Inclusive Structure	10/03/2024
1C. Coordination and Engagement	10/21/2024
1D. Coordination and Engagement Cont'd	10/25/2024
1E. Project Review/Ranking	Please Complete
2A. HMIS Implementation	10/22/2024
2B. Point-in-Time (PIT) Count	10/23/2024
2C. System Performance	10/22/2024
3A. Coordination with Housing and Healthcare	10/21/2024
3B. Rehabilitation/New Construction Costs	10/21/2024
3C. Serving Homeless Under Other Federal Statutes	10/21/2024

4A. DV Bonus Project Applicants	10/28/2024
4B. Attachments Screen	10/28/2024
Submission Summary	No Input Required

Maine State Housing Authority Homeless Preference Policy:

4-III.C. SELECTION METHOD

PHAs must describe the method for selecting applicant families from the waiting list, including the system of admission preferences that the PHA will use [24 CFR 982.202(d)].

Local Preferences [24 CFR 982.207; HCV p. 4-16]

PHAs are permitted to establish local preferences, and to give priority to serving families that meet those criteria. HUD specifically authorizes and places restrictions on certain types of local preferences. HUD also permits the PHA to establish other local preferences, at its discretion. Any local preferences established must be consistent with the PHA plan and the consolidated plan, and must be based on local housing needs and priorities that can be documented by generally accepted data sources.

MaineHousing Policy

It is MaineHousing policy that a priority and/or preference, as well as date and time of the application, establish placement position on a waiting list. Families who have also applied for Project Based Vouchers will be selected according to Chapter 17.

Priority and Local Preference Admissions

1. Priority

a. MaineHousing will offer a priority to any family that has been terminated from the HCV program due to insufficient program funding.

b. Homeless Priority

MaineHousing will set aside 60% of available funding for undedicated vouchers for any applicant family that:

- 1) Is an active STEP voucher holder who has successfully completed 18 months with the STEP program and without assistance would be spending more than 30% of the family's income on housing, or
- 2) Is homeless, and
- 3) Is referred by a provider receiving Stabilization Share funds under the MaineHousing Emergency Shelter and Housing Assistance Program and receiving additional case management follow-up from the provider's navigator under the Home to Stay Program; or
- 4) Is referred by partner agencies administering Emergency Rental Assistance Housing Stability Services and Housing Navigators connected to MaineHousing's Housing Navigation Pilot Program
- 5) Is referred by a Bridging Rental Assistance Program caseworker, or homeless shelter or domestic violence provider that is not receiving Stabilization Share funds under the MaineHousing Emergency Shelter and Housing Assistance Program and meets MaineHousing's jurisdictional preference. MaineHousing maintains a list of approved providers.

Homeless is defined as:

- i. An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:
- ii. An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport or camping ground;
- iii. An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including hotels and motels paid for by federal, state or local government programs for low-income individuals or by charitable organizations, congregate shelters, and transitional housing of 24 months or less);
- iv. An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.
- v. Any individual or family who:
 - 1) Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life threatening conditions that relate to violence against the individual or family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence;
 - 2) Has no other residence; and
 - 3) Lacks the resources or support networks, e.g., family, friends, faith-based or other social networks, to obtain other permanent housing.

If an individual or family is homeless, to qualify for a MaineHousing residency preference, the individual or family must have had a permanent residence in MaineHousing's jurisdiction within 6 months prior to becoming homeless or be referred by a shelter located in MaineHousing's jurisdiction.

- c. Priority for People with Disabilities receiving Medicaid waiver services under Sections 18, 19, 20, 21 and 29

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Portland Housing Authority Homeless Preference Policy: **Public Housing: Homeless Preference (4-12 ACOP)**

An applicant qualifies for this preference if they are homeless at the time of final eligibility determination. In order to qualify for this preference, an applicant must be referred by a partnering homeless service organization within PHA's area of operation. A partnering homeless service organization could be, but is not limited to, Oxford St. Shelter, Preble Street shelters, and the City of Portland Family Shelter on Chestnut Street. The homeless service organization must provide documentation to prove that the applicant qualifies for this preference and will continue to provide supportive services once the applicant is housed.

PHA has a goal of housing 75 current residents that received the homeless preference at admission. PHA will do an evaluation every three months to determine the number of current residents that received this preference at admission. Once the number reaches 75 or more, PHA will stop calling in applicants off the wait list because of the homeless preference. However, if the applicant's other preferences would result in them being called off the wait list, PHA will still call them in despite the applicant having the homeless preference.

HCV: 4-III-C Selection Method (4-14 HCV Administrative Plan)

The PHA will use the following local preferences, as well as date and time of the application, establish placement position on a waiting list. Families who have also applied for Project Based Vouchers will be selected according to Chapter 17.

Preferences:

The following preference groups are prioritized and offered vouchers based on qualification for funding, availability of vouchers, and the administrative need to for PHA to utilize available vouchers. All households must be on the Centralized Waitlist prior to receiving a voucher other than those indicated in 1, 2, 3 & 6.

- (1) The PHA will offer a preference to any participating family that has been terminated from its HCV program due to insufficient program funding.
- (2) PHA, under the direction of the Department of Housing and Urban Development, may give preference for tenant-based assistance to persons displaced by natural or national disaster as designated by the Federal Emergency Management Agency (FEMA) until such time that funding designated for this preference has been committed.
- (3) The PHA may offer a preference to families who include victims of domestic violence, dating violence, sexual assault, or stalking who are seeking an emergency transfer under VAWA from PHA's public housing program or other covered housing program operated by PHA. The applicant must certify that the abuser will not reside with the applicant unless PHA gives prior written approval.
- (4) The PHA may offer a preference to FYI-TPV or FYI recipients who have successfully completed 36 months with the FYI-TPV or FYI Program and can demonstrate an ongoing need for assistance. (see Chapter 19 for details)
- (5) The PHA may offer a preference to current Bridging Rental Assistance Program recipients
- (6) The PHA may offer a preference to VASH recipients who no longer qualify or choose to receive VASH services if HCV's are currently available. (see Chapter 19 for details)
- (7) The PHA may offer a preference to First-Place recipients. (see Chapter 19 for details)
- (8) The PHA must offer a preference for 40 one-time Vouchers for applicants that that meet the criteria for Homelessness (per FY17 Mainstream NOFA). This obligation has been met by the PHA and are no longer being issued.

**MEMORANDUM OF UNDERSTANDING
BETWEEN
MAINE STATE HOUSING AUTHORITY AND
MAINE CONTINUUM OF CARE**

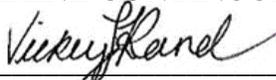
Affordability is a primary issue preventing current permanent supportive housing (PSH) tenants living in MCOC-funded projects who are no longer in need of or desire of intensive services from moving on. Many tenants in PSH are on fixed incomes (often SSI/SSD) or employed in jobs that are intermittent and pay low wages. Given the extremely low-income nature of PSH tenants, Move On programs often include partnerships regarding rental assistance and/or units with affordable rents such as Section 8 vouchers and public housing units.

The purpose of this Memorandum of Understanding (MOU) is to describe and formalize the existing collaborative relationship between the Maine State Housing Authority (MaineHousing) and the Maine Continuum of Care (MCOC).

This MOU is evidence of the current participation and continuing commitment in working jointly to implement Move On Strategies. MaineHousing has awarded Project-Based Section 8, through previous RFP processes, to numerous properties in its jurisdiction, including MCOC-funded PSH properties. MaineHousing allows current Project-Based Section 8 holders, including people living in MCOC-funded PSH projects and non MCOC-funded PSH projects, to port their Project-Based voucher to a Tenant-Based voucher upon move-out, if they have been under lease in the PBV unit for one year or more, pending Tenant-Based voucher availability at the discretion of MaineHousing. This creates the opportunity for people living in MCOC-funded PSH who no longer desire intensive supportive services to Move On to housing with a mechanism to make the rent affordable.

This MOU represents the entire MOU and understanding of the parties. This MOU may be amended in as long as there is agreement in writing by both parties.

MAINE CONTINUUM OF CARE



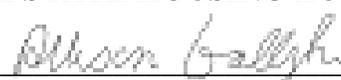
Signature

Name: Vickey Rand

Title: MCOC Tri-Chair

Date: 9/6/19

MAINE STATE HOUSING AUTHORITY



Signature

Name: Allison Gallagher

Title: Director of Housing Choice Vouchers

Date: 9/6/19

**MEMORANDUM OF UNDERSTANDING
BETWEEN
PORTLAND HOUSING AUTHORITY AND
MAINE CONTINUUM OF CARE**

Affordability is a primary issue preventing current permanent supportive housing (PSH) tenants living in MCOC-funded projects who are no longer in need of or desire of intensive services from moving on. Many tenants in PSH are on fixed incomes (often SSI/SSD) or employed in jobs that are intermittent and pay low wages. Given the extremely low-income nature of PSH tenants, Move On programs often include partnerships regarding rental assistance and/or units with affordable rents such as Section 8 vouchers and public housing units.

The purpose of this Memorandum of Understanding (MOU) is to describe and formalize the existing collaborative relationship between the Portland Housing Authority (PHA) and the Maine Continuum of Care (MCOC).

This MOU is evidence of the current participation and continuing commitment in working jointly to implement Move On Strategies. PHA has awarded Project-Based Section 8, through previous RFP processes, to numerous properties in its jurisdiction, including MCOC-funded PSH properties. PHA allows current Project-Based Section 8 holders, including people living in MCOC-funded PSH (i.e. Huston Commons and Logan Place), and non MCOC-funded PSH (i.e. Florence House), to port their Project-Based voucher to a Tenant-Based voucher upon move-out, if they have been under lease in the PBV unit for one year or more, pending Tenant-Based voucher availability at the discretion of PHA. This creates opportunity for people living in MCOC-funded PSH who no longer desire intensive supportive services to Move On to housing with a mechanism to make the rent affordable.

This Agreement represents the entire Agreement and understanding of the parties. This agreement may be amended in as long as there is agreement by both parties.

MAINE CONTINUUM OF CARE

Vickey Rand
Signature

Name: Vickey Rand

Title: MCOC Tri-Chair

Date: 8/27/19

PORTLAND HOUSING AUTHORITY

Mark B. Adelson
Signature

Name: Mark B. Adelson

Title: Executive Director

Date: 8/27/19

**MEMORANDUM OF UNDERSTANDING
BETWEEN
COMMUNITY HOUSING OF MAINE AND
MAINE CONTINUUM OF CARE**

Affordability is a primary issue preventing current permanent supportive housing (PSH) tenants living in MCOC-funded projects who are no longer in need of or desire of intensive services from moving on. Many tenants in PSH are on fixed incomes (often SSI/SSD) or employed in jobs that are intermittent and pay low wages. Given the extremely low-income nature of PSH tenants, Move On programs often include partnerships regarding rental assistance and/or units with affordable rents such as Section 8 vouchers and public housing units.

The purpose of this Memorandum of Understanding (MOU) is to describe and formalize the existing collaborative relationship between Community Housing of Maine (CHOM) and the Maine Continuum of Care (MCOC).

This MOU is evidence of the current participation and continuing commitment in working jointly to implement Move On Strategies. CHOM and the MCOC work collaboratively to implement Move On strategies, and CHOM is welcoming of people exiting MCOC-funded (i.e. Huston Commons and Logan Place), and non MCOC-funded PSH and non MCOC-funded PSH (i.e. Florence House) as an MCOC Move On strategy. CHOM, being an affordable housing developer, and the largest provider of supportive housing for people experiencing homelessness in Maine, welcomes and encourages people who have experienced homelessness, currently residing in MCOC-funded and non MCOC-funded PSH into its affordable housing portfolio. This creates opportunity for people living in MCOC-funded PSH who no longer desire intensive supportive services to Move On to housing with affordable rents.

This Agreement represents the entire Agreement and understanding of the parties. This agreement may be amended in as long as there is agreement by both parties.

MAINE CONTINUUM OF CARE

Vickey Rand
Signature

Name: Vickey Rand

Title: MCOC Tri-Chair

Date: 8/28/19

COMMUNITY HOUSING OF MAINE

Kyra Walker
Signature

Name: Kyra Walker

Title: Chief Operating Officer

Date: 8/28/19



September 20, 2019

To Whom It May Concern,

Avesta Housing is a nonprofit affordable housing provider with 45+ years of experience as a leader in affordable housing development and property management in southern Maine and New Hampshire. Our mission is to improve lives and strengthen communities by promoting and providing quality affordable homes for people in need.

This mission aligns us closely with the work of the Maine Continuum of Care (MCoC). We have an over a decade-long established relationship with the MCoC and support the MCoC's Move On Strategies. As such, we welcome tenants exiting CoC-funded housing programs to apply for housing in Avesta-managed properties. Additionally, we work closely with members of the CoC to maximize supportive resources available to Avesta tenants in order promote housing stability.

Sincerely,

Dana Totman
President & Chief Executive Officer
Avesta Housing



October 22, 2024

Maine Continuum of Care
c/o MaineHousing
26 Edison Drive
Augusta, ME 04330

Dear MCOC Chairs,

Homeless Advocacy for All is pleased to provide this Letter of Support for the Maine Continuum of Care (MCoC) application to the U.S. Department of Housing and Urban Development for the Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2025 Continuum of Care Competition and Renewal or Replacement of Youth Homeless Demonstration Program Grants. The MCoC Persons with Lived Experience (PWLE) Committee shared in strong support.

We continue to fully support efforts of the MCoC, the priorities outlined in their Plan for Serving Individuals and Families Experiencing Homelessness with Severe Service Needs, and the initiatives detailed in the Project Applications that will accompany the MCoC submission.

We wish MCOC and all Project Applicants the best with their proposals and we look forward to continuing our collaborative partnership with MCOC as we work to end and prevent homelessness in Maine.

Founder – William E Higgins Jr.

Executive Assistant – Heather Cote

Handwritten signature of William E Higgins Jr. over a horizontal line.
Handwritten signature of Heather Cote over a horizontal line.

Homeless Advocacy for All, 83 Middle Street, Suite 314, Portland, ME 04101

Executive Assistant -Sarah Wood

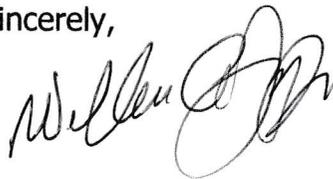
Sarah Wood

All three signators have lived experience of homelessness. Homeless Advocacy for All (Ha4aLL) is a national homeless advocacy organization. We have existed for seven years, and are setting up a Fiscal Sponsor agreement with the Mid Maine Homeless Shelter, Inc. Katie Spencer White will be our Board Members when we incorporate. They will enjoy keeping a percentage of the donations to us, until we receive our own 501©3 certification.

One mission is to have every aspect of homelessness guided by those with Lived Experience, and that the individuals are compensated for their efforts. What we have done in Maine is proof that dream can happen. Part of our work will be recruiting and training these advocates here in Maine, and then worldwide. Other missions are to bring corporate expertise (and financial resources) into nonprofit organizations, enhancing their operations and allowing them to pay staff more commensurate with the work. I could just imagine the stress involved as a worker, trying to help so many with resources for so few. With more advocacy, we can boost both public resources and donations to meet community needs, actually reducing homelessness globally, over time.

While I will not run Ha4aLL, it will be my purpose for the time that remains in my life. My efforts will have a positive effect on the lives of many. It is so much more difficult to be homeless today than it was from 2002 to 2010, when I was homeless four times.

Sincerely,



William E Higgins Jr

Founder, Homeless Advocacy for All

Homeless Advocacy for All, 83 Middle Street, Suite 314, Portland, ME 04101



HOMELESS VOICES FOR JUSTICE

■ 207-775-0026 ■ 38 Preble St., Portland, ME 04101 ■
HVJ@preblestreet.org

Oct. 25, 2024

2024 ADVOCATES:

ERIC BREWER

JAMES DEVINE

LISA FRANKLIN

CHERYL HARKINS

BEN MARTINEAU

CAROLYN SILVIUS

MIKE STUCKMEYER

Maine Continuum of Care
c/o MaineHousing
26 Edison Drive
Augusta, ME 04330

Dear MCOC Chairs,

Homeless Voices for Justice is pleased to provide this Letter of Support for the Maine Continuum of Care (MCOC) application to the U.S. Department of Housing and Urban Development for the Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2024 Continuum of Care Competition and Renewal or Replacement of Youth Homeless Demonstration Program Grants.

We continue to fully support efforts of the MCOC, the priorities outlined in their *Plan for Serving Individuals and Families Experiencing Homelessness with Severe Service Needs*, and the initiatives detailed in the Project Applications that will accompany the MCOC submission.

We wish MCOC and all Project Applicants the best of luck with their proposals and we look forward to continuing our collaborative partnership with MCOC as we work to end and prevent homelessness in Maine.

Sincerely,
Lisa Franklin
Cheryl Harkins
Eric S Brewer
Benjamin L Martineau Sr

on behalf of Homeless Voices for Justice



The Union St. Brick Church – Warming Center

October 1, 2024

Maine Continuum of Care

c/o Maine Housing
26 Edison Drive
Augusta, ME 04330

Dear MCOC Chairs,

On behalf of the Union Street Brick Church – Warming Center, we are pleased to provide this letter in support of the Maine Continuum of Care (MCOC) application to the U.S. Department of Housing and Urban Development under the Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2024 Continuum of Care Competition and the Renewal or Replacement of Youth Homeless Demonstration Program Grants.

We stand in full support of the MCOC's initiatives, particularly those outlined in the Plan for Serving Individuals and Families Experiencing Homelessness with Severe Service Needs, and the collaborative project applications that will accompany the MCOC submission. Your continued focus on addressing critical housing and service gaps is essential to creating sustainable pathways out of homelessness for the most vulnerable individuals and families across Maine.

We wish MCOC and all project applicants success in this funding process and look forward to advancing our partnership to prevent and end homelessness in Maine.

Sincerely,

Leon Licata
Leon Licata
Pastor

Jason B. Goodrich

Jason Goodrich
Organizing Volunteer
Person with Lived Experience and Expertise

Sharaleigh Dufour
Recovery Coach and Personal Advocate
in Portland, Maine's Unhoused Community
611 Main st.#308
South Portland., Maine 04106

October 26, 2024

Maine Continuum of Care
c/o Maine Housing
26 Edison Drive
Augusta, ME 04330

Dear **MCOC** Chairs,

I, Sharaleigh Dufour, a personal Advocate For the unhoused Community In Portland, Maine, am pleased to provide this Letter of Support for the Maine Continuum of Care (MCOC) application to the U.S. Department of Housing and Urban Development for the Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2024 Continuum of Care Competition and Renewal or Replacement of Youth Homeless Demonstration Program Grants.

I am currently involved in every **MCOC** meeting, and am pleased to give my input in every meeting, as a person with lived experience. I currently also provide recovery coaching and sponsoring to multiple women in the unhoused community that I also advocate for, in Portland Maine. Along with my husband, we strive everyday to make sure we provide the utmost support, resources, food, clothing and necessities, to every single individual that is unhoused sheltered or unsheltered, in the community of Portland Maine. Every month we also provide a community outreach event involving over three to four different nonprofit agencies that also provide aid to those in the unhoused community. Without the **MCOC**, I would not be able to receive knowledge of upcoming events, meetings, or forms that are vital to the community that I work and advocate in. The information that I receive at every meeting, is a resource that I can take with me into the community that I work in.

I continue to fully support efforts of the **MCOC**, the priorities outlined in their Plan for Serving Individuals and Families Experiencing Homelessness with Severe Service Needs, and the initiatives detailed in the Project Applications that will accompany the MCOC submission.

I wish MCOC and all Project Applicants the best of luck with their proposals and we look forward to continuing our collaborative partnership with MCOC as we work to end and prevent homelessness in Maine.

Sincerely, Sharaleigh Dufour



Program Requirements for All Programs

1. Housing First & Low Barriers

The Housing First approach has several key features: few programmatic prerequisites, admission policies that support low barriers to access, rapid and streamlined entry into permanent housing, the offer of voluntary services, and a focus on housing stability. As such, CoC funded projects should allow entry to program participants regardless of their income, current or past substance use, criminal records, credit history, previous evictions, or history of domestic violence. Projects also should not terminate clients solely based on whether or not they participate in supportive services, make progress on a service plan, or lose their income. All CoC funded programs must adopt the Housing First and Low Barriers approach. The CoC will authorize limited exceptions for projects in the adoption of a housing first model where it conflicts with funder requirements or local/state law (e.g., restrictions on serving people who are listed on sex offender registries).

2. Equal Access & Non-discrimination

Providers must have non-discrimination policies in place and assertively outreach to people least likely to engage in the homeless system. Providers must comply with all federal statutes and rules including the Fair Housing Act¹ and Equal Access to Housing Final Rule.² A determination of eligibility for housing that is assisted by HUD or subject to a mortgage insured by HUD shall be made in accordance with the eligibility requirements provided for such a program by HUD, and such housing shall be made available without regard to actual or perceived sexual orientation, gender identity, or marital status. The list of protected classes in the United States are as follows: race, age, ancestry, color, disability, ethnicity, gender, gender identity or expression, genetic information, HIV/AIDS status, military status, national origin, pregnancy, race, religion, sex, and sexual orientation.

The people who present together for assistance, regardless of age or relationship, are considered a household and are eligible for assistance as a household. Projects that serve families with children must serve all types of families with children; if a project targets a specific population (e.g., women with children), these projects must serve all families with children that are otherwise eligible for assistance, including families with children that are headed by a single adult or consist of multiple adults that reside together. The age and gender of a child under 18 must not be used as a basis for denying any family admission to a project.

3. Coordinated Entry Participation

Coordinated Entry (CE) refers to a centralized or coordinated assessment system that provides an initial, comprehensive assessment of the needs of individuals and families for housing and services. The primary goals for Coordinated Entry processes are to allocate local limited resources as effectively as possible no matter where or how people present and prioritize

¹ United States Department of Justice. The Fair Housing Act. Accessed May 2015.
<http://www.justice.gov/crt/about/hce/title8.php>

² <https://www.hudexchange.info/resource/1991/equal-access-to-housing-final-rule/>

2024 Monitoring tool - Policies tab

I.	Bed Inventory Information (See Application Section 4B.)	On App	On HIC	Observed	Comments	PO ID
	Target Population(s)					
	Number of Beds for Single Adult Individuals					
	Number of Beds for Families with Children					
	Number of Family Units					
	Number of Beds designated for Youth					
	Number of Beds designated for Chronically Homeless					
	Number of Beds designated for Veterans					
II.	Submission Information	Yes	No	N/A	Comment	PO ID
	Was the application submitted on time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Was the application submitted according to instructions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Was the application complete as originally submitted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	If no, were missing or incomplete items provided in a timely manner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
III.	Application Question Review	Yes	No	N/A	Comment	PO ID
1	Does section 3B contain a complete project description?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2	Does Application indicate Housing First intake procedures (Section 3B, question 3b)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3	Does the Application indicate Housing First participant termination prevention procedures? (Section 3B, question 3c)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4	Is the project 100% Dedicated or DedicatedPLUS project?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
IV.	Housing Provider Minimum Threshold Requirements	Yes	No	N/A	Comment	PO ID
1	We will participate in and comply with all Coordinated Entry System Policies and Procedures (or comparable Coordinated Entry system for Domestic Violence Agencies)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2	We will act in accordance with the restrictions on lobbying in 31 U.S.C. 1352 and implementing regulations in 24 CFR Part 87, which require that no federally appropriated funds have been paid or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of a federal agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the awarding of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment or modification of any federal contract, grant, loan or cooperative agreement. (USC 31 Section 1352 & HUD 24 CFR Part 87)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3	We will prohibit any employee, agent, consultant, officer, or elected or appointed official, who exercises or has exercised any functions or responsibilities with respect to assisted activities, or who is in a position to participate in a decision-making process or gain inside information with regard to such activities, from obtaining a personal or financial interest or benefit from the activity, or from having an interest in any contract, subcontract or agreement with respect thereto, or the proceeds there under, either for him or herself or those with whom he or she has family or business ties, during his or her tenure or for one year thereafter.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

IX.	Attachments & Exhibits	Yes	No	N/A	Comment	PO ID
A.	Certification Regarding Lobbying (31 USC § 1353)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
B.	Homeless Consumer Participation Certification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
C.	Documentation of 501(c)(3) status.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
D.	Most recent audit completed by an outside firm and accompanying management letter. (A133 or comparable) (2 CFR § 200.500 et seq.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
E.	List of agency board of directors outlining who each member represents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
F.	List of reasonable accommodations made over course of grant year in furtherance of Fair Housing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Required Policies		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1	Applicant organization's non-discrimination policy with a paragraph narrative indicating how the general public will be informed of the policy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2	Client Grievance and Appeal Policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3	Termination Policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4	Intake/ Access to Services policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5	Client Rights and Responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6	Program personnel and program operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7	Health and Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8	Food preparation and distribution (PSH Only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9	HMIS Data and Security Protocols including any security procedures for staff who work from home with client data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
10	Equity and Diversity Policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
11	Emergency Transfer Plan Policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
12	Fair Housing Policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
13	Drug-free workplace policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

MAINE CONTINUUM OF CARE

2024 NEW PROJECT MCOCC SCORECARD

Points
Awarded

Agency/Project Name: _____ Scorer Number: _____

1. CoC Thresholds (In order to be eligible for funding consideration a project must meet all the established thresholds).	Met	Not Met	
Commitment to Housing First Principles			
Full Participation in Coordinated Entry			
Low Barrier Implementation Plan			

If project application met all CoC criteria please complete the rest of the scorecard. If the project application failed to meet all of the threshold criteria please stop the scoring process as they are not eligible for funding.

2. Capacity/Experience	Application Score	Housing (PSH, RRH, Joint TH-RRH)	HMIS Only	CES Only	
Experience operating HUD/Federal/Other State funded programs (2 pts per year of experience, Max: 10 Points)		10	10	10	
Agency level participation in CoC Activities (5 pts if eligible to vote at CoC and 5 pts if agency participated in any CoC committee)		10	10	10	
Experience operating project(s) to scope of the project proposed or the populations for whom it's designed (2 pts per year of experience Max: 10 Points)		10	10	10	
3. Project and System Level Performance					
Does the project application effectively explain how this project will contribute toward improving system performance measures? (Length of Time Homeless; Returns to Homelessness; Exits to Permanent Housing; Number of Persons Homeless; New/Increased/Maintained Income; First Time Homeless; Successful Placement or Retention in Permanent Housing) (Max score: 10)		10	10	10	
Commitment to participate in HMIS or for DV providers a comparable database allowing for project level data to be reviewed and evaluated		10	10	10	
4. Serving High Need Populations (based on Application Narrative)					
Does the project target one or more the MCoC's identified high needs populations? (Chronic Homelessness/Long Term Stayer, Disabled, Veterans, Families with Children, Unaccompanied Youth, Domestic Violence) (Yes: 5 No: 0 points)		5			
5. Cost Effectiveness					
Does the project application present financial information in accordance with HUD and other funding source requirements?		8	8	8	
Match resources account for at least 25% of amount requested (bricks and mortar projects require 100% match)?		8	8	8	
Does the project budget adequately address staffing and other program expenses to support the proposed project in a cost effective manner?		5	5	5	
6. Project Design & Activities (Partial points can be awarded)					
<i>For Housing Projects</i>					
Application clearly demonstrates how the project will assist clients to access mainstream resources, increase income, and maximize ability to live independently?		3			
Application clearly describes how it is using a race equity lens to address racial disparities in the homeless service system		3			
Application clearly describes that the type and location of the housing proposed will fit the community's need for the proposed project activities; and demonstrates an understanding of the needs of the clients to be served.		3			
Application demonstrates a clear plan to assist clients to rapidly secure and maintain housing that is safe, affordable, and meets their needs and for domestic violence providers their ability to improve safety for the population they serve.		3			

Application clearly describes the types of supportive services that will be offered to clients, including the role of project staff and coordination with other providers, to maximize positive outcomes for clients and for domestic violence providers their ability to improve safety for the population they serve.		3			
<i>For HMIS Projects Only</i>					
The project's proposed activities will help improve the quality and functionality of the existing HMIS system, to the benefit of the CoC			4		
The project's proposed activities will help ensure compliance with federal reporting requirements pertaining to data, including HIC, PIC, LSA, and CAPER reports.			3		
The project's proposed activities will help ensure the CoC has a fully functional, operational, and funded HMIS system.			4		
Are the HMIS funds expended in a way that is consistent with the CoC's funding strategy for the HMIS and furthers the CoC's HMIS implementation.			4		
The HMIS collects all Universal Data Elements as set forth in the HMIS Data Standards.			3		
HMIS has the ability to unduplicate client records.			3		
The HMIS produces all HUDrequired reports and provides data as needed for HUD reporting (e.g., APR, quarterly reports, data for CAPER/ESG reporting) and other reports required by other federal partners.			3		
<i>For Coordinated Entry Projects Only</i>					
The project's proposed activities will assist in the implementation and/or capacity of the Coordinated Entry system.				3	
The project's proposed activities will assist the CoC in meeting federal guidelines and timelines regarding Coordinated Entry.				3	
The project's proposed activities will assist the CoC in establishing a client-focused system that is accessible and coordinated.				3	
The centralized or coordinated assessment system is easily available/reachable for all persons within the CoC's geographic area who are seeking information regarding homelessness assistance. The system must also be accessible for persons with disabilities within the CoC's geographic area.				3	
There is a strategy for advertising that is designed specifically to reach homeless persons with the highest barriers within the CoC's geographic area.				3	
There is a standardized assessment process.				3	
Ensures program participants are directed to appropriate housing and services that fit their needs.				3	
The proposed project has a specific plan to coordinate and integrate with other mainstream health, social services, and employment programs and ensure that program participants are assisted to obtain benefits from the mainstream programs for which they may be eligible (e.g., Medicare, Medicaid, SSI, SNAP, local Workforce office, early childhood education).				3	
7. Timeliness					
Application clearly describes a plan for rapid implementation of the project, including a schedule of proposed activities after grant award.		5	5	5	
8. Local CoC Priorities and HUD Priorities					
<i>Project has a formal partnership with a Public Housing Authority, Healthcare Organization and/or an Indian Tribe or Tribally Designated Housing Entities, LGBTQ+ Advocacy Organizations and/or BIPOC Advocacy Organization</i>		3			
Projects that target Unsheltered Homelessness		1			
Total Score	0	100	100	100	0

The MAINE CONTINUUM OF CARE

MCOC RENEWAL SCORECARD 2024

Agency/Project Name: _____ Scorer Number: _____

	2024	HMIS ONLY	CE ONLY	POINTS
Project Effectiveness				
Housing First and/or Low Barrier to Entry (8 boxes, 2 pts per check box) <i>Data Source: Application 3b and 3c</i>	16			
Performance Measures				
<i>Data Source: Monitoring</i>				
Length of Stay	7			
RRH- On average, participants stay in project "a minimum of 180" days				
PSH - On average, participants stay in project "a minimum of 180" days				
TH- On average, participants stay in project less than twenty four months				
Exits to Permanent Housing	18			
RRH- Min of "80%" move to or remain PH (Floor 65%=8 pts, Goal 80% = 16 pts, Exceeds Goal = 85% + = 18 pts)				
PSH- Min of "80%" move to or remain in PH (Floor 65%=8 pts, Goal 80% = 16 pts, Exceeds Goal = 85% + = 18 pts)				
TH- Min of "65%" move to PH (Floor 65%=8 pts, Goal 80% = 16 pts, Exceeds Goal = 85% + = 18 pts)				
Returns to Homelessness , Data Source: TBD	5			
New, Increased or Maintained Income for Project <u>Stayers</u>	5			
New, Increased or Maintained Income for Project <u>Leavers</u>	5			
Serving High Needs Populations (Local approach)				
<i>Data Source: Application Question + Narrative</i>				
Chronic Homeless	2		2	
Long Term Stayers	1		1	
Veterans	1		1	
Families with children	1		1	
Unaccompanied Youth (under 25)	1		1	
Domestic Violence	1		1	
Substance use	1		1	
Mental Illness	1		1	
HIV AIDS	1		1	
LOCAL EVALUATION - MAINE COC				
Project Cost Effectiveness - Local				
<i>Data Source: Monitoring</i>				
Budget staffing and expenses are adequate to support the proposed project	5	5	5	
Matched resources account for at least 25% of amount requested	5	5	5	
Quarterly drawdowns ("yes," 1 pt; "no," 0 pts)	1	1	1	
Money recaptured by HUD at end of contract year ("yes," 0 pts; "no," 1 pt)	1	1	1	
COC Participation - Local				
<i>Data Source: Monitoring</i>				
Is the Applicant Agency currently an eligible voting member of MCOC?	7	7	7	
Does the Applicant Agency participate in any MCOC committee?	3	3	3	
Total from Page One:				0

MCOC RENEWAL SCORECARD 2024

	MCOC	HMIS ONLY	CE ONLY	
LOCAL EVALUATION - MAINE COC - Continued				
COC Review - Local				
<i>Data Source: Application and Supplements.</i>				
Does the applicant provide documented, secured minimum match letter(s)? [Attached]	1	1	1	
Is the Project Financially feasible? [Self Certification, Attached.]	1	1	1	
Project Type - Local				
Permanently Supportive Housing with no services (paid by COC) [10 pts]	10			
Permanently Supportive Housing with services (paid by COC) [9 pts]	9			
Transitional Housing for Special Populations (DV, Youth, SUD) [8 pts]	8			
Rapid Rehousing Project [7 pts]	7			
Transitional Housing, other (not Special Populations) [5 pts]	5			
SSO Coordinated Entry			6	
Renewal HMIS		10		
For Special Projects				
<i>Coordinated Entry ONLY Application Review</i>				
The project's activities will assist in the implementation and/or capacity of the Coordinated Entry system.			10	
The project's activities will assist the CoC in meeting federal guidelines and timelines regarding Coordinated Entry.			10	
The project's activities will assist the CoC in establishing a client-focused system that is accessible and coordinated.			10	
The centralized or coordinated assessment system is easily available/reachable for all persons within the CoC's geographic area who are seeking information regarding homelessness assistance. The system must also be accessible for persons with disabilities within the CoC's geographic area.			6	
There is a strategy for advertising that is designed specifically to reach homeless persons with the highest barriers within the CoC's geographic area.			6	
There is a standardized assessment process.			6	
Ensures program participants are directed to appropriate housing and services that fit their needs.			6	
The proposed project has a specific plan to coordinate and integrate with other mainstream health, social services, and employment programs and ensure that program participants are assisted to obtain benefits from the mainstream programs for which they may be eligible (e.g., Medicare, Medicaid, SSI, Food Stamps, local Workforce office, early childhood education).			6	
<i>HMIS ONLY Application Review</i>				
Percentage of new users that receive initial HMIS training based on percentage *[1 point for 10% points]		10		
Was the Longitudinal System Analysis (LSA) completed by the HMIS Lead and accepted by HUD as accurate and complete information from HMIS?		10		
Has the info available in HMIS and reported to HUD on the annual Housing Inventory Chart (HIC) been accurate to meet the needs of the NOFA and COC?		10		
Is the HMIS system available 365 days a year 24/7 with the ability to produce updates minimally 2 times a day		10		
Can HMIS produce System Performance Measures as outlined by HUD?		6		
Are the HMIS funds expended in a way that is consistent with the CoC's funding strategy for the HMIS and furthers the CoC's HMIS implementation.		5		
The HMIS collects all Universal Data Elements as set forth in the HMIS Data Standards.		5		
HMIS has the ability to unduplicate client records.		5		
The HMIS produces all HUDrequired reports and provides data as needed for HUD reporting (e.g., APR, quarterly reports, data for CAPER/ESG reporting) and other reports required by other federal partners.		5		
Total from Page Two:				0
Total from Page One:				0
Total	100	100	100	0

The MAINE CONTINUUM OF CARE

MCOE RENEWAL SCORECARD 2024

Agency/Project Name: Tedford Housing Everett Street FY24 Scorer Number: 94

	2024	HMIS ONLY	CE ONLY	POINTS
Project Effectiveness				
Housing First and/or Low Barrier to Entry (8 boxes, 2 pts per check box) <i>Data Source: Application 3b and 3c</i>	16			16
Performance Measures				
<i>Data Source: Monitoring</i>				
Length of Stay	7			7
RRH- On average, participants stay in project "a minimum of 180" days				
PSH - On average, participants stay in project "a minimum of 180" days				
TH- On average, participants stay in project less than twenty four months				
Exits to Permanent Housing	18			18
RRH- Min of "80%" move to or remain PH (Floor 65%=8 pts, Goal 80% = 16 pts, Exceeds Goal = 85% + = 18 pts)				
PSH- Min of "80%" move to or remain in PH (Floor 65%=8 pts, Goal 80% = 16 pts, Exceeds Goal = 85% + = 18 pts)				
TH- Min of "65%" move to PH (Floor 65%=8 pts, Goal 80% = 16 pts, Exceeds Goal = 85% + = 18 pts)				
Returns to Homelessness , Data Source: TBD	5			5
New, Increased or Maintained Income for Project Stayers	5			5
New, Increased or Maintained Income for Project Leavers	5			5
Serving High Needs Populations (Local approach)				
<i>Data Source: Application Question + Narrative</i>				
Chronic Homeless	2		2	2
Long Term Stayers	1		1	1
Veterans	1		1	0
Families with children	1		1	0
Unaccompanied Youth (under 25)	1		1	0
Domestic Violence	1		1	0
Substance use	1		1	1
Mental Illness	1		1	1
HIV AIDS	1		1	0
LOCAL EVALUATION - MAINE COC				
Project Cost Effectiveness - Local				
<i>Data Source: Monitoring</i>				
Budget staffing and expenses are adequate to support the proposed project	5	5	5	5
Matched resources account for at least 25% of amount requested	5	5	5	5
Quarterly drawdowns ("yes," 1 pt; "no," 0 pts)	1	1	1	1
Money recaptured by HUD at end of contract year ("yes," 0 pts; "no," 1 pt)	1	1	1	1
COC Participation - Local				
<i>Data Source: Monitoring</i>				
Is the Applicant Agency currently an eligible voting member of MCOE?	7	7	7	7
Does the Applicant Agency participate in any MCOE committee?	3	3	3	3
Total from Page One:				83

MCOC RENEWAL SCORECARD 2024

	MCOC	HMIS ONLY	CE ONLY	
LOCAL EVALUATION - MAINE COC - Continued				
COC Review - Local				
<i>Data Source: Application and Supplements.</i>				
Does the applicant provide documented, secured minimum match letter(s)? [Attached]	1	1	1	1
Is the Project Financially feasible? [Self-Certification, Attached.]	1	1	1	1
Project Type - Local				
Permanently Supportive Housing with no services (paid by COC) [10 pts]	10			
Permanently Supportive Housing with services (paid by COC) [9 pts]	9			
Transitional Housing for Special Populations (DV, Youth, SUD) [8 pts]	8			
Rapid Rehousing Project [7 pts]	7			
Transitional Housing, other (not Special Populations) [5 pts]	5			9
SSO Coordinated Entry			6	
Renewal HMIS		10		
For Special Projects				
<i>Coordinated Entry ONLY Application Review</i>				
The project's activities will assist in the implementation and/or capacity of the Coordinated Entry system.			10	
The project's activities will assist the CoC in meeting federal guidelines and timelines regarding Coordinated Entry.			10	
The project's activities will assist the CoC in establishing a client-focused system that is accessible and coordinated.			10	
The centralized or coordinated assessment system is easily available/reachable for all persons within the CoC's geographic area who are seeking information regarding homelessness assistance. The system must also be accessible for persons with disabilities within the CoC's geographic area.			6	
There is a strategy for advertising that is designed specifically to reach homeless persons with the highest barriers within the CoC's geographic area.			6	
There is a standardized assessment process.			6	
Ensures program participants are directed to appropriate housing and services that fit their needs.			6	
The proposed project has a specific plan to coordinate and integrate with other mainstream health, social services, and employment programs and ensure that program participants are assisted to obtain benefits from the mainstream programs for which they may be eligible (e.g., Medicare, Medicaid, SSI, Food Stamps, local Workforce office, early childhood education).			6	
<i>HMIS ONLY Application Review</i>				
Percentage of new users that receive initial HMIS training based on percentage *[1 point for 10% points]		10		
Was the Longitudinal System Analysis (LSA) completed by the HMIS Lead and accepted by HUD as accurate and complete information from HMIS?		10		
Has the info available in HMIS and reported to HUD on the annual Housing Inventory Chart (HIC) been accurate to meet the needs of the NOFA and COC?		10		
Is the HMIS system available 365 days a year 24/7 with the ability to produce updates minimally 2 times a day		10		
Can HMIS produce System Performance Measures as outlined by HUD?		6		
Are the HMIS funds expended in a way that is consistent with the CoC's funding strategy for the HMIS and furthers the CoC's HMIS implementation.		5		
The HMIS collects all Universal Data Elements as set forth in the HMIS Data Standards.		5		
HMIS has the ability to unduplicate client records.		5		
The HMIS produces all HUDrequired reports and provides data as needed for HUD reporting (e.g., APR, quarterly reports, data for CAPER/ESG reporting) and other reports required by other federal partners.		5		
Total from Page Two:				11
Total from Page One:				83
Total	100	100	100	94

Scott Tibbitts

From: Tara Hembree
Sent: Tuesday, October 15, 2024 4:18 PM
To: Tara Hembree; Scott Tibbitts
Subject: MCOC Renewal Project Applications FY24 Notice

Good Afternoon,

Thank you for submitting a renewal project application for this year's CoC competition (FY24). The MCoC is happy to announce that it **is accepting all projects that have been submitted**, and will be including all projects in the MCoC Project Priority Listing for funding consideration by HUD. Please note that this does not guarantee that all projects will be funded by HUD, but does ensure all projects submitted will be considered for funding by HUD in accordance with the HUD-published CoC Program Competition scoring/funding protocols.

The MCoC Selection Committee's scoring/ranking results will be disseminated/posted in the very near future.

*****YHDP and Planning projects were approved by committee scoring and ranking does not apply.

Thank you,
Tara Hembree on Behalf of the MCOC NOFO Selection Committee

Tara Hembree
Homeless Response System Manager
She/Her pronouns
MaineHousing
26 Edison Drive
Augusta, ME 04330
(207)626-4637
Maine Relay 711
www.mainehousing.org



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From: Tara Hembree
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From: Tara Hembree
Sent: Tuesday, October 15, 2024 4:57 PM
To: 'jstevenson@comcareme.org'; 'dmcluskey@comcareme.org';
'jennys@throughthesedoors.org'; 'rebeccah@throughthesedoors.org'; Scott Tibbitts;
Dan Brennan; 'katie@mcedv.org'; 'francine@mcedv.org'; 'above@preblestreet.org';
'jdowd@preblestreet.org'; 'kayla.murchison@tnlh.org'; 'blake.hatt@tnlh.org';
'rgage@wmca.org'; 'ncoyne@wmca.org'
Cc: Tara Hembree; Scott Tibbitts; Kelly Watson
Subject: MCOE NEW Project Applications FY24 Notice

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DRAFT FY24 MCOC Project Ranking

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There are 6 projects in the regular bonus and reallocation pot of funding (total available \$2,428,840) and the ask (\$3,105,024) exceeds the amount by \$676,184.

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Please see the attached ranking spreadsheet.

Projects will receive a copy of their project scorecard.

Please email Scott Tibbitts stibbitt@mainehousing.org and Tara Hembree thembree@mainehousing.org with any questions.

MCOC Selection Ranking Protocols [DOWNLOAD](#)

DRAFT FY24 MCOC Project Ranking Tool [DOWNLOAD](#)

TAGGED MCOC, NOFO

PUBLISHED BY
Stephanie Bailey

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MCOE Project Ranking 2024

Total ARD	\$19,965,216	
Tier 1	\$16,479,672	\$3,485,544 ARD minus T1 above+Bonuses+Reallocation
Tier 2	\$7,307,431	
CoC Bonus	\$2,395,826	
DV Bonus	\$1,393,047	
Reallocation	\$33,014	(From CHOM PH for Vets)
YHDP Renewals (not scored)	\$1,654,469	(YHDP renewals are non-competitive this year)
Planning	\$998,261	(Planning Grants are not scored or ranked, just reviewed)

Approval	RANK	Score	Tier	Applicant Name	Project Name	Project Type	Component Type	Amount Requested	Running total	TIER 1	TIER 2	Reallocation?	NOTES
Yes	1	100	1	State of Maine, DHHS	Maine 10	Renewal	TRA	\$12,256,655	\$12,256,655	\$12,256,655			ALL Project Applications submitted: New, Renewal, YHDP Renewal, & Planning were approved & will all be included in the 2024 MCOE Project Priority Listing submitted to HUD.
Yes	2	100	1	City of Bangor	TRA-8719	Renewal	TRA	\$762,511	\$13,019,166	\$762,511			
Yes	3	100	1	City of Bangor	TRA Consolidated 8714	Renewal	TRA	\$469,077	\$13,488,243	\$469,077			
Yes	4	98	1	Preble Street	Huston Commons	Renewal	PH	\$477,648	\$13,965,891	\$477,648			
Yes	5	98	1	Preble Street	Logan Place	Renewal	PH	\$310,118	\$14,276,009	\$310,118			
Yes	6	98	1	Preble Street	Survivor (Joint TH & PH-RRH)	Renewal		\$291,484	\$14,567,493	\$291,484			
Yes	7	98	1	Kennebec Behavioral Health	Mid Maine Supported Housing	Renewal	PH	\$54,720	\$14,622,213	\$54,720			
Yes	8	62	1	Preble Street	Lewiston Auburn RRH	1st Renewal	PH	\$462,358	\$15,084,571	\$462,358			
Yes	9	100	1	Maine State Housing Authority	State of Maine HMIS**	Renewal	HMIS	\$344,888	\$15,429,459	\$344,888			
Yes	10	97	1	Through These Doors	DV Bonus 2019*	Renewal	PH	\$336,282	\$15,765,741	\$336,282			
Yes	11	97	1	New Beginnings	Transitional Living Program for Homeless Youth	Renewal	TH	\$164,339	\$15,930,080	\$164,339			
Yes	12	97	1	OHI	Challia Apartments	Renewal	PH	\$47,190	\$15,977,270	\$47,190			
Yes	13	97	1/2	MCEDV	PH-RRH (Joint TH & PH-RRH)	Renewal		\$1,802,995	\$17,780,265	\$502,402	\$1,300,593		
Yes	14	94	2	Tedford Housing	Everett Street Supportive Housing	Renewal	PH	\$16,283	\$17,796,548		\$16,283		
Yes	15	90	2	Safe Voices	Safe Voices (Joint TH & PH-RRH)	Renewal		\$161,580	\$17,958,128		\$161,580		
Yes	16	79	2	Preble Street	Survivor RRH*	Renewal	PH	\$319,605	\$18,277,733		\$319,605		
Yes	17	100	New	MaineHousing - CA	Coordinated Entry Supportive Services Only	New	SSO	\$1,113,758	\$19,391,491		\$1,113,758	\$33,014 (reallocation)	These are New Projects - seeking DV or CoC Bonus Funds and Reallocated funds
Yes	18	99	New	Preble Street	Lewiston/Auburn/Portland RRH	New	PH	\$634,053	\$20,025,544		\$634,053		
Yes	19	99	New	MaineHousing	HMIS Expansion	New	HMIS	\$50,000	\$20,075,544		\$50,000		
Yes	20	99	New	MCEDV	RRH	New	PH	\$1,076,360	\$21,151,904		\$1,076,360		
Yes	21	94	New	The Northern Lighthouse	Transition Living Program (Youth)	New	TH	\$322,623	\$21,474,527		\$322,623		
Yes	22	93	New	Through These Doors	RRH	New	PH	\$203,441	\$21,677,968		\$203,441		
Yes	23	92	New	Community Care	PH-RRH Joint Th & PH-RRH	New		\$308,210	\$21,986,178		\$343,210		
Yes	24	88	New	WMCA	RRH	New	PH	\$424,975	\$22,411,153		\$424,975		
Yes	N/A	N/A		Community Care	YHDP Community Care Joint TH RRH FY2019	YHDP Ren		\$553,937	\$22,965,090				
Yes	N/A	N/A		Community Care	YHDP Community Care Mobile Diversion	YHDP Ren		\$250,000	\$23,215,090				
Yes	N/A	N/A		PENQUIS COMM ACTION PROGRAM INC	YHDP Greater Piscataquis Host Homes	YHDP Ren		\$100,000	\$23,315,090				
Yes	N/A	N/A		PREBLE STREET	YHDP Mobile Diversion and Navigation	YHDP Ren		\$250,000	\$23,565,090				
Yes	N/A	N/A		PREBLE STREET	YHDP Joint Transitional Housing to Rapid Re-Housing	YHDP Ren		\$340,732	\$23,905,822				
Yes	N/A	N/A		VOA-NNE	YYA Rapid ReHousing Initiative	YHDP Ren		\$159,800	\$24,065,622				
Yes	N/A	N/A		Maine State Housing Authority	MCOE Planning	Planning		\$998,261	\$25,063,883				

- *1st time renewals with no APR's submitted yet - protocols place these in T1 above HMIS
- **Protocols place HMIS at bottom of T1 but not split
- *** New Projects seeking CoC Bonus Funding
- ****NEW Project specified DV Bonus Funding (but HUD may fund w/ non-DV Bonus \$)
- ***** This year, First time YHDP Project renewals/replacements are not scored or ranked
- ***** Planning Grant is Reviewed and approved by the Selection Committee but not scored or ranked.

Total ask	T1 total ask	T2 total ask	Total awarded
\$25,063,883	\$16,479,672	\$5,966,481	

MCOC Ranking Protocols:

- **Scored Projects:**
 - Renewal Projects are ranked in order according to Score and placed starting at the top of Tier 1.
 - New Projects are ranked in order according to Score and placed below all renewal projects.
- **Exceptions for Renewal Projects:**
 - HMIS Renewal is ranked as the last fully funded project, at the bottom of Tier 1 (not placed on the Tier 1/Tier 2 line).
 - First-Time Renewal Projects: in recognition of possible delays and the difficulties of starting a new project, First-Time Renewals will be placed in Tier 1 above HMIS in order according to score among other First-Time Renewals - UNLESS their original score would have placed them higher on the list.
 - YHDP Renewal/Replacement Projects – These projects are considered to be ‘non-competitive’ in this round. They will be evaluated for meeting basic eligibility and threshold requirements by the CA, but will not be scored or ranked.
 - Planning Grant – this project must be reviewed and approved, but will not be scored or ranked.
- **Ties**
 - In Tier 1, tied projects are ranked by dollar amount, from largest to smallest.
 - In Tier 2, tied projects are ranked by dollar amount, from smallest to largest.
- **Tier 1/ Tier 2 Split:**
 - If a Project falls on the line between Tier 1 and Tier 2, and HUD does not have sufficient funds to cover the Tier 2 portion, they will make a determination as to the viability of the project based on the Tier 1 amount alone. Therefore, if a project is split between Tier 1 and Tier 2, MCOC reserves the right to adjust their ranking in order to maximize the potential funding.
- **Adjustments**
 - Bonuses: MCOC reserves the right to adjust the ranking of any project in order to take advantage of Bonus Funding or Bonus Points made available by HUD.
 - Gaps and Needs: MCOC reserves the right to adjust the ranking of any project in order to better address clearly identified gaps and/or needs in our homeless response system.
 - Priorities: MCOC reserves the right to adjust the ranking of any project in order to better address clearly identified HUD or MCOC priorities.

MAINE HOMELESS PLANNING

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OCTOBER 28, 2024 | SCOTT TIBBITTS | HUD, MAINE COC, NOFO

The 2024 MCOC NOFO Application & Project Listing

The Maine Continuum of Care Consolidated Application for HUD Homeless Assistance Program Funding and the accompanying Project Priority Listing for 2024 are now complete!

Thank you to EVERYONE who worked so hard – especially Tara! – but really, EVERYONE, whether on the CoC level application, one or more project level applications, participating on committees or in discussions at various meetings – to help us collect and assemble all the information that goes into this final product. It is a tremendous amount of work, but it is just the beginning – the projects created and funded through this process will help to provide housing and related services to some of the most vulnerable members of our communities every single day, and that makes it worth all the effort. Thank you again!

[The Application and the Listing are submitted to HUD electronically through a system called "esnaps". The PDF versions here are generated by that system. For those not familiar with esnaps, narrative answers have specific character count limits, so lots of abbreviations and acronyms are used to save space and pack as much information into each box as possible. If you have any questions about any of the information here, feel free to send us an email at cochelpdesk@mainehousing.org.]

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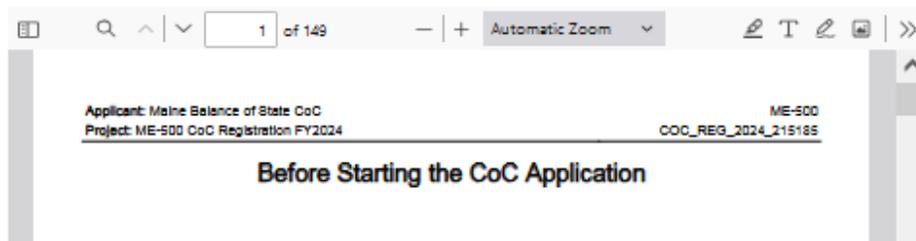
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- Maine Military & Community Network
- Mainehousing
- National Alliance to End



Mon 10/28/2024 8:03 AM



Maine Homeless Planning <donotreply@wordpress.com>

The 2024 MCOC NOFO Application & Project Listing

To Scott Tibbitts

If there are problems with how this message is displayed, click here to view it in a web browser.

MaineHomelessPlanning.org is the official website of MCOC and automatically sends emails of all posts to over 3000 subscribers, including MCOC Members, Board Members, Project Applicants and other interested community partners.



Maine Homeless Planning

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By **Scott Tibbitts** on **October 28, 2024**

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[The Final 2024 MCOC NOFO ApplicationDownload](#)

[Final 2024 MCOC Project Priority ListingDownload](#)

Videos are not displayed in this email and must be [viewed on the website](#).

2024 HDX Competition Report

This workbook contains summary information about your CoC's data as it was entered into HDX 1.0 and HDX 2.0 for your use as part of the 2024 Competition.

To Print this Workbook:

This document has been configured as printable with preset print areas of relevant sections. To print it, go to "File", then "Print", then select "Print Entire Workbook" or "Print Active Sheets" depending on your needs.

To Save This Workbook as a PDF:

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On Accessibility, Navigability, and Printability:

This workbook attempts to maximize accessibility, navigability, printability, and ease of use. Merged cells have been avoided. All tables and text boxes have been given names. Extraneous rows and columns outside printed ranges have been hidden. Formulas may include references to hidden rows and columns or data tables. For ease of use, these referenced sources have been hidden but can be unhidden by any user at any time. Raw data sources contained in this workbook are named according to the module and fiscal year from which they originate - e.g. "HIC_2024" is the Housing Inventory Count raw data from Fiscal Year 2024.

For Questions:

If you have questions, please reach out to HUD via the "Ask a Question" page, <https://www.hudexchange.info/program->

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2024 HDX Competition Report

2024 Competition Report - Summary

ME-500 - Maine Statewide CoC

HDX Data Submission Participation Information

Government FY and HDX Module Abbreviation	Met Module Deadline*	Data From	Data Collection Period in HDX 2.0
2023 LSA	Yes	Government FY 2023 (10/1/22 - 9/30/23).	November 2023 to January of 2024
2023 SPM	Yes	Government FY 2023 (10/1/22 - 9/30/23).**	February 2024 to March 2024
2024 HIC	Yes	Government FY 2024. Exact HIC and PIT dates will vary by CoC. For most CoCs, it will be last Wednesday in January of 2024.	March 2024 to May 2024
2024 PIT	Yes	Government FY 2024. Exact HIC and PIT dates will vary by CoC. For most CoCs, it will be last Wednesday in January of 2024.	March 2024 to May 2024

1) FY = Fiscal Year

2) *This considers all extensions where they were provided.

2) **"Met Deadline" in this context refers to FY23 SPM submissions.

Resubmissions from FY 2022 (10/1/21 - 9/30/22) were also accepted during the data collection period, but these previous year's submissions are voluntarily

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2024 Competition Report - LSA Summary & Usability Status

ME-500 - Maine Statewide CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

LSA Usability Status 2023

Category	EST AO	EST AC	EST CO	RRH AO	RRH AC	RRH CO	PSH AO	PSH AC	PSH CO
Fully Usable	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
Partially Usable									
Not Usable						<input checked="" type="checkbox"/>			

EST

Category	2021	2022	2023
Total Sheltered Count	4,957	5,242	5,245
AO	3,529	4,059	3,948
AC	1,373	1,086	1,188
CO	78	115	119

RRH

Category	2021	2022	2023
Total Sheltered Count	3,511	3,905	1,028
AO	2,211	2,712	651
AC	1,307	1,175	376
CO	13	29	1

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2024 Competition Report - LSA Summary & Usability Status

ME-500 - Maine Statewide CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

PSH

Category	2021	2022	2023
Total Sheltered Count	2,847	2,762	2,681
AO	1,754	1,760	1,844
AC	1,092	1,001	840
CO	0	0	1

1) Glossary: EST = Emergency Shelter, Save Haven, & Transitional Housing; RRH = Rapid Re-housing; PSH = Permanent Supportive Housing; AO = Persons in Households without Children; AC = Persons in Households with at least one Adult and one Child; CO=Persons in Households with only Children

2) Because people have multiple stays in shelter over the course of a year and stay in different household configurations, a single person can be counted in more than one household type. Therefore, the sum of the number of people by household type may be greater than the unique count of people.

3) Total Sheltered count only includes those served in HMIS

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2024 Competition Report - SPM Data

ME-500 - Maine Statewide CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

Measure 1: Length of Time Persons Remain Homeless

This measures the number of clients active in the report date range across ES, SH (Metric 1.1) and then ES, SH and TH (Metric 1.2) along with their average and median length of time homeless. This includes time homeless during the report date range as

Metric 1.1: Change in the average and median length of time persons are homeless in ES and SH projects.

Metric 1.2: Change in the average and median length of time persons are homeless in ES, SH, and TH projects.

a. This measure is of the client's entry, exit, and bed night dates strictly as entered in the HMIS system.

Metric	Universe (Persons)	Average LOT Homeless (bed nights)	Median LOT Homeless (bed nights)
1.1 Persons in ES-EE, ES-NbN, and SH	4,242	96.5	58.0
1.2 Persons in ES-EE, ES-NbN, SH, and Tl	5,218	279.6	87.0

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2024 Competition Report - SPM Data

ME-500 - Maine Statewide CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

b. This measure is based on data element 3.917

This measure includes data from each client's Living Situation (Data Standards element 3.917) response as well as time spent in permanent housing projects between Project Start and Housing Move-In. This information is added to the client's entry date, effectively extending the client's entry date backward in time. This "adjusted

Metric	Universe (Persons)	Average LOT Homeless (bed nights)	Median LOT Homeless (bed nights)
1.1 Persons in ES-EE, ES-NbN, SH, and PH (prior to "housing move in")	5,406	569.0	239.0
1.2 Persons in ES-EE, ES-NbN, SH, TH, and PH (prior to "housing move in")	6,314	706.6	296.0

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2024 Competition Report - SPM Data

ME-500 - Maine Statewide CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

Measure 2: Returns to Homelessness for Persons who Exit to Permanent Housing (PH) Destinations

This measures clients who exited SO, ES, TH, SH or PH to a permanent housing destination in the date range two years prior to the report date range. Of those clients, the measure reports on how many of them returned to homelessness as indicated

Metric	Total # of Persons Exited to a PH Destination (2 Yrs Prior)	Returns to Homelessness in Less than 6 Months (0 - 180 days)		Returns to Homelessness from 6 to 12 Months (181 - 365 days)		Returns to Homelessness from 13 to 24 Months (366 - 730 days)		Number of Returns in 2 Years	
	Count	Count	% of Returns	Count	% of Returns ⁴	Count	% of Returns ⁶	Count	% of Returns ⁸
Exit was from SO	128	9	7.0%	3	2.3%	4	3.1%	16	12.5%
Exit was from ES	1,007	93	9.2%	38	3.8%	47	4.7%	178	17.7%
Exit was from TH	227	14	6.2%	6	2.6%	13	5.7%	33	14.5%
Exit was from SH	3	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Exit was from PH	832	31	3.7%	25	3.0%	39	4.7%	95	11.4%
TOTAL Returns to Homelessness	2,197	147	6.7%	72	3.3%	103	4.7%	322	14.7%

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2024 Competition Report - SPM Data

ME-500 - Maine Statewide CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

Please refer to PIT section for relevant data.

Metric 3.2 – Change in Annual Counts

This measures the change in annual counts of sheltered homeless persons in HMIS.

Metric	Value
Universe: Unduplicated Total sheltered homeless persons	5,318
Emergency Shelter Total	4,309
Safe Haven Total	33
Transitional Housing Total	1,173

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2024 Competition Report - SPM Data

ME-500 - Maine Statewide CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

Measure 4: Employment and Income Growth for Homeless Persons in CoC Program-funded Projects

This measure is divided into six tables capturing employment and non-employment income changes for system leavers and stayers. The project types reported in these metrics are the same for each metric, but the type of income and universe of clients differs. In

Metric 4.1 – Change in earned income for adult system stayers during the reporting period

Metric	Value
Universe: Number of adults (system stayers)	1,023
Number of adults with increased earned income	66
Percentage of adults who increased earned income	6.5%

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2024 Competition Report - SPM Data

ME-500 - Maine Statewide CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

Metric 4.2 – Change in non-employment cash income for adult system stayers during the reporting period

Metric	Value
Universe: Number of adults (system stayers)	1,023
Number of adults with increased non-employment cash income	534
Percentage of adults who increased non-employment cash income	52.2%

Metric 4.3 – Change in total income for adult system stayers during the reporting period

Metric	Value
Universe: Number of adults (system stayers)	1,023
Number of adults with increased total income	576
Percentage of adults who increased total income	56.3%

Metric 4.4 – Change in earned income for adult system leavers

Metric	Value
Universe: Number of adults who exited (system leavers)	459
Number of adults who exited with increased earned income	38
Percentage of adults who increased earned income	8.3%

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2024 Competition Report - SPM Data

ME-500 - Maine Statewide CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

Metric 4.5 – Change in non-employment cash income for adult system leavers

Metric	Value
Universe: Number of adults who exited (system leavers)	459
Number of adults who exited with increased non-employment cash income	106
Percentage of adults who increased non-employment cash income	23.1%

Metric 4.6 – Change in total income for adult system leavers

Metric	Value
Universe: Number of adults who exited (system leavers)	459
Number of adults who exited with increased total income	136
Percentage of adults who increased total income	29.6%

2024 HDX Competition Report

2024 Competition Report - SPM Data

ME-500 - Maine Statewide CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

Measure 5: Number of Persons who Become Homeless for the First Time

This measures the number of people entering the homeless system through ES, SH, or TH (Metric 5.1) or ES, SH, TH, or PH (Metric 5.2) and determines whether they have any prior enrollments in the HMIS over the past two years. Those with no prior enrollments

Metric 5.1 – Change in the number of persons entering ES, SH, and TH projects with no prior enrollments in HMIS

Metric	Value
Universe: Person with entries into ES-EE, ES-NbN, SH or TH during the reporting period.	4,241
Of persons above, count those who were in ES-EE, ES-NbN, SH, TH or any PH within 24 months prior to their entry during the reporting year.	1,195
Of persons above, count those who did not have entries in ES-EE, ES-NbN, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)	3,046

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2024 Competition Report - SPM Data

ME-500 - Maine Statewide CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

Metric 5.2 – Change in the number of persons entering ES, SH, TH, and PH projects with no prior enrollments in HMIS

Metric	Value
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	5,371
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	1,478
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)	3,893

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2024 Competition Report - SPM Data

ME-500 - Maine Statewide CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

Measure 6: Homeless Prevention and Housing Placement of Persons defined by category 3 of HUD's Homeless Definition in CoC Program-funded Projects

Measure 7: Successful Placement from Street Outreach and Successful Placement in or Retention of Permanent Housing

This measures positive movement out of the homeless system and is divided into three tables: movement off the streets from Street Outreach (Metric 7a.1); movement into permanent housing situations from ES, SH, TH, and RRH

Metric 7a.1 – Change in SO exits to temp. destinations, some institutional destinations, and permanent housing destinations

Metric	Value
Universe: Persons who exit Street Outreach	601
Of persons above, those who exited to temporary & some institutional destinations	108
Of the persons above, those who exited to permanent housing destinations	163
% Successful exits	45.1%

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2024 Competition Report - SPM Data

ME-500 - Maine Statewide CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

Metric 7b.1 – Change in ES, SH, TH, and PH-RRH exits to permanent housing destinations

Metric	Value
Universe: Persons in ES-EE, ES-NbN, SH, TH and PH-RRH who exited, plus persons in other PH projects who exited without moving into housing	3,697
Of the persons above, those who exited to permanent housing destinations	1,257
% Successful exits	34.0%

Metric 7b.2 – Change in PH exits to permanent housing destinations or retention of permanent housing

Metric	Value
Universe: Persons in all PH projects except PH-RRH who exited after moving into housing, or who moved into housing and remained in the PH project	2,501
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	2,364
% Successful exits/retention	94.5%

2024 HDX Competition Report

2024 Competition Report - SPM Data

ME-500 - Maine Statewide CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

System Performance Measures Data Quality

Data coverage and quality will allow HUD to better interpret your SPM submissions.

Metric	All ES, SH	All TH	All PSH, OPH	All RRH	All Street Outreach
Unduplicated Persons Served (HMIS)	4,151	1,119	2,693	1,014	595
Total Leavers (HMIS)	3,367	353	447	575	388
Destination of Don't Know, Refused, or Missing (HMIS)	59	6	6	33	50
Destination Error Rate (Calculated)	1.8%	1.7%	1.3%	5.7%	12.9%

2024 HDX Competition Report

2024 Competition Report - SPM Notes

ME-500 - Maine Statewide CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

Notes For Each SPM Measure

Note: Cells may need to be resized to accomodate

Measure	Notes
Measure 1	All data entered manual based on WellSky Sys PM Report run on 3-12-24. Scott
Measure 2	No notes.
Measure 3	No notes.
Measure 4	No notes.
Measure 5	No notes.
Measure 6	No Notes. Measure 6 was not applicable to CoCs in this reporting period.
Measure 7	No notes.
Data Quality	No notes.

2024 HDX Competition Report

2024 Competition Report - HIC Summary

ME-500 - Maine Statewide CoC

For HIC conducted in January/February of 2024

HMIS Bed Coverage Rates

Project Type	Total Year-Round, Current Beds	Total Year-Round, Current Beds in HMIS or Comparable Database	Total Year-Round, Current, Non-VSP Beds	Removed From Denominator: OPH EHV [†] Beds or Beds Affected by Natural Disaster*	Adjusted Total Year-Round, Current, Non-VSP Beds	Adjusted HMIS Bed Coverage Rate for Year-Round, Current Beds
ES	2,048	1,221	2,040	0	2,040	59.9%
SH	15	15	15	0	15	100.0%
TH	770	283	728	0	728	38.9%
RRH	486	479	479	0	479	100.0%
PSH	2,290	2,280	2,290	0	2,290	99.6%
OPH	361	359	359	0	359	100.0%
Total	5,970	4,637	5,911	0	5,911	78.4%

2024 HDX Competition Report

2024 Competition Report
 ME-500 - Maine Statewide Competition
 For HIC conducted in January

HMIS Bed Coverage Rates

Project Type	Total Year-Round, Current Beds	Total Year-Round, Current, VSP Beds in an HMIS-Comparable Database	Total Year-Round, Current, VSP Beds	Removed From Denominator: OPH EHV [†] Beds or Beds Affected by Natural Disaster ^{**}	Adjusted Total Year-Round Current, VSP Beds	HMIS Comparable Bed Coverage Rate for VSP Beds
ES	2,048	8	8	0	8	100.00%
SH	15	0	0	0	0	NA
TH	770	42	42	0	42	100.00%
RRH	486	7	7	0	7	100.00%
PSH	2,290	0	0	0	0	NA
OPH	361	2	2	0	2	100.00%
Total	5,970	59	59	0	59	100.00%

2024 HDX Competition Report

2024 Competition Report

ME-500 - Maine Statewide Cc

For HIC conducted in January

HMIS Bed Coverage Rates

Project Type	Total Year-Round, Current Beds	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS-Comparable Database	Adjusted Total Year-Round, Current, Non-VSP and VSP Beds	HMIS and Comparable Database Coverage Rate
ES	2,048	1,229	2,048	60.01%
SH	15	15	15	100.00%
TH	770	325	770	42.21%
RRH	486	486	486	100.00%
PSH	2,290	2,280	2,290	99.56%
OPH	361	361	361	100.00%
Total	5,970	4,696	5,970	78.66%

2024 HDX Competition Report

2024 Competition Report - HIC Summary

ME-500 - Maine Statewide CoC

For HIC conducted in January/February of 2024

Rapid Re-housing Beds Dedicated to All Persons

Metric	2020	2021	2022	2023	2024
RRH beds available to serve all pops. on the HIC	309	276	486	521	486

1) † EHV = Emergency Housing Voucher

2) *This column includes Current, Year-Round, Natural Disaster beds not associated with a VSP that are not HMIS-participating. For OPH Beds, this includes beds that are Current, Non-HMIS, and EHV-funded.

3) **This column includes Current, Year-Round, Natural Disaster beds associated with a VSP that are not HMIS-participating or HMIS-comparable database participating. For OPH Beds, this includes beds that are Current, VSP, Non-HMIS, and EHV-funded.

4) Data included in these tables reflect what was entered into HDX 2.0.

5) In the HIC, "Year-Round Beds" is the sum of "Beds HH w/o Children", "Beds HH w/ Children", and "Beds HH w/ only Children". This does not include Overflow ("O/V Beds") or Seasonal Beds ("Total Seasonal Beds").

6) In the HIC, "Current" beds are beds with an "Inventory Type" of "C" and not beds that are Under Development ("Inventory Type" of "U").

7) For historical data: Aggregated data from CoCs that merged are not displayed if

2024 HDX Competition Report

2024 Competition Report - PIT Summary

ME-500 - Maine Statewide CoC

For PIT conducted in January/February of 2024

Submission Information

Date of PIT Count	Received HUD Waiver
1/23/2024	Not Applicable

Total Population PIT Count Data

Category	2019	2020	2021	2022	2023	2024
PIT Count Type	Sheltered and Unsheltered Count	Sheltered and Unsheltered Count	Sheltered-Only Count	Sheltered and Unsheltered Count	Sheltered and Unsheltered Count	Sheltered and Unsheltered Count
Emergency Shelter Total	1,105	1,000	1,082	3,276	3,153	1,682
Safe Haven Total	15	15	15	15	15	15
Transitional Housing Total	891	941	966	956	791	732
Total Sheltered Count	2,011	1,956	2,063	4,247	3,959	2,429
Total Unsheltered Count	95	141	0	164	299	273
Total Sheltered and Unsheltered Count*	2,106	2,097	2,063	4,411	4,258	2,702

1) *Data included in this table reflect what was entered into HDX 1.0 and 2.0. This may differ from what was included in federal reports if the PIT count type was either sheltered only or partial unsheltered count.

2) Aggregated data from CoCs that merged is not displayed if PIT data were entered separately - that is, only data from the CoC into which the merge occurred are displayed. Additional reports can be requested via AAQ for any CoCs that have been subsumed into



23 September 2024

Mark Swann, Executive Director
Preble Street
55 Portland Street
Portland, ME, 04102

Dear Mark Swann,

In support of Preble Street's application to expand their HUD CoC Rapid Rehousing program, I confirm that Preble Street will be provided funds to support the salary cost of hiring one Rapid Rehousing Services Caseworker through a recently awarded Substance Abuse and Mental Health Services Administration grant (SAMHSA award number: 1H79SM088441-01).

The SAMHSA grant was awarded to MaineHealth to fund our CONNECT program — a mobile health outreach program that provides low-barrier treatment for unhoused individuals with psychiatric and substance use disorders. The SAMHSA funds support expansion of CONNECT's services to include case management, peer support, and rapid rehousing through partnerships with community-based organizations, including Preble Street.

We are excited to partner with Preble Street through a subaward agreement so that a Rapid Rehousing Services Caseworker can join the CONNECT team. The position is a one-year commitment, but with the option for renewal of up to five (5) years. The Caseworker, while integrated into the Preble Street Rapid Rehousing Team, will provide one-on-one housing support, navigation, transition and placement for CONNECT clients.

Respectfully,

A handwritten signature in black ink, appearing to read "Gloria D. Sclar".

Gloria D. Sclar, PhD, MPH
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