

| Topic/Recommendation/Concern   | Notes/Questions   | Potential Action Item / How is this accomplished   | Timeline | Responsible Party |
|--|---|--|----------|-------------------|
| PBV necessary for 4% and 9% LIHTC  | Main funders of PBV? Would working to increase partnerships with PHAs be helpful? | Money, Supply isn't enough at fed level. Traditionally, 4% or SH program. Incentives to local PHA. Typically award additional points to developers. ME Housing is not at 20% PBV. Recommend have PBV goes to deep income targeting. The housing must be stipulated for PSH and the targeted populations. HCV 60% go to homeless. Bandwith issue from developers persepective to work with PHA. Meet with PHA and when able they are receptive. |          |                   |
| Fair housing, tenant selection and compliance issues across programs.          | What parties are responsible for these programs?                                  |  |          |                   |
| Service \$s are the hardest to secure.   | Who is currently funding? Any other potential funders?                            | Keeping track of Medicaid Health Home Based Care model. State leg. Would need to appropriate funds. Dedicated funding stream.  |          |                   |
| ME lacks a comprehensive funding source for operating, capital and             |   |  |          |                   |
| How do we organize around outcomes? Policy approach.                           | Is there a system in place to collect data? Who identifies the outcomes?          | Housing retention has been measured.   |          |                   |
| SH is impossible to sustain on philanthropy alone. Public financing is needed. | What parties need to come to the table? How do we get them to the table?          |  |          |                   |

|  |   |
|--|---|
| Housing is created for populations based on what funding is available not the actual need. Unit sizes so | How do we identify need?  |
| Long-term mechanism for support services and alignment with project-                                     | How do you define long-term?  |
| Service reimbursement rates are too low.   | What are they currently? How do they compare to state and healthcare workers?   |
| Shortage of LICSWs and issues competing with the state and healthcare for these workers.                 | What are they currently? How do they compare to state and healthcare workers?   |
| Zoning and density issues.   |   |
| Non-profit property tax issues.  |   |
| Expertise and bandwidth lacking in developers across ME  |   |
| Lack of tax base to support projects   |   |
| Workforce issues where there is competition (Bangor)   |   |
| Changes to QAP   | CSH will provide examples and a review of ME's QAP. 3 points is make or break for tax agreement.  |
| Needed Advocacy?   |   |
| Screening out difficult to house   |   |
| Use of TIFs to include homeless individuals, used to pilots. Other ways.                                 | <p>Is it happening outside of portland and Bangor? How can we scale? Is there a written policy? Should we educate developers so it's not a one off strategy? Should we bring together other municipalites to share? Not the same level interest from other muncipalites.</p> <p>Other municipalities don't have incentive so need to create them. Can the state provide incentives? Only talking about 15-20 communities where this housing will go. LIHTC projects are tax paying properties. Some Municipalites have given abatements or returned taxes to LIHTC.</p> |

