

Before Starting the CoC Application

The CoC Consolidated Application is made up of three parts: the CoC Application, the Project Listing, and the Project Applications. The Collaborative Applicant is responsible for submitting two of these sections. In order for the CoC Consolidated Application to be considered complete, each of these two sections **REQUIRES SUBMISSION**:

- CoC Application
- Project Listing

Please Note:

- Review the FY2013 CoC Program NOFA in its entirety for specific application and program requirements.
- Use the CoC Application Detailed Instructions while completing the application in e-snaps. The detailed instructions are designed to assist applicants as they complete the application forms in e-snaps.
- As a reminder, CoCs are not able to import data from the 2012 application due to significant changes to the CoC Application questions. All parts of the application must be fully completed.
- All questions marked with an asterisk (*) are mandatory and must be completed in order to submit the application.

For Detailed Instructions click [here](#).

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

1A-1 CoC Name and Number: MA-505 - New Bedford CoC

1A-2 Collaborative Applicant Name: City of New Bedford

1A-3 CoC Designation: CA

1B. Continuum of Care (CoC) Operations

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

1B-1 How often does the CoC conduct meetings of the full CoC membership? Monthly

1B-2 How often does the CoC invite new members to join the CoC through a publicly available invitation? Annually

1B-3 Does the CoC include membership of a homeless or formerly homeless person? Yes

1B-4 For members who are homeless or formerly homeless, what role do they play in the CoC membership? Advisor, Volunteer, Organizational employee, Community Advocate
 Select all that apply.

1B-5 Does the CoC’s governance charter incorporate written policies and procedures for each of the following:

1B-5.1 Written agendas of CoC meetings?	Yes
1B-5.2 Centralized or Coordinated Assessment System?	Yes
1B-5.3 Process for Monitoring Outcomes of ESG Recipients?	Yes
1B-5.4 CoC policies and procedures?	Yes
1B-5.5 Written process for board selection?	Yes
1B-5.6 Code of conduct for board members that includes a recusal process?	Yes
1B-5.7 Written standards for administering assistance?	Yes

1C. Continuum of Care (CoC) Committees

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

1C-1 Provide information for up to five of the most active CoC-wide planning committees, subcommittees, and/or workgroups, including a brief description of the role and the frequency of meetings. Collaborative Applicants should only list committees, subcommittees and/or workgroups that are directly involved in CoC-wide planning, and not the regular delivery of services.

	Name of Group	Role of Group (limit 750 characters)	Meeting Frequency	Names of Individuals and/or Organizations Represented
1C-1.1	Discharge Planning	Reviews established discharge protocols and maintains ongoing contact and coordination with points of discharge (i.e. Dept. of Corrections, Sherriff's Dept., Department of Mental Health and mental health facilities, substance abuse treatment facilities, Department of Children and Families, Department of Public Health and healthcare facilities, etc.).	Quarterly	Catholic Social Services, PAACA,
1C-1.2	Data and HMIS	Ensures that activities related to HMIS growth and use are developed, reviewed regularly, and in accordance with the CoC's goals. Ensures that data is being assembled, disseminated regularly for use in CoC planning. Develops and enforces community level data quality plan and standards	Monthly	SRN, Catholic Social Services, SOCO, Steppingstone,
1C-1.3	Unaccompanied Homeless Youth	Works with the New Bedford School system to identify homeless youths and families and is responsible for the planning and evaluation of the effectiveness of the services and programs for unaccompanied homeless youths	Monthly	PAACA, SEMCOA, Catholic Social Services, SOCO, New Bedford Public Schools,

1C-1.4	Coordinated Entry Planning	The Coordinated Intake and Entry Planning Committee is charged with developing and implementing the CE System in our CoC. The initial phase of the system is focused on a Pilot phase targeting homeless families and is currently being implemented. The planning efforts have focused on an initial single point of entry during the Pilot phase targeted to homeless families. The committee has been working on the development of a CE system utilizing HMIS through Housing Works. The process includes a systematic universal intake and assessment process to screen clients and to share assessment and referral data through the HMIS system. Written standards focusing on eligibility and prioritization.	Monthly	Steppingston, VTH, PAACA, Catholic Social Services, SRN, Steppingstone, CoC Executive Committee
1C-1.5	Performance Based Review Committee	Reviews Annual Performance Reports of CoC Program project and reviews monitoring reports for ESG programs to ensure they are complying with program requirements and meeting goals. Reviews, evaluates and ranks annual CoC renewal and new project applications for funding before submission.	Quarterly	Interchurch Council, PACE, First Federal Credit Union, City of New Bedford

1C-2 Describe how the CoC considers the full range of opinions from individuals or organizations with knowledge of homelessness or an interest in preventing and ending homelessness in the geographic area when establishing the CoC-wide committees, subcommittees, and workgroups. (limit 750 characters)

The CoC membership includes broad representation from individuals and organizations that have experience and knowledge in homelessness and housing programs designed in preventing and ending homelessness. The primary CoC-wide planning committees and sub-committees conduct monthly meetings and engage housing and homeless professionals in planning efforts designed to address homelessness in our CoC. Increase efforts have expanded the reach of our Coc to engage members of our regional network of cities in Bristol County to seek greater input and to increase community participation. The diversity of our Committee memberships include the leader of the faith based community and the President of a local Credit Union. The Committee membership structure has a broad understanding of HUD's goals and objectives of ending homelessness.

1D. Continuum of Care (CoC) Project Review, Ranking, and Selection

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**1D-1 Describe the specific ranking and selection process the CoC uses to make decisions regarding project application review and selection, based on objective criteria. Written documentation of this process must be attached to the application along with evidence of making the information publicly available.
(limit 750 characters)**

The CoC has established an Application Review Committee (ARC). The ARC is responsible for the review and monitoring of CoC and ESG programs during the year and the review and ranking of CoC applications for funding. The ARC reviews the CoC project's performance measures re: maintaining permanent housing, movement from transitional to permanent housing, employment at program exit, HMIS participation and accuracy to measure program impact and a project's ability to connect participants to mainstream benefits. Through analysis of APRs and the results of on-site monitoring are reviewed. The project's threshold requirements are reviewed as well as capacity goals and cost effectiveness is measured. The Committee scores each project and then ranks them in priority order. The APR presents recommendations to the CoC for a final vote

**1D-2 Describe how the CoC reviews and ranks projects using periodically collected data reported by projects, conducts analysis to determine each project's effectiveness that results in participants rapid return to permanent housing, and takes into account the severity of barriers faced by project participants. Description should include the specific data elements and metrics that are reviewed to do this analysis.
(limit 1000 characters)**

Projects must meet minimum project eligibility, capacity, timeliness, and performance standards. Information will be derived from Annual Performance Reports (APRs); desktop and on-site monitoring, as well as overall performance and adherence to HUD and CoC goals and priorities to determine program effectiveness. The analysis includes data elements contained in the APRs: HOUSING STABILITY MEASURE; UTILIZATION MEASURE-TOTAL INCOME MEASURE-EARNED INCOME MEASURE- MAINSTREAM BENEFITS MEASURE- DATA QUALITY MEASURE- and LENGTH OF STAY MEASURE. The ranking process also factored the CoCs policies and priorities and HUDs.

1D-3 Describe the extent in which the CoC is open to proposals from entities that have not previously received funds in prior Homeless Assistance Grants competitions. (limit 750 characters)

Our CoC is open to proposals from entities that have not previously received funds in prior homeless assistance competitions though the distribution of information through a comprehensive regional listserv, and posting of funding availability on the City's website. Notifications to the listserv and website are posted regarding funding announcements and the solicitation of funding proposals through a competitive RFP process. The CoC through the Homeless Service Providers Network(HSPN) conducts informational training regarding the funding process. Powerpoint presentations detailing the funding process as well as technical assistance workshops are offered to assist agencies interested in applying for funding. The listserv contains over 200 individuals and agencies.

1D-4 On what date did the CoC post on its website all parts of the CoC Consolidated Application, including the Priority Listings with ranking information and notified project applicants and stakeholders the information was available? Written documentation of this notification process (e.g., evidence of the website where this information is published) must be attached to the application. 01/17/2014

1D-5 If there were changes made to the ranking after the date above, what date was the final ranking posted?

1D-6 Did the CoC attach the final GIW approved by HUD either during CoC Registration or, if applicable, during the 7-day grace period following the publication of the CoC Program NOFA without making changes? Yes

1D-6.1 If no, briefly describe each of the specific changes that were made to the GIW (without HUD approval) including any addition or removal of projects, revisions to line item amounts, etc. For any projects that were revised, added, or removed, identify the applicant name, project name, and grant number. (limit 1000 characters)

1D-7 Were there any written complaints received by the CoC in relation to project review, project selection, or other items related to 24 CFR 578.7 or 578.9 within the last 12 months? No

**1D-7.1 If yes, briefly describe the complaint(s), how it was resolved, and the date(s) in which it was resolved.
(limit 750 characters)**

1E. Continuum of Care (CoC) Housing Inventory

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**1E-1 Did the CoC submit the 2013 HIC data in Yes
the HDX by April 30, 2013?**

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2A-1 Describe how the CoC ensures that the HMIS is administered in compliance with the CoC Program interim rule, conformance with the 2010 HMIS Data Standards and related HUD Notices. (limit 1000 characters)

The City, as the Collaborative Applicant and the HMIS lead ensures that all agencies receive adequate training and monitoring to ensure HMIS compliance. All our federally funded partners use the same HMIS Intake form, which is compliant with the 2010 standards. Additionally, the staff have been trained on a draft Intake form that matches the proposed 2013 standards. The form also contains definitions of terms so that, each time an interview is conducted, staff are reminded of eligibility criteria. The training on these forms, the Intake Process and the Data Entry Process is offered 7 times a week via web. Finally, our HMIS software does not let the data entrant to proceed unless a base set of answers is provided – these answers allow us to run APRs, AHARs, NOFA, reports and more. A security Checklist, Training in Privacy practices, and even trainings in Basic Computer Skills class are also offered monthly via the web. This minimizes the difficulties associated with frequent staff turnover.

2A-2 Does the governance charter in place between the CoC and the HMIS Lead include the most current HMIS requirements and outline the roles and responsibilities of the CoC and the HMIS Lead? Yes If yes, a copy must be attached.

2A-3 For each of the following plans, describe the extent in which it has been developed by the HMIS Lead and the frequency in which the CoC has reviewed it: Privacy Plan, Security Plan, and Data Quality Plan. (limit 1000 characters)

The City as the HMIS lead developed the Privacy, Security & Data Quality plans in 2007. This year, the Continuum of Care Data Committee prepared a Data Quality, Standards and Security Plan which was officially adopted by the Continuum of Care. The plan was written primarily by the HMIS Lead and reviewed and edited by the CoC Data Committee before presentation to the wider Continuum. The plan incorporates 2010 HMIS standards. This single document addresses privacy, security and data quality and it will be reviewed and adjusted to account for changes in HUD Technical Standards, local needs, etc. The HMIS standards and the Data Quality plan is reviewed at least yearly by the CoC HMIS Committee.

2A-4 What is the name of the HMIS software selected by the CoC and the HMIS Lead? Applicant will enter the HMIS software name (e.g., ABC Software). Housing Works HMIS, Inc.

2A-5 What is the name of the HMIS vendor? Applicant will enter the name of the vendor (e.g., ESG Systems). Housing Works HMIS, Inc.

2A-6 Does the CoC plan to change the HMIS software within the next 18 months? No

2B. Homeless Management Information System (HMIS) Funding Sources

2B-1 Select the HMIS implementation coverage area: Single CoC

2B-2 Select the CoC(s) covered by the HMIS: MA-505 - New Bedford CoC
 (select all that apply)

2B-3 In the chart below, enter the amount of funding from each funding source that contributes to the total HMIS budget for the CoC.

2B-3.1 Funding Type: Federal - HUD

Funding Source	Funding
CoC	\$29,524
ESG	\$0
CDBG	\$0
HOME	\$0
HOPWA	\$0
Federal - HUD - Total Amount	\$29,524

2B-3.2 Funding Type: Other Federal

Funding Source	Funding
Department of Education	\$0
Department of Health and Human Services	\$0
Department of Labor	\$0
Department of Agriculture	\$0
Department of Veterans Affairs	\$0
Other Federal	\$0
Other Federal - Total Amount	\$0

2B-3.3 Funding Type: State and Local

Funding Source	Funding
City	\$0
County	\$0
State	\$0
State and Local - Total Amount	\$0

2B-3.4 Funding Type: Private

Funding Source	Funding
Individual	\$0
Organization	\$8,324
Private - Total Amount	\$8,324

2B-3.5 Funding Type: Other

Funding Source	Funding
Participation Fees	\$0
Other - Total Amount	\$0

2B-3.6 Total Budget for Operating Year	\$37,848
-----------------------------------------------	-----------------

2B-4 How was the HMIS Lead selected by the CoC? Agency Volunteered

**2B-4.1 If other, provide a description as to how the CoC selected the HMIS Lead.
(limit 750 characters)**

2C. Homeless Management Information System (HMIS) Bed Coverage

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2C-1 Indicate the HMIS bed coverage rate (%) for each housing type within the CoC. If a particular housing type does not exist anywhere within the CoC, select "Housing type does not exist in CoC" from the drop-down menu:

* Emergency shelter	86%+
* Safe Haven (SH) beds	Housing type does not exist in CoC
* Transitional Housing (TH) beds	86%+
* Rapid Re-Housing (RRH) beds	86%+
* Permanent Supportive Housing (PSH) beds	86%+

2C-2 How often does the CoC review or assess its HMIS bed coverage? Monthly

2C-3 If the bed coverage rate for any housing type is 64% or below, describe how the CoC plans to increase this percentage over the next 12 months. (limit 1000 characters)

Since 2004 we have had 100% HMIS coverage, including some voluntary participation. Additionally, we have secured the participation of non-federally-funded agencies with beds that serve hundreds of clients.

2C-4 If the Collaborative Applicant indicated that the bed coverage rate for any housing type was 64% or below in the FY2012 CoC Application, describe the specific steps the CoC has taken to increase this percentage. (limit 750 characters)

Since 2004 we have had 100% HMIS coverage, including some voluntary participation. Additionally, we have secured the participation of non-federally-funded agencies with beds that serve hundreds of clients.

2D. Homeless Management Information System (HMIS) Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2D-1 For each housing type, indicate the average length of time project participants remain in housing. If a housing type does not exist in the CoC, enter "0".

Type of Housing	Average Length of Time in Housing
Emergency Shelter	25
Transitional Housing	7
Safe Haven	0
Permanent Supportive Housing	21
Rapid Re-housing	0

2D-2 Indicate the percentage of unduplicated client records with null or missing values on a day during the last 10 days of January 2013 for each Universal Data Element listed below.

Universal Data Element	Percentage
Name	0%
Social security number	3%
Date of birth	0%
Ethnicity	0%
Race	0%
Gender	0%
Veteran status	1%
Disabling condition	0%
Residence prior to program entry	0%
Zip Code of last permanent address	4%
Housing status	0%
Head of household	0%

2D-3 Describe the extent in which HMIS generated data is used to generate HUD required reports (e.g., APR, CAPER, etc.). (limit 1000 characters)

The City as the HMIS lead works closely with our HMIS vendor, Housing Works to require that necessary reports be generated exclusively from HMIS. Housing works updates all required reports in accordance with HUD updates to ensure that changes are incorporated. HMIS reports generate data needed for the NOFA, the APR, PIT, CAPER, and AHAR Data quality checks are conducted, at least quarterly by Housing Works and are disseminated to the participating programs. All programs are provided the opportunity to review the reports and make corrections. Each agency has trained staff on report generation and each agency has at least one person trained to run appropriate Advance Reporting Tool (ART) reports. The agencies also provide the reports to the City(HMIS lead) to review prior to being submitted to HUD.

2D-4 How frequently does the CoC review the data quality in the HMIS of program level data? Annually

**2D-5 Describe the process through which the CoC works with the HMIS Lead to assess data quality. Include how the CoC and HMIS Lead collaborate, and how the CoC works with organizations that have data quality challenges.
(Limit 1000 characters)**

The CoC reviews data quality through its HMIS Data Committee (HDC). APR's are reviewed with staff in the quarter following submission to HUD. The process ensures that all parties have a clear understanding of strengths and weaknesses. The HDC suggests ways to improve data quality (early entry into the system, electronic file review by a supervisor, attention to exiting clients from the system in a timely manner, etc.). These reviews are documented in writing. This system allows the organization to elaborate on mitigating factors that could affect data quality so that a fair year to year comparison can be drawn. It encourages a sense of accountability. HMIS Lead Agency staff participate in all HDC Meetings, provide APRs for review, and act as the liaison between the DC and the HMIS vendor.

2D-6 How frequently does the CoC review the data quality in the HMIS of client-level data? Monthly

2E. Homeless Management Information System (HMIS) Data Usage and Coordination

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2E-1 Indicate the frequency in which the CoC uses HMIS data for each of the following activities:

* Measuring the performance of participating housing and service providers	Semi-Annually
* Using data for program management	Semi-Annually
* Integration of HMIS data with data from mainstream resources	Never
* Integration of HMIS data with other Federal programs (e.g., HHS, VA, etc.)	Never

2F. Homeless Management Information System (HMIS) Policies and Procedures

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2F-1 Does the CoC have a HMIS Policy and Procedures Manual? If yes, the HMIS Policy and Procedures Manual must be attached. Yes

2F-1.1 What page(s) of the HMIS Policy and Procedures Manual or governance charter includes the information regarding accuracy of capturing participant entry and exit dates in HMIS? (limit 250 characters)

Page 3 states: Data will be accurate, complete, timely, and relevant. Data will be entered in a consistent manner by authorized users and shall reflect information provided by client at the time of intake, re-assessment and exit.

2F-2 Are there agreements in place that outline roles and responsibilities between the HMIS Lead and the Contributing HMIS Organizations (CHOs)? Yes

2G. Continuum of Care (CoC) Sheltered Homeless Point-in-Time (PIT) Count

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2G-1 Indicate the date of the most recent sheltered point-in-time count (mm/dd/yyyy): 01/29/2013

2G-2 If the CoC conducted the sheltered point-in-time count outside of the last 10 days of January 2013, was an exception granted by HUD? Not Applicable

2G-3 Enter the date the CoC submitted the sheltered point-in-time count data in HDX: 04/26/2013

2G-4 Indicate the percentage of homeless service providers supplying sheltered point-in-time data:

Housing Type	Observation	Provider Shelter	Client Interview	HMIS
Emergency Shelters	0%	90%	0%	90%
Transitional Housing	0%	80%	0%	100%
Safe Havens	0%	0%	0%	0%

2G-5 Comparing the 2012 and 2013 sheltered point-in-time counts, indicate if there was an increase, decrease, or no change and then describe the reason(s) for the increase, decrease, or no change. (Limit 750 characters)

There was a decrease of 36 persons in the sheltered point-in-time count between 2012 and 2013, from 354 to 318. The most significant reduction was in the number of persons in transitional housing which was reduced by 37 persons. This was due, in part, to the non inclusion of a 29 unit transitional housing program that had significant health, safety and code issues and was removed from the CoC inventory.

2H. Continuum of Care (CoC) Sheltered Homeless Point-in-Time (PIT) Count: Methods

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

*** 2H-1 Indicate the method(s) used to count sheltered homeless persons during the 2013 point-in-time count:**

Survey providers:	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Extrapolation:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

2H-2 If other, provide a detailed description. (limit 750 characters)

Agencies not receiving federal funds are provided forms developed by the city and the PIT Committee and supply the number for shelter persons each year. We add these numbers to the same data supplied through our HMIS software (for HMIS-participating agencies) and for survey providers.

2H-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the sheltered homeless population during the 2013 point-in-time count was accurate. (limit 750 characters)

The City issued a standardized survey with all required PIT data elements to agencies that were not imputing data into HMIS. The survey information was reviewed and aggregated. The HMIS data was combined with the survey data and reviewed for accuracy in relation to HIC data. Agencies were requested to review data and make any corrections. All shelters were contacted prior to the PIT date and instructed to make sure that all client and intake data in the HMIS was correctly entered and up-to-date. We set a CoC-wide policy that all HMIS data needs to be entered within 14 days of the event: Client Entry, Client Exit. A few weeks after the PIT UNSHELTERED COUNT, we run an HMIS report for the same night, which counts the SHELTERED POPULATION. This allow us measure the total served and unserved populations at the same point in time.

2I. Continuum of Care (CoC) Sheltered Homeless Point-in-Time (PIT) Count: Data Collection

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

*** 2I-1 Indicate the methods used to gather and calculate subpopulation data for sheltered homeless persons:**

HMIS:	<input checked="" type="checkbox"/>
HMIS plus extrapolation:	<input type="checkbox"/>
Sample of PIT interviews plus extrapolation:	<input type="checkbox"/>
Sample strategy: (if Sample of PIT interviews plus extrapolation is selected)	
Provider expertise:	<input checked="" type="checkbox"/>
Interviews:	<input checked="" type="checkbox"/>
Non-HMIS client level information:	<input checked="" type="checkbox"/>
Other:	<input type="checkbox"/>

**2I-2 If other, provide a detailed description.
(limit 750 characters)**

**2I-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the sheltered homeless population count during the 2013 point-in-time count was accurate.
(limit 750 characters)**

Since 2005, all federally funded programs and some voluntary programs have achieved 100% client reporting in our HMIS system. As a result, we can easily run reports on our sub populations simply by using the built in HMIS reporting tools. Subpopulation data on the homeless sheltered population was collected through the annual point-in-time count and by referencing data entered into the HMIS system by service providers. Service providers obtained and updated this information through the intake process and development of each individual's or family's case management service plan. The information was then entered into HMIS, which can be used to derive an unduplicated count, by subpopulation, across all the shelters for 2014

2J. Continuum of Care (CoC) Sheltered Homeless Point-in-Time Count: Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

*** 2J-1 Indicate the methods used to ensure the quality of the data collected during the sheltered point-in-time count:**

Training:	<input checked="" type="checkbox"/>
Follow-up	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Non-HMIS de-duplication :	<input type="checkbox"/>
Other:	<input type="checkbox"/>

**2J-2 If other, provide a detailed description.
(limit 750 characters)**

**2J-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the sheltered homeless population count during the 2013 point-in-time count was accurate.
(limit 750 characters)**

Our HMIS vendor Housing Works, along with City staff provided technical assistance before, during and after the PIT count. During the PIT count, reports display unique IDs along with the names of providers responsible for the surveys. An identifier is created for each individual from the first ten fields of the data collection tool (1st Letter First Name; 1st Letter Last Name; 3rd Letter Last Name; Month of Birth; Day of Birth; and Year of Birth). This identifier provides a way to report the individual only once as well as maintain strict privacy and confidentiality. All data is entered, clients are sorted by this unique identifier and duplicates are removed. Each provider with a "suspect" unique ID is contacted to resolve discrepancies between programs, so that each client is counted only once.

2K. Continuum of Care (CoC) Unsheltered Homeless Point-in-Time (PIT) Count

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2K-1 Indicate the date of the most recent unsheltered point-in-time count: 01/29/2013

2K-2 If the CoC conducted the unsheltered point-in-time count outside of the last 10 days of January 2013, was an exception granted by HUD? Not Applicable

2K-3 Enter the date the CoC submitted the unsheltered point-in-time count data in HDX: 04/26/2013

2K-4 Comparing the 2013 unsheltered point-in-time count to the last unsheltered point-in-time count, indicate if there was an increase, decrease, or no change and describe the specific reason(s) for the increase, decrease, or no change. (limit 750 characters)

There was relatively no change between 2012 and 2013. The similar numbers for both years is attributed to increased housing opportunities and outreach and services to ensure the number of unsheltered homeless decreases or at a minimum is stabilized year to year.

2L. Continuum of Care (CoC) Unsheltered Point-in-Time Count: Methods

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

*** 2L-1 Indicate the methods used to count unsheltered homeless persons during the 2013 point-in-time count:**

Public places count:	<input checked="" type="checkbox"/>
Public places count with interviews on the night of the count:	<input checked="" type="checkbox"/>
Public places count with interviews at a later date:	<input checked="" type="checkbox"/>
Service-based count:	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Other:	<input type="checkbox"/>

2L-2 If other, provide a detailed description. (limit 750 characters)

2L-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the unsheltered homeless population during the 2013 point-in-time count was accurate. (limit 750 characters)

On January 30, 2013, volunteers partnered with agency staff to comprise teams, accompanied by the New Bedford Police Department. Each volunteer were provided with a PIT survey and Each team was given assigned areas with identified known homeless hot-spots. Volunteers also covered both service locations (soup kitchens and food pantries, substance abuse treatment facilities, libraries, medical facilities). Training commenced in November to encourage participation and survey accuracy. All data collected was inputted into HMIS, allowing the data to be analyzed/crosschecked for accuracy and de-duplication. A count was also provided on the PIT date from school sites of only unsheltered homeless students.

2M. Continuum of Care (CoC) Unsheltered Homeless Point-in-Time Count: Level of Coverage

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2M-1 Indicate where the CoC located unsheltered homeless persons during the 2013 point-in-time count: A Combination of Locations

2M-2 If other, provide a detailed description. (limit 750 characters)

2N. Continuum of Care (CoC) Unsheltered Homeless Point-in-Time Count: Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

*** 2N-1 Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2013 unsheltered population count:**

Training:	<input checked="" type="checkbox"/>
"Blitz" count:	<input type="checkbox"/>
Unique identifier:	<input checked="" type="checkbox"/>
Survey question:	<input checked="" type="checkbox"/>
Enumerator observation:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

**2N-2 If other, provide a detailed description.
(limit 750 characters)**

N/A

**2N-3 For each method selected, including other, describe how the method was used to reduce the occurrence of counting unsheltered homeless persons more than once during the 2013 point-in-time count. In order to receive credit for any selection, it must be described here.
(limit 750 characters)**

The City and the PIT Committee provided training to all agencies, PIT volunteers and enumerators. Training provided detail information on how to complete PIT survey, interview techniques, HUD definitions and requirements, data inputting and how to minimize inaccuracy and duplication. All information and demographics derived from surveys were collected for all individuals that included a unique identifier. The first question on the survey asks each participant if they have already been interviewed for the PIT count. In addition, all data is inputted into HMIS, allowing all data to be reviewed for accuracy and de-duplication.

3A. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Objective 1: Increase Progress Towards Ending Chronic Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY 2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). The first goal in Opening Doors is to end chronic homelessness by 2015. Creating new dedicated permanent supportive housing beds is one way to increase progress towards ending homelessness for chronically homeless persons. Using data from Annual Performance Reports (APR), HMIS, and the 2013 housing inventory count, complete the table below.

3A-1.1 Objective 1: Increase Progress Towards Ending Chronic Homelessness

	Proposed in 2012 CoC Application	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-1.1a For each year, provide the total number of CoC-funded PSH beds not dedicated for use by the chronically homeless that are available for occupancy.		239	136	48
3A-1.1b For each year, provide the total number of PSH beds dedicated for use by the chronically homeless.	39	41	136	269
3A-1.1c Total number of PSH beds not dedicated to the chronically homeless that are made available through annual turnover.		129	89	31
3A-1d Indicate the percentage of the CoC-funded PSH beds not dedicated to the chronically homeless made available through annual turnover that will be prioritized for use by the chronically homeless over the course of the year.		100%	100%	100%
3A-1.1e How many new PSH beds dedicated to the chronically homeless will be created through reallocation?		126	0	45

**3A-1.2 Describe the CoC's two year plan (2014-2015) to increase the number of permanent supportive housing beds available for chronically homeless persons and to meet the proposed numeric goals as indicated in the table above. Response should address the specific strategies and actions the CoC will take to achieve the goal of ending chronic homelessness by the end of 2015.
(limit 1000 characters)**

The New Bedford CoC will proactively seek to ending chronic homelessness by, increasing PSH options through re-allocation, creating new beds and improving outreach to the chronically homeless. Specifically, the CoC will 1) Coordinate efforts with the VTH to convert 45 units of transitional housing units into 36 permanent supportive for chronically homeless vets, also work to increase the utilization of VASH vouchers and prioritizing those for chronically homeless; 3) Coordinate with private developers that are developing new permanent housing projects to set-aside a portion of the units for the chronically homeless. 3) Work with the Housing Authority to continue to designate project based section 8 units dedicated for chronic homeless in new developments designated by non-profit and for-profit developers. 4) work with providers to identify individuals who are chronically homeless and connect them with appropriate programs and permanent housing options.

**3A-1.3 Identify by name the individual, organization, or committee that will be responsible for implementing the goals of increasing the number of permanent supportive housing beds for persons experiencing chronic homelessness.
(limit 1000 characters)**

The New Bedford CoC Planning Committee will be responsible for implementing the goals of increasing the number of PSH beds for persons experiencing chronic homelessness. The CoC will look to the strategic reallocation of current programs to realign with the goal of targeted chronic homeless. The Veterans Transition House will work to redevelop 36 PSH beds targeted to chronic homeless. Catholic Social Services will spearhead the coordinated assessment intake system and be responsible for implementing a priority to serve chronic homeless. The CoC will prioritize chronic homeless as vacancies become available and will place CH in available beds.

3A. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Objective 2: Increase Housing Stability

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Achieving housing stability is critical for persons experiencing homelessness. Using data from Annual Performance Reports (APR), complete the table below.

3A-2.1 Does the CoC have any non-HMIS projects for which an APR should have been submitted between October 1, 2012 and September 30, 2013? No

3A-2.2 Objective 2: Increase Housing Stability

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-2.2a Enter the total number of participants served by all CoC-funded permanent supportive housing projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013:	406	374	419
3A-2.2b Enter the total number of participants that remain in CoC-funded PSH projects at the end of the operating year PLUS the number of participants that exited from all CoC-funded permanent supportive housing projects to a different permanent housing destination.	293	299	356
3A-2.2c Enter the percentage of participants in all CoC-funded projects that will achieve housing stability in an operating year.	72%	80%	85%

3A-2.3 Describe the CoC's two year plan (2014-2015) to improve the housing stability of project participants in CoC Program-funded permanent supportive housing projects, as measured by the number of participants remaining at the end of an operating year as well as the number of participants that exited from all CoC-funded permanent supportive housing projects to a different permanent housing destination. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above. (limit to 1000 characters)

The CoC will improve and maintain housing stability through careful evaluation of each agency on an annual basis based upon goals in the APRs. Low performing agencies will be provided training to increase housing stability be encouraged to adopt strategies of successful CoC programs. The CoC will work to influence factors that lead to stability in housing for those with moderate to severe issues. The implementation of a "common" intake and assessment tool will identify those individuals with specific specialized needs and identify the types of supports a homeless individual or family would need to be successful in housing. Programs will continue to connect permanent supportive housing residents to employment, mainstream resources, and self-sufficiency. The CoC is also looking at workforce development and education services as key to meeting this goal.

3A-2.4 Identify by name the individual, organization, or committee that will be responsible for increasing the rate of housing stability in CoC-funded projects. (limit 1000 characters)

The City of New Bedford, as the CoC lead, closely monitors all CoC projects on a quarterly basis. Careful review of APRs and performance goals identify any issues that require immediate attention. The City provides direct technical assistance when necessary. The City along with the CoC Application Review Committee review progress toward goals and evaluates programs to ensure they are performing adequately with regard to PH stability. If the City and the CoC APR identify an agency that is falling short of expectations in this area, a plan will be developed to address the root causes of the poor performance. There are two committees in addition to the CoC Lead who are working to increase housing stability: Discharge planning committee (DPC) and the Coordinated Intake Committee (CIC). The DPC will review discharge policies and will work directly with member agencies to evaluate and adapt policies to promote stability. The CIC will incorporate thorough assessment and intake practices that will insure effective referrals and placement into PSH programs.

3A. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Objective 3: Increase project participants income

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Assisting project participants to increase income is one way to ensure housing stability and decrease the possibility of returning to homelessness. Using data from Annual Performance Reports (APR), complete the table below.

3A-3.1 Number of adults who were in CoC-funded projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013: 424

3A-3.2 Objective 3: Increase project participants income

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-3.2a Enter the percentage of participants in all CoC-funded projects that increased their income from employment from entry date to program exit?	14%	20%	25%
3A-3.2b Enter the percentage of participants in all CoC-funded projects that increased their income from sources other than employment from entry date to program exit?	34%	45%	54%

3A-3.3 In the table below, provide the total number of adults that were in CoC-funded projects with each of the cash income sources identified below, as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013.

Cash Income Sources	Number of Participating Adults	Percentage of Total in 3A-3.1
Earned Income	97	22.88 %
Unemployment Insurance	10	2.36 %
SSI	75	17.69 %

SSDI	39	9.20	%
Veteran's disability	17	4.01	%
Private disability insurance	0		%
Worker's compensation	1	0.24	%
TANF or equivalent	76	17.92	%
General Assistance	58	13.68	%
Retirement (Social Security)	5	1.18	%
Veteran's pension	21	4.95	%
Pension from former job	2	0.47	%
Child support	5	1.18	%
Alimony (Spousal support)	0		%
Other Source	4	0.94	%
No sources	54	12.74	%

3A-3.4 Describe the CoC's two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that increase their incomes from non-employment sources from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table (3A-3.2) above. (limit 1000 characters)

The CoC surpassed the national goal of participants that increased income. Agencies success is dependent upon ensuring participating projects are actively assisting program participant to apply for and obtain mainstream benefits and other non-employment sources of income. Over the next two years the CoC Planning Committee will work with CoC projects to identify specific non-employment income sources such as; Mass Health, WIC, SNAP, TANF, Social security disability (SSDI) veterans benefits, fuel assistance, fuel forgiveness program, SSI, maritime benefits, unemployment, and VOCA benefits. In addition to carefully monitoring and promoting the effort to obtain mainstream resources, the COC Planning Committee (PC) will work to increase the amount of private sector employment opportunities for continuum participants. Also for members of the COC who do not utilize Virtual Gateway training will be provided as to how to utilize this wonderful tool.

3A-3.5 Describe the CoC's two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that increase their incomes through employment from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above. (limit 1000 characters)

New Bedford's unemployment rate is among the highest in the State of Massachusetts. Despite these economic conditions, agency programs and supporters have continued diligently to train participants, and provide on-the-job work experiences. Case managers at all CoC-funded programs will continue to place an emphasis on accessing resources at the local career center, will ensure work readiness goals are routinely incorporated into to ISPs with the commensurate training provided, and will ensure that their work-ready clients access jobs and job training programs whenever possible. A new regional workforce development planning initiative will facilitate better communication and collaboration between CoC members and the local WIB as well as with the MA Rehabilitation Commission, Welfare to Work, Project HELP at the Salvation Army, Ser-Jobs for Progress, GED completion programs, and local educational institutions. The CoC will encourage New Bedford employers to hire participants of CoC-funded projects through outreach to the Chamber of Commerce, Rotary Clubs and other civic organizations that include potential companies for employment opportunities

3A-3.6 Identify by name the individual, organization, or committee that will be responsible for increasing the rate of project participants in all CoC-funded projects that increase income from entry date to program exit. (limit 1000 characters)

The City of New Bedford, as the Collaborative Applicant is establishing a specific committee to work with and oversee CoC funded programs as they work to increase employment opportunities for their clients. A member of the CoC Executive Committee is also the President of the Local Workforce Investment Board (WIB) and the WIB encourages employment through its job training resources and job counseling and outreach to civic groups that provide employment services. The regional Homeless entity, SOCO, has also advocated for continued funding to staff a liaison position to work within the Southcoast Regional Network to coordinate employment placement services to CoC agencies and clients. Participation in Virtual Gateway will maintain or increase non employment benefits

3A. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Objective 4: Increase the number of participants obtaining mainstream benefits

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Assisting project participants to obtain mainstream benefits is one way to ensure housing stability and decrease the possibility of returning to homelessness. Using data from Annual Performance Reports (APR), complete the table below.

3A-4.1 Number of adults who were in CoC-funded projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013. 424

3A-4.2 Objective 4: Increase the number of participants obtaining mainstream benefits

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-4.2a Enter the percentage of participants in ALL CoC-funded projects that obtained non-cash mainstream benefits from entry date to program exit.	96%	96%	96%

3A-4.3 In the table below, provide the total number of adults that were in CoC-funded projects that obtained the non-cash mainstream benefits from entry date to program exit, as reported on APRs submitted during the period between October 1, 2013 and September 30, 2013.

Non-Cash Income Sources	Number of Participating Adults	Percentage of Total in 3A-4.1
Supplemental nutritional assistance program	272	64.15 %
MEDICAID health insurance	347	81.84 %
MEDICARE health insurance	32	7.55 %
State children's health insurance	0	%
WIC	23	5.42 %

VA medical services	77	18.16	%
TANF child care services	11	2.59	%
TANF transportation services	7	1.65	%
Other TANF-funded services	1	0.24	%
Temporary rental assistance	0		%
Section 8, public housing, rental assistance	27	6.37	%
Other Source	8	1.89	%
No sources	15	3.54	%

3A-4.4 Describe the CoC's two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that access mainstream benefits from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above. (limit 1000 characters)

The CoC has far exceeded the 56% goal of obtaining mainstream benefits at program exit. The current success in connecting mainstream resources is centered around the well coordinated component of our HMIS system of intake and processing. To ensure success, we will continue to develop resources through HMIS to enhance the connection to mainstream resources. We will continue periodic training to CoC agencies to ensure that case managers/advocates are properly trained and knowledgeable of application and appeal processes for mainstream benefits. We will continue to involve mainstream resource discussions at the HSPN meetings to provide training and interaction between agencies to share best practices. We will continue CoC wide collaboration with state and regional offices that administer mainstream program resources. Many of the COC agencies are part of the virtual gateway that allows for an application to be completed at the agency site rather than having to have the client go to the responsible mainstream agency to complete the application. This system provides timelines and eliminates the anxiety around the unknown of qualifying or not for mainstream benefits.

3A-4.5 Identify by name the individual, organization, or committee that will be responsible for increasing the rate of project participants in all CoC-funded projects that that access non-cash mainstream benefits from entry date to program exit. (limit 1000 characters)

The City of New Bedford and the CoC Planning Committee Application review Committee will be the lead responsible for increasing the rate of CoC-funded participants that increase their access to non-cash mainstream benefits. The City requires quarterly reports from funded projects that demonstrate increases in these benefits. 5 years ago a concerted effort was made to synchronize the efforts of the HSPN providers to focus on and monitor the level of participation in mainstream resources. That focus let the HSPN to consistently exceeding expectations in this category ever since. The HSPN's 3C approach is to Coordinate policy among all of its providers, Communicate progress toward the goals set forth in the policy at regular HSPN meetings and Continuous Improvement policy and practice to improve outcomes. The HSPN continuum is constantly expanding its mainstream resource knowledge by including presentations at its general monthly meetings and specialty programs

3A. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Objective 5: Using Rapid Re-Housing as a method to reduce family homelessness

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Rapid re-housing is a proven effective housing model. Based on preliminary evidence, it is particularly effective for households with children. Using HMIS and Housing Inventory Count data, populate the table below.

3A-5.1 Objective 5: Using Rapid Re-housing as a method to reduce family homelessness.

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-5.1a Enter the total number of homeless households with children per year that are assisted through CoC-funded rapid re-housing projects.	0	0	0
3A-5.1b Enter the total number of homeless households with children per year that are assisted through ESG-funded rapid re-housing projects.	11	13	15
3A-5.1c Enter the total number of households with children that are assisted through rapid re-housing projects that do not receive McKinney-Vento funding.	0	0	0

3A-5.2 Describe the CoC's two year plan (2014-2015) to increase the number homeless households with children assisted through rapid re-housing projects that are funded through either McKinney-Vento funded programs (CoC Program, and Emergency Solutions Grants program) or non-McKinney-Vento funded sources (e.g., TANF). Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above. (limit 1000 characters)

The NB CoC will seek to expand the use of rapid rehousing and diversion services to address the needs of families entering homelessness. This will be accomplished through the utilization of our coordinated intake and assessment system as the first response to homeless families entering the CoC. Through use of data, assessment, and outreach strategies, participating programs will target the most vulnerable families to prevent and/or end their homelessness. Specific initiatives include: 1) Coordinate the placement of families entering homeless with the Massachusetts DHCD to identify families who did not qualify for assistance from TANF, SSVF 2) Create housing options for families entering homelessness to advance family preservation or reunification 3) Coordinate a policy workgroup that maps the current system of transitioning youth to the adult systems. Reallocate funds in the 2015 cycle to a RRH program.

3A-5.3 Identify by name the individual, organization, or committee that will be responsible for increasing the number of households with children that are assisted through rapid re-housing in the CoC geographic area. (limit 1000 characters)

Catholic Social Services has had the responsibility of providing rapid rehousing assistance in the New Bedford COC geographic area. Catholic Social Services will work with the New Bedford CoC and Department of Housing and Community Development to identify families that are not eligible for their assistance and will develop a smooth transition for services from the COC to coordinate these efforts that will help to ensure efforts for increasing the number of households with children assisted with Rapid Rehousing.

3A-5.4 Describe the CoC's written policies and procedures for determining and prioritizing which eligible households will receive rapid re-housing assistance as well as the amount or percentage of rent that each program participant must pay, if applicable. (limit 1000 characters)

The CoC utilizes the policies and procedures established and adopted by the CoC for administering ESG rapid rehousing activities. The ESG guidelines under the Rapid Re-housing category include clients who meet the definition for "homeless" and will qualify for the following; First and Last Month's Rent: One-time payments not to exceed \$2,500, Security Deposits: One-time payments not to exceed \$1,000, Moving Costs: One-time payments not to exceed \$1,000 per client, Short or Medium Term Rental Subsidies. Rental subsidies paid by ESG funds will only be used to cover a portion of the client's total rent. The percentage of rent covered by ESG funds is to be determined by the case manager and should include considerations of the client's long-term prospects for becoming self-sufficient. Clients must be receiving case management services and must have a workable plan in place to become self sufficient once the subsidy benefit expires.

**3A-5.5 How often do RRH providers provide case management to households residing in projects funded under the CoC and ESG Programs?
(limit 1000 characters)**

The ESG guidelines stipulate that RRH providers meet at least monthly with households while they are receiving assistance. Case management support and additional stabilization support is provided to clients in needed. During the meeting participants are required to provide and updated budget with evidence of bills paid. There is a review of their progress of job search with additional possibilities provided by the casemanager. The participant is also encouraged to share any other difficulties they may be having so that solutions can be found and a service palm developed to address them. The casemanger is provided with weekly supervision and clients progress in attaining their goals are reviewed. When the client and the caseworker agree on the progress and both are satisfied that stability is achieved then the case could be closed.

**3A-5.6 Do the RRH providers routinely follow up with previously assisted households to ensure that they do not experience additional returns to homelessness within the first 12 months after assistance ends?
(limit 1000 characters)**

Rapid rehousing programs are required to follow up with previously assisted clients for up to 60 days after assistance ends. During this time period, case managers evaluate clients stability and providers can intervene during this period to ensure that long term stability is continued. The intervention could require an additional assistance. The casemanager will assess with the family what has happened that jeopardized the stability and together develop a new service plan to prevent homelessness. Any necessary referrals for additional resources shall be made . These resources can consist of , job training, updated resumes, access to basic needs ie, food, medical assistance(free medication), free lunches , if job loss unemployment benefits, TANF. All participants are encouraged to notify the provider if they find themselves on need of services especially if they feel that they may become homeless. The provider provides outreach to past participants on a monthly basis to assess the participants situation and avoid a homeless episode.

3B. Continuum of Care (CoC) Discharge Planning: Foster Care

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3B-1.1 Is the discharge policy in place State Mandated Policy mandated by the State, the CoC, or other?

**3B-1.1a If other, please explain.
(limit 750 characters)**

**3B-1.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge.
(limit 1000 characters)**

The Standards for Independent Living Services issued by the Department of Children and Families (formerly Department of Social Services) requires that a written "Notice of Intent to Discharge" be issued to all youths whose Individual Service Plan (ISP) includes a Permanency Planning Goal of Independent Living within 90 days of their transition to substitute care of a DCF case closing. Prior to discharge social workers assess the youth's readiness for discharge with the substitute care providers and the Discharge plan must include, among other things, "appropriate and stable housing arrangements". It is the responsibility and charge of the Department of Children and Families to ensure that all youth with a discharge plan are discharged to appropriate and stable housing. The DCF Standards for Independent Living Services specifically state that "in no case may youth be placed in inappropriate housing."

**3B-1.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness.
(limit 1000 characters)**

The State Dept. of Children and Families, Dept. of Mental Health, and the Dept. of Youth Services and Bureau of Substance Abuse Services are the agencies responsible for ensuring proper discharge. Collaborating agencies are the NB School Dept., NB Vocational High School, City of New Bedford, Southcoast Hospital Group, PACCA , PACE , High Point and Catholic Social Services.

3B. Continuum of Care (CoC) Discharge Planning: Health Care

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3B-2.1 Is the discharge policy in place State Mandated Policy mandated by the State, the CoC, or other?

**3B-2.1a If other, please explain.
(limit 750 characters)**

**3B-2.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge.
(limit 1000 characters)**

Members of the COC participate in various groups that have been created to address the problem of discharging persons from institutions. Each of these groups are aware of the Executive Office of Health and human services Discharge Planning Standards that states that discharging a consumer into a homeless shelter is not and appropriate discharge plan. However , lack of sufficient resources and improper planning have not allowed this statement to be realized.

The COC is part of a group led by Southcoast hospital group to address proper planning for consumers who have a chronic history of substance abuse mental health and medical problems. It also participates in a group led by the Bristol House of Correction around discharge planning for inmates. The DMH has been proactive in attempting to meet the needs of consumers with mental health issues to prevent homelessness with a highly vulnerable population.

**3B-2.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness.
(limit 1000 characters)**

The stakeholders and /or stakeholders responsible to assure that persons are not routinely discharged into homelessness are the Dept. of Mental Health, Bureau of Substance Abuse Services, Southcoast Hospital Group, NB Community Health Center and the Bristol County House of Correction. Southcoast hospital group has an Health Advocate position who works with difficult to service patients many of whom are homeless substance a users. The advocate works with many of the COC members to establish a service plan for the individual. Southcoast Reentry Collaborative(SouRCe) has created a community based volunteer mentoring initiative for hard to serve individuals providing them with intensive mentoring services that includes housing and job search. Well as other wrap around services. The Dept. of Mental Health has become a more active member of the COC. This has led to better communication and collaboration in servicing clients who traditionally have been difficult to stabilize.

3B. Continuum of Care (CoC) Discharge Planning: Mental Health

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3B-3.1 Is the discharge policy in place State Mandated Policy mandated by the State, the CoC, or other?

**3B-3.1a If other, please explain.
(limit 750 characters)**

**3B-3.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge.
(limit 1000 characters)**

Facilities arrange for necessary post-discharge support, make every effort to avoid discharge to a shelter or to the street, follow Department of Mental Health policies as outlined in 104 CMR 29.00, and keep a record of all patients discharged. In addition, many Massachusetts DMH facilities are now using the housing search feature of the HMIS while the individual is still institutionalized in order to assist with a search for both housing and the appropriate mainstream resources needed to support discharge and reentry into housing.

**3B-3.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness.
(limit 1000 characters)**

The CoC coordinates efforts with several agencies to ensure persons are not discharged into homelessness. The Massachusetts Department of Mental Health uses the resources to stimulate the development of permanent supportive housing for homeless people with serious mental illness by providing supportive services to leverage capital and operating resources from federal, state, and local housing agencies. The DMH has also provided financing for new projects in exchange for set aside permanent housing for chronically homeless. DMH has a member that serves on the HSPN membership and participates on the discharge planning committee. The Fellowship Health Services agency provides many of the support services including medication monitoring, case management, transportation to medical appointments and collaboration with mental health physicians.

3B. Continuum of Care (CoC) Discharge Planning: Corrections

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3B-4.1 Is the discharge policy in place State Mandated Policy mandated by the State, the CoC, or other?

**3B-4.1a If other, please explain.
(limit 750 characters)**

**3B-4.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge.
(limit 1000 characters)**

The State Public Safety Transition Program outlines a detailed process of transition and risk reduction strategies encompassing all aspects of the inmate's life. Each element must be completed prior to release and fully documented with the prison system. This process and planning ensures that inmates have a recorded plan and monitoring as they re-enter the community. In addition, many prisons are now using the housing search feature of the local HMIS Housing Works while the individual is still institutionalized in order to assist with a search for both housing and the appropriate mainstream resources needed to support discharge and reentry into housing. In addition, the Bristol County Sheriff's Office, which serves the CoC, is based on the National Institute of Corrections Transition from Prison to Community Initiative. The DOC state mandated policy is designed to accommodate long term state inmates, on the county level the length of sentence can vary from a couple of days to two and one half years. The shorter sentences present a greater challenge for reentry.

**3B-4.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness.
(limit 1000 characters)**

The Bristol County Sheriff's Office Reentry Protocols are designed to eliminate the routine discharging of inmates into homelessness. Reentry case managers work with individuals to find suitable housing prior to release and will make arrangement when necessary for transportation. The Sheriff's Office works with a variety of human service agencies, the parole reentry centers, the probation departments and any other relevant agency, depending on the need of each individual. The Sheriff's Office will also work with family to find suitable post release placement. Steppingstone Incorporated's Project ROAR (Reentering Offenders Achieving Recovery) will provide services to adult offenders/ex-offenders serving a minimum six month sentence, homeless, and diagnosed with substance abuse disorders incarcerated in the Bristol County Jail and House of Correction. Project ROAR will provide services in the correctional setting and also following release into the community setting.

3C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3C-1 Does the Consolidated Plan for the jurisdiction(s) within the CoC’s geography include the CoC’s strategic plan goals for addressing and ending homelessness? Yes

3C-1.1 If yes, list the goals in the CoC strategic plan. (limit 1000 characters)

1. Provide various types of support services and assistance to 2,500 households threatened with homelessness including: fuel assistance, legal assistance, employment and training, access to mainstream resources, counseling, etc.
2. Provide rental assistance to 135 households to avoid eviction and homelessness.
3. Support food assistance for 6,000 individuals.
4. Provide loans and assistance to develop 25 permanent housing units for individuals and families previously homeless and/or disabled
5. Provide funding for a variety of supportive services to enable 2,500 homeless households to obtain and sustain permanent housing.

3C-2 Describe the extent in which the CoC consults with State and local government Emergency Solutions Grants (ESG) program recipients within the CoC’s geographic area on the plan for allocating ESG program funds and reporting on and evaluating the performance of ESG program recipients and subrecipients. (limit 1000 characters)

The City began the consultation process to determine the allocation ESG funds with the CoC with meetings in November and December focused on the ESG regulations and structuring policies and procedures for the administration of ESG funding including performance standards and outcome measurements. These meetings also focused on the priority needs for Homeless Prevention and Rapid Re-Housing services within the New Bedford COC. In addition to the CoC meetings, the City, presented a detailed overview of the ESG Program at two public meetings, as part of the annual Action Plan process. Those meetings were also broadcast to the general public via the local cable access channel. Through this public process the City was able to gather input from both the general public and consult with the CoC in determining how to allocate ESG fund for eligible activities.

3C-3 Describe the extent in which ESG funds are used to provide rapid re-housing and homelessness prevention. Description must include the percentage of funds being allocated to both activities. (limit 1000 characters)

The City in 2012 received a total of \$237,196 in ESG funding utilized for emergency shelter, homeless prevention, and rapid re-housing activities. ESG match totaled \$1,370,085 for the eight programs funded. A total of \$48,241 were allocated to HP activities and \$73,339 were allocated for RRH activities. RRH and HP activities totaled \$121,580 of the ESG total allocation of \$237,196 representing 52% of the total ESG resources dedicated to RRH and HP activities.

3C-4 Describe the CoC's efforts to reduce the number of individuals and families who become homeless within the CoC's entire geographic area. (limit 1000 characters)

The COC has a variety of tools it currently uses to reduce the number of individuals and families who become homeless. When a major layoff is occurring at one of our manufacturing plants members of the COC attend a resource fair that is set up at the job site to provide resources to the employees. Agencies also have access to a list serve where they can make other members of the COC aware of a potential homeless problem that need to be handles. This allows for agencies to "pool their resources" to help solve the problem. Outreach in the community to have other non COC groups(parishes, employers, banks,non public schools) be aware of how to refer families and individuals who are in danger of becoming homeless.

3C-5 Describe how the CoC coordinates with other Federal, State, local, private and other entities serving the homeless and those at risk of homelessness in the planning and operation of projects. (limit 1000 characters)

Many Members of the COC are active in many state, local, regional and national groups who are serving homeless and those at risk of homelessness. In these roles they are active participants by serving as Board or committee members,in the discussion and planning involved in managing and looking at the barriers that homeless face as well as solutions to prevent homelessness , and reviewing best practices.Participating with the Massachusetts Department of Housing and Community Development, Massachusetts Housing and Shelter Alliance,SouthCoast Regional Network, Massachusetts Statewide community action agencies - HeadStart, Massachusetts Bureau of Substance Abuse, Massachusetts Dept. of Mental Health, Southcoast Hospital group, Bristol House of Correction and others in various committees and meetings to plan and develop projects.

3C-6 Describe the extent in which the PHA(s) within the CoC's geographic area are engaged in the CoC efforts to prevent and end homelessness. (limit 1000 characters)

The local PHA - NBHA, has been active in preventing homelessness by participating in the COC and also working with members of the COC in providing project based section 8 to permanent housing where necessary to stabilize individuals and families. This included the awarding of 8 Project based certificates to support a 12 unit PH project and 7 Projects based certificates to support a 21 unit PH project. They also have a homeless preference when dealing with waiting lists that has been helpful in moving families out of homelessness. They also refer families for financial assistance to prevent them from becoming homeless. The NBHA, in completing its strategic plan, have included members of the COC in identifying and working towards solutions to provide stable,affordable housing for low income families and individuals

3C-7 Describe the CoC’s plan to assess the barriers to entry present in projects funded through the CoC Program as well as ESG (e.g. income eligibility requirements, lengthy period of clean time, background checks, credit checks, etc.), and how the CoC plans to remove those barriers. (limit 1000 characters)

The NB COC has initialized a coordinated intake and centralized assessment system with a phased approach. Working with our HMIS vendor, the lead agency, Catholic Social Services, is currently analyzing the intake procedures,eligibility requirements and documentation required for program admittance for each service provider. This analysis will identify barriers to entry access. Based on the results of the analysis, a modified and universal intake procedure process will be initiated and required during initial entry assessment. Service providers have already agreed to use common referral and assessment tools.

3C-8 Describe the extent in which the CoC and its permanent supportive housing recipients have adopted a housing first approach. (limit 1000 characters)

The CoC supports a Housing First approach with its permanent supportive housing programs. One agency, Catholic Social Services, provides a large percentage of PSH units in the CoC has adopted a housing first approach targeted to the chronic homeless. Steppingstone’s Welcome Home program has been on board with the Housing First model from the start. The Welcome Home program provides supportive housing to homeless individuals/families living with HIV/AIDS in the city of New Bedford. Welcome Home works in conjunction with Steppingstone’s MDPH funded Medical Case Management program; providing case management services to all Welcome Home residents and strongly recognizes the need for housing first. In the future new PSH projects for the CoC will be based on the Housing First model currently in place and the CoC will work with existing CoC PSH programs to implement these highly successful models.

3C-9 Describe how the CoC's centralized or coordinated assessment system is used to ensure the homeless are placed in the appropriate housing and provided appropriate services based on their level of need. (limit 1000 characters)

The City and the CoC Planning Committee have selected a coordinated system that features a single point of entry. Selected through a RFP process, the lead agency is utilizing our HMIS vendor and developed a systematic intake and assessment form to ensure homeless are prioritized and placed in appropriate housing and services. Consultation with the CoC has assisted the lead agency and CoC Committee to develop a comprehensive intake tool and system inventory component that allows for access to all openings in the COC. The lead agency is currently the primary receiver of homeless families and individuals in the COC and as a result we anticipate that one major step in developing the centralized assessment is already addressed.

3C-10 Describe the procedures used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, or disability who are least likely to request housing or services in the absence of special outreach. (limit 1000 characters)

The City, as the collaborative entity has an Affirmatively Furthering Fair Housing Marketing as required by HUD. Every agency that is provided funding through the City must have their own approved Marketing Plan prior to receiving funding. These plans outline how each agency will comply with fair housing laws and maximum efforts to reach out to persons that may not have traditional access to program services and housing. The CoC also actively markets programs and services through a comprehensive listserv that includes over 200 members. Notifications are sent when opening for available units or services are available. The CoC has also developed a StreetSheet that includes all programs and services available throughout the CoC. The StreetSheet is translated in 3 languages and over 8,000 copies are distributed annually throughout the CoC and placed in all public institutions in the COC area. It is provided in multi languages and placed in such places as bus stations, community health centers, hospitals, doctors offices, day care settings, schools, supermarkets etc.

3C-11 Describe the established policies that are currently in place that require all homeless service providers to ensure all children are enrolled in early childhood education programs or in school, as appropriate, and connected to appropriate services within the community. (limit 1000 characters)

The NB CoC requires that each service provider designates a liaison from their staff who is responsible for ensuring that participants are informed of their educational rights and the following Educational protocols:

1. Immediate intake of entering clients with school aged children to assess their current status and specific educational needs.
2. Assignment of specific staff person responsible for making sure all the necessary steps are taken to ensure immediate enrollment in whatever school the parent(s) deem best for the child and to arrange for the appropriate transportation.
3. Contact within 48 hours with the office of the Homeless Liaison of the relevant school system(s)
4. Referral within 72 hours to any an all school based services to which the child and family are entitled.
5. Daily check-in with the family for the first two weeks of school enrollment to make sure educational needs are being met, and weekly check-ins thereafter.

3C-12 Describe the steps the CoC, working with homeless assistance providers, is taking to collaborate with local education authorities to ensure individuals and families who become or remain homeless are informed of their eligibility for McKinney-Vento educational services. (limit 1000 characters)

The CoC collaborates with the LEA through regular communication with the New Bedford Public Schools' Homeless Point Person. That person is responsible for upholding key provisions through consistent communication, training, collaboration with school personnel, families and youth, shelters and housing providers, and other key community partners. CoC program staff who work with children and families also consider it one of their primary responsibilities to ensure that educational needs are met by alerting the NBPS and the child's school of the homeless status of the child, and linking the family with school-based resources. Likewise, if school staff become aware of a homeless child or family within their system, they make referrals to CoC housing resources and services. The CoC has made a strong effort to reach out to the NBPS, primarily through the Homelessness Point Person and coordinate with Coc through monthly meetings.

3C-13 Describe how the CoC collaborates, or will collaborate, with emergency shelters, transitional housing, and permanent housing providers to ensure families with children under the age of 18 are not denied admission or separated when entering shelter or housing. (limit 1000 characters)

All persons responsible for the local emergency shelters, transitional housing and permanent housing are members of the CoC. The emergency shelter that serves families that is funded by DHCD does not separate families from their children, it has two different forms of shelter available, scattered sites said well as congregate (provided there is room) if there is no room at either of those settings then motels are used.

The transitional housing program that provides services to homeless women and their children also does not separate children under the age of 18 from their mother.

Permanent housing that provides services for families also has no barriers for families with children even over the age of 18

3C-14 What methods does the CoC utilize to monitor returns to homelessness by persons, including, families who exited rapid re-housing? Include the processes the CoC has in place to ensure minimal returns to homelessness. (limit 1000 characters)

The CoC utilizes our HMIS system to monitor returns to homelessness. Using a standard intake form, case managers can see types of homeless assistance received and various lengths of stay at participating shelters. Additional coordination from case management teams enables the CoC to have a clearer understanding of these additional spells. It can also help us determine which programs are more successful in reducing reoccurrences or what gaps/needs have arisen that have caused additional spells.

3C-15 Does the CoC intend for any of its SSO or TH projects to serve families with children and youth defined as homeless under other Federal statutes? No

3C-15.1 If yes, describe how the use of grant funds to serve such persons is of equal or greater priority than serving persons defined as homeless in accordance with 24 CFR 578.89. Description must include whether or not this is listed as a priority in the Consolidated Plan(s) and its CoC strategic plan goals. CoCs must attach the list of projects that would be serving this population (up to 10 percent of CoC total award) and the applicable portions of the Consolidated Plan. (limit 1000 characters)

3C-16 Has the project been impacted by a major disaster, as declared by President Obama under Title IV of the Robert T. Stafford Act in the 12 months prior to the opening of the FY 2013 CoC Program Competition? No

**3C-16.1 If 'Yes', describe the impact of the natural disaster on specific projects in the CoC and how this affected the CoC's ability to address homelessness and provide the necessary reporting to HUD.
(limit 1500 characters)**

3D. Continuum of Care (CoC) Coordination with Strategic Plan Goals

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In 2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP).

3D-1 Describe how the CoC is incorporating the goals of Opening Doors in local plans established to prevent and end homelessness and the extent in which the CoC is on target to meet these goals. (limit 1000 characters)

The CoC has incorporated the goals outlined in "Opening Doors" by implementing plans and strategies in programs and services that "set a path to ending all types of homelessness". Utilizing the Housing First model of services offered within the continuum, we first eliminate the household's physical housing issue and then deliver wrap around mainstream supports necessary for permanent housing stabilization. Consistent with Objective 4, the CoC has increased the number of permanent supportive housing beds available in this application. As outlined in Objective 10, the CoC has been able to retool the homeless crisis response system to meet the specific needs of those seeking homelessness services. Specifically, continuing to provide the financial assistance services available under the former HPRP program, now incorporated into the Emergency Solutions Grant, homeless services providers in the area are able to respond quicker and more effectively to those facing a homelessness crisis. Constant communication with service providers and constituents helps keep the CoC focused on the goal of preventing and eliminating homelessness in our community.

3D-2 Describe the CoC's current efforts, including the outreach plan, to end homelessness among households with dependent children. (limit 750 characters)

The CoC actively seeks out families living on the street and quickly coordinate shelter and services by the following;-Rapidly identifying homeless families through an emergency email system that alerts over 200 members and agencies has been highly successful in placing homeless families. - Coordination with state agencies serving homeless families in our CoC so that they do not end up on the street. – Coordination with the New Bedford Public School Department's homelessness liaison, - Continued training of CoC members to recognize homeless families in the places where they are likely to be present (soup kitchens, aid agencies, etc.), and provide shelter and other appropriate services.
Utilize the CoC Family shelter for urgent safety/stabilization aid for families, priority given to unsheltered

3D-3 Describe the CoC's current efforts to address the needs of victims of domestic violence, including their families. Response should include a description of services and safe housing from all funding sources that are available within the CoC to serve this population. (limit 1000 characters)

The New Bedford Women's Center provides confidentially located emergency shelter with supportive services and several 'safe' houses throughout the community to address the needs of victims of domestic violence. The New Bedford PD has a CDBG funded domestic violence coordinator that works closely with the CoC to provide housing and services to victims of DV. Other members of the COC also have been trained in the area of DV and how to provide a safety plan and safe housing. They are aware of how to set up postal service and utility accounts that are not traceable to provide security when necessary. There are participants in the PSH programs that have this service.
Persons served by the COC who are victims of DV also attend support groups and counseling to assist them in their journey . These services are available to all members of the family. Families and individuals can also receive financial assistance when needed for relocation .

3D-4 Describe the CoC's current efforts to address homelessness for unaccompanied youth. Response should include a description of services and housing from all funding sources that are available within the CoC to address homelessness for this subpopulation. Indicate whether or not the resources are available for all youth or are specific to youth between the ages of 16-17 or 18-24. (limit 1000 characters)

The focus on unaccompanied homeless youth remains a priority. The main resource for homeless youth is the school system, which provides showers, clothes, and food to students who have been identified as homeless. The CoC has joined a regional task force recently formed to look at the problem of youth homelessness and develop a regional solution. It identifies needs and coordinates services. Its goal is to create housing and employment options to prevent and end youth homelessness. 3 organizations actively engage with homeless youth to provide case management, housing options and basic medical care. Catholic Social Services has opened Francis House that provides permanent housing to young men(18-24). The CoC will continue to be part of the Unaccompanied Youth Coalition as it seeks out resources to provide housing and services for homeless youth, and to improve discharge planning from the state foster care system.

3D-5 Describe the efforts, including the outreach plan, to identify and engage persons who routinely sleep on the streets or in other places not meant for human habitation. (limit 750 characters)

Service providers throughout the CoC are trained to canvass areas known to be frequented by homeless individuals and will engage people living on the street. to place them in shelter. The CoC collaborates closely with the Police Department and provides training in recognizing signs of homelessness. CoC members are trained to identify homeless individuals at service locations such as soup kitchens and aid agencies, and will engage them and place them in shelter if needed.

3D-6 Describe the CoC's current efforts to combat homelessness among veterans, particularly those are ineligible for homeless assistance and housing through the Department of Veterans Affairs programs (i.e., HUD-VASH, SSVF and Grant Per Diem). Response should include a description of services and housing from all funding sources that exist to address homelessness among veterans. (limit 1000 characters)

Within the New Bedford CoC, the S.E. Mass. Veterans Housing Program(VTH) provides 45 transitional beds for homeless veterans. Their Graduate Program provides an additional 26 transitional beds, for a total of 71 transitional beds exclusively for homeless veterans. The VTH and the CoC have a close working relationship with the VA Medical Center-Providence, the local VISN office, the local Veterans' Agent, and the RI VASH Social Worker. Referrals are constantly happening between and CoC programs and agencies and programs serving veterans. 25 VASH vouchers have been assigned to the greater New Bedford area which will result in a significant increase in the number of VTH clients moving from transitional housing to permanent housing. In addition, the VTH will utilize whatever resources are available to place additional clients into permanent housing units and to assist former service members ineligible for VA funded housing resources.

3E. Reallocation

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3E-1 Is the CoC reallocating funds from one or more eligible expiring grant(s) into one or more new permanent supportive housing projects dedicated to chronically homeless persons? No

3E-2 Is the CoC reallocating funds from one or more eligible expiring grant(s) into one or more new rapid re-housing project for families? No

**3E-2.1 If the CoC is planning to reallocate funds to create one or more new rapid re-housing project for families, describe how the CoC is already addressing chronic homelessness through other means and why the need to create new rapid re-housing for families is of greater need than creating new permanent supportive housing for chronically homeless persons.
(limit 1000 characters)**

N/A

3E-3 If the CoC responded 'Yes' to either of the questions above, has the recipient of the eligible renewing project being reallocated been notified? Not Applicable

4A. Continuum of Care (CoC) Project Performance

Instructions

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

4A-1 How does the CoC monitor the performance of its recipients on HUD-established performance goals? (limit 1000 characters)

The City of New Bedford conducts onsite and desktop monitoring. The APR is the most utilized monitoring tool and uses HUD's measurements to monitor a recipient's performance. Other monitoring methods include, HMIS review and data quality, revue of timeliness of expenditures, review of applicant's performance measures and ability to meet stated goals, and the demonstration of leverage and match. The City also works closely with the HUD field office in reviewing overall performance.

4A-2 How does the CoC assist project recipients to reach HUD-established performance goals? (limit 1000 characters)

The CoC works closely with our HMIS provider to review APR "Annual Performance Reports" for each agency. The APRs are the primary method utilized to assist project applicants to reach their goals. We conduct periodic reviews of each APR and engage with agencies that are not meeting HUD's established goals. Agencies receive technical assistance and training. The City coordinates with the CoC several trainings and presentations to review best practices and strategies to improve performance among CoC agencies.

4A-3 How does the CoC assist recipients that are underperforming to increase capacity? (limit 1000 characters)

The City of New Bedford is primarily responsible for the monitoring of CoC programs. The City enters into a subrecipient agreement with each provider. Performance measures and goals are incorporated into the agreements and the City monitors capacity of each agency on behalf of the CoC. The City's capacity monitoring consists of annual review of relevant policies and procedures, monthly oversight of fiscal reports and draws, and annual on-site monitoring that encompasses review of program, fiscal, and HMIS policies. The City is able to identify low performing agencies through onsite and desktop monitoring. Projects identified as low performing are provided technical assistance to increase their capacity and improve performance. Agencies that have significant performance issues receive detail monitoring reports that identify program deficiencies and requirements for corrective actions within specified time frames.

4A-4 What steps has the CoC taken to reduce the length of time individuals and families remain homeless? (limit 1000 characters)

The CoC utilizes HMIS to determine length of time of homelessness HMIS will track the time spent in shelters and other housing programs. The data will enable us to evaluate the needs and gaps in our system; the services needed to move people into TH or PH and reduce the incidents of time households remain homeless with an effective outreach, intake and assessment program. To reduce time in homeless our CoC plans to improve targeting of outreach and services, agencies have adopted a housing first and rapid rehousing approach to ensure long term stability is achieved. Case management and wrap around services are provided to reduce the length of time individuals and families remain homeless includes. Coordinated intake and assessment ensures clients are placed quickly and stabilized.

**4A-5 What steps has the CoC taken to reduce returns to homelessness of individuals and families in the CoC’s geography?
(limit 1000 characters)**

The CoC utilizes the HMIS system to monitor returns to homelessness. Using a standard intake form, agencies complete a housing service plan for each client that tracks the homeless assistance received and various lengths of stay. HMIS is also effective in helping to determine which programs are more successful in reducing reoccurrences or what gaps/needs have arisen that causing additional spells. The Coc provides technical assistance to improve performance through trainings and workshops. Focus this past year included strategies to reduce additional spells of homelessness. Best practices were shared by high performing agencies and stressed effective case management to help build stability among clients. Connections to services that include employment services, financial training/asset building, and tenant/landlord relationships. Clients are tracked for 60 days post program assistance to ensure that stability is achieved.

**4A-6 What specific outreach procedures has the CoC developed to assist homeless service providers in the outreach efforts to engage homeless individuals and families?
(limit 1000 characters)**

The CoC has a number of strategies to engage homeless individuals and families. In 2012, the CoC formed a street outreach team to engage homeless individuals and families. The Outreach team has worked closely with our downtown business association, the NB Police Department and Emergency first responders to train them in outreach to individuals and families with children and people sleeping on the streets. Information is available in multiple languages; English, Spanish and Portuguese. The State of Massachusetts provides outreach and services for families with children and has an intake location within the CoC's jurisdiction. New Bedford service providers work closely with the state agency and the state liaison participates and attends CoC meetings. The Catholic Social Services Sister Rose Shelter, Mercy Meals and More provide meals to homeless individuals and families and distributes the CoC “StreetSheet” that lists all resources and services in our CoC.

4B. Section 3 Employment Policy

Instructions

*** TBD ****

4B-1 Are any new proposed project applications requesting \$200,000 or more in funding? No

**4B-1.1 If yes, which activities will the project(s) undertake to ensure employment and other economic opportunities are directed to low or very low income persons?
(limit 1000 characters)**

4B-2 Are any of the projects within the CoC requesting funds for housing rehabilitation or new constructions? No

4B-2.1 If yes, which activities will the project undertake to ensure employment and other economic opportunities are directed to low or very low income persons:

4C. Accessing Mainstream Resources

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

4C-1 Does the CoC systematically provide information about mainstream resources and training on how to identify eligibility and program changes for mainstream programs to provider staff? Yes

4C-2 Indicate the percentage of homeless assistance providers that are implementing the following activities:

* Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	100%
* Homeless assistance providers use a single application form for four or more mainstream programs.	0%
* Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	100%

4C-3 Does the CoC make SOAR training available for all recipients and subrecipients at least annually? No

4C-3.1 If yes, indicate the most recent training date:

4C-4 Describe how the CoC is preparing for implementation of the Affordable Care Act (ACA) in the state in which the CoC is located. Response should address the extent in which project recipients and subrecipients will participate in enrollment and outreach activities to ensure eligible households are able to take advantage of new healthcare options. (limit 1000 characters)

The CoC is being proactive preparing for the Affordable Care Act. Massachusetts implemented expanded health insurance coverage that requires universal coverage. There are two different working groups exploring how ACA can support wraparound services to improve outcomes for NB's most challenging cases. The hospital recently facilitated a forum on the issue that brought together 150 different individuals and agencies from around the region to strategize a comprehensive plan. A second work group involved in the NBCoC is pursuing Prevention Wellness Trust Funding to support the use of Community Health Workers in community settings to improve health outcomes. New Bedford struggles with a high incidence of behavioral health issues, those issues contribute to the high incidence of homelessness in the region. If successful in securing these funds, New Bedford will be much better positioned to meet the crushing demand for services.

**4C-5 What specific steps is the CoC taking to work with recipients to identify other sources of funding for supportive services in order to reduce the amount of CoC Program funds being used to pay for supportive service costs?
(limit 1000 characters)**

Supportive service budgets have remained level since the inception of HUD funding in NB despite rising costs for the services. Providers have utilized partnerships and leveraging of state and local resources to fill the gaps. With emphasis on the Housing First model, people placed into PH situations are often not equipped to successfully maintain the PH, supportive services are essential for maintaining successful outcomes. The strength of the HSPN has been meeting this challenge with new programs such as the street outreach program that identifies people at risk of homelessness, or RRH funding have been secured from State resources. The HSPN also has leveraged state resources attached to ACA to implement wraparound and support services for many people suffering from mental health and substance use disorders. Members of the network have been aggressively recruiting, training and deploying members of the faith community and college student population to support the effort. Unfortunately the demand for supportive services far outweighs the available supply of resources, but HSPN is meeting the need by synchronizing efforts from all sectors of the community.

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	Certification of ...	01/31/2014
CoC Governance Agreement	No	CoC Governance Ag...	01/31/2014
CoC-HMIS Governance Agreement	No	CoC-HMIS Governan...	01/31/2014
CoC Rating and Review Document	No	CoC Rating and Re...	01/31/2014
CoCs Process for Making Cuts	No	CoCs Process for ...	01/31/2014
FY2013 Chronic Homeless Project Prioritization List	No	FY2013 Chronic Ho...	01/31/2014
FY2013 HUD-approved Grant Inventory Worksheet	Yes	FY2013 HUD-approv...	01/31/2014
FY2013 Rank (from Project Listing)	No	FY2013 Rank (from...	01/31/2014
Other	No	HMIS Policy and P...	01/31/2014
Other	No	Public announcement	01/31/2014
Other	No	GIW - Excel versi...	01/31/2014
Projects to Serve Persons Defined as Homeless under Category 3	No		
Public Solicitation	No	Public Solicitation	01/31/2014

Attachment Details

Document Description: Certification of Consistency with the Consolidated Plan

Attachment Details

Document Description: CoC Governance Agreement

Attachment Details

Document Description: CoC-HMIS Governance Agreement

Attachment Details

Document Description: CoC Rating and Review Document

Attachment Details

Document Description: CoCs Process for Making Cuts

Attachment Details

Document Description: FY2013 Chronic Homeless Project Prioritization List

Attachment Details

Document Description: FY2013 HUD-approved Grant Inventory Worksheet

Attachment Details

Document Description: FY2013 Rank (from Project Listing)

Attachment Details

Document Description: HMIS Policy and Procedures

Attachment Details

Document Description: Public announcement

Attachment Details

Document Description: GIW - Excel version was not attaching

Attachment Details

Document Description:

Attachment Details

Document Description: Public Solicitation

Submission Summary

Page	Last Updated	
1A. Identification	No Input Required	
1B. CoC Operations	01/28/2014	
1C. Committees	01/28/2014	
1D. Project Review	01/30/2014	
1E. Housing Inventory	01/28/2014	
2A. HMIS Implementation	01/28/2014	
2B. HMIS Funding Sources	01/30/2014	
2C. HMIS Beds	01/28/2014	
2D. HMIS Data Quality	01/28/2014	
2E. HMIS Data Usage	01/28/2014	
2F. HMIS Policies and Procedures	01/30/2014	
2G. Sheltered PIT	01/30/2014	
2H. Sheltered Data - Methods	01/28/2014	
2I. Sheltered Data - Collection	01/28/2014	
2J. Sheltered Data - Quality	01/28/2014	
2K. Unsheltered PIT	01/30/2014	
2L. Unsheltered Data - Methods	01/28/2014	
2M. Unsheltered Data - Coverage	01/28/2014	
2N. Unsheltered Data - Quality	01/28/2014	
Objective 1	01/30/2014	
Objective 2	01/30/2014	
Objective 3	01/30/2014	
Objective 4	01/30/2014	
Objective 5	01/30/2014	
3B. CoC Discharge Planning: Foster Care	01/30/2014	
3B. CoC Discharge Planning: Health Care	01/30/2014	
FY2013 CoC Application	Page 66	01/31/2014

3B. CoC Discharge Planning: Mental Health	01/30/2014
3B. CoC Discharge Planning: Corrections	01/28/2014
3C. CoC Coordination	01/30/2014
3D. Strategic Plan Goals	01/28/2014
3E. Reallocation	01/30/2014
4A. Project Performance	01/28/2014
4B. Employment Policy	01/28/2014
4C. Resources	01/30/2014
Attachments	01/31/2014
Submission Summary	No Input Required

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.
(Type or clearly print the following information:)

Applicant Name: City of New Bedford massachusetts

Project Name: See below

Location of the Project: New Bedford, Massachusetts

Name of the Federal Program to which the applicant is applying: HUD Continuum of Care Program

Name of Certifying Jurisdiction: City of New Bedford

Certifying Official of the Jurisdiction Name: Jonathan Mitchell

Title: Mayor

Signature: 

Date: 1/31/14

Continuum of Care Programs:

Family Preservation Program, Step Up, Portico, Welcome Home Prism, Graduate Program, Donovan House, Network House, HMIS New Bedford, Safe Haven, CoC Planning Grant

CITY OF NEW BEDFORD CONTINUUM OF CARE HOMELESS SERVICE PROVIDER NETWORK (HSPN)

Bylaws - Established February 2003; Amended March 21, 2013

Article I: Introduction, Purpose, and Mission

Section 1.0: Introduction

The City of New Bedford coordinates a comprehensive response to homelessness through an organized Continuum of Care process. This Continuum of Care is rooted in the City's Homeless Service Providers' Network (HSPN), a collective of approximately 50 organizations, agencies, and individuals committed to working together in addressing both episodic and chronic homelessness.

New Bedford's Continuum of Care encompasses the entire range of services and housing needed to prevent, alleviate, and eliminate homelessness in the City. The Continuum, acting through the HSPN—its membership component—includes preventative services, emergency shelters, transitional housing, and permanent housing.

To support these efforts on an annual basis, the Department of Housing and Urban Development (HUD) issues a Notice of Funding Availability (NOFA) that competitively seeks applications for Continuum of Care programs that include transitional and permanent housing for persons who are homeless and homeless with disabilities. This NOFA requires evidence that the Continuum of Care actively applies for funding and regularly addresses issues of homelessness in the City through a coordinated process. As the HSPN regularly meets and works on issues, strategies, and active solutions from its membership in addressing homelessness, the City of New Bedford, through its Continuum has successfully applied for and received funding since 1996.

These bylaws have been developed in order to minimize questions of procedure, expectation, and responsibility within the HSPN, thereby ensuring that the work of the HSPN remains on target and focused on the product and its substance in the future.

Section 1.1: Purpose

The HSPN is the membership component of the City of New Bedford's Continuum of Care for outreach to vulnerable populations and moving them through a compassionate system of housing and support into permanent independent housing. The HSPN strives to:

- 1) Provide a network which shares ideas, concerns, and resources applicable to homeless issues and to foster collaboration in addressing the needs of the homeless;
- 2) Increase community awareness of the causes of homelessness, the needs of homeless people, and ways to end homelessness.
- 3) Participate actively in state and local advocacy for homeless issues. It does so by adhering to its mission statement, which was revised and adopted by the membership in 2003.

Section 1.2: Mission Statement

"To advocate on behalf of homeless individuals and families by enlisting the cooperation of homeless providers and organizations, to improve the accessibility of existing public resources, to maintain statistical data on the homeless population, and to provide supportive services and empowerment strategies to allow these individuals and families to be integrated into the community. The HSPN is committed to the concept that each person is entitled to live in dignity."

Section 1.3: Responsibilities

- 1) **Continuum of Care Planning** - The HSPN ensures the implementation and coordination of a housing and service system that encompasses the following:
 - a. Outreach, engagement, and assessment;
 - b. Shelter, housing, and supportive services;
 - c. Prevention strategies
- 2) **Point-in-Time Count** - The HSPN conducts at least a biennially point-in-time count of homeless persons within the Continuum of Care
- 3) **Gaps Analysis** - The HSPN conducts an annual gaps analysis of the homeless needs and services available within the Continuum of Care
- 4) **Consolidated Plan** - The HSPN will provide information to the City of New Bedford Office of Housing and Community Development as it relates to the homeless needs assessment and homeless facilities components of the Consolidated Plan
- 5) **Emergency Solutions Grant Consultation** - The HSPN will consult with the Commonwealth of Massachusetts and the City of New Bedford Emergency Solutions Grants program on the plan for allocating Emergency Solutions Grants program funds and reporting and evaluating the performance of Emergency Solutions Grants program recipients
- 6) **Preparing an application for funds** - The City of New Bedford Office of Housing and Community Development is the Collaborative Applicant and is responsible for the development of applications and the approval and submission of applications in response to a NOFA published by HUD annually
- 7) **Other tasks and projects as identified**

Article II: Members and Membership Meetings

The HSPN membership is open to organizations including those state and local agencies, public housing authorities, non-profit organizations, business entities, legal /law enforcement, faith-based organizations, developers, educational, victim service providers, school districts, mental health agencies, hospitals and medical communities, organizations that serve veterans, homeless and formerly homeless individuals and other related organizations that are part of the City's Continuum of Care and are involved in anticipating, addressing, working with and remediating homelessness and its precipitating factors within New Bedford.

Interested individuals or organizations may obtain a Membership Application from the HSPN Coordinator. New member organizations must be approved by the Executive Committee at a regularly scheduled Executive Committee Meeting. Each member organization shall have one vote.

In addition to these organizations, the HSPN also invites homeless and those formerly homeless consumers to participate as members; although in order to ensure privacy and confidentiality, the HSPN does not maintain a roster of such names unless directed by the HSPN Chair or designee.

Governing Rules of Order: Unless otherwise specified by these bylaws, the HSPN will be governed by Robert's Rules of Order.

Meetings of the HSPN are open to all, whether or not they are a member.

Section 2.0: Levels of Membership

Only active members are given a voice in the decision-making progress for issues brought before the HSPN (affording one vote per member organization and homeless consumer on issues requiring a vote). Such issues may include the identification of homeless needs and prioritization of projects for the annual Continuum of Care application. Active membership also allows organizations access to federal homelessness funds received from HUD and administered by the City of New Bedford Office of Housing and Community Development.

Section 2.1: Membership Agreement

The HSPN Membership Agreement is an annually signed pledge of commitment to participate in the HSPN and serves as the basis of voting membership in the network. Membership agreements should be distributed, executed, and returned to the HSPN Chair or designee. Membership is held either by an organization, agency or office (rather than individually by employees or members of those entities) and is also held individually only by those who are, or formerly were, homeless. In order to retain the privilege of being a voting member, an organization or homeless consumer must maintain active membership in the HSPN.

Section 2.1.1: Member

A member is any organization matching the above criteria who agrees to the obligations and privileges of being a member of the HSPN. Such agreement is formalized by completing and signing a Membership Agreement. Attendance at fifty percent (50%) of the regular monthly HSPN meetings is encouraged. An organization is defined as a provider of services to assist homeless persons toward self-sufficiency. An organization that provides funding for homeless services is also eligible for membership.

Section 2.1.2: Non-Voting Member

A Non-Voting Member is one who does not have voting rights.

- a) A member organization, as identified in Section 2.1, may choose to be a non-voting member. They will retain all other benefits of membership.

An individual or organization that does not meet the organization definition in Section 2.1 may join as a non-voting member, as long as they subscribe to the purposes and basic policies of the HSPN.

Section 2.1.3: Representatives and Alternates

Each member organization may have one or more representatives. Organizations may have more than one individual attend meetings; however the organization must designate a representative for voting purposes.

Section 2.2: Resignation of Members

Any member organization may resign from the HSPN by delivering a written resignation to the HSPN Chair or designee.

Section 2.3: Termination of Membership

Membership in the HSPN may be terminated for any action by a member who repeatedly violates the mission and purpose of the HSPN. Removal based on detrimental actions shall require the affirmative vote of three-quarters ($\frac{3}{4}$) of the present voting members. At the meeting, the member shall be entitled to respond to the stated reasons for the termination and be heard in his or her own defense.

Section 2.3.1: Reinstatement of Membership

If a member has been terminated, they may reinstate their membership by submitting a letter to the HSPN Chair or designee which will be presented to the HSPN for a formal vote.

Section 2.4: Rights of Members

Membership to the HSPN includes receiving updates on issues relating to homelessness, voting privileges on HSPN business, and the opportunity to serve on or lead one of many subcommittees or projects.

Section 2.5: Meetings

- a) Monthly Meetings: Monthly meetings of the HSPN are held at the City of New Bedford Office of Housing and Community Development, 608 Pleasant Street, New Bedford on the third Thursday of the month, unless otherwise stated. Notices of each meeting and minutes of previous meetings shall be distributed to each member, electronically or by mail.
- b) Conduct of Business: Members present shall constitute a quorum (a quorum is at least forty percent [40%] of voting membership) to conduct business at any regular meeting. Business may be conducted and issues voted on at any scheduled monthly meeting. Passage of any motions will be by simple majority of those voting members present. In rare situations when an urgent need arises that cannot wait for the next scheduled meeting of the HSPN and a vote of members is required, a vote by email may be conducted. A quorum of responses is still required and all members must be contacted and their responses posted to all members.
- c) Balloting: Voting shall be conducted by show of hands of previously designated voting members.

- d) Conflict of Interest: No member shall cast a vote on, nor participate in, any decision-making capacity on the provision of services by such member (or any organization which that member directly represents), nor on any matter which would provide any direct financial benefit to that member. If a matter arises which places a member in a conflict of interest situation or a potential conflict of interest situation, that member will notify the HSPN Chair or designee and abstain from voting.
- e) Minutes: Minutes of all meetings shall be promptly recorded and a copy provided to each HSPN member by email prior to the next regularly scheduled meeting.
- f) Attendance: Records of attendance, reports, and the names of motion-makers will be included in the minutes.
- g) Special meetings of the membership may be called by the HSPN Chair or designee upon written notice to all members at least ten (10) calendar days in advance of the meeting.
 - i. Forty percent (40%) of voting membership shall constitute a quorum to conduct business at any special meeting.
 - ii. No business shall be transacted at a special meeting other than that identified for which the meeting was called.

Article III: Officers, Nominations, Elections, and Terms of Office

The officers of the HSPN shall consist of the Chair, Vice-Chair, Clerk, and Immediate Past Chair.

Section 3.1: Nomination for Officers

At the regular meeting of the HSPN held in January, the Chair will facilitate the selection of a Nominating Committee. The Nominating Committee will consist of an odd number of members of the HSPN, totaling no less than three (3), nor more than seven (7) members. Any member of the HSPN may serve on the Nominating Committee with the exception of the Chair and Vice-Chair.

- a) The Nominating Committee will solicit recommendations for officers from the membership of the HSPN. It will submit a slate of officers to the HSPN by mail or email one month prior to the election date in January.
- b) Nominees will indicate their willingness and eligibility to serve for each position. The HSPN will accept a slate of nominees and entertain nominations from the floor for each position.
- c) The Chairperson, Vice-Chairperson, Clerk, and Immediate Past Chair shall be elected by a majority vote for one (1) year term beginning in January and ending on December 31st. The Chairperson, Vice-Chairperson, and Clerk shall be eligible to serve again in the following year. The Officers of the Executive Committee cannot serve in the same position for more than two (2) consecutive terms defined as two (2) two-year terms for a total of four (4) years. Any exceptions will require a simple majority of votes of the Executive Committee and the HSPN.

Section 3.2: Elections and Voting for Officers

Voting members of the HSPN present at the meeting in January will vote for the slate of officers and the Executive Committee as presented by the Nominations Committee. The slate of officers and Executive Committee will be accepted by a simple majority of votes from those voting members present at the meeting.

Section 3.3: Duties of the Chair, Vice-Chair, Clerk and Immediate Past Chair

Powers and Duties

Officers. For the purposes of carrying out the mission of the HSPN the membership shall annually elect a Chair, Vice-Chair, Clerk, and Immediate Past Chair from among its membership.

All four (4) officers shall be considered full voting members on the Executive Committee.

Chair. The HSPN Chair shall be responsible for convening all plenary meetings of the HSPN and shall also:

- Preside at and conduct all meetings of the HSPN
- Work with the Vice-Chair in all matters of the HSPN, keeping that officer apprised of all details of the organization relevant to the execution of his or her duties
- Finalize all HSPN agendas with the HSPN Coordinator based on agenda recommendations from the Executive Committee
- Represent the HSPN at any community or public event to which such representation is requested
- Represent the views of the HSPN in public and through the media provided such views accurately represent the consensus of the membership and its Executive Committee
- Designate a member of the Executive Committee to preside over an HSPN meeting in the case of his/her absence and the absence of the Vice-Chair
- Communicate any administrative issues and concerns with the Executive Committee and shall have such other powers and duties consistent with these Bylaws as may be assigned from time to time by the members
- Appoint interim Chairs for new committees
- Serve as a voting member of the Executive Committee

Vice-Chair. The HSPN Vice-Chair shall be responsible for assisting the HSPN Chair in administering the HSPN and shall also:

- Preside at and conduct all meetings of the HSPN in the absence of the Chair
- Work with the Chair in all matters of the HSPN, keeping that officer apprised of all details of the organization relevant to the execution of his or her duties
- Assist in finalizing all HSPN agendas with the HSPN Coordinator based on agenda recommendations from the Executive Committee in the absence of the Chair
- Represent the HSPN at any community or public event to which such representation is requested in the absence of the Chair

- At the request of the Chair and/or Executive Committee, represent the views of the HSPN in public and through the media provided such views accurately represent the consensus of the membership and its Executive Committee
- Communicate any administrative issues and concerns with the Chair and Executive Committee
- Serve as a voting member of the Executive Committee

Clerk. The HSPN Clerk shall be responsible for assisting the HSPN Chair in ensuring the paperwork of the HSPN is properly handled and shall:

- Review a draft of the minutes of each meeting prepared by the HSPN Coordinator and make any necessary edits prior to distribution to the membership. In the event that there is no HSPN Coordinator, the responsibility of preparing and editing minutes of each meeting shall fall to the Clerk.
- Review any correspondence from the Communications Committee prior to sending to the media to ensure consistency with the membership's consensus and directive
- Serve as a liaison between the HSPN Coordinator (if position exists) and the Executive Committee in maintaining an updated membership roster, resource guide and contact list

Immediate Past Chair. The HSPN Immediate Past Chair shall assist the Executive Committee in any and all matters.

- Assist the Chair in HSPN business as directed
- Serve as Chair of the Nominations Committee

Section 3.4: Resignation

Any officer may resign at any time by delivering a written resignation to the HSPN Chair. The acceptance of such resignation, unless required by the terms thereof, shall not be necessary to make the resignation effective.

Section 3.5: Removal

Any officer may be removed from office by a two-thirds ($\frac{2}{3}$) majority vote of the voting members at a duly held meeting of the membership. A quorum of voters must be present at this meeting. Proper notice specifying the proposed removal shall be given one week prior to any meeting of the membership in which removal shall be considered.

Section 3.6: Vacancies

If a vacancy occurs on the Executive Committee (described in Section 4.2), that vacancy shall be filled as follows:

- a) If the Chair position is made vacant, the Vice-Chair will become the Chair and will assume all duties and responsibilities of this position.
- b) If the Vice-Chair position is made vacant, it will remain unfilled until the next election. Should a Vice-Chair be needed to fill the role of the Chair during this vacancy, the immediate Past Chair will assume this duty.

- c) If the Clerk position is made vacant, the Vice-Chair will assume this role in addition to the Vice-Chair role or the Chair will appoint another member of the Executive Committee to assume this role.
- d) If the Immediate Past Chair position is made vacant, it will remain unfilled until the next election.

Article IV: Committees

Section 4.1: Standing Committees:

The HSPN shall have the following standing committees: Executive Committee, Nominating Committee, Continuum of Care Application Committee, Performance Based Review Committee, Unaccompanied Youth Committee, Mainstream Resources Committee, Chronic and Discharge Committee, HMIS Committee, and Point-in-Time Homeless Count Committee. All meetings shall be announced and open to any HSPN member who wishes to attend.

Executive Committee:

The purpose of the Executive Committee is to direct and manage the activities of the HSPN and provide policy guidance to the Continuum of Care Coordinator (City of New Bedford through the Office of Housing and Community Development). The Executive Committee shall be an elected body with no less than seven (7) nor greater than thirteen (13) members. The HSPN Chair, Vice-Chair, Clerk, and Immediate Past Chair shall hold four (4) of those seats while two (2) staff members representing the City’s Office of Housing and Community Development shall hold an additional two (2) seats. The remaining two through seven (2-7) seats shall be elected and filled on an annual basis, with at least one (1) seat held by a homeless or formally homeless person and one (1) seat held by a representative of an agency receiving Emergency Solutions Grant (ESG) funding. Primary functions include:

- Provide guidance to the officers of the HSPN in carrying forth the mission of this Continuum
- Set forth annual goals for the HSPN’s operation (distinct from Continuum of Care programmatic goals)
- Establish membership goals and ensure recruitment of new members and relationship-building within existing membership
- Communicate any administrative issues and concerns with the Officers and the Office of Housing and Community Development
- Work with the HSPN Chair in addressing and framing current issues from the perspective of the Continuum of Care and mission of the HSPN
- Develop a quarterly framework for HSPN agendas
- From among its membership, provide representation for the HSPN at community or public event to which such representation is requested in the absence of the Chair and Vice-Chair

Performance Based Review Committee:

The Performance Based Review Committee reviews Annual Performance Reports and other reports submitted by McKinney-Vento funded programs and provides analysis to the HSPN

as to strengths, weaknesses, and ongoing program/systemic issues. The committee reviews the annual Supportive Housing Program application for submittal to HUD, monitors the status of the Continuum's HMIS compliance, and undertakes the annual Point-in-Time survey in an effort to produce accurate and statistically reliable data.

Point-In-Time Committee:

The Point-in-Time Planning Committee will be responsible for planning and implementing all aspects of the annual Point-in-Time (PIT) survey. This includes donations, engagement of service and housing providers, team selection, appointment of leaders/volunteers, training, and site location identification. This committee was created to implement consistency in the PIT process and provide a network of members to implement this much-needed data collection exercise. The Continuum of Care has set a goal of providing consistent, accurate data in all areas of collection and reporting, including the PIT and HMIS. The PIT committee meets twice a month from November through January.

Chronic and Discharge Committee:

The Chronic Discharge Committee reviews and develops policies and protocols to ensure that persons being discharged from publicly-funded institutions or systems of care are not discharged immediately into homelessness. To the maximum extent practicable, this committee will work to coordinate the HSPN with State and local discharge planning efforts to ensure that discharged persons are not released directly to the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance programs. Specific areas include: Foster Care, Health Care, Mental Health, and Corrections.

Mainstream Resources Committee:

The Mainstream Resources Committee will work to continue current success in connecting mainstream resources to clients. The committee will assist in developing policies to ensure that case managers/advocates are properly trained and knowledgeable of application and appeal processes for mainstream benefits. The committee will ensure Continuum-wide collaboration with State and regional offices that administer mainstream program resources, e.g., Medicaid, food stamps, employment assistance, welfare assistance, and mental health services.

Unaccompanied Youth Committee:

The Unaccompanied Youth Committee will focus on improving access to housing and services for unaccompanied homeless youth (defined as youth between the ages of 14-22 not accompanied by a parent or legal guardian), with the goal of ensuring a comprehensive and effective response to the unique needs of this group as a whole and for sub-populations, including youth who identify as lesbian, gay, bisexual, and transgender (LGBT) and those under the age of 18.

Continuum of Care Application Committee:

The Continuum of Care Application Committee is charged with the responsibility of reviewing the NOFA and the requirements of the annual Continuum application so as to guide the HSPN in the development and refinement of Continuum-wide strategies, resources needs, and issues critical to the application process. The direct personnel of those

organizations receiving Continuum of Care Program funding through the NOFA process shall be expected to participate in this specific responsibility should they not already be elected members of the Executive Committee.

HMIS Committee:

The HMIS committee meets quarterly and is responsible for planning, decision-making, evaluation, and facilitation for the continued implementation of the HMIS; determination of the long-term policy and procedures for HMIS; coordination and gathering of resources, and leverages available to assist programs with participation; providing recommendations to the Executive Committee about data elements to be collected, and ensuring compliance with HUD's reporting requirements.

Nominating Committee:

The Nominating Committee will consist of an odd number of members of the HSPN, totaling no less than three (3), nor more than seven (7) members. Any member of the HSPN may serve on the Nominating Committee with the exception of the Chair and Vice-Chair of the HSPN. The City of New Bedford - Office of Housing and Community, Executive Committee member will be an ex-officio member of the Nominating Committee. The committee will carry out duties per Section 3.1.

Ad Hoc Committees/Amendment of Existing Committees:

Mission specific ad hoc committees may be created at the discretion of the Executive Committee or by a vote of the membership at a regularly scheduled HSPN meeting. All such committees shall cease to exist when their specified tasks have been completed. Each of these committees will create a work plan, keep minutes, and provide a monthly update to the Executive Committee during Executive Committee meetings and to the HSPN during HSPN meetings for the duration of the committee's existence. The Chair or designee will serve as the Interim Chair of any new committee until members of that committee elect a Chairperson during their first meeting. At the discretion of the Executive Committee or by a vote of the membership at a regularly scheduled HSPN meeting, an existing committee may be modified or eliminated as necessitated by current conditions and/or as per HUD requirements.

Article V: Miscellaneous Provisions

Section 5.1: Amendment of Bylaws

These bylaws may be altered, amended, or repealed by the affirmative vote of two-thirds ($\frac{2}{3}$) majority of the Voting Members at any annual or monthly meeting of the HSPN. Proposals to amend the bylaws may be made at any monthly meeting. The proposed amendment will be sent to all HSPN members in writing fifteen (15) days before the next regularly scheduled meeting and a vote on the proposal will occur at the next meeting of the HSPN.

Section 5.2: Rules of Procedure

When not inconsistent with the provisions in these bylaws, Parliamentary Procedures shall govern all meetings of the HSPN.

Section 5.3: Compensation

Members of the HSPN shall serve without compensation.

Section 5.4: Staffing

The Continuum of Care Coordinator - The City of New Bedford, acting by and through the Office of Housing and Community Development will receive policy guidance from the Executive Committee and will regularly report on program activities and accomplishments at monthly meetings of the HSPN. The Continuum of Care Coordinator will take lead responsibility for carrying out the obligations of the HSPN, including acting as a liaison with local elected officials regarding HSPN performance and activities as necessary.

Article VI. Nondiscrimination

The HSPN is a non-discriminatory organization and does not discriminate on the basis of age, sex, race, ethnicity, religion, creed, disability, sexual orientation, familial status, or natural origin in accordance with all state and federal regulations.

**City of New Bedford Continuum of Care
Homeless Management Information System
Governance Agreement**

Agency agrees to enter HMIS data for all clients.

Agency agrees to comply with all rules and regulations as set by HUD, HousingWorks, Inc. and any contract as provided by HMIS coordinating organization.

Agency agrees to allow HMIS coordinating agency to monitor HMIS for compliance with reporting, data quality and timeliness standards at any given time.

Agency agrees to comply with all applicable laws governing HMIS client privacy/confidentiality. Applicable standards include, but are not limited to the following:

1. Federal Register Vol. 69, No. 146 (HMIS FR 4848-N-02) - Federal statute governing HMIS information;
2. HIPAA - the Health Insurance Portability and Accountability Act of 1996;
3. 42 CFR Part 2 - Federal statute governing drug and alcohol treatment;
4. Interagency sharing agreements.

Agency agrees to comply with all reporting requirements and deadlines as set by HUD, HousingWorks, Inc. and any contract as provided by HMIS coordinating organization.

Agency agrees to use all uniform intake forms as provided by HousingWorks, Inc. and/or the HMIS coordinating agencies.

Agency agrees to identify and assign one point person to coordinate HMIS activities and to work with HousingWorks, Inc. on issues of data quality. _____
(agency) assigns _____ as the HMIS Point Person, and agrees to inform the HMIS Lead Agency within 7 days of a change in this position.

Agency agrees that staff using HMIS must take part in training sessions as provided by HousingWorks only, not by other HousingWorks users.

Mandatory: all required data elements must be entered.

Agency Name

Printed Name of Executive Director

Signature of Executive Director

Date

City of New Bedford

Continuum of Care - Review and Ranking Process

The HUD released the Notice of Funding Availability (NOFA) for the Fiscal Years 2013 and 2014 Continuum of Care Program (CoC) Competition on Friday, November 22, 2013. As HUD expected, funds appropriated for the CoC Program Competition are not sufficient to cover the expenditures of all renewal projects in FY 2013, and as such, the only new projects that are eligible for submission are those created with reallocated funding and the costs for a planning grant.

On October 23, 2013, the Office of Housing and Community Development issued a Request for Proposals for renewal projects and any new projects – created through a reallocation process. New funding opportunities created through reallocation will only be available for projects serving 100% chronically homeless and/or homeless households with children.

This year we are requiring all renewal and new projects to complete an application. The CoC application components and narratives serve to: (1) confirm the capacity of agencies to provide CoC funded programs; (2) provide information on program delivery in order to evaluate performance and meeting HUD priorities for scoring and ranking of projects by the Application Review Committee (ARC); and, (3) provide project level narrative to be utilized in the CoC Program application (former 'Exhibit 1').

Projects must meet minimum project eligibility, capacity, timeliness, and performance standards. HUD will review information in the Line of Credit Control System (LOCCS); Annual Performance Reports (APRs); and information derived from desktop and on-site monitoring, including monitoring reports and A-133 audit reports as applicable, as well as performance standards on prior grants, and assess a project on the following criteria using a pass/fail basis:

- applicant's performance against plans and goals;
- timeliness standards;
- applicant's performance in assisting program participants to achieve and maintain independent living and record of success;
- financial management accounting practices;
- timely expenditures;
- capacity; and
- eligible activities

Elements of the rating and ranking process will include:

- All renewal and new applications will be reviewed and ranked by an unbiased review panel composed of representatives from neutral (non-applicant) organizations.
- The review panel members will review the Project Applications as well as data from the Project Application Annual Performance Reports for renewal projects, as well as overall performance and adherence to HUD and Housing Service Providers Network (HSPN) goals and priorities to determine a ranked ordering.
- The rating and ranking will also take into consideration the CoCs Tiering strategy to determine what projects will be placed into Tier 2.

- The rankings will be presented to the Continuum of Care Executive Committee for approval and then submitted to the HSPN for a formal vote on January 16, 2014.
- The ranking process used locally will align with HUD’s process as described in the 2013 NOFA (pages 35-49). Points will be assigned to projects in accordance to corresponding criteria assigned by HUD.
- New PSH or RRH projects created through reallocation will be ranked based on the performance of the renewal application which is being reallocated.
- Projects will be ranked in accordance with HUD’s priority order by project type (e.g. PH, TH, SSO, etc.) applying the methodology described above. Any remaining projects not fitting in the amount allocated under Tier 1 are placed in Tier 2. The following is a matrix of ranking criteria and points.

Agencies may appeal the decision by notifying the City via email: Patrick.sullivan@newbedford-ma.gov by January 18, 2014 utilizing the appeal process format.

RATING FACTORS	POINTS	RATING
Agency Experience and Capacity <ul style="list-style-type: none"> - Experience serving target population - Experience managing federal grants - Experience administering programs similar to the one proposed - Project is aligned with HUD’s priorities in the NOFA and HSPN priorities 	20	
Leverage/Match Resources <ul style="list-style-type: none"> - Leverage and match resources goals are met 	20	
APR Performance/Local and National Objectives <ul style="list-style-type: none"> - Program goals and performance meets or exceeds HUD standards 	30	
Participation in HMIS, Data Quality <ul style="list-style-type: none"> - HMIS participation meets standards 	20	
Expenditure Tracking and Close Out <ul style="list-style-type: none"> - costs appear reasonable and appropriate - drawdowns and expenditures are timely 	10	

The projects will be evaluated on a 100 point basis. For each section of the application, the application review committee members are asked to assign a score that is based on information in the application, the quantitative review, and the interview discussion for each project.

Total scores for each project are determined by adding up points in each section and then adding any bonus points if applicable. All projects are judged together, both new and renewals. The scores from each Rating and Ranking committee member is computed and averaged for each project. A project ranking list is then generated from highest to lowest average score. Projects will be approved for submission to HUD based on the project funding requests that fall within the final pro rata share for the CoC, split between Tiers 1 and 2. Projects scoring highest will be ranked and placed into Tier 1 until all Tier 1 funds are allocated. The remaining projects selected for funding will be ranked and placed into Tier 2 until all Tier 2 funds are allocated. Projects that scored well but fell outside the pro rata share are encouraged to re-submit in a future competition.

Tiering and Ranking:

The CoC must assign a unique rank to each project that it intends to submit to HUD for FY 2013 funding. HUD strongly advises CoCs to rank higher those project applications that the CoC determines are high priority, high performing, and meet the needs and gaps as identified in the CoC.

Tiers:

To ensure that CoCs have the opportunity to prioritize their projects locally in the event that HUD is not able to fund all renewals, HUD requires that CoCs rank projects in 2 tiers. The tiers are financial thresholds. This year Tier 1 is equal to the CoC's ARD less 5%. Tier 2 is the amount between the CoCs Tier 1 and the CoCs Final Annual Renewal Demand (ARD), and any HUD determined amounts for CoC planning.

The Tiers financial thresholds:

- ✓ Tier 1 is equal to the Annual Renewal Demand (ARD) for the New Bedford CoC in the amount of \$1,875,123 less 5 percent, which equals \$1,825,040.
- ✓ Tier 2 is equal to \$96,055 which is the balance of the ARD.

Projects ranked in Tier 1 are considered relatively safe, while projects in Tier 2 are at risk. Projects in each Tier are funded based on the priority order established in the NOFA. Higher scoring applications have a better chance of being awarded funding for projects in both Tier 1 and Tier 2.

HUD's homeless assistance programs are being measured in FY 2013 and FY 2014 by the objective to "end chronic homelessness and to move the homeless to permanent housing."

HUD Priority Order:

Consistent with the FY 2013 HUD CoC Program Competition NOFA, projects will be ranked according to HUD's priority order listed below. Within the rank order established by the CoC on the Priority Listings, HUD will first select projects from Tier 1 in the following order by CoC score:

- (1) renewal permanent housing projects, RRH and PSH;
- (2) new PSH projects created through reallocation for 100 percent chronically homeless;
- (3) new rapid re-housing projects created through reallocation for homeless households with children;
- (4) renewal transitional housing;
- (5) CoC planning costs;
- (6) UFA costs;
- (7) SSO projects for centralized or coordinated assessment system;
- (8) renewal HMIS; and

*The HMIS Project must be ranked in Tier I to ensure funding.

Rating and Ranking Members:

The Application Review Committee (ARC) is comprised of HSPN members who are knowledgeable about homelessness and housing in our CoC and who are broadly representative of the relevant sectors, subpopulations, and geographic areas. The ARC is comprised of representatives from a cross-section of groups in the HSPN including; faith based providers, private sector, non-profit providers of homeless services and housing; and City of New Bedford staff. The ARC is also comprised of members that have no financial or interest in a CoC funded program.

Appeals Process:

Agencies that question the ranking and review process and feel that they have been unfairly eliminated from the competition may file an appeal. The appeal must be based on the fact that a decision made by the ARC regarding the ranking, rejection, or funding of their project was prejudicial, unsubstantiated by project performance, or in violation of the FY 2013 and FY 2014 Continuum of Care Guidelines. The appeal may be filed to the City of New Bedford via email: Patrick.sullivan@newbedford-ma.gov by January 18, 2014.

City of New Bedford

Continuum of Care - Review and Ranking Process

The HUD released the Notice of Funding Availability (NOFA) for the Fiscal Years 2013 and 2014 Continuum of Care Program (CoC) Competition on Friday, November 22, 2013. As HUD expected, funds appropriated for the CoC Program Competition are not sufficient to cover the expenditures of all renewal projects in FY 2013, and as such, the only new projects that are eligible for submission are those created with reallocated funding and the costs for a planning grant.

On October 23, 2013, the Office of Housing and Community Development issued a Request for Proposals for renewal projects and any new projects – created through a reallocation process. New funding opportunities created through reallocation will only be available for projects serving 100% chronically homeless and/or homeless households with children.

This year we are requiring all renewal and new projects to complete an application. The CoC application components and narratives serve to: (1) confirm the capacity of agencies to provide CoC funded programs; (2) provide information on program delivery in order to evaluate performance and meeting HUD priorities for scoring and ranking of projects by the Application Review Committee (ARC); and, (3) provide project level narrative to be utilized in the CoC Program application (former 'Exhibit 1').

Projects must meet minimum project eligibility, capacity, timeliness, and performance standards. HUD will review information in the Line of Credit Control System (LOCCS); Annual Performance Reports (APRs); and information derived from desktop and on-site monitoring, including monitoring reports and A-133 audit reports as applicable, as well as performance standards on prior grants, and assess a project on the following criteria using a pass/fail basis:

- applicant's performance against plans and goals;
- timeliness standards;
- applicant's performance in assisting program participants to achieve and maintain independent living and record of success;
- financial management accounting practices;
- timely expenditures;
- capacity; and
- eligible activities

Elements of the rating and ranking process will include:

- All renewal and new applications will be reviewed and ranked by an unbiased review panel composed of representatives from neutral (non-applicant) organizations.
- The review panel members will review the Project Applications as well as data from the Project Application Annual Performance Reports for renewal projects, as well as overall performance and adherence to HUD and Housing Service Providers Network (HSPN) goals and priorities to determine a ranked ordering.
- The rating and ranking will also take into consideration the CoCs Tiering strategy to determine what projects will be placed into Tier 2.

- The rankings will be presented to the Continuum of Care Executive Committee for approval and then submitted to the HSPN for a formal vote on January 16, 2014.
- The ranking process used locally will align with HUD’s process as described in the 2013 NOFA (pages 35-49). Points will be assigned to projects in accordance to corresponding criteria assigned by HUD.
- New PSH or RRH projects created through reallocation will be ranked based on the performance of the renewal application which is being reallocated.
- Projects will be ranked in accordance with HUD’s priority order by project type (e.g. PH, TH, SSO, etc.) applying the methodology described above. Any remaining projects not fitting in the amount allocated under Tier 1 are placed in Tier 2. The following is a matrix of ranking criteria and points.

Agencies may appeal the decision by notifying the City via email: Patrick.sullivan@newbedford-ma.gov by January 18, 2014 utilizing the appeal process format.

RATING FACTORS	POINTS	RATING
Agency Experience and Capacity <ul style="list-style-type: none"> - Experience serving target population - Experience managing federal grants - Experience administering programs similar to the one proposed - Project is aligned with HUD’s priorities in the NOFA and HSPN priorities 	20	
Leverage/Match Resources <ul style="list-style-type: none"> - Leverage and match resources goals are met 	20	
APR Performance/Local and National Objectives <ul style="list-style-type: none"> - Program goals and performance meets or exceeds HUD standards 	30	
Participation in HMIS, Data Quality <ul style="list-style-type: none"> - HMIS participation meets standards 	20	
Expenditure Tracking and Close Out <ul style="list-style-type: none"> - costs appear reasonable and appropriate - drawdowns and expenditures are timely 	10	

The projects will be evaluated on a 100 point basis. For each section of the application, the application review committee members are asked to assign a score that is based on information in the application, the quantitative review, and the interview discussion for each project.

Total scores for each project are determined by adding up points in each section and then adding any bonus points if applicable. All projects are judged together, both new and renewals. The scores from each Rating and Ranking committee member is computed and averaged for each project. A project ranking list is then generated from highest to lowest average score. Projects will be approved for submission to HUD based on the project funding requests that fall within the final pro rata share for the CoC, split between Tiers 1 and 2. Projects scoring highest will be ranked and placed into Tier 1 until all Tier 1 funds are allocated. The remaining projects selected for funding will be ranked and placed into Tier 2 until all Tier 2 funds are allocated. Projects that scored well but fell outside the pro rata share are encouraged to re-submit in a future competition.

Tiering and Ranking:

The CoC must assign a unique rank to each project that it intends to submit to HUD for FY 2013 funding. HUD strongly advises CoCs to rank higher those project applications that the CoC determines are high priority, high performing, and meet the needs and gaps as identified in the CoC.

Tiers:

To ensure that CoCs have the opportunity to prioritize their projects locally in the event that HUD is not able to fund all renewals, HUD requires that CoCs rank projects in 2 tiers. The tiers are financial thresholds. This year Tier 1 is equal to the CoC's ARD less 5%. Tier 2 is the amount between the CoCs Tier 1 and the CoCs Final Annual Renewal Demand (ARD), and any HUD determined amounts for CoC planning.

The Tiers financial thresholds:

- ✓ Tier 1 is equal to the Annual Renewal Demand (ARD) for the New Bedford CoC in the amount of \$1,875,123 less 5 percent, which equals \$1,825,040.
- ✓ Tier 2 is equal to \$96,055 which is the balance of the ARD.

Projects ranked in Tier 1 are considered relatively safe, while projects in Tier 2 are at risk. Projects in each Tier are funded based on the priority order established in the NOFA. Higher scoring applications have a better chance of being awarded funding for projects in both Tier 1 and Tier 2.

HUD's homeless assistance programs are being measured in FY 2013 and FY 2014 by the objective to "end chronic homelessness and to move the homeless to permanent housing."

HUD Priority Order:

Consistent with the FY 2013 HUD CoC Program Competition NOFA, projects will be ranked according to HUD's priority order listed below. Within the rank order established by the CoC on the Priority Listings, HUD will first select projects from Tier 1 in the following order by CoC score:

- (1) renewal permanent housing projects, RRH and PSH;
- (2) new PSH projects created through reallocation for 100 percent chronically homeless;
- (3) new rapid re-housing projects created through reallocation for homeless households with children;
- (4) renewal transitional housing;
- (5) CoC planning costs;
- (6) UFA costs;
- (7) SSO projects for centralized or coordinated assessment system;
- (8) renewal HMIS; and

*The HMIS Project must be ranked in Tier I to ensure funding.

Rating and Ranking Members:

The Application Review Committee (ARC) is comprised of HSPN members who are knowledgeable about homelessness and housing in our CoC and who are broadly representative of the relevant sectors, subpopulations, and geographic areas. The ARC is comprised of representatives from a cross-section of groups in the HSPN including; faith based providers, private sector, non-profit providers of homeless services and housing; and City of New Bedford staff. The ARC is also comprised of members that have no financial or interest in a CoC funded program.

Appeals Process:

Agencies that question the ranking and review process and feel that they have been unfairly eliminated from the competition may file an appeal. The appeal must be based on the fact that a decision made by the ARC regarding the ranking, rejection, or funding of their project was prejudicial, unsubstantiated by project performance, or in violation of the FY 2013 and FY 2014 Continuum of Care Guidelines. The appeal may be filed to the City of New Bedford via email: Patrick.sullivan@newbedford-ma.gov by January 18, 2014.

FY2013 Permanent Housing Projects - Chronic Homeless Beds

TIER 1 PROJECTS

NO	PROJECT NAME	Grant Number	PROJECT TYPE	Total Beds	Dedicated CH Beds	NoN CH Beds dedicated to CH at TO
1	FAMILY PRESERVATION - SRN	MA0112L1T051205	PH	46	23	23
2	STEP UP - PAACA	MA0118L1T051205	PH	36	18	18
3	WELCOME HOME - STEPPINGSTONE	MA0406L1T051201	PH	13	7	6
4	PRISM -CATHOLIC SOCIAL SERVICES	MA0434L1T051200	PH	26	22	4
5	PORTICO - CATHOLIC SOCIAL SERVICES	MA0433L1T051200	PH	123	105	18

FY2013 CoC Rank and Order of Projects

TIER 1 PROJECTS

NO	PROJECT NAME	Grant Number	PROJECT TYPE	Amount Requested	Amount Ranked
1	FAMILY PRESERVATION - SRN	MA0112L1T051205	PH	\$ 250,651	\$ 250,651
2	STEP UP - PAACA	MA0118L1T051205	PH	\$ 269,753	\$ 269,753
3	WELCOME HOME - STEPPINGSTONE	MA0406L1T051201	PH	\$ 162,865	\$ 162,865
4	PRISM -CATHOLIC SOCIAL SERVICES	MA0434L1T051200	PH	\$ 206,174	\$ 206,174
5	PORTICO - CATHOLIC SOCIAL SERVICES	MA0433L1T051200	PH	\$ 615,341	\$ 615,341
6	GRADUATE PROGRAM - STEPPINGSTONE	MA0113L1T051205	TH	\$ 96,257	\$ 96,257
7	DONOVAN HOUSE - CATHOLIC SOCIAL SERVICES	MA0111L1T051205	TH	\$ 195,320	\$ 194,475
8	HMIS NEW BEDFORD	MA0114L1T051205	HMIS	\$ 29,524	\$ 29,524
TOTAL				\$ 1,825,885	\$ 1,825,040

TIER II PROJECTS

				\$ 96,055	
1	NETWORK HOUSE - VTH	MA0117L1T051205	TH	\$95,210	\$ 95,210
2	CoC Planning Grant- City of New Bedford			\$29,524	\$ 29,524

*Network House was placed in Tier 2 and Donovan House was reduced by \$845 to enable projects to fit within Tier 1 amount.

NEW BEDFORD CONTINUUM OF CARE

HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS)

POLICIES AND PROCEDURES MANUAL

Adopted by the Homeless Service Providers Network

Adopted 09.21.2011
Revised 05.21.2013

I. **REASONS FOR POLICY:**

- A. To protect the privacy of agency clients
- B. To comply with applicable laws and regulations
- C. To insure fair information practices as to:
 - 1. Openness
 - 2. Accountability
 - 3. Collection limitations
 - 4. Purpose and use limitations
 - 5. Access and correction
 - 6. Data Quality
 - 7. Security

II. **SCOPE OF POLICY:**

- A. **Compliance** Agency privacy practices will comply with all applicable laws governing HMIS client privacy/confidentiality. Applicable standards include, but are not limited to the following:
 - 1. Federal Register Vol. 69, No. 146 (HMIS FR 4848-N-02) - Federal statute governing HMIS information;
 - 2. HIPAA - the Health Insurance Portability and Accountability Act of 1996;
 - 3. 42 CFR Part 2. - Federal statute governing drug and alcohol treatment;
 - 4. Interagency Data Sharing Agreements.

NOTE: HIPAA statutes are more restrictive than the HMIS FR 4848-N-02 standards and in cases where both apply, HIPAA over-rides the HMIS FR 4848-N-02 standards. In cases where an agency already has a confidentiality policy designed around the HIPAA statutes, HMIS FR 4848-N-02 standards apply only to items not addressed by HIPAA.

- B. **Use of Information** PPI (Protected Personal Information—information which can be used to identify a specific client) can be used:
 - 1. to provide or coordinate services to a client;
 - 2. for functions related to payment or reimbursement for services;
 - 3. to carry out administrative functions such as legal, audit, personnel, planning, oversight and management functions;
 - 4. for creating de-personalized client identification for unduplicated counting.

Also under applicable law, PPI may be used:

- 5. where disclosure is required by law;
- 6. to prevent or lessen a serious and imminent threat to the health or safety of an individual or the public;
- 7. to report abuse, neglect, or domestic violence as required or allowed by law;
- 8. for contractual research where privacy conditions are met (including a written agreement);
- 9. to report criminal activity on agency premises;
- 10. for law enforcement purposes in response to a properly authorized request for information from a properly authorized source.

NOTE: HMIS FR 4848-N-02 standards list items 1-4 above as allowable reasons for disclosing PPI. In some cases, additional uses (5-10 above) have additional conditions, and HMIS FR 4848-N-02 4.1.3 should be consulted if any of these optional items are to be exercised. Except for first party access to information and required disclosures for oversight and compliance auditing, all uses and disclosures are permissive and not mandatory.

NOTE: If a client refuses to release PPI, and such information is needed/required in order to provide services, the client's refusal may necessitate denial of service. Agencies may choose to make provisions for such denial of services in their policy.

C. Privacy Requirements

1. Collection and Notification Information will be collected only by fair and lawful means with the knowledge or consent of the client.
 - a) PPI will be collected only for the purposes listed in items II.B.1-4.
 - b) Clients will be made aware that personal information is being collected and recorded.
 - c) A written sign will be posted in locations where PPI is collected. This written notice will read:
 - i. *We collect personal information directly from you for reasons that are discussed in our privacy statement. We may be required to collect some personal information by law or by organizations that give us money to operate this program. Other personal information that we collect is important to run our programs, to improve services for homeless persons, and to better understand the needs of homeless persons. We only collect information that we consider to be appropriate.*
 - ii. *The collection and use of all personal information is guided by strict standards of confidentiality. Our Privacy Notice is posted. A copy of our Privacy Notice is available to all clients upon request.*
 - d) The following sign will be explained in cases where the client is unable to read and/or understand it.

NOTE: Under HMIS FR 4848-N-02 standards, agencies are permitted to require a client to express consent to collect PPI verbally or in writing, however this is optional and not a requirement of the statute.

2. Data Quality PPI data will be accurate, complete, timely, and relevant. All data entered into HMIS shall be complete. . All programs using the HMIS shall enter data on one hundred percent (100%) of the clients they serve.
 - a) All PPI collected will be relevant to the purposes for which it is to be used.
 - b) Identifiers will be removed from data that is not in current use after 7 years (from last edit) unless other requirements mandate longer retention.
 - c) Data will be entered in a consistent manner by authorized users and shall reflect information provided by client at the time of intake, re-assessment and exit.
 - d) Data will be entered in as close to real-time data entry as possible.
 - e) Measures will be developed to monitor data for accuracy and completeness and for the correction of errors.

- i. The agency runs reports and queries monthly to help identify incomplete or inaccurate information.
 - ii. The agency monitors the correction of incomplete or inaccurate information.
 - iii. All monitoring reports will reflect corrected data within two weeks of notification of errors.
 - f) Data quality is subject to routine audit by the Agency Data Quality Manager on a monthly basis and the HMIS Lead Agency on a quarterly basis.
3. Privacy Notice, Purpose Specification and Use Limitations The purposes for collecting PPI data, as well as its uses and disclosures, will be specified and limited.
- a) The purposes, uses, disclosures, policies, and practices relative to PPI data are outlined in this document.
 - b) The Privacy Notice complies with all applicable regulatory and contractual limitations.
 - c) The Privacy Notice is available to agency clients, or their representative, upon request and explained/interpreted as needed.
 - d) Reasonable accommodations will be made with regards to the Privacy Notice for persons with disabilities and non-English speaking clients as required by law.
 - e) PPI will be used and disclosed only as specified in the Privacy Notice, and only for the purposes specified in item II. B. "Use of Information" of this document.
 - f) Uses and disclosures not specified in the Privacy Notice can be made only with the consent of the client.
 - g) The Privacy Notice will be posted on the agency web site, if applicable.
 - h) The Privacy Notice will reviewed and amended as needed.
 - i) Amendments to or revisions of the Privacy Notice will address the retroactivity of any changes.
 - j) Permanent documentation will be maintained of all Privacy Notice amendments/revisions.
 - k) All access to, and editing of PPI data will be tracked by an automated audit trail, and will be monitored for violations use/disclosure limitations.

NOTE: Items above are required by HMIS FR 4848-N-02 standards and/or HMIS policy, but agencies can restrict and limit the use of PPI data further by requiring express client consent for various types of uses/disclosures, and/or by putting restriction or limits on various kinds of uses/disclosures. If agencies have further restrictions, a descriptive appendix must be attached to this Privacy Notice.

4. Record Access and Correction Provisions will be maintained for access to and corrections of PPI records.
- a) Clients will be allowed to review their HMIS records within 7 working days of a request to do so.
 - b) During a client review of their record, an agency staff person must be available to explain any entries the client does not understand.
 - c) The client may request to have their record corrected so that information is up-to-date and accurate to ensure fairness in its use.
 - d) When a correction is requested by a client, the request will be documented and the staff will make the corrective entry if the request is valid.
 - e) A client may be denied access to their personal information for the following reasons:
 - i. Information is compiled in reasonable anticipation of litigation or comparable proceedings;

- ii. Information about another individual other than the agency staff would be disclosed;
 - iii. Information was obtained under a promise of confidentiality other than a promise from this provider and disclosure would reveal the source of the information;
 - iv. The disclosure of such information would reasonably be likely to endanger the life or physical safety of any individual.
 - f) A client may be denied access to their personal information in the case of repeated or harassing requests for access or correction. However, if denied, documentation will be provided regarding the request and reason for denial to the individual and be made a part of the client's record.
 - g) A grievance process may be initiated if a client feels that their confidentiality rights have been violated, if access has been denied to their personal records, or if they have been put at personal risk or harmed.
 - h) A copy of any client grievances relative to HMIS data or other privacy/confidentiality issues requiring a response are to be reported on the uniform Grievance Form and forwarded to the Continuum of Care lead agency for review.
5. Accountability Processes will be maintained to insure that the privacy and confidentiality of client information is protected and staff is properly prepared and accountable to carry out agency policies and procedures that govern the use of PPI data.
- a) Grievances may be initiated through the grievance process for considering questions or complaints regarding privacy and security policies and practices (see attached Grievance Policy, Appendix A). All users of the HMIS must sign a Users Agreement that specifies each staff person's obligations with regard to protecting the privacy of PPI and indicates that they have received a copy of the Privacy Notice and that they will comply with its guidelines.
 - b) All users of HMIS must complete formal privacy training.
 - c) A process will be maintained to document and verify completion of training requirements.
 - d) A process will be maintained by the CoC Lead Agency to monitor and audit compliance with basic privacy requirements including but not limited to auditing clients entered against signed HMIS Releases.
 - e) A copy of any staff grievances initiated relative to privacy, confidentiality, or HMIS data will be forwarded to the HMIS lead.
 - f) User meetings will be held and issues concerning data security, client confidentiality, and information privacy will be discussed and solutions will be developed.
6. Sharing of Information Client data may be shared with partnering agencies only with client approval.
- a) All routine data sharing practices with partnering agencies will be documented and governed by an Interagency Data Sharing Agreement that defines the agency's sharing practices.
 - b) A completed HMIS Client Consent Form is needed before information may be shared electronically according to the Interagency Data Sharing Agreement.
 - i. The HMIS release is customized to inform the client about what is shared and with whom it is shared.
 - ii. The client accepts or rejects the sharing plan.

- c) Clients will be informed about and understand the benefits, risks, and available alternatives to sharing information prior to signing a Client Consent Form, and their decision to sign or not sign shall be voluntary.
 - d) Clients who choose not to authorize sharing of information cannot be denied services for which they would otherwise be eligible.
 - e) All Client Consent Forms related to the HMIS will be placed in a file to be located on premises and will be made available to the HMIS Lead Agency for periodic audits.
 - f) HMIS-related Client Consent Forms will be retained for a period of 7 years from last edit, after which time the forms will be discarded in a manner that ensures client confidentiality is not compromised.
 - g) No confidential/restricted information received from HMIS will be shared with any organization or individual without proper written consent by the client, unless otherwise permitted by applicable regulations or laws.
 - h) Restricted information, including progress notes and psychotherapy notes, about the diagnosis, treatment, or referrals related to a mental health disorder, drug or alcohol disorder, HIV/AIDS, and domestic violence concerns shall not be shared with other participating Agencies without the client's written, informed consent as documented on the Client Consent Form.
 - i) If a client has previously given permission to share information with multiple agencies, beyond basic identifying information and non-restricted service transactions, and then chooses to revoke that permission with regard to one or more of these agencies, the effected agency/agencies will be contacted accordingly, and those portions of the record, impacted by the revocation.
7. System Security System security provisions will apply to all systems where PPI is stored, including but not limited to agency's networks, desktops, laptops, mini-computers, mainframes and servers.
- a) Password Access:
 - i. Each user will be required to enter a User ID with a Password in order to logon to the system. (Only individuals who have completed Training and have signed off on the Procedures Manual and the Privacy Policy may be given access to the HMIS through User IDs and Passwords.)
 - ii. User ID and Passwords are to be assigned to individuals.
 - iii. Passwords are the individual's responsibility, and users cannot share passwords. Any passwords written down should be securely stored and inaccessible to other persons. Users should **not** store passwords on a personal computer for easier log on.
 - b.) Virus Protection and Firewalls:
 - i. Anti-virus protection software will be maintained to protect the HMIS system from virus attack.
 - ii. Virus protection will include automated scanning of files as they are accessed by users.
 - iii. Virus definitions will be updated regularly.
 - iv. All workstations will be protected by a firewall either through a workstation firewall or a server firewall.
 - d.) Physical Access to Systems where HMIS Data is Stored
 - i. Computers stationed in public places must be secured when workstations are not in use and staff is not present.
 - ii. Access to computer terminals within restricted areas should be controlled through a password or through physical security measures.

- iii. After a short period of time a password protected screen saver will be activated during time that the system is temporarily not in use.
 - iv. For extended absence, staff must log off the computer
- e.) Stored Data Security and Disposal:
- i. All HMIS data downloaded onto a data storage medium must be maintained and stored in a secure location.
 - ii. Data downloaded for purposes of statistical analysis will exclude PPI whenever possible.
 - iii. HMIS data downloaded onto a data storage medium must be disposed of by reformatting as opposed to erasing or deleting.
 - iv. A data storage medium will be reformatted a second time before the medium is reused or disposed of.
- g.) Hard Copy Security:
- i. Any paper or other hard copy containing PPI that is either generated by or for HMIS, including, but not limited to report, data entry forms and signed consent forms will be secured.
 - ii. Agency staff will, at all times, supervise hard copy with identifying information generated by or for the HMIS when the hard copy is in a public area. If the staff leaves the area, the hard copy must be secured in areas not accessible by the public.
 - iii. All written information pertaining to the user name and password must not be stored or displayed in any publicly accessible location.

NOTE: Various important aspects of system security are the contracted responsibility of the applicable vendor and are therefore not covered in agency policy. These involve procedures and protections that take place at the site of the central server and include data backup, disaster recovery, data encryption, binary storage requirements, physical storage security, public access controls, location authentication, etc.

Grievance Form

If you think that your privacy rights have been violated or disagree with a decision made about access to your "Protected Information," you should complete this form. It is against the law for any agency to take retaliatory action against you if you file this grievance. You can expect a response within 30 days via the method of your choice.

Grievances must be submitted in writing to:

City of New Bedford Office of Housing and Community Development
608 Pleasant Street
New Bedford, Massachusetts 02740
Phone: 508-979-1500/Fax: 508-979-1575

Name: _____

Mailing address: _____

Phone: _____

Best way to reach you: _____

.....

Name of agency that violated your privacy rights: _____

Name of individual who violated your privacy rights: _____

Date of offense: _____

Nature of offense: _____

.....

For Agency Use Only
Review Date: _____

Recommendation to Agency:

Patrick Sullivan

From: Patrick Sullivan
Sent: Wednesday, October 23, 2013 11:29 AM
To: (SMontembault@hptc.org); Alnardo Sanchez; ARLMAC@aol.com; Brenda Souza (B.Souza@paaca.org); Deborah Scholes; Jim Reid; Julie Gillespie; Kathleen Schedler-Clark (E-mail); Martha Reed; Martin Lahue ; paacanb@aol.com; Susan Bennett; Wendy Bluis
Subject: Continuum of Care Renewal Application
Attachments: FY13 Renewal APP F.docx; FINAL RENEWAL.pdf

Good Morning,

The City of New Bedford is commencing with the FY 2013 Continuum of Care Renewal and New Project Request for Proposal process prior to the release of the FY 2013 CoC Notice of Funding Availability (NOFA) .

Application are due by November 8, 2013 at 3:00pm

I have attached the renewal application in WORD format and the final HUD approved Grantee Inventory Worksheet (GIW) detailing the final approved budgets for each program.

Funding for new projects in the 2013 competition is extremely limited. It appears as if there will be no bonus for new permanent housing projects. Additionally, the only funding for new projects will come from the reallocation of existing project funding. HUD may further restrict reallocation to new permanent supportive housing projects targeting 100% chronically homeless persons. There may be some circumstances in which HUD will allow new rapid rehousing projects serving homeless families. Funds for reallocation will come from grantees voluntarily reallocating existing funding and from grantees whose scores do not meet threshold standards on the renewal evaluation process

If you are interested in reallocating an existing renewal project into a new permanent housing project, please contact our office per the attached application instructions.

Similar to last year, HUD is requiring evaluation of existing renewal grants. It is possible that the national total of the Annual Renewal Demand (ARD) amounts submitted by CoCs in the FY2013 CoC Registration exceeds the \$1.7 billion that is estimated to be available under the NOFA, CoCs will be required to rank all projects applying for grant funds in e-snaps. To ensure that CoCs have the opportunity to prioritize their projects locally in the event that HUD is not able to fund all renewals, HUD is requiring that CoCs rank projects within 2 tiers in FY2013. The tiers are financial thresholds that are further described in the attached application.

Upon issuance of the NOFA, we will be providing further guidance with regard to the ranking process. In order to prepare in advance, we are currently reviewing several options for the ranking criteria and we have not completed that process. We would greatly appreciate your thoughts and comments on the ranking and review process.

We will be continuing our CoC Planning Meetings over the next month to prepare for the CoC Application and develop our ranking and review strategies.

I am happy to answer any questions regarding the process.

Best,

/s/

Patrick J. Sullivan, Director

City of New Bedford
Office of Housing and Community Development
608 Pleasant Street
New Bedford, MA 02740
508.979.1581
patrick.sullivan@newbedford-ma.gov



Please think of the environment before you print this message and any attachments.

City of New Bedford, Massachusetts website documenting Continuum of care Notification Process

<http://www.newbedford-ma.gov/cd/COCprocess.html>

The screenshot shows the City of New Bedford website interface. At the top, there is a navigation bar with a language selector and dropdown menus for Residents, Businesses, Visitors, City Offices, Government, and Local Links. Below this is a banner for the City of New Bedford, Massachusetts, with the text "Founded in 1787, Inc. in 1847" and a scenic background image of the city waterfront. A secondary navigation bar includes links for Home, Housing & Community Dev., Neighborhood Programs, Public Services, Loans / Grants, and Resources. The main content area features a search bar, a "Continuum of Care Process" heading, and a list of links related to the HUD NOFA for 2013. A contact information box for the Art Museum Building is also present. The left sidebar contains a navigation menu with links for Home, Search, Hot Topics, Most Requested, On-line Services, Quick Links, and Navigation Map, along with the city seal and contact details for City Hall. The footer contains copyright information for 2014 and a link to "Contact Us".

Select Language ▾ ▾ Residents ▾ Businesses ▾ Visitors ▾ City Offices ▾ Government ▾ Local Links

City of New Bedford, Massachusetts

Founded in 1787, Inc. in 1847

Thu. January 30, 2014

Home Housing & Community Dev. Neighborhood Programs Public Services Loans / Grants Resources

Continuum of Care Process

The following is information regarding the U.S. Department of Housing and Urban Development (HUD) Notice of Available Funds (NOFA) for Continuum of Care (CoC) and related information for 2013:

- Continuum of Care NOFA Announcement
- 2013 Continuum of Care Review and Ranking Process
- 2013 Continuum of Care Renewal Information
- 2013 Continuum of Care Renewal Application

Art Museum Building - 608 Pleasant St. - 2nd Floor - New Bedford, MA 02740
Tel: 508-979-1581 - Fax: 508-979-1575

New Bedford City Hall
133 William Street
New Bedford, MA 02740
www.newbedford-ma.gov
Tel: 508-979-1400
Fax: 508-991-6148
Business Hours:
Mon-Fri: 8 am - 4 pm

©Copyright 2014 - City of New Bedford 133 William St., New Bedford, MA
All Rights Reserved - For more information feel free to [Contact Us](#)