Before Starting the CoC Application

The CoC Consolidated Application is made up of two parts: the CoC Application and the CoC Priority Listing, with all of the CoC's project applications either approved and ranked, or rejected. The Collaborative Applicant is responsible for submitting both the CoC Application and the CoC Priority Listing in order for the CoC Consolidated Application to be considered complete.

The Collaborative Applicant is responsible for:
- Reviewing the FY 2016 CoC Program Competition NOFA in its entirety for specific application and program requirements.
- Using the CoC Application Detailed Instructions while completing the application in e-snaps.
- Answering all questions in the CoC application. It is the responsibility of the Collaborative Applicant to ensure that all imported and new responses in all parts of the application are fully reviewed and completed. When doing this keep in mind:

- This year, CoCs will see that a few responses have been imported from the FY 2015 CoC Application.
- For some of the questions HUD has provided documents to assist Collaborative Applicants in completing responses.
- For other questions, the Collaborative Applicant must be aware of responses provided by project applications in their Project Applications.
- Some questions require the Collaborative Applicant to attach a document to receive credit. This will be identified in the question.
- All questions marked with an asterisk (*) are mandatory and must be completed in order to submit the CoC Application.

For CoC Application Detailed Instructions click here.

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1A-1. CoC Name and Number: MD-506 - Carroll County CoC

1A-2. Collaborative Applicant Name: Carroll County, Commissioners of

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Carroll County, Commissioners of

1B. Continuum of Care (CoC) Engagement

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1B-1. From the list below, select those organizations and persons that participate in CoC meetings. Then select "Yes" or "No" to indicate if CoC meeting participants are voting members or if they sit on the CoC Board. Only select "Not Applicable" if the organization or person does not exist in the CoC's geographic area.

Organization/Person Categories	Participates in CoC Meetings	Votes, including electing CoC Board	Sits on CoC Board
Local Government Staff/Officials	Yes	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Not Applicable	No	Not Applicable
Law Enforcement	Yes	No	No
Local Jail(s)	Yes	No	No
Hospital(s)	Yes	Yes	No
EMT/Crisis Response Team(s)	Yes	No	No
Mental Health Service Organizations	Yes	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes	No
Public Housing Authorities	Yes	Yes	Yes
CoC Funded Youth Homeless Organizations	Not Applicable	No	Not Applicable
Non-CoC Funded Youth Homeless Organizations	Yes	Yes	Yes
School Administrators/Homeless Liaisons	Yes	Yes	No
CoC Funded Victim Service Providers	Not Applicable	No	Not Applicable
Non-CoC Funded Victim Service Providers	Yes	Yes	Yes
Street Outreach Team(s)	Yes	Yes	Yes
Youth advocates	Yes	Yes	Yes
Agencies that serve survivors of human trafficking	Not Applicable	No	Not Applicable
Other homeless subpopulation advocates	Yes	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes	Yes
Veteran Organizations	Yes	Yes	No
Community Action Agency/Shelter Provider	Yes	Yes	Yes

1B-1a. Describe in detail how the CoC solicits and 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. Please provide two examples of organizations or individuals from the list in 1B-1 to answer this question.

The CoC partners with multiple agencies to identify community needs and combine education and outreach efforts. CoC members gather to share their knowledge, opinions and resources at monthly meetings and bi-annual Cross Agency Trainings. Members collaborate to offer community resource fairs and provide services to those living in rural areas of the CoC. 1:HSP - CoC's Community Action Agency provides emergency shelter, prevention, workforce development, family services and permanent housing, attends/votes at all CoC-wide meetings often with homeless clients, provides leadership for CoC Board, PIT, Strategic Planning and other committees. 2: The Health Dept. provides substance abuse, mental health services, permanent supportive housing, and street outreach. They attend/vote at all CoC-wide meetings often with homeless clients, provide leadership for the CoC Board, PIT, Strategic Planning and Outreach and were awarded a $2.4 million SAMHSA/CABHI grant for homeless services FFY 16-18.

**1B-1b. List Runaway and Homeless Youth (RHY)-funded and other youth homeless assistance providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area.
Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.**

Youth Service Provider (up to 10)	RHY Funded?	Participated as a Voting Member in at least two CoC Meetings between July 1, 2015 and June 20, 2016.	Sat on CoC Board as active member or official at any point between July 1, 2015 and June 20, 2016.
Human Services Programs of Carroll County	No	Yes	Yes
Carroll County Department of Social Services	No	Yes	Yes
Family and Children's Services	No	Yes	Yes
Carroll County Youth Services Bureau	No	Yes	No
Head Start of Carroll County	No	Yes	Yes
Carroll County Public Schools	No	Yes	No
Carroll County Health Department	No	Yes	Yes
BERC (Workforce Investment Act)	No	Yes	No

1B-1c. List the victim service providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area.

Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.

Victim Service Provider for Survivors of Domestic Violence (up to 10)	Participated as a Voting Member in at least two CoC Meetings between July 1, 2015 and June 30, 2016	Sat on CoC Board as active member or official at any point between July 1, 2015 and June 30, 2016.
Family and Children's Services	Yes	Yes

1B-2. Explain how the CoC is open to proposals from entities that have not previously received funds in prior CoC Program competitions, even if the CoC is not applying for new projects in 2016. (limit 1000 characters)

The CoC is open to new applicants. When HUD posts the CoC NOFA, the CoC sends an announcement including an invitation to new applicants via: CoC list serve, CoC website, Govdelivery.com and Carroll County Government Website. The CoC's scoring criteria and timeline is provided to all potential applicants and publically posted. The CoC Board monitors performance of existing projects to determine if any should be reallocated. New projects are scored on the same criteria used for existing projects. All new projects are scored and ranked to determine which will be included in the application.

1B-3. How often does the CoC invite new members to join the CoC through a publicly available invitation? Semi-Annually

1C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1C-1. Does the CoC coordinate with Federal, State, Local, private and other entities serving homeless individuals and families and those at risk of homelessness in the planning, operation and funding of projects? Only select "Not Applicable" if the funding source does not exist within the CoC's geographic area.

Funding or Program Source	Coordinates with Planning, Operation and Funding of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Yes
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	No
Head Start Program	Yes
Housing and service programs funded through Federal, State and local government resources.	Yes

1C-2. The McKinney-Vento Act, requires CoC's to participate in the Consolidated Plan(s) (Con Plan(s)) for the geographic area served by the CoC. The CoC Program Interim rule at 24 CFR 578.7 (c) (4) requires the CoC to provide information required to complete the Con Plan(s) within the CoC's geographic area, and 24 CFR 91.100(a)(2)(i) and 24 CFR 91.110 (b)(2) requires the State and local Con Plan jurisdiction(s) consult with the CoC. The following chart asks for the information about CoC and Con Plan jurisdiction coordination, as well as CoC and ESG recipient coordination.

CoCs can use the CoCs and Consolidated Plan Jurisdiction Crosswalk to assist in answering this question.

	Number
Number of Con Plan jurisdictions with whom the CoC geography overlaps	1
How many Con Plan jurisdictions did the CoC participate with in their Con Plan development process?	1
How many Con Plan jurisdictions did the CoC provide with Con Plan jurisdiction level PIT data?	1
How many of the Con Plan jurisdictions are also ESG recipients?	1
How many ESG recipients did the CoC participate with to make ESG funding decisions?	1
How many ESG recipients did the CoC consult with in the development of ESG performance standards and evaluation process for ESG funded activities?	1

1C-2a. Based on the responses provided in 1C-2, describe in greater detail how the CoC participates with the Consolidated Plan jurisdiction(s) located in the CoC's geographic area and include the frequency and type of interactions between the CoC and the Consolidated Plan jurisdiction(s). (limit 1000 characters)

As a non-entitlement jurisdiction, the CoC partners with Maryland Department of Housing and Community Development in the development and promotion of the Maryland Consolidated Plan for the Continuum and other HUD funded programs. The CoC provided data on local priorities via online survey and submitted homeless data to the State Data Warehouse. The CoC thoroughly reviewed and sent comments on the draft MD Consolidated Plan. The CoC sent a letter supporting the goals of the Consolidated Plan to prevent and end homelessness. The CoC participates with the Maryland Consolidated Plan at least semi-annually, primarily by email for about 2 -3 hours of staff time. The CoC also works directly with the Maryland Department of Housing and Community Development for state and federal grant funding to end homelessness including Emergency Solutions Grant and Rental Allowance Program.

1C-2b. Based on the response in 1C-2, describe how the CoC is working with ESG recipients to determine local ESG funding decisions and how the CoC assists in the development of performance standards and evaluation of outcomes for ESG-funded activities. (limit 1000 characters)

As a non-entitlement jurisdiction, the Collaborative Applicant for the CoC submits a competitive application each year to the State ESG recipient which addresses the State's priorities for ending homelessness in Maryland. The annual application includes local PIT data, HMIS data and ESG sub recipient information and the local impact on the State's funding allocation and performance plans. As a non-entitlement jurisdiction, the CoC successfully competes each year against other jurisdictions in Maryland for an annual award of ESG funding for shelter and rapid rehousing. The Collaborative Applicant works with the CoC Board to establish local ESG performance standards, monitors ESG sub-recipient performance and provides fiscal oversight. The CoC's local performance is reported back to the State ESG recipients.

1C-3. Describe how the CoC coordinates with victim service providers and non-victim service providers (CoC Program funded and non-CoC funded) to ensure that survivors of domestic violence are provided housing and services that provide and maintain safety and security. Responses must address how the service providers ensure and maintain the safety and security of participants and how client choice is upheld. (limit 1000 characters)

The CoC's Victim Services (VS) Provider operates a Safe House 24/7 for victims and dependents and is funded by DOJ (VOCA and VAWA) & Local Government. If a household calls the CoC's homeless assistance provider the Head of Houshold is referred directly to the VS provider. If they walk in, they

are seen by Coordinated Intake who makes a direct referral to the VS provider through the 24 hour DV hotline. A household that presents to a VS provider is connected to local housing resources: County and City HUD and the local homeless service provider. Victim's personal choice is upheld; case management is offered for creation of a safety plan and to set self-sufficiency goals. The Safe House stay is not contingent on willingness to participate in services. Data about a household that is shared between victim service provider and homeless assistance provider protects personally identifying information by only sharing de-identified, aggregate data. No individual client information is shared.

1C-4. List each of the Public Housing Agencies (PHAs) within the CoC's geographic area. If there are more than 5 PHAs within the CoC's geographic area, list the 5 largest PHAs. For each PHA, provide the percentage of new admissions that were homeless at the time of admission between July 1, 2015 and June 30, 2016 and indicate whether the PHA has a homeless admissions preference in its Public Housing and/or Housing Choice Voucher (HCV) program.

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program from 7/1/15 to 6/30/16 who were homeless at entry	PHA has General or Limited Homeless Preference
Carroll County, Maryland	1.45%	Yes-HCV
Westminster City, Maryland	5.00%	Yes-HCV

If you select "Yes--Public Housing," "Yes--HCV," or "Yes--Both" for "PHA has general or limited homeless preference," you must attach documentation of the preference from the PHA in order to receive credit.

1C-5. Other than CoC, ESG, Housing Choice Voucher Programs and Public Housing, describe other subsidized or low-income housing opportunities that exist within the CoC that target persons experiencing homelessness.
(limit 1000 characters)

There are over 800 subsidized units in Carroll County that the CoC utilizes as appropriate housing resources, several of which prioritize homeless individuals and families. Main Street Housing, a subsidiary of On Our Own, offers 6 units to individuals diagnosed with a severe and persistent mental illness. James House Boarding Home offers housing in a group setting for homeless women and children. Several Sober Housing Units offer low rental costs to individuals recovering from a substance related disorder. We have 775 senior or disabled subsidized housing units and the Bureau of Aging & Disabilities, Senior Assisted Living Group Home Subsidy Program offers financial assistance to 12 low income individuals, 62 years and older. The county's PHA is part of HUD's demonstration project that provides expanded Family Unification Housing

Vouchers to youth aging out of foster care. Participants who sign HUD's FSS contract are eligible to extend their voucher from 18 months to 5 years.

1C-6. Select the specific strategies implemented by the CoC to ensure that homelessness is not criminalized in the CoC's geographic area. Select all that apply.

Engaged/educated local policymakers:	X
Engaged/educated law enforcement:	X
Implemented communitywide plans:	
No strategies have been implemented	
Other:(limit 1000 characters)	
Law Enforcement Crisis Intervention Teams	X

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1D-1. Select the system(s) of care within the CoC's geographic area for which there is a discharge policy in place that is mandated by the State, the CoC, or another entity for the following institutions? Check all that apply.

Foster Care:	X
Health Care:	X
Mental Health Care:	X
Correctional Facilities:	X
None:	

1D-2. Select the system(s) of care within the CoC's geographic area with which the CoC actively coordinates with to ensure institutionalized persons that have resided in each system of care for longer than 90 days are not discharged into homelessness. Check all that apply.

Foster Care:	X
Health Care:	X
Mental Health Care:	X
Correctional Facilities:	X
None:	

1D-2a. If the applicant did not check all boxes in 1D-2, explain why there is no coordination with the institution(s) that were not selected and explain how the CoC plans to coordinate with the institution(s) to ensure persons

**discharged are not discharged into homelessness.
(limit 1000 characters)**

Not Applicable

1E. Centralized or Coordinated Assessment (Coordinated Entry)

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

The CoC Program Interim Rule requires CoCs to establish a Centralized or Coordinated Assessment System which HUD refers to as the Coordinated Entry Process. Based on the recent Coordinated Entry Policy Brief, HUD's primary goals for the coordinated entry process are that assistance be allocated as effectively as possible and that it be easily accessible no matter where or how people present for assistance.

1E-1. Explain how the CoC's coordinated entry process is designed to identify, engage, and assist homeless individuals and families that will ensure those who request or need assistance are connected to proper housing and services.
(limit 1000 characters)

Coordinated entry (CE) covers the entire geographic area and is operated by the Community Action Agency and partially funded by local government. Homeless persons are identified through outreach via CE, PATH, ACT, day programs, street outreach, soup kitchens and resource events. CE is advertised through CoC partners, including government, law enforcement, early childhood providers, educational authorities, mental health providers and media. Regular outreach is done to engage the homeless least likely to access resources. An assessment tool is used to identify applicants' needs. CE ensures a quick referral to shelters, treatment, housing and other resources. Goals: prevention of homelessness, diversion to affordable housing, timely admittance to housing of choice, including shelter, supportive housing and behavioral health programs. Using a standardized manner, assistance is prioritized to ensure those with the most severe needs are assisted first using a housing first model.

1E-2. CoC Program and ESG Program funded projects are required to participate in the coordinated entry process, but there are many other organizations and individuals who may participate but are not required to do so. From the following list, for each type of organization or individual, select all of the applicable checkboxes that indicate how that organization or individual participates in the CoC's coordinated entry process. If there are other organizations or persons who participate but are not on this list, enter the information in the blank text box, click "Save" at the bottom of

the screen, and then select the applicable checkboxes.

Organization/Person Categories	Participates in Ongoing Planning and Evaluation	Makes Referrals to the Coordinated Entry Process	Receives Referrals from the Coordinated Entry Process	Operates Access Point for Coordinated Entry Process	Participates in Case Conferencing	Does not Participate	Does not Exist
Local Government Staff/Officials	X	X	X		X		
CDBG/HOME/Entitlement Jurisdiction							X
Law Enforcement		X					
Local Jail(s)		X					
Hospital(s)	X	X					
EMT/Crisis Response Team(s)	X	X			X		
Mental Health Service Organizations	X	X	X		X		
Substance Abuse Service Organizations	X	X	X		X		
Affordable Housing Developer(s)						X	
Public Housing Authorities	X	X	X				
Non-CoC Funded Youth Homeless Organizations	X	X		X			
School Administrators/Homeless Liaisons	X	X					
Non-CoC Funded Victim Service Organizations	X	X	X				
Street Outreach Team(s)		X	X				
Homeless or Formerly Homeless Persons		X			X		
Community Action Agency/Shelter Provider	X	X		X	X		
Carroll County Department of Social Services		X	X		X		

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

Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1F-1. For all renewal project applications submitted in the FY 2016 CoC Program Competition complete the chart below regarding the CoC's review of the Annual Performance Report(s).

How many renewal project applications were submitted in the FY 2016 CoC Program Competition?	6
How many of the renewal project applications are first time renewals for which the first operating year has not expired yet?	0
How many renewal project application APRs were reviewed by the CoC as part of the local CoC competition project review, ranking, and selection process for the FY 2016 CoC Program Competition?	6
Percentage of APRs submitted by renewing projects within the CoC that were reviewed by the CoC in the 2016 CoC Competition?	100.00%

1F-2 - In the sections below, check the appropriate box(es) for each selection to indicate how project applications were reviewed and ranked for the FY 2016 CoC Program Competition. Written documentation of the CoC's publicly announced Rating and Review procedure must be attached.

Performance outcomes from APR reports/HMIS:	
% permanent housing exit destinations	X
% increases in income	X

Monitoring criteria:	
Utilization rates	X
Drawdown rates	X
Frequency or Amount of Funds Recaptured by HUD	X

Need for specialized population services:

Youth	X
Victims of Domestic Violence	X
Families with Children	X
Persons Experiencing Chronic Homelessness	X
Veterans	X

None:	

1F-2a. Describe how the CoC considered the severity of needs and vulnerabilities of participants that are, or will be, served by the project applications when determining project application priority.
(limit 1000 characters)

The CoC factors a project's population into the review, ranking and selection process for both new and renewal projects. The population served is considered as a stand-alone criteria by the CoC Ranking Committee. The severity of needs and vulnerabilities that are taken into account by the Ranking Committee include chronically homeless, victims of domestic violence, significant health, behavioral health or disability, homeless residing on the streets or other unsheltered situations, homeless families and youth, and homeless veterans. For example, the CoC operates a very successful Safe Haven serving a population with severe and persistent mental illness; in addition, a large percentage of those served by Safe Haven are chronically homeless. Those factors were considered when comparing the Safe Haven project to other CoC projects that scored the same on the CoC's objective Ranking Tool.

1F-3. Describe how the CoC made the local competition review, ranking, and selection criteria publicly available, and identify the public medium(s) used and the date(s) of posting. Evidence of the public posting must be attached.
(limit 750 characters)

Yes, the CoC made the local competition review, ranking and selection criteria publically available and available to all stakeholders and applicants. The CoC distributed the review, ranking and selection criteria to stakeholders via: CoC list serve, and posted the information on the CoC website, and Carroll County Government Website on July 6, 2016. All applicants that submitted a letter of intent were provided via email the CoC's review, ranking and selection criteria and timeline on August 3, 2016. (Evidence of Public Posting is attached.)

1F-4. On what date did the CoC and Collaborative Applicant publicly post all parts of the FY 2016 CoC Consolidated Application that included the final project application ranking? (Written documentation of the public posting, with the date of the posting clearly visible, must be attached. In addition, evidence of communicating decisions to the CoC's full membership must be attached).	09/12/2016
1F-5. Did the CoC use the reallocation process in the FY 2016 CoC Program Competition to reduce or reject projects for the creation of new projects? (If the CoC utilized the reallocation process, evidence of the public posting of the reallocation process must be attached.)	No
1F-5a. If the CoC rejected project application(s), on what date did the CoC and Collaborative Applicant notify those project applicants that their project application was rejected? (If project applications were rejected, a copy of the written notification to each project applicant must be attached.)	
1F-6. In the Annual Renewal Demand (ARD) is the CoC's FY 2016 CoC's FY 2016 Priority Listing equal to or less than the ARD on the final HUD-approved FY2016 GIW?	Yes

1G. Continuum of Care (CoC) Addressing Project Capacity

Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1G-1. Describe how the CoC monitors the performance of CoC Program recipients.
(limit 1000 characters)

The CoC conducts an annual review of all program recipients that includes utilization rates; housing stability, participant eligibility, length of time homeless; exit destination; participant income and connecting participants to mainstream benefits. The program monitor uses HUD forms, APRs, the Grant Agreements and HMIS data, as well as a review of participant records, site visits and unit inspections to complete the monitoring process. Financial records are reviewed on a quarterly basis to verify timely draws from eLOCCS and to insure the full expenditure of awarded funds. Timely submission of APR's is also monitored. The CoC Board reviews project performance quarterly to insure all projects contribute to increased housing stability, a reduction in the length of time homeless, increased income, and maximized mainstream benefits for all homeless including veterans, chronic, families and youth to carry out the requirements of the McKinney-Vento Act 24 CFR part 578 and local priorities.

1G-2. Did the Collaborative Applicant include accurately completed and appropriately signed form HUD-2991(s) for all project applications submitted on the CoC Priority Listing?	Yes

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2A-1. Does the CoC have a Governance Charter that outlines the roles and responsibilities of the CoC and the HMIS Lead, either within the Charter itself or by reference to a separate document like an MOU/MOA? In all cases, the CoC's Governance Charter must be attached to receive credit, In addition, if applicable, any separate document, like an MOU/MOA, must also be attached to receive credit.	Yes
2A-1a. Include the page number where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document referenced in 2A-1. In addition, in the textbox indicate if the page number applies to the CoC's attached governance charter or attached MOU/MOA.	CoC GOV 4-7 and HMIS GOV 8-10 – Both reference the CoC's attached Governance
2A-2. Does the CoC have a HMIS Policies and Procedures Manual? If yes, in order to receive credit the HMIS Policies and Procedures Manual must be attached to the CoC Application.	Yes
2A-3. Are there agreements in place that outline roles and responsibilities between the HMIS Lead and the Contributing HMIS Organization (CHOs)?	Yes
2A-4. What is the name of the HMIS software	ServicePoint 5.11.26

used by the CoC (e.g., ABC Software)?

2A-5. What is the name of the HMIS software vendor (e.g., ABC Systems)? Bowman Systems

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

Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

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

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

2B-2.1 Funding Type: Federal - HUD

Funding Source	Funding
CoC	$0
ESG	$0
CDBG	$0
HOME	$0
HOPWA	$0
Federal - HUD - Total Amount	$0

2B-2.2 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-2.3 Funding Type: State and Local

Funding Source	Funding

City	$0
County	$96,494
State	$0
State and Local - Total Amount	$96,494

2B-2.4 Funding Type: Private

Funding Source	Funding
Individual	$0
Organization	$25,842
Private - Total Amount	$25,842

2B-2.5 Funding Type: Other

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

2B-2.6 Total Budget for Operating Year	$122,336

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2C-1. Enter the date the CoC submitted the 2016 HIC data in HDX, (mm/dd/yyyy): 05/02/2016

2C-2. Per the 2016 Housing Inventory Count (HIC) Indicate the number of beds in the 2016 HIC and in HMIS for each project type within the CoC. If a particular project type does not exist in the CoC then enter "0" for all cells in that project type.

Project Type	Total Beds in 2016 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ESG) beds	105	16	89	100.00%
Safe Haven (SH) beds	25	0	25	100.00%
Transitional Housing (TH) beds	32	0	32	100.00%
Rapid Re-Housing (RRH) beds	0	0	0	
Permanent Supportive Housing (PSH) beds	22	0	22	100.00%
Other Permanent Housing (OPH) beds	19	0	19	100.00%

2C-2a. If the bed coverage rate for any project type is below 85 percent, describe how the CoC plans to increase the bed coverage rate for each of these project types in the next 12 months. (limit 1000 characters)

Not Applicable

2C-3. If any of the project types listed in question 2C-2 above have a coverage rate below 85 percent, and some or all of these rates can be attributed to beds covered by one of the following program types, please indicate that here by selecting all that apply from the list below.

VA Grant per diem (VA GPD):	☐
VASH:	☐

Faith-Based projects/Rescue mission:	
Youth focused projects:	
Voucher beds (non-permanent housing):	
HOPWA projects:	
Not Applicable:	X

2C-4. How often does the CoC review or assess its HMIS bed coverage? Annually

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2D-1. Indicate the percentage of unduplicated client records with null or missing values and the percentage of "Client Doesn't Know" or "Client Refused" within the last 10 days of January 2016.

Universal Data Element	Percentage Null or Missing	Percentage Client Doesn't Know or Refused
3.1 Name	0%	0%
3.2 Social Security Number	0%	0%
3.3 Date of birth	0%	0%
3.4 Race	11%	1%
3.5 Ethnicity	3%	2%
3.6 Gender	0%	0%
3.7 Veteran status	0%	0%
3.8 Disabling condition	0%	2%
3.9 Residence prior to project entry	0%	0%
3.10 Project Entry Date	0%	0%
3.11 Project Exit Date	0%	0%
3.12 Destination	0%	0%
3.15 Relationship to Head of Household	1%	0%
3.16 Client Location	0%	0%
3.17 Length of time on street, in an emergency shelter, or safe haven	0%	0%

2D-2. Identify which of the following reports your HMIS generates. Select all that apply:

CoC Annual Performance Report (APR):	X
ESG Consolidated Annual Performance and Evaluation Report (CAPER):	X
Annual Homeless Assessment Report (AHAR) table shells:	X

None	

2D-3. If you submitted the 2016 AHAR, how many AHAR tables (i.e., ES-ind, ES-family, etc) were accepted and used in the last AHAR? 12

2D-4. How frequently does the CoC review data quality in the HMIS? Quarterly

2D-5. Select from the dropdown to indicate if standardized HMIS data quality reports are generated to review data quality at the CoC level, project level, or both. Both Project and CoC

2D-6. From the following list of federal partner programs, select the ones that are currently using the CoC's HMIS.

VA Supportive Services for Veteran Families (SSVF):	
VA Grant and Per Diem (GPD):	
Runaway and Homeless Youth (RHY):	
Projects for Assistance in Transition from Homelessness (PATH):	X
None:	

2D-6a. If any of the Federal partner programs listed in 2D-6 are not currently entering data in the CoC's HMIS and intend to begin entering data in the next 12 months, indicate the Federal partner program and the anticipated start date.
(limit 750 characters)

Not Applicable

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

The data collected during the PIT count is vital for both CoC's and HUD. HUD needs accurate data to understand the context and nature of homelessness throughout the country, and to provide Congressand the Office of Management and Budget (OMB) with information regarding services provided, gaps in service, and performance. Accurate, high quality data is vital to inform Congress' funding decisions.

2E-1. Did the CoC approve the final sheltered PIT count methodology for the 2016 sheltered PIT count?	Yes
2E-2. Indicate the date of the most recent sheltered PIT count: (mm/dd/yyyy)	01/27/2016
2E-2a. If the CoC conducted the sheltered PIT count outside of the last 10 days of January 2016, was an exception granted by HUD?	Not Applicable
2E-3. Enter the date the CoC submitted the sheltered PIT count data in HDX: (mm/dd/yyyy)	05/02/2016

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2F-1. Indicate the method(s) used to count sheltered homeless persons during the 2016 PIT count:

Complete Census Count:	X
Random sample and extrapolation:	
Non-random sample and extrapolation:	

2F-2. Indicate the methods used to gather and calculate subpopulation data for sheltered homeless persons:

HMIS:	X
HMIS plus extrapolation:	
Interview of sheltered persons:	X
Sample of PIT interviews plus extrapolation:	

2F-3. Provide a brief description of your CoC's sheltered PIT count methodology and describe why your CoC selected its sheltered PIT count methodology. (limit 1000 characters)

The CoC is small and rural and all the CoC's emergency shelters, transitional housing and Safe Haven participate in HMIS and PIT. The CoC used complete census, HMIS and client interviews to produce the sheltered homeless count.

For subpopulation data every sheltered client is interviewed by trained volunteers or staff using a standard survey instrument. Staff also used their knowledge of clients and case notes to ensure subpopulation data accuracy. All survey data was input into HMIS, and the use of HMIS ensured no sheltered person was counted twice.

2F-4. Describe any change in methodology from your sheltered PIT count in 2015 to 2016, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to the implementation of your sheltered PIT count methodology (e.g., enhanced training or change in partners participating in the PIT count). (limit 1000 characters)

Not Applicable

2F-5. Did your CoC change its provider coverage in the 2016 sheltered count? No

2F-5a. If "Yes" in 2F-5, then describe the change in provider coverage in the 2016 sheltered count. (limit 750 characters)

Not Applicable

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2G-1. Indicate the methods used to ensure the quality of the data collected during the sheltered PIT count:

Training:	X
Follow-up:	X
HMIS:	X
Non-HMIS de-duplication techniques:	

2G-2. Describe any change to the way your CoC implemented its sheltered PIT count from 2015 to 2016 that would change data quality, including changes to training volunteers and inclusion of any partner agencies in the sheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual sheltered PIT count methodology (e.g. change in sampling or extrapolation methods). (limit 1000 characters)

Not Applicable

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

HUD requires CoCs to conduct an unsheltered PIT count every 2 years (biennially) during the last 10 days in January; however, HUD also strongly encourages CoCs to conduct the unsheltered PIT count annually at the same time that they conduct annual sheltered PIT counts. HUD required CoCs to conduct the last biennial PIT count during the last 10 days in January 2015.

2H-1. Did the CoC approve the final unsheltered PIT count methodology for the most recent unsheltered PIT count?	Yes
2H-2. Indicate the date of the most recent unsheltered PIT count (mm/dd/yyyy):	01/27/2016
2H-2a. If the CoC conducted the unsheltered PIT count outside of the last 10 days of January 2016, or most recent count, was an exception granted by HUD?	Not Applicable
2H-3. Enter the date the CoC submitted the unsheltered PIT count data in HDX (mm/dd/yyyy):	05/02/2016

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2I-1. Indicate the methods used to count unsheltered homeless persons during the 2016 or most recent PIT count:

Night of the count - complete census:	
Night of the count - known locations:	X
Night of the count - random sample:	
Service-based count:	X
HMIS:	X

2I-2. Provide a brief descripton of your CoC's unsheltered PIT count methodology and describe why your CoC selected this unsheltered PIT count methodology. (limit 1000 characters)

As a rural county, the CoC identified the areas to be included in the count by contacting municipal law enforcement, CoC outreach teams and service providers throughout the CoC to identify areas where homeless were living. Maps were developed identifying areas that PIT outreach teams would target. As a rural county, most unsheltered homeless reside in wooded areas that are unsafe for volunteers to access in the middle of the night so PIT teams started at daybreak to reach known encampments. Due to the blizzard occurring the week of the PIT, volunteers did not locate anyone in an unsheltered situation on the day of the PIT. The CoC combined the night of the count with a service based count and surveys were completed for an entire week. Any homeless identified at the 29 participating service sites, completed a survey asking where they slept the night of the count. HMIS was used so the count could be unduplicated and to analyze and report on the PIT.

2I-3. Describe any change in methodology from your unsheltered PIT count in 2015 (or 2014 if an unsheltered count was not conducted in 2015) to 2016, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to implementation of your sheltered PIT count methodology (e.g., enhanced training or change in partners participating in the count).
(limit 1000 characters)

Not Applicable

2I-4. Has the CoC taken extra measures to identify unaccompanied homeless youth in the PIT count?	Yes

2I-4a. If the response in 2I-4 was "no" describe any extra measures that are being taken to identify youth and what the CoC is doing for homeless youth.
(limit 1000 characters)

Not Applicable

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2J-1. Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2016 unsheltered PIT count:

Training:	X
"Blitz" count:	X
Unique identifier:	X
Survey questions:	X
Enumerator observation:	
None:	

2J-2. Describe any change to the way the CoC implemented the unsheltered PIT count from 2015 (or 2014 if an unsheltered count was not conducted in 2015) to 2016 that would affect data quality. This includes changes to training volunteers and inclusion of any partner agencies in the unsheltered PIT count planning and implementation, if applicable. Do not include information on changes in actual methodology (e.g. change in sampling or extrapolation method). (limit 1000 characters)

Not Applicable

3A. Continuum of Care (CoC) System Performance

Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

3A-1. Performance Measure: Number of Persons Homeless - Point-in-Time Count.

* 3A-1a. Change in PIT Counts of Sheltered and Unsheltered Homeless Persons
Using the table below, indicate the number of persons who were homeless at a Point-in-Time (PIT) based on the 2015 and 2016 PIT counts as recorded in the Homelessness Data Exchange (HDX).

	2015 PIT (for unsheltered count, most recent year conducted)	2016 PIT	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	140	136	-4
Emergency Shelter Total	82	81	-1
Safe Haven Total	22	23	1
Transitional Housing Total	25	32	7
Total Sheltered Count	129	136	7
Total Unsheltered Count	11	0	-11

3A-1b. Number of Sheltered Persons Homeless - HMIS.
Using HMIS data, enter the number of homeless persons who were served in a sheltered environment between October 1, 2014 and September 30, 2015 for each category provided.

	Between October 1, 2014 and September 30, 2015
Universe: Unduplicated Total sheltered homeless persons	398
Emergency Shelter Total	328
Safe Haven Total	53
Transitional Housing Total	50

3A-2. Performance Measure: First Time Homeless.

Describe the CoC's efforts to reduce the number of individuals and families who become homeless for the first time. Specifically, describe what the CoC is doing to identify risk factors of becoming homeless.

(limit 1000 characters)

The CoC identifies specific risk factors for homelessness thru: 1. fact finding w/ providers including DSS, Shelters and the Health Department. 2. Fact finding with institutions located in the community to identify who and why persons are discharged to homelessness. The CoC works to prevent homelessness by: 1. the Community Action Agency (CAA) and 20 government/faith partners effectively coordinate eviction prevention and kept 4,000 persons housed in FY16. 2. Prevention/diversion is integrated with the COC's Coordinated Entry. 3. Prior to discharge, institutions refer persons being discharged to the Health Department for re-entry assistance. 4. CAA uses VITA to increase EITC and CTC, teaches financial literacy, promotes family stability and provides millions in energy assistance. The CoC has strong partnerships throughout the community to target at risk including DSS, landlord association, court system, outreach teams, shelters, faith-based providers and soup kitchens.

3A-3. Performance Measure: Length of Time Homeless.

Describe the CoC's efforts to reduce the length of time individuals and families remain homeless. Specifically, describe how your CoC has reduced the average length of time homeless, including how the CoC identifies and houses individuals and families with the longest lengths of time homeless.
(limit 1000 characters)

1.The length of time homeless has been reduced for some by CE and the use of the housing first model. 2. Ongoing efforts to reduce the length of time homeless includes: a. CE assessing barriers and length of time homeless, simultaneous referral to shelter, housing and HUD HCV to access the first available housing. b. Use of Housing First model. c. Prioritized entry into shelter and housing based on length of time homeless and severity of need. d. Coordinated Entry refers to employment resources and job openings. 3. The CoC has implemented new HUD performance measures for tracking length of time homeless in HMIS and the CoC Board reviews this data on a regular basis. 4. Strategic Planning of the CoC Board includes efforts to reduce the length of time homeless. 5. Coordinated Entry prioritizes entry into both CoC and ESG funded projects based on length of time homeless.

*** 3A-4. Performance Measure: Successful Permanent Housing Placement or Retention.**

In the next two questions, CoCs must indicate the success of its projects in placing persons from its projects into permanent housing.

3A-4a. Exits to Permanent Housing Destinations:
Fill in the chart to indicate the extent to which projects exit program participants into permanent housing (subsidized or non-subsidized) or the retention of program participants in CoC Program-funded permanent

supportive housing.

	Between October 1, 2014 and September 30, 2015
Universe: Persons in SSO, TH and PH-RRH who exited	0
Of the persons in the Universe above, how many of those exited to permanent destinations?	0
% Successful Exits	0.00%

3A-4b. Exit To or Retention Of Permanent Housing: In the chart below, CoCs must indicate the number of persons who exited from any CoC funded permanent housing project, except rapid re-housing projects, to permanent housing destinations or retained their permanent housing between October 1, 2014 and September 31, 2015.

	Between October 1, 2014 and September 30, 2015
Universe: Persons in all PH projects except PH-RRH	39
Of the persons in the Universe above, indicate how many of those remained in applicable PH projects and how many of those exited to permanent destinations?	34
% Successful Retentions/Exits	87.18%

3A-5. Performance Measure: Returns to Homelessness: Describe the CoCs efforts to reduce the rate of individuals and families who return to homelessness. Specifically, describe strategies your CoC has implemented to identify and minimize returns to homelessness, and demonstrate the use of HMIS or a comparable database to monitor and record returns to homelessness. (limit 1000 characters)

1. Using HMIS System Performance Measure reports of those who exited COC programs between 10/1/2014 and 9/30/2015, into permanent housing, only 14% returned to homelessness within our community. 2. The CoC's strategy to identify recidivism to homelessness is to ask each person seeking services if they have been homeless before. This information is added to the HUD Entry, or PIT assessment in HMIS. 3. Strategies to reduce returns to homelessness: Provide ongoing case management to shelter and housing participants. Promote financial stability by accessing mainstream resources i.e. SNAP, MA. SOAR counselors provide SSI/SSDI application assistance. Increase job skills through training programs i.e. WIOA and supported employment. Improve financial literacy and operate 3 VITA sites in CoC increasing EITC and CTC. Improve integrated health care. Increase in Peer Support workers. 4. HMIS data is used by the CoC Board to monitor and guide efforts to reduce the rate of returns to homelessness.

3A-6. Performance Measure: Job and Income Growth. Performance Measure: Job and Income Growth. Describe the CoC's specific strategies to assist CoC Program-funded projects to increase program participants' cash income from employment and non-

employment non-cash sources.
(limit 1000 characters)

1. The CAA focuses on helping homeless with criminal backgrounds to build employment skills. All program participants are assessed using an Employment Services Flowchart to ensure proper referrals. Employment is encouraged by case managers. 2. For non-employment income, the Health Department's trained SOAR staff has decreased turnaround time for SSI/SSDI applications from 12 months+ to 99 days with an 80% success rate. The FY16-18 SAMHSA/CABHI grant is up and running and has hired a dedicated SOAR staff who is on target to complete 40 additional SOAR applications each year. The use of VITA and Earned/Child Tax Credits will be increased. 3. The CoC funded program projects have been assisted by more community participation and investment in vocational training. 4. HMIS data is used to monitor the job and income growth of program participants. The HMIS system performance measure report comparing FY14-15 shows the employment and income changes of leavers and stayers.

3A-6a. Describe how the CoC is working with mainstream employment organizations to aid homeless individuals and families in increasing their income.
(limit 1000 characters)

1. The primary mainstream employment organizations with whom the CoC is working to grow income for homeless individuals and families includes: The Community Action Agency's Opportunity Works for homeless with multiple barriers including criminal backgrounds: The Workforce Innovation and Opportunity Act Agency, Business Employment Resource Center: Supported Employment agencies for disabled including Maryland Division of Rehabilitation Services, Schapiro Training & Employment Program, Mosaic Vocational Pathways and Maryland Department of Social Services. 2. The CoC's Economic Stability committee which includes the above created an employment services referral guide for the CoC's homeless service providers. 3. The CoC Program funds 1 Shelter Plus Care Project, 1 Safe Haven, 3 PSH projects. Of these 5 projects 100% have a relationship with mainstream employment organization and regularly connect participants with employment services.

3A-7. What was the the criteria and decision-making process the CoC used to identify and exclude specific geographic areas from the CoC's unsheltered PIT count?
(limit 1000 characters)

1.As the CoC plans the PIT count, the Outreach Committee contacts law enforcement as well as organizations serving at risk to determine where unsheltered homeless are living. 2.This is a rural county with 8 small municipalities surrounded by agricultural land. Services for the at-risk and homeless like food pantries, soup kitchens, social services, and healthcare are primarily located in the County seat. With limited public transit, most of the homeless also reside in or near the County seat. The outreach teams, including Coordinated Intake and PATH, also provide information about locations where unsheltered homeless are residing. In the 2016 unsheltered count, 3 of the 8 municipalities reported homeless and so those areas were the focus of the street outreach teams. Other geographic areas were excluded from the street

count although those organizations participated in the service-based count. 3.Unsheltered homeless are encouraged to attend the same day resource fair and link with CE.

3A-7a. Did the CoC completely exclude geographic areas from the the most recent PIT count (i.e., no one counted there and, for communities using samples the area was excluded from both the sample and extrapolation) where the CoC determined that there were no unsheltered homeless people, including areas that are uninhabitable (e.g. disasters)?	Yes

3A-7b. Did the CoC completely exclude geographic areas from the the most recent PIT count (i.e., no one counted there and, for communities using samples the area was excluded from both the sample and extrapolation) where the CoC determined that there were no unsheltered homeless people, including areas that are uninhabitable (e.g. deserts, wilderness, etc.)?
(limit 1000 characters)

Yes, due to the vast rural and wooded areas of the county, some geographic areas where unsheltered homeless individuals were not known to live were excluded from the planned PIT count. These areas were identified by consulting with shelter workers, municipalities, law enforcement, PATH outreach workers, Coordinated Entry staff and other agencies that serve the homeless population. However, the CoC did use a service based count for a week at 29 agencies to capture a complete picture of unsheltered homelessness in the CoC.

3A-8. Enter the date the CoC submitted the system performance measure data into HDX. The System Performance Report generated by HDX must be attached. (mm/dd/yyyy)	08/11/2016

3A-8a. If the CoC was unable to submit their System Performance Measures data to HUD via the HDX by the deadline, explain why and describe what specific steps they are taking to ensure they meet the next HDX submission deadline for System Performance Measures data.
(limit 1500 characters)

Not Applicable

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

Objective 1: Ending Chronic Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

To end chronic homelessness by 2017, HUD encourages three areas of focus through the implementation of Notice CPD 14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status.

1. Targeting persons with the highest needs and longest histories of homelessness for existing and new permanent supportive housing;
2. Prioritizing chronically homeless individuals, youth and families who have the longest histories of homelessness; and
3. The highest needs for new and turnover units.

3B-1.1. Compare the total number of chronically homeless persons, which includes persons in families, in the CoC as reported by the CoC for the 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).

		2015 (for unsheltered count, most recent year conducted)	2016	Difference
Universe: Total PIT Count of sheltered and unsheltered chronically homeless persons		25	10	-15
Sheltered Count of chronically homeless persons		21	10	-11
Unsheltered Count of chronically homeless persons		4	0	-4

3B-1.1a. Using the "Differences" calculated in question 3B-1.1 above, explain the reason(s) for any increase, or no change in the overall TOTAL number of chronically homeless persons in the CoC, as well as the change in the unsheltered count, as reported in the PIT count in 2016 compared to 2015.
(limit 1000 characters)

Not Applicable

3B-1.2. Compare the total number of PSH beds (CoC Program and non-CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2016 Housing Inventory Count, as compared to those identified on the 2015 Housing Inventory Count.

	2015	2016	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC.	20	20	0

3B-1.2a. Explain the reason(s) for any increase, or no change in the total number of PSH beds (CoC program funded or non-CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2016 Housing Inventory Count compared to those identified on the 2015 Housing Inventory Count.
(limit 1000 characters)

There was no change in the # of PSH beds dedicated to chronically homeless in part because the CoC bonus project, that would have added four of these beds, was not funded. All current PSH beds are devoted to or turnover is prioritized for chronically homeless. Our CoC maximizes the effectiveness of the existing dedicated CoC beds by placing housing program participants on the Section 8 waitlist for Non Elderly Disabled Vouchers as soon as possible. If the PSH household is stable and no longer needs the level of support offered by PSH, case managers work with both PHA's to see that participants receive a Section 8 voucher as soon as one is available. Moving stabilized PSH HHs to Section 8, opens PSH beds to serve other chronic in the CoC. All CoC programs prioritize services for those experiencing chronic homeless. In addition, the largest PHA in the CoC devoted 20 vouchers to support a $2.4 million FY16-FY18 SAMSHA/CABHI grant which will wrap services around the homeless HHs.

3B-1.3. Did the CoC adopt the Orders of Priority into their standards for all CoC Program funded PSH as described in Notice CPD-14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status?

Yes

3B-1.3a. If “Yes” was selected for question 3B-1.3, attach a copy of the CoC’s written standards or other evidence that clearly shows the incorporation of the Orders of Priority in Notice CPD 14-012 and indicate the page(s) for all documents where the Orders of Priority are found.

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3B-1.4. Is the CoC on track to meet the goal of ending chronic homelessness by 2017? Yes

This question will not be scored.

3B-1.4a. If the response to question 3B-1.4 was "Yes" what are the strategies that have been implemented by the CoC to maximize current resources to meet this goal? If "No" was selected, what resources or technical assistance will be implemented by the CoC to reach to goal of ending chronically homelessness by 2017? (limit 1000 characters)

The CoC's strategies: The Health Department received a $2.4 million SAMHSA/CABHI grant FFY16-18 to serve chronically homeless with supportive services, case management, SOAR, housing specialists, outreach, crisis time intervention case management and peer recovery. County PHA set aside 20 vouchers to support this SAMHSA/CABHI initiative. CoC will work with Westminster City PHA to commit vouchers to support SAMHSA/CABHI. All PSH beds are devoted to and prioritized for the chronically homeless. CoC's free health clinic expands integrated care with behavioral health. Free Health Center provides Intensive Care Coordination/Medication Mgt./Housing Connections. The local behavioral health authority and local government will continue to fund Residential Recovery beds as will the Rescue Mission. More service providers will provide outreach at the Cold Weather shelter to reach those most in need.

3B. Continuum of Care (CoC) Strategic Planning Objectives

3B. Continuum of Care (CoC) Strategic Planning Objectives

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

HUD will evaluate CoC's based on the extent to which they are making progress to achieve the goal of ending homelessness among households with children by 2020.

3B-2.1. What factors will the CoC use to prioritize households with children during the FY2016 Operating year? (Check all that apply).

Vulnerability to victimization:	X
Number of previous homeless episodes:	X
Unsheltered homelessness:	X
Criminal History:	X
Bad credit or rental history (including not having been a leaseholder):	X
Head of household has mental/physical disabilities:	X
N/A:	

3B-2.2. Describe the CoC's strategies including concrete steps to rapidly rehouse every household with children within 30 days of those families becoming homeless.
(limit 1000 characters)

These are the concrete steps our COC takes to rapidly re-house households with children within 30 days; Coordinated Entry and Assessment is used to identify homeless families and refer them immediately to all appropriate shelter and housing resources. Our Permanent Supportive Housing, Shelter Plus Care and Rental Assistance Programs all use a Housing First approach. To maximize our ability to rapidly re-house homeless families, our RAP and ESG-Rapid Rehousing dollars focus solely on serving homeless families with children. Several members of the COC, including the RAP Case Worker, attend Carroll's Landlord Association to make connections with landlords so we can identify and quickly access available apartments for homeless families. The COC monitors the data on length of homelessness and is continually looking for ways to increase available funds to house homeless families. Grants have been written and more partnerships with local faith based groups have been fostered.

3B-2.3. Compare the number of RRH units available to serve families from the 2015 and 2016 HIC.

	2015	2016	Difference
RRH units available to serve families in the HIC:	0	0	0

3B-2.4. How does the CoC ensure that emergency shelters, transitional housing, and permanent housing (PSH and RRH) providers within the CoC do not deny admission to or separate any family members from other members of their family based on age, sex, gender or disability when entering shelter or housing? (check all strategies that apply)

CoC policies and procedures prohibit involuntary family separation:	X
There is a method for clients to alert CoC when involuntarily separated:	
CoC holds trainings on preventing involuntary family separation, at least once a year:	
The CoC operates an intact family shelter	X
None:	

3B-2.5. Compare the total number of homeless households with children in the CoC as reported by the CoC for the 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).

PIT Count of Homelessness Among Households With Children

	2015 (for unsheltered count, most recent year conducted)	2016	Difference
Universe: Total PIT Count of sheltered and unsheltered homeless households with children:	18	22	4
Sheltered Count of homeless households with children:	17	22	5
Unsheltered Count of homeless households with children:	1	0	-1

3B-2.5a. Explain the reason(s) for any increase, or no change in the total number of homeless households with children in the CoC as reported in the 2016 PIT count compared to the 2015 PIT count. (limit 1000 characters)

There were 18 households with children in shelter on the day of the 2015 PIT and 22 households with children sheltered on the day of the 2016 PIT, showing an increase of 4 households with children in shelter. There were no unsheltered families with children. There have been no changes in PIT methodology or in services delivery. In the 2015 PIT 44 children were found in 18 households; in the 2016 PIT 38 children were found in 22 households, an actual decrease in the number of homeless children, reflecting the changing size of homeless families. There has been only 1 family with children that were unsheltered during the PIT count since 2001, and that was in 2015.

3B-2.6. From the list below select the strategies to the CoC uses to address the unique needs of unaccompanied homeless youth including youth under age 18, and youth ages 18-24, including the following.

Human trafficking and other forms of exploitation?	Yes
LGBTQ youth homelessness?	Yes
Exits from foster care into homelessness?	Yes
Family reunification and community engagement?	Yes
Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs?	Yes
Unaccompanied minors/youth below the age of 18?	Yes

3B-2.6a. Select all strategies that the CoC uses to address homeless youth trafficking and other forms of exploitation.

Diversion from institutions and decriminalization of youth actions that stem from being trafficked:	X
Increase housing and service options for youth fleeing or attempting to flee trafficking:	X
Specific sampling methodology for enumerating and characterizing local youth trafficking:	

Cross systems strategies to quickly identify and prevent occurrences of youth trafficking:	X
Community awareness training concerning youth trafficking:	X
N/A:	

3B-2.7. What factors will the CoC use to prioritize unaccompanied youth including youth under age 18, and youth ages 18-24 for housing and services during the FY 2016 operating year? (Check all that apply)

Vulnerability to victimization:	X
Length of time homeless:	X
Unsheltered homelessness:	X
Lack of access to family and community support networks:	X
N/A:	

3B-2.8. Using HMIS, compare all unaccompanied youth including youth under age 18, and youth ages 18-24 served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2014 (October 1, 2013-September 30, 2014) and FY 2015 (October 1, 2014 - September 30, 2015).

		FY 2014 (October 1, 2013 - September 30, 2014)	FY 2015 (October 1, 2014 - September 30, 2105)	Difference
Total number of unaccompanied youth served in HMIS contributing programs who were in an unsheltered situation prior to entry:		1	5	4

3B-2.8a. If the number of unaccompanied youth and children, and youth-headed households with children served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2015 is lower than FY 2014 explain why.

(limit 1000 characters)

Not Applicable

3B-2.9. Compare funding for youth homelessness in the CoC's geographic area in CY 2016 and CY 2017.

	Calendar Year 2016	Calendar Year 2017	Difference
Overall funding for youth homelessness dedicated projects (CoC Program and non-CoC Program funded):	$0.00	$0.00	$0.00
CoC Program funding for youth homelessness dedicated projects:	$0.00	$0.00	$0.00
Non-CoC funding for youth homelessness dedicated projects (e.g. RHY or other Federal, State and Local funding):	$0.00	$0.00	$0.00

3B-2.10. To what extent have youth services and educational representatives, and CoC representatives participated in each other's meetings between July 1, 2015 and June 30, 2016?

Cross-Participation in Meetings	# Times
CoC meetings or planning events attended by LEA or SEA representatives:	12
LEA or SEA meetings or planning events (e.g. those about child welfare, juvenille justice or out of school time) attended by CoC representatives:	1
CoC meetings or planning events attended by youth housing and service providers (e.g. RHY providers):	24

3B-2.10a. Based on the responses in 3B-2.10, describe in detail how the CoC collaborates with the McKinney-Vento local educational authorities and school districts.
(limit 1000 characters)

The Local School District (CCPS) homeless liaison attends monthly CoC meetings, serves on the Ranking Committee, Outreach Committee, and managed the PIT and Homeless Resource Fairs. CCPS staff participates in the PIT count by advertising the count/resource fair to homeless families and via training and surveying homeless unsheltered individuals with school aged children. CCPS serves students pre-K-12. The PPWS work closely with shelter staff to enroll students, arrange transportation services, and work collaboratively to meet student needs. CCPS partners with all shelter providers to provide the Family Stability Initiative Grant to prevent homelessness among school aged families. Via Title I funding, CCPS partners with all shelter providers to provide tutoring and counseling services to students living in the shelters. This program is reviewed jointly in an annual meeting and shelter management assists with the tutor/counselor hiring process.

3B-2.11. How does the CoC make sure that homeless individuals and families who become homeless are informed of their eligibility for and receive access to educational services? Include the policies and procedures that homeless service providers (CoC and ESG Programs) are required to follow.
(limit 2000 characters)

All CoC shelters and housing programs have written policies in place to ensure all children are enrolled in educational services. On the day the family/student enters the shelter, the shelter manager calls the pupil personnel worker (PPW). The PPW works with the family and shelter management to verify the homeless status and to expedite the enrollment process. Students may continue to attend their current school (school of origin) unless the parent chooses for the student to transfer to the school where the shelter is located. The PPW arranges transportation for students. In the event that the PPW cannot be reached, shelter management contacts the Local School District (CCPS) Homeless Liaison to facilitate enrollment/transportation. Shelter staff notifies families about tutoring and counseling services provided during the shelter stay and encourages families to participate. Shelter management and the PPWs collaborate during the family's stay at the shelter to provide services and address concerns. When a family is scheduled to leave the shelter, the PPW is notified so that continuity of services can be maintained and any necessary arrangements for school can be made. If a child is not school aged, shelter staff will make a referral to early childhood programs, as needed. The CoC and youth and educational partners collaborate to identify homeless individuals for services. Because youth/educational partners serve on the CoC Homelessness Board, all parties are aware of each other's services and refer students/families to appropriate agencies for services.

3B-2.12. Does the CoC or any HUD-funded projects within the CoC have any written agreements with a program that services infants, toddlers, and youth children, such as Head Start; Child Care and Development Fund; Healthy Start; Maternal, Infant, Early Childhood Home Visiting programs; Public Pre-K; and others?
(limit 1000 characters)

Human Services Programs of Carroll County (HSP), in addition to the HUD-funded programs, runs a Family Center. The Family Center programs have been specifically designed for expectant parents and parents with children under four years of age. While parents are receiving services, their children are receiving services in the HSP Early Learning Center. This program has written agreements with the Infants & Toddlers Program and the Judy Center of the Carroll County Public Schools. In addition, HSP also has a written agreement with Carroll County Community College's Family Literacy Program, which works both with the adult learners and provides educational material for the infants and toddlers in the Early Learning Center.

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

Objective 3: Ending Veterans Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

Opening Doors outlines the goal of ending Veteran homelessness by the end of 2016. The following questions focus on the various strategies that will aid communities in meeting this goal.

3B-3.1. Compare the total number of homeless Veterans in the CoC as reported by the CoC for the 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).

	2015 (for unsheltered count, most recent year conducted)	2016	Difference
Universe: Total PIT count of sheltered and unsheltered homeless veterans:	4	3	-1
Sheltered count of homeless veterans:	3	3	0
Unsheltered count of homeless veterans:	1	0	-1

3B-3.1a. Explain the reason(s) for any increase, or no change in the total number of homeless veterans in the CoC as reported in the 2016 PIT count compared to the 2015 PIT count. (limit 1000 characters)

Not Applicable

3B-3.2. Describe how the CoC identifies, assesses, and refers homeless veterans who are eligible for Veterean's Affairs services and housing to appropriate reources such as HUD-VASH and SSVF. (limit 1000 characters)

The CoC’s strategies are: 1. Outreach: PATH (SAMHSA), CE (CoC), Outreach team (SAMHSA/CABHI), Veteran Services Office (County) outreach/identify homeless vets on street/shelter & refer to services. Veteran Services Office

(County) coordinates efforts to identify Veterans at intake at county agencies (i.e. Hospital and Detention Center). 2. Eligibility for Services: Veteran Services Office (County) assesses eligibility for VA services, transports Veterans to VAMC. Local Health Center (County/private) seeking designation as VA Health Center to increase access to services and allow County PHA to apply for VASH vouchers.
3. Steps to Engage VA - Veteran Services Office (County) works directly with MD VA offices, VAMC, SSVF grantees and out-of-county VASH to refer Veterans to most appropriate service.

3B-3.3. Compare the total number of homeless Veterans in the CoC and the total number of unsheltered homeless Veterans in the CoC, as reported by the CoC for the 2016 PIT Count compared to the 2010 PIT Count (or 2009 if an unsheltered count was not conducted in 2010).

	2010 (or 2009 if an unsheltered count was not conducted in 2010)	2016	% Difference
Total PIT Count of sheltered and unsheltered homeless veterans:	9	3	-66.67%
Unsheltered Count of homeless veterans:	1	0	-100.00%

3B-3.4. Indicate from the dropdown whether you are on target to end Veteran homelessness by the end of 2016. Yes

This question will not be scored.

**3B-3.4a. If "Yes", what are the strategies being used to maximize your current resources to meet this goal? If "No" what resources or technical assistance would help you reach the goal of ending Veteran homelessness by the end of 2016?
(limit 1000 characters)**

To end Veteran Homelessness in 2016: 1.Target homeless Veterans through outreach teams under SAMHSA/CABHI to provide supportive services & link to permanent housing. This grant allows Veterans who have a mental health and/or substance use disorder to obtain supportive wrap around services whether they are chronically or newly homeless. 2.The Veteran's Advisory Council (VAC) will develop a Veteran's Housing Committee to build a by-name list and review the cases of homeless Veterans in the County. With the individual's permission, cases will be discussed, and housing options will be matched to the individual's wants and needs for housing. Review of cases during the housing committee will reduce duplication of services and ensure that all veterans wanting housing are able to receive it. The VAC was awarded $80,000.00 from the Kahlert Foundation to provide case management and rental assistance to veterans experiencing homelessness or at risk of experiencing homelessness.

4A. Accessing Mainstream Benefits

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

4A-1. Does the CoC systematically provide information to provider staff about mainstream benefits, including up-to-date resources on eligibility and program changes that can affect homeless clients? Yes

4A-2. Based on the CoC's FY 2016 new and renewal project applications, what percentage of projects have demonstrated they are assisting project participants to obtain mainstream benefits? This includes all of the following within each project: transportation assistance, use of a single application, annual follow-ups with participants, and SOAR-trained staff technical assistance to obtain SSI/SSDI?

FY 2016 Assistance with Mainstream Benefits

Total number of project applications in the FY 2016 competition (new and renewal):	6
Total number of renewal and new project applications that demonstrate assistance to project participants to obtain mainstream benefits (i.e. In a Renewal Project Application, "Yes" is selected for Questions 2a, 2b and 2c on Screen 4A. In a New Project Application, "Yes" is selected for Questions 5a, 5b, 5c, 6, and 6a on Screen 4A).	6
Percentage of renewal and new project applications in the FY 2016 competition that have demonstrated assistance to project participants to obtain mainstream benefits:	100%

4A-3. List the organizations (public, private, non-profit and other) that you collaborate with to facilitate health insurance enrollment, (e.g., Medicaid, Medicare, Affordable Care Act options) for program participants. For each organization you partner with, detail the specific outcomes resulting from the partnership in the establishment of benefits. (limit 1000 characters)

The CoC is in a Medicaid expansion state and has collaborative relationship between the local health department, the local Health Clinic for uninsured/underinsured and Health Exchange Navigators to ensure that all homeless persons can apply for healthcare and other benefits for which they are entitled. The Navigators, Coordinated Entry, Shelter Managers, PATH Outreach worker and Certified Peer Support Specialists ensure that all uninsured persons are able to make application for health insurance within five business days and link individuals with the Homeless ID Project to obtain a

state ID and birth certificate in a timely manner. The CoC operates under a No Wrong Door policy whereby an individual can enter through any one of these agencies and will receive either the services directly or a warm handoff to services. The State Health Insurance Assistance Program is active in the CoC to assist Medicare beneficiaries.

4A-4. What are the primary ways the CoC ensures that program participants with health insurance are able to effectively utilize the healthcare benefits available to them?

Educational materials:	X
In-Person Trainings:	X
Transportation to medical appointments:	X
Not Applicable or None:	

4B. Additional Policies

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

4B-1. Based on the CoCs FY 2016 new and renewal project applications, what percentage of Permanent Housing (PSH and RRH), Transitional Housing (TH), and SSO (non-Coordinated Entry) projects in the CoC are low barrier?

FY 2016 Low Barrier Designation

Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO project applications in the FY 2016 competition (new and renewal):	5
Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2016 competition:	5
Percentage of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications in the FY 2016 competition that will be designated as "low barrier":	100%

4B-2. What percentage of CoC Program-funded Permanent Supportive Housing (PSH), Rapid Re-Housing (RRH), SSO (non-Coordinated Entry) and Transitional Housing (TH) FY 2016 Projects have adopted a Housing First approach, meaning that the project quickly houses clients without preconditions or service participation requirements?

FY 2016 Projects Housing First Designation

Total number of PSH, RRH, non-Coordinated Entry SSO, and TH project applications in the FY 2016 competition (new and renewal):	5
Total number of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications that selected Housing First in the FY 2016 competition:	5
Percentage of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications in the FY 2016 competition that will be designated as Housing First:	100%

4B-3. What has the CoC done to ensure awareness of and access to housing and supportive services within the CoC's geographic area to persons that could benefit from CoC-funded programs but are not currently participating in a CoC funded program? In particular, how does the CoC reach out to for persons that are least likely to request housing or services in the absence of special outreach?

Direct outreach and marketing:	X

Use of phone or internet-based services like 211:	X
Marketing in languages commonly spoken in the community:	X
Making physical and virtual locations accessible to those with disabilities:	X
Not applicable:	

4B-4. Compare the number of RRH units available to serve populations from the 2015 and 2016 HIC.

	2015	2016	Difference
RRH units available to serve all populations in the HIC:	0	0	0

4B-5. Are any new proposed project applications requesting $200,000 or more in funding for housing rehabilitation or new construction? No

4B-6. If "Yes" in Questions 4B-5, then describe the activities that the project(s) will undertake to ensure that employment, training and other economic opportunities are directed to low or very low income persons to comply with section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u) (Section 3) and HUD's implementing rules at 24 CFR part 135?
(limit 1000 characters)

Not Applicable

4B-7. Is the CoC requesting to designate one or more of its SSO or TH projects to serve families with children and youth defined as homeless under other Federal statutes? No

4B-7a. If "Yes", to question 4B-7, 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 2500 characters)

Not Applicable

4B-8. Has the project been affected by a major disaster, as declared by the President Obama under Title IV of the Robert T. Stafford Disaster Relief and Emergency Assistanct Act, as amended (Public Law 93-288) in the 12 months prior to the opening of the FY 2016 CoC Program Competition?	No

4B-8a. If "Yes" in Question 4B-8, 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)

Not Applicable

4B-9. Did the CoC or any of its CoC program recipients/subrecipients request technical assistance from HUD since the submission of the FY 2015 application? This response does not affect the scoring of this application.	No

4B-9a. If "Yes" to Question 4B-9, check the box(es) for which technical assistance was requested.

This response does not affect the scoring of this application.

CoC Governance:	☐
CoC Systems Performance Measurement:	☐
Coordinated Entry:	☐
Data reporting and data analysis:	☐
HMIS:	☐

Homeless subpopulations targeted by Opening Doors: veterans, chronic, children and families, and unaccompanied youth:	
Maximizing the use of mainstream resources:	
Retooling transitional housing:	
Rapid re-housing:	
Under-performing program recipient, subrecipient or project:	
Not applicable:	X

4B-9b. Indicate the type(s) of Technical Aassistance that was provided, using the categories listed in 4B-9a, provide the month and year the CoC Program recipient or sub-recipient received the assistance and the value of the Technical Assistance to the CoC/recipient/sub recipient involved given the local conditions at the time, with 5 being the highest value and a 1 indicating no value.

Type of Technical Assistance Received	Date Received	Rate the Value of the Technical Assistance

4C. Attachments

Instructions:

Multiple files may be attached as a single .zip file. For instructions on how to use .zip files, a reference document is available on the e-snaps training site: https://www.hudexchange.info/resource/3118/creating-a-zip-file-and-capturing-a-screenshot-resource

Document Type	Required?	Document Description	Date Attached
01. 2016 CoC Consolidated Application: Evidence of the CoC's communication to rejected participants	Yes	MD-506 No Rejecte...	08/30/2016
02. 2016 CoC Consolidated Application: Public Posting Evidence	Yes		
03. CoC Rating and Review Procedure (e.g. RFP)	Yes	2016 CoC MD 506 R...	08/31/2016
04. CoC's Rating and Review Procedure: Public Posting Evidence	Yes	CoC MD 506 Rankin...	08/31/2016
05. CoCs Process for Reallocating	Yes	CoC MD 506 Reallo...	08/31/2016
06. CoC's Governance Charter	Yes	CoC's Governance ...	09/12/2016
07. HMIS Policy and Procedures Manual	Yes	HMIS Policy and P...	09/02/2016
08. Applicable Sections of Con Plan to Serving Persons Defined as Homeless Under Other Fed Statutes	No		
09. PHA Administration Plan (Applicable Section(s) Only)	Yes	Carroll County an...	09/08/2016
10. CoC-HMIS MOU (if referenced in the CoC's Goverance Charter)	No		
11. CoC Written Standards for Order of Priority	No	CoC Written Stand...	09/08/2016
12. Project List to Serve Persons Defined as Homeless under Other Federal Statutes (if applicable)	No		
13. HDX-system Performance Measures	Yes	HDX-system Perfor...	09/06/2016
14. Other	No		
15. Other	No		

Attachment Details

Document Description: MD-506 No Rejected Projects

Attachment Details

Document Description:

Attachment Details

Document Description: 2016 CoC MD 506 Ranking and Review Procedure

Attachment Details

Document Description: CoC MD 506 Ranking And Review Procedure Public Posting

Attachment Details

Document Description: CoC MD 506 Reallocation Policy

Attachment Details

Document Description: CoC's Governance Charter

Attachment Details

Document Description: HMIS Policy and Procedures Manual

Attachment Details

Document Description:

Attachment Details

Document Description: Carroll County and Westminster City PHA Administrative Plans

Attachment Details

Document Description:

Attachment Details

Document Description: CoC Written Standards for Order of Priority

Attachment Details

Document Description:

Attachment Details

Document Description: HDX-system Performance Measures

Attachment Details

Document Description: Westminster City PHA Plan FY2015

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. Identification	08/18/2016
1B. CoC Engagement	09/08/2016
1C. Coordination	09/02/2016

1D. CoC Discharge Planning	09/02/2016
1E. Coordinated Assessment	09/08/2016
1F. Project Review	09/12/2016
1G. Addressing Project Capacity	09/02/2016
2A. HMIS Implementation	09/08/2016
2B. HMIS Funding Sources	09/02/2016
2C. HMIS Beds	09/08/2016
2D. HMIS Data Quality	09/09/2016
2E. Sheltered PIT	09/08/2016
2F. Sheltered Data - Methods	09/08/2016
2G. Sheltered Data - Quality	09/02/2016
2H. Unsheltered PIT	09/08/2016
2I. Unsheltered Data - Methods	09/08/2016
2J. Unsheltered Data - Quality	09/02/2016
3A. System Performance	09/08/2016
3B. Objective 1	09/08/2016
3B. Objective 2	09/08/2016
3B. Objective 3	09/08/2016
4A. Benefits	09/02/2016
4B. Additional Policies	09/08/2016
4C. Attachments	Please Complete
Submission Summary	No Input Required

2016 Continuum of Care – MD 506

No projects were rejected in the 2016 Continuum of Care local ranking and acceptance process.

From:	Standiford, Deborah
To:	Kay, Christine C.; Frank Valenti (frank.valenti@maryland.gov); Angela Gustus (agustus@hspinc.org); Kelley Rainey (krainey@fcsmd.org); Ed Singer -DHMH-; Amy Baker (amy.baker@maryland.gov); Sanderson, Brian; gfuss827@comcast.net; Darcel Harris (d_harri@carrollk12.org); Yates, Danielle M.
Cc:	Quick, Jennifer
Subject:	Respond Required by Thursday 8/4 - Executive Committee Approval of Ranking Policy
Date:	Monday, August 01, 2016 11:23:00 AM
Attachments:	2016 Continuum of Care Rank and Review Policy Carroll 506 DRAFT.docx
Importance:	High

Hi

The Executive Committee is required to approve the attached policy which establishes how the Continuum of Care projects will be ranked for the 2016 submission.

I need your approval by Thursday 8/4 at noon.

Call me if you have any concerns or questions.

Thanks for your attention.

Debby

Debby Standiford
Grants Manager
Carroll County Government
225 N. Center Street
Westminster, MD 21157
410-386-2212 (Office)
410-848-0003 (Fax)

CARROLL COUNTY
CIRCLE OF CARING HOMELESSNESS BOARD
Continuum of Care Policy

Policy on: Continuum of Care Project Ranking and Selection **Effective:** 7/15/16

Approved by Executive (CoC) Board: _____

Date: 8/1/16

Purpose: To document the Carroll County, MD- 506 2016 Continuum of Care (Continuum of Care) Project Ranking and Selection Process

2016 HUD NOFA

The U.S. Department of Housing and Urban Development (HUD) released the 2016 Notice of Funding Availability https://www.hudexchange.info/e-snaps/fy-2016-Continuum of Care-program-nofa-Continuum of Care-program-competition/ on June 29, 2016. Nationally, approximately $1.9 billion is available.

Although the available amount of funding is expected to be sufficient to fund eligible renewal projects in 2016, HUD will continue to require Collaborative Applicants to rank all projects, except Continuum of Care planning and UFA Costs, in two Tiers. Tier 1 is equal to 93 percent of the Continuum of Care's 2016 Annual Renewal Demand (ARD). Tier 2 is the difference between Tier 1 and the Continuum of Care's ARD plus any amount available for the permanent housing bonus as described in Section II.B.4. of HUD's NOFA.

2016 Continuum of Care Funding Carroll County (MD-506)

Category	2016 Funding
2016 Annual Renewal Demand (ARD)	$379,081
Tier I (93% of ARD)	$352,545
Tier 2 (7% of ARD)	$26,536
PSH or RRH Bonus (5% ARD)	$18,954
Planning (3% ARD)	$11,372
Total Funding Available ARD + Bonus + Planning	**$409,407**

Carroll County NOFA

On July 7, 2016 The Carroll County Homelessness Board issued a NOFA for the 2016 Continuum of Care Competition. The following were invited via public notice to submit applications by August 10, 2016:

1. **Renewal projects** – all current Continuum of Care projects are eligible for FY 2016 fund renewal. Projects will be required to submit Project applications to the Circle of Caring Homelessness Board for review, approval and ranking by the Ranking and Selection Committee of the Continuum of Care Board.
2. **Reallocations** – Project applicants with eligible renewals can propose new projects by shifting funds from one or more existing projects to new PSH and RRH without decreasing or increasing the Continuum of Care's ARD. Through the reallocation process:
    a. Applicants may create new permanent supportive housing projects where all beds will be dedicated for use by the chronically homeless. Persons coming from transitional housing are not eligible.
    b. Applicants may create new rapid re-housing projects for homeless households with children who enter directly from the streets or emergency shelters. Rapid re-housing projects created through reallocation may include in part or whole, victims of domestic violence; however, these participants must meet all other criteria for this type of housing (i.e., household with children who enter directly from the streets or emergency shelter). Persons coming from transitional housing projects are not eligible.
    c. The Continuum of Care Board will also review project performance and monitoring results to determine if any projects should be recommended for reallocation.
3. **Bonus Project** - The Permanent Housing Bonus is available to any applicant to create new permanent supportive housing projects that will exclusively serve chronically homeless individuals and families <u>or</u> rapid re-housing projects that will serve individuals, families or unaccompanied youth who come directly from the streets, emergency shelters, or are fleeing domestic violence or other persons who meet the criteria of paragraph (4) of the definition of homeless. Carroll County is eligible to apply for up to 5 percent of its ADR for new projects and may apply for more than one bonus project. New projects created through a permanent housing bonus must meet the project eligibility and threshold requirements established by HUD. See IV.B. 2 for allowed grant terms for new projects.

Overview – Continuum of Care Project Selection Criteria

The Continuum of Care's homeless assistance programs will be evaluated by HUD Policy Priorities Section II. H. A. of the 2016 NOFA including but not limited to:

1. Contribute to the Continuum's Systemic Response to Homelessness
    a. Including a CE process that prioritizes persons with greatest need
2. Ensure a Strategic Allocation of Resources
3. Contribute to the End of Chronic Homelessness
4. Contribute to the End of Family Homelessness
5. Contribute to the End of Youth (18-24) Homelessness
6. Contribute to the End of Veteran Homelessness
7. Use a Housing First Approach

Tiers and Ranking:

1. To ensure the Continuum of Cares can prioritize their projects locally in the event that HUD is not able to fund all renewals, HUD requires that Continuum of Cares rank projects in 2 tiers. The tiers are financial thresholds. This year Tier 1 is equal to 93% of the Continuum of Care'sARD. Tier 2 is the amount between the Continuum of Care's Tier 1 and the Continuum of Care's Final Annual Renewal Demand (ARD), plus any Bonus Project.
2. The Continuum of Care must assign a unique rank to each project that it intends to submit to HUD for 2016 funding. Projects scoring highest and contribute to HUD Policy Priorities including reducing homelessness in the CoC 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. HUD strongly advises Continuum of Cares to rank higher those project applications that the Continuum of Care determines are high priority, high performing, and meet the needs and gaps as identified in the Continuum of Care.
3. Projects ranked in Tier 1 are considered relatively safe, while projects in Tier 2 are at risk. Higher scoring applications have a better chance of being awarded funding in both Tier 1 and Tier 2.
4. The rating and ranking will also take into consideration HUD Policy Priorities and Continuum of Care goals to determine which projects will be placed into Tier 2.
5. Rejected projects will be included in the Priority Listing, but will not be ranked.

Ranking and Selection

1. All renewal and new applications will be reviewed and ranked by an unbiased Rating and Ranking Committee composed of representatives from non-applicant organizations that have no financial or interest in a Continuum of Care funded program per the Continuum of Care's Governance. The Rating and Ranking Committee is comprised of Circle of Caring Homeless Board members who are knowledgeable about homelessness and housing in the Continuum of Care and who represent the relevant subpopulations.
2. Projects must meet minimum project eligibility, capacity, timeliness, and performance standards including but not limited to:
    a. Applicant's performance on project goals (APR's)
    b. Applicant's performance in assisting program participants to achieve and maintain permanent housing and self-sufficiency (APR's and HMIS reports)
    c. Financial management accounting practices (Monitoring and Audits)
    d. Timely expenditures (LOCCS)
    e. Capacity (Monitoring, APR's HMIS reports)
    f. Eligible activities/participants (Monitoring)
    g. Cost Effectiveness (Cost per person or unit)
    h. Projects will be assigned a score based on this above objective criteria
3. New projects created through reallocation will be ranked based on the performance of the renewal application which is being reallocated and in accordance with NOFA guidance.
4. Bonus projects submitted by current applicants will be ranked based on the performance of similar renewals.
5. Bonus projects submitted by new applicants will be ranked based on the performance of similar projects as well as a presentation to the Ranking Committee.

6. All Permanent Supportive Housing Projects will be certified to have demonstrated a need in the Continuum's geographic area.
7. Final Ranking will be based on:
    a. Score assigned in Section 2 of Ranking and Selection
    b. HUD Policy Priorities
    c. HUD order of selection of new and renewal projects – Section II. B. 16 of NOFA
    d. Circle of Caring Homelessness Board Priorities and Strategic Plan (CFR 578.9)
        i. Improving System Performance
        ii. Allocating Resources to Higher Performing Projects
        iii. Projects that support the local priorities and Strategic Plan
8. The Committee's final rankings will be presented to the Continuum of Care Board for approval and then submitted to the Circle of Caring Homeless Board for a formal vote on August 24, 2016.
9. All project applicants will be notified in writing by August 30, 2016 of their project acceptance or rejection and the project's rank in Tier 1 or Tier 2.
10. Ranking and Selection tool is attached.

Appeals Process:

Agencies that question the ranking and review process or feel that they have been unfairly eliminated from the competition may file an appeal. Project applicants whose project was rejected may appeal the local Continuum of Care competition decision to HUD if the project applicant believes it was denied the opportunity to participate in the local Continuum of Care planning process in a reasonable manner by submitting a Solo Application in e-snaps directly to HUD prior to the application deadline of 7:59:59 p.m. eastern time on September 24, 2016. The Continuum of Care's notification of rejection of the project in the local competition must be attached to the Solo Application. If the Continuum of Care fails to provide written notification outside of e- snaps, the Solo Applicant must attach evidence that it attempted to participate in the local Continuum of Care planning process and submitted a project application that met the local deadlines, along with a statement that the Continuum of Care did not provide the Solo Applicant written notification of the Continuum of Care rejecting the project in the local Continuum of Care competition. The appeal must be based on the fact that a decision made by the Carroll County Circle of Caring Homelessness Board regarding the ranking, rejection, or funding of their project was prejudicial, unsubstantiated by project performance, or in violation of the 2016 Continuum of Care Guidelines. The appeal may be filed with the Circle of Caring Homelessness Board via email: ckay@ccg.carr.org by 3:00pm, September 24, 2016 the appeal deadline.

Carroll County Continuum of Care Scoring Tools:

Continuum of Care Renewal Project Scoring Tool		
Agency:		
Project:	# Served (APR):	
% Homeless at Program Entry:	# of Beds:	
% Disabled:	Grant Request:	
% Chronic:	Total Budget:	
	Cost per person:	Cost per Bednight:

HUD Policy Priorities: Systemic Response to Homelessness (2016 Project Application and Monitoring)	
Does project report to HMIS? 1 point	
Does this program use the CoC's **Coordinated Entry** for all referrals to the program? 1 point	
Is agency represented on the Circle of Caring Homelessness Board and its Committees? 1 point	

HUD Policy Priorities: Strategic Resource Allocation Project Performance (APR)		
	Measure	**Score**
Bed Utilization Rate (Under 50% =0; 50 to 75% =1; Over 75% = 2)		

Project Specific Goals and Monitoring (APR)	**Target Goal**	**Actual Performance**	**Score**
Measure 1 - Housing Stability The % of persons who remained in Safe Haven at the end of the operating year or exited to permanent housing during the operating year. **Goal met = 2 Goal not met = 0**			
Measure 2a – Increased Total Income - % who maintained or increased income **Goal met = 2 Goal not met = 0**			
Measure 3 –.Length of Stay – What is the average length of stay for a participant? **More than 90 days = 2 Less than 90 days = 0**			
Are there **monitoring issues** with this project? (No = 2; Yes = 0)			
Are there financial **audit issues** with this project? (No = 2; Yes = 0)			
Did the project **draw down** all funds? (Yes =2; No =0)			

Strategic Resource Allocation (2016 Project App and APR)	**Measure**	**Score**
What % of HUD CoC funding is used for supportive services or administrative costs? (under 10% = 2; over 10% =0)		
Did project serve **Chronically Homeless**? (1 point)		
Did project serve **Homeless Family**? (1 Point)		
Did project serve **Homeless Youth (18-24)** (1 Point)		
Did project serve **Homeless Veterans** (1 Point)		

Project Type (2016 CoC Project Application)	**Measure**	**Score**
PSH (Chronic) or RRH for families = 10 pts PSH (Non-Chronic), SH, CE = 5 pts. SSO or TH = -25 pts		
Is this project mandated by HUD? (HMIS and CE only = 5 pts)		
Total		

Continuum of Care
New Project Scoring Tool
Current CoC Agencies

Agency:		
Project:	# Served (Projected*):	
% Homeless at Program Entry:	# of Beds:	
% Disabled:	Grant Request:	
% Chronic:	Total Budget:	
	Cost per person:	Cost per Bednight:

HUD Policy Priorities: Systemic Response to Homelessness (2016 Project Application and Monitoring)	
Does project report to HMIS? 1 point	
Does this program use the CoC's **Coordinated Entry** for all referrals to the program? 1 point	
Is agency represented on the Circle of Caring Homelessness Board and its Committees? 1 point	

HUD Policy Priorities: Strategic Resource Allocation Project Performance (Projected*)		
	Measure	**Score**
Bed Utilization Rate (Under 50% =0; 50 to 75% =1; Over 75% = 2)		

Project Specific Goals and Monitoring (Projected*)	**Target Goal**	**Actual Performance**	**Score**
Measure 1 - Housing Stability The % of persons who remained in Safe Haven at the end of the operating year or exited to permanent housing during the operating year. **Goal met = 2 Goal not met = 0**			
Measure 2a – Increased Total Income - % who maintained or increased income **Goal met = 2 Goal not met = 0**			
Measure 3 – Length of Stay – What is the average length of stay for a participant? **More than 90 days = 2 Less than 90 days = 0**			

Are there **monitoring issues** with other projects? (No = 2; Yes = 0)	
Are there financial **audit issues** with other projects? (No = 2; Yes = 0)	
Did other projects **draw down** all funds? (Yes =2; No =0)	

Strategic Resource Allocation (2016 Project Application)	**Measure**	**Score**
What % of HUD CoC funding is used for supportive services or administrative costs? (under 10% = 2; over 10% =0)		
Will project serve **Chronically Homeless**? (1 point)		
Will project serve **Homeless Families**? (1 Point)		
Will project serve **Homeless Youth (18-24)** (1 Point)		
Will project serve **Homeless Veterans** (1 Point)		
Project Type (2016 CoC Project Application)	**Measure**	**Score**
PSH (Chronic) or RRH for families = 10 pts PSH (Non-Chronic), SH, CE = 5 pts. SSO or TH = -25 pts		
Is this project mandated by HUD? (HMIS and CE only = 5 pts)		
Total		

* Based on performance of similar projects

Continuum of Care
New Project Scoring Tool
New Agencies

Agency:		
Project:	# Served (Projected*):	
% Homeless at Program Entry:	# of Beds:	
% Disabled:	Grant Request:	
% Chronic:	Total Budget:	
	Cost per person:	Cost per Bednight:

Systemic Response to Homelessness (Agency Presentation)			
Support of HUD Policy Priorities and Circle of Caring Goals (up to 25 points)			
Project Performance (Agency Presentation)			
	Measure		**Score**
Bed Utilization Rate (Under 50% =0; 50 to 75% =1; Over 75% = 2)			
Project Specific Goals and Monitoring (Agency Presentation)	**Target Goal**	**Actual Performance**	**Score**
Measure 1 - Housing Stability The % of persons who remained in Safe Haven at the end of the operating year or exited to permanent housing during the operating year. **Goal met = 2 Goal not met = 0**			
Measure 2a – Increased Total Income - % who maintained or increased income **Goal met = 2 Goal not met = 0**			
Measure 3 – Length of Stay – What is the average length of stay for a participant? **More than 90 days = 2 Less than 90 days = 0**			
Provider Capacity (Agency Presentation)			**Score**
Fiscal and Programmatic Capacity (up to 25 points)			
Strategic Resource Allocation (2016 Project Application)	**Measure**		**Score**
What % of HUD CoC funding is used for supportive services or administrative costs? (under 10% = 2; over 10% =0)			
Will project serve **Chronically Homeless**? (1 point)			
Will project serve **Homeless Families**? (1 Point)			
Will project serve **Homeless Youth (18-24)** (1 Point)			
Will project serve **Homeless Veterans** (1 Point)			
Project Type (2016 Project Application)	**Measure**		**Score**
PSH (Chronic) or RRH for families = 10 pts PSH (Non-Chronic), SH, CE = 5 pts. SSO or TH = (deduct 25 pts)			
Is this project mandated by HUD? (HMIS and CE only = 5 pts)			
Total			

Continuum of Care New Agency Presentation	
Provider Capacity	
Criteria (Points)	**Score**
Knowledge of clientele and community; Qualified/ experienced staff (1-5 points)	
Programmatic and physical infrastructure to support a housing/homeless program (1-5 points)	
Financial mgt. system and annual independent audit (1-5 points)	
Has your agency had any Financial or HUD audit findings in the last year? If yes, explain resolution. (1-5 points)	
Participation in Circle of Caring Homelessness Board and Sub Committees (1-5 points)	
Support of HUD Policy Priorities and Circle of Caring Goals	
Describe your agencies work to end homelessness in the community (1 -5 points)	
Does your agency partner with Public Housing Authorities in the CoC on homeless issues? (1 -5 points)	
Does your agency partner with philanthropic organizations on services for the homeless that you serve? (1 -5 points)	
Does your agency partner with state agencies and federal agencies (other than HUD) to provide funding and services to the homeless that you serve? (1 -5 points)	
Do you have the capacity to enter all CoC project data into HMIS? (1 -5 points)	
Project Performance and Goals	
Bed Utilization Rate What is the projected bed utilization rate in the first year? (Under 50% =0; 50 to 75% =1; Over 75% = 2)	
Explain how you will reach that goal. (Score 1-5)	
Cash Income Projected % of clients who will increase or maintain cash income in the first year? (Under 50% =0; 50 to 75% =1; Over 75% = 2)	
Explain your strategy for maximizing client's cash income. (Score 1-5)	
Non Cash Income Projected % of clients who will increase or maintain non-cash income in the first year? (Under 50% =0; 50 to 75% =1; Over 75% = 2)	
Explain your strategy for maximizing client's non-cash income. (Score 1-5)	
Housing Stability or Length of Stay Projected % of clients who will achieve housing stability (Under 50% =0; 50 to 75% =1; Over 75% = 2)	
Explain your strategy to reach that goal. (Score 1-5)	

From:	Standiford, Deborah
To:	Angela Gustus (agustus@hspinc.org); Ed Singer -DHMH-
Cc:	Amy Baker (amy.baker@maryland.gov); Sherry Boyd (DHMH) (sherry.boyd@maryland.gov); Colleen Baumgartner; HSP Corina Canon; Kay, Christine C.; Jagoda, Caren
Subject:	Carroll County Continuum of Care Ranking Process
Date:	Wednesday, August 03, 2016 3:58:00 PM
Attachments:	Executed and Adopted Ranking Tool 2016 CoC.pdf

Hi

For your reference, I have attached the Ranking Process for the 2016 Continuum of Care.

Call me with any questions

Thanks

Debby

Debby Standiford
Grants Manager
Carroll County Government
225 N. Center Street
Westminster, MD 21157
410-386-2212 (Office)
410-848-0003 (Fax)

Meeting Minutes – 8/19/16

Continuum of Care Ranking Committee

Attending: Danielle Yates, Citizen Services; Kelley Rainey, Family and Children's Services; Tammy Black, Access Carroll; Cheri Ebaugh, Carroll Hospital Center; Lynn Davis, Youth Services Bureau; Kathi Green, Carroll County Public Schools; Debby Standiford, Grants Office

Committee reviewed the available funding:

Category	**2016 Grant Funding**
Total Renewal Projects	$379,081
Tier I (93% of Total Renewals)	$352,545
Tier 2 (7% of Total Renewals)	$26,536
Total Funding: Renewals	**$379,081**

The projects

Agency	Project	# Served	Grant Request	Cash Match	Total Project
HSP	PSH VIII	11	$40,419	$1,320	$41,739
HSP	PSH II	7	$42,250	$1,431	$43,681
HSP	PSH I	10	$65,747	$889	$66,636
HSP	Safe Haven	52	$74,314	$238,816	$313,130
HSP	Coordinated Entry	480	$32,098	$8,025	$40,123
CCHD	Shelter+Care	27	$124,253	0	$124,253

The Project Ranking after the objective scores were calculated:

Score	Tier	Project	# Served	% Disabled	% Chronic	% Veterans	% Children	Cost per Person*	Cost per Bednight*	Grant Request	Cash Match	Total Project
32	1	PSH VIII	11	100%	18%	40%	55%	$3,642	$11.02**	$40,419	$1,320	$41,739
30	1	PSH II	7	100%	71%	14%	0%	$5,955	$24.04	$42,250	$1,431	$43,681
27	1	Safe Haven	52	100%	44%	4%	0%	$6,021	$39.66	$74,314	$238,816	$313,130
27	1	Shelter +Care	27	100%	26%	1%	15%	$4,601	$17.92	$124,253	0	$124,253
27	1	C. Entry	480	34%	3%	4%	36%	$83.58	NA	$32,098	$8,025	$40,123
27	1/2	PSH I	10	100%	57%	0%	0%	$6,367	$29.47	$65,747	$889	$66,636

* Based on Annual Performance Report and costs for last full project year

** Houses a family in one unit bringing down cost per person and bednight.

*** Average cost for HSP's PSH projects (total beds = 22) – $5,193.46 cost per person and $19.31 per bednight

The Committee also reviewed:

- HUD's Homeless Policy and Program Priorities (Section II. A. of the 2016 CoC NOFA pages 7-9)
- Circle of Caring Strategic Plan
- Impact of Tiers on HUD's project selection (Section II. B. 15- 16 of the 2016 CoC NOFA)

The Committee decided to keep the first two projects in their rank order and to rank the 4 projects that were tied. A discussion of each of the four projects included:

Rank	Project	Pros	Cons
5	Shelter Plus Care	1. More Cost Effective compared to HSP's PSH project (collectively) 2. Impact of Tiers – only a small portion of the project will fall into Tier 3. Serve Chronic, Vets, Families 4. Exceeded or met all goals 5. do not use any $ for admin or supportive services – they have the SAMHSA grant for services	1. Financial Audit issues – but 17 of the 19 finding were addressed immediately 2. Did not spend all funds
3	Safe Haven	1. Serve large number of Chronic 2. Unfair to take a point away for not serving families when the facility can't serve families – add that point in and this project is 3rd	1. Under goal (but clients may be staying longer) 2. High cost per person (but costs include security and case management which are not in the other project budgets 3. not a HUD priority – HUD will not fund new Safe Havens
4	Coordinated Entry	1. HUD mandated 2. Large # served – 480 – exceeded goal 3. Served families, vets, chronic and 40 - 18-24 yr olds. 4. Also requirement of ESG and some State homeless funding	1. As a relatively small project, most of the project would fall into Tier 2 2. All services $ which HUD does not like to fund 3. Service is backlogged and impossible to get a same day appointment

6	PSHI	1. Served Chronic	1. Cost higher than S+C 2. No Vets were served 3. Didn't draw all funds.

Final Project Ranking Recommendation:

Ranking	Tier	Agency	Project	Grant Request	Cash Match	Total Project
1	1	HSP	PSH VIII	$40,419	$1,320	$41,739
2	1	HSP	PSH II	$42,250	$1,431	$43,681
3	1	HSP	Safe Haven	$74,314	$238,816	$313,130
4	1	HSP	Coordinated Entry	$32,098	$8,025	$40,123
5	1	CCHD	Shelter+Care	$124,253	0	$124,253
6	1/2	HSP	PSH I	$65,747	$889	$66,636

From: Quick, Jennifer
To: Amy Baker; Angela; Angie McAllister; Ann Thomas; Ben Magliano; Brenda Meadows; Brian Reichard; Brian Sanderson; Bryan Lyburn (blyburn@cchabitat.org); Jagoda, Caren; Carol Bernstein; Carol Dodson; Cathy Mitzel; Cheri Ebaugh; Cheryl Gosaguio; Kay, Christine C.; Cindy Shaw; Clare Kazyak; Colleen Baumgartner; Corina Canon; Yates, Danielle M.; Darcel Harris; Standiford, Deborah; Rickell, Denise; Dennis Mitzel; Diana Coleman (dcoleman@hspinc.org); Donna Devilbiss (donna.corky@yahoo.com); Ed Singer; Elaine Scott; Elizabeth Crammond; Frank Valenti; Valentine, Gina; Ivette Perez; Jackie Mazurick; Jamie Meyers; Jan Mickey; Janice Kispert; Jennifer Bacon; Jennifer Graybill; Jerry Fuss; Jess Lombardi; Jessica Nusbaum; Jim Kunz; Donaldson, Jo; Joe Cathey; Kathi Green; Kathy Craig; Kelley Rainey; Libby Robinette; Linda Ibex; Liza Frye; Lou Yeager; Lynda Gainor; Maggie Kunz; Martha Clementson; Marty Kuchma; Matt Peregoy; Melissa Zahn; Nancy McCrickard; Neil Brooks; Nikki Heuer-Sales (NHeuer-Sales@westgov.com); Paula Langmead; Rich Keyes; Rick Shoenfeld; Roger Larson; Shirley Eatmon; Sister Nancy; Sue Doyle; Sue Mitchell; Suzanne Schmidt; Tammy Black; Tammy Folkerts; Tekoa Robinson; Tierney Youngling; Tom Alessi; Pacelli, Vincent C
Subject: Continuum of Care Project Ranking Vote - Due August 24
Date: Monday, August 22, 2016 11:49:41 AM

Dear Circle of Caring Member:

The Continuum of Care Ranking Committee (Danielle Yates, Citizen Services; Kelley Rainey, Family and Children's Services; Tammy Black, Access Carroll; Cheri Ebaugh, Carroll Hospital Center; Lynn Davis, Youth Services Bureau; Kathi Green, Carroll County Public Schools; Debby Standiford, Grants Office) met on Friday to review and rank the projects that will be submitted with the 2016 Continuum of Care grant.

Please review the Committee's recommendation, and vote yes or no using the voting buttons on the Message tab of your toolbar or just send an email "yes" or "no". **Please remember – if you work with HSP or the Health Department you cannot vote, and only one vote per agency will be counted.**

-
Ranking Committee Recommendation – 2016 Continuum of Care

Ranking	Tier	Agency	Project	Grant Request	Cash Match	Total Project
1	1	HSP	PSH VIII	$40,419	$1,320	$41,739
2	1	HSP	PSH II	$42,250	$1,431	$43,681
3	1	HSP	Safe Haven	$74,314	$238,816	$313,130
4	1	HSP	Coordinated Entry	$32,098	$8,025	$40,123
5	1	CCHD	Shelter+Care	$124,253	0	$124,253
6	1/2	HSP	PSH I	$65,747	$889	$66,636

You will note that we have 1 project that will fall partially into Tier 2. Tier 2 projects are less likely to be funded, but Carroll did receive Tier 2 funding in 2015 based on our score.

Thanks for your prompt attention to this vote.

Jennifer Quick

Jennifer Quick
Administrative Associate II
Department of Citizen Services
10 Distillery Drive, Suite 101
Westminster, Maryland 21157
410-386-3610

CARROLL COUNTY MARYLAND
225 N. Center Street
Westminster, Maryland 21157-5194
410-386-2082 • 1-888-302-8978
FAX 410-848-0003
MD RELAY Services: 711 or 800-735-2258 (TTY)

Department of Management
and Budget
Ted Zaleski, Director

August 25, 2016

Darren McGregor, MHS, MS, LCMFT
Department of Health and Mental Hygiene
Behavioral Health Administration
Office of Adult and Specialized Behavioral Health Services
Chief, Special Populations Unit
Spring Grove Hospital Center -Dix Building
55 Wade Avenue
Catonsville, MD 21228

Re: Project Application Acceptance – 2016 Continuum of Care

Dear Mr. McGregor:

The Circle of Caring Homelessness Board voted to include the following projects in Carroll County's 2016 Continuum of Care (MD-506) submission:

Type	Rank	Tier	Project	Grant Request
Renewal	**5**	**1**	**Shelter Plus Care – The Bureau of Prevention, Wellness and Recovery** Permanent housing for 7 individuals and 2 families with mental illness.	$124,253

Thank you for all your contributions to and support of the work of the Circle of Caring Homelessness Board in Carroll County.

Sincerely,

Debby Standiford

Debby Standiford
Grants Manager

cc: C. Kay, Co-Chair, Circle of Caring Homelessness Board
S. Boyd, MD DHMH

CARROLL COUNTY MARYLAND
225 N. Center Street
Westminster, Maryland 21157-5194
410-386-2082 • 1-888-302-8978
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MD RELAY Services: 711 or 800-735-2258 (TTY)

Department of Management
and Budget
Ted Zaleski, Director

August 25, 2016

Angela Gustus, Executive Director
Human Services Program of Carroll County, Inc.
10 Distillery Drive
Westminster, MD 21157

Re: Project Application Acceptance –2016 Continuum of Care

Dear Ms. Gustus: Angela

The Circle of Caring Homelessness Board voted to include the following projects in the 2016 Continuum of Care (MD-506) submission in the following order. The last project, PSH I, will fall partially into Tier 2 this year and its renewal funding is dependent on the score the overall Continuum of Care Application receives.

Rank	Tier	Renewal Projects (1 year projects)	Grant Request
1	1	**HSP – Permanent Supportive Housing (PSH) VIII** Housing for 4 homeless, disabled individuals/families	$40,419
2	1	**HSP – Permanent Supportive Housing (PSH) II** Housing for 4 homeless, disabled individuals	$42,250
3	1	**HSP Supportive Housing – Safe Haven** Provides housing and case management in 25 bed facility for mentally ill and homeless men and women	$74,314
4	1	**HSP – Coordinated Intake and Assessment** Staff serves as a central point of contact for persons who are homeless or in imminent danger of homelessness. Projected to serve 400 adults and children per year.	$32,098
6	1/2	**HSP – Permanent Supportive Housing (PSH) I** Housing for 7 homeless and disabled individuals	$65,747

Thank you for all the work HSP does to contribute to and support the work of the Circle of Caring.

Sincerely,

Debby Standiford

Debby Standiford
Grants Manager

cc: C. Kay, Co-Chair of the Circle of Caring

2016 Continuum of Care – MD 506

No projects were rejected in the 2016 Continuum of Care local ranking and acceptance process.

Citizen Services

Contact Information:
Phone:
410-386-3600
Fax:
410-876-5255
TT users (MD Relay):
711/800-735-2258

Click Here
to Send Email

Carroll County Government
Department of Citizen Services

The Department of Citizen Services is the coordinating agency for all human service functions within Carroll County Government. The Department assists in the guidance of human service agencies with the goal of providing a variety of services to fulfill the basic needs of children, youth, older adults, and the disabled in the community.

CARROLL COUNTY
DEPARTMENT OF CITIZEN SERVICES

Working Together to Make Life Better

The Department is specifically comprised of the Bureau of Aging and Disabilities, Bureau of Housing and Community Development, and Division of the Local Management Board. The Department is directly responsible for the County Government's compliance with the American with Disabilities Act. Additionally, the Department serves as the County's liaison to the Department of Social Services, Rape Crisis Center, Battered Spouse Program, Sexual Assault Program, Youth Services Bureau, and Human Services Programs.

The mission of the Department of Citizen Services is to deliver quality customer service to the evolving community of Carroll County. Our goal is to provide individuals and families with information, programs, and services that focus on sustaining and enhancing their quality of life.

Links to Reporting Agencies

- Bureau of Aging & Disabilities
- Bureau of Housing & Community Development
- Division of the Local Management Board
- Community ServicePoint (CSP)
- Get Connected, Family Resource Center
- Circle of Caring Homelessness Board
- Veterans Services NEW!
- Carroll Transit System NEW!
- Transit Transition Questions and Answers NEW!

Links to Other Documents

- 2016 Continuum of Care – Approved Projects NEW!
- 2016 Continuum of Care Ranking Policy
- 2016 Notice of Funding Availability Continuum of Care Programs for the Homeless
- Veteran's Shuttle Flyer
- Click here to print your own Prescription Discount Drug Card
- Carroll County Soup Kitchens, Food Pantries, Shelters and Miscellaneous Assistance
- Maryland Community Services Locator(MDCSL)
- Dental Discount Program
- Carroll County Medication Disposal Program
- Mission Statement
- Vision Statement

2:40 PM
8/30/2016

CARROLL COUNTY
CIRCLE OF CARING HOMELESSNESS BOARD
Continuum of Care Policy

Purpose: To document the Carroll County, MD- 506 2016 Continuum of Care (Continuum of Care) Project Ranking and Selection Process

2016 HUD NOFA
The U.S. Department of Housing and Urban Development (HUD) released the 2016 Notice of Funding Availability https://www.hudexchange.info/e-snaps/fy-2016-Continuum of Care-program-nofa-Continuum of Care-program-competition/ on June 29, 2016. Nationally, approximately $1.9 billion is available.
Although the available amount of funding is expected to be sufficient to fund eligible renewal projects in 2016, HUD will continue to require Collaborative Applicants to rank all projects, except Continuum of Care planning and UFA Costs, in two Tiers. Tier 1 is equal to 93 percent of the Continuum of Care's 2016 Annual Renewal Demand (ARD). Tier 2 is the difference between Tier 1 and the Continuum of Care's ARD plus any amount available for the permanent housing bonus as described in Section II.B.4. of HUD's NOFA.

2016 Continuum of Care Funding Carroll County (MD-506)
Category
2016 Funding

2016 Annual Renewal Demand (ARD)
$379,081

Tier I (93% of ARD)
$352,545

Tier 2 (7% of ARD)
$26,536

PSH or RRH Bonus (5% ARD)

From:	Standiford, Deborah
To:	Angela Gustus (agustus@hspinc.org); Ed Singer -DHMH-
Cc:	Amy Baker (amy.baker@maryland.gov); Sherry Boyd (DHMH) (sherry.boyd@maryland.gov); Colleen Baumgartner; HSP Corina Canon; Kay, Christine C.; Jagoda, Caren
Subject:	Carroll County Continuum of Care Ranking Process
Date:	Wednesday, August 03, 2016 3:58:00 PM
Attachments:	Executed and Adopted Ranking Tool 2016 CoC.pdf

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Call me with any questions

Thanks

Debby

Debby Standiford
Grants Manager
Carroll County Government
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Westminster, MD 21157
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Citizen Services

Contact Information:
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Carroll County Government
Department of Citizen Services

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CARROLL COUNTY
DEPARTMENT OF CITIZEN SERVICES

Working Together to Make Life Better

The Department is specifically comprised of the Bureau of Aging and Disabilities, Bureau of Housing and Community Development, and Division of the Local Management Board. The Department is directly responsible for the County Government's compliance with the American with Disabilities Act. Additionally, the Department serves as the County's liaison to the Department of Social Services, Rape Crisis Center, Battered Spouse Program, Sexual Assault Program, Youth Services Bureau, and Human Services Programs.

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- Carroll County Medication Disposal Program
- Mission Statement
- Vision Statement

2:40 PM
8/30/2016

CARROLL COUNTY, MD CIRCLE OF CARING HOMELESSNESS BOARD

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8/30/2016

CARROLL COUNTY
CIRCLE OF CARING-HOMELESSNESS BOARD
Continuum of Care Policy

Policy on: Reallocation Policy

Effective: 7/1/15

Approved by Executive Board: Gerald D. Fiss

Date: 11/9/15

Approved by Provider: Ruth Zimmerman **Date:** 11/10/15

Joyce Turney **Date:** 11/10/15

Susan McDoyle **Date:** 11/10/15

Regulatory/Guidance Reference:

Purpose: Reallocation of Continuum Projects

Policy:

Local Implementation

Background

The U. S. Department of Housing and Urban Development (HUD) states that each Continuum of Care is responsible to develop a reallocation process for projects funded with HUD Continuum funds. This process would provide funding for new projects and to create additional permanent housing stock.

Reallocating funds is an important tool for the Circle of Caring to make strategic improvements to their homelessness system. Through reallocation, the Continuum can create new, evidence-informed projects by eliminating projects that are underperforming or are more appropriately funded from other sources.

It is our desire to develop a Reallocation Policy and Procedure that is aligned with HUD and the HEARTH Act guidance; performance-based as specified with the annual HUD NOFA; and based upon performance metrics outlined in Opening Doors. Emphasis will be based on local needs, data and use of the common assessment tool.

Reallocation Policy

All renewal projects are reviewed by the CoCHB Executive Committee and the CoC Ranking Committee to determine if a project should be considered for reallocation. The Department of Citizen Services staff will provide technical assistance by responding to questions of the review committee, correcting technical inaccuracies if they arise in conversation, and reminding the Ranking Committee of their responsibilities if they step outside their authority.

The recommendation for reallocation is based on any one of the following HUD criteria:

1. Outstanding obligation to HUD that is in arrears or for which a payment schedule has not been agreed upon;
2. Audit finding(s) for which a response is overdue or unsatisfactory;
3. History of inadequate financial management accounting practices;
4. Evidence of untimely expenditures on prior award;
5. History of other major capacity issues that have significantly impacted the operation of the project and its performance;
6. Timeliness in reimbursing sub recipients for eligible costs. HUD will consider a project applicant as meeting this standard if it has drawn down grant funds at least once per quarter; or
7. History of serving ineligible persons, expending funds on ineligible costs, or failing to expend funds within statutorily established timelines.
8. Project Performance including:

a) Performance Measures
To provide both project-specific outcome information and CoC-wide contributions, each CoC-funded program will be evaluated based on data entered into HMIS, the HUD Annual Performance Report (APR) outcomes documented in the APR submitted to HUD, the Project Application submitted for the CoC proposal, and other HUD recommended data tools. The APR scoring criteria assess outcomes which directly relate to goals set by HEARTH including reducing the length of homelessness, reducing returns to homelessness and increasing income.

b) Outcomes Impacting CoC Score (reported to HUD in the CoC Consolidated Application).
Performance measures will be guided by the outcomes that are reported each year in the HUD Consolidated Application and impact the CoC score. As HEARTH performance measures are identified through the forthcoming Continuum of Care regulations, the measures used for the renewal/threshold evaluations will be revised. Program outcomes will be collected via the Performance Score Card during the CoC project scoring cycle.

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quality outcomes will be collected via the monthly Performance Report Cards and APRs generated for each project.

d) Expenditure of CoC Grant Funds.
HUD and the Carroll County CoC expect that homeless assistance resources be fully utilized. Site reviews and monitoring will include criteria to determine whether any HUD funds recaptured at the completion of the most recent grant, how much money was recaptured, and whether actions have been taken to assure that grant funds will not be recaptured in the current program year. Data on expenditures of CoC Grant funds will be collected via the Site Review Score Card.

Voluntary Reallocation

Currently-funded NOFA project applicants interested in voluntarily reallocating should notify the Circle of Caring Homelessness Board (COCHB) in writing of their intent by the due date of HUD's Grant Inventory Worksheet (GIW). The GIW will serve as COCHB's tool to identify Project Applicants intent to reapply for CoC funding.

For purpose of reallocated project funding (to create a new permanent housing project), strong preference will be given to those projects that voluntarily apply to reallocated, and especially for those within a compliance period.

This reallocation policy and procedure incorporates the following general objectives:

- To ensure the CoC's responsibility in submitting to HUD an application that is consistent with HUD guidelines and the HEARTH ACT;
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Date	Activity
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Month 5-6	Corrective Action Plans Prepared

Summary

Reallocation will occur in a transparent, universal and performance-based manner.

Governance and Policy Statements
Circle of Caring Homelessness Board
Carroll County, Maryland

Sections

1. Purpose and Mission Statement
2. Membership
3. Officers
4. Meetings and Voting
5. Conflicts of Interest
6. Continuum of Care (CoC) Board
7. Committees
8. HMIS Governance
9. Fiscal Year
10. Amendments

Section 1: Purpose, Mission and Vision Statement

The mission statement of the Circle of Caring Homelessness Board (CoCHB):

To empower all citizens of Carroll County to be self-sufficient, have stable housing and a safe, healthy life by maximizing community collaboration.

The vision statement of the Circle of Caring Homelessness Board (CoCHB):
One community, home for all.

Designated by the Board of Carroll County Commissioners in April 1997, the (CoCHB) is a voluntary board composed of concerned citizens and organizations representing Carroll County's system of outreach; engagement and assessment; prevention; emergency shelter; rapid re-housing; transitional housing; permanent housing; and supportive services.

The CoCHB represents through its membership the many sub-populations impacted by homelessness as well as homeless or formerly homeless individuals. The membership also represents the many and varied organizations working on behalf of those in need in Carroll County, Maryland.

The CoCHB, with fiscal and administrative oversight and leadership from Carroll County Government, establishes the structure required by HUD.

Section 2: Membership

A. The CoCHB shall consist of consumers, individuals, volunteers and multiple agencies, both public and private, who share a common interest in providing a continuum of services in response to community need.

B. The membership of the CoCHB shall be composed of 65% private organizations and citizens and 35% representatives of the public sector. To comply with state and federal grant requirements, participation will be sought from the following types of public/ private agencies

a) State Government Agencies
b) Local Government Agencies
c) Public Housing Agencies
d) School Systems/Universities
e) Law Enforcement/Corrections Agencies
f) Local Workforce Investment Act Boards
g) Non-Profit Agencies
h) Faith Based Organizations
i) Funders and Advocacy Groups
j) Businesses
k) Hospital/Medical Representatives
l) Homeless or Formerly Homeless Persons
m) Consumers of Services
n) Private Citizens

C. To comply with state and federal grant requirements, participation will be sought from entities which serve the following subpopulations:
   a) Seriously Mentally Ill
   b) Substance Abusers
   c) Veterans
   d) HIV/AIDS victims
   e) Domestic Violence victims
   f) Unaccompanied Youth
   g) Chronically Homeless Individuals and Families
   h) Homeless Families with Children

D. Each member of the CoCHB shall be at least eighteen (18) years of age.

E. Each member of the CoCHB shall attend meetings and actively participate in the planning and decisions of the CoCHB.

F. Persons interested in serving on the CoCHB committees shall submit their intentions to the Recording Secretary of the CoCHB.
   a) Any vacancy in the CoCHB may be filled in the same manner in which the original selection was made.

G. Each member of the CoCHB shall serve without compensation.

H. A member may resign at any time by giving notice of such resignation to the Recording Secretary of the CoCHB.

I. Members shall reaffirm their membership in the CoCHB on an annual basis and update contact information.

J. New members will be invited at least annually through email lists, press releases and notice on the CoCHB website.

Section 3: Officers

A. The officers of the CoCHB shall consist of a Chair, Co-Chair and Vice Chair who shall be elected by a majority vote of the members of the CoCHB; and a Recording Secretary who shall be the Administrative Assistant to the Director of Carroll County Government's Department of Citizen Services.

B. The Chair may be from either the private or public section. The Chair and Co-Chair may not receive direct benefit of the programs coordinated by the CoCHB at the time of their appointment. The Chair and Co-Chair shall serve a term of two (2) years. The Chair shall preside at all meetings of the CoCHB, and in the Chair's absence, the Co-Chair shall preside.

C. The Recording Secretary shall distribute agendas, record CoCHB meetings; produce and disseminate minutes; record votes; schedule meetings and publicize meetings; and maintain the email distribution list.

Section 4: Meetings and Voting

A. The CoCHB shall hold regular meetings at a time and place designated by the Chair. In any event, the CoCHB shall hold meetings at least every other month.

B. Special meetings of the CoCHB shall be called by the Chair, or whenever a special meeting is requested in writing by any two (2) members.

C. Written notice of all meetings shall be given by mail or e-mail. Notice shall be given at least ten (10) days in advance of all regular meetings.

D. CoCHB meetings are open to the public, there is public notification for meetings and a written agenda is sent in advance of the meeting.

E. Each member Agency is entitled to one (1) vote. For the purpose of conducting official business of the CoCHB, all votes shall be by a simple majority of members present.

F. Any one or more members of the CoCHB may participate in a meeting by means of a conference telephone or similar communications equipment allowing all persons participating in the meeting to hear each other at the same time. Participation by such means shall constitute presence in person at a meeting.

G. The CoCHB, by a simple majority vote, may designate any issues to be voted on by written or electronic ballot which shall be sent, after discussion of the issue at one meeting, to each member. The results of the vote shall be recorded in the minutes at the next meeting.

Section 5: Conflicts of Interest

A. Members of the CoCHB are expected to act objectively without being or appearing to be motivated by private gain with respect to any action upon a matter before the CoCHB. It is the responsibility of every CoCHB member to declare his/her interest in a matter before the CoCHB. Members will abide by the Code of Conduct for the CoCHB.

B. A conflict of interest includes, but is not limited to, the following:

a) Solicitation or acceptance of gratuities, favors, services or anything of monetary value.
b) Participation in the selection or award of a procurement or contract for services where, to the member's knowledge, any of the following has a financial or other substantive interest in any organization which may be considered for any award:
    (1) the CoCHB member;
    (2) any member of the CoCHB member's family;
    (3) a business partner of the CoCHB member; or
    (4) any person or organization which employs any of the above or with whom any of the above has prospective employment
c) Casting a vote on the provision of services to be provided any application approved by the CoCHB member or any organization that the CoCHB member directly represents.
d) Voting on any matter which would provide direct financial benefit to the CoCHB member.

C. Prior to discussion of any matter over which the CoCHB or any of its committees has a review or on which it will take a vote, the following procedures will be followed:
    a) The member shall declare his/her interest in the matter.
    b) Any person present at a meeting may raise a possible conflict of interest of any member and provide reasons for the claim. The CoCHB shall decide by a majority vote whether or not the claim raised constitutes a conflict of interest.
    c) After an interest has been disclosed or raised and substantiated, the member shall not participate in the discussion or vote on the matter.

D. Members with actual or perceived conflicts of interest shall be prohibited from serving on any procurement, grant, or financial committees.

E. Members of the CoCHB are subject to the provisions of the Carroll County Ethics Ordinance.

Section 6: Continuum of Care (CoC) Board

A. The CoCHB will establish a CoC Executive Board to meet HUD requirements as detailed in 24 CFR Part 578 (http://www.gpo.gov/fdsys/granule/CFR-2013-title24-vol3/CFR-2013-title24-vol3-part578/content-detail.html)

B. Membership will represent the following agencies and homeless subpopulations
    a) Homeless or previously homeless individual
    b) CoCHB Officers
    c) Carroll County Government Grants Office
    d) Carroll County Government Department of Citizen Services
    e) Human Services Program of Carroll County Inc.
    f) Carroll County Health Department
    g) Collaborative Applicant for CoC
    h) Recipients of CoC Grant Funds

C. In addition, agencies serving the following subpopulations will be represented:
    a) Domestic Violence victims
    b) Veterans
    c) Persons with Substance Abuse disorders
    d) Chronically Homeless
    e) Persons with Serious Mental Illness
    f) Families with Children

g) Unaccompanied Youth
h) Homeless and At-Risk of Homeless

D. Meetings
a) The CoC Board will meet at least quarterly and all meetings will be open to the public
b) Meeting agendas and minutes will be posted to the CoCHB website
c) Reports will be presented at CoCHB meetings

E. Board Selection
a) The CoC Board members will be approved by the CoCHB by majority vote. Vacancies on the CoC Board will be announced at least annually to the public and CoCHB members.

F. Voting
a) Each organization represented on the CoC Board will have one vote.
b) Each organization will designate a representative to vote on behalf of their organization. Each designee will be limited to voting on behalf of one organization during any given meeting.
c) Items requiring approval will require a majority vote
d) The CoC Board will abide by the CoCHB Conflict of Interest policy (Section 5)

G. Responsibilities
a) Continuum of Care Annual Competition
i) Approve the Collaborative Applicant or Unified Funding Agency
ii) Establish timeline
iii) Coordinate completion of Exhibit 1 for Annual Continuum Application
iv) Approve CoC project ranking
v) Review/ approve application prior to submission
b) Review/approve prior to submission and/or use
i) PIT
ii) HIC
iii) AHAR
iv) PIT Methodology
v) CoC Project Ranking Tool
c) Develop/review/approve Annual Gaps Analysis
d) Develop/review/approve policies annually for:
i) Written Standards for Assistance
(1) Continuum of Care Programs (if funded)
(a) Transitional Housing
(b) Rapid Re-Housing
(c) Permanent Supportive Housing
(d) Shelter Plus Care
(2) Emergency Solutions Grant Programs
ii) Coordinated Intake System
e) Provide feedback to the State of Maryland's Consolidated Plan as a non-entitlement jurisdiction.

H. Project Performance and Monitoring - Continuum of Care and ESG
a) Standards for project performance will be reviewed annually by the CoC Board and will incorporate HUD requirements and local standards.

b) The CoC Board will monitor program performance quarterly with reports provided by the HMIS Lead.
c) Projects will be monitored with support from Collaborative Applicant or UFA. Monitoring will assure that funds are being spent in a timely manner, that audits have found no indication of financial or programmatic non-compliance, and that program performance standards are being met.
d) The CoC Board, with support from the Collaborative Applicant or UFA, will address any problems of ongoing concern in the quality control process and the annual audit/review.
e) Projects that do not meet the performance targets established in the CoC application, or are not compliant with program or grant management, as documented during monitoring or evaluation may have their grant reduced or reallocated during the renewal process per CA/UFA Policies and Procedures.

I. Develop and review annually, with support from the Collaborative Applicant, CoC-wide performance measures consistent with HUD requirements including those that address:
   a) Reduce length of time individuals and families remain homeless
   b) Reduce returns to homeless after placement in permanent housing
   c) Reduce number of homeless
   d) Increase income of homeless adults
   e) Reduce the number of persons experiencing homelessness for the first time
   f) Increase percentage of person who stay housed
   g) Increase percentage of homeless placed in shelter/housing from street outreach

J. Monitor semi-annually, with reports from the HMIS Lead, the CoC-wide performance measures listed in Section 6.I.

K. Oversee work of:
   a) Community ServicePoint (HMIS) Lead
      i) Purpose
         (1) To ensure compliance with HUD standards for HMIS in the CoC's geographic area
         (2) Review and approve annually the following HMIS plans
            (a) Privacy Policy
            (b) Data Quality Plan
            (c) Security Plan
         (3) Review and approve data submissions including
            (a) PIT/HIC/Gaps Analysis
            (b) AHAR
         (4) See Section 8 for HMIS Governance
   b) Outreach Committee
      i) Tasks
         (1) Reach and inform the community and the homeless population.
            (a) Speaking at meetings
            (b) Newspaper and letter writing campaigns.
            (c) Annual Point In Time Count per HUD requirements and coordinated with Maryland homeless count
            (d) Community Resource Fairs
            (e) Consumer Resource Guides, such as the wallet cards.
   c) Ranking Committee
      i) Members
         (1) Convened by Carroll County Government Grants Office

(2) CoCHB members without a conflict of interest

ii) Purpose

(1) Prioritize and rank CoC grant applications based on objective and program based criteria

(2) The CoC Board will notify the community of funding availability via email, press releases, the websites of Carroll County Government and the CoCHB

(3) The CoC Board will assure a process for selection and prioritization that is objective, open and democratic and will approve the ranking tool.

(4) Applicants will be notified at least ten (10) days in advance of information they will be required to supply to the CoC Ranking Committee for review and may be required to present projects to the CoC Ranking Committee

(5) Written notification of project acceptance or rejection will be provided to all CoC applicants by the CoC Ranking Committee.

Section 7: Committees

The CoCHB will establish committees to carry out specific tasks. Committee Chairs shall be volunteers and will select a recording secretary for each Committee. The Committee Chairpersons will report to the CoCHB at regular meetings. Committees include:

A. Executive Committee

a) Members

i) Committee Chair – CoCHB Co-Chair

ii) Key management/director level staff from local and state agencies, homeless service providers, faith based organizations, local businesses and municipality officials and homeless representatives.

b) Purpose

i) Develop and oversee implementation of the County's plan to end homelessness by representing all areas in the Continuum of Care and coordinating goals and objectives with all communities and agencies.

B. Ending Homelessness Committee

a) Purpose

i) To develop projects to improve availability of shelter, transitional and permanent housing to meet the needs of homeless persons and those at risk of homelessness.

ii) To identify and address common root causes of homelessness through use of barrier assessments.

iii) Reviewing homeless consumer by name list, with permission from consumers, in order to match appropriate housing options to consumers in need of housing.

C. Data Performance Committee

a) Purpose

i) To collect current homeless prevention data in Carroll County to inform the CoCHB and committee. Initiate collaborative projects to address identified areas of need.

ii) Conduct the annual required Point in Time (PIT) Count.

D. Civic Engagement Committee

a) Purpose

i) Inform public through engagement with local media outlets. Make informational presentation to County Board of Commissioners and invite County leadership to attend Circle of Caring events.

E. Street Outreach Committee
   a) Purpose
      i) Convened by Carroll County Government Department of Citizen Services- Engage and cultivate new leadership among individuals who have been homeless, are currently homeless, or at-risk of homelessness. Increase collaborative outreach to homeless (sheltered and unsheltered) and at-risk.

F. Other Committees
   a) Membership Committee: Seek new members and help to secure nominations for Officers
   b) Advocate Federal, State, and local legislators on homeless funding and policy decisions
   c) Emergency Food and Shelter Program (EFSP) Board
      i) Purpose
         (1) Annually, the Local EFSP Board will oversee the submission, ranking and selection of applications for EFSP funding.
      ii) Approval
         (1) Board selections will be approved by the CoCHB
   d) Ad Hoc – As needed

Section 8: HMIS Governance

A. Lead Agency and Responsibilities
   a) Designated as Carroll County Government Department of Citizen Services
      i) Designate a single information system as the official HMIS software for the geographic area
      ii) Provide staff to establish the HMIS, to operate the HMIS, to conduct oversight of the HMIS and take corrective action as needed
      iii) Ensure the HMIS is compliant with all HUD requirements
      iv) Develop written HMIS policies and procedures for all Agencies for the operation of the HMIS including Privacy Plan, Data Quality Plan and Security Plan that are approved by the CSP Steering Committee and CoC Board.
      v) Serve as the applicant to HUD for grant funds to be used for HMIS activities for the Continuum of Care's geographic area, as directed by the CoC Board, and if selected for an award by HUD, enter into a grant agreement with HUD to carry out the HUD-approved activities;
      vi) Ensure that all recipients of financial assistance under the Continuum of Care program and the Emergency Solutions Grant program and any programs funded previously through McKinney-Emergency Solutions Grant program and any programs funded previously through McKinney-Vento Act (SHP, SPC, SRO) are using the HMIS to collect client-level data on persons served.
      vii) Monitor and enforce compliance by all Agencies with the requirements of this part and report on compliance to the CoC Board and HUD;
      viii) Convene the Community ServicePoint Steering Committee

B. Written Policies and Procedures;
   a) The HMIS Lead must:
      i) Develop a written HMIS Participation Agreement with each Agency which includes:
         (1) Obligations and authority of the HMIS Lead and Agency
         (2) Requirements of the security plan with which the Agency must abide
         (3) Requirements of the privacy policy with which the Agency must abide

(4) Sanctions for violating the HMIS Participation Agreement (e.g., imposing a financial penalty, requiring completion of standardized or specialized training, suspending or revoking user licenses, suspending or revoking system privileges, or pursuing criminal prosecution)
(5) Agreement that HMIS Lead and the Agency will process Protected Identifying Information consistent with the agreement.
(6) The HMIS Participation Agreement may address other activities to meet local needs;
(7) Ensure that such agreements are executed

ii) Develop and maintain a Security Plan which meets the minimum requirements as established by HUD including:
(1) The plan must designate a security officer to be responsible for ensuring compliance with applicable security standards. The HMIS Lead must designate one staff member as the HMIS security officer.
(2) The plan must ensure that each covered homeless organization designates a security officer and conducts workforce security measures.
(3) The plan must require workforce security screening. The HMIS Lead must ensure that each Agency conducts criminal background checks on the HMIS security officer and on all administrative users. Unless otherwise required by HUD, background checks may be conducted only once for administrative users.
(4) The plan must ensure reporting of security incidents. The HMIS Lead must implement a policy and chain of communication for reporting and responding to security incidents, including a HUD-determined predefined threshold when reporting is mandatory as established by HUD.
(5) The plan must ensure an annual security review. The HMIS Lead must complete an annual security review to ensure the implementation of the security requirements for itself and Agencies. This security review must include completion of a security checklist ensuring that each of the security standards is implemented in accordance with the HMIS security plan and must ensure that each covered homeless organization conducts an annual security review
(6) The plan must require that each user completes security training at least annually and prior to being given access to the HMIS

iii) Develop and maintain a Data Quality Plan which meets the minimum requirements as established by HUD including:
(1) The plan must set data quality benchmarks including bed coverage rates and service-volume coverage rates.
(2) May archive data in the HMIS but follow standards published in the Federal Register notices.

iv) Develop and maintain a Privacy Policy which meets the minimum requirements as established by HUD including:
(1) data collection limitations
(2) purpose and use limitations
(3) allowable uses and disclosures
(4) openness description
(5) access and correction standards;
(6) accountability standards
(7) protections for victims of domestic violence, dating violence, sexual assault, and stalking
(8) additional information and standards as may be established by HUD

b) Approval and Oversight by CoC Board

i) The HMIS Lead must review and update the plans and policies at least annually. During the process, the HMIS Lead must seek and incorporate feedback from the CoC Board and the participating agencies.
ii) Plans must be approved by the CoC Board

C. Reporting
a) The HMIS Lead shall provide data to CoC Committee at least semi-annually on the CoC-wide performance measures required by HUD.
b) The HMIS lead shall provide data to the CoC Committee at least semi-annually on the CoC project performance measures required by HUD.
c) The HMIS Lead shall provide data to the CoC Committee as required to submit the Annual CoC Application
d) The HMIS Lead shall contribute to statewide homeless data as requested by DHR, DHCD and other state-wide agencies or groups.
e) The HMIS Lead shall submit reports to HUD as required including PIT, HIC, Gaps Analysis and AHAR.

Section 9: Fiscal Year

A. The CoCHB shall operate on a fiscal year calendar, beginning on July 1 and ending on June 30.

Section 10: Amendments

A. If changes in the Governance Charter and Policy Statement are needed, such amendments shall be published in advance and approved by a simple majority of the CoCHB. Such amendments shall then be submitted for approval to the full CoCHB membership.

B. Approval by the Carroll County Circle of Caring Homelessness Board is necessary before any amendments may take effect.

ADOPTED, this 9th day of September, 2016.

Chair, Circle of Caring Homeless Board

Co-Chair, Circle of Caring Homeless Board

Approved for legal sufficiency:

Timothy A. Dixon
Assistant County Attorney

CARROLL COUNTY
CIRCLE OF CARING-HOMELESSNESS BOARD
Continuum of Care Policy

Policy on: Reallocation Policy

Effective: 7/1/15

Approved by Executive Board: Gerald D. Fuss

Date: 11/9/15

Approved by Provider: Ruth Zimmerman **Date:** 11/10/15

Joyce Turney **Date:** 11/10/15

Tara McDoyle **Date:** 11/10/15

Regulatory/Guidance Reference:

Purpose: Reallocation of Continuum Projects

Policy:

Local Implementation

Background

The U. S. Department of Housing and Urban Development (HUD) states that each Continuum of Care is responsible to develop a reallocation process for projects funded with HUD Continuum funds. This process would provide funding for new projects and to create additional permanent housing stock.

Reallocating funds is an important tool for the Circle of Caring to make strategic improvements to their homelessness system. Through reallocation, the Continuum can create new, evidence-informed projects by eliminating projects that are underperforming or are more appropriately funded from other sources.

It is our desire to develop a Reallocation Policy and Procedure that is aligned with HUD and the HEARTH Act guidance; performance-based as specified with the annual HUD NOFA; and based upon performance metrics outlined in Opening Doors. Emphasis will be based on local needs, data and use of the common assessment tool.

Reallocation Policy

All renewal projects are reviewed by the CoCHB Executive Committee and the CoC Ranking Committee to determine if a project should be considered for reallocation. The Department of Citizen Services staff will provide technical assistance by responding to questions of the review committee, correcting technical inaccuracies if they arise in conversation, and reminding the Ranking Committee of their responsibilities if they step outside their authority.

The recommendation for reallocation is based on any one of the following HUD criteria:

1. Outstanding obligation to HUD that is in arrears or for which a payment schedule has not been agreed upon;
2. Audit finding(s) for which a response is overdue or unsatisfactory;
3. History of inadequate financial management accounting practices;
4. Evidence of untimely expenditures on prior award;
5. History of other major capacity issues that have significantly impacted the operation of the project and its performance;
6. Timeliness in reimbursing sub recipients for eligible costs. HUD will consider a project applicant as meeting this standard if it has drawn down grant funds at least once per quarter; or
7. History of serving ineligible persons, expending funds on ineligible costs, or failing to expend funds within statutorily established timelines.
8. Project Performance including:

a) Performance Measures
To provide both project-specific outcome information and CoC-wide contributions, each CoC-funded program will be evaluated based on data entered into HMIS, the HUD Annual Performance Report (APR) outcomes documented in the APR submitted to HUD, the Project Application submitted for the CoC proposal, and other HUD recommended data tools. The APR scoring criteria assess outcomes which directly relate to goals set by HEARTH including reducing the length of homelessness, reducing returns to homelessness and increasing income.

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This reallocation policy and procedure incorporates the following general objectives:

- To ensure the CoC's responsibility in submitting to HUD an application that is consistent with HUD guidelines and the HEARTH ACT;
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Summary

Reallocation will occur in a transparent, universal and performance-based manner.

CARROLL COUNTY
CIRCLE OF CARING-HOMELESSNESS BOARD
Continuum of Care Policy

Policy on: CCCOC-HB Coordinated Assessment and Intake

Effective: 9/1/2016

Approved by Executive Board: _____

Date: 8/31/2016

Regulatory/Guidance Reference: 24 CFR 578.7 (b) and the Coordinated Entry Policy Brief, 24 CFR Part 578 for CoC funded projects, CPD-14-012 on prioritization and recordkeeping for Permanent Supportive Housing.

Purpose: To state policies for Coordinated Entry for homeless and at risk; Establish service area for homeless and at-risk citizens in Carroll County, Maryland.

Policy: CCCOC-HB has a coordinated system to assist homeless and at-risk citizens through assessment and intake to prevent homelessness, divert homeless to housing, and reduce homelessness and reduce the number and length of homeless episodes for Carroll County's individuals and families who become homeless.

Local Implementation

In July, 2013 the CCCOC-HB supported Human Services Programs of Carroll County, Inc.'s (HSP) efforts to amend a HUD Supportive Services Only grant from Case Management to Coordinated Intake and Assessment. HSP has coordinated prevention services and provided shelter, transitional housing and case management for over 20 years, and permanent supportive housing for 13 years.

Prevention: HSP offers the CCCOC-HB the Emergency Assistance (EA) program for any Carroll County individual or family who is at imminent risk of homelessness due to eviction, utility cut off or are in need of utility restoration. EA collaborates with foundations, faith-based charities and local funders (Carroll's Community Resources) to raise funds to meet individual household needs to resolve lease violations and prevent eviction. EA reviews and certifies eligibility for services, and local funders honor that certification and contribute to the at-risk household. At-risk households must have income below 200% of poverty for their family size and must have an eviction notice; utility cut off or need utility restoration. Funds raised are sent directly to the landlord or

utility provider. EA also assists at-risk individuals and families facing short-term financial difficulties with security deposit assistance to divert them to new housing that is more affordable. Assistance with security deposits also helps sheltered households to re-house. Case management and budget coaching is offered for as long as the household needs it. Emergency Assistance clients authorize their information to be entered into our Homeless Management Information System (HMIS) allowing prevention and diversion activities to be entered and tracked in HMIS. People seeking EA may access these services directly at HSP or they may be referred to EA through Coordinated Assessment and Intake staff or local charities and faith-based partners.

Assessment and Intake: HSP has a 28 year history and is widely known in Carroll County as the provider of Emergency Assistance and shelter. Since July 2013, HSP's Housing and Shelter Intake Coordinator has performed a standard assessment and intake for emergency shelters within the HMIS system, all of which are provided by HSP. At the Intake appointment, a Housing Barrier and Needs Assessment is completed and reviewed with the applicant to evaluate existing barriers to housing and service needs as well as all personal housing options. (See attached Housing Barriers and Needs Assessment) In May of 2014, this intake system expanded to include HMIS referrals to homeless housing programs across our county.

Shelter diversion is done whenever possible. If a prevention service is identified that could meet housing needs, like Emergency Assistance, a referral is instantly made. When appropriate and safe, placement in permanent housing and/or with family or friends is sought as an alternative to shelter and homelessness. The CCCOC-HB system encourages households to participate in decisions about location, type of housing and level of services. Every household that is assessed receives a packet of community resource information including applications for mainstream government resources for income and Medicaid, referrals to dental, behavioral health, food and Section 8 housing.

After the intake appointment, HUD required data elements are recorded into HMIS and an electronic referral is made to the shelter or housing program best suited to the client's needs and wishes. The data collected includes income, credit history, education, military history, rental history, previous and current incidence/s of homelessness, length of time homeless, prior incarcerations and hospitalizations, and medical and behavioral health history. The HMIS record is available to program managers for all HSP housing programs for every program homeless families and individuals are eligible to enter. If the client does not follow through with a referral for shelter or housing, or does not maintain contact with the Intake Coordinator or program managers for over 30 days, the client's referral is withdrawn in the HMIS system. This process allows tracking of multiple attempts at intake of homeless and at-risk persons. Clients receive referrals for all housing programs via HMIS. The Coordinator is aware of other permanent housing options outside of the CoC and makes referrals accordingly.

Once referrals are received the Shelter or Housing Case Manager can place the next person on the program's referral list in a shelter bed or housing slot as they become available in the HMIS system. Permanent Supportive Housing and RAP referrals are made according to a weighted wait list for services. (See prioritization) There are usually eight or fewer openings per year for PSH. Shelter Plus Care has two or fewer openings recorded per year.

Domestic Violence Victims in need of shelter are assessed by the local domestic violence service provider, Family and Children's Services. (F&CS) F&CS is responsible for the DV hotline, DV counseling services, safety planning, escorting victims to court, intake and operations of the DV Safe House and outcomes for those exiting the safe house. DV victims that are sheltered in the DV Safe House are entered into HMIS as "anonymous" so that their identity remains confidential. The Housing and Shelter Intake Coordinator will immediately refer to DV services should active domestic violence be disclosed as part of the intake assessment. With the applicant's consent, staff may complete a Lethality Assessment and call the local Lethality Assistance line to connect domestic violence victims in need of a domestic violence shelter with services through Family & Children Services. (See Attached Lethality Assessment)

Unaccompanied Youth. Youth under the age of 18 are not served in COC shelters or housing programs. They are referred to the Department of Social Services for assistance. Unaccompanied youth over 18 will be served as adults in any shelter or housing program for which they are eligible. Carroll County Public Schools reports monthly to the CCCOC-HB and finds few unaccompanied youth that are literally homeless, outside the previously described shelter and housing programs.

Special Needs Populations. Some persons have serious medical or behavioral health conditions that make it unsafe for them to enter or to remain in the COC's shelter or housing programs. They may be referred to one or more of the following to get appropriate care:

- Health Department
- Department of Social Services
- The Bureau of Aging and Disabilities
- Assisted Living Facilities
- The Multi-Disciplinary Committee (Health Dept., Bureau of Aging and Disabilities, Dept of Social Services, HSP)

Housing Types Available to CCCOC-HB

HMIS- The CoC requires all housing types within its jurisdiction that are funded by federal, state, or local government to obtain a release of information to enter client level data into Community ServicePoint (HMIS) All HUD required data elements are entered as well as data required for shelter and housing grant reports.

Emergency Shelter (State & County Funded) – The CCCOC-HB's emergency shelter is provided by HSP. HSP's Ho2using and Shelter Intake Coordinator places individuals and families in shelter when no other housing options are available. Households must be at or below the income level established by the shelter funders, below 30% of median income. Eligible applicants will be referred directly from the Shelter and Housing Intake Coordinator via HMIS to the Shelter Managers for the first available bed or opening. The assessment and data entered at entry become the basis of the case plan developed collaboratively by the individual or family and the Shelter Manager. The initial assessment and any follow up assessments are used to refer homeless individuals and family members to mainstream resources as well as other community resources to help them resolve barriers to obtaining and maintaining housing, improving income, and stabilizing their living situation. Obtaining permanent housing for shelter residents is a main focus for shelter case managers.

Maryland COMAR requires shelter residents to participate in developing a case management plan and limits emergency shelter to 84 days. Two of our three emergency shelters are funded through state shelter grants that Carroll County passes through to HSP. The grants require compliance with Maryland COMAR 07.01.19.000-999 and 07.01.17.000-999 respectively, and the grant agreements. COMAR requires HSP to refuse entry to any person actively using drugs or alcohol and to those who refuse case management. HSP must be compliant with grant requirements to continue to receive funding. A "clean" drug test is required prior to entry. Should a person be observed using illegal drugs or alcohol inside shelter, the person will be exited from the shelter immediately. HSP has long held that families with children need a safe, decent shelter where children are not exposed to substance abusers. HSP serves single adults, single women with children, married couples, and fathers with children and does not discriminate against any household composition or sexual orientation. Every effort is made to keep family members together. Persons fleeing domestic violence or stalking and unaccompanied youth are referred to agencies that serve their individual needs.

The Emergency Solutions Grant also provides funds for essential case management services, support staff and operational costs for the Women and Children's and Intact Family Shelter. ESG requires compliance with 24 CFR 576 and requires a one-for-one match of federal grant funds.

Cold Weather Shelter (County Funded) operates from November 15 through March 31 and is a low barrier shelter for adult men and women over age 17. It does not test for drugs or alcohol, nor is there a background search. Shelter rules aim to keeping the shelter safe for participants. The shelter is funded through County and local donations and is operated by volunteers and overnight paid staff. Cold Weather shelter provides a warm place to sleep, an evening meal, showers and laundry facilities. In the past there were minimal case management services unless the individual requested them. The Shelter and Housing Intake Coordinator performed assessment and intake for Cold Weather for the first time in October 2014. The results indicate that

Coordinated Assessment helped to place homeless men and women into other housing or shelter options prior to the Cold Weather shelter opening. In the first year of using Coordinated Intake to assess those wishing to enter Cold Weather Shelter the number of homeless dropped by 34% compared to the previous year.

The Rental Allowance Program (RAP) (State Funded) is a program that transitions homeless people to permanent housing. The RAP requires compliance with the Maryland Annotated Code 05.05.03.00. The RAP requires an annual application in which it updates standards for income eligibility and level of assistance. HSP manages intake to the program and works in partnership with the Carroll County Bureau of Housing that inspects units and manages the leasing process. Income eligible clients lease units with a fixed level of assistance based on household size for up to one year. The clients hold a lease for the unit and can continue tenancy when the RAP subsidy ends. HSP has used the program as a rapid re-housing program to assist 10-15 families with children to transition to permanent housing each year. Case management includes collaboration with the family to develop a case plan, budget counseling, accessing mainstream and other resources for which the family is eligible and referrals to meet needs identified in the initial assessment and subsequent case plan developed with the family. HSP's Housing and Shelter Intake Coordinator also refers homeless families who are on the street to RAP. Families must have some source of income to rent as the stipends provided by the program pay approximately 30-50% of rent and utilities.

ESG Rapid Re-Housing – (Federal, State and Locally Funded) - The Emergency Solutions Grant (ESG) also funds a part-time case manager who works with the families to find a unit that is safe and decent with a landlord who will accept limited time/limited amounts of subsidy. ESG requires compliance with 24 CFR 576 and requires a one-for-one match of federal grant funds.. Case management includes collaboration with the family to develop a case plan, budget counseling, accessing mainstream and other resources for which the family is eligible and referrals to meet needs identified in the initial assessment and subsequent case plan. Current funding for rental assistance is derived from a foundation grant that will fund up to 12 homeless families with children with $500 per month in rental assistance for six months. Participants must have very low income, not above 30% of local median income. Participants generally need some form of income as landlords will not rent to households where income plus subsidy is less than the rent and utilities. Securing funding for Rapid Re-housing is an ongoing effort.

Safe Haven (HUD & County Funded) is a 25 bed facility that serves individual men and women over the age of 17 who have severe, persistent mental illness. The shelter is funded by HUD CoC funds (27%) with the remaining funds coming from local government. The shelter must comply with 24 CFR 578 – the Interim Rule. Individuals must be homeless, low income and verify their disability to be eligible to enter Safe Haven. Participation in services is not required but residents must participate in a case management. Most residents participate in mental health treatment, often integrated

with substance abuse treatment. Case management includes collaboration with the individual to develop a case plan, assistance to access mainstream and other resources for which the person is eligible and referrals to meet needs identified in the initial and subsequent assessments. As residents engage in recovery, they are encouraged to re-engage with their families and community. The Housing and Shelter Intake Coordinator performs an initial assessment and refers those who qualify to Safe Haven via the HMIS referral system. Residents often come to Safe Haven from the street or from Cold Weather shelter, or other shelters where they have awaited a bed opening at Safe Haven.

Permanent Supportive Housing (PSH) (HUD Funded) - Individuals and families who qualify for HUD funded Permanent Supportive Housing for the Disabled must meet the eligibility requirements and have incomes at or below 30% of area median income. HSP operates 15 units of PSH, 14 of which serve chronically homeless persons, including one family. One PSH unit is designated for a chronically homeless veteran. Just one of the units is set aside for a homeless person with severe level of need. This one, non-chronic unit has prolonged the life of several of its occupants and prevented nursing home placement or death on the street. This program must comply with 24 CFR 578 – the Interim rule. Applicants for PSH are prioritized based on the recommended order of priority detailed in HUD's Notice CPD-14-012 (see attached Order of Priority for PSH). At the initial intake, Coordinated Assessment and Intake Coordinator performs the assessment and refers those who qualify to the program's waitlist as well as to other shelter programs via HMIS referral.

Shelter Plus Care (SHP) (HUD Funded) is operated by the Carroll County Health Department's Bureau of Prevention, Wellness and Recovery. The Bureau provides 9 units of HUD funded housing, case management and integrated mental health and substance abuse assessment and treatment. The Shelter Plus Care program subsidizes rent and utilities with the participant paying 30% of their income for rent and utilities. There are few openings; (two or fewer per year) therefore, no waitlist is maintained.

Other Types of Housing – the Coordinator for Coordinated Assessment and Intake maintains lists of supported housing, recovery housing and various community listings of apartment units to assist homeless persons to obtain housing.

Prioritization. Individuals and families that are literally homeless or can document that they are in imminent danger of becoming homeless and cannot be prevented or diverted with assistance from Emergency Assistance, family or friends, will be referred to the limited emergency and transitional housing, rapid re-housing, Safe Haven, Shelter Plus Care or Permanent Supportive Housing for Disabled available in our county. To enter shelter, individuals and families must meet the HUD definition of homeless, be income eligible and accept the placement. Clients choose the type of housing they will participate in and level of services. Referrals accepted into shelter are based on availability of beds and date of application with the first applying served first.

Discretion is used to serve literally homeless living out- of- doors, especially in cold weather or with other special needs. Prioritization of PSH applicants is explained under PSH and in the attached detailed Order of Priority for PSH.

Low Barriers to entering shelter or housing. Barriers will be kept to a minimum so that as few people as possible will be excluded from entering shelters or housing. The CoC has limited ability to accept homeless people who are excluded by funders from participating in shelter and housing programs. Barriers are accepted as a condition of state funding. The CCCOC-HB, through the Coordinated Entry system serves all populations and sub-populations in its programs with the exception of unaccompanied youth under 18 and victims fleeing domestic violence or stalking who are referred to providers who serve their specific needs. Current state policy does not allow active substance abusers to enter shelter other than Cold Weather shelter. If a resident uses after entry, the case manager makes every effort to engage the resident to participate in treatment and work toward recovery. The Women and Children's and Intact Family shelters house children. Therefore, residents will be asked to leave for repeat drug violations. At Safe Haven shelter, relapse is an acknowledged part of recovery. Integrated mental health and substance abuse treatment is encouraged. A resident's relapse may lead to increased efforts to increase participation in treatment or to change to a different treatment or program better suited to the individual's needs.

HSP performs background checks. Only those persons with recent, violent criminal behavior that would threaten the safety of others in shelter or Safe Haven are excluded from participation. For example, a person convicted as a pedophile would not be placed in shelter that serves children. There are no minimum income requirements or other exclusionary policies employed in the selection of persons for shelter or Safe Haven outside funder imposed restrictions.

Housing First Orientation. CCCOC-HB's Coordinated Entry system; strives to prevent individuals and families from becoming homeless; acquires funding and develops strategies to divert those that become homeless to housing; and, provides shelter to avoid street homelessness for homeless and at-risk who cannot be immediately diverted. When families are eligible for CCCOC-HB shelters and housing, referrals are made through HMIS. When possible, homeless families will be diverted directly to housing. Eligible applicants will be placed as quickly as possible into available beds or units in accordance with individual and family wishes. Emergency shelter programs have a focus on assisting individuals and families to obtain permanent housing as soon as possible.

Order of Priority in CoC Program-funded Permanent Supportive Housing (PSH)

The following is the order of priority for Carroll County's CoC Program-funded Permanent Supportive Housing (PSH) and is based on guidance in HUD's Notice: CPD-14-012.

For the purposes of this policy, chronically homeless and severity of service needs are defined as stated in 24 CFR 578.3 and Section I.D.3(a) of Notice CPD-14-012.

A. **Order of Priority in CoC Program-funded PSH Beds Dedicated to Persons Experiencing Homelessness and PSH Prioritized for Occupancy by Persons Experiencing Chronic Homelessness**
    a. First Priority – Chronically Homeless Individuals and Families with the Longest History of Homelessness and with the Most Severe Service Needs
    b. Second Priority – Chronically Homeless Individuals and Families with the Longest History of Homelessness
    c. Third Priority – Chronically Homeless Individuals and Families with the Most Severe Service Needs
    d. Fourth Priority – All Other Chronically Homeless Individuals and Families

B. **Order of Priority in PSH Beds Not Dedicated or Prioritized for Persons Experiencing Chronic Homelessness**
    a. First Priority – Homeless Individuals and Families with a Disability with the Most Severe Service Needs
    b. Second Priority – Homeless Individuals and Families with a Long Period of Continuous or Episodic Homelessness
    c. Third Priority – Homeless Individuals and Families with Disability Coming from places Not Meant for Human Habitation, Safe Havens, or Emergency Shelters.
    d. Fourth Priority – Homeless Individuals and Families with a Disability Coming from Transitional Housing

CARROLL COUNTY
CIRCLE OF CARING HOMELESSNESS BOARD
Continuum of Care Policy

Policy on: CCCOCHB Outreach **Effective:** 7/1/2015

Approved by Executive Board: Rita Lynnemann

Date: 8/24/15 **Regulatory Ref.:**

Purpose: Develop procedures for outreach to homeless and at risk population for the entire jurisdiction of Carroll County.

Policy: CCCOCHB will collaborate to reach homeless individuals and families to connect them to needed services and housing resources throughout Carroll County.

Procedure for Local Implementation

The CCCOC/HB will work together as community partners to reach out to homeless individuals and families residing in Carroll County, Maryland. CCCOC/HB Members and members of the Outreach Committee will organize and provide the following:

- Point in Time one day count of street and sheltered homeless persons
- Community Services Fairs providing outreach, information and referrals from multiple agencies to correspond with food pantry or soup kitchen meal.
- Veteran outreach and navigator program to reach veterans and refer to community resources
- CoC members refer to Human Services Programs of Carroll County as a one-stop for:
  1) Emergency Services for community coordination of eviction prevention turn off prevention and utility restoration. Emergency Services also offers the Maryland Energy Assistance Program for help with utility bills and referral to Weatherization Services.
  2) Assessment for housing, income, food, medical, dental and behavioral health needs, length and number of times homeless. Comprehensive package of services available in Carroll County provided at time of assessment.
  3) Referral/Intake to shelter and housing programs including HSP's Men's, Women and Children's, Intact Family, and Cold Weather Shelter, Safe Haven, Rental Allowance Program, Rapid Re-housing, Permanent Supportive Housing for the Disabled and referral to Shelter Plus Care, Residential Treatment and Sober Homes throughout the county.
- Referral to Family and Children's Services for domestic violence Safe House and counseling

- PATH Outreach to people living on the street who are 18 and over with a severe mental health disability
- Regular editorials in local papers, newsletters, COCHB Website by Outreach Committee and Executive Board
- Community meetings to inform public of homelessness conducted by Outreach and Executive Board Committees
- Faith organizations provide a daily meal in Westminster; soup kitchens throughout the county have information to refer homeless to Coordinated Intake.
- Resource cards listing local agencies and services for homeless and at-risk persons.

CARROLL COUNTY
CIRCLE OF CARING HOMELESSNESS BOARD
Continuum of Care Policy

Policy on: CCCOCHB - ESG **Effective:** 7/1/2015

Approved by Executive Board: Rita Gummerma

Date: 8/24/2015

Approved by Dept. of Citizen Services: Rita Gummerma

Date: 8/24/2015

Regulatory Ref.: CFR Title 24, Subtitle B, Part 576 (see attached)

Purpose: Develop procedures for the operation of the **Emergency Solutions Grant** (ESG) program to serve the jurisdiction of Carroll County.

Policy: The Carroll County Department of Citizen Services (DCS) will oversee the application and award of ESG program funds in compliance with CFR 24.576 and grant requirements of the Maryland Department of Housing and Community Development (MD DHCD) for state ESG funds. DCS will require that federal ESG funds be used for eligible activities for homeless persons and persons who are at-risk as defined in 576.2. Eligible activities are detailed in 576, Subpart B Program Components and Eligible Activities Section 576.101-109.

Award and Use of Funds: DCS will solicit providers to offer services essential to providing a continuum of services for the homeless and at-risk in Carroll County. Providers must provide services that are eligible for reimbursement under the ESG program. Providers will participate in the development of the grant application to MD DHCD and will carry out the programs funded under a sub-recipient agreement. DCS will monitor the ESG program annually.

Matching Funds: Federal ESG funds require a match equal to the award received. DCS may require sub-recipients to participate in the match. Matching contributions must meet the requirements of 576.201and may be either cash or in-kind. Cash match must be expended within the grant term; non cash contributions must be made within the grant term.

Coordination with local Continuum of Care. Carroll County DCS will consult with the Carroll County Circle of Caring Homelessness Board in accordance with Section 576.400 on decisions on how to allocate funds each year; developing performance standards for and evaluating outcomes of projects and activities receiving ESG funds; and developing funding and policies and procedures for administration and operation of HMIS.

Coordination with targeted homeless services. DCS and its sub-recipient of ESG funding will coordinate and integrate to the maximum extent practicable, ESG funded activities with other programs targeted to homeless people in the COC jurisdiction. Programs available in Carroll County include:

- Shelter Plus Care
- Supportive Housing Program
- HUD-VASH
- Education for Homeless Children and Youth Grants
- Grants for the Benefit of Homeless People
- Emergency Food and Shelter Program
- Any new federal resources secured for the COC's jurisdiction

System and program coordination with mainstream resources DCS and its sub-recipient will coordinate and integrate to the maximum extent practicable ESG activities with mainstream housing, health, social services, employment, education and youth programs for homeless and those at-risk of homelessness. Programs available in Carroll County include:

- Public housing programs
- Housing programs receiving tenant-based and project-based assistance under Section 8
- HOME Investment Partnership
- Temporary Assistance for Needy Families (TANF)
- Health Center
- MD Children's Health Insurance Program (CHIP)
- Head Start
- Mental Health and Substance Abuse Block Grant
- Workforce Investment programs

Coordinated Assessment and Intake DCS and its sub-recipient provider will use the CoC's coordinated assessment program. DCS and its sup-recipient must work with the CCCOCHB to ensure the assessment and referrals are consistent with written

standards required for ESG programs. Domestic Violence providers may choose not to use Coordinated Intake and Assessment.

Written Standards for providing ESG assistance DCS has established written standards and its sub-recipients will follow to include at a minimum:

- Standard policies and procedures for evaluating individuals' and families' eligibility for assistance under ESG in accordance with 576.401.
- Standards for targeting and providing essential services related to street outreach **should ESG funding be requested for Outreach**
- Policies for admission, diversion, referral **(See Coordinated Intake Policies and Procedures)** and discharge by emergency shelters assisted under ESG, including length of stay, safeguards for victims of domestic violence and individuals and families with the highest barriers to housing
- Policies and procedures for assessing, prioritizing, and reassessing needs for essential services
- Policies and procedures for coordination among emergency shelters, essential services providers, homelessness prevention, and rapid re-housing providers, other homeless providers **(See Coordinated Intake Policies and Procedures)**
- Policies and procedures for determining and prioritizing which eligible families and individuals will receive homelessness prevention assistance and which eligible individuals will receive rapid re-housing.
- Standards for determining how long a particular program participant will be provided with rental assistance and whether and how the amount of assistance will be adjusted over time.

Participation in HMIS DCS will ensure that data on all persons served and all activities assisted under ESG are entered into Community ServicePoint HMIS, in accordance with HUD standards on participation, data collection, and reporting under a local HMIS.

Evaluation of program participant eligibility and needs DCS and sub-recipient will conduct an initial evaluation of each household's (individual or family) eligibility for ESG assistance and the amount and types of assistance the household needs to regain stability in permanent housing. Evaluations will be conducted in accordance with Coordinated Assessment and the previous section on written standards. Re-evaluations for rapid re-housing eligibility and assistance will be completed no less than once annually. Re-evaluation must include:

- Participating household annual income does not exceed 30% of median family income for the household size for the jurisdiction.
- The participating household lacks sufficient resources and support networks needed to retain housing without ESG assistance.

- When the participating household reports an increase in income or household composition, DCS will require recipients to re-evaluate program eligibility.

Evaluations and Re-evaluations will:

- Determine annual income calculations for the household using 24 CFR 5.609
- Connect participants to supportive services including assistance with obtaining permanent housing, medical care and mental health treatment, and, Federal, State, local and private assistance to assist participant households including;
    - Medicaid
    - SNAP
    - WIC
    - Unemployment insurance
    - SSDI,
    - SSA
    - Child and Adult Food Program
    - Other available assistance

Case Management DCS and its sub-recipient requires all ESG program participants to meet with a case manager not less than once per month to assist with securing long-term housing stability. The program participant will, with the assistance of the case manager, develop a plan to maintain permanent housing once ESG assistance ends.

Terminating Assistance If a program participant violates program rules, the sub-recipient may terminate assistance in accordance with a formal process established by the sub-recipient that recognizes the rights of those affected. For participants receiving housing assistance at a minimum the process will include:

- Written notice to the participant clearly stating the reasons for termination
- A review of the decision, in which the program participant is given the opportunity to present written or oral objections before a person other than the person (or subordinate to the person) who made or approved the decision
- Prompt written notice of final decision

Termination will not bar the DCS or its sub-recipient from providing assistance at a later date to the same participant.

Shelter and Housing Standards As follows for types of ESG assistance:

- Lead based paint remediation and disclosure requirements per 24 CFR part 35 (A, B, H, J.K, M, R) apply to shelters and housing occupied by program participants.

- **Emergency Shelters must at minimum meet the minimum safely**, sanitation and privacy standards;
    - Structurally sound to protect from the elements and no pose threat to health and safety
    - Accessible in accordance with Section 504 of the Rehabilitation Act and 24 CFR part 8
    - Space and Security- Provides each program participant shelter with acceptable place to sleep and adequate space and security for themselves and their belongings.
    - Interior air quality – Each room or space must have natural or mechanical ventilation. Interior air is free of pollutants at a level that could cause inhabitants harm
    - Water supply – Water must be free of contamination
    - Sanitary facilities – Each program participant must have access to sanitary facilities that are in proper working condition, are private and adequate for personal cleanliness and disposal of human waste
    - Thermal environment – Shelters must have necessary heating/cooling in proper operating condition
    - Illumination and electricity – Shelters must have adequate natural light or artificial illumination to permit indoor activities and support health and safety with sufficient electrical sources to permit safe use of appliances
    - Food preparation - Food preparation areas must contain suitable space and equipment to store, prepare and serve food in a sanitary manner
    - Sanitary conditions – Shelters must be maintained in a sanitary manner
    - Fire Safety – All shelters must have one working smoke detector in each occupied unit. Where possible, smoke detectors must be near sleeping areas. The fire alarm system must be designed for the hearing impaired and all public areas must have one working smoke detector. There must be a second means of exiting the building in the event of fire or other emergency.
- **Minimum Standards for Permanent Housing** –DCS and its sub-recipient may not use ESG program funds to remain or move housing that does not meet minimum habitability standards.
    - Structurally sound to protect from the elements and no pose threat to health and safety
    - Space and Security- Provides each program participant adequate space and security for themselves and their belongings. Each resident must have an acceptable place to sleep

- Interior air quality – Each room or space must have natural or mechanical ventilation. Interior air is free of pollutants at a level that could cause inhabitants harm
- Water supply – Water must be free of contamination
- Sanitary facilities –Residents must have access to sanitary facilities that are in proper working condition, are private and adequate for personal cleanliness and disposal of human waste
- Thermal environment – The housing must have necessary heating/cooling in proper operating condition
- Illumination and electricity – The structure must have adequate natural light or artificial illumination to permit indoor activities and support health and safety with sufficient electrical sources to permit safe use of appliances
- Food preparation - Food preparation areas must contain suitable space and equipment to store, prepare and serve food in a sanitary manner
- Sanitary conditions – The housing must be maintained in a sanitary manner
- Fire safety – There must be a second means of exiting the building in the event of fire or other emergency and,
    - Each unit must have one battery-operated or hard-wired smoke detector, in proper working condition on each occupied level of the unit. Smoke detectors must be located in a hallway adjacent to a bedroom. If the unit is occupied by a hearing impaired person/s, smoke detectors must have an alarm system designed for a hearing impaired person in each bedroom occupied by a hearing impaired person
    - The public areas of all housing must have one battery-operated or hard-wired smoke detector in proper working condition on each occupied level of the unit. Public areas include: laundry areas, community rooms, hallways, stairwells, and other common areas.

Conflicts of Interest ESG assistance will not be conditioned upon acceptance of shelter or housing owned by DCS. If program participants occupy housing owned by the sub-recipient the sub-recipient may not perform evaluations for eligibility.

Sub-recipients may request an exception if the requirements of 576.404.(II, A-F) are met.

Homeless participation DCS must provide for the participation of not less than one homeless individual or formerly homeless individual on its board of directors or other policy making entity that makes decisions on facilities, services, other assistance that receive ESG funds. If unable to meet the requirement, it must instead develop and

implement a plan to consult with homeless of formerly homeless individuals in considering and making policies and decisions regarding facilities, services, other assistance that receive ESG funds. The plan must be included in the annual action plan. To the extent practicable, DCS and its sub-recipient must involve homeless individuals in constructing, renovating, maintaining, and operating facilities assisted under ESG, and in providing services for occupants of facilities under ESG. Involvement may include employment or volunteer services.

Other Federal requirements

- Nondiscrimination – 24 CFR part 5, subpart A nondiscrimination and 5.105 (a) Section 3 and implementing regulations at 24 CFR part 135, except homeless have priority over other Section 3 residents
- Affirmative Action Outreach
- Uniform Administrative Requirements
- Environmental Review responsibilities
- Davis-Bacon Act
- Procurement of Recovered Materials
- Displacement, relocation, acquisition

Recordkeeping and reporting – Sufficient policies and procedures to ensure ESG requirements are met. Policies must be in writing to ensure ESG funds are used in accordance with ESG requirements. DCS and its sub-recipient will follow 24 CFR 576.500 for ESG program and financial recordkeeping requirements.

- Homeless status – Must follow written intake procedures to ensure compliance with homeless definition as stated in 576.2.that include documentation of evidence relied upon to establish and verify homeless status and must establish order of priority for obtaining evidence as:
    - third-party first,
    - Intake worker observation second
    - Certification of the person seeking assistance third
- Lack of third party documentation must not prevent an individual or family from being immediately admitted to shelter, receiving outreach, or victim services.

Enforcement HUD will review performance of ESG recipients under part 576.501which includes enforcement steps and penalties imposed for non-compliance with ESG requirements.

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COMMUNITY SERVICEPOINT (CSP)

Policies and Procedures

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Striving for a Connected Carroll County

Every day hundreds of people in Carroll County's human service agencies struggle to make a difference in our community. Technology should help us make that difference, not keep us tangled in red tape. CSP is designed to make sure clients receive the best, most complete service possible. While it can't give anyone a home or the services they need, it is an indispensible tool to those who can. Through technology, CSP creates a community of care and a virtual one-stop entry point for client services.

Community ServicePoint is a web-based data collection tool by Bowman Systems (www.bowmansystems.com). It was adopted by Carroll County to meet Congress' mandate for data and analysis on the extent of homelessness and the effectiveness of McKinney-Vento funded programs by maintaining an HMIS (Homeless Management Information System). CSP will fulfill the Department of Housing and Urban Development (HUD)'s directives that, to remain eligible to receive grant awards, all federally-funded jurisdictions:

- Develop unduplicated counts of clients served at the local level;
- Analyze patterns of use of persons entering and exiting the homeless assistance system; and
- Evaluate the effectiveness of these systems.

Carroll County has taken it a step further, striving instead to create a CMIS (Community Management Information System). CSP's flexibility and robustness allows it to be used for eligibility, intake, case management, follow-up, data collection and reporting that non-homeless centered agencies also find useful. Because many service-centered agencies can use the system, Carroll County's Circle of Caring Homelessness Board CMIS Steering Committee (now called the CSP Steering Committee) chose "Community ServicePoint" to track the required homeless information and aid non-homeless service committees on a broader scale.

Carroll County is a place of community – strong connections and caring. Its technologies should, and do, reflect that.

Mission Statement

Community ServicePoint will provide standardized, timely information through a coordinated system that improves access to housing, community services, and resources for the people of Carroll County.

Governing Principles

Described below are the overall governing principles upon which all other decisions pertaining to the CSP are based.

Data Integrity: Data are the most valuable assets of the CSP. It is our policy to protect this asset from accidental or intentional unauthorized modification, disclosure or destruction.

Access to Client Records: The Client Records Access policy is designed to protect against the recording of information in unauthorized locations or systems. Only staff who work directly with clients or who have administrative responsibilities will receive authorization to look at, enter, or edit client records. Additional privacy protection policies include:

- No client records will be shared electronically with another agency without written client consent;
- Client has the right to not answer any question, unless entry in to a service program requires it;
- Client has the right to know what has added to, deleted, or edited their client record;
- Client information transferred from one authorized location to another over the web is transmitted through a secure, encrypted connection.

Application Software: Only tested and controlled software should be installed on networked systems. Use of unevaluated and untested software outside an application development environment is prohibited.

Computer Crime: Computer crimes violate state and federal law as well as the CSP Data Security Policy and Standards. They include but are not limited to: Unauthorized disclosure, modification or destruction of data, programs, or hardware; theft of computer services; illegal copying of software; invasion of privacy; theft of hardware, software, peripherals, data or printouts; misuse of communication networks; promulgation of malicious software such as viruses; and breach of contract. Perpetrators may be prosecuted under state or federal law, held civilly or criminally liable for their actions, or both. CSP staff and authorized agencies must comply with license agreements for copyrighted software and documentation. Licenses software must not be copied unless the license agreement specifically provides for it. Copyrighted software must not be loaded or used on systems for which it is not licensed.

End User Ethics: Any deliberate action that adversely affects the resources of any participating organization or institution or employees is prohibited. Any deliberate action that adversely affects any individual is prohibited. Users should not use CSP computing resources for personal purposes. Users must not attempt to gain physical or logical access to data or systems for which they are not authorized. Users must not attempt to reverse-engineer commercial software. Users must not load unauthorized programs or data onto CSP computer systems. User should scan all personal computer programs and data for viruses before logging onto CSP computer systems.

Contractual Requirements and Roles

1.1 CSP CONTRACT REQUIREMENTS

Policy:	CSP is committed to provide services to participating agencies.
Standard:	CSP will provide quality service to new and existing participating agencies.
Purpose:	To outline the basic services for existing and new agencies.
Scope:	Participating agencies in CSP.

Basic Requirements:

A. Purchase of Software Licensing and Technical Support: All existing and new sites participating in the CSP that are funded through Carroll County Department of Citizen Services will have most costs covered by their contractors, including user licenses for ServicePoint and technical assistance provided by CSP staff. Please note: Participating Agencies are responsible for all costs associated with hardware acquisition and maintenance, personnel, and internet access.

Agencies that are not funded to participate in the CSP through a Continuum of Care contract or exceed their license allotment must pay a yearly fee according to CSP's cost document.

B. Access: Existing and new Participating Agencies covered under existing Contacts will not be granted access to the ServicePoint software system until a contractual agreement has been signed with CSP.

1.2 STEERING COMMITTEE

Policy:	A Steering Committee, representing all stakeholders to this project will advise all project activities.
Standard:	The responsibilities of the Steering Committee will be apportioned according to the information provided below.
Purpose:	To define the roles and responsibilities of the project Steering Committee.
Scope:	All project stakeholders.

Responsibilities:

The Steering Committee advises and supports CSP's operations in the following programmatic areas: fundraising and resource development; consumer involvement; and quality assurance/accountability. The committee meets quarterly.

Membership of the Steering Committee will be established according to the following guidelines:

- Target for membership will be 25 persons;
- There will be a concerted effort to find replacement representatives when participation has been inactive or inconsistent from the organizations involved in the project;

- There will be a pro-active effort to fill gaps in the membership of the Committee in terms of constituency representation: consumer representatives, shelters for families and individuals, advocacy organizations, and government agencies that fund homeless assistance services, and statewide geographic distribution.

The CSP Steering Committee is fundamentally an advisory committee to the CSP. However, the CSP staff delegates final decision making authority to the Committee on the selected key issues that follow. These issues include:

- Determining the guiding principles that should underlie the implementation activities of CSP and participating organizations and service programs;
- Selecting the minimal data elements to be collected by all programs participating in the CSP;
- Defining criteria, standards, and parameters for the release of aggregate data; and
- Ensuring adequate privacy protection provisions in project implementation.

1.3 CSP MANAGEMENT

Policy:	A CSP management structure will be put into place that can adequately support the operations of the CSP system according to the Governing Principles described in the Introduction.
Standard:	The responsibilities of the CSP staff will be apportioned according to the information provided below.
Purpose:	To define roles and responsibilities of the CSP staff.
Scope:	System wide

CSP Roles and Responsibilities: Management:

The CSP Analyst is responsible for oversight of day-to-day operations including: technical infrastructure; planning, scheduling, and meeting project objectives; Governing Principles and Policies and Procedures.

Technical Assistance:

The CSP Analyst is responsible for overseeing usage of the application ServicePoint and being available for phone support as needed.

Responsibilities and Duties include:

- Provide training on a regular basis for agency staff
- Provide technical assistance and troubleshooting as needed
- Provide technical assistance in generating funder-required reports

Data Analysis:

- Provide data quality queries to sites on a regular basis.
- Provide detailed countywide reports on families and individuals accessing emergency shelter.

Systems Administration / Security / User Accounts:

CSP has a contract with Bowman Internet Systems to host the central server. They will have overall responsibility for the security of the system.

All Agency Administrator user accounts are the responsibility of CSP staff. All Participating Agency staff user accounts are the responsibility of the Agency Administrator.

1.4 ROLE: PARTICIPATING AGENCY EXECUTIVE DIRECTOR

Policy:	The Executive Director of each Participating Agency will be responsible for oversight of all agency staff who generate or have access to client-level data stored in the system software to ensure adherence to the CSP standard operating procedures outlined in this document.
Standard:	The executive Director holds final responsibility for the adherence of his/her agency's personnel to the CSP Governing Principles and Standard Operating Procedures outlined in this document.
Purpose:	To outline the role of the agency Executive Director with respect to oversight of agency personnel in the protection of client data within the system software application.
Scope:	Executive Director in each Participating Agency.

Responsibilities:

The Participating Agency's Executive Director is responsible for all activity associated with agency staff access and use of the ServicePoint data system. This person is responsible for establishing and monitoring agency procedures that meet the criteria for access to the ServicePoint Software system, as detailed in the Policies and Procedures outlined in this document. The Executive Director will be held accountable for any misuse of the software system by his/her designated staff. The Executive Director agrees to only allow access to the ServicePoint software system based upon need. Need exists only for those staff, volunteers, or designated personnel who work directly with (or supervise staff who work directly with) clients or have data entry responsibilities.

The Executive Director also oversees the implementation of data security policies and standards and will:

1. Assume responsibility for integrity and protection of client-level data entered into the ServicePoint system;

2. Establish business controls and practices to ensure organization adherence to the CSP Policies and Procedures;

3. Communicate control and protection requirements to agency custodians and users;

4. Authorize data access to agency staff and assign responsibility for custody of the data;

5. Monitor compliance and periodically review control decisions.

1.5 ROLE: AGENCY ADMINISTRATOR OF PARTICIPATING AGENCY

Policy:	Every Participating Agency must designate one person to be the Agency Administrator.
Standard:	The designated Agency Administrator holds responsibility for the administration of the system software in his/her agency.
Purpose:	To outline the role of the Agency Administrator.

Scope:	Participating Agencies

Responsibilities:

The Participating Agency agrees to appoint one person as the Agency Administrator. This person will be responsible for:

- Editing and updating agency information
- Granting access to the software system for persons authorized by the agency's Executive Director by creating usernames and passwords
- Training new staff persons on the uses of the ServicePoint software system including review of the Policies and Procedures in this document and any agency policies which impact the security and integrity of client information
- Ensuring that access to the ServicePoint system be granted to authorized staff members only after they have received training and satisfactorily demonstrated proficiency in use of the software and understanding of the Policies and Procedures and agency policies referred to above
- Notifying all users in their agency of interruptions in service

The Agency Administrator is also responsible for implementation of data security policy and standards, including:

- Administering agency-specified business and data protection controls
- Administering and monitoring access control
- Detecting and responding to violations of the Policies and Procedures or agency procedures.

1.6 ROLE: USER

Policy:	All individuals at CSP and at the Participating Agency levels who require legitimate access to the software system will be granted such access.
Standard:	Individuals with specific authorization can access the system software application for the purpose of conducting data management tasks associated with their area of responsibility.
Purpose:	To outline the role and responsibilities of the system user.
Scope:	System wide

Responsibilities:

CSP agrees to authorize use of the ServicePoint Software system only to users who need access to the system for technical administration of the system, report writing, data analysis and report generation, back-up administration or other essential activity associated with carrying out CSP's responsibilities.

The **Participating Agency** agrees to authorize use of the ServicePoint Software system only to users who need access to the system for data entry, editing of client records, viewing of client records, report writing, administration or other essential activity associated with carrying out participating agency responsibilities.

Users are any persons who use the ServicePoint software for data processing services. They must be aware of the data's sensitivity and take appropriate measures to prevent unauthorized disclosure. Users are responsible for protecting institutional information to which they have access and for reporting security violations. Users must comply with the data security policy and standards as described in these Policies and procedures. They are accountable for their actions and for any actions undertake with their usernames and passwords.

Participation Requirements

2.1 PARTICIPATION REQUIREMENTS

Policy:	CSP staff will communicate requirements for participation. All requirements for participation are outlined in this document.
Standard:	CSP staff and Participating Agencies will work to ensure that all sites receive the benefits of the system while complying with all stated policies.
Purpose:	To provide the structure of on-site support and compliance expectations.
Scope:	System wide

Procedure: Participation Agreement Requirements

- **High Speed Internet Connection:** Broadband recommended by Vendor. (See "Implementation: Connectivity" in Section 2)
- **Identification of Agency Administrator:** Designation of one key staff person to serve as Agency Administrator. This person will be responsible for creating usernames and passwords and monitoring software access. This person will also be responsible for training new staff persons on how to use the Service Point system.
- **Security Assessment:** Meeting of Agency Executive Director (or designee), Program Manager/Administrator and Agency Administrator with CSP staff member to assess and complete Agency Information Security Protocols. See attached Initial Implementation Requirements.
- **Training:** Commitment of Agency Administrator and designated staff persons to attend training(s) at CSP prior to accessing the system online. **Note:** Staff will **NOT** be allowed to attend training until ALL information Security paperwork is complete and signed by Executive Director (or designee).
- **Interagency Data Sharing Agreements:** Interagency Data Sharing Agreements must be established between any shelter/service program where sharing of client level information is to take place. See attached Interagency Data Sharing Agreement.
- **Client Consent Forms:** must be created for clients to authorize the sharing of their personal information electronically with other Participating Agencies through the ServicePoint software system where applicable. See attached Client Consent Form for example.
- **Participation Agreement:** Agencies are required to sign a participation agreement stating their commitment to develop the policies and procedures for effective use of the system and proper collaboration with CSP Tech. See attached Initial Implementation and Requirements.
- **Minimal Data Elements:** Agencies will be required to enter minimal data elements as defined by the CSP and its Steering Committee.

2.2 IMPLEMENTATION REQUIREMENTS

Policy:	All Participating Agencies must read and understand all participation requirements and complete all required documentation prior to implementation of the system.
Standard:	All implementation requirements must be complete and on file prior to using the system.
Purpose:	To indicated documentation requirements prior to implementation.
Scope:	Participating Agencies

Procedure:

CSP staff will assist Participating Agencies in the completion of all required documentation.

On Site Security Assessment Meeting: Meeting of Agency Executive Director or authorized designee, Program Manager/Administrator and Agency Administrator with CSP staff member to assist in completion of the Agencies' Information Security Protocols.

Participation Agreement: The Participation Agreement refers to the document agreement made between the participating agency and the CSP. This agreement includes commitment to minimal data as defined by the CSP and its Steering Committee on all clients. This document is the legally binding document that refers to all laws relating to privacy protections and information sharing of client specific information. See attached Initial Implementation Requirements.

Agency Participation/Data Sharing Agreements: Upon completion of the Security Assessment, each agency must agree to abide by all policies and procedures laid out in the CSP Security Manual. The Executive Director or designee will be responsible for signing this form. See attached Initial Implementation Requirements.

Identification of Referral Agencies: ServicePoint provides a resource directory component that tracks service referrals for clients. Each Participating Agency must compile a list of referral agencies and verify that the information has been entered into ResourcePoint.

2.3 INTERAGENCY DATA SHARING AGREEMENTS

Policy:	Data sharing among agencies will be supported upon completion of Interagency Sharing Agreements by Participating Agencies wishing to share client identified data.
Standard:	For participating agencies to engage in data sharing arrangements, a written, formal document must be signed by the Executive Directors of each of the Participating Agencies involved in the data sharing.
Purpose:	To explain the vehicle through which agencies can enter into an agreement allowing them to share client records.
Scope:	Participating Agencies wishing to share client records.

Responsibilities:

Interagency Sharing Agreements

A. **Written Agreement:** Participating Agencies wishing to share information electronically through the ServicePoint System are required to provide, in writing, an agreement that has been signed between the Executive Directors of Participating Agencies. See attached Interagency Sharing Agreement.

B. **Role of Executive Director:** The Executive Director is responsible for abiding by all the policies stated in any Interagency Sharing Agreement.

Procedure:

A. Executive Directors wishing to participate in a data sharing agreement contact CSP staff to initiate the process.

B. Executive Directors complete the Interagency Sharing Agreement. Each participating agency retains a copy of the agreement and a master is filed with the CSP Organization.

C. Agency Administrators receive training on the technical configuration to allow data sharing.

D. Each Client whose record is being shared must agree via a written client consent form to have their data shared. A client must be informed what information is being shared and with whom it is being shared and for what length of time.

2.4 WRITTEN CLIENT CONSENT PROCEDURE FOR ELECTRONIC DATA SHARING

Policy:	As part of the implementation strategy of the system software, a Participating Agency must have client consent procedures and completed forms in place when electronic data sharing is to take place.
Standard:	Client consent procedures must be on file prior to the assignment of user accounts to the site by CSP staff.
Purpose:	To indicate the type of client consent procedures that Participating Agencies must implement prior to actual implementation.
Scope:	Participating Agencies wishing to share client records.

Procedure:

Client Consent Procedures

See attached Client Consent Form.

2.5 CONFIDENTIALITY AND INFORMED CONSENT

Policy:	All Participating Agencies agree to abide by all privacy protection standards and agree to uphold all standards of privacy as established by CSP.
Standard:	It is suggested that participating Agencies develop procedures of providing oral explanations to clients about the usage of a computerized Management Information System. Participating Agencies are required to use written client consent forms when information is to be shared with another agency.
Purpose:	To ensure protection of clients' privacy.
Scope:	Participating Agencies

Procedure:

Confidentiality/Client Consent

Informed Consent: Oral Explanation (non-shared records): All clients should be provided an oral explanation that their information will be entered into a computerized record keeping system. The Participating Agency should provide an oral explanation of the CSP and the terms of consent. The

agency may want to develop a fact sheet to post within the agency. CSP suggests including the following information in the fact sheet:

1. **What ServicePoint is:** Web based information system that service agencies across the county use to hold information about the persons they serve

2. **Why the agency uses it:** Understanding their clients' needs helps the programs plan to have appropriate resources for the people they serve, to inform policy.

3. **Security:** Only staff who work directly with clients or who have administrative responsibilities can look at, enter, or edit client records.

4. **Privacy Protection:** No information will be released to another agency without written consent. Client has the right to not answer any question, unless entry into a program requires it. Client has the right to know who has added to, deleted, or edited their ServicePoint record, Information that is transferred over the web is through a secure connection.

5. **Benefits for Clients:** Case manager tells client what services are offered on site or by referral through the assessment process. Case manager and client can use information to assist clients in obtaining resources that will help them meet their needs.

6. **Written Client Consent:** Each Client whose record is being shared electronically with another Participating Agency must agree via a written client consent form to have their data shared. A client must be informed what information is being shared and with whom it is being shared.

7. **Information Release:** The Participating Agency agrees not to release client identifiable information to any other organization pursuant to federal and state law without proper client consent. See attached Client Consent Form.

8. **Federal/State Confidentiality Regulations:** The Participating Agency will uphold Federal and State Confidentiality regulations to protect client records and privacy. In addition, the Participating Agency will only release client records with written consent by the client, unless otherwise provided for in the regulations.

    i. The Participating Agency will abide specifically by the Federal confidentiality rules as contained in 42 CRF Part 2 regarding disclosure of alcohol and/or drug abuse records. In general terms, the Federal rules prohibit the disclosure of alcohol and/or drug abuse records unless disclosure is expressly permitted by written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The Participating Agency understands that the Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patients.

    ii. The Participating Agency will abide specifically by State of Maryland general laws.

9. **Unnecessary Solicitation:** The Participating Agency will not solicit or input information from clients unless it is essential to provide services, or conduct evaluation or research.

2.6 MINIMAL DATA ELEMENTS

Policy:	Participating Agencies that collect client data through this Management Information system will, at a minimum, collect all data contained within the Profile Screen.
Standard:	All agencies will collect minimal data elements.
Purpose:	To ensure that agencies are collecting quality data.
Scope:	Participating Agencies

Procedure:

Commitment to Utilization of Interview Protocol

Minimal Data Elements: The Participating Agency is responsible for ensuring that all clients are asked a minimal set of questions for use in aggregate analysis. These questions are contained within the Profile Screen.

2.7 INFORMATION SECURITY PROTOCOLS

Policy:	Participating Agencies must develop and have in place minimum information security protocols.
Standard:	At a minimum, a Participating Agency must develop rules, protocols or procedures to address each of the following: • Assignment of user accounts • Unattended workstations • Physical access to workstations • Policy on user account sharing • Client record disclosure • Report generation, disclosure and storage
Purpose:	To protect the confidentiality of the data and to ensure its integrity at the site.
Scope:	Participating Agencies

Procedures:

To develop internal protocols, please reference Section 4.

2.8 IMPLEMENTATION: CONNECTIVITY

Policy:	Participating Agencies are required to obtain an adequate internet connection (Broadband recommended)
Standard:	Internet connection greater than 56k/v90.
Purpose:	To ensure proper response time and efficient system operation of the internet application.
Scope:	Participating Agencies

Procedure:

CSP staff is committed to informing all participating agencies about availability of internet providers. Obtaining and maintaining an internet connection greater than 56k/v90 is the responsibility of the Participating Agency.

2.9 MAINTENANCE OF ONSITE COMPUTER EQUIPMENT

Policy:	Participating Agencies commit to a reasonable program of data and equipment maintenance in order to sustain and efficient level of system operation.
Standard:	Participating Agencies must meet the technical standards for minimum computer equipment configuration, internet connectivity, data storage and data back up.
Purpose:	To ensure that participating agencies adopt an equipment and data maintenance program.
Scope:	Participating Agencies

Responsibilities:

The Executive Director of designee will be responsible for the maintenance and disposal of on-site computer equipment and data used for participation in the CSP including the following:

- **Computer Equipment:** The Participating Agency is responsible for maintenance of on-site computer equipment. This includes purchase of and upgrades to all existing and new computer equipment for utilization in the CSP.
- **Backup:** The Participating Agency is responsible for supporting a backup procedure for each computer connecting to the CSP.
- **Internet Connection:** CSP staff members are not responsible for troubleshooting problems with internet connections.
- **Virus Protection:** As a matter of course, each agency should install virus protection software on all computers.
- **Data Storage:** The Participating Agency agrees to only download and store data in a secure format.
- **Data Disposal:** The Participating Agency agrees to dispose of documents that contain identifiable client level data by shredding paper records, deleting any information from diskette before disposal, and deleting any copies of client level data from the hard drive of any machine before transfer or disposal of property. CSP staff are available to consult on appropriate processes for disposal of electronic client level data.

Training

3.1 TRAINING SCHEDULE

Policy:	CSP staff will maintain an ongoing training schedule to adequately meet the needs of Participating Agencies.
Standard:	CSP staff will publish a schedule for trainings and will offer them regularly.
Purpose:	To provide ongoing training to participating agencies.
Scope:	System wide

Procedure:

A training schedule will be set via email each month. Agencies are asked to RSVP for all trainings. Training sessions will be offered at Carroll County Government Building unless otherwise noted.

3.2 USER, ADMINSITRATOR AND SECURITY TRAINING

Policy:	All users must undergo security training before gaining access to the system. This training must include a review of CSP's security Polices and Procedures.
Standard:	CSP staff or trained Agency Administrator will provide data security training.
Purpose:	To ensure that staff are properly trained and knowledgeable of CSP's security Policies and Procedures.
Scope:	System wide

Procedure:

Agency staff must attend user training. Agency Administrators must also attend an Administrator training in addition to user training. Agencies will be notified of scheduled training sessions.

Training:

The Agency Administrator is responsible for training new users. Users must receive ServicePoint training prior to being granted user privileges for the system.

User, Location, Physical and Data Access

4.1 ACCESS PRIVILEGES TO SYSTEM SOFTWARE

Policy:	Participating Agencies will apply the user access privilege conventions set forth in this procedure.
Standard:	Allocation of user access accounts and privileges will be made according to the format specified in this procedure.
Purpose:	To enforce information security protocols.
Scope:	Participating Agencies

Procedure:

User Access Privileges to ServicePoint

- **User Access:** User access and user access levels will be deemed by the Executive Director of the Participating Agency in consultation with the Agency Administrator. The Agency Administrator will generate username and passwords within the Administrative function of ServicePoint.

- **User name format:** The Agency Administrator will create all usernames using the First Initial of the First Name and Last Name. Example: John Doe's username would be jdoe. In the case where there are two people with the same first initial and last name, a sequential number should be placed at the end of the above format. Example: jdoe2, jdoe3.

- **Passwords:**

    - **Creation:** Passwords are automatically generated from the system when a user is created. Agency Administrators will communicate the system-generated password to the user.

    - **Use of:** The user will be required to change the password the first time they log onto the system. The password must be between 8 and 16 characters and contain 2 numbers.

    - **Expiration:** Passwords expire every 45 days.

    - **Termination or Extended Leave from Employment:** The Agency Administrator should terminate the rights of a user immediately upon termination from their current position. If a staff person is to go on leave for a period of longer than 45 days, their password should be inactivated within 5 business days of the start of their leave. The Agency Administrator is responsible for removing users from the system. The Agency Administrator must update the access list and signed agreement on a quarterly basis.

4.2 ACCESS LEVELS FOR SYSTEM USERS

Policy:	Participating Agencies will manage the proper designation of user accounts and will monitor account usage.
Standard:	The Participating Agency agrees to apply the proper designation of user accounts and manage the use of these accounts by agency staff.
Purpose:	To enforce information security protocols.
Scope:	Participating Agencies

Procedure:

User accounts will be created and deleted by the Agency Administrator under authorization of the Participating Agency's Executive Director.

User Levels:

There are sixteen levels of access to the ServicePoint system. These levels should be reflective of the access a user has to client level paper records and access levels should be need-based. Need exists only for those staff, volunteers, or designated personnel who work with (or supervise staff who work directly with) clients or have data entry responsibilities. See attachment User Access Level Matrix.

4.3 LOCATION ACCESS PRIVILEGES TO SYSTEM SERVER

Policy:	Participating Agencies agree to enforce the location access privileges to the system server.
Standard:	Only authorized computers will be able to access the system from authorized locations.
Purpose:	To enforce information security protocols.
Scope:	Participating Agencies

Procedure:

Location Access:

Access to the system software will only be allowed from computers specifically identified by the Executive Director and Agency Administrator of the Participating Agency. Laptops and off-site installations will require an additional security form stating that use will not be for unauthorized purposes from unauthorized locations. See attachment Laptop and Off-Site Installation Access Privileges to System Server Commitment Form.

4.4 ACCESS TO DATA

Policy:	Participating Agencies must agree to enforce the user access privileges to system data server as stated below.
Standard:	• **User Access:** Users will only be able to view the data entered by users of their own agency. Security measures exist within the ServicePoint software system which restrict agencies from viewing each other's data. • **Raw Data:** Users who have been granted access to the ServicePoint Report Writer tool have the ability to download and save client level data onto their local computer. Once this information has been downloaded from the ServicePoint server in raw format to an agency's computer, these data become the responsibility of the agency. A

	Participating Agency should develop protocol regarding the handling of data downloaded from the Report Writer. • **Agency Policies Restricting Access to Data:** The Participating Agencies must establish internal access to data protocols. These policies should include who has access, for what purpose, and how they can transmit this information. Issues to be addressed include storage, transmission and disposal of these data. • **Access to Countywide ServicePoint Data:** Access will be granted based upon policies developed by the Steering Committee.
Purpose:	To enforce information security protocols.
Scope:	Participating Agencies

4.5 ACCESS TO CLIENT PAPER RECORDS

Policy:	Participating Agencies will establish procedures to handle access to client paper records.
Standard:	The participating Agencies agree to establish procedures regarding how staff has access to client paper records.
Purpose:	To enforce information security protocols.
Scope:	Participating Agencies

Procedures:

- Agencies need to have a policy regarding access to client paper records.
- Identify how and where client paper records are stored.
- Develop policy regarding length of storage and disposal procedure of paper records.
- Develop policy on disclosure of information contained in client paper records.

4.6 PHYSICAL ACCESS CONTROL

Policy:	Physical access to the system data processing areas, equipment and media must be controlled. Access must be controlled for the transportation of data processing media and other computer resources. The level of control is contingent on the level of risk and exposure to loss.
Standard:	Personal computers, software, documentation and diskettes shall be secured proportionate with the threat and exposure to loss. Available precautions may include equipment enclosures, lockable power switches, equipment identification and fasteners to secure the equipment.
Purpose:	To delineate standards for physical access.
Scope:	System wide

Guidelines:

Access to computing facilities and equipment

- The CSP staff with the Agency Administrators within Participating Agencies will determine the physical access controls appropriate for their organizational setting based on CSP security plies, standards and guidelines.

- All those granted access to an area or to data are responsible for their actions. Additionally, those granting another person access to an area are responsible for that person's activities.

Media and hardcopy protection and transportation

- Printed versions of confidential data should not be copied or left unattended and open to unauthorized access.

- Media containing client-identified data will not be shared with any agency other than the owner of the data for any reason. CSP data may be transported by authorized employees using methods deemed appropriate by the Participating Agency that meet the above standard. Reasonable care should be used, and media should be secured when left unattended.

- Magnetic media containing CSP data which is released and/or disposed of from the Participating Agency and Central Server should first be processed to destroy any data residing on that media.

- Degaussing and overwriting are acceptable methods of destroying data.

- Responsible personnel must authorize the shipping and receiving of magnetic media, and appropriate records must be maintained.

- CSP information in hardcopy format should be disposed of properly.

4.7 UNIQUE USER ID AND PASSWORD

Policy:	Authorized users will be granted a unique User ID and password.
Standard:	See Section 4.1
Purpose:	In order to ensure that only authorized users will be able to enter, modify or read data, unique User ID will be issued to every user.
Scope:	System wide

Procedures:

- **Discretionary Password Reset:** Initially each user will be given a password for one time use only. The first or reset password will be automatically generated by ServicePoint and will be issued to the User by the Agency Administrator. Passwords will be communicated in written or verbal form. The first time, temporary password can be communicated via email (as long as it is not in the SAME email message as the User ID).

- **Forced Password Change (FPC):** FPC will occur every 45 days once a user account is issued. Passwords will expire and users will be prompted to enter a new password. Users may not use the same password consecutively, but may user the same password more than once.

- **Unsuccessful Logon:** If a user unsuccessfully attempts to logon three times, the User ID will be "locked out", access permission revoked and unable to gain access until their account is reset.

4.8 RIGHT TO DENY USER AND PARTICPATING AGENCY'S ACCESS

Policy:	Participating Agency or a user access may be suspended or revoked for suspected or actual violation of the security protocols.
Standard:	Serious or repeated violation by users of the system may result in the suspension or revocation of an agency's access.
Purpose:	To outline consequences for failing to adhere to information security protocols.
Scope:	Participating Agency

Procedure:

- All potential violations of any security protocols will be investigated.
- Any user found to be in violation of security protocols will be sanctioned accordingly. Sanctions from CSP may include; additional training, suspension of user license to loss of user license.
- Any agency that is found to have consistently and or flagrantly violated security protocols may have their access privileges suspended or revoked.
- All sanctions are imposed by the CSP staff in conjunction with the Participating Agency.

4.9 DATA ACCESS CONTROL

Policy:	Agency Administrators at Participating Agencies and CSP staff must monitor access to system software.
Standard:	Agency Administrators at Participating Agencies and CSP staff must regularly review user access privileges and remove identification codes and passwords from their systems when users no longer require access. Agency Administrators at Participating Agencies and CSP staff must implement discretionary access controls to limit access to CSP information when available and technically feasible. Participating Agencies and CSP staff must audit all unauthorized accesses and attempts to access CSP information. Audit records shall be kept at least six months, and Agency Administrators and CSP staff will regularly review the audit records for evidence of violations or system misuse.
Purpose:	To indicate the standards and guidelines for data access control for the Participating Agency.
Scope:	System wide

Guidelines:

- Access to computer terminals within restricted areas should be controlled through a password or through physical security measures.
- Each user should have a unique identification code.
- Each user's identity should be authenticated through an acceptable verification process.
- Passwords are the individual's responsibility, and users cannot share passwords.
- Users should be able to select and change their own passwords, and must do so at least every 45 days. A password cannot be re-used until 2 password selections have expired.

- Passwords should not be able to be easily guessed or found in a dictionary. The password format is alphanumeric.

- Any passwords written down should be securely stored and inaccessible to other persons. Users should **not** store passwords on a personal computer for easier logon.

4.10 AUDITING: MONITORING, VIOLATIONS AND EXCEPTIONS

Policy:	CSP staff will monitor access to all systems that could potentially reveal a violation of information security protocols.
Standard:	**Monitoring** CSP staff will monitor compliance with the data security standards. **Violations** Any exception to the data security policies and standards not approved by CSP is a violation, and will be reviewed for appropriate disciplinary action that could include termination of employment or criminal prosecution. **Exceptions** All exceptions to these standards are to be requested in writing by the Executive Director of the Participating Agency and approved by CSP Steering Committee as well as CSP's Management.
Purpose:	To outline the standards and procedures on compliance with information security protocols and the process by which CSP staff with monitor compliance with such policies.
Scope:	System wide

Monitoring

- Monitoring compliance is the responsibility of CSP.
- All users and custodians are obligated to report suspected instances of noncompliance.

Violations

- CSP staff will review standards violations and recommend corrective and disciplinary actions.
- Users should report security violations to the Agency Administrator, or CSP staff person as appropriate.

Exceptions

- Any authorized exception to this policy must be issued from CSP's Management and the Participating Agency's Executive Director.

4.11 LOCAL DATA STORAGE

Policy:	Client records containing identifying information that are stored within the Participating Agency's local computers are the responsibility of the Participating Agency.
Standard:	Participating Agencies should develop policies for the manipulation, custody and transmission of client-identified data sets.
Purpose:	To delineate the responsibility that participating Agencies have for client-identified data
Scope:	Participating Agencies

Procedure:

A Participating Agency develops policies consistent with Information Security Policies outlined in this document regarding client-identifying information stored on local computers.

4.12 TRANSMISSION OF CLIENT LEVEL DATA

Policy:	Client data will be transmitted in such a way as to protect client privacy and confidentiality.
Standard:	Administrators of the Central Server data must be aware of access-control vulnerabilities for that data while they are in transmission within the network.
Purpose:	To provide guidelines regarding security of client level data during transmission.
Scope:	System wide

Guidelines:

Transmission will be secured by 128-bit encryption provided by SSL Certificate protection, which is loaded at the CSP server.

Technical Support and System Availability

5.1 TECHNICAL SUPPORT AND SYSTEM AVAILABILITY

Policy:	CSP staff will offer a standard technical support package to all Participating Agencies
Standard:	CSP staff will provide technical assistance to Participating Agencies on use of the system software.
Purpose:	To describe the elements of the technical support package offered by CSP staff.
Scope:	System wide

Procedure:

CSP staff will assist agencies in:

- Start-up and implementation
- On-going technical assistance
- Training
- Technical assistance with report writing

5.2 PARTICIPATING AGENCY SERVICE REQUEST

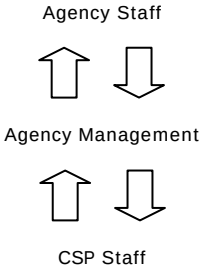
Policy:	CSP staff will respond to requests for services that arrive from the Agency's Executive Director or the Agency Administrator.
Standard:	To effectively respond to service requests, CSP staff will require that proper communication channels be established and used at all times.
Purpose:	To outline the proper methods of communicating a service request from a Participating Agency to CSP staff.
Scope:	Participating Agencies

Procedure:

Service Request from Participating Agency

1. Agency Management (Executive Director or Agency Administrator) contact CSP staff for service.
2. CSP staff determines resources needed for service.
3. CSP contacts agency management staff to work out a mutually convenient schedule.

Chain of Communication



5.3 AVAILABILITY: HOURS OF SYSTEM OPERATION

Policy:	The system will be available to the community of users in a manner consistent with the user's reasonable usage requirements.
Standard:	CSP staff, via Bowman, agree to minimally operate the system website twenty four hours a day, seven days a week. Some time may be required each day to backup the server and database.
Purpose:	To communicate that the system must be down to maintain the servers and the database. Bowman Internet Systems is in complete control of scheduled outages.
Scope:	System wide

Schedule:

The system will be available twenty four hours a day, seven days a week, excluding maintenance, events beyond human control, or federal or state declared emergency situation.

5.4 AVAILABILITY: CSP STAFF AVAILABILITY

Policy:	CSP staff will be available to the community of users in a manner consistent with the user's reasonable service request requirements.
Standard:	CSP staff is generally available for Technical Assistance, questions and troubleshooting between the hours of 8:00 am and 5:00 pm Monday to Thursday, and between 8:00 am and 2:00 pm Friday. Any exceptions to this availability will be posted on the ServicePoint News area on the ServicePoint home screen.
Purpose:	To inform users when CSP staff will be available to resolve technical issues.
Scope:	System wide

5.5 AVAILABILITY: PLANNED INTERRUPTION TO SERVICE

Policy:	CSP staff will inform Participating Agencies of any planned interruption to service.
Standard:	Participating Agencies will be notified of planned interruption to service prior to the interruption.
Purpose:	To indicate procedures for communicating interruption to service. To indicate procedures for communicating when services resume.
Scope:	System wide

Procedure:

Planned Interruption to Service

CSP staff will notify Participating Agencies via e-mail and/or a post to ServicePoint News area on the ServicePoint home screen the planned time for an interruption to service. An explanation of the need for the interruption will be provided and expected benefits or consequences articulated.

Service Restoration

Unless the original communication stated the resumption time, CSP staff will notify via e-mail that service has resumed.

5.6 AVAILABILITY: UNPLANNED INTERRUPTION TO SERVICE

Policy:	Participating Agencies may or may not be notified in advance of unplanned interruption to service.
Standard:	Participating Agencies will be notified of unforeseen interruption to service that are expected to exceed two hours.
Purpose:	To indicate procedures for communicating unforeseen interruption to service.
Scope:	System wide

Unplanned Interruption to Service

When an event occurs that makes the system inaccessible, Bowman staff will make every effort to get the system back up. CSP staff with notify via e-mail that service has resumed.

Data Release Protocols

6.1 DATA RELEASE AUTHORIZATION AND DISTRIBUTION

Policy:	CSP staff will follow Steering Committee procedures for the release of all data.
Standard:	CSP staff will abide by Carroll County Access to Data Policies as well as those established by the Steering Committee.
Purpose:	To outline the procedures for the release of data from the CSP.
Scope:	Steering Committee and CSP staff

Procedure:

All data that are to be publicly released must be in aggregate format.

Release of Data Principals (Participating Agency)

- Only de-identified aggregate data will be released.
- Program specific information will not be released without written consent of the Participating Agency Executive Director.
- There will be full access to aggregate data for all Participating Agencies.
- Aggregate data will be available in the form of an aggregate report or as a raw data set.
- Only aggregate data will be made directly available to the public.
- Parameters of the aggregate data, that is, where the data comes from, what it includes and what it does not include will be presented with each report.

6.2 RIGHT TO DENY ACCESS TO CLIENT INDENTIFIED INFORMATION

Policy:	CSP retains authority to deny access to all client identified information contained within the system.
Standard:	No data will be released to any person, agency, or organization that is not the owner of said data.
Purpose:	To protect client confidentiality.
Scope:	System wide

Procedure:

1. Any request for client identified data from any person, agency, or organization other than the agency of origin will be forwarded to CSP Management for review.
2. Pursuant to CSP Management any outside entity must obtain the written consent of every client contained within the database prior to the release of data.

6.3 RIGHT TO DENY ACCESS TO AGGREGATE INFORMATION

Policy:	CSP staff retains authority to deny access to all aggregate data contained within the system, on a local or private level. The State of Maryland will have the authority to pull ONLY aggregate information for reporting purposes as granted by the Carroll County Continuum of Care.
Standard:	No data will be released without proper authorization.
Purpose:	To prevent the unauthorized distribution of aggregated reports.
Scope:	System wide

Procedure:

When a person or organization requests data, the request will be reviewed by the CSP staff. The State will retain authority to use aggregate data, as collected in the Data Warehouse, for federal and statewide reporting.

CSP Agency Participation Agreement

This contractual agreement is entered into on _____ between the CSP and

Agency Name:

Executive Director:

Address: _____ _____ _____ _____	Phone: _____ Fax: _____ Email:

This document contains the specific obligations that each Agency must follow in order to participate in the CSP. The Executive Director shall read the Policies and Procedures and this document and sign where indicated to represent their understanding of the contents.

I. Contractual Requirements and Roles

_____
Signature

I agree to abide by the following policies as contained in **Section 1** of the **CSP Policies and Procedures** as described below.

a. **Steering Committee:** Advises the project on all activities
b. **Participating Agency Executive Director:** Assumes responsibility for the entire implementation and administration of the system within an agency
c. **Agency Administrator of Participating Agency:** The Executive Director's officially designated representative to manage ServicePoint operations
d. **Participating Agency User:** Agency Staff who serve clients who are authorized by the Executive Director to access the system

II. Participation Requirements

_____
Signature

I agree to abide by the following policies as contained in **Section 2** of the **CSP Policies and Procedures** as described below.

a. **Participation Requirements of Participating Agency and CSP:** Lays out responsibilities of all parties involved in implementation
b. **Implementation Documentation:** Delineates all written documentation required for implementation including data sharing agreements, client consent forms, data collection commitment and participating agency security protocols

c. **Minimal Data Elements:** Participating agencies must make every effort to enter information on all clients served in participating programs. Agencies agree to enter at a minimum, all data contained within the Profile Screen
d. **Confidentiality:** The Participating Agency will uphold Federal and State Confidentiality regulations that protect client records and privacy as referenced in 42 CFR Part 2, Health Insurance Portability and Accountability Act (HIPPAA) and Maryland general law.
e. **Maintenance of Internet Connection and Onsite Computer Equipment:** Outlines responsibility of agency in maintaining connectivity and equipment

III. Training

_____
Signature

I agree to abide by the following policies as contained in **Section 3** of the **CSP Policies and Procedures** as described below.

a. **Training Schedule:** CSP staff will provide schedule and onsite training as documented
b. **User, Administration and Security Training:** Prior to being granted access to the system, all staff will be trained on relevant information and security issues

IV. User, Location, Physical, and Data Access

_____
Signature

I agree to abide by the following policies as contained in **Section 4** of the **CSP Policies and Procedures** as described below.

a. **User Access:** Identifies process for user access including authorization of user names and passwords
b. **Location Access:** Participating agencies must identify the locations from which system software can be accessed
c. **Physical Access:** All agencies must develop internal access policies to all systems
d. **Data Storage and Transmission:** All agencies will develop internal protocols for the transmission and storage of client level information. CSP staff is available to provide recommendations for policy development

V. Technical Support and System Availability

_____
Signature

I agree to abide by the following policies as contained in **Section 5** of the **CSP Policies and Procedures** as described below.

a. **Planned Technical Support:** Participating agencies will received planned technical support as requested
b. **Availability:** System software will be made available for set periods of time with time allowed for updates and protocols for unplanned interruption of service

VI. Data Release Protocols

_____

Signature

I agree to abide by the following policies as contained in **Section 6** of the **CSP Policies and Procedures** as described below.

a. **Data Release Authorization:** Outlines specific policies regarding release of data

By signing this document, I agree to abide by all policies as stated in the CSP Policies and Procedures document. I also agree to educate all staff members in my agency as to the policies that directly affect their work.

I understand that I must complete and submit a Program Information form for the Agency as a whole as well as for the Programs that operate within the Agency.

_____

Name of Agency

_____

Printed Name of Executive Director

_____

Signature of Executive Director Date

_____

Signature of CSP Staff Date

CSP User Access Agreement

I, _____ (Print Name), employee at _____ (Agency) acknowledge that, as a representative of a contributing organization, I have access to confidential and sensitive client information. I understand that certain information contained in Community ServicePoint (CSP) files is of a personal nature and that some information is considered confidential under law. I will use this information with confidentiality and discretion. I will disclose this information to other individuals only to the extent that it is specifically authorized by the client's consent to the Release of Information (ROI). If, at any time, a question or problem arises about the release of information, I will not release any information until I am authorized by my supervisor. I will not use CSP information for any reason other than its intended purpose. **Under no circumstances will I access confidential information for any purpose other than the performance of my job duties.**

My Username and Password gives me access to CSP. CSP contains personal identifying information on persons and families being served by the human services providers in Carroll County. As an End User, I indicate my understanding and acceptance of the proper use of this CSP Username and Password and access to this information by my initial on each item below. Failure to uphold the confidentiality and security standards set forth below is grounds for having my user license terminated in CSP, and, as applicable, other agency actions and penalties under law. *(Initial each line below)*

_____ My CSP Username and Password are for my use only and must not be shared with anyone. I will take all reasonable means to keep my password physically secure.

_____ I understand that the only individuals who can view information in CSP are authorized users and clients to whom the information pertains. **If I need to discuss client information via email, the email may contain the client ID# only.**

_____ I understand that clients must have a documented Release of Information (ROI) prior to being entered into CSP and that they have a right to choose if/how their data is shared outside of my program. I know that I must modify the visibility settings on their data according to their wishes.

_____ I may only view, obtain, disclose, or use CSP information that is necessary to perform my job.

_____ If I am logged into CSP and must leave the work area where the computer is located, I must log-off of CSP before leaving the work area. Any computer that has CSP open and running must never be left unattended. I understand that failure to log-off CSP appropriately may result in a breach of client confidentiality and system security.

_____ Printed copies of CSP generated client information must be kept in a secure file. When printed copies of CSP generated client information are no longer needed, they must be properly destroyed/shredded.

_____ If I notice or suspect a security breach, I must notify my CSP Agency Security Officer and my Agency Administrator immediately.

I understand and agree to comply with all the statements listed above.

_____

CSP User Signature Date

I have instructed this person in the proper security and privacy procedures for the use of CSP. I have explained the importance of information security and the consequences of any violation and believe he/she fully understands the consequences of a violation. I have instructed him/her on basic office practices to assure no breach of use of CSP.

_____

CSP Staff Person Date

_____

Agency Executive Director Date

Revised: 10/20/2014

CSP User Access Set-up Form

Program Name: _____Date:_____

Agency Administrator: _____

Executive Director: _____

Staff Name (User)	Access Level (see below)	Status (active/inactive)	Authorized by	Date
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				

Available Access Levels:

Resource Specialist I
Activity Specialist I
Volunteer
Agency Staff
CallPoint Specialist
Case Manager I
Resource Specialist II
Activity Specialist II
Cast Manager II
Resource Specialist III
Activity Specialist III
Agency Admin
Executive Director
System Operator
System Admin I
System Admin II

If you need assistance selecting an Access Level, please contact your System Administrator (CSP staff)

CSP Program Information

Please complete for each program in your agency which will be utilizing ServicePoint.

Agency Name: _____

Program Name: _____

Date: _____

Address:_____
_____
_____

Phone Number: _____

Email: _____

Completed by: _____

Type of Program: (circle)	Emergency Shelter Transitional Housing Permanent Supportive Housing Support Services Only Outreach Other: _____

Population Served: (circle)	Individuals	Families	Both

Target Population: (ex. Youth, Elders) _____

Please describe services offered at your agency:

Please describe your agency's capacity. For example: Shelters should describe the number of rooms and number/layout of beds within the room. Note floor level if more than one floor.

CSP Interagency Data Sharing Agreement

The CSP administers a computerized record keeping system that captures information about people experiencing homelessness and other service needs. The system, ServicePoint, allows programs the ability to share information electronically about clients who have been entered into the software. Client level information can only be shared between agencies that have established an Interagency Sharing Agreement and have received written consent from particular clients agreeing to share their personal information with another agency.

The agency receiving the written consent has the ability to "share" that client's information electronically through the ServicePoint system with a collaborating agency.

This process can benefit clients by eliminating duplicate intakes. Intake and exit interviews can be shared, with written consent between

_____
Collaborating Agency #1 (hereafter referred to as Agency 1)

And

_____
Collaborating Agency #2 (hereafter referred to as Agency 2)

By establishing this agreement, Agency 1 and Agency 2 agree that within the confines of the CSP:

1. ServicePoint information in either paper or electronic form will never be shared outside of the originating agency without written consent from the client.
2. Client level information will only be shared electronically through the ServicePoint System with agencies the client has authorized to view their information.
3. Information that is shared with written consent will not be sued to harm or deny any services to an eligible client.
4. A violation of the above will result in immediate disciplinary action.
5. Client owned information will be deleted from the system upon client request.
6. Clients have the right to request information about who has viewed or updated their ServicePoint record.

Agency 1 and Agency 2 establish this interagency sharing agreement so that our agencies will have the ability to share client level information electronically through the ServicePoint System. This agreement does not pertain to client level information that has not been entered into the ServicePoint system. This electronic sharing capability only provides us with a tool to share client level information. This toll will only be used when a client provides written consent to have his/her information shared.

Agency 1 and Agency 2 also have an agreement with the CSP and have completed security procedures regarding the protection and sharing of client data.

By signing this form, on behalf of our agencies, we authorized the CSP to allow us to share information between our agencies. We agree to follow all of the above policies to share information between our collaborating agencies.

We agree to share the following information (please check all that apply):

[ ] Basic Client Profile Information
[ ] Required Data Elements (HUD Universal Data Elements)
[ ] Children's Required Data Assessment (HUD Required Data Elements for Children)
[ ] HUD 40118 Assessment (HUD APR fields)
[ ] Other (Please Specify) _____

_____
Agency 1

_____
Printed Name of Executive Director Signature of Executive Director Date

_____
Agency 2

_____
Printed Name of Executive Director Signature of Executive Director Date

CSP Sample Client Consent Form*

When you request or receive services from _____, we collect information about your household and enter it into a computer program called Community ServicePoint that helps us to keep track of your information. This program is used by many agencies throughout our state that offer programs and services for individuals and families. We wish to share with you how we use ServicePoint to enhance the quality of service received by our clients.

What information is collected about your household?

Depending on your situation, you may be asked for some or all of the following:

- Basic identifying information (includes name, SSN, education, date of birth, gender, race, marital and family status, household relationships, phone numbers, military/veteran status, disability, etc.)
- Housing information (includes address, type of housing, homeless status, reason for homelessness, etc.)
- Income information (sources and amounts of household income, employment information, work skills, etc.)
- Legal history/information
- Medical information
- Services needed and provided; outcomes of services provided

Why is the above information collected?

- To better understand your needs and the needs of others in your community, and what services are available to you.
- To know whether your needs and the needs of others in your community were actually met.
- To improve the quality of care and service for Carroll County residents.

Why is it helpful to have your information shared with other agencies that use ServicePoint in Carroll County?

By sharing your information with these agencies it helps them identify other services or programs you may be eligible for and coordinate services for you and your household. ServicePoint counts the number of people requesting services, the number served, services available, and it can help to identify services that are needed. It will report to the people who fund these programs what services are needed and help agencies continue to get funding for programs that serve our community.

What happens to your information?

When you request services from _____, your household information will be data entered into the ServicePoint program which utilizes the Internet. This program has many security protections to ensure only agencies authorized to use ServicePoint within Carroll County can see basic household data. Basic household identifying information; names, the last 4 digits of your social security number, household relationships, dates of birth, and gender will be shared with our Community Partners who also use ServicePoint in Carroll County.

CLIENT INFORMED CONSENT/RELEASE OF INFORMATION AUTHORIZATION

You can decide if other information you have given to _____, can be shared with other partner agencies. If you wish for us to share other information about your household for the purpose of receiving services from these agencies, please indicate the type of information you wish to share with the agency(ies) listed below by initialing the corresponding lines;

---

* Courtesy of Human Services Programs of Carroll County, Inc.

_____Other basic information (includes education, race, phone numbers, disability status)
_____Income (includes earnings, employment status, education level, veteran status/military history)
_____Services provided/service history, case management plans, goals, notes
_____Residential/housing information, county of residence, address
_____Legal history

I permit my information, as specified above, to be shared with the below listed agency(ies) for the reasons stated:

_____

_____

_____

I have been told that I may cancel this authorization at any time by written request and it will stop on the date my notice is received by _____. I have also been told that this release is valid for three years, unless I have otherwise specified above.

SIGNATURE OF CLIENT OR GUARDIAN	**DATE**	**SIGNATURE OF AGENCY**

WITNESS	**DATE**

CSP Referral Agencies

Please provide the top referral agencies/programs (including services provided) utilized by each of your agency programs for inclusion in ResourcePoint, the service directory component of ServicePoint.

Agency	Program	Contact Person	Phone Number	Address	Services Provided

Laptop and Off-Site Installation Access Privileges to System Server Commitment Form

This agreement is made between the CSP and _____.
Agency Name

By signing this security agreement, I agree that I will not allow persons other than Agency authorized staff to use the laptop. I understand that I will only access the ServicePoint software from locations authorized by the agency as appropriate for entering data. I realized that if I access the ServicePoint software from an unauthorized location that I am putting the confidentiality of all the clients served by the agency at risk.

_____
Agency Name

_____
Staff Name Signature Date

_____
Executive Director Signature Date

CSP Security Plan

Purpose: The purpose of this security plan is to ensure the integrity of client data entered into CSP.

Agencies participating in CSP should develop their own data security protocols in addition to this plan. Agencies are responsible for conducting background checks on all administrative users. Background checks may be completed only once.

Security Officers

The CSP Lead Agency will designate a security officer for CSP who will:

- Review this security plan at least annually and as needed. If revisions are needed, the security officer will work with the CSP steering committee to complete them.
- Ensure compliance with this plan of all agencies participating in CSP
- Respond to all security related questions and requests
- Respond to all reported breaches of security
- Provide security training to agencies and end users

All participating agencies will designate a security officer who will:

- Review and update the agency's security protocols at least annually and as needed
- Ensure compliance with security protocols by the agency
- Report any breaches of security to the CSP Lead's security officer for investigation

End Users

Before being given access to the system, all users must have security training provided by the CSP Lead. All users must complete security training annually as well. Initial training will be completed in person with the CSP Lead security officer. Annual training may be completed online.

After being entered into the system, all users will have a temporary password automatically assigned to them. The first time a new user logs in, the system will prompt the user to change their password. Passwords must be 8-16 characters in length and contain at least 2 numbers. Passwords must change every 45 days, and the same password cannot be used twice in a row.

Users should not share their passwords with anyone. Users are discouraged from writing down their passwords; however, if a user writes their password down, the password must be stored in a secure way to prevent disclosure, and the record must not reference the account or data that it protects.

Audit Trails

CSP keeps a record of everything that is done in the system. This enables investigation of reported breaches of security. If a breach occurred, the system will list the date and time, the user responsible, and the action itself. Audit reports may be run at any time by the CSP security officer.

Annual Security Review

All agencies will complete an annual security review. The agency security officer will complete a security check list to ensure that the agency is compliant with this security plan, the CSP Policies and Procedures, and the agency's security protocols.

Reporting

When a suspected breach of security occurs, it must be reported to the agency security officer immediately. The agency security officer will then report the incident to the CSP security officer and the agency administrator. Once it has been reported, the CSP security officer will collaborate with the agency security officer and the agency administrator to investigate. If a breach of security is found, sanctions may be imposed on the agency/users involved. Depending on the type and severity of the incident, it may be reported to the CSP Steering Committee for evaluation.

Implementation

This plan will be fully implemented within 6 months from the date of approval.

Approved: 01/16/2014

Data Quality Plan

Purpose: The purpose of this Data Quality Plan is to outline the expectations and methods that will be undertaken by the Carroll County Continuum of Care to increase the availability of quality data in the Carroll County HMIS (CSP) for the purposes of analysis, reporting, and planning.

HMIS Data Quality is the extent to which data recorded in an HMIS accurately reflects the same data in the real world. Without quality data, it is impossible to get a complete picture of the homeless service system.

Data Quality Benchmarks

The Carroll County COC sets data quality benchmarks for all programs participating in HMIS. These benchmarks include timeliness, completeness, and accuracy, and these benchmarks will be monitored on an ongoing basis.

Timeliness: In order to ensure the most accurate data, it is important that data be entered as close to the service dates as possible. In general, data needs to be entered into the HMIS within 5 business days from the date of service. Case managers should make every effort to have data entered within this time frame; however, if this cannot be done, all data must be entered into the HMIS within 10 business days from the date of service.

Completeness: In order for reporting to be accurate and provide a complete picture of what it is trying to relay, data must be complete. Data completeness is broken down into three categories: all clients served, client data completeness, and entry/exit dates.

- All clients served-100% of clients served by participating programs must be entered
- Client record-100% of the Universal Data Elements (UDE's) must be answered for all clients served by participating programs
    - While "Don't Know" and "Refused" are possible choices to some of the UDE's, these should only be used if the client does not know or refuses to provide the information
    - Leaving a UDE data field blank will show up in reports as a null value, and will throw the data off
    - Programs that require any data elements in addition to the UDE's should collect these in another assessment as well.
- Entry/Exits-Client entry/exits should be completed as close to real time as possible. For HUD funded programs, Entry/Exit type should be HUD. All other programs can use the Basic Entry/Exit type. HUD funded programs must complete the 40118 assessment at the time of entry.

Accuracy: Data throughout a client record should be consistent. (Children should not be Heads of Household, Males should not be pregnant, etc.)

Monitoring Data Quality

Data Quality is everyone's responsibility. Each person using CSP is able to make quality data possible.

User Role	User Responsibility	Frequency
Data Entry Staff	• Enter all clients as close to service date as possible • Make sure client information is complete • Follow up with clients to fill in missing data • Make sure that any Unknown/Refused values are because the client does not know or refuses to provide the information.	Ongoing

Agency Administrator	• Clients served report
	  o Ensures all clients are entered
	• Entry/Exit Report
	  o Ensures entry/exits are timely
	• Makes both reports available to Data Entry Staff
		Reports should be run and provided to data entry staff at least monthly

CSP Analyst	• Runs Data Completeness report in ART • Runs Data Completeness Report Card in ART • Makes report results available to Agency Administrators	Reports are run and made available to Agency Administrators around the 10th of every month. Agency Administrators then have until the 20th to follow up and get any missing or incorrect data corrected.

When the CSP Analyst notices that a particular agency is not within the data quality benchmarks and is not improving, the CSP analyst will reach out to that agency's administrator. The CSP

analyst is available to help run and interpret reports and to provide additional training to agency staff if necessary.

Agency Administrators with an ART license may run the data completeness reports as well. Any Agency Administrator without an ART license who wants to see either of these reports throughout the month may schedule this with the CSP Analyst.

Implementation

This plan will be fully implemented within 6 months of the date that it is approved.

Incentives

Contributing agencies that have high data quality according to this data quality plan will be recognized in the quarterly CSP newsletter.

Contributing agencies that show significant improvement will be recognized in the quarterly CSP newsletter.

Data quality reports will be distributed to the Continuum of Care on a monthly basis.

Approved: 01/16/2014

Streamlined Annual PHA Plan *(HCV Only PHAs)*	U.S. Department of Housing and Urban Development Office of Public and Indian Housing	OMB No. 2577-0226 Expires 02/29/2016

Purpose. The 5-Year and Annual PHA Plans provide a ready source for interested parties to locate basic PHA policies, rules, and requirements concerning the PHA's operations, programs, and services, and informs HUD, families served by the PHA, and members of the public of the PHA's mission, goals and objectives for serving the needs of low- income, very low- income, and extremely low- income families

Applicability. Form HUD-50075-HCV is to be completed annually by **HCV-Only PHAs**. PHAs that meet the definition of a Standard PHA, Troubled PHA, High Performer PHA, Small PHA, or Qualified PHA do not need to submit this form. Where applicable, separate Annual PHA Plan forms are available for each of these types of PHAs.

Definitions.

(1) ***High-Performer PHA*** – A PHA that owns or manages more than 550 combined public housing units and housing choice vouchers, and was designated as a high performer on both of the most recent Public Housing Assessment System (PHAS) and Section Eight Management Assessment Program (SEMAP) assessments if administering both programs, or PHAS if only administering public housing.

(2) ***Small PHA*** - A PHA that is not designated as PHAS or SEMAP troubled, or at risk of being designated as troubled, that owns or manages less than 250 public housing units and any number of vouchers where the total combined units exceeds 550.

(3) ***Housing Choice Voucher (HCV) Only PHA*** - A PHA that administers more than 550 HCVs, was not designated as troubled in its most recent SEMAP assessment, and does not own or manage public housing.

(4) ***Standard PHA*** - A PHA that owns or manages 250 or more public housing units and any number of vouchers where the total combined units exceeds 550, and that was designated as a standard performer in the most recent PHAS and SEMAP assessments.

(5) ***Troubled PHA*** - A PHA that achieves an overall PHAS or SEMAP score of less than 60 percent.

(6) ***Qualified PHA*** - A PHA with 550 or fewer public housing dwelling units and/or housing choice vouchers combined, and is not PHAS or SEMAP troubled.

A. PHA Information.

A.1

PHA Name: ____Carroll County Bureau of Housing_____ **PHA Code**: __MD032_____

PHA Plan for Fiscal Year Beginning: (MM/YYYY): __07/2016_____

PHA Inventory (Based on Annual Contributions Contract (ACC) units at time of FY beginning, above)

Number of Housing Choice Vouchers (HCVs) ___649_____

PHA Plan Submission Type: ☒ Annual Submission ☐ Revised Annual Submission

Availability of Information. In addition to the items listed in this form, PHAs must have the elements listed below readily available to the public. A PHA must identify the specific location(s) where the proposed PHA Plan, PHA Plan Elements, and all information relevant to the public hearing and proposed PHA Plan are available for inspection by the public. Additionally, the PHA must provide information on how the public may reasonably obtain additional information of the PHA policies contained in the standard Annual Plan, but excluded from their streamlined submissions. At a minimum, PHAs must post PHA Plans, including updates, at the main office or central office of the PHA. PHAs are strongly encouraged to post complete PHA Plans on their official website.

☐ **PHA Consortia**: (Check box if submitting a joint Plan and complete table below)

Participating PHAs	PHA Code	Program(s) in the Consortia	Program(s) not in the Consortia	No. of Units in Each Program
Lead HA:				

B.	Annual Plan.
B.1	**Revision of PHA Plan Elements.** (a) Have the following PHA Plan elements been revised by the PHA since its last Annual Plan submission? Y N ☐ ☒ Housing Needs and Strategy for Addressing Housing Needs. ☐ ☒ Deconcentration and Other Policies that Govern Eligibility, Selection, and Admissions. ☐ ☒ Financial Resources. ☐ ☒ Rent Determination. ☐ ☒ Operation and Management. ☐ ☒ Informal Review and Hearing Procedures. ☐ ☒ Homeownership Programs. ☐ ☒ Self Sufficiency Programs and Treatment of Income Changes Resulting from Welfare Program Requirements. ☐ ☒ Substantial Deviation. ☐ ☒ Significant Amendment/Modification. (b) If the PHA answered yes for any element, describe the revisions for each element(s):
B.2	**New Activities** (a) Does the PHA intend to undertake any new activities related to the following in the PHA's current Fiscal Year? Y N ☐ ☒ Project Based Vouchers. (b) If this activity is planned for the current Fiscal Year, describe the activities. Provide the projected number of project-based units and general locations, and describe how project-basing would be consistent with the PHA Plan.
B.3	**Most Recent Fiscal Year Audit.** (a) Were there any findings in the most recent FY Audit? Y N N/A ☒ ☐ ☐ (b) If yes, please describe: PHA failed to terminate a client within 30 days of the client failed HQS inspection.
B.4	**Civil Rights Certification** Form HUD-50077, *PHA Certifications of Compliance with the PHA Plans and Related Regulations,* must be submitted by the PHA as an electronic attachment to the PHA Plan.
B.5	**Certification by State or Local Officials.** Form HUD 50077-SL, *Certification by State or Local Officials of PHA Plans Consistency with the Consolidated Plan*, must be submitted by the PHA as an electronic attachment to the PHA Plan.
B.6	**Progress Report.** Provide a description of the PHA's progress in meeting its Mission and Goals described in its 5-Year PHA Plan. Carroll County Bureau of Housing is working with the continuum of care to assist homeless individuals whose goal is to obtain permanent housing. We will be expanding our pilot program to include 10-20 housing choice vouchers with the purpose of obtaining case management for these individuals through a grant received by the health department to assist and remove obstacles to obtain and maintain the housing once it is received.

B.7	**Resident Advisory Board (RAB) Comments.** (a) Did the RAB(s) provide comments to the PHA Plan? Y N ☐ ☒ (a) If yes, comments must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the RAB recommendations and the decisions made on these recommendations.

Instructions for Preparation of Form HUD-50075-HCV
Annual PHA Plan for HCV Only PHAs

A. PHA Information. All PHAs must complete this section. (24 CFR §903.23(4)(e))

A.1 Include the full **PHA Name**, **PHA Code**, **PHA Type**, **PHA Fiscal Year Beginning** (MM/YYYY), **Number of Housing Choice Vouchers (HCVs)**, **PHA Plan Submission Type**, and the **Availability of Information**, specific location(s) of all information relevant to the public hearing and proposed PHA Plan.

PHA Consortia: Check box if submitting a Joint PHA Plan and complete the table. (24 CFR §943.128(a))

B. Annual Plan. All PHAs must complete this section. (24 CFR §903.11(c)(3))

B.1 Revision of PHA Plan Elements. PHAs must:

Identify specifically which plan elements listed below that have been revised by the PHA. To specify which elements have been revised, mark the "yes" box. If an element has not been revised, mark "no."

☐ **Housing Needs and Strategy for Addressing Housing Needs.** Provide a statement addressing the housing needs of low-income, very low-income families who reside in the PHA's jurisdiction and other families who are on the Section 8 tenant-based waiting list. The statement must identify the housing needs of (i) families with incomes below 30 percent of area median income (extremely low-income), (ii) elderly families and families with disabilities, and (iii) households of various races and ethnic groups residing in the jurisdiction or on the waiting list based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location. (24 CFR §903.7(a)(1) and 24 CFR §903.7(a)(2)(i)). Provide a description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. 24 CFR §903.7(a)(2)(ii)

☐ **Deconcentration and Other Policies that Govern Eligibility, Selection, and Admissions.** A statement of the PHA's policies that govern resident or tenant eligibility, selection and admission including admission preferences for HCV. (24 CFR §903.7(b))

☐ **Financial Resources.** A statement of financial resources, including a listing by general categories, of the PHA's anticipated resources, such as PHA HCV funding and other anticipated Federal resources available to the PHA, as well as tenant rents and other income available to support tenant-based assistance. The statement also should include the non-Federal sources of funds supporting each Federal program, and state the planned use for the resources. (24 CFR §903.7(c))

☐ **Rent Determination.** A statement of the policies of the PHA governing rental contributions of families receiving tenant-based assistance, discretionary minimum tenant rents , and payment standard policies. (24 CFR §903.7(d))

☐ **Operation and Management.** A statement that includes a description of PHA management organization, and a listing of the programs administered by the PHA. (24 CFR §903.7(e)(3)(4)).

☐ **Informal Review and Hearing Procedures.** A description of the informal hearing and review procedures that the PHA makes available to its applicants. (24 CFR §903.7(f))

☐ **Homeownership Programs**. A statement describing any homeownership programs (including project number and unit count) administered by the agency under section 8y of the 1937 Act, or for which the PHA has applied or will apply for approval. (24 CFR §903.7(k))

☐ **Self Sufficiency Programs and Treatment of Income Changes Resulting from Welfare Program Requirements.** A description of any PHA programs relating to services and amenities coordinated, promoted, or provided by the PHA for assisted families, including those resulting from the PHA's partnership with other entities, for the enhancement of the economic and social self-sufficiency of assisted families, including programs provided or offered as a result of the PHA's partnerships with other entities, and activities under section 3 of the Housing and Community Development Act of 1968 and under requirements for the Family Self-Sufficiency Program and others. Include the program's size (including required and actual size of the FSS program) and means of allocating assistance to households. (24 CFR §903.7(l)(i)) Describe how the PHA will comply with the requirements of section 12(c) and (d) of the 1937 Act that relate to treatment of income changes resulting from welfare program requirements. (24 CFR §903.7(l)(iii)).

☐ **Substantial Deviation.** PHA must provide its criteria for determining a "substantial deviation" to its 5-Year Plan. (24 CFR §903.7(r)(2)(i))

☐ **Significant Amendment/Modification**. PHA must provide its criteria for determining a "Significant Amendment or Modification" to its 5-Year and Annual Plan. Should the PHA fail to define 'significant amendment/modification', HUD will consider the following to be 'significant amendments or modifications': a) changes to rent or admissions policies or organization of the waiting list; or b) any change with regard to homeownership programs. See guidance on HUD's website at: Notice PIH 1999-51. (24 CFR §903.7(r)(2)(ii))

If any boxes are marked "yes", describe the revision(s) to those element(s) in the space provided.

B.2 **New Activity.** If the PHA intends to undertake new activity using Housing Choice Vouchers (HCVs) for new Project-Based Vouchers (PBVs) in the current Fiscal Year, mark "yes" for this element, and describe the activities to be undertaken in the space provided. If the PHA does not plan to undertake this activity, mark "no." (24 CFR §983.57(b)(1) and Section 8(13)(C) of the United States Housing Act of 1937.

☐ **Project-Based Vouchers (PBV).** Describe any plans to use HCVs for new project-based vouchers. If using PBVs, provide the projected number of project-based units and general locations, and describe how project-basing would be consistent with the PHA Plan.

B.3 **Most Recent Fiscal Year Audit.** If the results of the most recent fiscal year audit for the PHA included any findings, mark "yes" and describe those findings in the space provided. (24 CFR §903.11(c)(3), 24 CFR §903.7(p))

B.4 **Civil Rights Certification.** Form HUD-50077, *PHA Certifications of Compliance with the PHA Plans and Related Regulation*, must be submitted by the PHA as an electronic attachment to the PHA Plan. This includes all certifications relating to Civil Rights and related regulations. A PHA will be considered in compliance with the AFFH Certification if: it can document that it examines its programs and proposed programs to identify any impediments to fair housing choice within those programs; addresses those impediments in a reasonable fashion in view of the resources available; works with the local jurisdiction to implement any of the jurisdiction's initiatives to affirmatively further fair housing; and assures that the annual plan is consistent with any applicable Consolidated Plan for its jurisdiction. (24 CFR §903.7(o))

B.5 **Certification by State or Local Officials.** Form HUD-50077-SL, *Certification by State or Local Officials of PHA Plans Consistency with the Consolidated Plan,* including the manner in which the applicable plan contents are consistent with the Consolidated Plans, must be submitted by the PHA as an electronic attachment to the PHA Plan. (24 CFR §903.15)

B.6 **Progress Report.** For all Annual Plans following submission of the first Annual Plan, a PHA must include a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year PHA Plan. (24 CFR §903.11(c)(3), 24 CFR §903.7(r)(1))

B.7 **Resident Advisory Board (RAB) comments**. If the RAB provided comments to the annual plan, mark "yes," submit the comments as an attachment to the Plan and describe the analysis of the comments and the PHA's decision made on these recommendations. (24 CFR §903.13(c), 24 CFR §903.19)

This information collection is authorized by Section 511 of the Quality Housing and Work Responsibility Act, which added a new section 5A to the U.S. Housing Act of 1937, as amended, which introduced the Annual PHA Plan. The Annual PHA Plan provides a ready source for interested parties to locate basic PHA policies, rules, and requirements concerning the PHA's operations, programs, and services, and informs HUD, families served by the PHA, and members of the public for serving the needs of low- income, very low- income, and extremely low- income families.

Public reporting burden for this information collection is estimated to average 4.5 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. HUD may not collect this information, and respondents are not required to complete this form, unless it displays a currently valid OMB Control Number.

Privacy Act Notice. The United States Department of Housing and Urban Development is authorized to solicit the information requested in this form by virtue of Title 12, U.S. Code, Section 1701 et seq., and regulations promulgated thereunder at Title 12, Code of Federal Regulations. Responses to the collection of information are required to obtain a benefit or to retain a benefit. The information requested does not lend itself to confidentiality

Chapter 4

ESTABLISHING PREFERENCES AND MAINTAINING THE WAITING LIST

[24 CFR Part 5, Subpart D; 982.54(d)(1); 982.204, 982.205, 982.206-207]

INTRODUCTION

It is the PHA's objective to ensure that families are placed in the proper order on the waiting list and selected from the waiting list for admissions in accordance with the policies in this Administrative Plan.

This chapter explains the local preferences which the PHA has adopted to meet local housing needs, defines the eligibility criteria for the preferences and explains the PHA's system of applying them.

By maintaining an accurate waiting list, the PHA will be able to perform the activities which ensure that an adequate call in of qualified applicants will be available so that program funds are used in a timely manner.

WAITING LIST [24 CFR 982.204]

The PHA uses a single waiting list for admission to its Section 8 tenant-based assistance program.

Except for Special Admissions, applicants will be selected from the PHA waiting list in accordance with policies and preferences and income targeting requirements defined in this Administrative Plan.

The PHA will maintain information that permits proper selection from the waiting list.

The waiting list contains the following information for each applicant listed:

Applicant name

Family unit size (number of bedrooms family qualifies for under PHA subsidy standards)

Date and time of application

Qualification for any local preference

Racial or ethnic designation of the head of household

Annual (gross) family income

Number of persons in family

SPECIAL ADMISSIONS [24 CFR 982.54(d)(e), 982.203]

If HUD awards a PHA program funding that is targeted for specifically named families, the PHA will admit these families under a Special Admission procedure.

Special admissions families will be admitted outside of the regular waiting list process. They may or may not have to qualify for any preferences, but are required to be on the program waiting list. The PHA maintains separate records of these admissions.

Bridge Subsidy is referred by the local Mental Hygiene Administration, Development Disabilities Administration specified Centers for Independent Living, the Coordinating Center and the Department of Aging

25 Family Unification Vouchers that are selected by a referral from Department of Social Services must meet preferences. FUP vouchers are for families whom lack of adequate housing is a primary factor in the imminent placement of the family's child, or children, in out-of-home care; or the delay in the discharge of the child or children, to the family from out-of-home care and for youths of at least 18 years old and not more than 21 who left foster care at age 16 or older who do not have adequate housing. A FUP voucher issued for a youth must not exceed 18 months.

Applicants who are admitted under Special Admissions, rather than from the waiting list, are identified by codes in the automated system and are not maintained on separate lists, but must apply to the Housing Choice Voucher waiting list.

Carroll County Housing has established a pilot program which would allow a homeless admissions preference on the Housing Choice Voucher waiting list for a limited amount of vouchers. Carroll County has been working with the Continuum of Care, local homeless shelter and Westminster City Housing office to address local housing needs identified by the community. The pilot program will set aside 2 Housing Choice Vouchers for this preference

Carroll County will receive referrals only from the Human Services Program of Carroll County for families to allow two vouchers to go under lease that meet the criteria for the Housing Choice Voucher Program. The families must be able to verifying prior residency in Carroll County for at least six months prior to the families admission into the shelter program. The Human Services Program will submit a referral to the Housing Authority indicating that they have met all of the criteria outlined for the preference as well as basic criteria for determining eligibility for the Housing Choice Voucher Program. Verification of residency must accompany the referral form. The referral will also include an expiration date of the referral. HSP will ask for information pertaining to the following criteria in order to determine from the family if they will be eligible which will include asking if the family owes any money to any Federal Housing Program or have been terminated from any federally assisted housing for at least a five year period prior to determining eligiblility; if any adult family memebers are on the National Sex Offenders Registry. The family must not currently be engaged in illegal drug use or have reasonable cause to belive that the membersuse or pattern of abuse may threaten the health, safety or right to peaceful enjoyment of the premises by other residents. The families must apply to the Housing Choice Voucher waiting list if they are not currently on the list. Human Services Program will continue to work with these families to remain housed and to assist in locating a unit and following up on all aspects of the program and leasing. The referring agency will verify the client meets all of the Housing Choice Voucher criteria as well as obtaining verification of the preference prior to making the referral.

Carroll County will also expand this pilot program to receive referrals from the Health Department and will allow for up to 10 to 20 vouchers over a three year period to assist with homeless individuals wanting to obtain permanent housing with the assistance of caseworkers being funded by a grant to assure these individuals are successfull in not only receiving but being able to maintain their housing assistance.

WAITING LIST PREFERENCES [24 CFR 982.207]

An applicant will not be granted any local preference if any member of the family has been evicted from housing assisted under a 1937 Housing Act program during the past five years because of drug-related criminal activity.

The PHA will grant an exception to such a family if:

The responsible member has successfully completed a rehabilitation program.

The evicted person clearly did not participate in or know about the drug related activity.

If an applicant makes a false statement in order to qualify for a local preference, the PHA will deny admission to the program for the family.

LOCAL PREFERENCES [24 CFR 982.207]

The PHA uses the following local preference system:

Date and time of receipt of a completed application.

Residency preference for families who live, work, or have been hired to work.

Disability preference: This preference is extended to disabled persons or families with a disabled head or spouse. Proof of disability will be required at time of selection. * HUD regulations prohibit admission preferences for specific types of disabilities and they must still meet living and/or working preference

Victims of domestic violence: The PHA will offer a local preference to families that have been subjected to or victimized by a member of the family or household within the past 6 months. The PHA will require evidence that the family has been displaced as a result of fleeing violence in the home. Families are also eligible for this preference if there is proof that the family is currently living in a situation where they are being subjected to or victimized by violence in the home. The following criteria are used to establish a family's eligibility for this preference:

Actual or threatened physical violence directed against the applicant or the applicant's family by a spouse or other household member who lives in the unit with the family.

The actual or threatened violence must have occurred within the past 180 days or be of a continuing nature.

An applicant who lives in a violent neighborhood or is fearful of other violence outside the household is not considered involuntarily displaced.

To qualify for this preference, the abuser must still reside in the unit from which the victim was displaced. The applicant must certify that the abuser will not reside with the applicant unless the PHA gives prior written approval.

The PHA will approve the return of the abuser to the household under the following conditions:

PHA 5-Year and Annual Plan	U.S. Department of Housing and Urban Development Office of Public and Indian Housing	OMB No. 2577-0226 Expires 4/30/2011

1.0 PHA Information

PHA Name: City of Westminster PHA Code: MD027

PHA Type: ☐ Small ☒ High Performing ☐ Standard ☒ HCV (Section 8)

PHA Fiscal Year Beginning: (MM/YYYY): 2015

2.0 Inventory (based on ACC units at time of FY beginning in 1.0 above)

Number of PH units: _____ Number of HCV units: 293

3.0 Submission Type

☒ 5-Year and Annual Plan ☐ Annual Plan Only ☐ 5-Year Plan Only

4.0 PHA Consortia ☐ PHA Consortia: (Check box if submitting a joint Plan and complete table below.)

Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program	
				PH	HCV
PHA 1:					
PHA 2:					
PHA 3:					

5.0 5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update.

5.1 Mission. State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years:

To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.

5.2 Goals and Objectives. Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan.

The City of Westminster Housing Authority will continue to apply for funding when available. They will continue to strive and maintain as a High Performing Agency. They will pursue any additional grants that could assist with low and extremely low income families and disabled individuals in the City Of Westminster. COW will continue to market the Family Self-Sufficiency Program to attain economic self-sufficiency and assist families with their goals of homeownership. We have a homeownership program and have completed 1 settlement.

We will pursue additional Family Unification Program Vouchers when they become available.

The City of Westminster Housing Authority has continued outreach to the landlords for information on tenant responsibilities, lead laws and to comply with all state and local laws; The COW has increased the payment standard in accordance with the HUD polices and has maintained the payment standard at 90-100% of the FMR that is published. The City Of Westminster has continued to work with the local government to continue to support and aid in the annual renewal of the rental license program. Code Enforcement and has hired a new Code Inspector that has aided in the annual renewal of the rental licensing program.

The City of Westminster ensures equal opportunity and affirmatively further fair housing by undertaking affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability: The City has hired a bilingual English /Spanish caseworker, as well as offer forms in Spanish. We cover the topic of discrimination and equal opportunity at the time of the Oral Briefing. In addition there are Discrimination Complaint forms available in the Housing Authority lobby. We continually undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities, regardless of unit size that is required by providing assistance with obtaining and leasing of units.

Westminster City Housing has established a pilot program which would allow a homeless admissions preference on the Housing Choice Voucher waiting list for a limited amount of vouchers. The City of Westminster has been working with the Continuum of Care, local homeless shelter and Carroll County Housing office to address local housing needs identified by the community. The pilot program will set aside 2 Housing Choice Vouchers for this preference.

Westminster City Housing will receive referrals only from the Human Services Program of Carroll County for families to allow two vouchers to go under lease that meet the criteria for the Housing Choice Voucher Program. The families must be able to verify prior residency in Westminster City for at least six months prior to the families admission into the shelter program. The Human Services Program will submit a referral to the Housing Authority indicating that they have met all of the criteria outlined for the preference as well as basic criteria for determining eligibility for the Housing Choice Voucher Program. Verification of residency must accompany the referral form. The referral will also include an expiration date for the referral. HSP will ask for information pertaining to the following criteria in order to determine from the family if they will be eligible which will include asking if the family owes any money to any Federal Housing Program or have been terminated from any federally assisted housing for at least a five year period prior to determining eligibility or if any adult family members are on the National Sex Offenders Registry. The family must not currently be engaged in illegal drug use or have reasonable cause to believe that the members use or pattern of abuse may threaten the health, safety or right to peaceful enjoyment of the premises by other residents. The families must apply to the Housing Choice Voucher waiting list if they are not currently on the list. Human Services Program will continue to work with these families to remain housed and to assist in locating a unit and following up on all aspects of the program and leasing. The referring agency will verify the client meets all of the Housing Choice Voucher criteria as well as obtaining verification of the preference prior to making the referral.

C. LOCAL PREFERENCES [24 CFR 982.207]

The PHA uses the following local preference system:
The waitlist will be managed by date, time and preference.
Preferred status on the waiting list will be given to the following ranking preferences:

- Persons who are working at least 20 hours per week and receiving monetary compensation within the City of Westminster corporate boundaries and is verified , and meet income requirements per HUD definition; or Persons who are currently enrolled in approved job training program within City of Westminster corporate limits
- Persons who are living within the City of Westminster corporate boundaries and meet income requirements per HUD definition; and/or
- Persons who are elderly (age 62 or older) or have a disability and living within the City limits.
- Persons who are living in a sponsored homeless shelter in the City and are receiving case management from the shelter programs sponsored by Human Services Programs of Carroll County.
- *Victims of domestic violence*.
    - *Domestic violence* means actual or threatened violence by a member of a household directed at him/herself or another member of his/her household. The domestic violence should have occurred recently or be of a continuing nature. The definition of recent for this purpose would mean within a six month period. An applicant may qualify for a *preference for victims* of domestic violence if the applicant:
    - Vacated a unit because of officially (police or courts) documented domestic violence;
    - Lives in a unit with a person who engages in violence documented as above. The applicant must certify that the person who engaged in the violence does not reside with the applicant family unless the PHA gives advance written approval.

Note: Only one preference will be allowed

CARROLL COUNTY
CIRCLE OF CARING-HOMELESSNESS BOARD
Continuum of Care Policy

Policy on: CCCOC-HB Coordinated Assessment and Intake

Effective: 9/1/2016

Approved by Executive Board: _____

Date: 8/31/2016

Regulatory/Guidance Reference: 24 CFR 578.7 (b) and the Coordinated Entry Policy Brief, 24 CFR Part 578 for CoC funded projects, CPD-14-012 on prioritization and recordkeeping for Permanent Supportive Housing.

Purpose: To state policies for Coordinated Entry for homeless and at risk; Establish service area for homeless and at-risk citizens in Carroll County, Maryland.

Policy: CCCOC-HB has a coordinated system to assist homeless and at-risk citizens through assessment and intake to prevent homelessness, divert homeless to housing, and reduce homelessness and reduce the number and length of homeless episodes for Carroll County's individuals and families who become homeless.

Local Implementation

In July, 2013 the CCCOC-HB supported Human Services Programs of Carroll County, Inc.'s (HSP) efforts to amend a HUD Supportive Services Only grant from Case Management to Coordinated Intake and Assessment. HSP has coordinated prevention services and provided shelter, transitional housing and case management for over 20 years, and permanent supportive housing for 13 years.

Prevention: HSP offers the CCCOC-HB the Emergency Assistance (EA) program for any Carroll County individual or family who is at imminent risk of homelessness due to eviction, utility cut off or are in need of utility restoration. EA collaborates with foundations, faith-based charities and local funders (Carroll's Community Resources) to raise funds to meet individual household needs to resolve lease violations and prevent eviction. EA reviews and certifies eligibility for services, and local funders honor that certification and contribute to the at-risk household. At-risk households must have income below 200% of poverty for their family size and must have an eviction notice; utility cut off or need utility restoration. Funds raised are sent directly to the landlord or

utility provider. EA also assists at-risk individuals and families facing short-term financial difficulties with security deposit assistance to divert them to new housing that is more affordable. Assistance with security deposits also helps sheltered households to re-house. Case management and budget coaching is offered for as long as the household needs it. Emergency Assistance clients authorize their information to be entered into our Homeless Management Information System (HMIS) allowing prevention and diversion activities to be entered and tracked in HMIS. People seeking EA may access these services directly at HSP or they may be referred to EA through Coordinated Assessment and Intake staff or local charities and faith-based partners.

Assessment and Intake: HSP has a 28 year history and is widely known in Carroll County as the provider of Emergency Assistance and shelter. Since July 2013, HSP's Housing and Shelter Intake Coordinator has performed a standard assessment and intake for emergency shelters within the HMIS system, all of which are provided by HSP. At the Intake appointment, a Housing Barrier and Needs Assessment is completed and reviewed with the applicant to evaluate existing barriers to housing and service needs as well as all personal housing options. (See attached Housing Barriers and Needs Assessment) In May of 2014, this intake system expanded to include HMIS referrals to homeless housing programs across our county.

Shelter diversion is done whenever possible. If a prevention service is identified that could meet housing needs, like Emergency Assistance, a referral is instantly made. When appropriate and safe, placement in permanent housing and/or with family or friends is sought as an alternative to shelter and homelessness. The CCCOC-HB system encourages households to participate in decisions about location, type of housing and level of services. Every household that is assessed receives a packet of community resource information including applications for mainstream government resources for income and Medicaid, referrals to dental, behavioral health, food and Section 8 housing.

After the intake appointment, HUD required data elements are recorded into HMIS and an electronic referral is made to the shelter or housing program best suited to the client's needs and wishes. The data collected includes income, credit history, education, military history, rental history, previous and current incidence/s of homelessness, length of time homeless, prior incarcerations and hospitalizations, and medical and behavioral health history. The HMIS record is available to program managers for all HSP housing programs for every program homeless families and individuals are eligible to enter. If the client does not follow through with a referral for shelter or housing, or does not maintain contact with the Intake Coordinator or program managers for over 30 days, the client's referral is withdrawn in the HMIS system. This process allows tracking of multiple attempts at intake of homeless and at-risk persons. Clients receive referrals for all housing programs via HMIS. The Coordinator is aware of other permanent housing options outside of the CoC and makes referrals accordingly.

Once referrals are received the Shelter or Housing Case Manager can place the next person on the program's referral list in a shelter bed or housing slot as they become available in the HMIS system. Permanent Supportive Housing and RAP referrals are made according to a weighted wait list for services. (See prioritization) There are usually eight or fewer openings per year for PSH. Shelter Plus Care has two or fewer openings recorded per year.

Domestic Violence Victims in need of shelter are assessed by the local domestic violence service provider, Family and Children's Services. (F&CS) F&CS is responsible for the DV hotline, DV counseling services, safety planning, escorting victims to court, intake and operations of the DV Safe House and outcomes for those exiting the safe house. DV victims that are sheltered in the DV Safe House are entered into HMIS as "anonymous" so that their identity remains confidential. The Housing and Shelter Intake Coordinator will immediately refer to DV services should active domestic violence be disclosed as part of the intake assessment. With the applicant's consent, staff may complete a Lethality Assessment and call the local Lethality Assistance line to connect domestic violence victims in need of a domestic violence shelter with services through Family & Children Services. (See Attached Lethality Assessment)

Unaccompanied Youth. Youth under the age of 18 are not served in COC shelters or housing programs. They are referred to the Department of Social Services for assistance. Unaccompanied youth over 18 will be served as adults in any shelter or housing program for which they are eligible. Carroll County Public Schools reports monthly to the CCCOC-HB and finds few unaccompanied youth that are literally homeless, outside the previously described shelter and housing programs.

Special Needs Populations. Some persons have serious medical or behavioral health conditions that make it unsafe for them to enter or to remain in the COC's shelter or housing programs. They may be referred to one or more of the following to get appropriate care:

- Health Department
- Department of Social Services
- The Bureau of Aging and Disabilities
- Assisted Living Facilities
- The Multi-Disciplinary Committee (Health Dept., Bureau of Aging and Disabilities, Dept of Social Services, HSP)

Housing Types Available to CCCOC-HB

HMIS- The CoC requires all housing types within its jurisdiction that are funded by federal, state, or local government to obtain a release of information to enter client level data into Community ServicePoint (HMIS) All HUD required data elements are entered as well as data required for shelter and housing grant reports.

Emergency Shelter (State & County Funded) – The CCCOC-HB's emergency shelter is provided by HSP. HSP's Ho2using and Shelter Intake Coordinator places individuals and families in shelter when no other housing options are available. Households must be at or below the income level established by the shelter funders, below 30% of median income. Eligible applicants will be referred directly from the Shelter and Housing Intake Coordinator via HMIS to the Shelter Managers for the first available bed or opening. The assessment and data entered at entry become the basis of the case plan developed collaboratively by the individual or family and the Shelter Manager. The initial assessment and any follow up assessments are used to refer homeless individuals and family members to mainstream resources as well as other community resources to help them resolve barriers to obtaining and maintaining housing, improving income, and stabilizing their living situation. Obtaining permanent housing for shelter residents is a main focus for shelter case managers.

Maryland COMAR requires shelter residents to participate in developing a case management plan and limits emergency shelter to 84 days. Two of our three emergency shelters are funded through state shelter grants that Carroll County passes through to HSP. The grants require compliance with Maryland COMAR 07.01.19.000-999 and 07.01.17.000-999 respectively, and the grant agreements. COMAR requires HSP to refuse entry to any person actively using drugs or alcohol and to those who refuse case management. HSP must be compliant with grant requirements to continue to receive funding. A "clean" drug test is required prior to entry. Should a person be observed using illegal drugs or alcohol inside shelter, the person will be exited from the shelter immediately. HSP has long held that families with children need a safe, decent shelter where children are not exposed to substance abusers. HSP serves single adults, single women with children, married couples, and fathers with children and does not discriminate against any household composition or sexual orientation. Every effort is made to keep family members together. Persons fleeing domestic violence or stalking and unaccompanied youth are referred to agencies that serve their individual needs.

The Emergency Solutions Grant also provides funds for essential case management services, support staff and operational costs for the Women and Children's and Intact Family Shelter. ESG requires compliance with 24 CFR 576 and requires a one-for-one match of federal grant funds.

Cold Weather Shelter (County Funded) operates from November 15 through March 31 and is a low barrier shelter for adult men and women over age 17. It does not test for drugs or alcohol, nor is there a background search. Shelter rules aim to keeping the shelter safe for participants. The shelter is funded through County and local donations and is operated by volunteers and overnight paid staff. Cold Weather shelter provides a warm place to sleep, an evening meal, showers and laundry facilities. In the past there were minimal case management services unless the individual requested them. The Shelter and Housing Intake Coordinator performed assessment and intake for Cold Weather for the first time in October 2014. The results indicate that

Coordinated Assessment helped to place homeless men and women into other housing or shelter options prior to the Cold Weather shelter opening. In the first year of using Coordinated Intake to assess those wishing to enter Cold Weather Shelter the number of homeless dropped by 34% compared to the previous year.

The Rental Allowance Program (RAP) (State Funded) is a program that transitions homeless people to permanent housing. The RAP requires compliance with the Maryland Annotated Code 05.05.03.00. The RAP requires an annual application in which it updates standards for income eligibility and level of assistance. HSP manages intake to the program and works in partnership with the Carroll County Bureau of Housing that inspects units and manages the leasing process. Income eligible clients lease units with a fixed level of assistance based on household size for up to one year. The clients hold a lease for the unit and can continue tenancy when the RAP subsidy ends. HSP has used the program as a rapid re-housing program to assist 10-15 families with children to transition to permanent housing each year. Case management includes collaboration with the family to develop a case plan, budget counseling, accessing mainstream and other resources for which the family is eligible and referrals to meet needs identified in the initial assessment and subsequent case plan developed with the family. HSP's Housing and Shelter Intake Coordinator also refers homeless families who are on the street to RAP. Families must have some source of income to rent as the stipends provided by the program pay approximately 30-50% of rent and utilities.

ESG Rapid Re-Housing – (Federal, State and Locally Funded) - The Emergency Solutions Grant (ESG) also funds a part-time case manager who works with the families to find a unit that is safe and decent with a landlord who will accept limited time/limited amounts of subsidy. ESG requires compliance with 24 CFR 576 and requires a one-for-one match of federal grant funds.. Case management includes collaboration with the family to develop a case plan, budget counseling, accessing mainstream and other resources for which the family is eligible and referrals to meet needs identified in the initial assessment and subsequent case plan. Current funding for rental assistance is derived from a foundation grant that will fund up to 12 homeless families with children with $500 per month in rental assistance for six months. Participants must have very low income, not above 30% of local median income. Participants generally need some form of income as landlords will not rent to households where income plus subsidy is less than the rent and utilities. Securing funding for Rapid Re-housing is an ongoing effort.

Safe Haven (HUD & County Funded) is a 25 bed facility that serves individual men and women over the age of 17 who have severe, persistent mental illness. The shelter is funded by HUD CoC funds (27%) with the remaining funds coming from local government. The shelter must comply with 24 CFR 578 – the Interim Rule. Individuals must be homeless, low income and verify their disability to be eligible to enter Safe Haven. Participation in services is not required but residents must participate in a case management. Most residents participate in mental health treatment, often integrated

with substance abuse treatment. Case management includes collaboration with the individual to develop a case plan, assistance to access mainstream and other resources for which the person is eligible and referrals to meet needs identified in the initial and subsequent assessments. As residents engage in recovery, they are encouraged to re-engage with their families and community. The Housing and Shelter Intake Coordinator performs an initial assessment and refers those who qualify to Safe Haven via the HMIS referral system. Residents often come to Safe Haven from the street or from Cold Weather shelter, or other shelters where they have awaited a bed opening at Safe Haven.

Permanent Supportive Housing (PSH) (HUD Funded) - Individuals and families who qualify for HUD funded Permanent Supportive Housing for the Disabled must meet the eligibility requirements and have incomes at or below 30% of area median income. HSP operates 15 units of PSH, 14 of which serve chronically homeless persons, including one family. One PSH unit is designated for a chronically homeless veteran. Just one of the units is set aside for a homeless person with severe level of need. This one, non-chronic unit has prolonged the life of several of its occupants and prevented nursing home placement or death on the street. This program must comply with 24 CFR 578 – the Interim rule. Applicants for PSH are prioritized based on the recommended order of priority detailed in HUD's Notice CPD-14-012 (see attached Order of Priority for PSH). At the initial intake, Coordinated Assessment and Intake Coordinator performs the assessment and refers those who qualify to the program's waitlist as well as to other shelter programs via HMIS referral.

Shelter Plus Care (SHP) (HUD Funded) is operated by the Carroll County Health Department's Bureau of Prevention, Wellness and Recovery. The Bureau provides 9 units of HUD funded housing, case management and integrated mental health and substance abuse assessment and treatment. The Shelter Plus Care program subsidizes rent and utilities with the participant paying 30% of their income for rent and utilities. There are few openings; (two or fewer per year) therefore, no waitlist is maintained.

Other Types of Housing – the Coordinator for Coordinated Assessment and Intake maintains lists of supported housing, recovery housing and various community listings of apartment units to assist homeless persons to obtain housing.

Prioritization. Individuals and families that are literally homeless or can document that they are in imminent danger of becoming homeless and cannot be prevented or diverted with assistance from Emergency Assistance, family or friends, will be referred to the limited emergency and transitional housing, rapid re-housing, Safe Haven, Shelter Plus Care or Permanent Supportive Housing for Disabled available in our county. To enter shelter, individuals and families must meet the HUD definition of homeless, be income eligible and accept the placement. Clients choose the type of housing they will participate in and level of services. Referrals accepted into shelter are based on availability of beds and date of application with the first applying served first.

Discretion is used to serve literally homeless living out- of- doors, especially in cold weather or with other special needs. Prioritization of PSH applicants is explained under PSH and in the attached detailed Order of Priority for PSH.

Low Barriers to entering shelter or housing. Barriers will be kept to a minimum so that as few people as possible will be excluded from entering shelters or housing. The CoC has limited ability to accept homeless people who are excluded by funders from participating in shelter and housing programs. Barriers are accepted as a condition of state funding. The CCCOC-HB, through the Coordinated Entry system serves all populations and sub-populations in its programs with the exception of unaccompanied youth under 18 and victims fleeing domestic violence or stalking who are referred to providers who serve their specific needs. Current state policy does not allow active substance abusers to enter shelter other than Cold Weather shelter. If a resident uses after entry, the case manager makes every effort to engage the resident to participate in treatment and work toward recovery. The Women and Children's and Intact Family shelters house children. Therefore, residents will be asked to leave for repeat drug violations. At Safe Haven shelter, relapse is an acknowledged part of recovery. Integrated mental health and substance abuse treatment is encouraged. A resident's relapse may lead to increased efforts to increase participation in treatment or to change to a different treatment or program better suited to the individual's needs.

HSP performs background checks. Only those persons with recent, violent criminal behavior that would threaten the safety of others in shelter or Safe Haven are excluded from participation. For example, a person convicted as a pedophile would not be placed in shelter that serves children. There are no minimum income requirements or other exclusionary policies employed in the selection of persons for shelter or Safe Haven outside funder imposed restrictions.

Housing First Orientation. CCCOC-HB's Coordinated Entry system; strives to prevent individuals and families from becoming homeless; acquires funding and develops strategies to divert those that become homeless to housing; and, provides shelter to avoid street homelessness for homeless and at-risk who cannot be immediately diverted. When families are eligible for CCCOC-HB shelters and housing, referrals are made through HMIS. When possible, homeless families will be diverted directly to housing. Eligible applicants will be placed as quickly as possible into available beds or units in accordance with individual and family wishes. Emergency shelter programs have a focus on assisting individuals and families to obtain permanent housing as soon as possible.

Order of Priority in CoC Program-funded Permanent Supportive Housing (PSH)

The following is the order of priority for Carroll County's CoC Program-funded Permanent Supportive Housing (PSH) and is based on guidance in HUD's Notice: CPD-14-012.

For the purposes of this policy, chronically homeless and severity of service needs are defined as stated in 24 CFR 578.3 and Section I.D.3(a) of Notice CPD-14-012.

A. Order of Priority in CoC Program-funded PSH Beds Dedicated to Persons Experiencing Homelessness and PSH Prioritized for Occupancy by Persons Experiencing Chronic Homelessness

a. First Priority – Chronically Homeless Individuals and Families with the Longest History of Homelessness and with the Most Severe Service Needs
b. Second Priority – Chronically Homeless Individuals and Families with the Longest History of Homelessness
c. Third Priority – Chronically Homeless Individuals and Families with the Most Severe Service Needs
d. Fourth Priority – All Other Chronically Homeless Individuals and Families

B. Order of Priority in PSH Beds Not Dedicated or Prioritized for Persons Experiencing Chronic Homelessness

a. First Priority – Homeless Individuals and Families with a Disability with the Most Severe Service Needs
b. Second Priority – Homeless Individuals and Families with a Long Period of Continuous or Episodic Homelessness
c. Third Priority – Homeless Individuals and Families with Disability Coming from places Not Meant for Human Habitation, Safe Havens, or Emergency Shelters.
d. Fourth Priority – Homeless Individuals and Families with a Disability Coming from Transitional Housing

Performance Measurement Module (Sys PM)

Summary Report for MD-506 - Carroll County CoC

Measure 1: Length of Time Persons Remain Homeless

This measures the number of clients active in the report date range across ES, SH (Metric 1.1) and then ES, SH and TH (Metric 1.2) along with their average and median length of time homeless. This includes time homeless during the report date range as well as prior to the report start date, going back no further than October, 1, 2012.

Metric 1.1: Change in the average and median length of time persons are homeless in ES and SH projects.
Metric 1.2: Change in the average and median length of time persons are homeless in ES, SH, and TH projects.

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

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Previous FY	Current FY	Previous FY	Current FY	Difference	Previous FY	Current FY	Difference
1.1 Persons in ES and SH		375		100			67	
1.2 Persons in ES, SH, and TH		398		132			78	

b. Due to changes in DS Element 3.17, metrics for measure (b) will not be reported in 2016.

This measure includes data from each client's "Length of Time on Street, in an Emergency Shelter, or Safe Haven" (Data Standards element 3.17) response and prepends this answer to the client's entry date effectively extending the client's entry date backward in time. This "adjusted entry date" is then used in the calculations just as if it were the client's actual entry date.

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Previous FY	Current FY	Previous FY	Current FY	Difference	Previous FY	Current FY	Difference
1.1 Persons in ES and SH	-	-	-	-	-	-	-	-
1.2 Persons in ES, SH, and TH	-	-	-	-	-	-	-	-

Performance Measurement Module (Sys PM)

Measure 2: The Extent to which Persons who Exit Homelessness to Permanent Housing Destinations Return to Homelessness

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

	Total # of Persons who Exited to a Permanent Housing Destination (2 Years Prior)	Returns to Homelessness in Less than 6 Months (0 - 180 days)		Returns to Homelessness from 6 to 12 Months (181 - 365 days)		Returns to Homelessness from 13 to 24 Months (366 - 730 days)		Number of Returns in 2 Years	
		# of Returns	% of Returns	# of Returns	% of Returns	# of Returns	% of Returns	# of Returns	% of Returns
Exit was from SO	0	0		0		0		0	
Exit was from ES	90	2	2%	7	8%	5	6%	14	16%
Exit was from TH	26	0	0%	0	0%	3	12%	3	12%
Exit was from SH	12	0	0%	1	8%	1	8%	2	17%
Exit was from PH	7	0	0%	0	0%	0	0%	0	0%
TOTAL Returns to Homelessness	135	2	1%	8	6%	9	7%	19	14%

Performance Measurement Module (Sys PM)

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

This measures the change in PIT counts of sheltered and unsheltered homeless person as reported on the PIT (not from HMIS).

	Previous FY PIT Count	2015 PIT Count	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	124	140	16
Emergency Shelter Total	77	82	5
Safe Haven Total	22	22	0
Transitional Housing Total	19	25	6
Total Sheltered Count	118	129	11
Unsheltered Count	6	11	5

Metric 3.2 – Change in Annual Counts

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

	Previous FY	Current FY	Difference
Universe: Unduplicated Total sheltered homeless persons		398	
Emergency Shelter Total		328	
Safe Haven Total		53	
Transitional Housing Total		50	

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

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

	Previous FY	Current FY	Difference
Universe: Number of adults (system stayers)		25	
Number of adults with increased earned income		1	
Percentage of adults who increased earned income		4%	

Performance Measurement Module (Sys PM)

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

	Previous FY	Current FY	Difference
Universe: Number of adults (system stayers)		25	
Number of adults with increased non-employment cash income		8	
Percentage of adults who increased non-employment cash income		32%	

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

	Previous FY	Current FY	Difference
Universe: Number of adults (system stayers)		25	
Number of adults with increased total income		9	
Percentage of adults who increased total income		36%	

Metric 4.4 – Change in earned income for adult system leavers

	Previous FY	Current FY	Difference
Universe: Number of adults who exited (system leavers)		37	
Number of adults who exited with increased earned income		3	
Percentage of adults who increased earned income		8%	

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

	Previous FY	Current FY	Difference
Universe: Number of adults who exited (system leavers)		37	
Number of adults who exited with increased non-employment cash income		9	
Percentage of adults who increased non-employment cash income		24%	

Metric 4.6 – Change in total income for adult system leavers

	Previous FY	Current FY	Difference
Universe: Number of adults who exited (system leavers)		37	
Number of adults who exited with increased total income		11	
Percentage of adults who increased total income		30%	

Performance Measurement Module (Sys PM)

Measure 5: Number of persons who become homeless for the 1st time

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

	Previous FY	Current FY	Difference
Universe: Person with entries into ES, SH or TH during the reporting period.		313	
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.		73	
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)		240	

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

	Previous FY	Current FY	Difference
Universe: Person with entries into ES, SH, TH or PH during the reporting period.		337	
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.		86	
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)		251	

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

This Measure is not applicable to CoCs in 2016.

Performance Measurement Module (Sys PM)

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

Metric 7a.1 – Change in exits to permanent housing destinations

	Previous FY	Current FY	Difference
Universe: Persons who exit Street Outreach		16	
Of persons above, those who exited to temporary & some institutional destinations		3	
Of the persons above, those who exited to permanent housing destinations		7	
% Successful exits		63%	

Metric 7b.1 – Change in exits to permanent housing destinations

	Previous FY	Current FY	Difference
Universe: Persons in ES, SH, TH and PH-RRH who exited		334	
Of the persons above, those who exited to permanent housing destinations		155	
% Successful exits		46%	

Metric 7b.2 – Change in exit to or retention of permanent housing

	Previous FY	Current FY	Difference
Universe: Persons in all PH projects except PH-RRH		39	
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations		34	
% Successful exits/retention		87%	

Before Starting the Project Listings for the CoC Priority Listing

The FY 2016 CoC Consolidated Application requires TWO submissions. Both this Project Priority Listing AND the CoC Application MUST be submitted prior to the CoC Program Competition deadline as required by the FY 2016 CoC Program Competition NOFA.

The FY 2016 CoC Priority Listing includes the following:
- Reallocation forms – must be fully completed if the CoC is reallocating eligible renewal projects to create new permanent housing – permanent supportive housing or rapid rehousing, new HMIS, or new SSO specifically for Coordinated Entry projects.
- New Project Listing – lists all new project applications created through reallocation and the permanent housing bonus that have been approved and ranked or rejected by the CoC.
- Renewal Project Listing – lists all eligible renewal project applications that have been approved and ranked or rejected by the CoC.
- UFA Costs Project Listing – applicable and only visible for Collaborative Applicants that were designated as a Unified Funding Agency (UFA) during the FY 2016 CoC Program Registration process. Only 1 UFA Costs project application is permitted and can only be submitted by the Collaborative Applicant.
- CoC Planning Project Listing – Only 1 CoC planning project is permitted per CoC and can only be submitted by the Collaborative Applicant.
- Grant Inventory Worksheet (GIW) – Collaborative Applicants must attach the final HUD-approved GIW.
- HUD-2991, Certification of Consistency with the Consolidated Plan – Collaborative Applicants must attach an accurately completed, signed, and dated HUD-2991.

Things to Remember:
- All new and renewal projects must be approved and ranked or rejected on the Project Listings.
- Collaborative Applicants are responsible for ensuring all project applications are accurately appearing on the Project Listings and there are no project applications missing from one or more Project Listings.
- Collaborative Applicants are strongly encouraged to list all project applications on the FY 2016 CoC Ranking Tool located on the FY 2016 CoC Program Competition: Funding Availability page on the HUD Exchange as this will greatly simplify and assist Collaborative Applicants while ranking projects in e-snaps by ensuring no rank numbers or duplicated and that all rank numbers are consecutive (e.g., no missing rank numbers).
- If a project application(s) is rejected by the CoC, the Collaborative Applicant must notify the affected project applicant(s) no later than 15 days before the CoC Program Competition application deadline outside of e-snaps and include the reason for rejection.
- For each project application rejected by the CoC the Collaborative Applicant must select the reason for the rejection from the dropdown provided.
- If the Collaborative Applicant needs to amend a project application for any reason after ranking has been completed, the ranking of other projects will not be affected: however, the Collaborative Applicant MUST ensure the amended project is returned to the applicable Project Listing AND re-rank the project application BEFORE submitting the CoC Priority Listing to HUD in e-snaps.

Additional training resources are available online on the CoC Training page of the HUD Exchange at: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1A. Continuum of Care (CoC) Identification

Instructions:

The fields on this screen are read only and reference the information entered during the CoC Registration process. Updates cannot be made at this time. If the information on this screen is not correct, contact the HUD Exchange Ask A Question (AAQ) at https://www.hudexchange.info/ask-a-question/.

Collaborative Applicant Name: Carroll County, Commissioners of

2. Reallocation

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Priority Listing Detailed Instructions. Submit technical question to the e-snaps HUD Exchange Ask A Question (AAQ) at https://www.hudexchange.info/get-assistance/.

2-1. Is the CoC reallocating funds from one or more eligible renewal grant(s) that will expire in calendar year 2017 into one or more new projects?	No

3. Reallocation - Grant(s) Eliminated

CoCs that are reallocating eligible renewal project funds to create a new project application – as detailed in the FY 2016 CoC Program Competition NOFA – may do so by eliminating one or more expiring eligible renewal projects. CoCs that are eliminating eligible renewal projects entirely must identify those projects on this form.

Amount Available for New Project: (Sum of All Eliminated Projects)				
$0				
Eliminated Project Name	**Grant Number Eliminated**	**Component Type**	**Annual Renewal Amount**	**Type of Reallocation**
This list contains no items				

4. Reallocation - Grant(s) Reduced

CoCs that are reallocating eligible renewal project funds to create a new project application – as detailed in the FY 2016 CoC Program Competition NOFA – may do so by reducing one or more expiring eligible renewal projects. CoCs that are reducing eligible renewal projects entirely must identify those projects on this form.

Amount Available for New Project (Sum of All Reduced Projects)					
$0					
Reduced Project Name	**Reduced Grant Number**	**Annual Renewal Amount**	**Amount Retained**	**Amount available for new project**	**Reallocation Type**
This list contains no items					

5. Reallocation - New Project(s)

Collaborative Applicants must complete each field on this form that identifies the new project(s) the CoC created through the reallocation process.

Sum of All New Reallocated Project Requests
(Must be less than or equal to total amount(s) eliminated and/or reduced)

$0				
Current Priority #	**New Project Name**	**Component Type**	**Transferred Amount**	**Reallocation Type**
This list contains no items				

6. Reallocation: Balance Summary

Instructions

For guidance on completing this form, please reference the FY 2016 CoC Priority Listing Detailed Instructions. Submit technical question to the e-snaps HUD Exchange Ask A Question (AAQ) at https://www.hudexchange.info/get-assistance/.

6-1. Below is a summary of the information entered on the eliminated and reduced reallocation forms. The last field on this form, "Remaining Reallocation Balance" should equal zero. If there is a positive balance remaining, this means the amount of funds being eliminated or reduced are greater than the amount of funds requested for the new reallocated project(s). If there is a negative balance remaining, this means that more funds are being requested for the new reallocated project(s) than have been reduced or eliminated from other eligible renewal projects, which is not permitted.

Reallocation Chart: Reallocation Balance Summary

Reallocated funds available for new project(s):	$0
Amount requested for new project(s):	$0
Remaining Reallocation Balance:	$0

Continuum of Care (CoC) New Project Listing

Instructions:

Prior to starting the New Project Listing, Collaborative Applicants should carefully review the FY 2016 CoC Priority Listing Detailed Instructions and the CoC Priority Listing Instructional Guide.

To upload all new project applications that have been submitted to this CoC Project Listing, click on the "Update List" button. This process may take a few minutes based upon the number of new projects submitted that need to be located in the e-snaps system. The Collaborative Applicant may update each of the Project Listings simultaneously. The Collaborative Applicant can wait for the Project Listings to be updated or can log out of e-snaps and come back later to view the updated list(s). To review a project on the New Project Listing, click on the magnifying glass next to each project to view project details. To view the actual project application, click on the orange folder. If there are errors identified by the Collaborative Applicant, the project can be amended back to the project applicant to make the necessary changes by clicking on the amend icon. The Collaborative Applicant has the sole responsibility for ensuring all amended projects are resubmitted and appear on this project listing BEFORE submitting the CoC Priority Listing in e-snaps.

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Rank	Comp Type
This list contains no items						

Continuum of Care (CoC) Renewal Project Listing

Instructions:

Prior to starting the New Project Listing, Collaborative Applicants should carefully review the FY 2016 CoC Priority Listing Detailed Instructions and the CoC Priority Listing Instructional Guide.

To upload all renewal project applications that have been submitted to this Renewal Project Listing, click on the "Update List" button. This process may take a few minutes based upon the number of renewal projects that need to be located in the e-snaps system. The Collaborative Applicant may update each of the Project Listings simultaneously. The Collaborative Applicant can wait for the Project Listings to be updated or can log out of e-snaps and come back later to view the updated list(s). To review a project on the Renewal Project Listing, click on the magnifying glass next to each project to view project details. To view the actual project application, click on the orange folder. If there are errors identified by the Collaborative Applicant, the project can be amended back to the project applicant to make the necessary changes by clicking on the amend icon. The Collaborative Applicant has the sole responsibility for ensuring all amended projects are resubmitted and appear on this project listing BEFORE submitting the CoC Priority Listing in e-snaps.

The Collaborative Applicant certifies that there is a demonstrated need for all renewal permanent supportive housing and rapid re-housing projects listed on the Renewal Project Listing. X

The Collaborative Applicant does not have any renewal permanent supportive housing or rapid re-housing renewal projects. ☐

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Rank	Comp Type
BHA S+C Carroll C...	2016-08-18 15:50:...	1 Year	Maryland Departme...	$124,253	5	PH
PHPWD VIII FFY 16	2016-08-31 19:50:...	1 Year	Human Services Pr...	$40,419	1	PH
PHPWD II FFY 16	2016-08-31 19:27:...	1 Year	Human Services Pr...	$42,250	2	PH
Safe Haven FFY 16	2016-08-31 18:11:...	1 Year	Human Services Pr...	$74,314	3	SH
PHPWD I FFY 16	2016-08-31 18:42:...	1 Year	Human Services Pr...	$65,747	6	PH

SSO Coordinated I...	2016-08-31 17:36:...	1 Year	Human Services Pr...	$32,098	4	SSO

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2016 Continuum of Care (CoC) Program Competition. For more information see FY 2016 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2016 CoC Program NOFA and the FY 2016 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2015 Project Application will be imported into the FY 2016 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the FY 2015 post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2016 CoC Program Competition NOFA.

1A. Application Type

Instructions:

Type of Submission: This field is pre-populated and cannot be changed.

Type of Application: This field is pre-populated and cannot be changed.

Date Received: This field is pre-populated with the date on which the application is submitted and cannot be edited.

Applicant Identifier: Field intentionally left blank, cannot edit.

Federal Entity Identifier: Field intentionally left blank, cannot edit.

Federal Award Identifier: This is a required field for all renewal project applicants. Enter the correct expiring grant number as identified on the final HUD-approved GIW.

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number: If this is not checked along with the checkbox on the declaration screen, the user will not be able to advance in the application.

Date Received by State: Field intentionally left blank, cannot edit.

State Application Identifier: Field intentionally left blank, cannot edit.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Type of Submission:	Application
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	08/31/2016
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: (e.g., the "Expiring Grant Number" that will also be indicated on screen 3A. Project Detail) This grant number must match the grant number on the HUD approved Grant Inventory Worksheet (GIW).	MD0260L3B061504
Check to confrim that the Federal Award Identifier has been updated to reflect the most recently awarded grant number	X
6. Date Received by State:	
7. State Application Identifier:	

1B. Legal Applicant

Instructions:

The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on “View Applicant Profile” from the left-menu bar, place the Project Applicant Profile in “edit” mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in “complete” mode before clicking on “Back to FY 2016 Renewal Costs Project Application” from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

8. Applicant

a. Legal Name: Human Services Programs of Carroll County, Inc.

b. Employer/Taxpayer Identification Number (EIN/TIN): 52-1549551

	c. Organizational DUNS:	843183893	**PLUS 4**	

d. Address

Street 1: 10 Distillery Dr. Suite G1

Street 2:

City: Westminster

County: Carroll

State: Maryland

Country: United States

Zip / Postal Code: 21157

e. Organizational Unit (optional)

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Ms.

First Name:	Corina
Middle Name:	M.
Last Name:	Canon
Suffix:	
Title:	Associate Director
Organizational Affiliation:	Human Services Programs of Carroll County, Inc.
Telephone Number:	(410) 857-2999
Extension:	3018
Fax Number:	(410) 857-8793
Email:	ccanon@hspinc.org

1C. Application Details

Instructions:

The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on “View Applicant Profile” from the left-menu bar, place the Project Applicant Profile in “edit” mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in “complete” mode before clicking on “Back to FY 2016 Renewal Costs Project Application” from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

9. Type of Applicant:	M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)
If "Other" please specify:	
10. Name of Federal Agency:	Department of Housing and Urban Development
11. Catalog of Federal Domestic Assistance Title:	CoC Program
CFDA Number:	14.267
12. Funding Opportunity Number:	FR-6000-N-25
Title:	Continuum of Care Homeless Assistance Competition
13. Competition Identification Number:	
Title:	

1D. Congressional District(s)

Instructions:

Areas Affected By Project: This field is required. Select the State(s) in which the proposed project will operate and serve the homeless.

Descriptive Title of Applicant's Project: This field is populated with the name entered on the Project Form when the project application was initiated. To change the project name, click return to the Submission List and click on “Projects” on the left hand menu. Click on the magnifying glass next to the project name to edit.

Congressional District(s):

a. Applicant: This field is pre-populated from the Project Applicant Profile. Project applicants cannot modify the pre-populated data on this form. However, project applicants may modify the Project Applicant Profile in e-snaps to correct an error.

b. Project: This field is required. Select the congressional district(s) in which the project operates.

Proposed Project Start and End Dates: In this required field, indicate the operating start date and end date for the project.

Estimated Funding: Fields intentionally left blank, cannot edit.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

14. Area(s) affected by the project (State(s) only): (for multiple selections hold CTRL key) Maryland

15. Descriptive Title of Applicant's Project: PHPWD VIII FFY 16

16. Congressional District(s):

a. Applicant: (for multiple selections hold CTRL key) MD-008, MD-001

b. Project: (for multiple selections hold CTRL key) MD-008, MD-001

17. Proposed Project

a. Start Date: 10/01/2017

b. End Date: 09/30/2018

18. Estimated Funding ($)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. Compliance

Instructions:

Is Application Subject to Review by State Executive Order 12372 Process: In this required field, select the appropriate dropdown option that applies to the Applicant applying for homeless assistance funding. Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.

Click the following link to access the lists of those States that have chosen to participate in the intergovernmental review process: http://www.whitehouse.gov/omb/grants_spoc

If the applicant is located in a state or U.S. territory that is required review by State Executive Order 12372, enter the date this application was made available to the State or U.S. territory for review.

Is the Applicant Delinquent on any Federal Debt: In this required field, select the appropriate dropdown option that applies to the project applicant. This question applies to the project applicant's organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans, and taxes.

If "Yes" is selected an explanation is required in the space provided on this screen.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

19. Is the Application Subject to Review By State Executive Order 12372 Process?	b. Program is subject to E.O. 12372 but has not been selected by the State for review.
If "YES", enter the date this application was made available to the State for review:	
20. Is the Applicant delinquent on any Federal debt?	No
If "YES," provide an explanation:	

1F. Declaration

Instructions:

The authorized person for the project applicant organization must agree to the declaration statement in order to proceed to the project application. The list of certifications and assurances are contained in the FY 2016 CoC Program NOFA, and in the e-snaps Project Applicant Profile.

Authorized Representative: The authorized representative's information is pre-populated on this screen from the Project Applicant Profile. A copy of the governing body's authorization for this person to sign the project application as the official representative must be on file in the applicant's office.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

All screens, 1A – 1F must be completed in full before the project applicant will have access to the Project Application in e-snaps.

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

I AGREE: X

21. Authorized Representative

Prefix:	Ms.
First Name:	Angela
Middle Name:	
Last Name:	Gustus
Suffix:	
Title:	Executive Director
Telephone Number: (Format: 123-456-7890)	(410) 857-2999
Fax Number: (Format: 123-456-7890)	(410) 857-8793
Email:	agustus@hspinc.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 08/31/2016

2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the icon. To view or update subrecipient information already listed, select the view option.

Total Expected Sub-Awards: $0

Organization	Type	Sub-Award Amount
This list contains no items		

2B. Recipient Performance

Instructions:

The selections made on this screen by completing all of the mandatory fields marked with an asterisk (*), will provide information on capacity of the project applicant. The screen asks the Project Applicant questions about capacity performance as a HUD grant recipient; in terms of: timely submission of required reports, quarterly eLOCCS drawdowns, addressing HUD monitoring and/or OIG audit findings and the recapture of any funds from the most recently expired grant term of the project.

APR Submission: Select "Yes" or "No" from the dropdown menu to indicate whether you have successfully submitted the APR on time for the most recently expired grant term related to this renewal project request. If "No" is selected, an additional question will appear, in which you must provide an explanation in the textbox; as to why the APR was not submitted in a timely manner.

HUD Monitoring Findings: Select "Yes" or "No" from the dropdown menu to indicate whether your organization has any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request. If “Yes” is selected, two new questions will appear, in which the applicant will enter the date of the oldest unresolved finding(s) and explain why the findings remain unresolved in the textbox provided.

Quarterly Drawdowns: Select "Yes" or "No" from the dropdown menu to indicate whether your organization maintained consistent Quarterly Drawdowns from eLOCCS for the most recent grant terms related to this renewal project. If "No," is selected, one new question will appear in which the applicant must explain, in the textbox provided, as to why the recipient has not maintained consistent Quarterly Drawdowns for the most recent grant terms related to this renewal project request.

Recaptured Funds: Select "Yes" or "No" from the dropdown menu to indicate whether any funds have been recaptured by HUD for the most recently expired grant term related to this renewal project request. If "Yes," is selected, one new question will appear, in which the applicant must explain why HUD recaptured funds from the most recently expired grant term.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?	Yes
2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?	No
3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?	Yes
4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?	No

3A. Project Detail

Instructions:

The selections made on this screen will determine which additional forms will need to be completed for this project application.

Expiring Grant Number: This field is pre-populated with the expiring grant number entered on Screen “1A. Application Type.”

CoC Number and Name: Select the number and name of the CoC to which the project application will be submitted for the local competition review process. This is the CoC that will submit the CoC Consolidated Application to HUD by the designated submission deadline. Applicants with projects that do not belong to a CoC should select “No CoC.”

CoC Collaborative Applicant Name: Select the name of the CoC Applicant, also known as the Collaborative Applicant, from the dropdown. In most cases, there will only be one name from which to choose. The project applicant should choose the name of the CoC Applicant to which they intend to submit this project application

Project Name: This is pre-populated from the “Project” Form and cannot be edited.

Project Status: The default selection is “Standard,” indicating that the applicant is submitting the application to the Collaborative Applicant for consideration in the FY 2016 CoC Program competition. The selection should only be changed to “Appeal” in the event that the project application is rejected by the Collaborative Applicant (either formally in e-snaps or outside of e-snaps) and the project applicant wants to appeal this decision directly to HUD by submitting a solo application. For additional information on the appeal process, see Section X of the FY 2016 CoC Program Competition NOFA. A full explanation of the process is provided on Screen “8A. Notice of Intent to Appeal.”

Component Type: This is a required field. Select the component type that identifies the renewal project application type. This can be either a PH, SH, TH, SSO or HMIS. The selection of component type will have an affect on what question on subsequent screens are asked of the user.

Title V: This field is required. Select "Yes" or "No" to indicate if one or more properties being served by this project were acquired under Title V.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Expiring Grant Number: MD0260L3B061504

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: MD-506 - Carroll County CoC

2b. CoC Collaborative Applicant Name: Carroll County, Commissioners of

3. Project Name: PHPWD VIII FFY 16

4. Project Status: Standard

5. Component Type: PH

6. Does this project use one or more properties that have been conveyed through the Title V process? No

3B. Project Description

Instructions:

ALL PROJECTS

Provide a description that addresses the entire scope of the proposed project: This is a required field. The project description should address the entire scope of the project, including a clear picture of the target population(s) to be served, the plan for addressing the identified needs/issues of the CoC target population(s), projected outcome(s), and coordination with other source(s)/partner(s). The narrative is expected to describe the project at full operational capacity. The description should be consistent with and make reference to other parts of this application.

Does your project have a specific population focus: This is a required field. Select “Yes” if your project has special capacity in its facilities, program designs, tools, outreach or methodologies for a specific subpopulation or subpopulations. This does not necessarily mean that the project exclusively serves that subpopulation(s), but rather that they are uniquely equipped to serve them. If “Yes” is selected, select the relevant checkbox(s) to identify the project’s population focus.

PH, SH, TH and SSO PROJECTS ONLY

Does the project follow a "Housing First" approach: This is a required field for PH, TH and SSO projects only. Select all applicable checkboxes that indicate whether or not the project currently follows a housing first approach that ensures that participants are not screened out based on barriers such as income, sobriety, etc. Select “none of the above” if the project does not follow a housing first approach.
- Does the project quickly move participants into permanent housing?:This is a required field. Select “Yes” to this question if your project will quickly move program participants into permanent housing without additional steps (e.g., required stay in transitional housing first) before moving to permanent housing. If you are a domestic violence (DV) program you should select “Yes” if you will quickly move program participants into permanent housing after immediate safety needs are addressed (e.g., a person who is still in danger from a violent partner and would move into PH once the dangerous situation has been addressed). Select “No” if the project does not work to move program participants quickly into permanent housing.)
- Does the project ensure that participants are not screened out based on the listed reasons? (Check all that apply): This is a required field and at least one option must be selected. Multiple checkbox selections are provided.
- Does the project ensure that participants are not terminated from the program for the listed reasons? (Check all that apply) Multiple checkbox selections are provided.
- Does the project follow a "Housing First" approach? This is auto-scored based upon the responses to the questions above and “Yes” or “No” will indicate if the project is using the Housing First approach to house program participants.

PH PROJECTS ONLY

Does the PH project provide PSH or RRH: This is a required field. Select” PSH” if the project will operate according to a permanent supportive housing model as defined by 24 CFR 578. Select “RRH” if the project will operate according to a rapid rehousing model as defined by 24 CFR 578.

PH AND TH PROJECTS ONLY:

Does the project request costs under the rental assistance budget line item?: This is a required field. If requesting rental assistance, select “Yes” from the dropdown menu. If not requesting rental assistance in this project application, select “No”.

RENTAL ASSISTANCE PROJECTS ONLY

Is this a CoC Program leasing or SHP project that had been approved by HUD to change the renewal project budget from leasing to rental assistance? (This change must have been listed on

the final HUD-approved FY 2016 GIW. See 24 CFR 578.49(b)(8)): This is a required field. "Yes" should only be selected if HUD approved a change from leasing to rental assistance during the FY 2016 GIW process.

FOR SSO PROJECTS ONLY

Please select the type pf SSO Project: Four options are given; Street Outreach; Housing Project or Housing Structure Specific; Coordinated Entry; Standalone Supportive Service. Only Coordinated Entry will have follow up questions.

FOR SSO COORDINATED ENTRY PROJECTS ONLY

Will the coordinated entry process funded in part by this grant cover the COC's entire geographic area: This is a required field. Yes/ No dropdown question.

Will the coordinated entry process funded in part by this grant be easily accessible: This is a required field. Yes/No dropdown question.

Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance. This is a required field. Explain the outreach strategy of the CE.

Does the coordinated entry process use a comprehensive, standardized assessment process: This is a required field. Yes/No dropdown question.

Describe the referral process and how the coordinated entry process ensures that participants are directed to appropriate housing and/or services: This is a required field. Explain the referral process.

If the coordinated entry process includes differences in the access, entry, assessment, or referral for certain populations, are those differences limited only to the following four groups: Individuals, Families, DV, and Youth: This is a required field. Yes/No dropdown question.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Provide a description that addresses the entire scope of the proposed project.

The PHPWD VIII project is a one-year renewal of leasing costs for 4 units for homeless, disabled households. All 4 units house chronically homeless persons, one a chronic Vet. Three units house chronic individuals and one a chronically homeless mother with 6 children. Human Services Programs of Carroll County, Inc. (HSP) leases scattered site units and clients agree to an occupancy agreement for services. Prior to leasing, each unit must pass HQS, rent reasonableness and ERR requirements. Most units are located within walking distance of health services and shopping. Applicant/resident data is entered and tracked in HMIS. Applicants come from the streets, Safe Haven or emergency shelters. Homeless are referred through the Coordinated Intake system used to house all homeless in Carroll County. An assessment uses chronic status, severity of need, number of disabilities and length of time homeless to create a weighted waitlist. HSP follows a housing first model. Clients choose their housing type from shelter, transitional housing, Safe Haven or PSH. Clients who enter with no income are assisted with rent, utility and essential expenses from a foundation grant until they secure income. During the grant year, 91% maintained housing 6+ months; one Veteran left and another was housed; 100% maintained cash income with 20% earning income. The full time case manager for PSH encourages residents to participate in services of their choice. The PERM VIII grant pays about 10% of the cost of the case

manager. New clients meet with the case manager once a week to ensure that they acclimate to their unit, have food, furniture and bedding and to secure mainstream resources. Eligibility is recertified annually. A dedicated SOAR Counselor is offered through partnership with the Health Dept. and wrap services, including Peer Support Workers are offered through the CHES/CAHBI grant. Co-located integrated behavioral health services are offered by the Health Dept. and free health/reduced dental services and an ACA navigator are offered by Access Carroll, providing a medical home. Clients are encouraged to participate in activities that will improve their capacity for self-care. Services include the Family Center, Opportunity WORKS with life skills, employment skills, financial education, banking, budgeting, credit repair, Volunteer Income Tax Assistance and OHEP for help with heating/cooling costs. Parents may choose services for their children from the Family Center (parent education, GED, ESOL, child development and immunization checks), Head Start, Youth Services Bureau and Carroll County Public Schools. HSP is participating in the MD ICH to explore Medicaid reimbursement that is not yet available in Maryland. Program Goals: Serve 4 chronically homeless households including 1 Vet and 1 family. Turn over may allow more; 80% will stay in the program 6 months and 80% will maintain or increase their income at exit or end of program period.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless	X	**Domestic Violence**	
Veterans	X	**Substance Abuse**	X
Youth (under 25)		**Mental Illness**	X
Families with Children	X	**HIV/AIDS**	
		Other (Click 'Save' to update)	

Other:

3. Housing First

3a. Does the project quickly move participants into permanent housing Yes

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

Having too little or little income	

	X
Active or history of substance abuse	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of domestic violence (e.g. lack of a protective order, period of separation from abuser, or law enforcement involvement)	X
None of the above	

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

Failure to participate in supportive services	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X
Domestic violence	X
Any other activity not covered in a lease agreement typically found in the project's geographic area.	X
None of the above	

3d. Does the project follow a "Housing First" approach? Yes

4. Does the PH project provide PSH or RRH? PSH

4a. Does the project request costs under the rental assistance budget line item? No

4A. Supportive Services for Participants

Instructions:

ALL PROJECTS EXCEPT HMIS

For all supportive services available to participants, indicate who will provide them, and how often they are provided. This field is required and at least one value must be entered. Complete each row of drop down menus for supportive services that will be available to participants, using the funds requested through the application, and funds from other sources. If more than one Provider is relevant for a single service, please select the provider that corresponds to the highest frequency.
- Provider: select one of the following: “Applicant” to indicate that the applicant will provide the service directly; “Subrecipient” to indicate that a subrecipient will provide the service directly; “Partner” to indicate that an organization that is not a subrecipient of project funds but with whom a formal agreement or MOU has been signed will provide the service directly; or, “Non-Partner” to indicate that a specific organization with whom no formal agreement has been established regularly provides the service to clients. If more than one provider offers the service at the same frequency, choose the provider according to the following: Applicant, then Subrecipient, then Partner, and lastly, non-Partner.

- Frequency: Select the most common interval of time for which the service is accessible to participants. If two frequencies are equally common, choose the interval with the highest frequency.
Applicants may leave dropdown menus as “—select—” when services are not applicable.

Please identify whether the project includes the following activities:
- Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Select “Yes” or “No” from the dropdown menu.
- Use of a single application form for four or more mainstream programs? Select “Yes” or “No” from the dropdown menu.
- At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Select “Yes” or “No” from the dropdown menu.
- Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Select “Yes or “No” from the dropdown menu. If “Yes” is selected the following question will become visible:

- Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Select “Yes” or “No” from the dropdown menu.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. For all supportive services available to participants, indicate who will provide them, how they will be accessed, and how often they will be provided.
Click 'Save' to update.

Supportive Services		Provider	Frequency
Assessment of Service Needs		Applicant	Monthly
Assistance with Moving Costs		Applicant	As needed
Case Management		Applicant	Bi-weekly
Child Care		Non-Partner	As needed
Education Services		Applicant	As needed

Employment Assistance and Job Training	Applicant	As needed
Food	Applicant	As needed
Housing Search and Counseling Services	Applicant	As needed
Legal Services	Non-Partner	As needed
Life Skills Training	Applicant	As needed
Mental Health Services	Partner	As needed
Outpatient Health Services	Partner	As needed
Outreach Services	Applicant	As needed
Substance Abuse Treatment Services	Partner	As needed
Transportation	Applicant	As needed
Utility Deposits	Applicant	As needed

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. Use of a single application form for four or more mainstream programs? Yes

2c. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

3. Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Yes

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Yes

4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the icon.

Total Units: 4
Total Beds: 10
Total Dedicated CH Beds: 10
Total Prioritized CH Beds: 0

Housing Type	Units	Beds	Dedicated CH Beds	Prioritized CH Beds
Scattered-site apartments (...	4	10	10	0

4B. Housing Type and Location Detail

Instructions:

ALL PROJECTS EXCEPT HMIS

A unique detail screen should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail screen. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail screen.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

PH-PSH PROJECTS ONLY

How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless: This is a required field. Enter that total number of beds that are dedicated to the chronically homeless (CH). Dedicated CH beds are required through the project's grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as "CH Beds" on a CoC's Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated for the chronically homeless, enter "0."

How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? This is a required field, but it is Auto calculated. The number that is calculated is the difference between 3a and 2b.

How many of the total beds entered in "3b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. Enter the number of beds that are not dedicated to the chronically homeless but that are currently, or will be upon turnover, prioritized for the chronically homeless. This will be incorporated into the projects grant agreement for FY 2016 and represents the minimum number of beds for which the chronically homeless will be prioritized. If none of the beds are prioritized for the chronically homeless, enter "0."

How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless? This is a required field. Use the number of turnover beds that are not dedicated to the chronically homeless and that you estimated in field c to estimate and enter the number of those beds that will be prioritized for the chronically homeless as soon as they do turnover.

ALL PROJECTS EXCEPT HMIS

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Housing Type: Scattered-site apartments (including efficiencies)

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.

a. Units: 4

b. Beds: 10

3. Beds for the Chronically Homeless

a. How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless?	10
b. How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? Auto calculated	0
c. How many of the beds listed in question "3b." above will likely become available through turnover in the FY 2016 operating year?	0
d. How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless in the FY 2016 operating year?	0

4. Address:

Street 1: 10 Distillery Drive, Ste. G-1

Street 2: P.O. Box 489

City: Westminster

State: Maryland

ZIP Code: 21158

5. Select the geographic area(s) associated with the address: (for multiple selections hold CTRL Key)

249013 Carroll County

5A. Project Participants - Households

Instructions:

ALL PROJECTS EXCEPT HMIS

In each non-shaded field list the number of households or persons served at maximum program capacity. The numbers here are intended to reflect a single point in time at maximum occupancy and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Households: Enter the number of households under at least one of the categories: Households with at least One Adult and One Child, Adult Households without Children, or Households with Only Children.

Households with at least One Adult and One Child: Enter the total number of households with at least one adult and one child. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Households without Children: Enter the total number of adult households without children. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Households with Only Children: Enter the total number of households with only children. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Characteristics: Enter the total number of homeless that fall under one of the characteristics listed.

Persons in Households with at least One Adult and One Child: Enter the number of persons in households with at least one adult and on child for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Persons in Households without Children: Enter the number of persons in households without children for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children: Enter the number of persons in households with only children for each demographic row. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Totals: All fields in the “Total Number…” and “Total Persons” rows will automatically calculate when the “Save” button is clicked.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

Households	**Households with at Least One Adult and One Child**	**Adult Households without Children**	**Households with Only Children**	**Total**
Total Number of Households	1	3	0	4

Characteristics	**Persons in Households with at Least One Adult and One Child**	**Adult Persons in Households without Children**	**Persons in Households with Only Children**	**Total**

Adults over age 24	1	3		4
Adults ages 18-24	0	0		0
Accompanied Children under age 18	6		0	6
Unaccompanied Children under age 18			0	0
Total Persons	7	3	0	10

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Instructions:

ALL PROJECTS EXCEPT HMIS

*This screen can only be completed once Screen "5A. Project Participants – Households" has been completed and saved.

In each non-shaded field enter the number of persons served at maximum program capacity according to their age group, disability status, and the extent in which persons served fit into one or more of the subpopulation categories. The numbers here are intended to reflect a single point in time at maximum capacity and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Complete each of the three charts on this screen according to household types.

Persons in Households with at least one Adult and One Child chart: Enter only persons in households with at least one adult and one child. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and at least one person under the age of 18.

Persons in Households without Children chart: Enter only persons in adult households without children. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children chart: Enter only persons in households with only children. To be listed on this chart, a person must be part of a household with no persons at or above the age of 18, and only persons under the age of 18.

Total Persons: All fields in the "Total Persons" rows will calculate automatically when the "Save" button is clicked.

Describe the unlisted subpopulations referred to above: This field is visible and mandatory if a number greater than 0 is entered into the column "Persons not represented by listed subpopulations." Enter text that describes the person(s) identified in this column and explains how they do not fall under the other categories in columns 1 through 9.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

Persons in Households with at Least One Adult and One Child

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24	1			1		1	1			
Adults ages 18-24										
Children under age 18	6				0	0	0	0	0	0
Total Persons	7	0	0	1	0	1	1	0	0	0

Click Save to automatically calculate totals

Persons in Households without Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24	2	1	0	1	0	1	0	1	0	0
Adults ages 18-24	0	0	0	0	0	0	0	0	0	0
Total Persons	2	1	0	1	0	1	0	1	0	0

Click Save to automatically calculate totals

Persons in Households with Only Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Accompanied Children under age 18										
Unaccompanied Children under age 18										
Total Persons	0			0	0	0	0	0	0	0

5C. Outreach for Participants

Instructions:

ALL PROJECTS EXCEPT HMIS

Enter the percentage of project participants that will be coming from each of the following locations: This is a required field. Enter the percentage (between 0% and 100%) of participants that will be coming from each of the following locations:
- Directly from the street or other locations not meant for human habitation
- Directly from emergency shelters
- Directly from safe havens
- From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens (persons coming from TH are not considered to be chronically homeless)
- Persons at imminent risk of losing their night time residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing (only applicable to TH and SSO projects)
- Persons fleeing domestic violence

Total of above percentages: The percentages entered will automatically sum when all required fields are entered and the “Save” button is clicked. A warning message will appear if the total is greater than 100%.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Enter the percentage of project participants that will be coming from each of the following locations.

25%	**Directly from the street or other locations not meant for human habitation.**
50%	**Directly from emergency shelters.**
25%	**Directly from safe havens.**
0%	**From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens.**
0%	**Persons fleeing domestic violence.**
100%	**Total of above percentages**

6A. Funding Request

Instructions:

ALL PROJECT APPLICATIONS

The fields that must be completed on this screen will vary based on the project type, program type, and component type selected earlier in the project application.

Do any of the properties in this project have an active restrictive covenant: This is a required field. Select “Yes” or “No” to indicate whether or not one or more of the project properties are subject to an active restrictive covenant. As a reminder, any project awarded capital cost funds (new construction, acquisition, or rehabilitation) has a 20 year or if initially awarded under the CoC Program (FY 2012 capital costs and beyond) a 15 year use restriction.

Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project: This is a required field. Indicate if this project previously received funds under either the Samaritan Housing or Permanent Housing Bonus initiative. If yes, then the project must continue to meet the requirements of the initiative, as specified in the Homeless Assistance Grants NOFA for the year in which funds were originally awarded, in order to continue to receive renewal funding under the CoC Program Competition.

Are the requested renewal funds reduced from the previous award as a result of reallocation?: This is a required field. Select “Yes” or “No” to indicate whether the renewal project is reduced through the reallocation process. The response will be compared to the CoC’s Reallocation Forms.

Does this project propose to allocate funds according to an indirect cost rate? This is a required field. Select ‘Yes’ or ‘No’ to indicate whether the project either has an approved indirect cost plan in place or will propose an indirect cost plan by the time of conditional award. For more information concerning indirect costs plans, please consult 2 CFR Part 200.56, Part 200.413 and Part 200.414, FY 2016 NOFA and contact your local HUD office. The following questions become visible if “Yes” is selected:
- Please complete the indirect cost rate schedule below: Must complete at least one row.
- Has this rate been approved by your cognizant agency?: Select “Yes” or “No” from the dropdown menu.
- Do you plan to use the 10% de minimis rate? Select “Yes” or “No” from the dropdown menu.

Renewal Grant Term: This field is pre-populated with a one-year grant term and cannot be edited.

Select the costs for which funding is being requested: This is a required field. All project applications must identify the eligible cost budget for which funding is being requested. The choices available will depend on the component and project type selected on Screen “3A Project Detail.” The following eligible costs may be listed: leased units, leased structures, rental assistance, supportive services, operations, and HMIS. Indicate only those activities listed on the CoC’s final HUD-approved FY 2016 GIW.

If you do not see the funding budgets that you expected, you may need to return to Screen “3A. Project Detail” to review the “Component Type” and/or “3B. Project Description” to review the type of project selected. See the FY 2016 CoC Program NOFA for additional guidance.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Do any of the properties in this project have an active restrictive covenant? No

2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?	Yes
3. Are the requested renewal funds reduced from the previous award as a result of reallocation?	No
4. Does this project propose to allocate funds according to an indirect cost rate?	No
5. Renewal Grant Term:	1 Year

6. Select the costs for which funding is being requested:

Leased Units	X
Leased Structures	
Supportive Services	X
Operations	
HMIS	

6B. Leased Units Budget

The following list summarizes the funds being requested for one or more units leased for operating the projects. To add information to the list, select the icon. To view or update information already listed, select the icon.

Total Annual Assistance Requested:	$35,140
Grant Term:	1 Year
Total Request for Grant Term:	$35,140
Total Units:	4

FMR Area	Total Units Requested	Total Annual Budget Requested	Total Budget Requested
MD - Baltimore-Co...	4	$35,140	$35,140

Leased Units Budget Detail

Instructions:

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY2016 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rent for each unit in the FMR Area column in the chart below. The FMRs are available online at http://www.huduser.org/portal/datasets/fmr.html.

Size of Units: These options are system generated. Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

# of units: This is a required field. For each unit size, enter the number of units for which funding is being requested. The number(s) entered must match the HUD approved FY 2016 GIW.

Total Units and Annual Assistance Requested: This is a required field. Enter in the total leased units amount according to the CoC's HUD approved FY 2016 GIW.

Grant Term: This field is populated with "1 Year" and will be read only.

Total Request for Grant Term: This field will equal the total leasing amount entered above.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

Enter the appropriate values in the "Number of Units" AND "Total Request" fields.

Metropolitan or non-metropolitan fair market rent area: MD - Baltimore-Columbia-Towson, MD MSA (2400399999)

Leased Units Annual Budget

Size of Units	# of Units (Applicant)	Total Request (Applicant)
SRO		
0 Bedroom		
1 Bedroom	3	
2 Bedroom		
3 Bedroom		
4 Bedroom	1	
5 Bedroom		
6 Bedroom		
7 Bedroom		
8 Bedroom		
9 Bedroom		

Total Units and Annual Assistance Requested	4	$35,140
Grant Term		1 Year
Total Request for Grant Term		$35,140

Click the 'Save' button to automatically calculate totals.

6E. Supportive Services Budget

Instructions:

Enter the quantity and total budget request for each supportive services cost. The request entered should be equivalent to the cost of one year of the relevant supportive service.

Eligible Costs: The system populates a list of eligible supportive services for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.53.

Quantity AND Description: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (e.g. 1 FTE Case Manager Salary + benefits, or child care for 15 children) for each supportive service activity for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Detail" and limits HUD's understanding of what is being requested. Failure to enter adequate 'Quantity AND Detail' may result in conditions being placed on an award and a delay of grant funding.

Annual Assistance Requested: This is a required field. Enter the amount of funds requested for each activity. The amount entered must only be the amount that is DIRECTLY related to providing supportive services to homeless participants. The request should match the budget amounts identified on the CoC's HUD-approved FY 2016 GIW.

Total Annual Assistance Requested: This field is automatically calculated based on the sum of the annual assistance requests entered for each activity.

Grant Term: This field is populated with the value "1 Year" and will be read only.

Total Request for Grant Term: This field is automatically calculated based total amount requested for each eligible cost multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

A quantity AND description must be entered for each requested cost.

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs		
2. Assistance with Moving Costs		
3. Case Management	Case Manager provides services to the individuals and family in PSH. This funding represents less than 10% of his salary but consumes 100% of his time.	$3,780
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food		
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills		
11. Mental Health Services		
12. Outpatient Health Services		

13. Outreach Services		
14. Substance Abuse Treatment Services		
15. Transportation		
16. Utility Deposits		
17. Operating Costs		$0
Total Annual Assistance Requested		$3,780
Grant Term		1 Year
Total Request for Grant Term		$3,780

Click the 'Save' button to automatically calculate totals.

6H. Sources of Match

The following list summarizes the funds that will be used as Match for the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.

Summary for Match

Total Value of Cash Commitments:	$1,320
Total Value of In-Kind Commitments:	$0
Total Value of All Commitments:	$1,320

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Government	Carroll County Go...	09/08/2016	$1,320

Sources of Match Detail

Instructions:

Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	Cash
3. Type of Source:	Government
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	Carroll County Government program support for required match
5. Date of Written Commitment:	09/08/2016
6. Value of Written Commitment:	$1,320

6I. Summary Budget

Instructions:

The system populates a summary budget based on the information entered into each preceding budget form. Review the data and return to the previous forms to correct any inaccurate information. All fields are read only with exception to field “7. Admin (Up to 10%).”

Admin (Up to 10%): Enter the amount of requested administration funds. The request should match the amount identified on the CoC’s HUD-approved FY 2016 GIW. HUD will not fund greater than 10% of the request listed in the field “Sub-Total Eligible Costs Request.” If an amount above 10% is entered, the system will report an error and prevent application submission when the screen is saved.

Total Assistance plus Admin Requested: This field is automatically populated based on the amount of funds requested on the various budgets completed by the project applicant and Admin costs requested. This is the total amount of funding the project applicant will request in the FY 2016 CoC Program Competition.

Cash Match: This field is automatically populated. If it needs to be changed, return to Screen “6H. Sources of Match” to make changes to this field.

In-Kind Match: This field is automatically populated. If it needs to be changed, return to Screen “6H. Sources of Match” to make changes to this field.

Total Match: This field will automatically calculate the total combined value of the Cash and In-Kind Match. The total match must equal 25% of the request listed in the field “Total Eligible Costs Request” minus the amount requested for Leased Units and Leased Structures. There is no upper limit for Match. If an ineligible amount is entered, the system will report an error and prevent application submission. To correct an inadequate level of match, return to Screen “6H. Sources of Match” to make changes.

Cash and In-Kind Match entered into the budget must qualify as eligible program expenses under the CoC program regulations. Compliance with eligibility requirements will be verified at grant agreement.

The Total Budget automatically calculates when you click the "Save" button.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

The following information summarizes the funding request for the total term of the project. However, the appropriate amount of cash and in-kind match and administrative costs must be entered in the available fields below.

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	$35,140
1b. Leased Structures	$0
2. Rental Assistance	$0

3. Supportive Services	$3,780
4. Operating	$0
5. HMIS	$0
6. Sub-total Costs Requested	$38,920
7. Admin (Up to 10%)	$1,499
8. Total Assistance plus Admin Requested	$40,419
9. Cash Match	$1,320
10. In-Kind Match	$0
11. Total Match	$1,320
12. Total Budget	$41,739

7A. Attachment(s)

Instructions:

Subrecipient Nonprofit Documentation: Documentation of the subrecipient's nonprofit status must be uploaded, if the applicant and project subrecipient are different entities, and the subrecipient is a nonprofit organization.

Other Attachment(s): Attach any additional information supporting the project funding request. Use a zip file to attach multiple documents.

If indicated on Screens 3A and/or 3B, the following additional attachment screens may be visible that should be used instead of Screen 7A. Attachments:

CoC Rejection Letter: Projects that are applying for CoC funds and that have been rejected for the competition by their CoC (Solo Projects) must submit documentation from the CoC verifying and explaining why the project has been rejected.

Certification of Consistency with Consolidated Plan: Each applicant that is not a State or unit of local government is required to have a certification by the jurisdiction in which the proposed project will be located confirming that the applicant's application for funding is consistent with the jurisdiction's HUD-approved consolidated plan. The certification must be made in accordance with the provisions of the consolidated plan regulations at 24 CFR part 91, subpart F. For projects that selected "No CoC" on Screen 3A, a form HUD-2991 must be obtained and signed by the certifying official for the applicable jurisdiction, indicating that the proposed project will be consistent with the Consolidated Plan. If the Solo Applicant is a State or unit of local government, the jurisdiction must certify that it is following its HUD-approved Consolidated Plan.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachment	No	Commissioners Let...	08/31/2016
3) Other Attachment	No		

Attachment Details

Document Description: HSP IRS Determination

Attachment Details

Document Description: Commissioners Letter of Support FFY 16 grant period

Attachment Details

Document Description: All Match Letters

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official	Angela Gustus
Date:	08/31/2016
Title:	Executive Director
Applicant Organization:	Human Services Programs of Carroll County, Inc.
PHA Number (For PHA Applicants Only):	
I certify that I have been duly authorized by the applicant to submit this Applicant	X

Certification and to ensure compliance. I am aware that any false, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).

8B Submission Summary

Page	Last Updated
1A. Application Type	08/10/2016
1B. Legal Applicant	No Input Required
1C. Application Details	No Input Required
1D. Congressional District(s)	08/31/2016
1E. Compliance	08/10/2016
1F. Declaration	08/10/2016
2A. Subrecipients	No Input Required
2B. Recipient Performance	08/10/2016

3A. Project Detail	08/10/2016
3B. Description	08/25/2016
4A. Services	08/10/2016
4B. Housing Type	08/25/2016
5A. Households	08/10/2016
5B. Subpopulations	No Input Required
5C. Outreach	08/10/2016
6A. Funding Request	08/10/2016
6B. Leased Units	08/25/2016
6E. Supp. Srvcs. Budget	08/10/2016
6H. Match	08/31/2016
6I. Summary Budget	No Input Required
7A. Attachment(s)	08/31/2016
7B. Certification	08/10/2016

CARROLL COUNTY MARYLAND
225 N. Center Street
Westminster, Maryland 21157-5194
410-386-2082 • 1-888-302-8978
FAX 410-848-0003
MD RELAY Services: 711 or 800-735-2258 (TTY)

Department of Management
and Budget
Ted Zaleski, Director

September 8, 2016

Ms. Angela Gustus, Executive Director
Human Services Programs of Carroll County, Inc.
10 Distillery Drive
Westminster, Maryland 21157

RE: Support for Human Services Programs of Carroll County, Inc. Continuum of Care Applications for FFY 2016

Dear Ms. Gustus:

The Board of Carroll County Commissioners has committed the following cash contribution to support Human Services Programs of Carroll County, Inc. (HSP) applications applied for under HUD's FFY 2016 Continuum of Care (CoC) Grant.

The Board of Carroll County Commissioners allocated $1,147,100 in cash for its FY 2017 budget to Human Services Programs designating $171,436 for Continuum of Care cash matching funds for the Safe Haven program during HUD's FFY 16 project period. In addition to the cash match, the County designates up to $79,445 of the HSP allocation to cash leverage for the Safe Haven project.

On September 8, 2016, the Board approved the following for the FFY 16 CoC project periods:

- $8,025 in cash match and $6,346 in cash leverage for the Supportive Services Only project for Coordinated Intake.
- $889 in cash match and $3,510 in cash leverage for the Permanent Supportive Housing for the Disabled Project I.
- $1,431 in cash match and $3,896 in cash leverage for the Permanent Supportive Housing for the Disabled Project II.
- $1,320 in cash match and $2,120 in leverage for the Permanent Support Housing for the Disabled Project VIII.

The chart displaying the projects and project periods for which these funds are designated is attached. Please call me at 410-386-2082 should you have questions or require additional information.

Sincerely,

Ted Zaleski
Director of Management and Budget

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2016 Continuum of Care (CoC) Program Competition. For more information see FY 2016 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2016 CoC Program NOFA and the FY 2016 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2015 Project Application will be imported into the FY 2016 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the FY 2015 post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2016 CoC Program Competition NOFA.

1A. Application Type

Instructions:

Type of Submission: This field is pre-populated and cannot be changed.

Type of Application: This field is pre-populated and cannot be changed.

Date Received: This field is pre-populated with the date on which the application is submitted and cannot be edited.

Applicant Identifier: Field intentionally left blank, cannot edit.

Federal Entity Identifier: Field intentionally left blank, cannot edit.

Federal Award Identifier: This is a required field for all renewal project applicants. Enter the correct expiring grant number as identified on the final HUD-approved GIW.

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number: If this is not checked along with the checkbox on the declaration screen, the user will not be able to advance in the application.

Date Received by State: Field intentionally left blank, cannot edit.

State Application Identifier: Field intentionally left blank, cannot edit.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Type of Submission:	Application
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	08/31/2016
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: (e.g., the "Expiring Grant Number" that will also be indicated on screen 3A. Project Detail) This grant number must match the grant number on the HUD approved Grant Inventory Worksheet (GIW).	MD0134L3B061508
Check to confrim that the Federal Award Identifier has been updated to reflect the most recently awarded grant number	X
6. Date Received by State:	
7. State Application Identifier:	

1B. Legal Applicant

Instructions:

The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on “View Applicant Profile” from the left-menu bar, place the Project Applicant Profile in “edit” mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in “complete” mode before clicking on “Back to FY 2016 Renewal Costs Project Application” from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

8. Applicant

a. Legal Name: Human Services Programs of Carroll County, Inc.

b. Employer/Taxpayer Identification Number (EIN/TIN): 52-1549551

	c. Organizational DUNS:	843183893	**PLUS 4**	

d. Address

Street 1: 10 Distillery Dr. Suite G1

Street 2:

City: Westminster

County: Carroll

State: Maryland

Country: United States

Zip / Postal Code: 21157

e. Organizational Unit (optional)

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Ms.

First Name:	Corina
Middle Name:	M.
Last Name:	Canon
Suffix:	
Title:	Associate Director
Organizational Affiliation:	Human Services Programs of Carroll County, Inc.
Telephone Number:	(410) 857-2999
Extension:	3018
Fax Number:	(410) 857-8793
Email:	ccanon@hspinc.org

1C. Application Details

Instructions:

The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on “View Applicant Profile” from the left-menu bar, place the Project Applicant Profile in “edit” mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in “complete” mode before clicking on “Back to FY 2016 Renewal Costs Project Application” from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

9. Type of Applicant:	M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)
If "Other" please specify:	
10. Name of Federal Agency:	Department of Housing and Urban Development
11. Catalog of Federal Domestic Assistance Title:	CoC Program
CFDA Number:	14.267
12. Funding Opportunity Number:	FR-6000-N-25
Title:	Continuum of Care Homeless Assistance Competition
13. Competition Identification Number:	
Title:	

1D. Congressional District(s)

Instructions:

Areas Affected By Project: This field is required. Select the State(s) in which the proposed project will operate and serve the homeless.

Descriptive Title of Applicant's Project: This field is populated with the name entered on the Project Form when the project application was initiated. To change the project name, click return to the Submission List and click on “Projects” on the left hand menu. Click on the magnifying glass next to the project name to edit.

Congressional District(s):

a. Applicant: This field is pre-populated from the Project Applicant Profile. Project applicants cannot modify the pre-populated data on this form. However, project applicants may modify the Project Applicant Profile in e-snaps to correct an error.

b. Project: This field is required. Select the congressional district(s) in which the project operates.

Proposed Project Start and End Dates: In this required field, indicate the operating start date and end date for the project.

Estimated Funding: Fields intentionally left blank, cannot edit.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

14. Area(s) affected by the project (State(s) only):
(for multiple selections hold CTRL key) Maryland

15. Descriptive Title of Applicant's Project: PHPWD II FFY 16

16. Congressional District(s):

a. Applicant: MD-008, MD-001
(for multiple selections hold CTRL key)

b. Project: MD-008, MD-001
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 12/01/2017

b. End Date: 11/30/2018

18. Estimated Funding ($)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. Compliance

Instructions:

Is Application Subject to Review by State Executive Order 12372 Process: In this required field, select the appropriate dropdown option that applies to the Applicant applying for homeless assistance funding. Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.

Click the following link to access the lists of those States that have chosen to participate in the intergovernmental review process: http://www.whitehouse.gov/omb/grants_spoc

If the applicant is located in a state or U.S. territory that is required review by State Executive Order 12372, enter the date this application was made available to the State or U.S. territory for review.

Is the Applicant Delinquent on any Federal Debt: In this required field, select the appropriate dropdown option that applies to the project applicant. This question applies to the project applicant's organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans, and taxes.

If "Yes" is selected an explanation is required in the space provided on this screen.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

19. Is the Application Subject to Review By State Executive Order 12372 Process?	b. Program is subject to E.O. 12372 but has not been selected by the State for review.
If "YES", enter the date this application was made available to the State for review:	
20. Is the Applicant delinquent on any Federal debt?	No
If "YES," provide an explanation:	

1F. Declaration

Instructions:

The authorized person for the project applicant organization must agree to the declaration statement in order to proceed to the project application. The list of certifications and assurances are contained in the FY 2016 CoC Program NOFA, and in the e-snaps Project Applicant Profile.

Authorized Representative: The authorized representative's information is pre-populated on this screen from the Project Applicant Profile. A copy of the governing body's authorization for this person to sign the project application as the official representative must be on file in the applicant's office.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

All screens, 1A – 1F must be completed in full before the project applicant will have access to the Project Application in e-snaps.

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

I AGREE: X

21. Authorized Representative

Prefix:	Ms.
First Name:	Angela
Middle Name:	
Last Name:	Gustus
Suffix:	
Title:	Executive Director
Telephone Number: (Format: 123-456-7890)	(410) 857-2999
Fax Number: (Format: 123-456-7890)	(410) 857-8793
Email:	agustus@hspinc.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 08/31/2016

2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the icon. To view or update subrecipient information already listed, select the view option.

Total Expected Sub-Awards: $0

Organization	Type	Sub-Award Amount
This list contains no items		

2B. Recipient Performance

Instructions:

The selections made on this screen by completing all of the mandatory fields marked with an asterisk (*), will provide information on capacity of the project applicant. The screen asks the Project Applicant questions about capacity performance as a HUD grant recipient; in terms of: timely submission of required reports, quarterly eLOCCS drawdowns, addressing HUD monitoring and/or OIG audit findings and the recapture of any funds from the most recently expired grant term of the project.

APR Submission: Select "Yes" or "No" from the dropdown menu to indicate whether you have successfully submitted the APR on time for the most recently expired grant term related to this renewal project request. If "No" is selected, an additional question will appear, in which you must provide an explanation in the textbox; as to why the APR was not submitted in a timely manner.

HUD Monitoring Findings: Select "Yes" or "No" from the dropdown menu to indicate whether your organization has any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request. If “Yes” is selected, two new questions will appear, in which the applicant will enter the date of the oldest unresolved finding(s) and explain why the findings remain unresolved in the textbox provided.

Quarterly Drawdowns: Select "Yes" or "No" from the dropdown menu to indicate whether your organization maintained consistent Quarterly Drawdowns from eLOCCS for the most recent grant terms related to this renewal project. If "No," is selected, one new question will appear in which the applicant must explain, in the textbox provided, as to why the recipient has not maintained consistent Quarterly Drawdowns for the most recent grant terms related to this renewal project request.

Recaptured Funds: Select "Yes" or "No" from the dropdown menu to indicate whether any funds have been recaptured by HUD for the most recently expired grant term related to this renewal project request. If "Yes," is selected, one new question will appear, in which the applicant must explain why HUD recaptured funds from the most recently expired grant term.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?	Yes
2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?	No
3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?	Yes
4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?	Yes

Explain the circumstances that led HUD to recapture funds from the most recently expired grant term related to this renewal project request.

There was $2,197 in unspent furniture. Furniture needs were lower than anticipated; however, residents were assisted with some essential items that spent down some of the funds. All furniture funding will be spent in FFY 15 COC year.

3A. Project Detail

Instructions:

The selections made on this screen will determine which additional forms will need to be completed for this project application.

Expiring Grant Number: This field is pre-populated with the expiring grant number entered on Screen “1A. Application Type.”

CoC Number and Name: Select the number and name of the CoC to which the project application will be submitted for the local competition review process. This is the CoC that will submit the CoC Consolidated Application to HUD by the designated submission deadline. Applicants with projects that do not belong to a CoC should select “No CoC.”

CoC Collaborative Applicant Name: Select the name of the CoC Applicant, also known as the Collaborative Applicant, from the dropdown. In most cases, there will only be one name from which to choose. The project applicant should choose the name of the CoC Applicant to which they intend to submit this project application

Project Name: This is pre-populated from the “Project” Form and cannot be edited.

Project Status: The default selection is “Standard,” indicating that the applicant is submitting the application to the Collaborative Applicant for consideration in the FY 2016 CoC Program competition. The selection should only be changed to “Appeal” in the event that the project application is rejected by the Collaborative Applicant (either formally in e-snaps or outside of e-snaps) and the project applicant wants to appeal this decision directly to HUD by submitting a solo application. For additional information on the appeal process, see Section X of the FY 2016 CoC Program Competition NOFA. A full explanation of the process is provided on Screen “8A. Notice of Intent to Appeal.”

Component Type: This is a required field. Select the component type that identifies the renewal project application type. This can be either a PH, SH, TH, SSO or HMIS. The selection of component type will have an affect on what question on subsequent screens are asked of the user.

Title V: This field is required. Select "Yes" or "No" to indicate if one or more properties being served by this project were acquired under Title V.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Expiring Grant Number: MD0134L3B061508

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: MD-506 - Carroll County CoC

2b. CoC Collaborative Applicant Name: Carroll County, Commissioners of

3. Project Name: PHPWD II FFY 16

4. Project Status: Standard

5. Component Type:	PH
6. Does this project use one or more properties that have been conveyed through the Title V process?	No

3B. Project Description

Instructions:

ALL PROJECTS

Provide a description that addresses the entire scope of the proposed project: This is a required field. The project description should address the entire scope of the project, including a clear picture of the target population(s) to be served, the plan for addressing the identified needs/issues of the CoC target population(s), projected outcome(s), and coordination with other source(s)/partner(s). The narrative is expected to describe the project at full operational capacity. The description should be consistent with and make reference to other parts of this application.

Does your project have a specific population focus: This is a required field. Select “Yes” if your project has special capacity in its facilities, program designs, tools, outreach or methodologies for a specific subpopulation or subpopulations. This does not necessarily mean that the project exclusively serves that subpopulation(s), but rather that they are uniquely equipped to serve them. If “Yes” is selected, select the relevant checkbox(s) to identify the project’s population focus.

PH, SH, TH and SSO PROJECTS ONLY

Does the project follow a "Housing First" approach: This is a required field for PH, TH and SSO projects only. Select all applicable checkboxes that indicate whether or not the project currently follows a housing first approach that ensures that participants are not screened out based on barriers such as income, sobriety, etc. Select “none of the above” if the project does not follow a housing first approach.
- Does the project quickly move participants into permanent housing?:This is a required field. Select “Yes” to this question if your project will quickly move program participants into permanent housing without additional steps (e.g., required stay in transitional housing first) before moving to permanent housing. If you are a domestic violence (DV) program you should select “Yes” if you will quickly move program participants into permanent housing after immediate safety needs are addressed (e.g., a person who is still in danger from a violent partner and would move into PH once the dangerous situation has been addressed). Select “No” if the project does not work to move program participants quickly into permanent housing.)
- Does the project ensure that participants are not screened out based on the listed reasons? (Check all that apply): This is a required field and at least one option must be selected. Multiple checkbox selections are provided.
- Does the project ensure that participants are not terminated from the program for the listed reasons? (Check all that apply) Multiple checkbox selections are provided.
- Does the project follow a "Housing First" approach? This is auto-scored based upon the responses to the questions above and “Yes” or “No” will indicate if the project is using the Housing First approach to house program participants.

PH PROJECTS ONLY

Does the PH project provide PSH or RRH: This is a required field. Select” PSH” if the project will operate according to a permanent supportive housing model as defined by 24 CFR 578. Select “RRH” if the project will operate according to a rapid rehousing model as defined by 24 CFR 578.

PH AND TH PROJECTS ONLY:

Does the project request costs under the rental assistance budget line item?: This is a required field. If requesting rental assistance, select “Yes” from the dropdown menu. If not requesting rental assistance in this project application, select “No”.

RENTAL ASSISTANCE PROJECTS ONLY

Is this a CoC Program leasing or SHP project that had been approved by HUD to change the renewal project budget from leasing to rental assistance? (This change must have been listed on

the final HUD-approved FY 2016 GIW. See 24 CFR 578.49(b)(8)): This is a required field. "Yes" should only be selected if HUD approved a change from leasing to rental assistance during the FY 2016 GIW process.

FOR SSO PROJECTS ONLY

Please select the type pf SSO Project: Four options are given; Street Outreach; Housing Project or Housing Structure Specific; Coordinated Entry; Standalone Supportive Service. Only Coordinated Entry will have follow up questions.

FOR SSO COORDINATED ENTRY PROJECTS ONLY

Will the coordinated entry process funded in part by this grant cover the COC's entire geographic area: This is a required field. Yes/ No dropdown question.

Will the coordinated entry process funded in part by this grant be easily accessible: This is a required field. Yes/No dropdown question.

Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance. This is a required field. Explain the outreach strategy of the CE.

Does the coordinated entry process use a comprehensive, standardized assessment process: This is a required field. Yes/No dropdown question.

Describe the referral process and how the coordinated entry process ensures that participants are directed to appropriate housing and/or services: This is a required field. Explain the referral process.

If the coordinated entry process includes differences in the access, entry, assessment, or referral for certain populations, are those differences limited only to the following four groups: Individuals, Families, DV, and Youth: This is a required field. Yes/No dropdown question.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Provide a description that addresses the entire scope of the proposed project.

The PHPWD II project is a 1-year renewal of leasing costs for 4 units for chronically homeless, disabled individuals who are over the age of 17. All units are dedicated to chronically homeless individuals. Human Services Programs of Carroll County, Inc. (HSP) leases scattered site units and clients agree to an Occupancy Agreement for services. All residents are entered into HMIS. Prior to leasing, each unit must pass HQS, rent reasonableness and ERR requirements. Most units are located within walking distance of health services and shopping. Applicants come from the streets, Safe Haven or emergency shelters. They are referred by Coordinated Intake (CI) that is used to place all homeless across the CoC. The CI assessment uses chronic status, severity and number of disabilities, and length of time homeless to create a weighted waitlist. HSP follows a Housing First model. Client choice is honored to enter shelter, Safe Haven or if available PSH. Of the 2 who entered in the FFY 14 project year: 1 was from Safe Haven, 1 entered from emergency shelter. One is a chronically homeless Veteran. During the grant period, 86% maintained housing 6+ months; 100% maintained cash income and non-cash income; 50% left to permanent housing and 50% to live with friends. Over the past 2 years no one became homeless after leaving – Metric 2. Support services concentrate on maintaining housing and accessing services that residents desire. Clients with no income are assisted with utility and essential expenses

from a foundation grant until they secure income. A trained, dedicated SOAR Counselor is offered through the Health Dept. and wrap services are received through the CHES grant. Many move to Section 8 when it becomes available. The full time case manager (for HSP's 15 units) encourages residents to participate in the services of their choice. Participation is not required. New clients meet with the case manager once a week to ensure that they acclimate to their unit, have food, furniture and bedding, and other essentials. Co-located integrated behavioral health services are offered by the Health Dept. and free health/reduced fee dental services are offered by Access Carroll, providing a medical home. Clients are encouraged to participate in activities that will improve their capacity for self-care. Services include Opportunity WORKS, (life skills, employment training) the Economic Success Program for financial education, banking, budgeting, credit repair, Volunteer Income Tax Assistance program and OHEP for help with heating costs. The Case manager conducts annual certification of income and program eligibility 30 days prior to their anniversary in PSH. HSP is participating in the MD ICH to explore Medicaid reimbursement but it is not yet available in Maryland. Program Goals: Serve 4 chronically homeless individuals. Of these, 80% will stay in the program 6 months and 80% will maintain or increase their income at exit or end of program period.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless	X	**Domestic Violence**	
Veterans	X	**Substance Abuse**	X
Youth (under 25)	X	**Mental Illness**	X
Families with Children		**HIV/AIDS**	
		Other (Click 'Save' to update)	

Other:

3. Housing First

3a. Does the project quickly move participants into permanent housing Yes

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

Having too little or little income	

	X
Active or history of substance abuse	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of domestic violence (e.g. lack of a protective order, period of separation from abuser, or law enforcement involvement)	X
None of the above	

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

Failure to participate in supportive services	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X
Domestic violence	X
Any other activity not covered in a lease agreement typically found in the project's geographic area.	X
None of the above	

3d. Does the project follow a "Housing First" approach? Yes

4. Does the PH project provide PSH or RRH? PSH

4a. Does the project request costs under the rental assistance budget line item? No

4A. Supportive Services for Participants

Instructions:

ALL PROJECTS EXCEPT HMIS

For all supportive services available to participants, indicate who will provide them, and how often they are provided. This field is required and at least one value must be entered. Complete each row of drop down menus for supportive services that will be available to participants, using the funds requested through the application, and funds from other sources. If more than one Provider is relevant for a single service, please select the provider that corresponds to the highest frequency.
- Provider: select one of the following: “Applicant” to indicate that the applicant will provide the service directly; “Subrecipient” to indicate that a subrecipient will provide the service directly; “Partner” to indicate that an organization that is not a subrecipient of project funds but with whom a formal agreement or MOU has been signed will provide the service directly; or, “Non-Partner” to indicate that a specific organization with whom no formal agreement has been established regularly provides the service to clients. If more than one provider offers the service at the same frequency, choose the provider according to the following: Applicant, then Subrecipient, then Partner, and lastly, non-Partner.

- Frequency: Select the most common interval of time for which the service is accessible to participants. If two frequencies are equally common, choose the interval with the highest frequency.
Applicants may leave dropdown menus as “—select—” when services are not applicable.

Please identify whether the project includes the following activities:
- Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Select “Yes” or “No” from the dropdown menu.
- Use of a single application form for four or more mainstream programs? Select “Yes” or “No” from the dropdown menu.
- At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Select “Yes” or “No” from the dropdown menu.
- Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Select “Yes or “No” from the dropdown menu. If “Yes” is selected the following question will become visible:

- Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Select “Yes” or “No” from the dropdown menu.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. For all supportive services available to participants, indicate who will provide them, how they will be accessed, and how often they will be provided.
Click 'Save' to update.

Supportive Services		Provider	Frequency
Assessment of Service Needs		Applicant	Monthly
Assistance with Moving Costs		Applicant	As needed
Case Management		Applicant	Bi-weekly
Child Care		Non-Partner	As needed
Education Services		Applicant	As needed

Employment Assistance and Job Training	Applicant	As needed
Food	Non-Partner	As needed
Housing Search and Counseling Services	Applicant	As needed
Legal Services	Non-Partner	As needed
Life Skills Training	Applicant	Bi-weekly
Mental Health Services	Partner	As needed
Outpatient Health Services	Partner	As needed
Outreach Services	Applicant	As needed
Substance Abuse Treatment Services	Partner	As needed
Transportation	Applicant	As needed
Utility Deposits	Applicant	As needed

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. Use of a single application form for four or more mainstream programs? Yes

2c. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

3. Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Yes

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Yes

4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the icon.

Total Units: 4

Total Beds: 6

Total Dedicated CH Beds: 6

Total Prioritized CH Beds: 0

Housing Type	Units	Beds	Dedicated CH Beds	Prioritized CH Beds
Scattered-site apartments (...	4	6	6	0

4B. Housing Type and Location Detail

Instructions:

ALL PROJECTS EXCEPT HMIS

A unique detail screen should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail screen. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail screen.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

PH-PSH PROJECTS ONLY

How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless: This is a required field. Enter that total number of beds that are dedicated to the chronically homeless (CH). Dedicated CH beds are required through the project's grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as "CH Beds" on a CoC's Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated for the chronically homeless, enter "0."

How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? This is a required field, but it is Auto calculated. The number that is calculated is the difference between 3a and 2b.

How many of the total beds entered in "3b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. Enter the number of beds that are not dedicated to the chronically homeless but that are currently, or will be upon turnover, prioritized for the chronically homeless. This will be incorporated into the projects grant agreement for FY 2016 and represents the minimum number of beds for which the chronically homeless will be prioritized. If none of the beds are prioritized for the chronically homeless, enter "0."

How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless? This is a required field. Use the number of turnover beds that are not dedicated to the chronically homeless and that you estimated in field c to estimate and enter the number of those beds that will be prioritized for the chronically homeless as soon as they do turnover.

ALL PROJECTS EXCEPT HMIS

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Housing Type: Scattered-site apartments (including efficiencies)

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.

a. Units: 4

b. Beds: 6

3. Beds for the Chronically Homeless

a. How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless?	6
b. How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? Auto calculated	0
c. How many of the beds listed in question "3b." above will likely become available through turnover in the FY 2016 operating year?	0
d. How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless in the FY 2016 operating year?	0

4. Address:

Street 1: 10 Distillery Drive, Ste G-1

Street 2: P.O. Box 489

City: Westminster

State: Maryland

ZIP Code: 21158

5. Select the geographic area(s) associated with the address: (for multiple selections hold CTRL Key)

249013 Carroll County

5A. Project Participants - Households

Instructions:

ALL PROJECTS EXCEPT HMIS

In each non-shaded field list the number of households or persons served at maximum program capacity. The numbers here are intended to reflect a single point in time at maximum occupancy and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Households: Enter the number of households under at least one of the categories: Households with at least One Adult and One Child, Adult Households without Children, or Households with Only Children.

Households with at least One Adult and One Child: Enter the total number of households with at least one adult and one child. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Households without Children: Enter the total number of adult households without children. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Households with Only Children: Enter the total number of households with only children. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Characteristics: Enter the total number of homeless that fall under one of the characteristics listed.

Persons in Households with at least One Adult and One Child: Enter the number of persons in households with at least one adult and on child for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Persons in Households without Children: Enter the number of persons in households without children for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children: Enter the number of persons in households with only children for each demographic row. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Totals: All fields in the “Total Number…” and “Total Persons” rows will automatically calculate when the “Save” button is clicked.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

Households	**Households with at Least One Adult and One Child**	**Adult Households without Children**	**Households with Only Children**	**Total**
Total Number of Households	1	3	0	4

Characteristics	**Persons in Households with at Least One Adult and One Child**	**Adult Persons in Households without Children**	**Persons in Households with Only Children**	**Total**

Adults over age 24	2	2		4
Adults ages 18-24	0	1		1
Accompanied Children under age 18	1		0	1
Unaccompanied Children under age 18			0	0
Total Persons	3	3	0	6

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Instructions:

ALL PROJECTS EXCEPT HMIS

*This screen can only be completed once Screen “5A. Project Participants – Households” has been completed and saved.

In each non-shaded field enter the number of persons served at maximum program capacity according to their age group, disability status, and the extent in which persons served fit into one or more of the subpopulation categories. The numbers here are intended to reflect a single point in time at maximum capacity and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Complete each of the three charts on this screen according to household types.

Persons in Households with at least one Adult and One Child chart: Enter only persons in households with at least one adult and one child. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and at least one person under the age of 18.

Persons in Households without Children chart: Enter only persons in adult households without children. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children chart: Enter only persons in households with only children. To be listed on this chart, a person must be part of a household with no persons at or above the age of 18, and only persons under the age of 18.

Total Persons: All fields in the “Total Persons” rows will calculate automatically when the “Save” button is clicked.

Describe the unlisted subpopulations referred to above: This field is visible and mandatory if a number greater than 0 is entered into the column “Persons not represented by listed subpopulations.” Enter text that describes the person(s) identified in this column and explains how they do not fall under the other categories in columns 1 through 9.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

Persons in Households with at Least One Adult and One Child

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24	2					2				
Adults ages 18-24										
Children under age 18	1									
Total Persons	3	0	0	0	0	2	0	0	0	0

Click Save to automatically calculate totals

Persons in Households without Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24	2		0	2	0	2	0	1	1	0
Adults ages 18-24	1	0	0	0	0	1	0	1	0	0
Total Persons	3	0	0	2	0	3	0	2	1	0

Click Save to automatically calculate totals

Persons in Households with Only Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Accompanied Children under age 18										
Unaccompanied Children under age 18										
Total Persons	0			0	0	0	0	0	0	0

5C. Outreach for Participants

Instructions:

ALL PROJECTS EXCEPT HMIS

Enter the percentage of project participants that will be coming from each of the following locations: This is a required field. Enter the percentage (between 0% and 100%) of participants that will be coming from each of the following locations:
- Directly from the street or other locations not meant for human habitation
- Directly from emergency shelters
- Directly from safe havens
- From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens (persons coming from TH are not considered to be chronically homeless)
- Persons at imminent risk of losing their night time residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing (only applicable to TH and SSO projects)
- Persons fleeing domestic violence

Total of above percentages: The percentages entered will automatically sum when all required fields are entered and the “Save” button is clicked. A warning message will appear if the total is greater than 100%.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Enter the percentage of project participants that will be coming from each of the following locations.

20%	**Directly from the street or other locations not meant for human habitation.**
60%	**Directly from emergency shelters.**
20%	**Directly from safe havens.**
	From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens.
	Persons fleeing domestic violence.
100%	**Total of above percentages**

6A. Funding Request

Instructions:

ALL PROJECT APPLICATIONS

The fields that must be completed on this screen will vary based on the project type, program type, and component type selected earlier in the project application.

Do any of the properties in this project have an active restrictive covenant: This is a required field. Select “Yes” or “No” to indicate whether or not one or more of the project properties are subject to an active restrictive covenant. As a reminder, any project awarded capital cost funds (new construction, acquisition, or rehabilitation) has a 20 year or if initially awarded under the CoC Program (FY 2012 capital costs and beyond) a 15 year use restriction.

Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project: This is a required field. Indicate if this project previously received funds under either the Samaritan Housing or Permanent Housing Bonus initiative. If yes, then the project must continue to meet the requirements of the initiative, as specified in the Homeless Assistance Grants NOFA for the year in which funds were originally awarded, in order to continue to receive renewal funding under the CoC Program Competition.

Are the requested renewal funds reduced from the previous award as a result of reallocation?: This is a required field. Select “Yes” or “No” to indicate whether the renewal project is reduced through the reallocation process. The response will be compared to the CoC’s Reallocation Forms.

Does this project propose to allocate funds according to an indirect cost rate? This is a required field. Select ‘Yes’ or ‘No’ to indicate whether the project either has an approved indirect cost plan in place or will propose an indirect cost plan by the time of conditional award. For more information concerning indirect costs plans, please consult 2 CFR Part 200.56, Part 200.413 and Part 200.414, FY 2016 NOFA and contact your local HUD office. The following questions become visible if “Yes” is selected:
- Please complete the indirect cost rate schedule below: Must complete at least one row.
- Has this rate been approved by your cognizant agency?: Select “Yes” or “No” from the dropdown menu.
- Do you plan to use the 10% de minimis rate? Select “Yes” or “No” from the dropdown menu.

Renewal Grant Term: This field is pre-populated with a one-year grant term and cannot be edited.

Select the costs for which funding is being requested: This is a required field. All project applications must identify the eligible cost budget for which funding is being requested. The choices available will depend on the component and project type selected on Screen “3A Project Detail.” The following eligible costs may be listed: leased units, leased structures, rental assistance, supportive services, operations, and HMIS. Indicate only those activities listed on the CoC’s final HUD-approved FY 2016 GIW.

If you do not see the funding budgets that you expected, you may need to return to Screen “3A. Project Detail” to review the “Component Type” and/or “3B. Project Description” to review the type of project selected. See the FY 2016 CoC Program NOFA for additional guidance.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Do any of the properties in this project have an active restrictive covenant? No

2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?	Yes
3. Are the requested renewal funds reduced from the previous award as a result of reallocation?	No
4. Does this project propose to allocate funds according to an indirect cost rate?	No
5. Renewal Grant Term:	1 Year

6. Select the costs for which funding is being requested:

Leased Units	X
Leased Structures	
Supportive Services	
Operations	X
HMIS	

6B. Leased Units Budget

The following list summarizes the funds being requested for one or more units leased for operating the projects. To add information to the list, select the icon. To view or update information already listed, select the icon.

Total Annual Assistance Requested:	$36,525
Grant Term:	1 Year
Total Request for Grant Term:	$36,525
Total Units:	4

FMR Area	Total Units Requested	Total Annual Budget Requested	Total Budget Requested
MD - Baltimore-Co...	4	$36,525	$36,525

Leased Units Budget Detail

Instructions:

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY2016 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rent for each unit in the FMR Area column in the chart below. The FMRs are available online at http://www.huduser.org/portal/datasets/fmr.html.

Size of Units: These options are system generated. Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

# of units: This is a required field. For each unit size, enter the number of units for which funding is being requested. The number(s) entered must match the HUD approved FY 2016 GIW.

Total Units and Annual Assistance Requested: This is a required field. Enter in the total leased units amount according to the CoC's HUD approved FY 2016 GIW.

Grant Term: This field is populated with "1 Year" and will be read only.

Total Request for Grant Term: This field will equal the total leasing amount entered above.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

Enter the appropriate values in the "Number of Units" AND "Total Request" fields.

Metropolitan or non-metropolitan fair market rent area: MD - Baltimore-Columbia-Towson, MD MSA (2400399999)

Leased Units Annual Budget

Size of Units	# of Units (Applicant)	Total Request (Applicant)
SRO		
0 Bedroom		
1 Bedroom	4	
2 Bedroom		
3 Bedroom		
4 Bedroom		
5 Bedroom		
6 Bedroom		
7 Bedroom		
8 Bedroom		
9 Bedroom		

Total Units and Annual Assistance Requested	4	$36,525
Grant Term		1 Year
Total Request for Grant Term		$36,525

Click the 'Save' button to automatically calculate totals.

6F. Operating Budget

Instructions:

Enter the quantity and total budget request for each operating cost. The request entered should be equivalent to the cost of one year of the relevant operations activity.

Eligible Costs: The system populates a list of eligible operating costs for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.55.

Quantity AND Detail: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity and detail (e.g. .75 FTE hours and benefits for staff, utility types, and monthly allowance for supplies) for each operating cost for which funding is being requested. Please note that simply stating “1FTE” is NOT providing “Quantity AND Detail” and restricts understanding of what is being requested. Failure to enter adequate “Quantity AND Detail” may result in conditions being placed on the award and a delay of grant funding.

Annual Assistance Requested: This is a required field. Enter the amount of funds requested for each activity. The amount entered must only be the amount that is DIRECTLY related to operating the housing or supportive services facility. The request should match the budget amounts identified on the CoC’s HUD-approved FY 2016 GIW

Total Annual Assistance Requested: This field is automatically calculated based on the sum of the annual assistance requests entered for each activity.

Are you requesting a 15 year renewal per the FY2016 CoC Program NOFA? This request is only available for Operating Costs budget line items in projects in which the applicant owns the building and needs to provide maintenance. Only 1 year of funding is allowed according to the relevant section of the FY 2016 CoC Program Competition NOFA.

Grant term: This field is populated with the value “1 Year” and will be read only.

Total Request for Grant Term: This field is automatically calculated based on the total amount requested for each eligible cost multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

A quantity AND description must be entered for each requested cost. Any cost without a quantity and a description will be removed from the budget.

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Maintenance/Repair		
2. Property Taxes and Insurance		
3. Replacement Reserve		
4. Building Security		
5. Electricity, Gas, and Water		
6. Furniture	Bedding, linens other necessities to begin housekeeping for homeless individuals who enter PSH with nothing.	$4,284
7. Equipment (lease, buy)		
Total Annual Assistance Requested		$4,284
Grant Term		1 Year

Total Request for Grant Term		$4,284

Click the 'Save' button to automatically calculate totals.

Are you requesting a 15 year renewal per section IV.B.3.b. This request is only available for projects with operating costs and 1 year of funding according to the relevant section of the FY 2015 CoC Program Competition NOFA.

6H. Sources of Match

The following list summarizes the funds that will be used as Match for the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.

Summary for Match

Total Value of Cash Commitments:	$1,431
Total Value of In-Kind Commitments:	$0
Total Value of All Commitments:	$1,431

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Government	Carroll County Go...	09/08/2016	$1,431

Sources of Match Detail

Instructions:

Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	Cash
3. Type of Source:	Government
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	Carroll County Government local contribution to match for operations and administrative fee
5. Date of Written Commitment:	09/08/2016
6. Value of Written Commitment:	$1,431

6I. Summary Budget

Instructions:

The system populates a summary budget based on the information entered into each preceding budget form. Review the data and return to the previous forms to correct any inaccurate information. All fields are read only with exception to field “7. Admin (Up to 10%).”

Admin (Up to 10%): Enter the amount of requested administration funds. The request should match the amount identified on the CoC’s HUD-approved FY 2016 GIW. HUD will not fund greater than 10% of the request listed in the field “Sub-Total Eligible Costs Request.” If an amount above 10% is entered, the system will report an error and prevent application submission when the screen is saved.

Total Assistance plus Admin Requested: This field is automatically populated based on the amount of funds requested on the various budgets completed by the project applicant and Admin costs requested. This is the total amount of funding the project applicant will request in the FY 2016 CoC Program Competition.

Cash Match: This field is automatically populated. If it needs to be changed, return to Screen “6H. Sources of Match” to make changes to this field.

In-Kind Match: This field is automatically populated. If it needs to be changed, return to Screen “6H. Sources of Match” to make changes to this field.

Total Match: This field will automatically calculate the total combined value of the Cash and In-Kind Match. The total match must equal 25% of the request listed in the field “Total Eligible Costs Request” minus the amount requested for Leased Units and Leased Structures. There is no upper limit for Match. If an ineligible amount is entered, the system will report an error and prevent application submission. To correct an inadequate level of match, return to Screen “6H. Sources of Match” to make changes.

Cash and In-Kind Match entered into the budget must qualify as eligible program expenses under the CoC program regulations. Compliance with eligibility requirements will be verified at grant agreement.

The Total Budget automatically calculates when you click the "Save" button.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

The following information summarizes the funding request for the total term of the project. However, the appropriate amount of cash and in-kind match and administrative costs must be entered in the available fields below.

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	$36,525
1b. Leased Structures	$0
2. Rental Assistance	$0

3. Supportive Services	$0
4. Operating	$4,284
5. HMIS	$0
6. Sub-total Costs Requested	$40,809
7. Admin (Up to 10%)	$1,441
8. Total Assistance plus Admin Requested	$42,250
9. Cash Match	$1,431
10. In-Kind Match	$0
11. Total Match	$1,431
12. Total Budget	$43,681

7A. Attachment(s)

Instructions:

Subrecipient Nonprofit Documentation: Documentation of the subrecipient's nonprofit status must be uploaded, if the applicant and project subrecipient are different entities, and the subrecipient is a nonprofit organization.

Other Attachment(s): Attach any additional information supporting the project funding request. Use a zip file to attach multiple documents.

If indicated on Screens 3A and/or 3B, the following additional attachment screens may be visible that should be used instead of Screen 7A. Attachments:

CoC Rejection Letter: Projects that are applying for CoC funds and that have been rejected for the competition by their CoC (Solo Projects) must submit documentation from the CoC verifying and explaining why the project has been rejected.

Certification of Consistency with Consolidated Plan: Each applicant that is not a State or unit of local government is required to have a certification by the jurisdiction in which the proposed project will be located confirming that the applicant's application for funding is consistent with the jurisdiction's HUD-approved consolidated plan. The certification must be made in accordance with the provisions of the consolidated plan regulations at 24 CFR part 91, subpart F. For projects that selected "No CoC" on Screen 3A, a form HUD-2991 must be obtained and signed by the certifying official for the applicable jurisdiction, indicating that the proposed project will be consistent with the Consolidated Plan. If the Solo Applicant is a State or unit of local government, the jurisdiction must certify that it is following its HUD-approved Consolidated Plan.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachment	No	Commissioners Let...	08/31/2016
3) Other Attachment	No		

Attachment Details

Document Description: HSP IRS Tax Determination

Attachment Details

Document Description: Commissioners Letter of Support FFY 16 grant

Attachment Details

Document Description: HSP All Match and Leverage FFY 2015

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official	Angela Gustus
Date:	08/31/2016
Title:	Executive Director
Applicant Organization:	Human Services Programs of Carroll County, Inc.
PHA Number (For PHA Applicants Only):	
I certify that I have been duly authorized by the applicant to submit this Applicant	X

Certification and to ensure compliance. I am aware that any false, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).

8B Submission Summary

Page	Last Updated
1A. Application Type	08/10/2016
1B. Legal Applicant	No Input Required
1C. Application Details	No Input Required
1D. Congressional District(s)	08/10/2016
1E. Compliance	08/10/2016
1F. Declaration	08/10/2016
2A. Subrecipients	No Input Required
2B. Recipient Performance	08/31/2016

3A. Project Detail	08/10/2016
3B. Description	08/31/2016
4A. Services	08/10/2016
4B. Housing Type	08/31/2016
5A. Households	08/31/2016
5B. Subpopulations	No Input Required
5C. Outreach	08/31/2016
6A. Funding Request	08/10/2016
6B. Leased Units	08/10/2016
6F. Operating	08/10/2016
6H. Match	08/31/2016
6I. Summary Budget	No Input Required
7A. Attachment(s)	08/31/2016
7B. Certification	08/31/2016

CARROLL COUNTY MARYLAND
225 N. Center Street
Westminster, Maryland 21157-5194
410-386-2082 • 1-888-302-8978
FAX 410-848-0003
MD RELAY Services: 711 or 800-735-2258 (TTY)

Department of Management
and Budget
Ted Zaleski, Director

September 8, 2016

Ms. Angela Gustus, Executive Director
Human Services Programs of Carroll County, Inc.
10 Distillery Drive
Westminster, Maryland 21157

RE: Support for Human Services Programs of Carroll County, Inc. Continuum of Care Applications for FFY 2016

Dear Ms. Gustus:

The Board of Carroll County Commissioners has committed the following cash contribution to support Human Services Programs of Carroll County, Inc. (HSP) applications applied for under HUD's FFY 2016 Continuum of Care (CoC) Grant.

The Board of Carroll County Commissioners allocated $1,147,100 in cash for its FY 2017 budget to Human Services Programs designating $171,436 for Continuum of Care cash matching funds for the Safe Haven program during HUD's FFY 16 project period. In addition to the cash match, the County designates up to $79,445 of the HSP allocation to cash leverage for the Safe Haven project.

On September 8, 2016, the Board approved the following for the FFY 16 CoC project periods:

- $8,025 in cash match and $6,346 in cash leverage for the Supportive Services Only project for Coordinated Intake.
- $889 in cash match and $3,510 in cash leverage for the Permanent Supportive Housing for the Disabled Project I.
- $1,431 in cash match and $3,896 in cash leverage for the Permanent Supportive Housing for the Disabled Project II.
- $1,320 in cash match and $2,120 in leverage for the Permanent Support Housing for the Disabled Project VIII.

The chart displaying the projects and project periods for which these funds are designated is attached. Please call me at 410-386-2082 should you have questions or require additional information.

Sincerely,

Ted Zaleski
Director of Management and Budget

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2016 Continuum of Care (CoC) Program Competition. For more information see FY 2016 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2016 CoC Program NOFA and the FY 2016 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2015 Project Application will be imported into the FY 2016 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the FY 2015 post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2016 CoC Program Competition NOFA.

1A. Application Type

Instructions:

Type of Submission: This field is pre-populated and cannot be changed.

Type of Application: This field is pre-populated and cannot be changed.

Date Received: This field is pre-populated with the date on which the application is submitted and cannot be edited.

Applicant Identifier: Field intentionally left blank, cannot edit.

Federal Entity Identifier: Field intentionally left blank, cannot edit.

Federal Award Identifier: This is a required field for all renewal project applicants. Enter the correct expiring grant number as identified on the final HUD-approved GIW.

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number: If this is not checked along with the checkbox on the declaration screen, the user will not be able to advance in the application.

Date Received by State: Field intentionally left blank, cannot edit.

State Application Identifier: Field intentionally left blank, cannot edit.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Type of Submission:	Application
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	08/31/2016
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: (e.g., the "Expiring Grant Number" that will also be indicated on screen 3A. Project Detail) This grant number must match the grant number on the HUD approved Grant Inventory Worksheet (GIW).	MD0138L3B061507
Check to confrim that the Federal Award Identifier has been updated to reflect the most recently awarded grant number	X
6. Date Received by State:	
7. State Application Identifier:	

1B. Legal Applicant

Instructions:

The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on “View Applicant Profile” from the left-menu bar, place the Project Applicant Profile in “edit” mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in “complete” mode before clicking on “Back to FY 2016 Renewal Costs Project Application” from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

8. Applicant

a. Legal Name: Human Services Programs of Carroll County, Inc.

b. Employer/Taxpayer Identification Number (EIN/TIN): 52-1549551

	c. Organizational DUNS:	843183893	**PLUS 4**	

d. Address

Street 1: 10 Distillery Dr. Suite G1

Street 2:

City: Westminster

County: Carroll

State: Maryland

Country: United States

Zip / Postal Code: 21157

e. Organizational Unit (optional)

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Ms.

First Name:	Corina
Middle Name:	M.
Last Name:	Canon
Suffix:	
Title:	Associate Director
Organizational Affiliation:	Human Services Programs of Carroll County, Inc.
Telephone Number:	(410) 857-2999
Extension:	3018
Fax Number:	(410) 857-8793
Email:	ccanon@hspinc.org

1C. Application Details

Instructions:

The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on “View Applicant Profile” from the left-menu bar, place the Project Applicant Profile in “edit” mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in “complete” mode before clicking on “Back to FY 2016 Renewal Costs Project Application” from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

9. Type of Applicant:	M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)
If "Other" please specify:	
10. Name of Federal Agency:	Department of Housing and Urban Development
11. Catalog of Federal Domestic Assistance Title:	CoC Program
CFDA Number:	14.267
12. Funding Opportunity Number:	FR-6000-N-25
Title:	Continuum of Care Homeless Assistance Competition
13. Competition Identification Number:	
Title:	

1D. Congressional District(s)

Instructions:

Areas Affected By Project: This field is required. Select the State(s) in which the proposed project will operate and serve the homeless.

Descriptive Title of Applicant's Project: This field is populated with the name entered on the Project Form when the project application was initiated. To change the project name, click return to the Submission List and click on “Projects” on the left hand menu. Click on the magnifying glass next to the project name to edit.

Congressional District(s):

a. Applicant: This field is pre-populated from the Project Applicant Profile. Project applicants cannot modify the pre-populated data on this form. However, project applicants may modify the Project Applicant Profile in e-snaps to correct an error.

b. Project: This field is required. Select the congressional district(s) in which the project operates.

Proposed Project Start and End Dates: In this required field, indicate the operating start date and end date for the project.

Estimated Funding: Fields intentionally left blank, cannot edit.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

14. Area(s) affected by the project (State(s) only): (for multiple selections hold CTRL key) Maryland

15. Descriptive Title of Applicant's Project: Safe Haven FFY 16

16. Congressional District(s):

a. Applicant: (for multiple selections hold CTRL key) MD-008, MD-001

b. Project: (for multiple selections hold CTRL key) MD-008, MD-001

17. Proposed Project

a. Start Date: 02/01/2017

b. End Date: 01/31/2018

18. Estimated Funding ($)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. Compliance

Instructions:

Is Application Subject to Review by State Executive Order 12372 Process: In this required field, select the appropriate dropdown option that applies to the Applicant applying for homeless assistance funding. Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.

Click the following link to access the lists of those States that have chosen to participate in the intergovernmental review process: http://www.whitehouse.gov/omb/grants_spoc

If the applicant is located in a state or U.S. territory that is required review by State Executive Order 12372, enter the date this application was made available to the State or U.S. territory for review.

Is the Applicant Delinquent on any Federal Debt: In this required field, select the appropriate dropdown option that applies to the project applicant. This question applies to the project applicant's organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans, and taxes.

If "Yes" is selected an explanation is required in the space provided on this screen.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

19. Is the Application Subject to Review By State Executive Order 12372 Process?	b. Program is subject to E.O. 12372 but has not been selected by the State for review.
If "YES", enter the date this application was made available to the State for review:	
20. Is the Applicant delinquent on any Federal debt?	No
If "YES," provide an explanation:	

1F. Declaration

Instructions:

The authorized person for the project applicant organization must agree to the declaration statement in order to proceed to the project application. The list of certifications and assurances are contained in the FY 2016 CoC Program NOFA, and in the e-snaps Project Applicant Profile.

Authorized Representative: The authorized representative's information is pre-populated on this screen from the Project Applicant Profile. A copy of the governing body's authorization for this person to sign the project application as the official representative must be on file in the applicant's office.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

All screens, 1A – 1F must be completed in full before the project applicant will have access to the Project Application in e-snaps.

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

I AGREE: X

21. Authorized Representative

Prefix:	Ms.
First Name:	Angela
Middle Name:	
Last Name:	Gustus
Suffix:	
Title:	Executive Director
Telephone Number: (Format: 123-456-7890)	(410) 857-2999
Fax Number: (Format: 123-456-7890)	(410) 857-8793
Email:	agustus@hspinc.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 08/31/2016

2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the icon. To view or update subrecipient information already listed, select the view option.

Total Expected Sub-Awards: $0

Organization	Type	Sub-Award Amount
This list contains no items		

2B. Recipient Performance

Instructions:

The selections made on this screen by completing all of the mandatory fields marked with an asterisk (*), will provide information on capacity of the project applicant. The screen asks the Project Applicant questions about capacity performance as a HUD grant recipient; in terms of: timely submission of required reports, quarterly eLOCCS drawdowns, addressing HUD monitoring and/or OIG audit findings and the recapture of any funds from the most recently expired grant term of the project.

APR Submission: Select "Yes" or "No" from the dropdown menu to indicate whether you have successfully submitted the APR on time for the most recently expired grant term related to this renewal project request. If "No" is selected, an additional question will appear, in which you must provide an explanation in the textbox; as to why the APR was not submitted in a timely manner.

HUD Monitoring Findings: Select "Yes" or "No" from the dropdown menu to indicate whether your organization has any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request. If “Yes” is selected, two new questions will appear, in which the applicant will enter the date of the oldest unresolved finding(s) and explain why the findings remain unresolved in the textbox provided.

Quarterly Drawdowns: Select "Yes" or "No" from the dropdown menu to indicate whether your organization maintained consistent Quarterly Drawdowns from eLOCCS for the most recent grant terms related to this renewal project. If "No," is selected, one new question will appear in which the applicant must explain, in the textbox provided, as to why the recipient has not maintained consistent Quarterly Drawdowns for the most recent grant terms related to this renewal project request.

Recaptured Funds: Select "Yes" or "No" from the dropdown menu to indicate whether any funds have been recaptured by HUD for the most recently expired grant term related to this renewal project request. If "Yes," is selected, one new question will appear, in which the applicant must explain why HUD recaptured funds from the most recently expired grant term.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?	Yes
2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?	No
3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?	Yes
4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?	No

3A. Project Detail

Instructions:

The selections made on this screen will determine which additional forms will need to be completed for this project application.

Expiring Grant Number: This field is pre-populated with the expiring grant number entered on Screen “1A. Application Type.”

CoC Number and Name: Select the number and name of the CoC to which the project application will be submitted for the local competition review process. This is the CoC that will submit the CoC Consolidated Application to HUD by the designated submission deadline. Applicants with projects that do not belong to a CoC should select “No CoC.”

CoC Collaborative Applicant Name: Select the name of the CoC Applicant, also known as the Collaborative Applicant, from the dropdown. In most cases, there will only be one name from which to choose. The project applicant should choose the name of the CoC Applicant to which they intend to submit this project application

Project Name: This is pre-populated from the “Project” Form and cannot be edited.

Project Status: The default selection is “Standard,” indicating that the applicant is submitting the application to the Collaborative Applicant for consideration in the FY 2016 CoC Program competition. The selection should only be changed to “Appeal” in the event that the project application is rejected by the Collaborative Applicant (either formally in e-snaps or outside of e-snaps) and the project applicant wants to appeal this decision directly to HUD by submitting a solo application. For additional information on the appeal process, see Section X of the FY 2016 CoC Program Competition NOFA. A full explanation of the process is provided on Screen “8A. Notice of Intent to Appeal.”

Component Type: This is a required field. Select the component type that identifies the renewal project application type. This can be either a PH, SH, TH, SSO or HMIS. The selection of component type will have an affect on what question on subsequent screens are asked of the user.

Title V: This field is required. Select "Yes" or "No" to indicate if one or more properties being served by this project were acquired under Title V.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Expiring Grant Number: MD0138L3B061507

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: MD-506 - Carroll County CoC

2b. CoC Collaborative Applicant Name: Carroll County, Commissioners of

3. Project Name: Safe Haven FFY 16

4. Project Status: Standard

5. Component Type: SH

6. Does this project use one or more properties that have been conveyed through the Title V process? No

3B. Project Description

Instructions:

ALL PROJECTS

Provide a description that addresses the entire scope of the proposed project: This is a required field. The project description should address the entire scope of the project, including a clear picture of the target population(s) to be served, the plan for addressing the identified needs/issues of the CoC target population(s), projected outcome(s), and coordination with other source(s)/partner(s). The narrative is expected to describe the project at full operational capacity. The description should be consistent with and make reference to other parts of this application.

Does your project have a specific population focus: This is a required field. Select “Yes” if your project has special capacity in its facilities, program designs, tools, outreach or methodologies for a specific subpopulation or subpopulations. This does not necessarily mean that the project exclusively serves that subpopulation(s), but rather that they are uniquely equipped to serve them. If “Yes” is selected, select the relevant checkbox(s) to identify the project’s population focus.

PH, SH, TH and SSO PROJECTS ONLY

Does the project follow a "Housing First" approach: This is a required field for PH, TH and SSO projects only. Select all applicable checkboxes that indicate whether or not the project currently follows a housing first approach that ensures that participants are not screened out based on barriers such as income, sobriety, etc. Select “none of the above” if the project does not follow a housing first approach.
- Does the project quickly move participants into permanent housing?:This is a required field. Select “Yes” to this question if your project will quickly move program participants into permanent housing without additional steps (e.g., required stay in transitional housing first) before moving to permanent housing. If you are a domestic violence (DV) program you should select “Yes” if you will quickly move program participants into permanent housing after immediate safety needs are addressed (e.g., a person who is still in danger from a violent partner and would move into PH once the dangerous situation has been addressed). Select “No” if the project does not work to move program participants quickly into permanent housing.)
- Does the project ensure that participants are not screened out based on the listed reasons? (Check all that apply): This is a required field and at least one option must be selected. Multiple checkbox selections are provided.
- Does the project ensure that participants are not terminated from the program for the listed reasons? (Check all that apply) Multiple checkbox selections are provided.
- Does the project follow a "Housing First" approach? This is auto-scored based upon the responses to the questions above and “Yes” or “No” will indicate if the project is using the Housing First approach to house program participants.

PH PROJECTS ONLY

Does the PH project provide PSH or RRH: This is a required field. Select” PSH” if the project will operate according to a permanent supportive housing model as defined by 24 CFR 578. Select “RRH” if the project will operate according to a rapid rehousing model as defined by 24 CFR 578.

PH AND TH PROJECTS ONLY:

Does the project request costs under the rental assistance budget line item?: This is a required field. If requesting rental assistance, select “Yes” from the dropdown menu. If not requesting rental assistance in this project application, select “No”.

RENTAL ASSISTANCE PROJECTS ONLY

Is this a CoC Program leasing or SHP project that had been approved by HUD to change the renewal project budget from leasing to rental assistance? (This change must have been listed on

the final HUD-approved FY 2016 GIW. See 24 CFR 578.49(b)(8)): This is a required field. "Yes" should only be selected if HUD approved a change from leasing to rental assistance during the FY 2016 GIW process.

FOR SSO PROJECTS ONLY

Please select the type pf SSO Project: Four options are given; Street Outreach; Housing Project or Housing Structure Specific; Coordinated Entry; Standalone Supportive Service. Only Coordinated Entry will have follow up questions.

FOR SSO COORDINATED ENTRY PROJECTS ONLY

Will the coordinated entry process funded in part by this grant cover the COC's entire geographic area: This is a required field. Yes/ No dropdown question.

Will the coordinated entry process funded in part by this grant be easily accessible: This is a required field. Yes/No dropdown question.

Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance. This is a required field. Explain the outreach strategy of the CE.

Does the coordinated entry process use a comprehensive, standardized assessment process: This is a required field. Yes/No dropdown question.

Describe the referral process and how the coordinated entry process ensures that participants are directed to appropriate housing and/or services: This is a required field. Explain the referral process.

If the coordinated entry process includes differences in the access, entry, assessment, or referral for certain populations, are those differences limited only to the following four groups: Individuals, Families, DV, and Youth: This is a required field. Yes/No dropdown question.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Provide a description that addresses the entire scope of the proposed project.

The Safe Haven (SH) project is a 1 year renewal of a 25 bed supportive housing program serving homeless and chronically homeless individual men and women over the age of seventeen who have severe, persistent mental illness. SH reaches out to the hard to house homeless through a low barrier program of indeterminate stay in a 2-person dorm style setting. SH follows a Housing First model and is the only program of its kind in the Carroll County COC, population 167,000. Eligibility is verified annually. Of the 30 who entered in project year FFY 2014, 2 were Veterans and 11 (37%) were chronically homeless. 14 entered from street, 16 from emergency shelter. The 29 who left: had median stay of 175 days; 76% obtained permanent housing; 90% increased/maintained cash income; and 93% had non-cash income. Residents are encouraged, not required, to participate in treatment. Most of those who stay 30 days choose treatment. SOAR trained assistance helps residents quickly access SSI/SSDI. Case Managers help residents set goals for wellness and recovery, obtain mainstream resources and access community providers. Integrated behavioral health services offered by the Health Dept. and free medical and reduced fee dental services offered by Access Carroll are co-located to offer a comprehensive medical home. Health Dept. Peer Support Workers who are trained, integrated behavioral health mentors are offered onsite. The Health Dept.'s new CHES grant offers SH residents wrap services.

HSP's Opportunity WORKS program assists those with poor work history and criminal backgrounds to gain employment; HSP's Economic Success Program offers financial education on banking, budgeting, saving; and tax help from the Volunteer Income Tax Assistance program. Safe Haven residents walk to mainstream resources or are transported by case managers. SH enters participant information in HMIS and receives residents through referrals from the Coordinated Intake (CI) system. The CI Coordinator uses a standard needs assessment to determine eligibility for housing programs. Chronic status, multiple disabilities/health issues and length of time homeless are reviewed. SH applicants must have a diagnosis of severe, persistent mental illness. Referrals are sent via HMIS to the SH waitlist. SH, CI and PATH collaborate to reach street homeless. Efforts increase before cold weather shelter season to house eligible homeless. The focus is to engage participants in services that increase housing stability, income and health. SH will serve 50 people; 40% street homeless, 60% from emergency shelter. SH will serve 11 chronic homeless and at least 1 Veteran. Goals: 60% of SH residents will remain in the program at the end of the grant year or exit to permanent housing; 60% of SH residents will maintain or increase total income at exit. HSP is exploring Medicaid reimbursement of case management costs for Safe Haven residents. Maryland COCs have not yet accessed this resource through state Medicaid.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless	X	**Domestic Violence**	
Veterans	X	**Substance Abuse**	X
Youth (under 25)		**Mental Illness**	X
Families with Children		**HIV/AIDS**	
		Other (Click 'Save' to update)	

Other:

3. Housing First

3a. Does the project quickly move participants into permanent housing Yes

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

Having too little or little income	

	X
Active or history of substance abuse	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of domestic violence (e.g. lack of a protective order, period of separation from abuser, or law enforcement involvement)	X
None of the above	

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

Failure to participate in supportive services	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X
Domestic violence	X
Any other activity not covered in a lease agreement typically found in the project's geographic area.	X
None of the above	

3d. Does the project follow a "Housing First" approach? Yes

4A. Supportive Services for Participants

Instructions:

ALL PROJECTS EXCEPT HMIS

For all supportive services available to participants, indicate who will provide them, and how often they are provided. This field is required and at least one value must be entered. Complete each row of drop down menus for supportive services that will be available to participants, using the funds requested through the application, and funds from other sources. If more than one Provider is relevant for a single service, please select the provider that corresponds to the highest frequency.
- Provider: select one of the following: “Applicant” to indicate that the applicant will provide the service directly; “Subrecipient” to indicate that a subrecipient will provide the service directly; “Partner” to indicate that an organization that is not a subrecipient of project funds but with whom a formal agreement or MOU has been signed will provide the service directly; or, “Non-Partner” to indicate that a specific organization with whom no formal agreement has been established regularly provides the service to clients. If more than one provider offers the service at the same frequency, choose the provider according to the following: Applicant, then Subrecipient, then Partner, and lastly, non-Partner.

- Frequency: Select the most common interval of time for which the service is accessible to participants. If two frequencies are equally common, choose the interval with the highest frequency.
Applicants may leave dropdown menus as “—select—” when services are not applicable.

Please identify whether the project includes the following activities:
- Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Select “Yes” or “No” from the dropdown menu.
- Use of a single application form for four or more mainstream programs? Select “Yes” or “No” from the dropdown menu.
- At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Select “Yes” or “No” from the dropdown menu.
- Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Select “Yes or “No” from the dropdown menu. If “Yes” is selected the following question will become visible:

- Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Select “Yes” or “No” from the dropdown menu.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. For all supportive services available to participants, indicate who will provide them, how they will be accessed, and how often they will be provided.
Click 'Save' to update.

Supportive Services		Provider	Frequency
Assessment of Service Needs		Applicant	Bi-weekly
Assistance with Moving Costs		Applicant	As needed
Case Management		Applicant	Daily
Child Care		Non-Partner	As needed
Education Services		Applicant	As needed

Employment Assistance and Job Training	Applicant	As needed
Food	Applicant	Daily
Housing Search and Counseling Services	Applicant	As needed
Legal Services	Non-Partner	As needed
Life Skills Training	Applicant	Daily
Mental Health Services	Partner	Bi-weekly
Outpatient Health Services	Partner	As needed
Outreach Services	Applicant	As needed
Substance Abuse Treatment Services	Partner	Weekly
Transportation	Applicant	As needed
Utility Deposits	Applicant	As needed

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. Use of a single application form for four or more mainstream programs? Yes

2c. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

3. Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Yes

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Yes

4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the icon.

Total Units: 1
Total Beds: 25
Total Veterans Beds: 2
Total Family Beds: 0
Total Youth Beds: 2

Housing Type	Units	Beds	Dedicated CH Beds	Prioritized CH Beds
Dormitory, shared or privat...	1	25	12	

4B. Housing Type and Location Detail

Instructions:

ALL PROJECTS EXCEPT HMIS

A unique detail screen should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail screen. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail screen.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

PH-PSH PROJECTS ONLY

How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless: This is a required field. Enter that total number of beds that are dedicated to the chronically homeless (CH). Dedicated CH beds are required through the project's grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as "CH Beds" on a CoC's Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated for the chronically homeless, enter "0."

How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? This is a required field, but it is Auto calculated. The number that is calculated is the difference between 3a and 2b.

How many of the total beds entered in "3b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. Enter the number of beds that are not dedicated to the chronically homeless but that are currently, or will be upon turnover, prioritized for the chronically homeless. This will be incorporated into the projects grant agreement for FY 2016 and represents the minimum number of beds for which the chronically homeless will be prioritized. If none of the beds are prioritized for the chronically homeless, enter "0."

How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless? This is a required field. Use the number of turnover beds that are not dedicated to the chronically homeless and that you estimated in field c to estimate and enter the number of those beds that will be prioritized for the chronically homeless as soon as they do turnover.

ALL PROJECTS EXCEPT HMIS

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Housing Type: Dormitory, shared or private rooms

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.

a. Units: 1

b. Beds: 25

3. Beds for Veterans

a. How many of the total beds entered in "2b. Beds" are dedicated to veterans? 2

4. Beds for Families

a. How many of the total beds entered in "2b. Beds" are dedicated to the families? 0

5. Beds for Youth

a. How many of the total beds entered in "2b. Beds" are dedicated to the youth? 2

6. Address:

Street 1: 127 Stoner Avenue

Street 2:

City: Westminster

State: Maryland

ZIP Code: 21157

7. Select the geographic area(s) associated with the address: (for multiple selections hold CTRL Key)

249013 Carroll County

5A. Project Participants - Households

Instructions:

ALL PROJECTS EXCEPT HMIS

In each non-shaded field list the number of households or persons served at maximum program capacity. The numbers here are intended to reflect a single point in time at maximum occupancy and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Households: Enter the number of households under at least one of the categories: Households with at least One Adult and One Child, Adult Households without Children, or Households with Only Children.

Households with at least One Adult and One Child: Enter the total number of households with at least one adult and one child. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Households without Children: Enter the total number of adult households without children. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Households with Only Children: Enter the total number of households with only children. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Characteristics: Enter the total number of homeless that fall under one of the characteristics listed.

Persons in Households with at least One Adult and One Child: Enter the number of persons in households with at least one adult and on child for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Persons in Households without Children: Enter the number of persons in households without children for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children: Enter the number of persons in households with only children for each demographic row. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Totals: All fields in the “Total Number…” and “Total Persons” rows will automatically calculate when the “Save” button is clicked.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

Households	**Households with at Least One Adult and One Child**	**Adult Households without Children**	**Households with Only Children**	**Total**
Total Number of Households	0	25	0	25

Characteristics	**Persons in Households with at Least One Adult and One Child**	**Adult Persons in Households without Children**	**Persons in Households with Only Children**	**Total**

Adults over age 24	0	23		23
Adults ages 18-24	0	2		2
Accompanied Children under age 18	0		0	0
Unaccompanied Children under age 18			0	0
Total Persons	0	25	0	25

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Instructions:

ALL PROJECTS EXCEPT HMIS

*This screen can only be completed once Screen “5A. Project Participants – Households” has been completed and saved.

In each non-shaded field enter the number of persons served at maximum program capacity according to their age group, disability status, and the extent in which persons served fit into one or more of the subpopulation categories. The numbers here are intended to reflect a single point in time at maximum capacity and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Complete each of the three charts on this screen according to household types.

Persons in Households with at least one Adult and One Child chart: Enter only persons in households with at least one adult and one child. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and at least one person under the age of 18.

Persons in Households without Children chart: Enter only persons in adult households without children. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children chart: Enter only persons in households with only children. To be listed on this chart, a person must be part of a household with no persons at or above the age of 18, and only persons under the age of 18.

Total Persons: All fields in the “Total Persons” rows will calculate automatically when the “Save” button is clicked.

Describe the unlisted subpopulations referred to above: This field is visible and mandatory if a number greater than 0 is entered into the column “Persons not represented by listed subpopulations.” Enter text that describes the person(s) identified in this column and explains how they do not fall under the other categories in columns 1 through 9.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

Persons in Households with at Least One Adult and One Child

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24										
Adults ages 18-24										
Children under age 18										
Total Persons	0	0	0	0	0	0	0	0	0	0

Persons in Households without Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24	11	1	1	12	0	22	3	8	1	0
Adults ages 18-24		0	0	2	0	2	0	0	1	0
Total Persons	11	1	1	14	0	24	3	8	2	0

Click Save to automatically calculate totals

Persons in Households with Only Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Accompanied Children under age 18										
Unaccompanied Children under age 18										
Total Persons	0			0	0	0	0	0	0	0

5C. Outreach for Participants

Instructions:

ALL PROJECTS EXCEPT HMIS

Enter the percentage of project participants that will be coming from each of the following locations: This is a required field. Enter the percentage (between 0% and 100%) of participants that will be coming from each of the following locations:
- Directly from the street or other locations not meant for human habitation
- Directly from emergency shelters
- Directly from safe havens
- From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens (persons coming from TH are not considered to be chronically homeless)
- Persons at imminent risk of losing their night time residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing (only applicable to TH and SSO projects)
- Persons fleeing domestic violence

Total of above percentages: The percentages entered will automatically sum when all required fields are entered and the “Save” button is clicked. A warning message will appear if the total is greater than 100%.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Enter the percentage of project participants that will be coming from each of the following locations.

40%	**Directly from the street or other locations not meant for human habitation.**
60%	**Directly from emergency shelters.**
0%	**Directly from safe havens.**
0%	**From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens.**
0%	**Persons at imminent risk of losing their night time residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing (TH and SSO projects only)**
0%	**Homeless persons as defined under other federal statutes (TH and SSO only and HUD approval REQUIRED)**
0%	**Persons fleeing domestic violence.**
100%	**Total of above percentages**

6A. Funding Request

Instructions:

ALL PROJECT APPLICATIONS

The fields that must be completed on this screen will vary based on the project type, program type, and component type selected earlier in the project application.

Do any of the properties in this project have an active restrictive covenant: This is a required field. Select “Yes” or “No” to indicate whether or not one or more of the project properties are subject to an active restrictive covenant. As a reminder, any project awarded capital cost funds (new construction, acquisition, or rehabilitation) has a 20 year or if initially awarded under the CoC Program (FY 2012 capital costs and beyond) a 15 year use restriction.

Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project: This is a required field. Indicate if this project previously received funds under either the Samaritan Housing or Permanent Housing Bonus initiative. If yes, then the project must continue to meet the requirements of the initiative, as specified in the Homeless Assistance Grants NOFA for the year in which funds were originally awarded, in order to continue to receive renewal funding under the CoC Program Competition.

Are the requested renewal funds reduced from the previous award as a result of reallocation?: This is a required field. Select “Yes” or “No” to indicate whether the renewal project is reduced through the reallocation process. The response will be compared to the CoC’s Reallocation Forms.

Does this project propose to allocate funds according to an indirect cost rate? This is a required field. Select ‘Yes’ or ‘No’ to indicate whether the project either has an approved indirect cost plan in place or will propose an indirect cost plan by the time of conditional award. For more information concerning indirect costs plans, please consult 2 CFR Part 200.56, Part 200.413 and Part 200.414, FY 2016 NOFA and contact your local HUD office. The following questions become visible if “Yes” is selected:
- Please complete the indirect cost rate schedule below: Must complete at least one row.
- Has this rate been approved by your cognizant agency?: Select “Yes” or “No” from the dropdown menu.
- Do you plan to use the 10% de minimis rate? Select “Yes” or “No” from the dropdown menu.

Renewal Grant Term: This field is pre-populated with a one-year grant term and cannot be edited.

Select the costs for which funding is being requested: This is a required field. All project applications must identify the eligible cost budget for which funding is being requested. The choices available will depend on the component and project type selected on Screen “3A Project Detail.” The following eligible costs may be listed: leased units, leased structures, rental assistance, supportive services, operations, and HMIS. Indicate only those activities listed on the CoC’s final HUD-approved FY 2016 GIW.

If you do not see the funding budgets that you expected, you may need to return to Screen “3A. Project Detail” to review the “Component Type” and/or “3B. Project Description” to review the type of project selected. See the FY 2016 CoC Program NOFA for additional guidance.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Do any of the properties in this project have an active restrictive covenant? No

2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?	No
3. Are the requested renewal funds reduced from the previous award as a result of reallocation?	No
4. Does this project propose to allocate funds according to an indirect cost rate?	No
5. Renewal Grant Term:	1 Year

6. Select the costs for which funding is being requested:

Leased Units	
Leased Structures	
Supportive Services	X
Operations	X
HMIS	

6E. Supportive Services Budget

Instructions:

Enter the quantity and total budget request for each supportive services cost. The request entered should be equivalent to the cost of one year of the relevant supportive service.

Eligible Costs: The system populates a list of eligible supportive services for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.53.

Quantity AND Description: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (e.g. 1 FTE Case Manager Salary + benefits, or child care for 15 children) for each supportive service activity for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Detail" and limits HUD's understanding of what is being requested. Failure to enter adequate 'Quantity AND Detail' may result in conditions being placed on an award and a delay of grant funding.

Annual Assistance Requested: This is a required field. Enter the amount of funds requested for each activity. The amount entered must only be the amount that is DIRECTLY related to providing supportive services to homeless participants. The request should match the budget amounts identified on the CoC's HUD-approved FY 2016 GIW.

Total Annual Assistance Requested: This field is automatically calculated based on the sum of the annual assistance requests entered for each activity.

Grant Term: This field is populated with the value "1 Year" and will be read only.

Total Request for Grant Term: This field is automatically calculated based total amount requested for each eligible cost multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

A quantity AND description must be entered for each requested cost.

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs		
2. Assistance with Moving Costs		
3. Case Management	2 full time staff totaling $100,500 in salary and benefits to provide case management for residents of Safe Haven.	$67,995
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food		
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills		
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services		

14. Substance Abuse Treatment Services		
15. Transportation		
16. Utility Deposits		
17. Operating Costs		$0
Total Annual Assistance Requested		$67,995
Grant Term		1 Year
Total Request for Grant Term		$67,995

Click the 'Save' button to automatically calculate totals.

6F. Operating Budget

Instructions:

Enter the quantity and total budget request for each operating cost. The request entered should be equivalent to the cost of one year of the relevant operations activity.

Eligible Costs: The system populates a list of eligible operating costs for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.55.

Quantity AND Detail: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity and detail (e.g. .75 FTE hours and benefits for staff, utility types, and monthly allowance for supplies) for each operating cost for which funding is being requested. Please note that simply stating “1FTE” is NOT providing “Quantity AND Detail” and restricts understanding of what is being requested. Failure to enter adequate “Quantity AND Detail” may result in conditions being placed on the award and a delay of grant funding.

Annual Assistance Requested: This is a required field. Enter the amount of funds requested for each activity. The amount entered must only be the amount that is DIRECTLY related to operating the housing or supportive services facility. The request should match the budget amounts identified on the CoC’s HUD-approved FY 2016 GIW

Total Annual Assistance Requested: This field is automatically calculated based on the sum of the annual assistance requests entered for each activity.

Are you requesting a 15 year renewal per the FY2016 CoC Program NOFA? This request is only available for Operating Costs budget line items in projects in which the applicant owns the building and needs to provide maintenance. Only 1 year of funding is allowed according to the relevant section of the FY 2016 CoC Program Competition NOFA.

Grant term: This field is populated with the value “1 Year” and will be read only.

Total Request for Grant Term: This field is automatically calculated based on the total amount requested for each eligible cost multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

A quantity AND description must be entered for each requested cost. Any cost without a quantity and a description will be removed from the budget.

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Maintenance/Repair		
2. Property Taxes and Insurance	Request $577, 8% of liability insurance for Safe Haven contents for one year of $7,168	$577
3. Replacement Reserve		
4. Building Security		
5. Electricity, Gas, and Water		
6. Furniture		
7. Equipment (lease, buy)		
Total Annual Assistance Requested		$577
Grant Term		1 Year

Total Request for Grant Term		$577

Click the 'Save' button to automatically calculate totals.

Are you requesting a 15 year renewal per section IV.B.3.b. This request is only available for projects with operating costs and 1 year of funding according to the relevant section of the FY 2015 CoC Program Competition NOFA.

6H. Sources of Match

The following list summarizes the funds that will be used as Match for the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.

Summary for Match

Total Value of Cash Commitments:	$171,436
Total Value of In-Kind Commitments:	$0
Total Value of All Commitments:	$171,436

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Government	Carroll County Go...	09/08/2016	$171,436

Sources of Match Detail

Instructions:

Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	Cash
3. Type of Source:	Government
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	Carroll County Government Board of Commissioners
5. Date of Written Commitment:	09/08/2016
6. Value of Written Commitment:	$171,436

6I. Summary Budget

Instructions:

The system populates a summary budget based on the information entered into each preceding budget form. Review the data and return to the previous forms to correct any inaccurate information. All fields are read only with exception to field “7. Admin (Up to 10%).”

Admin (Up to 10%): Enter the amount of requested administration funds. The request should match the amount identified on the CoC’s HUD-approved FY 2016 GIW. HUD will not fund greater than 10% of the request listed in the field “Sub-Total Eligible Costs Request.” If an amount above 10% is entered, the system will report an error and prevent application submission when the screen is saved.

Total Assistance plus Admin Requested: This field is automatically populated based on the amount of funds requested on the various budgets completed by the project applicant and Admin costs requested. This is the total amount of funding the project applicant will request in the FY 2016 CoC Program Competition.

Cash Match: This field is automatically populated. If it needs to be changed, return to Screen “6H. Sources of Match” to make changes to this field.

In-Kind Match: This field is automatically populated. If it needs to be changed, return to Screen “6H. Sources of Match” to make changes to this field.

Total Match: This field will automatically calculate the total combined value of the Cash and In-Kind Match. The total match must equal 25% of the request listed in the field “Total Eligible Costs Request” minus the amount requested for Leased Units and Leased Structures. There is no upper limit for Match. If an ineligible amount is entered, the system will report an error and prevent application submission. To correct an inadequate level of match, return to Screen “6H. Sources of Match” to make changes.

Cash and In-Kind Match entered into the budget must qualify as eligible program expenses under the CoC program regulations. Compliance with eligibility requirements will be verified at grant agreement.

The Total Budget automatically calculates when you click the "Save" button.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

The following information summarizes the funding request for the total term of the project. However, the appropriate amount of cash and in-kind match and administrative costs must be entered in the available fields below.

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	$0
1b. Leased Structures	$0
2. Rental Assistance	$0

3. Supportive Services	$67,995
4. Operating	$577
5. HMIS	$0
6. Sub-total Costs Requested	$68,572
7. Admin (Up to 10%)	$5,742
8. Total Assistance plus Admin Requested	$74,314
9. Cash Match	$171,436
10. In-Kind Match	$0
11. Total Match	$171,436
12. Total Budget	$245,750

7A. Attachment(s)

Instructions:

Subrecipient Nonprofit Documentation: Documentation of the subrecipient's nonprofit status must be uploaded, if the applicant and project subrecipient are different entities, and the subrecipient is a nonprofit organization.

Other Attachment(s): Attach any additional information supporting the project funding request. Use a zip file to attach multiple documents.

If indicated on Screens 3A and/or 3B, the following additional attachment screens may be visible that should be used instead of Screen 7A. Attachments:

CoC Rejection Letter: Projects that are applying for CoC funds and that have been rejected for the competition by their CoC (Solo Projects) must submit documentation from the CoC verifying and explaining why the project has been rejected.

Certification of Consistency with Consolidated Plan: Each applicant that is not a State or unit of local government is required to have a certification by the jurisdiction in which the proposed project will be located confirming that the applicant's application for funding is consistent with the jurisdiction's HUD-approved consolidated plan. The certification must be made in accordance with the provisions of the consolidated plan regulations at 24 CFR part 91, subpart F. For projects that selected "No CoC" on Screen 3A, a form HUD-2991 must be obtained and signed by the certifying official for the applicable jurisdiction, indicating that the proposed project will be consistent with the Consolidated Plan. If the Solo Applicant is a State or unit of local government, the jurisdiction must certify that it is following its HUD-approved Consolidated Plan.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachment	No	Commissioners Let...	08/31/2016
3) Other Attachment	No		

Attachment Details

Document Description: HSP 501 c3 determination

Attachment Details

Document Description: Commissioners Letter of Support FFY 16 grant

Attachment Details

Document Description: HSP Match and Leverge FFY15

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official	Angela Gustus
Date:	08/31/2016
Title:	Executive Director
Applicant Organization:	Human Services Programs of Carroll County, Inc.
PHA Number (For PHA Applicants Only):	
I certify that I have been duly authorized by the applicant to submit this Applicant	X

Certification and to ensure compliance. I am aware that any false, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).

8B Submission Summary

Page	Last Updated
1A. Application Type	08/09/2016
1B. Legal Applicant	No Input Required
1C. Application Details	No Input Required
1D. Congressional District(s)	08/09/2016
1E. Compliance	08/09/2016
1F. Declaration	08/09/2016
2A. Subrecipients	No Input Required
2B. Recipient Performance	08/09/2016

3A. Project Detail	08/09/2016
3B. Description	08/31/2016
4A. Services	08/09/2016
4B. Housing Type	08/09/2016
5A. Households	08/09/2016
5B. Subpopulations	No Input Required
5C. Outreach	08/31/2016
6A. Funding Request	08/09/2016
6E. Supp. Srvcs. Budget	08/09/2016
6F. Operating	08/09/2016
6H. Match	08/31/2016
6I. Summary Budget	No Input Required
7A. Attachment(s)	08/31/2016
7B. Certification	08/09/2016

CARROLL COUNTY MARYLAND
225 N. Center Street
Westminster, Maryland 21157-5194
410-386-2082 • 1-888-302-8978
FAX 410-848-0003
MD RELAY Services: 711 or 800-735-2258 (TTY)

Department of Management
and Budget
Ted Zaleski, Director

September 8, 2016

Ms. Angela Gustus, Executive Director
Human Services Programs of Carroll County, Inc.
10 Distillery Drive
Westminster, Maryland 21157

RE: Support for Human Services Programs of Carroll County, Inc. Continuum of Care Applications for FFY 2016

Dear Ms. Gustus:

The Board of Carroll County Commissioners has committed the following cash contribution to support Human Services Programs of Carroll County, Inc. (HSP) applications applied for under HUD's FFY 2016 Continuum of Care (CoC) Grant.

The Board of Carroll County Commissioners allocated $1,147,100 in cash for its FY 2017 budget to Human Services Programs designating $171,436 for Continuum of Care cash matching funds for the Safe Haven program during HUD's FFY 16 project period. In addition to the cash match, the County designates up to $79,445 of the HSP allocation to cash leverage for the Safe Haven project.

On September 8, 2016, the Board approved the following for the FFY 16 CoC project periods:

- $8,025 in cash match and $6,346 in cash leverage for the Supportive Services Only project for Coordinated Intake.
- $889 in cash match and $3,510 in cash leverage for the Permanent Supportive Housing for the Disabled Project I.
- $1,431 in cash match and $3,896 in cash leverage for the Permanent Supportive Housing for the Disabled Project II.
- $1,320 in cash match and $2,120 in leverage for the Permanent Support Housing for the Disabled Project VIII.

The chart displaying the projects and project periods for which these funds are designated is attached. Please call me at 410-386-2082 should you have questions or require additional information.

Sincerely,

Ted Zaleski
Director of Management and Budget

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2016 Continuum of Care (CoC) Program Competition. For more information see FY 2016 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2016 CoC Program NOFA and the FY 2016 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2015 Project Application will be imported into the FY 2016 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the FY 2015 post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2016 CoC Program Competition NOFA.

1A. Application Type

Instructions:

Type of Submission: This field is pre-populated and cannot be changed.

Type of Application: This field is pre-populated and cannot be changed.

Date Received: This field is pre-populated with the date on which the application is submitted and cannot be edited.

Applicant Identifier: Field intentionally left blank, cannot edit.

Federal Entity Identifier: Field intentionally left blank, cannot edit.

Federal Award Identifier: This is a required field for all renewal project applicants. Enter the correct expiring grant number as identified on the final HUD-approved GIW.

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number: If this is not checked along with the checkbox on the declaration screen, the user will not be able to advance in the application.

Date Received by State: Field intentionally left blank, cannot edit.

State Application Identifier: Field intentionally left blank, cannot edit.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Type of Submission:	Application
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	08/31/2016
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: (e.g., the "Expiring Grant Number" that will also be indicated on screen 3A. Project Detail) This grant number must match the grant number on the HUD approved Grant Inventory Worksheet (GIW).	MD0139L3B061507
Check to confrim that the Federal Award Identifier has been updated to reflect the most recently awarded grant number	X
6. Date Received by State:	
7. State Application Identifier:	

1B. Legal Applicant

Instructions:

The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on “View Applicant Profile” from the left-menu bar, place the Project Applicant Profile in “edit” mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in “complete” mode before clicking on “Back to FY 2016 Renewal Costs Project Application” from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

8. Applicant

a. Legal Name: Human Services Programs of Carroll County, Inc.

b. Employer/Taxpayer Identification Number (EIN/TIN): 52-1549551

	c. Organizational DUNS:	843183893	**PLUS 4**	

d. Address

Street 1: 10 Distillery Dr. Suite G1

Street 2:

City: Westminster

County: Carroll

State: Maryland

Country: United States

Zip / Postal Code: 21157

e. Organizational Unit (optional)

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Ms.

First Name:	Corina
Middle Name:	M.
Last Name:	Canon
Suffix:	
Title:	Associate Director
Organizational Affiliation:	Human Services Programs of Carroll County, Inc.
Telephone Number:	(410) 857-2999
Extension:	3018
Fax Number:	(410) 857-8793
Email:	ccanon@hspinc.org

1C. Application Details

Instructions:

The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on “View Applicant Profile” from the left-menu bar, place the Project Applicant Profile in “edit” mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in “complete” mode before clicking on “Back to FY 2016 Renewal Costs Project Application” from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

9. Type of Applicant:	M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)
If "Other" please specify:	
10. Name of Federal Agency:	Department of Housing and Urban Development
11. Catalog of Federal Domestic Assistance Title:	CoC Program
CFDA Number:	14.267
12. Funding Opportunity Number:	FR-6000-N-25
Title:	Continuum of Care Homeless Assistance Competition
13. Competition Identification Number:	
Title:	

1D. Congressional District(s)

Instructions:

Areas Affected By Project: This field is required. Select the State(s) in which the proposed project will operate and serve the homeless.

Descriptive Title of Applicant's Project: This field is populated with the name entered on the Project Form when the project application was initiated. To change the project name, click return to the Submission List and click on “Projects” on the left hand menu. Click on the magnifying glass next to the project name to edit.

Congressional District(s):

a. Applicant: This field is pre-populated from the Project Applicant Profile. Project applicants cannot modify the pre-populated data on this form. However, project applicants may modify the Project Applicant Profile in e-snaps to correct an error.

b. Project: This field is required. Select the congressional district(s) in which the project operates.

Proposed Project Start and End Dates: In this required field, indicate the operating start date and end date for the project.

Estimated Funding: Fields intentionally left blank, cannot edit.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

14. Area(s) affected by the project (State(s) only): (for multiple selections hold CTRL key) Maryland

15. Descriptive Title of Applicant's Project: SSO Coordinated Intake FFY 16

16. Congressional District(s):

a. Applicant: (for multiple selections hold CTRL key) MD-008, MD-001

b. Project: (for multiple selections hold CTRL key) MD-008, MD-001

17. Proposed Project

a. Start Date: 02/01/2017

b. End Date: 01/31/2018

18. Estimated Funding ($)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. Compliance

Instructions:

Is Application Subject to Review by State Executive Order 12372 Process: In this required field, select the appropriate dropdown option that applies to the Applicant applying for homeless assistance funding. Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.

Click the following link to access the lists of those States that have chosen to participate in the intergovernmental review process: http://www.whitehouse.gov/omb/grants_spoc

If the applicant is located in a state or U.S. territory that is required review by State Executive Order 12372, enter the date this application was made available to the State or U.S. territory for review.

Is the Applicant Delinquent on any Federal Debt: In this required field, select the appropriate dropdown option that applies to the project applicant. This question applies to the project applicant's organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans, and taxes.

If "Yes" is selected an explanation is required in the space provided on this screen.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

19. Is the Application Subject to Review By State Executive Order 12372 Process?	b. Program is subject to E.O. 12372 but has not been selected by the State for review.
If "YES", enter the date this application was made available to the State for review:	
20. Is the Applicant delinquent on any Federal debt?	No
If "YES," provide an explanation:	

1F. Declaration

Instructions:

The authorized person for the project applicant organization must agree to the declaration statement in order to proceed to the project application. The list of certifications and assurances are contained in the FY 2016 CoC Program NOFA, and in the e-snaps Project Applicant Profile.

Authorized Representative: The authorized representative's information is pre-populated on this screen from the Project Applicant Profile. A copy of the governing body's authorization for this person to sign the project application as the official representative must be on file in the applicant's office.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

All screens, 1A – 1F must be completed in full before the project applicant will have access to the Project Application in e-snaps.

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

I AGREE: X

21. Authorized Representative

Prefix:	Ms.
First Name:	Angela
Middle Name:	
Last Name:	Gustus
Suffix:	
Title:	Executive Director
Telephone Number: (Format: 123-456-7890)	(410) 857-2999
Fax Number: (Format: 123-456-7890)	(410) 857-8793
Email:	agustus@hspinc.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 08/31/2016

2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the icon. To view or update subrecipient information already listed, select the view option.

Total Expected Sub-Awards: $0

Organization	Type	Sub-Award Amount
This list contains no items		

2B. Recipient Performance

Instructions:

The selections made on this screen by completing all of the mandatory fields marked with an asterisk (*), will provide information on capacity of the project applicant. The screen asks the Project Applicant questions about capacity performance as a HUD grant recipient; in terms of: timely submission of required reports, quarterly eLOCCS drawdowns, addressing HUD monitoring and/or OIG audit findings and the recapture of any funds from the most recently expired grant term of the project.

APR Submission: Select "Yes" or "No" from the dropdown menu to indicate whether you have successfully submitted the APR on time for the most recently expired grant term related to this renewal project request. If "No" is selected, an additional question will appear, in which you must provide an explanation in the textbox; as to why the APR was not submitted in a timely manner.

HUD Monitoring Findings: Select "Yes" or "No" from the dropdown menu to indicate whether your organization has any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request. If “Yes” is selected, two new questions will appear, in which the applicant will enter the date of the oldest unresolved finding(s) and explain why the findings remain unresolved in the textbox provided.

Quarterly Drawdowns: Select "Yes" or "No" from the dropdown menu to indicate whether your organization maintained consistent Quarterly Drawdowns from eLOCCS for the most recent grant terms related to this renewal project. If "No," is selected, one new question will appear in which the applicant must explain, in the textbox provided, as to why the recipient has not maintained consistent Quarterly Drawdowns for the most recent grant terms related to this renewal project request.

Recaptured Funds: Select "Yes" or "No" from the dropdown menu to indicate whether any funds have been recaptured by HUD for the most recently expired grant term related to this renewal project request. If "Yes," is selected, one new question will appear, in which the applicant must explain why HUD recaptured funds from the most recently expired grant term.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?	Yes
2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?	No
3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?	Yes
4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?	No

3A. Project Detail

Instructions:

The selections made on this screen will determine which additional forms will need to be completed for this project application.

Expiring Grant Number: This field is pre-populated with the expiring grant number entered on Screen “1A. Application Type.”

CoC Number and Name: Select the number and name of the CoC to which the project application will be submitted for the local competition review process. This is the CoC that will submit the CoC Consolidated Application to HUD by the designated submission deadline. Applicants with projects that do not belong to a CoC should select “No CoC.”

CoC Collaborative Applicant Name: Select the name of the CoC Applicant, also known as the Collaborative Applicant, from the dropdown. In most cases, there will only be one name from which to choose. The project applicant should choose the name of the CoC Applicant to which they intend to submit this project application

Project Name: This is pre-populated from the “Project” Form and cannot be edited.

Project Status: The default selection is “Standard,” indicating that the applicant is submitting the application to the Collaborative Applicant for consideration in the FY 2016 CoC Program competition. The selection should only be changed to “Appeal” in the event that the project application is rejected by the Collaborative Applicant (either formally in e-snaps or outside of e-snaps) and the project applicant wants to appeal this decision directly to HUD by submitting a solo application. For additional information on the appeal process, see Section X of the FY 2016 CoC Program Competition NOFA. A full explanation of the process is provided on Screen “8A. Notice of Intent to Appeal.”

Component Type: This is a required field. Select the component type that identifies the renewal project application type. This can be either a PH, SH, TH, SSO or HMIS. The selection of component type will have an affect on what question on subsequent screens are asked of the user.

Title V: This field is required. Select "Yes" or "No" to indicate if one or more properties being served by this project were acquired under Title V.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Expiring Grant Number: MD0139L3B061507

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: MD-506 - Carroll County CoC

2b. CoC Collaborative Applicant Name: Carroll County, Commissioners of

3. Project Name: SSO Coordinated Intake FFY 16

4. Project Status: Standard

5. Component Type: SSO

6. Does this project use one or more properties that have been conveyed through the Title V process? No

3B. Project Description

Instructions:

ALL PROJECTS

Provide a description that addresses the entire scope of the proposed project: This is a required field. The project description should address the entire scope of the project, including a clear picture of the target population(s) to be served, the plan for addressing the identified needs/issues of the CoC target population(s), projected outcome(s), and coordination with other source(s)/partner(s). The narrative is expected to describe the project at full operational capacity. The description should be consistent with and make reference to other parts of this application.

Does your project have a specific population focus: This is a required field. Select “Yes” if your project has special capacity in its facilities, program designs, tools, outreach or methodologies for a specific subpopulation or subpopulations. This does not necessarily mean that the project exclusively serves that subpopulation(s), but rather that they are uniquely equipped to serve them. If “Yes” is selected, select the relevant checkbox(s) to identify the project’s population focus.

PH, SH, TH and SSO PROJECTS ONLY

Does the project follow a "Housing First" approach: This is a required field for PH, TH and SSO projects only. Select all applicable checkboxes that indicate whether or not the project currently follows a housing first approach that ensures that participants are not screened out based on barriers such as income, sobriety, etc. Select “none of the above” if the project does not follow a housing first approach.
- Does the project quickly move participants into permanent housing?:This is a required field. Select “Yes” to this question if your project will quickly move program participants into permanent housing without additional steps (e.g., required stay in transitional housing first) before moving to permanent housing. If you are a domestic violence (DV) program you should select “Yes” if you will quickly move program participants into permanent housing after immediate safety needs are addressed (e.g., a person who is still in danger from a violent partner and would move into PH once the dangerous situation has been addressed). Select “No” if the project does not work to move program participants quickly into permanent housing.)
- Does the project ensure that participants are not screened out based on the listed reasons? (Check all that apply): This is a required field and at least one option must be selected. Multiple checkbox selections are provided.
- Does the project ensure that participants are not terminated from the program for the listed reasons? (Check all that apply) Multiple checkbox selections are provided.
- Does the project follow a "Housing First" approach? This is auto-scored based upon the responses to the questions above and “Yes” or “No” will indicate if the project is using the Housing First approach to house program participants.

PH PROJECTS ONLY

Does the PH project provide PSH or RRH: This is a required field. Select” PSH” if the project will operate according to a permanent supportive housing model as defined by 24 CFR 578. Select “RRH” if the project will operate according to a rapid rehousing model as defined by 24 CFR 578.

PH AND TH PROJECTS ONLY:

Does the project request costs under the rental assistance budget line item?: This is a required field. If requesting rental assistance, select “Yes” from the dropdown menu. If not requesting rental assistance in this project application, select “No”.

RENTAL ASSISTANCE PROJECTS ONLY

Is this a CoC Program leasing or SHP project that had been approved by HUD to change the renewal project budget from leasing to rental assistance? (This change must have been listed on

the final HUD-approved FY 2016 GIW. See 24 CFR 578.49(b)(8)): This is a required field. "Yes" should only be selected if HUD approved a change from leasing to rental assistance during the FY 2016 GIW process.

FOR SSO PROJECTS ONLY

Please select the type pf SSO Project: Four options are given; Street Outreach; Housing Project or Housing Structure Specific; Coordinated Entry; Standalone Supportive Service. Only Coordinated Entry will have follow up questions.

FOR SSO COORDINATED ENTRY PROJECTS ONLY

Will the coordinated entry process funded in part by this grant cover the COC's entire geographic area: This is a required field. Yes/ No dropdown question.

Will the coordinated entry process funded in part by this grant be easily accessible: This is a required field. Yes/No dropdown question.

Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance. This is a required field. Explain the outreach strategy of the CE.

Does the coordinated entry process use a comprehensive, standardized assessment process: This is a required field. Yes/No dropdown question.

Describe the referral process and how the coordinated entry process ensures that participants are directed to appropriate housing and/or services: This is a required field. Explain the referral process.

If the coordinated entry process includes differences in the access, entry, assessment, or referral for certain populations, are those differences limited only to the following four groups: Individuals, Families, DV, and Youth: This is a required field. Yes/No dropdown question.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Provide a description that addresses the entire scope of the proposed project.

Since 1987, Human Services Programs of Carroll County, Inc. (HSP) has been the one stop agency for Carroll County providing homelessness prevention and housing services. HSP operates the COC's 4 emergency shelters and Safe Haven, permanent supportive and rapid re-housing that serve homeless as defined in 24CFR Part 578.3. Office hours are 8am to 5pm weekdays with accommodation after hours and off site. Programs are advertised through the COC and multimedia. Coordinated Intake (CI) prevents homelessness, diverts people to programs that address their needs and choices, and offers timely access to housing. In the past year the Coordinator interviewed 467 persons including 301 adults and 166 children. Interviews are conducted with homeless persons or those who are at imminent risk of homelessness. Focusing on Housing First, the Coordinator uses a standard assessment for each household. A release to enter data into HMIS is secured. The assessment measures housing barriers, family composition, income, disabilities, medical conditions, length of time homeless and family or friends that could house the household. Housed persons are referred to Emergency Assistance for help with back rent, current and back utilities and/or help with security deposits to locate an affordable home. In the past year approximately 8,000 persons received prevention services reducing system-wide first time homelessness by 33% - metric 5.Homeless or impending homeless are informed about the resources

available across the CoC including shelter, Safe Haven, rapid re-housing, permanent supportive housing, Shelter Plus Care, sober homes, residential substance abuse, VA housing, Section 8. Use of services to make housing affordable like OHEP (heat/cooling) are encouraged. Lists of available rental units and common applications for TANF, SNAP, Medicaid, TCP are provided. To house homeless more quickly, eligible applicants are referred through HMIS to shelter, Safe Haven, rapid re-housing, permanent supportive housing and are placed on waitlists for each housing type. DV victims escaping violence or stalking are referred to Family and Children's Services via the DV Hotline for Safe House placement/counseling services. Homeless unaccompanied youth under 18 are referred to the Dept. of Social Services or Dept. of Juvenile Services to access targeted shelter beds. Juveniles unable to safely reunite with family/friends are referred to Foster Care. Rental housing is scarce and most households choose shelter rather than wait for an opening in another housing program. Shelters provide case management that is focused on obtaining housing quickly, re-uniting people with family/friends, and wrap services that increase income and access medical and behavioral health care. CI moves people to housing of their choice, reducing wait time and facilitating Housing First. CI will partner with the CHES/CAHBI program to house homeless Vets and chronically homeless quickly over the next 3 years.

2. Does your project have a specific population focus? No

3. Housing First

3a. Does the project quickly move participants into permanent housing Yes

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

Having too little or little income	X
Active or history of substance abuse	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of domestic violence (e.g. lack of a protective order, period of separation from abuser, or law enforcement involvement)	X
None of the above	

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

Failure to participate in supportive services	X
Failure to make progress on a service plan	X

Loss of income or failure to improve income	X
Domestic violence	X
Any other activity not covered in a lease agreement typically found in the project's geographic area.	X
None of the above	

3d. Does the project follow a "Housing First" approach? Yes

4. Please select the type of SSO Project: Coordinated Entry

4a. Will the coordinated entry process funded in part by this grant cover the CoC's entire geographic area? Yes

4b. Will the coordinated entry process funded in part by this grant be easily accessible? Yes

4c. Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance.

Coordinated Intake (CI)was implemented in July 2013 by HSP. HSP, the Coordinated Intake applicant provides prevention services, shelters, a Safe Haven, rapid re-housing and permanent supportive housing in the COC's jurisdiction. HSP maintains collaborative relationships with government and non-profit entities across the COC and coordinates homeless prevention services. The coordinated process is reported bi-monthly to the COC and is well known throughout Carroll via Community Services Fairs. Advertisement in the media includes print, radio and local public access TV presentations as well as the HSP and COC Website and Face Book. The Coordinator collaborates with the COC, the Shelter Plus/PATH Case Manager, the public school Pupil Services Coordinator, county VA organizations and many other organizations to reach homeless individuals and families. Together they plan, broadly advertise and conduct the winter and summer PIT counts. The 2016 PIT included widely disbursed posters imbedded with a QR code so that any smart phone with an ap reader could upload and save the Coordinated Intake contact information. In this way Coordinated Intake contact information is as close as their cell phone to the many members of faith groups and organizations who refer homeless to the Coordinator.

4d. Does the coordinated entry process use a comprehensive, standardized assessment process? Yes

4e. Describe the referral process and how the coordinated entry process ensures that participants are directed to appropriate housing and/or services.

Human Services Programs of Carroll County, Inc. (HSP) has been the one stop agency for Carroll County providing homelessness prevention and housing services since 1987. HSP's CI Coordinator receives calls and walk-

ins/appointments from people who are homeless, are facing impending homelessness or are referred from faith, government agencies, and non-profits and others who are advocates for the homeless. An assessment is conducted for each household and a release to enter data into HMIS is secured. The assessment gathers information about housing barriers, family composition, income, disabilities, medical conditions, length of time homeless and family or friends that could assist the household to determine eligibility for various types of housing. Those who are housed at the time of the assessment are referred to Emergency Assistance for help with back rent, current and back utilities and/or help with security deposits to help them can locate a more affordable unit. Approximately 8,000 persons received prevention assistance in the past year while 398 became homeless per metric 3.2. Those who are homeless or impending homeless are informed about the resources for which they are eligible that are available across the CoC including shelter, Safe Haven, rapid re-housing (families with children) permanent supportive housing, Shelter Plus Care, sober homes, Residential Services (substance abuse), Section 8 and services that can help them afford housing like OHEP to heat and cool their homes. Lists of available rental units are also shared as well as common applications for TANF, SNAP, Medicaid, GPA. Homeless applicants are placed immediately when possible (Housing First) or are placed on waitlists maintained in HMIS for each of the shelters, Safe Haven, transitional housing, rapid re-housing (families with children) permanent supportive housing. DV victims escaping violence or stalking are referred to Family and Children's Services via their DV Hotline for Safe House placement and/or DV counseling. Unaccompanied youth who have no safe place to reside are referred to the Dept. of Social Services or Dept. of Juvenile Services who have access to regional shelter beds. Juveniles who cannot safely re-unite with family are referred to Foster Care. Coordinated Intake is widely advertised in social media, HSP website and Facebook, through CoC meetings and sub committees and outreach conducted across the CoC jurisdictions, newspaper articles, public access TV and billboards.

4f. If the coordinated entry process includes differences in the access, entry, assessment, or referral for certain populations, are those differences limited only to the following four groups: Individuals, Families, DV, and Youth?	Yes

6A. Funding Request

Instructions:

ALL PROJECT APPLICATIONS

The fields that must be completed on this screen will vary based on the project type, program type, and component type selected earlier in the project application.

Do any of the properties in this project have an active restrictive covenant: This is a required field. Select “Yes” or “No” to indicate whether or not one or more of the project properties are subject to an active restrictive covenant. As a reminder, any project awarded capital cost funds (new construction, acquisition, or rehabilitation) has a 20 year or if initially awarded under the CoC Program (FY 2012 capital costs and beyond) a 15 year use restriction.

Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project: This is a required field. Indicate if this project previously received funds under either the Samaritan Housing or Permanent Housing Bonus initiative. If yes, then the project must continue to meet the requirements of the initiative, as specified in the Homeless Assistance Grants NOFA for the year in which funds were originally awarded, in order to continue to receive renewal funding under the CoC Program Competition.

Are the requested renewal funds reduced from the previous award as a result of reallocation?: This is a required field. Select “Yes” or “No” to indicate whether the renewal project is reduced through the reallocation process. The response will be compared to the CoC’s Reallocation Forms.

Does this project propose to allocate funds according to an indirect cost rate? This is a required field. Select ‘Yes’ or ‘No’ to indicate whether the project either has an approved indirect cost plan in place or will propose an indirect cost plan by the time of conditional award. For more information concerning indirect costs plans, please consult 2 CFR Part 200.56, Part 200.413 and Part 200.414, FY 2016 NOFA and contact your local HUD office. The following questions become visible if “Yes” is selected:
- Please complete the indirect cost rate schedule below: Must complete at least one row.
- Has this rate been approved by your cognizant agency?: Select “Yes” or “No” from the dropdown menu.
- Do you plan to use the 10% de minimis rate? Select “Yes” or “No” from the dropdown menu.

Renewal Grant Term: This field is pre-populated with a one-year grant term and cannot be edited.

Select the costs for which funding is being requested: This is a required field. All project applications must identify the eligible cost budget for which funding is being requested. The choices available will depend on the component and project type selected on Screen “3A Project Detail.” The following eligible costs may be listed: leased units, leased structures, rental assistance, supportive services, operations, and HMIS. Indicate only those activities listed on the CoC’s final HUD-approved FY 2016 GIW.

If you do not see the funding budgets that you expected, you may need to return to Screen “3A. Project Detail” to review the “Component Type” and/or “3B. Project Description” to review the type of project selected. See the FY 2016 CoC Program NOFA for additional guidance.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Do any of the properties in this project have an active restrictive covenant? No

2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?	No
3. Are the requested renewal funds reduced from the previous award as a result of reallocation?	No
4. Does this project propose to allocate funds according to an indirect cost rate?	No
5. Renewal Grant Term:	1 Year

6. Select the costs for which funding is being requested:

Leased Structures	
Supportive Services	X
HMIS	

6E. Supportive Services Budget

Instructions:

Enter the quantity and total budget request for each supportive services cost. The request entered should be equivalent to the cost of one year of the relevant supportive service.

Eligible Costs: The system populates a list of eligible supportive services for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.53.

Quantity AND Description: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (e.g. 1 FTE Case Manager Salary + benefits, or child care for 15 children) for each supportive service activity for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Detail" and limits HUD's understanding of what is being requested. Failure to enter adequate 'Quantity AND Detail' may result in conditions being placed on an award and a delay of grant funding.

Annual Assistance Requested: This is a required field. Enter the amount of funds requested for each activity. The amount entered must only be the amount that is DIRECTLY related to providing supportive services to homeless participants. The request should match the budget amounts identified on the CoC's HUD-approved FY 2016 GIW.

Total Annual Assistance Requested: This field is automatically calculated based on the sum of the annual assistance requests entered for each activity.

Grant Term: This field is populated with the value "1 Year" and will be read only.

Total Request for Grant Term: This field is automatically calculated based total amount requested for each eligible cost multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

A quantity AND description must be entered for each requested cost.

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs	The salary and benefits of the Coordinated Intake Coordinator for 1 FTE costing $35,360 in salary and $9,146 in benefits. This person is dedicated solely to Coordinated Intake and Assessment.	$29,851
2. Assistance with Moving Costs		
3. Case Management		
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food		
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills		
11. Mental Health Services		
12. Outpatient Health Services		

13. Outreach Services		
14. Substance Abuse Treatment Services		
15. Transportation		
16. Utility Deposits		
17. Operating Costs		
Total Annual Assistance Requested		$29,851
Grant Term		1 Year
Total Request for Grant Term		$29,851

Click the 'Save' button to automatically calculate totals.

6H. Sources of Match

The following list summarizes the funds that will be used as Match for the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.

Summary for Match

Total Value of Cash Commitments:	$8,025
Total Value of In-Kind Commitments:	$0
Total Value of All Commitments:	$8,025

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Government	Carroll County Go...	09/08/2016	$8,025

Sources of Match Detail

Instructions:

Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	Cash
3. Type of Source:	Government
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	Carroll County Government
5. Date of Written Commitment:	09/08/2016
6. Value of Written Commitment:	$8,025

6I. Summary Budget

Instructions:

The system populates a summary budget based on the information entered into each preceding budget form. Review the data and return to the previous forms to correct any inaccurate information. All fields are read only with exception to field “7. Admin (Up to 10%).”

Admin (Up to 10%): Enter the amount of requested administration funds. The request should match the amount identified on the CoC’s HUD-approved FY 2016 GIW. HUD will not fund greater than 10% of the request listed in the field “Sub-Total Eligible Costs Request.” If an amount above 10% is entered, the system will report an error and prevent application submission when the screen is saved.

Total Assistance plus Admin Requested: This field is automatically populated based on the amount of funds requested on the various budgets completed by the project applicant and Admin costs requested. This is the total amount of funding the project applicant will request in the FY 2016 CoC Program Competition.

Cash Match: This field is automatically populated. If it needs to be changed, return to Screen “6H. Sources of Match” to make changes to this field.

In-Kind Match: This field is automatically populated. If it needs to be changed, return to Screen “6H. Sources of Match” to make changes to this field.

Total Match: This field will automatically calculate the total combined value of the Cash and In-Kind Match. The total match must equal 25% of the request listed in the field “Total Eligible Costs Request” minus the amount requested for Leased Units and Leased Structures. There is no upper limit for Match. If an ineligible amount is entered, the system will report an error and prevent application submission. To correct an inadequate level of match, return to Screen “6H. Sources of Match” to make changes.

Cash and In-Kind Match entered into the budget must qualify as eligible program expenses under the CoC program regulations. Compliance with eligibility requirements will be verified at grant agreement.

The Total Budget automatically calculates when you click the "Save" button.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

The following information summarizes the funding request for the total term of the project. However, the appropriate amount of cash and in-kind match and administrative costs must be entered in the available fields below.

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	$0
1b. Leased Structures	$0
2. Rental Assistance	$0

3. Supportive Services	$29,851
4. Operating	$0
5. HMIS	$0
6. Sub-total Costs Requested	$29,851
7. Admin (Up to 10%)	$2,247
8. Total Assistance plus Admin Requested	$32,098
9. Cash Match	$8,025
10. In-Kind Match	$0
11. Total Match	$8,025
12. Total Budget	$40,123

7A. Attachment(s)

Instructions:

Subrecipient Nonprofit Documentation: Documentation of the subrecipient's nonprofit status must be uploaded, if the applicant and project subrecipient are different entities, and the subrecipient is a nonprofit organization.

Other Attachment(s): Attach any additional information supporting the project funding request. Use a zip file to attach multiple documents.

If indicated on Screens 3A and/or 3B, the following additional attachment screens may be visible that should be used instead of Screen 7A. Attachments:

CoC Rejection Letter: Projects that are applying for CoC funds and that have been rejected for the competition by their CoC (Solo Projects) must submit documentation from the CoC verifying and explaining why the project has been rejected.

Certification of Consistency with Consolidated Plan: Each applicant that is not a State or unit of local government is required to have a certification by the jurisdiction in which the proposed project will be located confirming that the applicant's application for funding is consistent with the jurisdiction's HUD-approved consolidated plan. The certification must be made in accordance with the provisions of the consolidated plan regulations at 24 CFR part 91, subpart F. For projects that selected "No CoC" on Screen 3A, a form HUD-2991 must be obtained and signed by the certifying official for the applicable jurisdiction, indicating that the proposed project will be consistent with the Consolidated Plan. If the Solo Applicant is a State or unit of local government, the jurisdiction must certify that it is following its HUD-approved Consolidated Plan.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachment	No	County Commission...	08/31/2016
3) Other Attachment	No		

Attachment Details

Document Description: HSP 501 c3 determination

Attachment Details

Document Description: County Commissioners Letter of Support

Attachment Details

Document Description: Match and Leverage

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official	Angela Gustus
Date:	08/31/2016
Title:	Executive Director
Applicant Organization:	Human Services Programs of Carroll County, Inc.
PHA Number (For PHA Applicants Only):	
I certify that I have been duly authorized by the applicant to submit this Applicant	X

Certification and to ensure compliance. I am aware that any false, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).

8B Submission Summary

Page	Last Updated
1A. Application Type	08/09/2016
1B. Legal Applicant	No Input Required
1C. Application Details	No Input Required
1D. Congressional District(s)	08/10/2016
1E. Compliance	08/09/2016
1F. Declaration	08/09/2016
2A. Subrecipients	No Input Required
2B. Recipient Performance	08/09/2016
3A. Project Detail	08/09/2016
3B. Description	08/31/2016
6A. Funding Request	08/09/2016
6E. Supp. Srvcs. Budget	08/09/2016
6H. Match	08/31/2016

6I. Summary Budget	No Input Required
7A. Attachment(s)	08/31/2016
7B. Certification	08/09/2016

CARROLL COUNTY MARYLAND
225 N. Center Street
Westminster, Maryland 21157-5194
410-386-2082 • 1-888-302-8978
FAX 410-848-0003
MD RELAY Services: 711 or 800-735-2258 (TTY)

Department of Management
and Budget
Ted Zaleski, Director

September 8, 2016

Ms. Angela Gustus, Executive Director
Human Services Programs of Carroll County, Inc.
10 Distillery Drive
Westminster, Maryland 21157

RE: Support for Human Services Programs of Carroll County, Inc. Continuum of Care Applications for FFY 2016

Dear Ms. Gustus:

The Board of Carroll County Commissioners has committed the following cash contribution to support Human Services Programs of Carroll County, Inc. (HSP) applications applied for under HUD's FFY 2016 Continuum of Care (CoC) Grant.

The Board of Carroll County Commissioners allocated $1,147,100 in cash for its FY 2017 budget to Human Services Programs designating $171,436 for Continuum of Care cash matching funds for the Safe Haven program during HUD's FFY 16 project period. In addition to the cash match, the County designates up to $79,445 of the HSP allocation to cash leverage for the Safe Haven project.

On September 8, 2016, the Board approved the following for the FFY 16 CoC project periods:

- $8,025 in cash match and $6,346 in cash leverage for the Supportive Services Only project for Coordinated Intake.
- $889 in cash match and $3,510 in cash leverage for the Permanent Supportive Housing for the Disabled Project I.
- $1,431 in cash match and $3,896 in cash leverage for the Permanent Supportive Housing for the Disabled Project II.
- $1,320 in cash match and $2,120 in leverage for the Permanent Support Housing for the Disabled Project VIII.

The chart displaying the projects and project periods for which these funds are designated is attached. Please call me at 410-386-2082 should you have questions or require additional information.

Sincerely,

Ted Zaleski
Director of Management and Budget

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/ - Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2016 Continuum of Care (CoC) Program Competition. For more information see FY 2016 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2016 CoC Program NOFA and the FY 2016 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2015 Project Application will be imported into the FY 2016 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the FY 2015 post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2016 CoC Program Competition NOFA.

1A. Application Type

Instructions:

Type of Submission: This field is pre-populated and cannot be changed.

Type of Application: This field is pre-populated and cannot be changed.

Date Received: This field is pre-populated with the date on which the application is submitted and cannot be edited.

Applicant Identifier: Field intentionally left blank, cannot edit.

Federal Entity Identifier: Field intentionally left blank, cannot edit.

Federal Award Identifier: This is a required field for all renewal project applicants. Enter the correct expiring grant number as identified on the final HUD-approved GIW.

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number: If this is not checked along with the checkbox on the declaration screen, the user will not be able to advance in the application.

Date Received by State: Field intentionally left blank, cannot edit.

State Application Identifier: Field intentionally left blank, cannot edit.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Type of Submission:	Application
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	08/18/2016
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: (e.g., the "Expiring Grant Number" that will also be indicated on screen 3A. Project Detail) This grant number must match the grant number on the HUD approved Grant Inventory Worksheet (GIW).	MD0133L3B061508
Check to confrim that the Federal Award Identifier has been updated to reflect the most recently awarded grant number	X
6. Date Received by State:	
7. State Application Identifier:	

1B. Legal Applicant

Instructions:

The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on “View Applicant Profile” from the left-menu bar, place the Project Applicant Profile in “edit” mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in “complete” mode before clicking on “Back to FY 2016 Renewal Costs Project Application” from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

8. Applicant

a. Legal Name: Maryland Department of Health and Mental Hygiene

b. Employer/Taxpayer Identification Number (EIN/TIN): 52-6002033

	c. Organizational DUNS:	135218621	**PLUS 4**	

d. Address

Street 1: 55 Wade Ave, Dix Building

Street 2: Office of Adult and Specialized Behavioral Health Services

City: Catonsville

County: Baltimore County

State: Maryland

Country: United States

Zip / Postal Code: 21228

e. Organizational Unit (optional)

Department Name: Department of Health and Mental Hygiene

Division Name: Behavioral Health Administration

f. Name and contact information of person to be contacted on matters involving this

application

Prefix:	Ms.
First Name:	Marian
Middle Name:	Victoria
Last Name:	Bland
Suffix:	LCSW
Title:	Deputy Director, Clinical Services Division
Organizational Affiliation:	Maryland Department of Health and Mental Hygiene
Telephone Number:	(410) 402-8461
Extension:	
Fax Number:	(410) 402-8301
Email:	marian.bland@maryland.gov

1C. Application Details

Instructions:

The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on “View Applicant Profile” from the left-menu bar, place the Project Applicant Profile in “edit” mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in “complete” mode before clicking on “Back to FY 2016 Renewal Costs Project Application” from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

9. Type of Applicant:	A. State Government
If "Other" please specify:	
10. Name of Federal Agency:	Department of Housing and Urban Development
11. Catalog of Federal Domestic Assistance Title:	CoC Program
CFDA Number:	14.267
12. Funding Opportunity Number:	FR-6000-N-25
Title:	Continuum of Care Homeless Assistance Competition
13. Competition Identification Number:	
Title:	

1D. Congressional District(s)

Instructions:

Areas Affected By Project: This field is required. Select the State(s) in which the proposed project will operate and serve the homeless.

Descriptive Title of Applicant's Project: This field is populated with the name entered on the Project Form when the project application was initiated. To change the project name, click return to the Submission List and click on “Projects” on the left hand menu. Click on the magnifying glass next to the project name to edit.

Congressional District(s):

a. Applicant: This field is pre-populated from the Project Applicant Profile. Project applicants cannot modify the pre-populated data on this form. However, project applicants may modify the Project Applicant Profile in e-snaps to correct an error.

b. Project: This field is required. Select the congressional district(s) in which the project operates.

Proposed Project Start and End Dates: In this required field, indicate the operating start date and end date for the project.

Estimated Funding: Fields intentionally left blank, cannot edit.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

14. Area(s) affected by the project (State(s) only): (for multiple selections hold CTRL key) Maryland

15. Descriptive Title of Applicant's Project: BHA S+C Carroll County 9 units NOFA 2016

16. Congressional District(s):

a. Applicant: (for multiple selections hold CTRL key) MD-008, MD-007, MD-006, MD-005, MD-004, MD-003, MD-002, MD-001

b. Project: (for multiple selections hold CTRL key) MD-008, MD-001

17. Proposed Project

a. Start Date: 07/01/2017

b. End Date: 06/30/2018

18. Estimated Funding ($)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. Compliance

Instructions:

Is Application Subject to Review by State Executive Order 12372 Process: In this required field, select the appropriate dropdown option that applies to the Applicant applying for homeless assistance funding. Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.

Click the following link to access the lists of those States that have chosen to participate in the intergovernmental review process: http://www.whitehouse.gov/omb/grants_spoc

If the applicant is located in a state or U.S. territory that is required review by State Executive Order 12372, enter the date this application was made available to the State or U.S. territory for review.

Is the Applicant Delinquent on any Federal Debt: In this required field, select the appropriate dropdown option that applies to the project applicant. This question applies to the project applicant's organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans, and taxes.

If "Yes" is selected an explanation is required in the space provided on this screen.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

19. Is the Application Subject to Review By State Executive Order 12372 Process?	a. Yes
If "YES", enter the date this application was made available to the State for review:	09/12/2016
20. Is the Applicant delinquent on any Federal debt?	No
If "YES," provide an explanation:	

1F. Declaration

Instructions:

The authorized person for the project applicant organization must agree to the declaration statement in order to proceed to the project application. The list of certifications and assurances are contained in the FY 2016 CoC Program NOFA, and in the e-snaps Project Applicant Profile.

Authorized Representative: The authorized representative's information is pre-populated on this screen from the Project Applicant Profile. A copy of the governing body's authorization for this person to sign the project application as the official representative must be on file in the applicant's office.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

All screens, 1A – 1F must be completed in full before the project applicant will have access to the Project Application in e-snaps.

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

I AGREE: X

21. Authorized Representative

Prefix:	Mr.
First Name:	Van
Middle Name:	T.
Last Name:	Mitchell
Suffix:	
Title:	Secretary, Department of Health and Mental Hy
Telephone Number: (Format: 123-456-7890)	(410) 767-4639
Fax Number: (Format: 123-456-7890)	(410) 767-6489
Email:	van.mitchell@maryland.gov

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 08/18/2016

2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the icon. To view or update subrecipient information already listed, select the view option.

Total Expected Sub-Awards: $124,253

Organization	Type	Sub-Award Amount
Maryland Department of Health and Mental Hygiene	A. State Government	$124,253

2A. Project Subrecipients Detail

Instructions:

Enter the contact information for the person designated by the subrecipient who has the authority to act on the subrecipient's behalf.

Organization Name: This field is required. Enter the legal name of the organization that will serve as the subrecipient.

Organization Type: This field is required. Select the type of business organization that best describes the subrecipient. Nonprofit applicant types (both public and private) are required to submit to HUD one of the following sources documenting nonprofit status: (1) IRS letter or ruling showing 501(c)(3) status; (2) Documentation showing certified United Way agency status; (3) Certification from a licensed CPA (see 24 CFR part 578); or (4) Letter from an authorized state official showing that the applicant is organized and in good standing as a public nonprofit organization.

If Other, please specify: Enter the other type of business organization that best describes the subrecipient.

Employer or Tax Identification Number: This field is required. Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service.

Organizational DUNS: This field is required. Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained at http://www.dnb.com.

Physical Address: Enter the street address, city, state, and zip code (required); county, province, and country (optional). If the mailing address is different from the street address, enter the mailing address.

Congressional District(s): This field is required. Select the congressional district(s) in which the subrecipient is located.

Faith Based Organization: This field is required. Select "Yes" or "No" if the subrecipient is a faith based organization.

Prior Federal Grant Recipient: This field is required. Select "Yes" or "No" to indicate if the subrecipient has ever received a federal grant.

Contact person: Enter the prefix, first name, last name, and title (required); middle name and suffix (optional). Enter the person's organizational affiliation if affiliated with an organization other than the subrecipient. Enter the person's telephone number and email (required); alternate number, extension, and fax number (optional).

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

a. Organization Name: Maryland Department of Health and Mental Hygiene

b. Organization Type: A. State Government

If "Other" specify:

c. Employer or Tax Identification Number: 52-6002033

	*** d. Organizational DUNS:**	135218621	**PLUS 4**	

e. Physical Address

Street 1: BHA- Dix Building
Street 2: 55 Wade Ave.
City: Catonsville
State: Maryland
Zip Code: 21228

f. Congressional District(s): (for multiple selections hold CTRL key) MD-006

g. Is the subrecipient a Faith-Based Organization? No

h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency? Yes

i. Expected Sub-Award Amount: $124,253

j. Contact Person

Prefix: Mrs.
First Name: Marian
Middle Name: Victoria
Last Name: Bland
Suffix: LCSW
Title: Deputy Director, Clinical Services Division
E-mail Address: Marian.Bland@maryland.gov
Confirm E-mail Address: Marian.Bland@maryland.gov
Phone Number: 410-402-8461
Extension:
Fax Number: 410-402-8301

2B. Recipient Performance

Instructions:

The selections made on this screen by completing all of the mandatory fields marked with an asterisk (*), will provide information on capacity of the project applicant. The screen asks the Project Applicant questions about capacity performance as a HUD grant recipient; in terms of: timely submission of required reports, quarterly eLOCCS drawdowns, addressing HUD monitoring and/or OIG audit findings and the recapture of any funds from the most recently expired grant term of the project.

APR Submission: Select "Yes" or "No" from the dropdown menu to indicate whether you have successfully submitted the APR on time for the most recently expired grant term related to this renewal project request. If "No" is selected, an additional question will appear, in which you must provide an explanation in the textbox; as to why the APR was not submitted in a timely manner.

HUD Monitoring Findings: Select "Yes" or "No" from the dropdown menu to indicate whether your organization has any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request. If “Yes” is selected, two new questions will appear, in which the applicant will enter the date of the oldest unresolved finding(s) and explain why the findings remain unresolved in the textbox provided.

Quarterly Drawdowns: Select "Yes" or "No" from the dropdown menu to indicate whether your organization maintained consistent Quarterly Drawdowns from eLOCCS for the most recent grant terms related to this renewal project. If "No," is selected, one new question will appear in which the applicant must explain, in the textbox provided, as to why the recipient has not maintained consistent Quarterly Drawdowns for the most recent grant terms related to this renewal project request.

Recaptured Funds: Select "Yes" or "No" from the dropdown menu to indicate whether any funds have been recaptured by HUD for the most recently expired grant term related to this renewal project request. If "Yes," is selected, one new question will appear, in which the applicant must explain why HUD recaptured funds from the most recently expired grant term.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?	Yes
2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?	No
3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?	Yes
4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?	Yes

Explain the circumstances that led HUD to recapture funds from the most recently expired grant term related to this renewal project request.

The project had remaining funds in the rental assistance budget line item. This resulted because 82% or eighteen (18) of the twenty-two (22) persons age 18 and older who maintained or increased their total income from all sources contributed 30% of their income to the household income. As a result, overall cost savings to the project was achieved. The project will be re-evaluating its rental assistance estimates for the coming year to better allocate the extra cost savings funds by continuing to increase the number of units and people served to meet the greatest need in the community.

3A. Project Detail

Instructions:

The selections made on this screen will determine which additional forms will need to be completed for this project application.

Expiring Grant Number: This field is pre-populated with the expiring grant number entered on Screen “1A. Application Type.”

CoC Number and Name: Select the number and name of the CoC to which the project application will be submitted for the local competition review process. This is the CoC that will submit the CoC Consolidated Application to HUD by the designated submission deadline. Applicants with projects that do not belong to a CoC should select “No CoC.”

CoC Collaborative Applicant Name: Select the name of the CoC Applicant, also known as the Collaborative Applicant, from the dropdown. In most cases, there will only be one name from which to choose. The project applicant should choose the name of the CoC Applicant to which they intend to submit this project application

Project Name: This is pre-populated from the “Project” Form and cannot be edited.

Project Status: The default selection is “Standard,” indicating that the applicant is submitting the application to the Collaborative Applicant for consideration in the FY 2016 CoC Program competition. The selection should only be changed to “Appeal” in the event that the project application is rejected by the Collaborative Applicant (either formally in e-snaps or outside of e-snaps) and the project applicant wants to appeal this decision directly to HUD by submitting a solo application. For additional information on the appeal process, see Section X of the FY 2016 CoC Program Competition NOFA. A full explanation of the process is provided on Screen “8A. Notice of Intent to Appeal.”

Component Type: This is a required field. Select the component type that identifies the renewal project application type. This can be either a PH, SH, TH, SSO or HMIS. The selection of component type will have an affect on what question on subsequent screens are asked of the user.

Title V: This field is required. Select "Yes" or "No" to indicate if one or more properties being served by this project were acquired under Title V.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Expiring Grant Number: MD0133L3B061508

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: MD-506 - Carroll County CoC

2b. CoC Collaborative Applicant Name: Carroll County, Commissioners of

3. Project Name: BHA S+C Carroll County 9 units NOFA 2016

4. Project Status: Standard

5. Component Type:	PH
6. Does this project use one or more properties that have been conveyed through the Title V process?	No

3B. Project Description

Instructions:

ALL PROJECTS

Provide a description that addresses the entire scope of the proposed project: This is a required field. The project description should address the entire scope of the project, including a clear picture of the target population(s) to be served, the plan for addressing the identified needs/issues of the CoC target population(s), projected outcome(s), and coordination with other source(s)/partner(s). The narrative is expected to describe the project at full operational capacity. The description should be consistent with and make reference to other parts of this application.

Does your project have a specific population focus: This is a required field. Select “Yes” if your project has special capacity in its facilities, program designs, tools, outreach or methodologies for a specific subpopulation or subpopulations. This does not necessarily mean that the project exclusively serves that subpopulation(s), but rather that they are uniquely equipped to serve them. If “Yes” is selected, select the relevant checkbox(s) to identify the project’s population focus.

PH, SH, TH and SSO PROJECTS ONLY

Does the project follow a "Housing First" approach: This is a required field for PH, TH and SSO projects only. Select all applicable checkboxes that indicate whether or not the project currently follows a housing first approach that ensures that participants are not screened out based on barriers such as income, sobriety, etc. Select “none of the above” if the project does not follow a housing first approach.
- Does the project quickly move participants into permanent housing?:This is a required field. Select “Yes” to this question if your project will quickly move program participants into permanent housing without additional steps (e.g., required stay in transitional housing first) before moving to permanent housing. If you are a domestic violence (DV) program you should select “Yes” if you will quickly move program participants into permanent housing after immediate safety needs are addressed (e.g., a person who is still in danger from a violent partner and would move into PH once the dangerous situation has been addressed). Select “No” if the project does not work to move program participants quickly into permanent housing.)
- Does the project ensure that participants are not screened out based on the listed reasons? (Check all that apply): This is a required field and at least one option must be selected. Multiple checkbox selections are provided.
- Does the project ensure that participants are not terminated from the program for the listed reasons? (Check all that apply) Multiple checkbox selections are provided.
- Does the project follow a "Housing First" approach? This is auto-scored based upon the responses to the questions above and “Yes” or “No” will indicate if the project is using the Housing First approach to house program participants.

PH PROJECTS ONLY

Does the PH project provide PSH or RRH: This is a required field. Select” PSH” if the project will operate according to a permanent supportive housing model as defined by 24 CFR 578. Select “RRH” if the project will operate according to a rapid rehousing model as defined by 24 CFR 578.

PH AND TH PROJECTS ONLY:

Does the project request costs under the rental assistance budget line item?: This is a required field. If requesting rental assistance, select “Yes” from the dropdown menu. If not requesting rental assistance in this project application, select “No”.

RENTAL ASSISTANCE PROJECTS ONLY

Is this a CoC Program leasing or SHP project that had been approved by HUD to change the renewal project budget from leasing to rental assistance? (This change must have been listed on

the final HUD-approved FY 2016 GIW. See 24 CFR 578.49(b)(8)): This is a required field. "Yes" should only be selected if HUD approved a change from leasing to rental assistance during the FY 2016 GIW process.

FOR SSO PROJECTS ONLY

Please select the type pf SSO Project: Four options are given; Street Outreach; Housing Project or Housing Structure Specific; Coordinated Entry; Standalone Supportive Service. Only Coordinated Entry will have follow up questions.

FOR SSO COORDINATED ENTRY PROJECTS ONLY

Will the coordinated entry process funded in part by this grant cover the COC's entire geographic area: This is a required field. Yes/ No dropdown question.

Will the coordinated entry process funded in part by this grant be easily accessible: This is a required field. Yes/No dropdown question.

Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance. This is a required field. Explain the outreach strategy of the CE.

Does the coordinated entry process use a comprehensive, standardized assessment process: This is a required field. Yes/No dropdown question.

Describe the referral process and how the coordinated entry process ensures that participants are directed to appropriate housing and/or services: This is a required field. Explain the referral process.

If the coordinated entry process includes differences in the access, entry, assessment, or referral for certain populations, are those differences limited only to the following four groups: Individuals, Families, DV, and Youth: This is a required field. Yes/No dropdown question.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Provide a description that addresses the entire scope of the proposed project.

This Continuum of Care (CoC) Housing Program, formerly called Shelter Plus Care, will continue to provide tenant-based rental assistance in Carroll County to seven (7) individuals and two (2) families who are homeless and have at least one adult member who has a severe and persistent mental illness. The CoC Housing Program rental assistance is matched with an array of support services. Additionally, its capacity to serve participants in this project actually exceeds the budgeted number being requested. As reflected in responses to questions 5A and 5B, DHMH will target support for up to eleven (11) adult households without children and two (2) households with at least one adult and one child.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless		**Domestic Violence**	

	X		X
Veterans	X	**Substance Abuse**	X
Youth (under 25)		**Mental Illness**	X
Families with Children	X	**HIV/AIDS**	X
		Other (Click 'Save' to update)	X

Other: Those with a criminal record with exceptions for state-mandated restrictions

3. Housing First

3a. Does the project quickly move participants into permanent housing Yes

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

Having too little or little income	X
Active or history of substance abuse	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of domestic violence (e.g. lack of a protective order, period of separation from abuser, or law enforcement involvement)	X
None of the above	

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

Failure to participate in supportive services	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X
Domestic violence	X
Any other activity not covered in a lease agreement typically found in the project's geographic area.	X

None of the above	☐

3d. Does the project follow a "Housing First" approach?	Yes
4. Does the PH project provide PSH or RRH?	PSH
4a. Does the project request costs under the rental assistance budget line item?	Yes
4b. Is this a CoC Program leasing or SHP project that had been approved by HUD to change the renewal project budget from leasing to rental assistance?	No

4A. Supportive Services for Participants

Instructions:

ALL PROJECTS EXCEPT HMIS

For all supportive services available to participants, indicate who will provide them, and how often they are provided. This field is required and at least one value must be entered. Complete each row of drop down menus for supportive services that will be available to participants, using the funds requested through the application, and funds from other sources. If more than one Provider is relevant for a single service, please select the provider that corresponds to the highest frequency.
- Provider: select one of the following: “Applicant” to indicate that the applicant will provide the service directly; “Subrecipient” to indicate that a subrecipient will provide the service directly; “Partner” to indicate that an organization that is not a subrecipient of project funds but with whom a formal agreement or MOU has been signed will provide the service directly; or, “Non-Partner” to indicate that a specific organization with whom no formal agreement has been established regularly provides the service to clients. If more than one provider offers the service at the same frequency, choose the provider according to the following: Applicant, then Subrecipient, then Partner, and lastly, non-Partner.

- Frequency: Select the most common interval of time for which the service is accessible to participants. If two frequencies are equally common, choose the interval with the highest frequency.
Applicants may leave dropdown menus as “—select—” when services are not applicable.

Please identify whether the project includes the following activities:
- Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Select “Yes” or “No” from the dropdown menu.
- Use of a single application form for four or more mainstream programs? Select “Yes” or “No” from the dropdown menu.
- At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Select “Yes” or “No” from the dropdown menu.
- Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Select “Yes or “No” from the dropdown menu. If “Yes” is selected the following question will become visible:

- Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Select “Yes” or “No” from the dropdown menu.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. For all supportive services available to participants, indicate who will provide them, how they will be accessed, and how often they will be provided.
Click 'Save' to update.

Supportive Services		Provider	Frequency
Assessment of Service Needs		Partner	Semi-annually
Assistance with Moving Costs			
Case Management		Partner	Bi-weekly
Child Care			
Education Services			

Employment Assistance and Job Training		
Food		
Housing Search and Counseling Services	Partner	As needed
Legal Services		
Life Skills Training		
Mental Health Services	Partner	Bi-weekly
Outpatient Health Services		
Outreach Services		
Substance Abuse Treatment Services	Partner	As needed
Transportation	Partner	As needed
Utility Deposits		

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. Use of a single application form for four or more mainstream programs? Yes

2c. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

3. Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Yes

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Yes

4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the icon.

Total Units: 13

Total Beds: 19

Total Dedicated CH Beds: 2

Total Prioritized CH Beds: 2

Housing Type	Units	Beds	Dedicated CH Beds	Prioritized CH Beds
Single family homes/townhou...	13	19	2	2

4B. Housing Type and Location Detail

Instructions:

ALL PROJECTS EXCEPT HMIS

A unique detail screen should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail screen. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail screen.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

PH-PSH PROJECTS ONLY

How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless: This is a required field. Enter that total number of beds that are dedicated to the chronically homeless (CH). Dedicated CH beds are required through the project's grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as "CH Beds" on a CoC's Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated for the chronically homeless, enter "0."

How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? This is a required field, but it is Auto calculated. The number that is calculated is the difference between 3a and 2b.

How many of the total beds entered in "3b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. Enter the number of beds that are not dedicated to the chronically homeless but that are currently, or will be upon turnover, prioritized for the chronically homeless. This will be incorporated into the projects grant agreement for FY 2016 and represents the minimum number of beds for which the chronically homeless will be prioritized. If none of the beds are prioritized for the chronically homeless, enter "0."

How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless? This is a required field. Use the number of turnover beds that are not dedicated to the chronically homeless and that you estimated in field c to estimate and enter the number of those beds that will be prioritized for the chronically homeless as soon as they do turnover.

ALL PROJECTS EXCEPT HMIS

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Housing Type: Single family homes/townhouses/duplexes

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.

a. Units: 13

b. Beds: 19

3. Beds for the Chronically Homeless

a. How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless?	2
b. How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? Auto calculated	17
c. How many of the beds listed in question "3b." above will likely become available through turnover in the FY 2016 operating year?	2
d. How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless in the FY 2016 operating year?	2

4. Address:

Street 1: Carroll County Core Service Agency

Street 2: 290 South Center Street

City: Westminster

State: Maryland

ZIP Code: 21157

5. Select the geographic area(s) associated with the address: (for multiple selections hold CTRL Key)

249013 Carroll County

5A. Project Participants - Households

Instructions:

ALL PROJECTS EXCEPT HMIS

In each non-shaded field list the number of households or persons served at maximum program capacity. The numbers here are intended to reflect a single point in time at maximum occupancy and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Households: Enter the number of households under at least one of the categories: Households with at least One Adult and One Child, Adult Households without Children, or Households with Only Children.

Households with at least One Adult and One Child: Enter the total number of households with at least one adult and one child. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Households without Children: Enter the total number of adult households without children. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Households with Only Children: Enter the total number of households with only children. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Characteristics: Enter the total number of homeless that fall under one of the characteristics listed.

Persons in Households with at least One Adult and One Child: Enter the number of persons in households with at least one adult and on child for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Persons in Households without Children: Enter the number of persons in households without children for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children: Enter the number of persons in households with only children for each demographic row. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Totals: All fields in the “Total Number…” and “Total Persons” rows will automatically calculate when the “Save” button is clicked.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	2	11	0	13

Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total

Adults over age 24	3	11		14
Adults ages 18-24	0	0		0
Accompanied Children under age 18	5		0	5
Unaccompanied Children under age 18			0	0
Total Persons	8	11	0	19

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Instructions:

ALL PROJECTS EXCEPT HMIS

*This screen can only be completed once Screen “5A. Project Participants – Households” has been completed and saved.

In each non-shaded field enter the number of persons served at maximum program capacity according to their age group, disability status, and the extent in which persons served fit into one or more of the subpopulation categories. The numbers here are intended to reflect a single point in time at maximum capacity and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Complete each of the three charts on this screen according to household types.

Persons in Households with at least one Adult and One Child chart: Enter only persons in households with at least one adult and one child. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and at least one person under the age of 18.

Persons in Households without Children chart: Enter only persons in adult households without children. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children chart: Enter only persons in households with only children. To be listed on this chart, a person must be part of a household with no persons at or above the age of 18, and only persons under the age of 18.

Total Persons: All fields in the “Total Persons” rows will calculate automatically when the “Save” button is clicked.

Describe the unlisted subpopulations referred to above: This field is visible and mandatory if a number greater than 0 is entered into the column “Persons not represented by listed subpopulations.” Enter text that describes the person(s) identified in this column and explains how they do not fall under the other categories in columns 1 through 9.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

Persons in Households with at Least One Adult and One Child

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24	3	0	0	1	0	3	0	0	0	0
Adults ages 18-24	0	0	0	0	0	0	0	0	0	0
Children under age 18	0			0	0	0	0	0	0	5
Total Persons	3	0	0	1	0	3	0	0	0	5

Click Save to automatically calculate totals

Persons in Households without Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24	11	0	0	9	0	11	0	0	0	0
Adults ages 18-24	0	0	0	0	0	0	0	0	0	0
Total Persons	11	0	0	9	0	11	0	0	0	0

Click Save to automatically calculate totals

Persons in Households with Only Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Accompanied Children under age 18										
Unaccompanied Children under age 18										
Total Persons	0			0	0	0	0	0	0	0

Describe the unlisted subpopulations referred to above:

There are five (5) non-disabled children under the age 18 that do not fall in any sub-population listed.

5C. Outreach for Participants

Instructions:

ALL PROJECTS EXCEPT HMIS

Enter the percentage of project participants that will be coming from each of the following locations: This is a required field. Enter the percentage (between 0% and 100%) of participants that will be coming from each of the following locations:
- Directly from the street or other locations not meant for human habitation
- Directly from emergency shelters
- Directly from safe havens
- From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens (persons coming from TH are not considered to be chronically homeless)
- Persons at imminent risk of losing their night time residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing (only applicable to TH and SSO projects)
- Persons fleeing domestic violence

Total of above percentages: The percentages entered will automatically sum when all required fields are entered and the “Save” button is clicked. A warning message will appear if the total is greater than 100%.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Enter the percentage of project participants that will be coming from each of the following locations.

16%	**Directly from the street or other locations not meant for human habitation.**
23%	**Directly from emergency shelters.**
38%	**Directly from safe havens.**
23%	**From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens.**
0%	**Persons fleeing domestic violence.**
100%	**Total of above percentages**

6A. Funding Request

Instructions:

ALL PROJECT APPLICATIONS

The fields that must be completed on this screen will vary based on the project type, program type, and component type selected earlier in the project application.

Do any of the properties in this project have an active restrictive covenant: This is a required field. Select “Yes” or “No” to indicate whether or not one or more of the project properties are subject to an active restrictive covenant. As a reminder, any project awarded capital cost funds (new construction, acquisition, or rehabilitation) has a 20 year or if initially awarded under the CoC Program (FY 2012 capital costs and beyond) a 15 year use restriction.

Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project: This is a required field. Indicate if this project previously received funds under either the Samaritan Housing or Permanent Housing Bonus initiative. If yes, then the project must continue to meet the requirements of the initiative, as specified in the Homeless Assistance Grants NOFA for the year in which funds were originally awarded, in order to continue to receive renewal funding under the CoC Program Competition.

Are the requested renewal funds reduced from the previous award as a result of reallocation?: This is a required field. Select “Yes” or “No” to indicate whether the renewal project is reduced through the reallocation process. The response will be compared to the CoC’s Reallocation Forms.

Does this project propose to allocate funds according to an indirect cost rate? This is a required field. Select ‘Yes’ or ‘No’ to indicate whether the project either has an approved indirect cost plan in place or will propose an indirect cost plan by the time of conditional award. For more information concerning indirect costs plans, please consult 2 CFR Part 200.56, Part 200.413 and Part 200.414, FY 2016 NOFA and contact your local HUD office. The following questions become visible if “Yes” is selected:
- Please complete the indirect cost rate schedule below: Must complete at least one row.
- Has this rate been approved by your cognizant agency?: Select “Yes” or “No” from the dropdown menu.
- Do you plan to use the 10% de minimis rate? Select “Yes” or “No” from the dropdown menu.

Renewal Grant Term: This field is pre-populated with a one-year grant term and cannot be edited.

Select the costs for which funding is being requested: This is a required field. All project applications must identify the eligible cost budget for which funding is being requested. The choices available will depend on the component and project type selected on Screen “3A Project Detail.” The following eligible costs may be listed: leased units, leased structures, rental assistance, supportive services, operations, and HMIS. Indicate only those activities listed on the CoC’s final HUD-approved FY 2016 GIW.

If you do not see the funding budgets that you expected, you may need to return to Screen “3A. Project Detail” to review the “Component Type” and/or “3B. Project Description” to review the type of project selected. See the FY 2016 CoC Program NOFA for additional guidance.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Do any of the properties in this project have an active restrictive covenant? No

2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?	No
3. Are the requested renewal funds reduced from the previous award as a result of reallocation?	No
4. Does this project propose to allocate funds according to an indirect cost rate?	No
5. Renewal Grant Term:	1 Year

6. Select the costs for which funding is being requested:

Leased Units	
Leased Structures	
Rental Assistance	X
Supportive Services	
Operations	
HMIS	

6D. Rental Assistance Budget

The following list summarizes the rental assistance funding request for the total term of the project. To add information to the list, select the icon. To view or update information already listed, select the icon.

Total Request for Grant Term:	$122,304
Total Units:	9

Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	MD - Baltimore-Columbia-Towson, MD MS...	9	$122,304

Rental Assistance Budget Detail

Instructions:

Type of Rental Assistance: Select the applicable type of rental assistance from the dropdown menu. Options include tenant-based (TRA), sponsor-based (SRA), and project-based assistance (PRA). Each type has unique requirements and applicants should refer to the 24 CFR 578.51 before making a selection.

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY 2016 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rents in the chart below.

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents: In the FY 2016 CoC Program Competition, eligible renewal projects requesting rental assistance are permitted to request a per-unit amount less than the Fair Market Rent (FMR). If the project applicant wants to request less than the FMR, select “Yes” from the dropdown for this question. The project applicant will then have the ability to enter an amount in the “HUD Paid Rent (applicant)” field that is less than the amount listed in the “FMR Area (applicant)” field. The following question is visible when PRA is selected:

Are you requesting a 15 year renewal per the FY2015 CoC Program NOFA? This request is only available for PH PRA rental assistance projects and 1 year of funding according to the relevant section of the FY 2016 CoC Program Competition NOFA.

Size of units: These options are system generated. Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

# of units: This is a required field. For each unit size, enter the number of units for which funding is being requested. The number(s) listed should match the CoC’s HUD-approved FY 2015 GIW.

FMR: These fields are populated with the FY 2016 FMRs based on the FMR area selected by the project applicant. The FMRs are available online at http://www.huduser.org/portal/datasets/fmr.html.

HUD Paid Rent: For each unit size, enter the rent to be paid by the CoC program grant. This rent cannot exceed the FMR amount in the previous column; however, project applicants may request less than the FMR. Once funds are awarded recipients must document compliance with the rent reasonableness requirement set forth in section 578.51(g) of the CoC Program interim rule. (If the applicants select “No” above, this column will not be available for edit). In the GIW, HUD Paid Rent is known as “Actual”.

12 Months: These fields are populated with the value 12 to calculate the annual rent request.

Total Request: This column populates with the total calculated amount from each row based on the number of units multiplied by the corresponding “HUD Paid Rent” and by 12 months. If the applicant selected “No” above, the automatic calculation will be based on the FMR and not the “HUD Paid Rent.”.

Total Units and Annual Assistance Requested: The fields in this row are automatically calculated based on the total number of units and the sum of the total requests per unit size per year.

Grant Term: This field is populated with the value “1 Year” and will be read only.

Total Request for Grant Term: This field is automatically calculated based on total annual assistance requested multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: MD - Baltimore-Columbia-Towson, MD MSA (2400399999)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? No

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months			Total Request (Applicant)
SRO		x	$638	$638	x			=	$0
0 Bedroom		x	$851	$851	x			=	$0
1 Bedroom	7	x	$1,033	$1,033	x			=	$86,772
2 Bedrooms	1	x	$1,298	$1,298	x			=	$15,576
3 Bedrooms	1	x	$1,663	$1,663	x			=	$19,956
4 Bedrooms		x	$1,934	$1,934	x			=	$0
5 Bedrooms		x	$2,224	$2,224	x			=	$0
6 Bedrooms		x	$2,514	$2,514	x			=	$0
7 Bedrooms		x	$2,804	$2,804	x			=	$0
8 Bedrooms		x	$3,094	$3,094	x			=	$0
9 Bedrooms		x	$3,385	$3,385	x			=	$0
Total Units and Annual Assistance Requested	9								$122,304
Grant Term									1 Year
Total Request for Grant Term									$122,304

Click the 'Save' button to automatically calculate totals.

6H. Sources of Match

The following list summarizes the funds that will be used as Match for the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.

Summary for Match

Total Value of Cash Commitments:	$0
Total Value of In-Kind Commitments:	$147,226
Total Value of All Commitments:	$147,226

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	In-Kind	Government	Carroll County Y...	08/11/2016	$28,980
Yes	In-Kind	Private	Carroll Hospital ...	08/11/2016	$25,821
Yes	In-Kind	Private	Mosiac Community ...	08/11/2016	$27,886
Yes	In-Kind	Private	Potomac Case Mana...	08/11/2016	$23,928
Yes	In-Kind	Private	Shapiro Training ...	08/11/2016	$40,611

Sources of Match Detail

Instructions:

Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	In-Kind
3. Type of Source:	Government
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	Carroll County Youth Service Bureau
5. Date of Written Commitment:	08/11/2016
6. Value of Written Commitment:	$28,980

Sources of Match Detail

Instructions:

Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	In-Kind
3. Type of Source:	Private
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	Carroll Hospital Center Behavioral Health Services
5. Date of Written Commitment:	08/11/2016
6. Value of Written Commitment:	$25,821

Sources of Match Detail

Instructions:

Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field

that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	In-Kind
3. Type of Source:	Private
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	Mosiac Community Services
5. Date of Written Commitment:	08/11/2016
6. Value of Written Commitment:	$27,886

Sources of Match Detail

Instructions:

Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The

Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen "6I. Summary Budget." The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	In-Kind
3. Type of Source:	Private
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	Potomac Case Management
5. Date of Written Commitment:	08/11/2016
6. Value of Written Commitment:	$23,928

Sources of Match Detail

Instructions:

Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and

include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen "6I. Summary Budget." The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	In-Kind
3. Type of Source:	Private
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	Shapiro Training & Employment Services (STEP Carroll County)
5. Date of Written Commitment:	08/11/2016
6. Value of Written Commitment:	$40,611

6I. Summary Budget

Instructions:

The system populates a summary budget based on the information entered into each preceding budget form. Review the data and return to the previous forms to correct any inaccurate information. All fields are read only with exception to field “7. Admin (Up to 10%).”

Admin (Up to 10%): Enter the amount of requested administration funds. The request should match the amount identified on the CoC’s HUD-approved FY 2016 GIW. HUD will not fund greater than 10% of the request listed in the field “Sub-Total Eligible Costs Request.” If an amount above 10% is entered, the system will report an error and prevent application submission when the screen is saved.

Total Assistance plus Admin Requested: This field is automatically populated based on the amount of funds requested on the various budgets completed by the project applicant and Admin costs requested. This is the total amount of funding the project applicant will request in the FY 2016 CoC Program Competition.

Cash Match: This field is automatically populated. If it needs to be changed, return to Screen “6H. Sources of Match” to make changes to this field.

In-Kind Match: This field is automatically populated. If it needs to be changed, return to Screen “6H. Sources of Match” to make changes to this field.

Total Match: This field will automatically calculate the total combined value of the Cash and In-Kind Match. The total match must equal 25% of the request listed in the field “Total Eligible Costs Request” minus the amount requested for Leased Units and Leased Structures. There is no upper limit for Match. If an ineligible amount is entered, the system will report an error and prevent application submission. To correct an inadequate level of match, return to Screen “6H. Sources of Match” to make changes.

Cash and In-Kind Match entered into the budget must qualify as eligible program expenses under the CoC program regulations. Compliance with eligibility requirements will be verified at grant agreement.

The Total Budget automatically calculates when you click the "Save" button.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

The following information summarizes the funding request for the total term of the project. However, the appropriate amount of cash and in-kind match and administrative costs must be entered in the available fields below.

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	$0
1b. Leased Structures	$0
2. Rental Assistance	$122,304

3. Supportive Services	$0
4. Operating	$0
5. HMIS	$0
6. Sub-total Costs Requested	$122,304
7. Admin (Up to 10%)	$1,949
8. Total Assistance plus Admin Requested	$124,253
9. Cash Match	$0
10. In-Kind Match	$147,226
11. Total Match	$147,226
12. Total Budget	$271,479

7A. Attachment(s)

Instructions:

Subrecipient Nonprofit Documentation: Documentation of the subrecipient's nonprofit status must be uploaded, if the applicant and project subrecipient are different entities, and the subrecipient is a nonprofit organization.

Other Attachment(s): Attach any additional information supporting the project funding request. Use a zip file to attach multiple documents.

If indicated on Screens 3A and/or 3B, the following additional attachment screens may be visible that should be used instead of Screen 7A. Attachments:

CoC Rejection Letter: Projects that are applying for CoC funds and that have been rejected for the competition by their CoC (Solo Projects) must submit documentation from the CoC verifying and explaining why the project has been rejected.

Certification of Consistency with Consolidated Plan: Each applicant that is not a State or unit of local government is required to have a certification by the jurisdiction in which the proposed project will be located confirming that the applicant's application for funding is consistent with the jurisdiction's HUD-approved consolidated plan. The certification must be made in accordance with the provisions of the consolidated plan regulations at 24 CFR part 91, subpart F. For projects that selected "No CoC" on Screen 3A, a form HUD-2991 must be obtained and signed by the certifying official for the applicable jurisdiction, indicating that the proposed project will be consistent with the Consolidated Plan. If the Solo Applicant is a State or unit of local government, the jurisdiction must certify that it is following its HUD-approved Consolidated Plan.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachment	No		
3) Other Attachment	No		

Attachment Details

Document Description:

Attachment Details

Document Description: Carroll Co. 9 unit (grant # ending 1407) letters of support

Attachment Details

Document Description:

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official	Van Mitchell
Date:	08/18/2016
Title:	Secretary, Department of Health and Mental Hy
Applicant Organization:	Maryland Department of Health and Mental Hygiene
PHA Number (For PHA Applicants Only):	
I certify that I have been duly authorized by	X

the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).

8B Submission Summary

Page	Last Updated
1A. Application Type	08/09/2016
1B. Legal Applicant	No Input Required
1C. Application Details	No Input Required
1D. Congressional District(s)	08/09/2016
1E. Compliance	08/09/2016
1F. Declaration	08/09/2016
2A. Subrecipients	08/09/2016
2B. Recipient Performance	08/09/2016
3A. Project Detail	08/09/2016

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/ - Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2016 Continuum of Care (CoC) Program Competition. For more information see FY 2016 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2016 CoC Program NOFA and the FY 2016 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2015 Project Application will be imported into the FY 2016 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the FY 2015 post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2016 CoC Program Competition NOFA.

1A. Application Type

Instructions:

Type of Submission: This field is pre-populated and cannot be changed.

Type of Application: This field is pre-populated and cannot be changed.

Date Received: This field is pre-populated with the date on which the application is submitted and cannot be edited.

Applicant Identifier: Field intentionally left blank, cannot edit.

Federal Entity Identifier: Field intentionally left blank, cannot edit.

Federal Award Identifier: This is a required field for all renewal project applicants. Enter the correct expiring grant number as identified on the final HUD-approved GIW.

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number: If this is not checked along with the checkbox on the declaration screen, the user will not be able to advance in the application.

Date Received by State: Field intentionally left blank, cannot edit.

State Application Identifier: Field intentionally left blank, cannot edit.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Type of Submission:	Application
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	08/31/2016
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: (e.g., the "Expiring Grant Number" that will also be indicated on screen 3A. Project Detail) This grant number must match the grant number on the HUD approved Grant Inventory Worksheet (GIW).	MD0135L3B061508
Check to confrim that the Federal Award Identifier has been updated to reflect the most recently awarded grant number	X
6. Date Received by State:	
7. State Application Identifier:	

1B. Legal Applicant

Instructions:

The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on “View Applicant Profile” from the left-menu bar, place the Project Applicant Profile in “edit” mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in “complete” mode before clicking on “Back to FY 2016 Renewal Costs Project Application” from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

8. Applicant

a. Legal Name: Human Services Programs of Carroll County, Inc.

b. Employer/Taxpayer Identification Number (EIN/TIN): 52-1549551

	c. Organizational DUNS:	843183893	**PLUS 4**	

d. Address

Street 1: 10 Distillery Dr. Suite G1

Street 2:

City: Westminster

County: Carroll

State: Maryland

Country: United States

Zip / Postal Code: 21157

e. Organizational Unit (optional)

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Ms.

First Name:	Corina
Middle Name:	M.
Last Name:	Canon
Suffix:	
Title:	Associate Director
Organizational Affiliation:	Human Services Programs of Carroll County, Inc.
Telephone Number:	(410) 857-2999
Extension:	3018
Fax Number:	(410) 857-8793
Email:	ccanon@hspinc.org

1C. Application Details

Instructions:

The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on “View Applicant Profile” from the left-menu bar, place the Project Applicant Profile in “edit” mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in “complete” mode before clicking on “Back to FY 2016 Renewal Costs Project Application” from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

9. Type of Applicant:	M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)
If "Other" please specify:	
10. Name of Federal Agency:	Department of Housing and Urban Development
11. Catalog of Federal Domestic Assistance Title:	CoC Program
CFDA Number:	14.267
12. Funding Opportunity Number:	FR-6000-N-25
Title:	Continuum of Care Homeless Assistance Competition
13. Competition Identification Number:	
Title:	

1D. Congressional District(s)

Instructions:

Areas Affected By Project: This field is required. Select the State(s) in which the proposed project will operate and serve the homeless.

Descriptive Title of Applicant's Project: This field is populated with the name entered on the Project Form when the project application was initiated. To change the project name, click return to the Submission List and click on “Projects” on the left hand menu. Click on the magnifying glass next to the project name to edit.

Congressional District(s):

a. Applicant: This field is pre-populated from the Project Applicant Profile. Project applicants cannot modify the pre-populated data on this form. However, project applicants may modify the Project Applicant Profile in e-snaps to correct an error.

b. Project: This field is required. Select the congressional district(s) in which the project operates.

Proposed Project Start and End Dates: In this required field, indicate the operating start date and end date for the project.

Estimated Funding: Fields intentionally left blank, cannot edit.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

14. Area(s) affected by the project (State(s) only):
(for multiple selections hold CTRL key) Maryland

15. Descriptive Title of Applicant's Project: PHPWD I FFY 16

16. Congressional District(s):

a. Applicant:
(for multiple selections hold CTRL key) MD-008, MD-001

b. Project:
(for multiple selections hold CTRL key) MD-008, MD-001

17. Proposed Project

a. Start Date: 07/01/2017

b. End Date: 06/30/2018

18. Estimated Funding ($)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. Compliance

Instructions:

Is Application Subject to Review by State Executive Order 12372 Process: In this required field, select the appropriate dropdown option that applies to the Applicant applying for homeless assistance funding. Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.

Click the following link to access the lists of those States that have chosen to participate in the intergovernmental review process: http://www.whitehouse.gov/omb/grants_spoc

If the applicant is located in a state or U.S. territory that is required review by State Executive Order 12372, enter the date this application was made available to the State or U.S. territory for review.

Is the Applicant Delinquent on any Federal Debt: In this required field, select the appropriate dropdown option that applies to the project applicant. This question applies to the project applicant's organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans, and taxes.

If "Yes" is selected an explanation is required in the space provided on this screen.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

19. Is the Application Subject to Review By State Executive Order 12372 Process?	b. Program is subject to E.O. 12372 but has not been selected by the State for review.
If "YES", enter the date this application was made available to the State for review:	
20. Is the Applicant delinquent on any Federal debt?	No
If "YES," provide an explanation:	

1F. Declaration

Instructions:

The authorized person for the project applicant organization must agree to the declaration statement in order to proceed to the project application. The list of certifications and assurances are contained in the FY 2016 CoC Program NOFA, and in the e-snaps Project Applicant Profile.

Authorized Representative: The authorized representative's information is pre-populated on this screen from the Project Applicant Profile. A copy of the governing body's authorization for this person to sign the project application as the official representative must be on file in the applicant's office.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

All screens, 1A – 1F must be completed in full before the project applicant will have access to the Project Application in e-snaps.

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

I AGREE: X

21. Authorized Representative

Prefix:	Ms.
First Name:	Angela
Middle Name:	
Last Name:	Gustus
Suffix:	
Title:	Executive Director
Telephone Number: (Format: 123-456-7890)	(410) 857-2999
Fax Number: (Format: 123-456-7890)	(410) 857-8793
Email:	agustus@hspinc.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 08/31/2016

2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the icon. To view or update subrecipient information already listed, select the view option.

Total Expected Sub-Awards: $0

Organization	Type	Sub-Award Amount
This list contains no items		

2B. Recipient Performance

Instructions:

The selections made on this screen by completing all of the mandatory fields marked with an asterisk (*), will provide information on capacity of the project applicant. The screen asks the Project Applicant questions about capacity performance as a HUD grant recipient; in terms of: timely submission of required reports, quarterly eLOCCS drawdowns, addressing HUD monitoring and/or OIG audit findings and the recapture of any funds from the most recently expired grant term of the project.

APR Submission: Select "Yes" or "No" from the dropdown menu to indicate whether you have successfully submitted the APR on time for the most recently expired grant term related to this renewal project request. If "No" is selected, an additional question will appear, in which you must provide an explanation in the textbox; as to why the APR was not submitted in a timely manner.

HUD Monitoring Findings: Select "Yes" or "No" from the dropdown menu to indicate whether your organization has any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request. If “Yes” is selected, two new questions will appear, in which the applicant will enter the date of the oldest unresolved finding(s) and explain why the findings remain unresolved in the textbox provided.

Quarterly Drawdowns: Select "Yes" or "No" from the dropdown menu to indicate whether your organization maintained consistent Quarterly Drawdowns from eLOCCS for the most recent grant terms related to this renewal project. If "No," is selected, one new question will appear in which the applicant must explain, in the textbox provided, as to why the recipient has not maintained consistent Quarterly Drawdowns for the most recent grant terms related to this renewal project request.

Recaptured Funds: Select "Yes" or "No" from the dropdown menu to indicate whether any funds have been recaptured by HUD for the most recently expired grant term related to this renewal project request. If "Yes," is selected, one new question will appear, in which the applicant must explain why HUD recaptured funds from the most recently expired grant term.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?	Yes
2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?	No
3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?	Yes
4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?	Yes

Explain the circumstances that led HUD to recapture funds from the most recently expired grant term related to this renewal project request.

Five participants out of seven turned over. Two participants died within a short time of each other, 2 went to jail and one moved to Section 8. The turnover caused a reduction in rent paid and return of $5,919 to HUD. This year all funds are spent.

3A. Project Detail

Instructions:

The selections made on this screen will determine which additional forms will need to be completed for this project application.

Expiring Grant Number: This field is pre-populated with the expiring grant number entered on Screen “1A. Application Type.”

CoC Number and Name: Select the number and name of the CoC to which the project application will be submitted for the local competition review process. This is the CoC that will submit the CoC Consolidated Application to HUD by the designated submission deadline. Applicants with projects that do not belong to a CoC should select “No CoC.”

CoC Collaborative Applicant Name: Select the name of the CoC Applicant, also known as the Collaborative Applicant, from the dropdown. In most cases, there will only be one name from which to choose. The project applicant should choose the name of the CoC Applicant to which they intend to submit this project application

Project Name: This is pre-populated from the “Project” Form and cannot be edited.

Project Status: The default selection is “Standard,” indicating that the applicant is submitting the application to the Collaborative Applicant for consideration in the FY 2016 CoC Program competition. The selection should only be changed to “Appeal” in the event that the project application is rejected by the Collaborative Applicant (either formally in e-snaps or outside of e-snaps) and the project applicant wants to appeal this decision directly to HUD by submitting a solo application. For additional information on the appeal process, see Section X of the FY 2016 CoC Program Competition NOFA. A full explanation of the process is provided on Screen “8A. Notice of Intent to Appeal.”

Component Type: This is a required field. Select the component type that identifies the renewal project application type. This can be either a PH, SH, TH, SSO or HMIS. The selection of component type will have an affect on what question on subsequent screens are asked of the user.

Title V: This field is required. Select "Yes" or "No" to indicate if one or more properties being served by this project were acquired under Title V.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Expiring Grant Number: MD0135L3B061508

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: MD-506 - Carroll County CoC

2b. CoC Collaborative Applicant Name: Carroll County, Commissioners of

3. Project Name: PHPWD I FFY 16

4. Project Status: Standard

5. Component Type:	PH
6. Does this project use one or more properties that have been conveyed through the Title V process?	No

3B. Project Description

Instructions:

ALL PROJECTS

Provide a description that addresses the entire scope of the proposed project: This is a required field. The project description should address the entire scope of the project, including a clear picture of the target population(s) to be served, the plan for addressing the identified needs/issues of the CoC target population(s), projected outcome(s), and coordination with other source(s)/partner(s). The narrative is expected to describe the project at full operational capacity. The description should be consistent with and make reference to other parts of this application.

Does your project have a specific population focus: This is a required field. Select “Yes” if your project has special capacity in its facilities, program designs, tools, outreach or methodologies for a specific subpopulation or subpopulations. This does not necessarily mean that the project exclusively serves that subpopulation(s), but rather that they are uniquely equipped to serve them. If “Yes” is selected, select the relevant checkbox(s) to identify the project’s population focus.

PH, SH, TH and SSO PROJECTS ONLY

Does the project follow a "Housing First" approach: This is a required field for PH, TH and SSO projects only. Select all applicable checkboxes that indicate whether or not the project currently follows a housing first approach that ensures that participants are not screened out based on barriers such as income, sobriety, etc. Select “none of the above” if the project does not follow a housing first approach.
- Does the project quickly move participants into permanent housing?:This is a required field. Select “Yes” to this question if your project will quickly move program participants into permanent housing without additional steps (e.g., required stay in transitional housing first) before moving to permanent housing. If you are a domestic violence (DV) program you should select “Yes” if you will quickly move program participants into permanent housing after immediate safety needs are addressed (e.g., a person who is still in danger from a violent partner and would move into PH once the dangerous situation has been addressed). Select “No” if the project does not work to move program participants quickly into permanent housing.)
- Does the project ensure that participants are not screened out based on the listed reasons? (Check all that apply): This is a required field and at least one option must be selected. Multiple checkbox selections are provided.
- Does the project ensure that participants are not terminated from the program for the listed reasons? (Check all that apply) Multiple checkbox selections are provided.
- Does the project follow a "Housing First" approach? This is auto-scored based upon the responses to the questions above and “Yes” or “No” will indicate if the project is using the Housing First approach to house program participants.

PH PROJECTS ONLY

Does the PH project provide PSH or RRH: This is a required field. Select” PSH” if the project will operate according to a permanent supportive housing model as defined by 24 CFR 578. Select “RRH” if the project will operate according to a rapid rehousing model as defined by 24 CFR 578.

PH AND TH PROJECTS ONLY:

Does the project request costs under the rental assistance budget line item?: This is a required field. If requesting rental assistance, select “Yes” from the dropdown menu. If not requesting rental assistance in this project application, select “No”.

RENTAL ASSISTANCE PROJECTS ONLY

Is this a CoC Program leasing or SHP project that had been approved by HUD to change the renewal project budget from leasing to rental assistance? (This change must have been listed on

the final HUD-approved FY 2016 GIW. See 24 CFR 578.49(b)(8)): This is a required field. "Yes" should only be selected if HUD approved a change from leasing to rental assistance during the FY 2016 GIW process.

FOR SSO PROJECTS ONLY

Please select the type pf SSO Project: Four options are given; Street Outreach; Housing Project or Housing Structure Specific; Coordinated Entry; Standalone Supportive Service. Only Coordinated Entry will have follow up questions.

FOR SSO COORDINATED ENTRY PROJECTS ONLY

Will the coordinated entry process funded in part by this grant cover the COC's entire geographic area: This is a required field. Yes/ No dropdown question.

Will the coordinated entry process funded in part by this grant be easily accessible: This is a required field. Yes/No dropdown question.

Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance. This is a required field. Explain the outreach strategy of the CE.

Does the coordinated entry process use a comprehensive, standardized assessment process: This is a required field. Yes/No dropdown question.

Describe the referral process and how the coordinated entry process ensures that participants are directed to appropriate housing and/or services: This is a required field. Explain the referral process.

If the coordinated entry process includes differences in the access, entry, assessment, or referral for certain populations, are those differences limited only to the following four groups: Individuals, Families, DV, and Youth: This is a required field. Yes/No dropdown question.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Provide a description that addresses the entire scope of the proposed project.

The PHPWD I project is a 1-year renewal of leasing costs for 7 units for chronically homeless individuals who are over the age of 17. All 7 units are dedicated to chronically homeless individuals. If there are no chronic applicants, 1 unit may serve a non-chronic disabled person with severe medical issues. Currently, 7 units serve chronically homeless individuals. Human Services Programs of Carroll County, Inc. (HSP) leases scattered site units and clients agree to an Occupancy Agreement for services. Prior to leasing, each unit must pass HQS, rent reasonableness and ERR requirements. Most units are located within walking distance of health services and shopping. Applicants come from the streets, Safe Haven or a shelter. Applicant/resident data is entered into HMIS. All participants are referred through the Coordinated Intake system used throughout the CoC. An assessment of chronic status, severity and number of disabilities and length of time homeless to create a weighted waitlist. HSP follows a Housing First model. Homeless persons choose shelter, transitional housing, Safe Haven or PSH. Clients with no income can request assistance with rent, utilities and essential expenses funded by a foundation grant until they secure income. Of the 4 chronics who entered PHPWD I in the last program year, 2 were street homeless and 2 were from Safe Haven. During the year, 100% maintained housing 6+ months; of the 4 who left, 2 went to prison, 1 secured Section 8, 1 resides in a psychiatric hospital. 100%

entered/maintained cash and non-cash income. No one returned to homelessness. - Metric 2. A dedicated SOAR Counselor is offered by a partnership with the Health Dept. and wrap services provided through the CHES/CABHI grant. Health Dept. Peer Support Workers trained in integrated behavioral health mentor residents. The full time case manager (for 15 units of PSH) encourages residents to participate in services of their choice. New clients meet with the case manager weekly to help them move and acclimate to their unit, have food, furniture, bedding, and to obtain mainstream resources. Integrated behavioral health services are offered by the Health Dept. and free health and reduced fee dental services and an ACA navigator, are offered by Access Carroll, providing a medical home. Clients are encouraged to participate in activities that will improve their capacity for self-care. The Case manager conducts annual certification of income and program eligibility. HSP services include life skills, employment skills, financial education, banking, budgeting, credit repair, Volunteer Income Tax Assistance and OHEP for heating/cooling costs. HSP is participating in MD ICH meetings to explore Medicaid reimbursement. To date, no one in MD receives these funds. Program Goals: Serve 7 chronically homeless individuals; more if there is turn over; 80% will stay in the program 6 months; and, 80% will maintain or increase their income at exit or end of program period.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless	X	**Domestic Violence**	
Veterans	X	**Substance Abuse**	X
Youth (under 25)	X	**Mental Illness**	X
Families with Children		**HIV/AIDS**	
		Other (Click 'Save' to update)	

Other:

3. Housing First

3a. Does the project quickly move participants into permanent housing Yes

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

Having too little or little income	

	X
Active or history of substance abuse	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of domestic violence (e.g. lack of a protective order, period of separation from abuser, or law enforcement involvement)	X
None of the above	

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

Failure to participate in supportive services	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X
Domestic violence	X
Any other activity not covered in a lease agreement typically found in the project's geographic area.	X
None of the above	

3d. Does the project follow a "Housing First" approach? Yes

4. Does the PH project provide PSH or RRH? PSH

4a. Does the project request costs under the rental assistance budget line item? No

4A. Supportive Services for Participants

Instructions:

ALL PROJECTS EXCEPT HMIS

For all supportive services available to participants, indicate who will provide them, and how often they are provided. This field is required and at least one value must be entered. Complete each row of drop down menus for supportive services that will be available to participants, using the funds requested through the application, and funds from other sources. If more than one Provider is relevant for a single service, please select the provider that corresponds to the highest frequency.
- Provider: select one of the following: “Applicant” to indicate that the applicant will provide the service directly; “Subrecipient” to indicate that a subrecipient will provide the service directly; “Partner” to indicate that an organization that is not a subrecipient of project funds but with whom a formal agreement or MOU has been signed will provide the service directly; or, “Non-Partner” to indicate that a specific organization with whom no formal agreement has been established regularly provides the service to clients. If more than one provider offers the service at the same frequency, choose the provider according to the following: Applicant, then Subrecipient, then Partner, and lastly, non-Partner.

- Frequency: Select the most common interval of time for which the service is accessible to participants. If two frequencies are equally common, choose the interval with the highest frequency.
Applicants may leave dropdown menus as “—select—” when services are not applicable.

Please identify whether the project includes the following activities:
- Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Select “Yes” or “No” from the dropdown menu.
- Use of a single application form for four or more mainstream programs? Select “Yes” or “No” from the dropdown menu.
- At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Select “Yes” or “No” from the dropdown menu.
- Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Select “Yes or “No” from the dropdown menu. If “Yes” is selected the following question will become visible:

- Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Select “Yes” or “No” from the dropdown menu.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. For all supportive services available to participants, indicate who will provide them, how they will be accessed, and how often they will be provided.
Click 'Save' to update.

Supportive Services		Provider	Frequency
Assessment of Service Needs		Applicant	Monthly
Assistance with Moving Costs		Applicant	As needed
Case Management		Applicant	Weekly
Child Care		Non-Partner	As needed
Education Services		Applicant	As needed

Employment Assistance and Job Training	Applicant	As needed
Food	Partner	As needed
Housing Search and Counseling Services	Applicant	As needed
Legal Services	Non-Partner	As needed
Life Skills Training	Applicant	Bi-weekly
Mental Health Services	Partner	As needed
Outpatient Health Services	Partner	As needed
Outreach Services	Applicant	As needed
Substance Abuse Treatment Services	Partner	Weekly
Transportation	Partner	As needed
Utility Deposits	Applicant	As needed

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. Use of a single application form for four or more mainstream programs? Yes

2c. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

3. Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Yes

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Yes

4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the icon.

Total Units: 7

Total Beds: 7

Total Dedicated CH Beds: 7

Total Prioritized CH Beds: 0

Housing Type	Units	Beds	Dedicated CH Beds	Prioritized CH Beds
Scattered-site apartments (...	7	7	7	0

4B. Housing Type and Location Detail

Instructions:

ALL PROJECTS EXCEPT HMIS

A unique detail screen should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail screen. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail screen.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

PH-PSH PROJECTS ONLY

How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless: This is a required field. Enter that total number of beds that are dedicated to the chronically homeless (CH). Dedicated CH beds are required through the project's grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as "CH Beds" on a CoC's Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated for the chronically homeless, enter "0."

How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? This is a required field, but it is Auto calculated. The number that is calculated is the difference between 3a and 2b.

How many of the total beds entered in "3b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. Enter the number of beds that are not dedicated to the chronically homeless but that are currently, or will be upon turnover, prioritized for the chronically homeless. This will be incorporated into the projects grant agreement for FY 2016 and represents the minimum number of beds for which the chronically homeless will be prioritized. If none of the beds are prioritized for the chronically homeless, enter "0."

How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless? This is a required field. Use the number of turnover beds that are not dedicated to the chronically homeless and that you estimated in field c to estimate and enter the number of those beds that will be prioritized for the chronically homeless as soon as they do turnover.

ALL PROJECTS EXCEPT HMIS

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Housing Type: Scattered-site apartments (including efficiencies)

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.

a. Units: 7

b. Beds: 7

3. Beds for the Chronically Homeless

a. How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless?	7
b. How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? Auto calculated	0
c. How many of the beds listed in question "3b." above will likely become available through turnover in the FY 2016 operating year?	0
d. How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless in the FY 2016 operating year?	0

4. Address:

Street 1: 10 Distillery Drive, Suite G-1

Street 2:

City: Westminster

State: Maryland

ZIP Code: 21157

5. Select the geographic area(s) associated with the address: (for multiple selections hold CTRL Key)

249013 Carroll County

5A. Project Participants - Households

Instructions:

ALL PROJECTS EXCEPT HMIS

In each non-shaded field list the number of households or persons served at maximum program capacity. The numbers here are intended to reflect a single point in time at maximum occupancy and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Households: Enter the number of households under at least one of the categories: Households with at least One Adult and One Child, Adult Households without Children, or Households with Only Children.

Households with at least One Adult and One Child: Enter the total number of households with at least one adult and one child. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Households without Children: Enter the total number of adult households without children. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Households with Only Children: Enter the total number of households with only children. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Characteristics: Enter the total number of homeless that fall under one of the characteristics listed.

Persons in Households with at least One Adult and One Child: Enter the number of persons in households with at least one adult and on child for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Persons in Households without Children: Enter the number of persons in households without children for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children: Enter the number of persons in households with only children for each demographic row. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Totals: All fields in the “Total Number…” and “Total Persons” rows will automatically calculate when the “Save” button is clicked.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	0	7	0	7

Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total

Adults over age 24	0	7		7
Adults ages 18-24	0	0		0
Accompanied Children under age 18	0		0	0
Unaccompanied Children under age 18			0	0
Total Persons	0	7	0	7

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Instructions:

ALL PROJECTS EXCEPT HMIS

*This screen can only be completed once Screen “5A. Project Participants – Households” has been completed and saved.

In each non-shaded field enter the number of persons served at maximum program capacity according to their age group, disability status, and the extent in which persons served fit into one or more of the subpopulation categories. The numbers here are intended to reflect a single point in time at maximum capacity and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Complete each of the three charts on this screen according to household types.

Persons in Households with at least one Adult and One Child chart: Enter only persons in households with at least one adult and one child. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and at least one person under the age of 18.

Persons in Households without Children chart: Enter only persons in adult households without children. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children chart: Enter only persons in households with only children. To be listed on this chart, a person must be part of a household with no persons at or above the age of 18, and only persons under the age of 18.

Total Persons: All fields in the “Total Persons” rows will calculate automatically when the “Save” button is clicked.

Describe the unlisted subpopulations referred to above: This field is visible and mandatory if a number greater than 0 is entered into the column “Persons not represented by listed subpopulations.” Enter text that describes the person(s) identified in this column and explains how they do not fall under the other categories in columns 1 through 9.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

Persons in Households with at Least One Adult and One Child

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24										
Adults ages 18-24										
Children under age 18										
Total Persons	0	0	0	0	0	0	0	0	0	0

Persons in Households without Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24	7	0	0	3	0	3	0	3	1	0
Adults ages 18-24	0	0	0	0	0	0	0	0	0	0
Total Persons	7	0	0	3	0	3	0	3	1	0

Click Save to automatically calculate totals

Persons in Households with Only Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Accompanied Children under age 18										
Unaccompanied Children under age 18										
Total Persons	0			0	0	0	0	0	0	0

5C. Outreach for Participants

Instructions:

ALL PROJECTS EXCEPT HMIS

Enter the percentage of project participants that will be coming from each of the following locations: This is a required field. Enter the percentage (between 0% and 100%) of participants that will be coming from each of the following locations:
- Directly from the street or other locations not meant for human habitation
- Directly from emergency shelters
- Directly from safe havens
- From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens (persons coming from TH are not considered to be chronically homeless)
- Persons at imminent risk of losing their night time residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing (only applicable to TH and SSO projects)
- Persons fleeing domestic violence

Total of above percentages: The percentages entered will automatically sum when all required fields are entered and the “Save” button is clicked. A warning message will appear if the total is greater than 100%.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Enter the percentage of project participants that will be coming from each of the following locations.

50%	**Directly from the street or other locations not meant for human habitation.**
10%	**Directly from emergency shelters.**
40%	**Directly from safe havens.**
	From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens.
	Persons fleeing domestic violence.
100%	**Total of above percentages**

6A. Funding Request

Instructions:

ALL PROJECT APPLICATIONS

The fields that must be completed on this screen will vary based on the project type, program type, and component type selected earlier in the project application.

Do any of the properties in this project have an active restrictive covenant: This is a required field. Select “Yes” or “No” to indicate whether or not one or more of the project properties are subject to an active restrictive covenant. As a reminder, any project awarded capital cost funds (new construction, acquisition, or rehabilitation) has a 20 year or if initially awarded under the CoC Program (FY 2012 capital costs and beyond) a 15 year use restriction.

Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project: This is a required field. Indicate if this project previously received funds under either the Samaritan Housing or Permanent Housing Bonus initiative. If yes, then the project must continue to meet the requirements of the initiative, as specified in the Homeless Assistance Grants NOFA for the year in which funds were originally awarded, in order to continue to receive renewal funding under the CoC Program Competition.

Are the requested renewal funds reduced from the previous award as a result of reallocation?: This is a required field. Select “Yes” or “No” to indicate whether the renewal project is reduced through the reallocation process. The response will be compared to the CoC’s Reallocation Forms.

Does this project propose to allocate funds according to an indirect cost rate? This is a required field. Select ‘Yes’ or ‘No’ to indicate whether the project either has an approved indirect cost plan in place or will propose an indirect cost plan by the time of conditional award. For more information concerning indirect costs plans, please consult 2 CFR Part 200.56, Part 200.413 and Part 200.414, FY 2016 NOFA and contact your local HUD office. The following questions become visible if “Yes” is selected:
- Please complete the indirect cost rate schedule below: Must complete at least one row.
- Has this rate been approved by your cognizant agency?: Select “Yes” or “No” from the dropdown menu.
- Do you plan to use the 10% de minimis rate? Select “Yes” or “No” from the dropdown menu.

Renewal Grant Term: This field is pre-populated with a one-year grant term and cannot be edited.

Select the costs for which funding is being requested: This is a required field. All project applications must identify the eligible cost budget for which funding is being requested. The choices available will depend on the component and project type selected on Screen “3A Project Detail.” The following eligible costs may be listed: leased units, leased structures, rental assistance, supportive services, operations, and HMIS. Indicate only those activities listed on the CoC’s final HUD-approved FY 2016 GIW.

If you do not see the funding budgets that you expected, you may need to return to Screen “3A. Project Detail” to review the “Component Type” and/or “3B. Project Description” to review the type of project selected. See the FY 2016 CoC Program NOFA for additional guidance.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Do any of the properties in this project have an active restrictive covenant? No

2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?	Yes
3. Are the requested renewal funds reduced from the previous award as a result of reallocation?	No
4. Does this project propose to allocate funds according to an indirect cost rate?	No
5. Renewal Grant Term:	1 Year

6. Select the costs for which funding is being requested:

Leased Units	X
Leased Structures	
Supportive Services	
Operations	
HMIS	

6B. Leased Units Budget

The following list summarizes the funds being requested for one or more units leased for operating the projects. To add information to the list, select the icon. To view or update information already listed, select the icon.

Total Annual Assistance Requested:	$62,190
Grant Term:	1 Year
Total Request for Grant Term:	$62,190
Total Units:	7

FMR Area	Total Units Requested	Total Annual Budget Requested	Total Budget Requested
MD - Baltimore-Co...	7	$62,190	$62,190

Leased Units Budget Detail

Instructions:

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY2016 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rent for each unit in the FMR Area column in the chart below. The FMRs are available online at http://www.huduser.org/portal/datasets/fmr.html.

Size of Units: These options are system generated. Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

# of units: This is a required field. For each unit size, enter the number of units for which funding is being requested. The number(s) entered must match the HUD approved FY 2016 GIW.

Total Units and Annual Assistance Requested: This is a required field. Enter in the total leased units amount according to the CoC's HUD approved FY 2016 GIW.

Grant Term: This field is populated with "1 Year" and will be read only.

Total Request for Grant Term: This field will equal the total leasing amount entered above.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

Enter the appropriate values in the "Number of Units" AND "Total Request" fields.

Metropolitan or non-metropolitan fair market rent area: MD - Baltimore-Columbia-Towson, MD MSA (2400399999)

Leased Units Annual Budget

Size of Units	# of Units (Applicant)	Total Request (Applicant)
SRO		
0 Bedroom		
1 Bedroom	7	
2 Bedroom		
3 Bedroom		
4 Bedroom		
5 Bedroom		
6 Bedroom		
7 Bedroom		
8 Bedroom		
9 Bedroom		

Total Units and Annual Assistance Requested	7	$62,190
Grant Term		1 Year
Total Request for Grant Term		$62,190

Click the 'Save' button to automatically calculate totals.

6H. Sources of Match

The following list summarizes the funds that will be used as Match for the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.

Summary for Match

Total Value of Cash Commitments:	$889
Total Value of In-Kind Commitments:	$0
Total Value of All Commitments:	$889

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Government	Carroll County Go...	09/08/2016	$889

Sources of Match Detail

Instructions:

Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	Cash
3. Type of Source:	Government
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	Carroll County Government program support for required match
5. Date of Written Commitment:	09/08/2016
6. Value of Written Commitment:	$889

6I. Summary Budget

Instructions:

The system populates a summary budget based on the information entered into each preceding budget form. Review the data and return to the previous forms to correct any inaccurate information. All fields are read only with exception to field “7. Admin (Up to 10%).”

Admin (Up to 10%): Enter the amount of requested administration funds. The request should match the amount identified on the CoC’s HUD-approved FY 2016 GIW. HUD will not fund greater than 10% of the request listed in the field “Sub-Total Eligible Costs Request.” If an amount above 10% is entered, the system will report an error and prevent application submission when the screen is saved.

Total Assistance plus Admin Requested: This field is automatically populated based on the amount of funds requested on the various budgets completed by the project applicant and Admin costs requested. This is the total amount of funding the project applicant will request in the FY 2016 CoC Program Competition.

Cash Match: This field is automatically populated. If it needs to be changed, return to Screen “6H. Sources of Match” to make changes to this field.

In-Kind Match: This field is automatically populated. If it needs to be changed, return to Screen “6H. Sources of Match” to make changes to this field.

Total Match: This field will automatically calculate the total combined value of the Cash and In-Kind Match. The total match must equal 25% of the request listed in the field “Total Eligible Costs Request” minus the amount requested for Leased Units and Leased Structures. There is no upper limit for Match. If an ineligible amount is entered, the system will report an error and prevent application submission. To correct an inadequate level of match, return to Screen “6H. Sources of Match” to make changes.

Cash and In-Kind Match entered into the budget must qualify as eligible program expenses under the CoC program regulations. Compliance with eligibility requirements will be verified at grant agreement.

The Total Budget automatically calculates when you click the "Save" button.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

The following information summarizes the funding request for the total term of the project. However, the appropriate amount of cash and in-kind match and administrative costs must be entered in the available fields below.

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	$62,190
1b. Leased Structures	$0
2. Rental Assistance	$0

3. Supportive Services	$0
4. Operating	$0
5. HMIS	$0
6. Sub-total Costs Requested	$62,190
7. Admin (Up to 10%)	$3,557
8. Total Assistance plus Admin Requested	$65,747
9. Cash Match	$889
10. In-Kind Match	$0
11. Total Match	$889
12. Total Budget	$66,636

7A. Attachment(s)

Instructions:

Subrecipient Nonprofit Documentation: Documentation of the subrecipient's nonprofit status must be uploaded, if the applicant and project subrecipient are different entities, and the subrecipient is a nonprofit organization.

Other Attachment(s): Attach any additional information supporting the project funding request. Use a zip file to attach multiple documents.

If indicated on Screens 3A and/or 3B, the following additional attachment screens may be visible that should be used instead of Screen 7A. Attachments:

CoC Rejection Letter: Projects that are applying for CoC funds and that have been rejected for the competition by their CoC (Solo Projects) must submit documentation from the CoC verifying and explaining why the project has been rejected.

Certification of Consistency with Consolidated Plan: Each applicant that is not a State or unit of local government is required to have a certification by the jurisdiction in which the proposed project will be located confirming that the applicant's application for funding is consistent with the jurisdiction's HUD-approved consolidated plan. The certification must be made in accordance with the provisions of the consolidated plan regulations at 24 CFR part 91, subpart F. For projects that selected "No CoC" on Screen 3A, a form HUD-2991 must be obtained and signed by the certifying official for the applicable jurisdiction, indicating that the proposed project will be consistent with the Consolidated Plan. If the Solo Applicant is a State or unit of local government, the jurisdiction must certify that it is following its HUD-approved Consolidated Plan.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachment	No	Commissioners Let...	08/31/2016
3) Other Attachment	No		

Attachment Details

Document Description: HSP IRS 501 c 3 Determination Letter

Attachment Details

Document Description: Commissioners Letter of Support

Attachment Details

Document Description: HSP All Match and Leverage FFY 2015

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official	Angela Gustus
Date:	08/31/2016
Title:	Executive Director
Applicant Organization:	Human Services Programs of Carroll County, Inc.
PHA Number (For PHA Applicants Only):	
I certify that I have been duly authorized by the applicant to submit this Applicant	X

Certification and to ensure compliance. I am aware that any false, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).

8B Submission Summary

Page	Last Updated
1A. Application Type	08/10/2016
1B. Legal Applicant	No Input Required
1C. Application Details	No Input Required
1D. Congressional District(s)	08/10/2016
1E. Compliance	08/10/2016
1F. Declaration	08/10/2016
2A. Subrecipients	No Input Required
2B. Recipient Performance	08/31/2016
3A. Project Detail	08/10/2016

3B. Description	08/31/2016
4A. Services	08/10/2016
4B. Housing Type	08/31/2016
5A. Households	08/10/2016
5B. Subpopulations	No Input Required
5C. Outreach	08/10/2016
6A. Funding Request	08/10/2016
6B. Leased Units	08/10/2016
6H. Match	08/31/2016
6I. Summary Budget	No Input Required
7A. Attachment(s)	08/31/2016
7B. Certification	08/10/2016

CARROLL COUNTY MARYLAND
225 N. Center Street
Westminster, Maryland 21157-5194
410-386-2082 • 1-888-302-8978
FAX 410-848-0003
MD RELAY Services: 711 or 800-735-2258 (TTY)

Department of Management
and Budget
Ted Zaleski, Director

September 8, 2016

Ms. Angela Gustus, Executive Director
Human Services Programs of Carroll County, Inc.
10 Distillery Drive
Westminster, Maryland 21157

RE: Support for Human Services Programs of Carroll County, Inc. Continuum of Care Applications for FFY 2016

Dear Ms. Gustus:

The Board of Carroll County Commissioners has committed the following cash contribution to support Human Services Programs of Carroll County, Inc. (HSP) applications applied for under HUD's FFY 2016 Continuum of Care (CoC) Grant.

The Board of Carroll County Commissioners allocated $1,147,100 in cash for its FY 2017 budget to Human Services Programs designating $171,436 for Continuum of Care cash matching funds for the Safe Haven program during HUD's FFY 16 project period. In addition to the cash match, the County designates up to $79,445 of the HSP allocation to cash leverage for the Safe Haven project.

On September 8, 2016, the Board approved the following for the FFY 16 CoC project periods:

- $8,025 in cash match and $6,346 in cash leverage for the Supportive Services Only project for Coordinated Intake.
- $889 in cash match and $3,510 in cash leverage for the Permanent Supportive Housing for the Disabled Project I.
- $1,431 in cash match and $3,896 in cash leverage for the Permanent Supportive Housing for the Disabled Project II.
- $1,320 in cash match and $2,120 in leverage for the Permanent Support Housing for the Disabled Project VIII.

The chart displaying the projects and project periods for which these funds are designated is attached. Please call me at 410-386-2082 should you have questions or require additional information.

Sincerely,

Ted Zaleski
Director of Management and Budget

3B. Description	08/10/2016
4A. Services	08/18/2016
4B. Housing Type	08/09/2016
5A. Households	08/09/2016
5B. Subpopulations	08/09/2016
5C. Outreach	08/10/2016
6A. Funding Request	08/09/2016
6D. Rental Assistance	08/09/2016
6H. Match	08/11/2016
6I. Summary Budget	No Input Required
7A. Attachment(s)	No Input Required
7B. Certification	08/10/2016

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember:
- Only Collaborative Applicants may apply for CoC Planning funds using this application, and only one CoC Planning application may be submitted during the FY 2016 CoC Program grant competition.
- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD the HUD Exchange Ask A Question
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award management (SAM) in order to apply for funding under the Continuum of Care (CoC) Program Competition. For more information see the FY 2016 CoC Program NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2016 CoC Program NOFA, including the General Section Technical Correction, and all requirements and criteria met.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with the instructions found on each individual screen
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- HUD reserves the right to reduce or reject any new or renewal project that fails to adhere to 24 CFR Part 578 and application requirements set forth in the FY 2016 CoC Program NOFA.

1A. Application Type

Instructions:

Type of Submission: This field is pre-populated and cannot be changed.

Type of Application: This field is pre-populated and cannot be changed.

Date Received: This field is pre-populated with the date on which the application is submitted and cannot be edited.

Applicant Identifier: Field intentionally left blank, cannot edit.

Federal Entity Identifier: Field intentionally left blank, cannot edit.

Federal Award Identifier: Field intentionally left blank, cannot edit.

Date Received by State: Field intentionally left blank, cannot edit.

State Application Identifier: Field intentionally left blank, cannot edit.

Additional Resources can be found at the HUD Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Type of Submission:

2. Type of Application: CoC Planning Project Application

If Revision, select appropriate letter(s):

If "Other", specify:

3. Date Received: 09/07/2016

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier

6. Date Received by State:

7. State Application Identifier:

1B. Legal Applicant

Instructions:

The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on “”View Applicant Profile” from the left-menu bar, place the Project Applicant Profile in “edit” mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in “complete” mode before clicking on “Back to FY 2016 CoC Planning Project Application” from the left-menu bar. For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile"training document on the HUD Exchange.

8. Applicant

a. Legal Name: Board of Carroll County Commissioners

b. Employer/Taxpayer Identification Number (EIN/TIN): 52-6000910

	c. Organizational DUNS:	074941790	**PLUS 4**	

d. Address

Street 1: 225 North Center Street

Street 2:

City: Westminster

County:

State: Maryland

Country: United States

Zip / Postal Code: 21157

e. Organizational Unit (optional)

Department Name: Citizen Services

Division Name:

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Ms.

First Name: Christine

Middle Name:

Last Name:	Kay
Suffix:	
Title:	Director, Citizen Services
Organizational Affiliation:	Board of Carroll County Commissioners
Telephone Number:	(410) 386-3600
Extension:	
Fax Number:	(410) 876-5255
Email:	ckay@ccg.carr.org

1C. Application Details

Instructions:

The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on “”View Applicant Profile” from the left-menu bar, place the Project Applicant Profile in “edit” mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in “complete” mode before clicking on “Back to FY 2016 CoC Planning Project Application” from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile"training document on the HUD Exchange.

9. Type of Applicant:	B. County Government
If "Other" please specify:	
10. Name of Federal Agency:	Department of Housing and Urban Development
11. Catalog of Federal Domestic Assistance Title:	CoC Program
CFDA Number:	14.267
12. Funding Opportunity Number:	FR-6000-N-25
Title:	Continuum of Care Homeless Assistance Competition
13. Competition Identification Number:	
Title:	

1D. Congressional District(s)

Instructions:

Areas Affected By Project: This field is required. Select the State(s) in which the proposed project will operate and serve the homeless.

Descriptive Title of Applicant's Project: This field is populated with the name entered on the Project Form when the project application was initiated. To change the project name, click return to the Submission List and click on "Projects" on the left hand menu. Click on the magnifying glass next to the project name to edit.

Congressional District(s):

a. Applicant: This field is pre-populated from the Project Applicant Profile. Project applicants cannot modify the pre-populated data on this screen. However, project applicants may modify the Project Applicant Profile in e-snaps to correct an error.

b. Project: This field is required. Select the congressional district(s) in which the project operates. For new projects, select the district(s) in which the project is expected to operate.

Proposed Project Start and End Dates: In this required field, , indicate the estimated operating start and end date of the project.

Estimated Funding: Fields intentionally left blank, cannot edit.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

14. Area(s) affected by the project (state(s) only): (for multiple selections hold CTRL+Key) Maryland

15. Descriptive Title of Applicant's Project: CoC Planning Project FY2016

16. Congressional District(s):

a. Applicant: MD-008

b. Project: MD-008, MD-001
(for multiple selections hold CTRL+Key)

17. Proposed Project

a. Start Date: 01/01/2018

b. End Date: 12/31/2018

18. Estimated Funding ($)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. Compliance

Instructions:

Is Application Subject to Review by State Executive Order 12372 Process: In this required field, select the appropriate dropdown option that applies to the Applicant applying for homeless assistance funding. Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.

Click the following link to access the lists of those States that have chosen to participate in the intergovernmental review process: http://www.whitehouse.gov/omb/grants_spoc

If the applicant is located in a state or U.S. territory that is required review by State Executive Order 12372, enter the date this application was made available to the State or U.S. territory for review.

Is the Applicant Delinquent on any Federal Debt: In this required field, select the appropriate dropdown option that applies to the project applicant. This question applies to the project applicant's organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans, and taxes.

If "Yes" is selected an explanation is required in the space provided on this screen.

Additional Resources can be found at the HUD Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

19. Is the Application Subject to Review By State Executive Order 12372 Process?	a. Yes
If "YES", enter the date this application was made available to the State for review:	09/14/2016
20. Is the Applicant delinquent on any Federal debt?	No
If "YES," provide an explanation:	

1F. Declaration

Instructions:

The authorized person for the project applicant organization must agree to the declaration statement in order to proceed to the project application. The list of certifications and assurances are contained in the FY 2016 CoC Program NOFA (Section VI.A.1.b) and in the e-snaps Project Applicant Profile.

Authorized Representative: The authorized representative's information is pre-populated on this screen from the Project Applicant Profile. A copy of the governing body's authorization for this person to sign the project application as the official representative must be on file in the applicant's office.

Additional Resources can be found at the HUD Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

All screens, 1A – 1F must be completed in full before the project applicant will have access to the Project Application in e-snaps.

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

I AGREE: X

21. Authorized Representative

Prefix:	Mr.
First Name:	Stephen
Middle Name:	A.
Last Name:	Wantz
Suffix:	
Title:	President
Telephone Number: (Format: 123-456-7890)	(410) 386-2082
Fax Number: (Format: 123-456-7890)	(410) 848-0003
Email:	ccgrants@ccg.carr.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 09/07/2016

2A. Project Detail

Instructions:

CoC Number and Name: Select the number and name of the CoC that the project applicant – also the collaborative applicant – represents. This is the CoC that will submit the CoC Consolidated Application to HUD by the designated submission deadline.

CoC Applicant Name: Select the name of the CoC Applicant, also known as the Collaborative Applicant, from the dropdown. The selection should be the same as the project applicant for the CoC Planning grant. In most cases, there will only be one name from which to choose. Make sure to select the correct applicant name.

Project Name: This is pre-populated from the "Project" form and cannot be edited.

Component Type: This field is pre-populated with the value "CoC Planning Project Application" and cannot be edited.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1a. CoC Number and Name: MD-506 - Carroll County CoC

1b. Collaborative Applicant Name: Carroll County, Commissioners of

2. Project Name: CoC Planning Project FY2016

3. Component Type: CoC Planning Project Application

2B. Project Description

Instructions:

Provide a description that addresses the entire scope of the proposed project and how the Collaborative Applicant will use grant funds to comply with the provisions of 24 CFR 578.7: This is a required field. The project description must clearly describe the proposed planning activities that will be carried out by the CoC with these grant funds and how the CoC will ensure compliance with the provisions of 24 CFR 578.7 as well as the associated planning activities at 24 CFR 578.39.

Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work: This is a required field. The description must clearly demonstrate the estimated schedule of implementing the proposed activities, the management plan in place to ensure timely start of the project if awarded, and a description of how the Collaborative Applicant will complete the proposed activities.

How will the requested funds improve the CoC's ability to evaluate the outcome of CoC and ESG projects: This is a required field. The narrative should include the Collaborative Applicant's increased capacity for evaluation, and how that capacity will allow for the evaluation of both CoC and ESG projects.

How will the planning activities continue beyond the expiration of HUD financial assistance: This is a required field. The narrative should provide a brief description of how the planning activities paid for by the grant funds might continue beyond the grant term listed in this application and without HUD funds.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Provide a description that addresses the entire scope of the proposed project and how the Collaborative Applicant will use grant funds to comply with the provisions of 24 CFR 578.7.

The proposed grant funding will cover approximately 564 hours of staff time annually to assist the Collaborative Applicant, the CoC Board and the Circle of Caring Homelessness Board in complying with the provisions of 24 CFR 578.7 and in coordinating the implementation of a housing and service system within the CoC's geographic area. Specific duties for this position include annual monitoring of CoC projects awarded in the Continuum's geographic area including Permanent Supportive Housing, Safe Haven and Coordinated Intake. Monitoring will include a review using HUD forms, Eligibility of Program Costs, Participant Eligibility, appropriate Financial and Programmatic oversight, Fiscal checks and balances and compliance including timely drawdowns and efficient utilization of Federal funds as well as match and leveraging. In addition, a review of the APR's, the Grant Agreements and HMIS data, as well as a review of participant records, site visits and unit inspections will be done to complete the monitoring process. Monitoring also includes timely submission of APR's, a review of each project's performance measures including Bed/Program Utilization, Housing Stability, Increases in Cash and Non-Cash Income, Outreach and Linkages to other CoC resources and services as appropriate. Monitoring is supported by the Carroll County Grants Office and results are provided to the CoC Board as well as the CoC Ranking Committee.

The staff person covered by this grant is also an active voting member of the Circle of Caring Homelessness Board. They likewise attend the CoC Ranking Committee and the CoC Data/Performance Committee (responsible for the PIT) to provide guidance on the requirements of 24 CFR 578.7 and to advise the CoC Board on the progress towards the implementation of a housing and service system within the CoC's geographical area. Staff is also active in the CoC's PIT counts and in reviewing data submitted for the PIT and the HIC. Staff also works closely with the HMIS Analyst for the CoC to review Project Performance measures quarterly and present any concerns to the CoC Board.

As a non-entitlement jurisdiction, the CoC's geographic area falls under the State of Maryland's Consolidated Plan. Staff will communicate the goals and gaps of the CoC to the MD Consolidated Plan as well as provide data and feedback to the MD Consolidated Plan. Staff provides comment during the Public Comment period for the MD Consolidated Plan as well as a letter of support.

Staff also works with CoC Committees and the CoC Board to provide assistance with setting Annual Action Steps and Plans and evaluating progress towards those goals. In addition, staff will assist in reviewing and updating the CoC's Governance Documents as well as Policies and Procedures as required by 24 CFR 587.7.

Finally, staff assists with the annual submission of the Continuum of Care grant serving as a writer and reviewer for the submission.

2. Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work.

Oversight for the staff to be funded by the grant falls under the Board of Carroll County Commissioners – the CoC's Collaborative Applicant. The CoC's Collaborative Applicant also oversees the HMIS in the CoC, operates the County's Housing Choice Voucher Program, The Family Self Sufficiency Program, Emergency Solutions Grant programs (ESG) as well as a variety of state and locally funded programs to assist homelessness and at risk. The Fiscal Supervisor of the Department of Citizen Services directly supervises this position and will be responsible for the effective and timely completion of all work. The estimated schedule for tasks includes:

1. Annually – Monitoring of all CoC funded projects; Assist with PIT; Annual review of and contribution to the MD Consolidated Plan; Participation in the CoC Ranking Committee; Assistance with the Preparation of the Continuum of Care Grant Submission.

2. Quarterly – Review of Project Performance and reports to CoC Board with assistance from HMIS analyst; Attendance at other CoC Committee meetings as an ad hoc member; Rolling review of CoC Governance including Policies and Procedures. Financial records are reviewed to verify timely draws from eLOCCS and to insure the full expenditure of awarded funds

3. Monthly – Attendance at CoC Committee meetings as voting member including: Circle of Caring Homelessness Board, CoC Data/Performance

Committee (responsible for PIT)

3. How will the requested funds improve the CoC's ability to evaluate the outcome of CoC and ESG projects?

The award of funding for planning staff under the Continuum of Care increases the capacity of the Collaborative Applicant to evaluate both CoC and ESG projects. Without this funding, all responsibility for monitoring and evaluation falls to the Fiscal Supervisor in the Collaborative Applicant's Department of Citizen Services. This single position has oversight of a variety of grant programs in addition to the Continuum of Care including County's Housing Choice Voucher Program, the Family Self Sufficiency Program, Emergency Solutions Grant program (ESG) as well as a variety of state and locally funded programs to assist homelessness and at risk. The 564 hours annually requested in the grant will provide staff dedicated to the oversight, monitoring and assistance with the Continuum of Care and therefore, will increase the capacity of the Collaborative Applicant to oversee both CoC and ESG projects. In addition, this will provide the Collaborative Applicant additional capacity to coordinate the impact of ESG and CoC funds regarding the housing and service system within the CoC's geographic area. The Collaborative Applicant works with the CoC Board to establish local ESG performance standards, monitors ESG sub-recipient performance and provides fiscal oversight. The CoC's local performance is reported back to the State ESG recipients.

4. How will the planning activities continue beyond the expiration of HUD financial assistance?

The Department of Citizen Services will ask the Board of Commissioners to continue funding the part-time contractual position should HUD no longer fund the planning grant. As a government entity, fund-raising efforts are limited but a variety of efforts, including seeking other eligible grants and other funding sources, would be considered by the CoCHB to continue programs.

3A. Governance and Operations

Instructions

Screen 3A requires project applicants to detail important aspects of their CoC's governance structure and operations.

How often does the CoC conduct meetings of the full CoC membership? In this required field, select the appropriate dropdown option from the menu to indicate how often the CoC conducts meetings with the full CoC membership invited and largely accounted for.

Does the CoC include membership of a homeless or formerly homeless person? This is a required field. Select "Yes" or "No" to indicate whether or not the CoC membership includes at least one homeless or formerly homeless individual.

For members who are homeless or formerly homeless, what role do they play in the CoC membership? (Select all that apply): Select an option from the dropdown menu to indicate the roles that homeless or formerly homeless members play in the CoC.

Does the CoC's governance charter incorporate written policies and procedures for each of the following: Select "Yes" for each of the following if it is included in the CoC's governance charter. Select "No" for each of the following if is NOT included in the CoC's governance charter.

a. Written agendas of CoC meetings?

b. Coordinated Entry? (Also known as centralized or coordinated assessment)

*Please explain why written policies and procedures for Coordinated Entry have not been incorporated into the CoC's governance charter? This question will appear if no is selected for question "b" above.

c. Process for monitoring outcomes of ESG recipients?

d. CoC policies and procedures?

e. Written process for board selection?

f. Code of Conduct for board members that includes a recusal process?

g. Written standards for administering assistance?

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 past 12 months? Select "Yes" if there were any written complaints, from any source, 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 past 12 months.

If yes, briefly describe the complaint(s), how it was resolved, and the date(s) in which it was resolved. This question will appear if "Yes" is selected for question 4 above. Remember to include how the complaint(s) was resolved and the date of resolution.

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

2. Does the CoC include membership of a homeless or formerly homeless person? Yes

2a. For members who are homeless or formerly homeless, what role do they play in the CoC membership? (Select all that apply)

Participates in CoC meetings:	X
Votes, including electing Coc Board:	X
Sits on CoC Board:	X
None:	

3. Does the CoC's governance charter incorporate written policies and procedures for each of the following

a. Written agendas of CoC meetings?	Yes
b. Coordinated Entry? (Also known as centralized or coordinated assessment)	Yes
c. Process for monitoring outcomes of ESG recipients?	Yes
d. CoC policies and procedures?	Yes
e. Written process for board selection?	Yes
f. Code of Conduct for board members that includes a recusal process?	Yes
g. Written standards for administering assistance?	Yes

4. 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 past 12 months?	No

3B. Committees

Instructions

Screen 3B provides an opportunity for project applicants to list the CoC committees that meet regularly regarding CoC-wide planning and policy. Please list no more than five committees and choose those that have the broadest impact and/or that meet most frequently.

Committees: In the following table, 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, the frequency of the meetings and name of individuals and/or organizations represented. Only include committees, subcommittees, and/or workgroups that are directly involved in CoC-wide planning and not the regular delivery of services.

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 the meetings. Only include committees, subcommittees and/or workgroups, that are directly involved in CoC-wide planning and not the regular delivery of services.

Committee Name	Role of the Committee (max 750 characters)	Meeting Frequency	Name of Individuals and/or Organizations Represented
Executive Committee	Address changes in policy as required by grantors, review projects funded through federal and state grants to determine compliance and success with meeting project goals and outcomes, monitor existing grants for the homeless, seek new members and help to secure nominations for Officers of the Circle, and advocate with Federal, State and local legislators for increases in housing and support programs. This committee is responsible for the oversite of the CoC and its subcommittees.	Bi-Monthly	Christine Kay, Jerry Fuss, Jenn Quick, Amy Baker, Angela Gustus, Brian Sanderson, Danielle Yates, Darcel Harris, Debby Standiford, Ed Singer, Frank Valenti, Kelley Rainey
Civic Engagement Committee	This committee will use various forms of media to create customized public awareness campaigns about homelessness, ask for support of area governments, and proactively develop ideas with other agencies regarding sub populations of homelessness.	Monthly	Carol Bernstein, Frank Valenti, Vince Pacelli, Matt Peregoy
Street Outreach Committee	Goals include adding an additional formerly homeless or homeless individual to the CoC and hold regular meetings among agencies to increase collaborative outreach. Hold a joint Community Resource Fair in the summer pursuing the same HUD goals as the PIT. Ensure that people identified in the PIT receive follow up services and explore the development of a standing team(s) to conduct outreach to unsheltered throughout the year and continue working with other agencies to provide housing and mainstream benefits to those in need.	Monthly	Chelsea Garvey, Brian Rink, Neil Brooks, Trisha Sater, Catherine Dodson, Diana Coleman

Data/Performance Committee	To review data produced by the Community Service Point homelessness management database and develop goals and objectives to guide the Circle of Caring homelessness committees. This committee will conduct the annual PIT and refer the data to the appropriate committees as a means of support in their endeavors.	Monthly	Chelsea Garvey, Jan Mickey, Mary Jo Piarote, Neil Brooks, Caren Jagoda, Debby Standiford
Ending Homelessness Committee	To focus on the goals of ending homeless as stated by HUD. They will develop a model to ending Veteran Homelessness by 2017, which will then be used and adjusted as necessary for the other subpopulations. They will work with agencies related to employment, housing, and health stability in order to insure all homelessness is rare, brief and one time.	Monthly	Frank Valenti, Denise Rickell, Scott Yard, Adrienne Fletcher, Jenny Graybill, Cindy Shaw, Amy Baker

4A. Sources of Match

Instructions:

Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Please review 24 CFR Part 578, the FY 2016 Funding Notice, and the FY 2016 CoC Program NOFA for more detailed information concerning Match

Will this commitment be used towards Match? Select Match to categorize each commitment being entered.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable) Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match screen will populate the Screen "3B. Funding Request." The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the HUD Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

The following list summarizes the funds that will be used as Match for the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.

Summary for Match

Total Value of Cash Commitments:	$2,843
Total Value of In-Kind Commitments:	$0
Total Value of All Commitments:	$2,843

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Government	The Board of Carr...	09/08/2016	$2,843

Sources of Match Details

1. Will this commitment be used towards Match?	Yes
2. Type of commitment:	Cash
3. Type of source:	Government
4. Name the source of the commitment: (Be as specific as possible and include the office or grant program as applicable)	The Board of Carroll County Commissioners
5. Date of Written Commitment:	09/08/2016
6. Value of Written Commitment:	$2,843

4B. Funding Request

Instructions:

Is it feasible for the project to be under grant agreement by September 30, 2018: Select “Yes” or “No” to indicate whether the grant agreement will be executed and the project will begin operating by September 30, 2018. The FY 2016 HUD Appropriations Act requires HUD to obligate FY 2016 CoC Program funds by this date. A selection of “No” may result in the rejection of a project application during the HUD assessment. Further, if a CoC Planning award is not obligated with the grant execution by September 30, 2018, the conditional award will be be terminated and the funds recaptured.

Does this project propose to allocate funds according to an indirect cost rate? This is a required field. Select ‘Yes’ or ‘No’ to indicate whether the project either has an approved indirect cost plan in place or will propose an indirect cost plan by the time of conditional award. For more information concerning indirect costs plans, please 2 CFR Part 200.56, Part 200.413 and Part 200.414, FY 2016 NOFA and contact your local HUD office. The following questions become visible if “Yes” is selected:

- Please complete the indirect cost rate schedule below:Applicant must complete at least one row in the grid.
- Has this rate been approved by your cognizant agency?:Select “Yes” or “No” from the dropdown menu.
- Do you plan to use the 10% de minimis rate?:Select “Yes” or “No” from the dropdown menu.

Select a grant term: This field is populated with the value "1 Year" and cannot be edited.

Eligible Costs: For items 1 through 8, enter a “Quantity AND Description” and amount of assistance for each activity for which funds are being requested. “Quantity AND Description” details should be thorough, and failure to enter adequate “Quantity AND Detail” may result in conditions being placed on an award and a delay of grant funding. Once a “Quantity AND Detail” and an amount have been entered into one or more of the items, click “Save” and e-snaps will total the assistance requested and determine the total Match amount required.

Total Costs Requested: This field is automatically calculated based total amount requested for each eligible cost.

Cash Match: This field is automatically populated. If it needs to be changed, return to Screen "4A. Sources of Match" to make changes to this field.

In-Kind Match: This field is automatically populated. If it needs to be changed, return to Screen "4A. Sources of Match" to make changes to this field.

Total Match: This field will automatically calculate the total combined value of the Cash and In-Kind Match. The total match must equal 25% of the request listed in the field "Total Eligible Costs Request" minus the amount requested for Leased Units and Leased Structures. There is no upper limit for Match. If an ineligible amount is entered, the system will report an error and prevent application submission. To correct an inadequate level of match, return to Screen "4A. Sources of Match" to make changes.

Cash and In-Kind Match entered into the budget must qualify as eligible program expenses under the CoC program regulations. Compliance with eligibility requirements will be verified at grant agreement. The Total Budget automatically calculates when you click the "Save" button.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Will it be feasible for the project to be Yes

under grant agreement by September 30, 2018?

2. Does this project propose to allocate funds according to an indirect cost rate? No

3. Select a grant term: 1 Year

A description must be entered for Quantity. Any costs without a Quantity description will be removed from the budget.

Eligible Costs:	Quantity AND Description (max 400 characters)	Annual Assistance Requested (Applicant)
1. Coordination Activities	Staff will attend CoC meetings and the CoC Board meetings on a monthly basis to discuss monitoring results and scheduling, performance measures and policies and procedures to keep all members informed, attend committee meetings and help develop instructional forms and performance measures.(105 hrs)	$2,120
2. Project Evaluation	Staff will meet with project staff on a quarterly basis to review grantee progress, utilization of resources, timelines, APRs and program goals, using HUD forms, grant information, CoC objectives and detailed performance measures to evaluate the effectiveness of the program. This information will be reviewed at the CoC Board meetings. (118 hours)	$2,378
3. Project Monitoring Activities	Progress towards project goals and objectives will be monitored on a monthly basis for all projects and using HMIS detailed data, on a quarterly basis to verify that the project is meeting grant requirements. Staff will meet with grantee to discuss progress or problems and perform a detailed monitoring/audit yearly using HUD forms and detailed performance measures. (117 hrs)	$2,352
4. Participation in the Consolidated Plan	As a non-entitlement jurisdiction, Carroll County CoC falls under the jurisdiction of the Maryland Consolidated Plan. MD's plan is updated annually and staff study proposals, communicate with state to ensure the CoC's goals are included in the state plan and keep CoC members informed.(21 hours)	$429
5. CoC Application Activities	Staff will assist the CoC Board and Carroll County Grants office with preparation the Consolidated Application and will report all monitoring findings to the Ranking Committee and prepare the next Planning Grant Application (71 hrs)	$1,422
6. Determining Geographical Area to Be Served by the CoC	Staff will work with CoC membership, committees and partners to make sure that all areas of Carroll County (the geographical area being served) is being provided with information about services and included in outreach and prevention services(6 hrs)	$124
7. Developing a CoC System	Carroll County has an active and well-defined CoC system, with regular meetings of members, the executive board and committees. Staff will continue to be involved in previous assigned activities of the CoC and also will assist in updating the annual Action Plan, Performance and Policy documents and the Governance document. (12 hrs)	$243
8. HUD Compliance Activities	Planner will monitor the CoC policies, Action Plans, timetables, and meetings, as well of those of the grant recipients to verify that they are in compliance with HUD, McKinney-Vento Act, 24CFR 578 and other requirements, attend HUD trainings and lead the annual audit of program participants (114 hrs	$2,304
Total Costs Requested		$11,372
Cash Match		$2,843
In-Kind Match		$0
Total Match		$2,843
Total Budget		$14,215

Click the 'Save' button to automatically calculate the Total Assistance

5A. Attachment(s)

Instructions:

Other Attachment(s): Attach any additional information supporting the project funding request.
Use a zip file to attach multiple documents.

Document Type	Required?	Document Description	Date Attached
1. Other Attachment(s)	No	CoC 2016 Planning...	09/02/2016
2. Other Attachment(s)	No		

Attachment Details

Document Description: CoC 2016 Planning Grant Match

Attachment Details

Document Description:

5B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race,color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or

disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. For Rental Assistance Only.

Supportive Services.

It will make available supportive services appropriate to the needs of the population served and equal in value to the aggregate amount of rental assistance funded by HUD for the full term of the rental assistance.

D. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall attach an explanation behind this page.

Name of Authorized Certifying Official: Stephen Wantz

Date: 09/07/2016

Title: President

Applicant Organization: Board of Carroll County Commissioners

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, ficticious, or fraudulent statements or claims may subject me to	X

criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001). ☐

6A. Submission Summary

Page	Last Updated
1A. Application Type	No Input Required
1B. Legal Applicant	No Input Required
1C. Application Details	No Input Required
1D. Congressional District(s)	09/07/2016
1E. Compliance	09/07/2016
1F. Declaration	08/09/2016
2A. Project Detail	09/06/2016
2B. Description	09/07/2016
3A. Governance and Operations	09/06/2016
3B. Committees	09/06/2016
4A. Match	09/07/2016
4B. Funding Request	09/07/2016
5A. Attachment(s)	09/02/2016
5B. Certification	09/06/2016

CARROLL COUNTY MARYLAND
225 N. Center Street
Westminster, Maryland 21157-5194
410-386-2082 • 1-888-302-8978
FAX 410-848-0003
MD RELAY Services: 711 or 800-735-2258 (TTY)

Department of Management
and Budget
Ted Zaleski, Director

September 8, 2016

Christine Kay
Deputy Director, Citizen Services
10 Distillery Drive
Westminster, MD 21157

Re: Support for the Board of Carroll County Commissioners Continuum of Care 2016 Planning Grant Application

Dear Ms. Kay:

The Board of Carroll County Commissioners has approved a cash match for the Continuum of Care Planning Grant FY16 in the amount of $2,843.

The funds for the cash match are from local government funds.

If you have any questions, please contact me at 410-386-2082.

Sincerely,

Ted Zaleski

Director of Management and Budget

Continuum of Care (CoC) Planning Project Listing

Instructions:

Prior to starting the New Project Listing, Collaborative Applicants should carefully review the FY 2016 CoC Priority Listing Detailed Instructions and the CoC Priority Listing Instructional Guide.

To upload the CoC planning project application that has been submitted to this CoC Planning Project Listing, click on the "Update List" button. This process may take a few minutes as the project will need to be located in the e-snaps system. The Collaborative Applicant may update each of the Project Listings simultaneously. The Collaborative Applicant can wait for the Project Listings to be updated or can log out of e-snaps and come back later to view the updated list(s). To review the CoC Planning Project Listing, click on the magnifying glass next to view the project details. To view the actual project application, click on the orange folder. If there are errors identified by the Collaborative Applicant, the project can be amended back to the project applicant to make the necessary changes by clicking on the amend icon. The Collaborative Applicant has the sole responsibility for ensuring all amended projects are resubmitted and appear on this project listing BEFORE submitting the CoC Priority Listing in e-snaps.

Only one CoC Planning project application can be submitted and it must match the Collaborative Applicant information on the CoC Applicant Profile. Any additional CoC Planning project applications must be rejected.

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Comp Type
CoC Planning Proj...	2016-09-07 13:56:...	1 Year	Board of Carroll ...	$11,372	CoC Planning Proj...

Funding Summary

Instructions

For additional information, carefully review the FY 2016 CoC Priority Listing Detailed Instructions and the CoC Priority Listing Instructional Guide.

This page contains the total budget summaries for each of the project listings for which the Collaborative Applicant approved and ranked or rejected project applications. The Collaborative Applicant must review this page to ensure the totals for each of the categories is accurate. The "Total CoC Request" indicates the total funding request amount the Collaborative Applicant will submit to HUD for funding consideration. As stated previously, only 1 UFA Cost project application (for UFA designated Collaborative Applicants only) and only 1 CoC Planning project application can be submitted and only the Collaborative Applicant designated by the CoC is eligible to request these funds.

Title	Total Amount
Renewal Amount	$379,081
New Amount	$0
CoC Planning Amount	$11,372
Rejected Amount	$0
TOTAL CoC REQUEST	$390,453

Attachments

Document Type	Required?	Document Description	Date Attached
1. Certification of Consistency with the Consolidated Plan	Yes	Certification of ...	09/01/2016
2. FY 2016 HUD-approved Grant Inventory Worksheet	Yes	FY 2016 HUD-appro...	09/01/2016
3. FY 2016 Rank (from Project Listing)	No		
4. Other	No		
5. Other	No		

Attachment Details

Document Description: Certification of Consistency with the Consolidated Plan

Attachment Details

Document Description: FY 2016 HUD-approved Grant Inventory Worksheet

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

WARNING: The FY2016 CoC Consolidated Application requires 2 submissions. Both this Project Priority Listing AND the CoC Consolidated Application MUST be submitted.

WARNING: The FY2016 CoC Consolidated Application requires 2 submissions. Both this Project Priority Listing AND the CoC Consolidated Application MUST be submitted.

Page	Last Updated
Before Starting	No Input Required
1A. Identification	08/17/2016
2. Reallocation	09/01/2016
3. Grant(s) Eliminated	No Input Required
4. Grant(s) Reduced	No Input Required
5. New Project(s)	No Input Required
6. Balance Summary	No Input Required
7A. CoC New Project Listing	No Input Required
7B. CoC Renewal Project Listing	09/01/2016
7D. CoC Planning Project Listing	09/07/2016

Attachments	09/01/2016
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 Con solidated Plan.

(Type or clearly print the following information:)

Applicant Name: Commissioners of Carroll County Carroll County CoC MD-506

Project Name: See Attached List

Location of the Project: See Attached List

Name of the Federal Program to which the applicant is applying: 2016 Continuum of Care

Name of Certifying Jurisdiction: State of Maryland

Certifying Official of the Jurisdiction Name: Kenneth C. Holt

Title: Secretary

Signature: Kenneth C. Holt

Date: 8/29/16

Carroll County (MD-506)
Continuum of Care 2016 - Project List
Attachment to HUD -2991

Project 1: One Year Renewal
Applicant Name: DHMH/Carroll County Health Department
Project Name: Shelter Plus Care
Project Location: 290 S. Center Street, Westminster, MD 21157
Funding Request: $124,253
Description: This is a one year **renewal** project that offers Permanent Supportive Housing units, to include supportive services for homeless individuals who are diagnosed with severe and persistent mental illness and who have had contact with the criminal justice system, in an effort to decrease recidivism to homelessness and incarceration. The program served 27 participants during FY16. This project will maintain the existing Shelter Plus Care program participants in their respective housing units.

Project 2: One Year Renewal
Applicant Name: Human Services Programs of Carroll County, Inc.
Project Name: Safe Haven
Project Location: 10 Distillery Drive, Westminster, MD 21157
Funding Request: $74,314
Description: The Safe Haven project is a one year **renewal** of a 25 bed supportive housing program that serves homeless and chronically homeless individual men and women over the age of seventeen who suffer from severe, persistent mental illness. Human Services Programs of Carroll County, Inc. (HSP) has operated Safe Haven since 1996. The program served 52 individuals in FY16.

Project 3: One Year Renewal
Applicant Name: Human Services Programs of Carroll County, Inc.
Project Name: Permanent Supportive Housing for the Disabled I (PSH I)
Project Location: 10 Distillery Drive, Westminster, MD 21157
Funding Request: $65,747
Description: This is a one year **renewal** project that covers leasing costs for 7 scattered-site units in Carroll County for homeless, disabled adults, 6 who were or will be chronically homeless at entry into the project. This project provides decent, safe, scattered-site units for individuals, who are homeless and disabled, with supportive services to assist them with securing basic needs, increasing stability and income, and remaining permanently housed. In FY 16, the program served 10 individuals.

Project 4: One Year Renewal
Applicant Name: Human Services Programs of Carroll County, Inc.
Project Name: Permanent Supportive Housing for the Disabled II (PSH II)
Project Location: 10 Distillery Drive, Westminster, MD 21157
Funding Request: $42,250
Description: This is a one year **renewal** project that covers the cost of leasing 4 scattered-site units in Carroll County for 4 homeless, disabled adults, all who were or will be chronically homeless at entry into the project. This project provides decent, safe scattered-site units for individuals, who are homeless and disabled, with supportive services to assist them with securing basic needs, increasing stability and income, and remaining permanently housed. In FY 16, the program served 7 individuals.

Project 5: One Year Renewal
Applicant Name: Human Services Programs of Carroll County, Inc.
Project Name: Permanent Supportive the Disabled VIII (PSH VIII)
Project Location: 10 Distillery Drive, Westminster, MD 21157
Funding Request: $40,419
Description: This is a one year **renewal** project that covers the cost of leasing 4 scattered-site units in Carroll County for disabled persons, 2 who were or will be chronically homeless at entry into the project, 1 who is a chronically homeless veteran, and 1 chronically homeless family. This project provides decent, safe scattered-site units for individuals, who are homeless and disabled, with supportive services to assist them with securing basic needs, increasing stability and income, and remaining permanently housed. In FY 16, the program served 11 individuals.

Project 6: One Year Renewal
Applicant Name: Human Services Programs of Carroll County, Inc.
Project Name: SSO – Coordinated Intake and Assessment
Project Location: 10 Distillery Drive, Westminster, MD 21157
Funding Request: $32,098
Description: SSO – Coordinated Intake and Assessment is a one year **renewal** project. The Intake Coordinator provides each individual and family requesting shelter or housing one-on-one appointments. After assessment, referrals are made to HSP shelters, as well as other available housing in the community that meet the needs of the applicant(s). The Coordinator served 302 adults and 165 children in FY16. Coordinated Intake is mandated by HUD.

Project 7: Planning Project
Applicant Name: Board of Carroll County Commissioners
Project Name: MD-506 CoC Planning Application FY2016
Project Location: 10 Distillery Drive, Westminster, MD 21157
Funding Request: $11,372
Description: The Planning Project provides funding to the County for project management, governance, and monitoring of grant funds and approved programs in the Continuum.