Before Starting the CoC Application

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

- 1. the CoC Application,
- 2. the CoC Priority Listing, and

3. all the CoC's project applications that were either approved and ranked, or rejected.

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

1. The FY 2022 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.

2. The FY 2022 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.

3. All information provided to ensure it is correct and current.

4. Responses provided by project applicants in their Project Applications.

5. The application to ensure all documentation, including attachment are provided.

Your CoC Must Approve the Consolidated Application before You Submit It

- 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2022 CoC Program Competition on behalf of your CoC.

- 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.

Answering Multi-Part Narrative Questions

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

Attachments

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

- Attachments must match the questions they are associated with–if we do not award points for evidence you upload and associate with the wrong question, this is not a valid reason for you to appeal HUD's funding determination.

- We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).

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1A. Continuum of Care (CoC) Identification

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;

- 24 CFR part 578;
 FY 2022 CoC Application Navigational Guide;
 Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

1A-1. CoC Name and Number: CO-503 - Metropolitan Denver CoC

1A-2. Collaborative Applicant Name: Metro Denver Homeless Initiative

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Metro Denver Homeless Initiative

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1B. Coordination and Engagement–Inclusive Structure and Participation

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

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- Section 3 Resources;

- PHA Crosswalk; and

- Frequently Asked Questions

1B-1.	Inclusive Structure and Participation–Participation in Coordinated Entry.
	NOFO Sections VII.B.1.a.(1), VII.B.1.e., VII.B.1.p., and VII.B.1.r.
	In the chart below for the period from May 1, 2021 to April 30, 2022:
1.	select yes or no in the chart below if the entity listed participates in CoC meetings, voted–including selecting CoC Board members, and participated in your CoC's coordinated entry system; or
2.	select Nonexistent if the organization does not exist in your CoC's geographic area:

	Organization/Person	Participated in CoC Meetings	Voted, Including Electing CoC Board Members	Participated in CoC's Coordinated Entry System
1.	Affordable Housing Developer(s)	Yes	No	Yes
2.	Agencies serving survivors of human trafficking	Yes	No	Yes
3.	CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
4.	Disability Advocates	Yes	No	Yes
5.	Disability Service Organizations	Yes	No	Yes
6.	EMS/Crisis Response Team(s)	Yes	No	Yes
7.	Homeless or Formerly Homeless Persons	Yes	Yes	Yes
8.	Hospital(s)	Yes	No	Yes
9.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Triba Organizations)	l Yes	Yes	Yes
10.	Law Enforcement	Yes	Yes	Yes
11.	Lesbian, Gay, Bisexual, Transgender (LGBTQ+) Advocates	Yes	Yes	Yes
12.	LGBTQ+ Service Organizations	Yes	Yes	Yes
13.	Local Government Staff/Officials	Yes	Yes	Yes
14.	Local Jail(s)	Yes	No	Yes
15.	Mental Health Service Organizations	Yes	Yes	Yes
16.	Mental Illness Advocates	Yes	Yes	Yes
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17.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes	Yes	Yes
18.	Organizations led by and serving LGBTQ+ persons	Yes	Yes	Yes
19.	Organizations led by and serving people with disabilities	Yes	No	Yes
20.	Other homeless subpopulation advocates	Yes	Yes	Yes
21.	Public Housing Authorities	Yes	No	Yes
22.	School Administrators/Homeless Liaisons	Yes	Yes	No
23.	State Domestic Violence Coalition	Yes	No	Yes
24.	State Sexual Assault Coalition	Yes	No	Yes
25.	Street Outreach Team(s)	Yes	Yes	Yes
26.	Substance Abuse Advocates	Yes	No	Yes
27.	Substance Abuse Service Organizations	Yes	No	Yes
28.	Victim Service Providers	Yes	No	Yes
29.	Domestic Violence Advocates	Yes	No	Yes
30.	Other Victim Service Organizations	Yes	No	No
31.	Youth Advocates	Yes	Yes	Yes
32.	Youth Homeless Organizations	Yes	Yes	Yes
33.	Youth Service Providers	Yes	Yes	Yes
	Other: (limit 50 characters)			
34.				
35.				

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

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

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

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1. MDHI staff attend community meetings and meet with potential new partners to issue invitations to CoC meetings and trainings and includes information in email blasts, MDHI's home page, and extends invitations during community events. MDHI hosts several trainings and forums yearly to appeal to a diverse audience and engage new stakeholders. MDHI hosts a monthly Coordinating Committee which serves as a forum for information sharing and serves as a first step for engaging new stakeholders. Additionally, MDHI staff and board members, including the Director of Diversity, Equity and Inclusion, attend meetings and events in historically excluded communities to solicit new members to join the CoC and apply for funding. These efforts have increased the number of members from these communities as well as resulted in additional funding being awarded to organizations serving marginalized communities.

2. Meetings are posted on the website and downloadable materials are formatted as PDFs, allowing accessibility software to review them. Translation services for American Sign Language or other languages are available for CoCsponsored meetings at no cost to attendees. Public meetings can be recorded and closed captioning added for people with a hearing impairment. The organization's web page is compliant for assistive technology including the use of page titles and section headers, links that are written out, images with ALT text, contrasting colors, and healthy spacing.

3. The CoC's focus over the past year has included expanding membership to organizations serving BIPOC communities. This includes expanding board membership and staff to include members of these communities as well as conducting specific outreach to these organizations, extending invitations to meetings, assuring they are aware of funding opportunities and including them in decision-making of the CoC. MDHI's Director of Diversity, Equity and Inclusion sits on the steering committee of the Native American Housing Circle, a coalition of Native-led community service providers. There are several new agencies serving BIPOC communities who received CoC over the past year and increased access to MDHI's Housing Stability Flex Fund.

1B-3.	CoC's Strategy to Solicit/Consider Opinions on Preventing and Ending Homelessness.
	NOFO Section VII.B.1.a.(3)
	Describe in the field below how your CoC:
1.	solicited and considered opinions from a broad array of organizations and individuals that have knowledge of homelessness, or an interest in preventing and ending homelessness;
2.	communicated information during public meetings or other forums your CoC uses to solicit public information; and
3.	took into consideration information gathered in public meetings or forums to address

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1. The CoC has a comprehensive structure for soliciting and considering opinions, including Homeless Coordination Team in each of the nine subregions. These committees include government officials, including elected officials, municipal employees, providers, and lived expertise. MDHI has implemented a structure for committees which provide an opportunity for stakeholders to provide opinions and input on CoC activities such as data and HMIS, coordinated entry, policies and procedures, Point in Time, and other activities to prevent and end homelessness. MDHI strives to have representation from persons with lived experience on each committee and publishes draft policies and other documents for public comment. The Young Adult Leadership Committee (YALC) conducts surveys as well as listening sessions with individuals with lived experience to inform recommendations to the CoC. Additionally, the CoC formed a Results Academy, comprised of individuals with lived experience and providers, to solicit feedback and create improvements to the Coordinated Entry System.

2. MDHI has several public meetings monthly to communicate CoC updates and to solicit stakeholder input. Staff of MDHI serve on the nine subregional Executive Committees as well as the local Homeless Coordination Teams. CoC meetings include monthly Coordinating Committee meetings, Coordinated Entry Committee, Point in Time, Permanent Housing Standards, Regional Governance Meetings, and Board of Directors meetings. The CoC also solicits feedback via its website and regular surveys and outreach. Information is also communicated via presentations and interactive sessions in the community, as well as informal networking.

3. The CoC considers input gathered in public meetings or forums to address improvements or new approaches to prevent and end homelessness regularly. This includes this year's improvements to the Point in Time (PIT) count created by information from forums, the Results Academy that is currently creating an action plan to improve Coordinated Entry, information gathered at Coordinating Committee to improve coordination on severe weather response, feedback gathered in each of the nine subregions via the Executive Committees and Homeless Coordination Team to advocate for resources and needs at the local level to the State of Colorado as well as Members of Congress. Information and feedback is also gathered at the annual Regional Convening on Homelessness each year.

1B-4.	Public Notification for Proposals from Organizations Not Previously Awarded CoC Program Funding.	
	NOFO Section VII.B.1.a.(4)	
	Describe in the field below how your CoC notified the public:	
1.	that your CoC will consider project applications from organizations that have not previously received CoC Program funding;	
2.	about how project applicants must submit their project applications-the process;	
3.	about how your CoC would determine which project applications it would submit to HUD for funding; and	
4.	how your CoC effectively communicated with individuals with disabilities, including making information accessible in electronic formats.	

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1. MDHI notifies the public that it is accepting project application proposals, including organizations that have not previously received CoC funding, via the CoC website, email blasts, social media, public meetings, and targeted outreach. MDHI also attends and presents at several public meetings on the opportunity, including the CoC Coordinating Committee, local Homeless Coordination Team and Executive meetings, and meetings with elected officials. Additionally, the CoC hosts an informational webinar to provide information and answer questions for organizations that have not previously received CoC program funding to help them understand the process of applying, the funding source, and other important information.

2. The method for which proposals should be submitted is posted on the website with detailed instructions, shared with an email list of 2,200+, and explained during the annual CoC NOFO Meeting for New and Renewal Applicants. This year the meeting was conducted via a webinar, recorded, and posted on MDHI's website to ensure accessibility as well as access for those unable to attend the meeting or anyone needing to reference the webinar information. Additionally, one-on-one support for new agencies is provided by MDHI, including how to submit their application. A special email address specifically for NOFO questions was established to ensure timely information is provided to project applicants.

 To determine whether a project applicant will be included in the competition, MDHI solicits letters of interest from new applicants. Applicants and potential applicants are required to attend a mandatory CoC NOFO Meeting where the NOFO timeline, scoring rubric, for new and renewal applications, HUD and CoC requirements, and other relevant details are presented. Submissions for new and renewal grants are reviewed and scored by the NOFO Review Committee, and recommendations are approved by the CoC Board of Directors.
 Meetings are posted on the website and downloadable materials are formatted as PDFs, allowing accessibility software to review them. Translation services for American Sign Language or other languages are available for CoCsponsored meetings. The webinar for new and renewal grantees is recorded and posted on MDHI's website. Closed captioning can be added for people with a hearing impairment to access.

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1C. Coordination and Engagement

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

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- Frequently Asked Questions

1C-1.	Coordination with Federal, State, Local, Private, and Other Organizations.
	NOFO Section VII.B.1.b.
	In the chart below:
	select yes or no for entities listed that are included in your CoC's coordination, planning, and operations of projects that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness;

	or
2.	select Nonexistentif the organization does not exist within your CoC's geographic area.

	Entities or Organizations Your CoC Coordinates with for Planning or Operations of Projects	Coordinates with the Planning or Operations of Projects?
1.	Funding Collaboratives	Yes
2.	Head Start Program	Yes
3.	Housing and services programs funded through Local Government	Yes
4.	Housing and services programs funded through other Federal Resources (non-CoC)	Yes
5.	Housing and services programs funded through private entities, including Foundations	Yes
6.	Housing and services programs funded through State Government	Yes
7.	Housing and services programs funded through U.S. Department of Health and Human Services (HHS)	Yes
8.	Housing and services programs funded through U.S. Department of Justice (DOJ)	Yes
9.	Housing Opportunities for Persons with AIDS (HOPWA)	Yes
10.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Yes
11.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes
12.	Organizations led by and serving LGBTQ+ persons	Yes
13.	Organizations led by and serving people with disabilities	Yes
14.	Private Foundations	Yes
15.	Public Housing Authorities	Yes
16.	Runaway and Homeless Youth (RHY)	Yes
17.	Temporary Assistance for Needy Families (TANF)	Yes
•	Other:(limit 50 characters)	

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18.

1C-2. CoC Consultation with ESG Program Recipients.

NOFO Section VII.B.1.b.

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

(limit 2,500 characters)

1. MDHI regularly consults with Denver, Aurora, the two entitlement communities, and the State of Colorado in planning and allocating of ESG and ESG-CV funds. Currently, MDHI is a Subrecipient the State of Colorado's ESG and ESG-CV program funding. MDHI meets with DOH monthly to discuss best uses of ESG, system gaps, and program priorities for the CoC. After consulting with the State, MDHI will no longer be a fiscal agent for ESG and ESG-CV funding. The State of Colorado, Denver, and Aurora ESG program staff regularly attend various CoC meetings including monthly ESG Partners Meeting, Permanent Housing Committee, Community Design Team, etc. 2. MDHI reviews program performance data and grant expenditure rates for MDHI-funded ESG programs quarterly and is the HMIS lead and works closely with the Denver, Aurora, and the State of Colorado to produce and evaluate the Consolidated Annual Performance and Evaluation Reports (CAPERs). MDHI's data team meets with all ESG funded organizations annually to discuss data guality, reporting, and the challenges of collecting and entering client-level data into HMIS. ESG-funded organizations in the metro Denver region are evaluated based on System Performance Measures and the CoC's performance priorities and standards.

3. Point in Time dashboards are available on the MDHI website and include the option to filter by county. Organizations can also request data points not represented on the PIT dashboard, including HIC data, through a data request process.

4. MDHI has available on its website several data points for reference including PIT dashboards and the State of Homelessness Report. There is also a data request process that provides access to other data that is not located already on the website.

1C-3.	Ensuring Families are not Separated.	
	NOFO Section VII.B.1.c.	
	Select yes or no in the chart below to indicate how your CoC ensures emergency shelter, transitional housing, and permanent housing (PSH and RRH) do not deny admission or separate family members regardless of each family member's self-reported sexual orientation and gender identity:	

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1.	Conducted mandatory training for all CoC- and ESG-funded service providers to ensure families are not separated.	No
2.	Conducted optional training for all CoC- and ESG-funded service providers to ensure families are not separated.	No
3.	Worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.	Yes
4.	Worked with ESG recipient(s) to identify both CoC- and ESG-funded facilities within your CoC's geographic area that might be out of compliance and took steps to work directly with those facilities to bring them into compliance.	Yes
5.	Sought assistance from HUD by submitting AAQs or requesting technical assistance to resolve noncompliance of service providers.	Yes
6.	Other. (limit 150 characters)	

 IC-4.
 CoC Collaboration Related to Children and Youth–SEAs, LEAs, School Districts.

 NOFO Section VII.B.1.d.
 Image: Content of C

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

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

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

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

(limit 2,500 characters)

Formal partnerships with youth education providers include an MOU with Mile High United Way, the Colorado Division of Housing, the City and County of Denver, and Denver Human Services as Public Child Welfare Agencies to administer the Family Unification Program (FUP). Denver PCWA refers youth exiting foster care experiencing housing instability to Mile High United Way to be assessed for coordinated entry. Mile High United Way enters youth into Coordinated Entry and completes coordinated entry assessment. Mile High United Way provides the supportive services once a household is matched to FUP through Coordinated Entry. They provide the direct services to help young people achieve housing stability. The Division of Housing is the housing authority that administers the FUP vouchers. CDHS verifies FUP eligibility for people entered into CE every by cross referencing with their database, TRAILS.

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1C-4b. Informing Individuals and Families Experiencing Homelessness about Eligibility for Educational Services.

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

(limit 2,500 characters)

Per the CoC's Policies and Procedures, all CoC and ESG recipients are required to ensure that homeless individuals and families who become homeless are informed of their eligibility for and receive access to educational services. Individuals and families experiencing homelessness and engaging in services within the CoC are informed of their right to access education and are connected with the local McKinney-Vento Homeless liaison for supportive services, such as enrollment, transportation, and school supplies. CoC providers, the CoC Coordinated Entry team, and other MDHI staff collaborate directly with local school districts, as well as the State McKinney-Vento coordinator and Office of Homeless Youth Services. The CoC policies mirror the McKinney-Vento laws, ensuring that youth and families have access to education services from their school or origin, if feasible, or school district where they are residing, regardless of their ability to prove residency and produce identification documents at enrollment. Direct service staff support enrollment in education services and ensure there are not barriers to accessing these services.

1C-4c. Written/Formal Agreements or Partnerships with Early Childhood Services Providers.

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

		MOU/MOA	Other Formal Agreement
1.	Birth to 3 years	Yes	No
2.	Child Care and Development Fund	Yes	No
3.	Early Childhood Providers	Yes	No
4.	Early Head Start	Yes	No
5.	Federal Home Visiting Program–(including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	Yes	No
6.	Head Start	Yes	No
7.	Healthy Start	Yes	No
8.	Public Pre-K	Yes	No
9.	Tribal Home Visiting Program	Yes	No
	Other (limit 150 characters)		
10.			

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1C-5.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors–Collaborating with Victim Service Providers.	
	NOFO Section VII.B.1.e.	
	Describe in the field below how your CoC regularly collaborates with organizations who help provide housing and services to survivors of domestic violence, dating violence, sexual assault, and stalking to:	
1.	update CoC-wide policies; and	
2.	ensure all housing and services provided in the CoC are trauma-informed and can meet the needs of survivors.	

1. MDHI's Permanent Housing committee is in the process of updating CoCwide policies and community standards to include information on how to better address the needs of Survivors and enhance our service delivery. Members of the committee operate shelters and permanent housing programs that are specific to serving this population. The CoC partners with Victim Service Providers to recreate global policies that can easily become a disservice to Survivors entering the system. The CoC is ensuring that all VAWA and other cross-cutting regulations, policies and procedures, and best practices are clearly written into CoC-wide policies and understood by CoC and ESG funded projects that serve Survivors. This effort is includes enhancing the way the CoC collects and analyzes data entered into the CoC's comparable database. Through ESG and CoC program monitoring, MDHI hopes to enhance relationships and gain a better understanding of projects and programs that serve Survivors. The CoC relies on the expertise of the region's Victim Service Providers. They are responsible to train the staff at their organizations and our community as needed. The Domestic Violence Program through Colorado Human Services provides training on the Domestic Violence. These recorded trainings are on-demand for staff to ensure that all staff, particularly in high turnover agencies, have access to the training as needed. The trainings address trauma-informed care, how to work with survivors with substance abuse, and harm reduction approaches.

1C-5a.	Annual Training on Safety and Best Practices to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section VII.B.1.e.	
	Describe in the field below how your CoC coordinates to provide training for:	
1.	project staff that addresses best practices (e.g., trauma-informed, victim-centered) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually); and	
2.	Coordinated Entry staff that addresses best practices (e.g., trauma informed care) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually).	
(limit 2,50	0 characters)	

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 The Domestic Violence Program through Colorado Human Services provides training on the Domestic Violence. These recorded trainings are on-demand for staff to ensure that all staff, particularly in high turnover agencies, have access to the training as needed. The trainings address trauma-informed care, how to work with survivors with substance abuse, and harm reduction approaches. 2. Based on training and informal collaboration with Domestic Violence providers, the CoC's coordinated entry (CE) system uses a de-identified workflow to match clients to housing opportunities that best fit their housing needs without jeopardizing safety. This process maximizes client choice by allowing participants to choose which program model, location, service provider, and other housing preferences (e.g. proximity to school). All persons experiencing homelessness are asked safety questions multiple times throughout the phased assessment, and can be referred to a victim service provider and have their information removed from HMIS as appropriate. All decisions made related to serving survivors are reviewed by the working group. The CE leadership group (Regional Governing Council) has a designated seat for a DV provider/advocate. The CoC has transitioned to a new HMIS over the last year and is working to implement a comparable database that will meet HUD and VAWA guidance.

1C-5b.	Using De-identified Aggregate Data to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section VII.B.1.e.	

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

(limit 2,500 characters)

1. Domestic Violence Partners administers a system called CAFE to use for reporting from DV providers. As a result of the CARES Act, the Department of Housing (DOH) has worked with DV providers utilizing CAFE to generate reports that can be accepted by SAGE. This was a significant step for the region as previously DV partners did not have the ability to create de-identified aggregate reports.

2. The CoC is awaiting the completion of the process in element 1 to be completed by DOH in order to gain access to de-identified aggregate data in order to evaluate and best meet the specialized needs related to domestic violence and homelessness.

1C-5c.	Communicating Emergency Transfer Plan to Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section VII.B.1.e.	
	Describe in the field below how your CoC communicates to all individuals and families seeking or receiving CoC Program assistance:	
1.	the emergency transfer plan policies and procedures; and	
2.	the process for individuals and families to request an emergency transfer.	

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1. The use of emergency transfer plans primarily resides with the victim advocates within the CoC. They work with the housing authorities, directly with landlords, Coordinated Entry, and other providers to ensure this plan is in place. Violence Free Colorado provides training and technical assistance on this process as well as how to guide these conversations.

2. Within Coordinated Entry process, there is a transfer request policy for any household needing to leave their current placement can request a transfer, via their case manager, as long as there is a demonstrable need to leave. These requests are then filtered through the Alternate Process committee to secure new housing for the survivor. If a household needs to separate due to domestic violence, CE will offer the survivor their own housing resource even if they were not the person originally prioritized and/or the head of household. CE aligns with supporting landlords and providers to follow VAWA guidelines. If the survivor leaves their housing without going through either of the above processes, they can re-enter the CE system by either presenting at a DV agency that participates in CE or at any agency that participates in CE.

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

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

(limit 2,500 characters)

Survivors accessing the coordinated entry system have identified with an advocate regarding their current safety needs. Screening for CE is done with the advocate before being placed in CE and the advocate identifies which services are needed to address their homelessness as well as if housing is a need. CE is confidential and no PII is shared until there is need to do so in order to place the survivor in housing. This process is not housed in HMIS, and instead the CE prioritization and referral process is kept in a deidentified spreadsheet. As part of the prioritization of safety, DV providers participate in the Coordinated Entry Community Design Team which provides input into the CE policies and procedures.

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

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

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1. CE implemented a phased assessment, Initial Screener, to determine if a participant is currently fleeing domestic violence and to provide appropriate resources at time of assessment. The Initial Screener provides participants fleeing domestic violence the choice to go through CE directly in HMIS or to work with VSPs outside of HMIS. Housing referrals are made with deidentified data for households working with VSPs. Victim service providers receive training on conducting the VI-SPDAT in-house so that participants fleeing domestic violence do not have to access external agencies or risk their safety in order to access the coordinated entry system.

2. CE works with programs serving survivors of domestic violence to design a system that is survivor-friendly. Participants may not be denied on the basis that they have been a victim of domestic violence, dating violence, sexual assault or stalking. CE makes every effort to ensure survivors of domestic violence have access to the coordinated entry system and that safety planning is a component of the screening. People fleeing or attempting to flee domestic violence and victims of trafficking have safe and confidential access to the CE process and victim services, including access to the comparable process used by victim service providers, as applicable, and immediate access to emergency services such as domestic violence hotlines and shelter. All entry and access points in regional CE are trained to make direct referrals to VSPs for safety planning resources to any household who self report the needs of domestic violence, dating violence, sexual assault and/or stalking survivors. CE partners with Violence Free Colorado and Laboratory to Combat Human Trafficking to provide further training and support to non-VSP partners on best practices to support survivors.

3. VAWA has specific regulations prohibiting the entry of data into HMIS by victim service providers and therefore VSPs do not enter data in HMIS. VSPs email deidentified information to CE of participant's prioritization factors. VSPs join local CC to coordinate care and work with housing providers upon referrals made with deidentified information. CE instructs providers to mark client profile as private in HMIS upon program enrollment in housing projects. CE Anonymous Client Policy allows for survivors to be entered in to HMIS by non-VSPs for CE purposes while still protecting confidentiality by not including any PII in data entry.

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

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

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1C-6a.	Anti-Discrimination Policy–Updating Policies–Assisting Providers–Evaluating Compliance–Addressing Noncompliance.	
	NOFO Section VII.B.1.f.	
	Describe in the field below:	
1.	whether your CoC updates its CoC-wide anti-discrimination policy, as necessary, based on stakeholder feedback;	
2.	how your CoC assisted providers in developing project-level anti-discrimination policies that are consistent with the CoC-wide anti-discrimination policy ensuring that LGBTQ+ individuals and families receive supportive services, shelter, and housing free from discrimination;	
3.	your CoC's process for evaluating compliance with your CoC's anti-discrimination policies; and	
4.	your CoC's process for addressing noncompliance with your CoC's anti-discrimination policies.	

1. MDHI updates the CoC-wide anti-discrimination policy in collaboration with stakeholders in the CoC. During the process of updating the policy, MDHI convenes various a group of experts to read through the regulation, discuss what it means, and submit HUD AAQs as needed for clarification. The workgroup aims to come to a consensus on final drafts of policies with the ultimate goal to lower-barriers and ensure that we are addressing compliance issues as they come up. Since MDHI is constantly bringing new partners into the CoC and rules change, MDHI reviews the policy annually and enhance the ways to obtain the necessary feedback from the CoC's stakeholders, people with lived experience, and make the policy known widely by our network of partners.

2. MDHI offers sample policy language to ensure that the federally funded projects are adhering to the regulation, and non-federal programs have a framework to limit barriers and access to services. Project-level policies are necessary to ensure that all participants are receiving the right type of services and housing free from discrimination. Projects are encouraged to create policies to address the appropriate needs of all populations and individuals.

3. MDHI has added a component to the System Performance Monitoring Plan that allows us to access all policies for CoC and ESG funded projects at any given time. MDHI also hopes to include qualitative data from persons accessing these services in the CoC to better understand if agencies are adhering to the regulation as its intended and if it meets the needs of people experiencing homelessness.

4. MDHI will offer support to organizations directly who need more training or assistance in updating their policy to be in compliance. MDHI will implement a Performance Improvement Plan as needed if no policy exists or serious grievances are brought to the CoC's attention. MDHI also works directly with program funders as needed.

1C-7.	Public Housing Agencies within Your CoC's G Preference–Moving On Strategy.	eographic Area-New Admissions-Ge	neral/Limited
	NOFO Section VII.B.1.g.		
	You must upload the PHA Homeless Preferer 4B. Attachments Screen.	nce\PHA Moving On Preference attach	ment(s) to the
Enter information in the chart below for the two largest PHAs highlighted in gray on the FY 2021 CoC-PHA Crosswalk Report or the two PHAs your CoC has a working relationship with-if there is only one PHA in your CoC's geographic area, provide information on the one:			
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Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing and Housing Choice Voucher Program During FY 2021 who were experiencing homelessness at entry	Does the PHA have a General or Limited Homeless Preference?	Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?
Boulder Housing Partners	46%	Yes-Both	Yes
Boulder County Housing Authority	12%	Yes-Both	No

1C-7a.	Written Policies on Homeless Admission Preferences with PHAs.	
	NOFO Section VII.B.1.g.	
	Describe in the field below:	
	steps your CoC has taken, with the two largest PHAs within your CoC's geographic area or the two PHAs your CoC has working relationships with, to adopt a homeless admission preference—if your CoC only has one PHA within its geographic area, you may respond for the one; or	
2.	state that your CoC has not worked with the PHAs in its geographic area to adopt a homeless admission preference.	

 The CoC has a working relationship with Boulder County PHAs to designate 20% of the HCV to create Move-On and Move-Up strategies as well as house literally homeless households. As part of this work, they have hired a Move-On Case manager for the PHAs as well as a landlord recruiter. Boulder Housing Partners has 20 locally funded vouchers with supportive services that have a homeless preference. Longmont Housing Authority has 17 locally funded vouchers that have a homeless preference and are paired with supportive services through a locally awarded SAMSHA grant. MDHI has been participating in the Homeless Solutions for Boulder County (HSBC) Executive Board and the Boulder Housing Exits group which work to refine local crisis response and homeless service systems in order to quickly move people experiencing homelessness to permanent housing with the supports that they need to remain stably housed. This involves intensive local planning and coordination efforts. The three housing authorities in Boulder County actively participate in these efforts and are playing key roles in this work by providing housing resources for people exiting homelessness and by taking part in regular meetings and communication to track local progress. These PHAs also have EHV vouchers going through CE in collaboration with MDHI. CoC is also working with the 2 largest PHAs in the region, City and County of Denver Housing Authority and the Colorado Division of Housing, to strengthen partnership and strategy of resources for people experiencing homelessness. CoC established a local preference with 7 PHAs in our region to prioritize literally homeless households for EHVs.

2. Out of the 14 PHAs in our region, there are 6 PHAs that have not worked with the CoC to adopt a homeless admission preference.

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

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

1.	Multifamily assisted housing owners	Yes
2.	PHA	Yes
3.	Low Income Housing Tax Credit (LIHTC) developments	Yes
4.	Local low-income housing programs	Yes
	Other (limit 150 characters)	
5.		

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

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

1.	Emergency Housing Vouchers (EHV)	Yes
2.	Family Unification Program (FUP)	Yes
3.	Housing Choice Voucher (HCV)	Yes
4.	HUD-Veterans Affairs Supportive Housing (HUD-VASH)	Yes
5.	Mainstream Vouchers	Yes
6.	Non-Elderly Disabled (NED) Vouchers	Yes
7.	Public Housing	Yes
8.	Other Units from PHAs:	
L		

1C-7d.	Submitting CoC and PHA Joint Applications for Funding for People Experiencing Homelessne	SS.
	NOFO Section VII.B.1.g.	
1.	Did your CoC coordinate with a PHA(s) to submit a competitive joint application(s) for funding or jointly implement a competitive project serving individuals or families experiencing homelessness (e.g., applications for mainstream vouchers, Family Unification Program (FUP), other programs)?	Yes
		Program Funding Source
2.	Enter the type of competitive project your CoC coordinated with a PHA(s) to submit a joint application for or jointly implement.	Mainstream vouchers, FUP

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

1	C-7e.1. List of PHAs with Active MOUs to Administer the Emergency Housing Voucher (EHV) Program.		
L	Not Scored–For Information Only		
	Does your CoC have an active Memorandum of Understanding (MOU) with any PHA to administer the EHV Program?	Yes	
		7	
	If you select yes to question 1C-7e.1., you must use the list feature below to enter the name of every PHA your CoC has an active MOU with to administer the Emergency Housing Voucher Program.		
PHA			
Denver Housing	Au		
Aurora Housing A	Au		
Boulder County Ho			
Boulder Housing P			
Colorado Division			
Maiker Housing F	Maiker Housing Pa		
Foothills Regiona	l		

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

Name of PHA: Denver Housing Authority

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

Name of PHA: Aurora Housing Authority

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

Name of PHA: Boulder County Housing Authority

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

Name of PHA: Boulder Housing Partners

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

Name of PHA: Colorado Division of Housing

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

Name of PHA: Maiker Housing Partners

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

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Name of PHA: Foothills Regional Housing

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1D. Coordination and Engagement Cont'd

1D-1. Discharge Planning Coordination.

NOFO Section VII.B.1.h.

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

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

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

1.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2022 CoC Program Competition.	22
2.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2022 CoC Program Competition that have adopted the Housing First approach.	19
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, SSO non-Coordinated Entry, Safe-Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in the FY 2022 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	86%

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

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1. Households are referred through CE. If an agency denies a referral, for example does not house a referred client and returns them to the CE queue for placement elsewhere, they must fill out a "Denial Form" with the reason. This allows MDHI to track if there are issues with Housing First compliance and address them immediately. MDHI also tracks denials and their reasons by race and ethnicity to ensure that bias does not play a role in who is enrolled and leased in CoC housing programs. The CoC also currently assign points on the NOFO scorecard for Housing First. MDHI has recently identified funding for a Monitoring Specialist who will provide additional capacity for monitoring and training for grantees and will be a resource for ensuring adherence to Housing First.

2. During evaluation applicants must describe experience with utilizing a Housing First approach. Include 1) eligibility criteria; 2) process for accepting new clients; 3) process and criteria for exiting clients. Must demonstrate there are no preconditions to entry, allowing entry regardless of current or past substance abuse, income, criminal records (with exceptions of restrictions imposed by federal, state, or local law or ordinance), marital status, familial status, actual or perceived sexual orientation, gender identity and must demonstrate the project has a process to address situations that may jeopardize housing or project assistance to ensure that project participation is terminated in only the most severe cases.

3. MDHI evaluates CoC projects' project-level outcomes as they relate to System Performance Measures and evaluates grant expenditure rates quarterly (based on project start date). MDHI also regularly reviews the number of denied referrals and reasons for denial from the CoC's Coordinated Entry System. Evaluating the reasons for denial helps MDHI better understand if a project is adhering to the Housing First principles or if participants are being screened out for other reasons.

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

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

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1. Street outreach is conducted throughout the CoC by local government and nonprofit agencies working both independently and collaboratively. Their common objective is to find and engage persons experiencing homelessness who have not yet obtained the assistance they need to exit homelessness. Outreach personnel work to build trusting relationships with individuals and families, meet immediate needs, and link to programs and resources they need to become housed and move toward stability. In addition, through ARPA funding, several new street outreach teams have been created in each of the nine subregions, resulting for the first time outreach teams fully covering the entire geography of the region by local agencies.

2. Yes.

3. Outreach is conducted daily and on a year-round basis, though their individual service areas, outreach methods, and target populations vary. There are currently 57 street outreach programs.

Adams, Jefferson and Denver counties have dedicated collaborative outreach teams that meet regularly to better coordinated services. Adams and Jefferson counties operate municipal and county Navigators that perform street outreach and assist households with obtaining and maintaining permanent housing. Douglas County onboarded their first outreach team dedicated to persons experiencing homelessness who are least likely to request assistance. Agencies in Jefferson and Boulder County connect to people least likely to request assistance by by making concerted efforts to conduct outreach in less populated mountain regions. Urban Peak is a Denver-based nonprofit that serves youth who are experiencing or at risk of homelessness throughout the Denver metropolitan area. A mobile outreach team seeks out youth living on the streets. The Denver Street Outreach Collaborative (DSOC) with the Colorado Coalition for the Homeless, the City and County of Denver, and the St. Francis Center, a local shelter, serves persons experiencing homelessness in the city of Denver, using mobile outreach teams that engage people "where they are" in places such as parks, doorways, alleys, vehicles, tents, and bridges. DSOC teams address immediate safety needs, provide crisis intervention services, and connect people to housing, medical and mental health care, public benefits. clothing, food, and other supports. The teams include Behavioral Health Navigators. This partnership also has dedicated teams that specifically outreach those in the large encampments throughout Denver.

	1D-4.	Strategies to Prevent Criminalization of Hom	elessness.	
		NOFO Section VII.B.1.k.		
		Select yes or no in the chart below to indicat homelessness is not criminalized and to reve geographic area:	e strategies your CoC implemented to prse existing criminalization policies in	ensure your CoC's
			Ensure Homelessness is not Criminalized	Reverse Existing Criminalization Policies
1.	Engaged/educa	ted local policymakers	Yes	Yes
2	Engaged/educa	ted law enforcement	Yes	Yes
۷.			100	165
		ted local business leaders	Yes	Yes
3.	Engaged/educa			
3. 4.	Engaged/educa	ted local business leaders mmunity wide plans	Yes	Yes

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

	2021	2022
Enter the total number of RRH beds available to serve all populations as reported in the HIC–only enter bed data for projects that have an inventory type of "Current."	1,099	1,223

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

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

		CoC Provides Annual Training?
1.	Food Stamps	Yes
2.	SSI–Supplemental Security Income	Yes
3.	TANF-Temporary Assistance for Needy Families	Yes
4.	Substance Abuse Programs	Yes
5.	Employment Assistance Programs	Yes
6.	Other (limit 150 characters)	

1D-6a.	Information and Training on Mainstream Benefits and Other Assistance.
	NOFO Section VII.B.1.m
	Describe in the field below how your CoC:
	systemically provides up-to-date information on mainstream resources available for program participants (e.g., Food Stamps, SSI, TANF, substance abuse programs) within your CoC's geographic area;
2.	works with project staff to collaborate with healthcare organizations, including substance abuse

	treatment and mental health treatment, to assist program participants with receiving healthcare services; and	
	works with projects to promote SSI/SSDI Outreach, Access, and Recovery (SOAR) certification of program staff.	

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1. The CoC facilitates access to benefit programs by linking homeless assistance providers in the region to information about available benefits, to benefit application assistance, and to the benefit programs staff. The CoC organizations coordinate and work directly with SNAP and Employment First offices in each of the seven MDHI counties. Employment First is the SNAP Employment and Training Program in Colorado. The CoC's Coordinating Committee hosts agencies providing mainstream benefits to speak directly to agency leads and answer questions regarding access. The CoC's Employment Committee members work with SNAP staff to improve coordination, and directly with benefits navigation staff within their own and partner organizations.

2. CoC members collaborate closely with healthcare organizations, including substance abuse treatment and mental health treatment, to assist program participants with receiving healthcare services. This includes direct referrals to programs as well as establishing healthcare and mental healthcare at sites throughout the CoC. The Colorado Coalition for the Homeless, a Federally Qualified Health Center, offers several on site locations as well as a mobile Health Outreach Program (HOP). This includes primary care, dental care, eye clinic, pharmacy, behavioral health, mental health care, substance use treatment, and Medicaid enrollment. Local providers also work closely with the subregional Mental Health providers and healthcare providers.

3. The CoC works with national, state, and local SOAR leads to establish an MOU with the SSA and the state Disability Determination Service (DDS) designed to improve access and approval rates for SSI/SSDI among adults experiencing homelessness. Many providers in the region partner, including shelters, Safe Outdoor Spaces, and others, have SOAR trained staff on site or partner with the local Department of Human Services to host SOAR-trained staff.

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

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

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The COVID-19 pandemic highlighted for the region the need to create more noncongregate sheltering options. With this, the Colorado Safe Parking Initiative created several new sites across the region. Additionally, the cities of Denver and Aurora created six new Safe Outdoor Spaces or Tiny Home Villages to provide noncongregate options as well as meet the needs of many households whose needs may not be met through traditional sheltering options. Among these sites was a Native American specific Safe Outdoor Site to create a culturally appropriate noncongregate option for the disproportionate number of Native households that experience homelessness. The City of Denver, in conjunction with Congresswoman DeGette, have identified a motel for purchase which will additional noncongregate sites. Throughout the region, other communities are also expanding noncongregate sites through motel and hotel acquisition through ARPA funding, expansion of hotel vouchering, and cold weather response which includes more noncongregate options. These options help meet the needs of households with pets, provide more options for LGBTQ+ and nonbinary couples to shelter together, and are all connected to housing and case management. Each of these sites uses HMIS to assure coordination of supports and services to assist in moving households to stability through the coordinated entry system or other housing resources available such as the Housing Choice Vouchers or Emergency Housing Vouchers. Following the lead of the cities of Aurora and Denver, many of the other 30+ municipalities and six other counties are considering expanding noncongregate sheltering space, including several of the suburban areas of the region. This will allow for additional beds in the surrounding areas, outside the major metropolitan areas of the CoC.

ID-8.	Partnerships with Public Health Agencies–Collaborating to Respond to and Prevent Spread of Infectious Diseases.	
	NOFO Section VII.B.1.o.	
	Describe in the field below how your CoC effectively collaborates with state and local public health agencies to:	
1.	develop CoC-wide policies and procedures to respond to infectious disease outbreaks; and	
2.	prevent infectious disease outbreaks among people experiencing homelessness.	
/limit 0 50		

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1. The CoC meets monthly with Public Health Agencies to collaborate on the response to infectious diseases. Recently, a CoC-wide weekly meeting has been created to discuss the Monkeypox response. The State of Colorado's Public Health determines the level of safety precautions needed by providers based on the levels of transmission in the communities. This information is shared via local health departments and there is regular communication around these procedures, specifically for the unhoused community as well as those providing direct service. The CoC also developed and implemented HMIS data tracking in cooperation with public health to ensure that persons diagnosed as COVID+ not admitted to congregate shelters but diverted to motel room or other location designated for their care. The CoC also administered micro-grants to incentivize and support access to vaccines in collaboration with shelter providers and Kaiser Permanente.

2. Preventing infectious disease outbreaks among people experiencing homelessness continues to be a priority for the CoC. There are regular emails from the PHAs regarding infection levels, a statewide dashboard by county on current data, and ongoing collaboration between the CoC members and the State and local PHAs. This includes regular briefings by the State Public Health department around COVID and Monkeypox at the monthly Homelessness Leadership Council (HLC) meeting, comprised of over 30+ shelter, outreach, service, and housing providers. During this time, Public Health discusses current safety protocols as well as seeks feedback and collaboration from the HLC on what they are seeing in shelters, methods they are using to keep people safe, and discusses recommendations. In the past two months, a Community & Partner Monkeypox Statewide Weekly Meeting was established by the State to provide briefings to homelessness providers to prevent infectious disease outbreaks among people experiencing homelessness.

ID-8a.	Collaboration With Public Health Agencies on Infectious Diseases.
	NOFO Section VII.B.1.o.
	Describe in the field below how your CoC effectively equipped providers to prevent or limit infectious disease outbreaks among program participants by:
1.	sharing information related to public health measures and homelessness, and
2.	facilitating communication between public health agencies and homeless service providers to ensure street outreach providers and shelter and housing providers are equipped to prevent or limit infectious disease outbreaks among program participants.

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1. Within the CoC, during the COVID-19 pandemic, a weekly meeting between homelessness service providers and the State and Local PHAs created the opportunity for these groups to regularly share information related to public health measures and homelessness. This included transmission rates, the latest guidance from the CDC on keeping those experiencing homelessness safe, the need to discontinue encampment sweeps, requirements for masks and other personal protective equipment, and other safety regulations. Additionally, this provided a feedback loop between providers and PHAs regarding any new challenges, the effectiveness of the safety protocols, and created a forum for discussion. This conversation continues monthly with the Homelessness Leadership Council (HLC), comprised of over 30+ providers. Additionally, there is now a similar weekly conversation regarding Monkeypox to ensure information related to public health measures are communicated. As part of the COVID-19 response, a weekly meeting was established that included PHAs, street outrach teams, shelter and housing providers, and other service providers had the most up-to-date information regarding the pandemic. During the height of the pandemic, this meeting occurred up to three times per week to ensure communication. During these meetings, providers were able to remain briefed on safety protocols as well as communicated needs related to preventing or limiting outbreaks among program participants. This meeting continues monthly currently and a separate meeting, currently occurring weekly, has been established to address Monkeypox.

1D-9.	Centralized or Coordinated Entry System-Assessment Process.	
	NOFO Section VII.B.1.p.	
	Describe in the field below how your CoC's coordinated entry system:	
1.	covers 100 percent of your CoC's geographic area;	
2.	uses a standardized assessment process; and	
	is updated regularly using feedback received from participating projects and households that participated in coordinated entry.	

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1, CE covers the entire geography using a 'no wrong door' approach. Any person experiencing homelessness can access CE through completion of the VI-SPDAT with a trained service provider or agency which also includes information beyond the VI-SPDAT. CE reaches people least likely to be served by partnering with regional street outreach teams to ensure full coverage of people least likely to seek services and to connect them to CE, a 'no wrongdoor' approach combined with outreach to non-homeless service provider such as those serving people living with IDD, people living with HIV, McKinney-Vento liaisons partners, hospitals and others to ensure that households can access CE even if they present at non-homeless specific locations. Initially, persons experiencing a housing crisis are determined to be either atrisk or literally homeless then connected with services that meet their immediate needs, including homelessness prevention, shelter or Rapid Resolution. Depending on the subpopulation, the prioritization criteria include length of time homeless, systems involvement, co-occurring disabilities, hospital visits, fleeing domestic violence, chronic health condition, and age of youngest child. Client choice is always a factor. An alternate process ensures households who the extent of their vulnerability have not been captured through the standardized assessment have a path to housing. Case conferencing has increased as well as created a schedule so that coordination of care is streamlined. The CoC recently conducted an assessment of CE to support in a redesign with a focus on achieving more racially equitable outcomes. The assessment included a quantitative data analysis and review of data processes, CES survey to systemwide stakeholders, one listening session, and equity review of CES policies and procedures documents. A working group formed to spearhead the CES redesign and action plan. The group is representative of the CoC including partners with lived experience of homelessness, frontline staff, and system leaders. They conducted a racial equity analysis of the data; examined findings from the assessment to identify where the greatest inequities lie and established a baseline: defined the desired end results; identified root causes of disparities; developed a vision, objectives, and strategies to address racial/ethnic inequities. The group continues to meet twice monthly to create a community-centered action plan for the CES redesign.

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1D-9a.	Program Participant-Centered Approach to Centralized or Coordinated Entry.	
	NOFO Section VII.B.1.p.	
	Describe in the field below how your CoC's coordinated entry system:	
1.	reaches people who are least likely to apply for homeless assistance in the absence of special outreach;	
2.	prioritizes people most in need of assistance;	
3.	ensures people most in need of assistance receive permanent housing in a timely manner, consistent with their preferences; and	
4.	takes steps to reduce burdens on people using coordinated entry.	

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1. SO providers use progressive engagement in a person-centered manner. This may mean that the participant is assessed right away, or over time as rapport is developed. CE works with street outreach leadership across the CoC to create maps of street outreach coverage and gaps to enhance coordinated street outreach delivery in communities with limited supports. MDHI has worked with each subregion to develop an outreach policy for their communities. Prioritization ensures that those persons with the greatest need and vulnerability receive the supports they need to resolve their housing crisis. Assessment and prioritization is locally specific reflecting characteristics and attributes of participants and CoC priorities, in alignment with HUD priorities. Dynamic prioritization is community driven with racial equity central. Each subpopulation has a different prioritization unique to their vulnerabilities. The Alternate Process (AP) provides an opportunity to prioritize households that are unable to complete an assessment or for whom the assessment does not adequately capture the severity of their vulnerability. Persons who are unable to or who refuse to complete the assessment may be considered for the AP process.

3. CE allocates housing and service resources as effectively as possible in a manner that is easily accessible. Assistance is prioritized based on vulnerability and severity of service needs to ensure that people who need assistance the most can receive it in a timely manner. CE utilizes participant-centered approaching by collecting information from participants at different stages of assessments including housing needs, accessibility accommodations, eligibility, housing type and location preferences.

4. Colorado CoCs use a statewide HMIS to create better coordination of care and services. CE has multiple entry points across the region for streamlined access and a centralized geomap of entry points in the region to reduce the burden of navigation on participants which includes types of services and resources offered, program eligibility (if any), contact information, and hours of operation. With the use of Case Conferencing, care coordination is no longer the burden of the participant but rather partner agencies work together to collectively coordinate services and action plan for housing. CE piloted Rapid Exit from Emergency Shelter process for five months to study adaptive and flexible ways to reduce the burden.

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

1.	Has your CoC conducted a racial disparities assessment in the last 3 years?	Yes
2.	Enter the date your CoC conducted its latest assessment for racial disparities.	04/20/2022

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

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

1. The CoC partnered with C4 Innovations to conduct a racial equity analysis of the CES. The analysis included both a quantitative and qualitative data analysis and review of processes with a racial equity lens as well as a review of the CES policies and procedures. HMIS data was pulled from FY 2019, FY 2020 and FY 2021 on several system level and coordinated entry performance measures, all disaggregated by race and ethnicity. The analysis also included Census and PIT Count data from 2019 using the publicly available HUD CoC Racial Equity Analysis Tool.

2. The assessment findings identified that when comparing the overall racial and ethnic population distributions in Metro Denver CoC to the 2019 Point-in-Time (PIT) count, the disparities exist among Black, Native American/Alaskan households and Other/Multiracial households. They also showed for every single racial group, there was a noticeable increase in the average length of time homeless (LOTH) from 2019-2021. In 2021, the highest percentage of Black/African American and American Indian/Alaska Native households that returned to homelessness did so within less than six months of their exit from the homeless response system. Some of the CoC strengths included engaging more people with lived experience in system planning and that data entered in HMIS is in real-time to reflect current situations. Other notable mentions were that CE data is being disaggregated by race and ethnicity. MDHI has developed dashboards that will disaggregate this data. All factors demonstrate the strength of capacity for data reporting. Areas of opportunity or growth show that the data collection process could be more trauma-informed and racially equitable, noting that the CoC is still using the VISPDAT. The assessment also found the CoC's qualitative data could be integrated in more meaningful ways. As a result the CoC is in the planning phase of cultivating resources to do this in a meaningful way, including increased listening sessions with individuals of lived experience in homelessness.

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

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

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

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The CoC has staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness.	Yes
The CoC is educating organizations, stakeholders, boards of directors for local and national nonprofit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.	Yes
The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.	Yes
The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.	Yes
The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.	Yes
Other:(limit 500 characters)	
Statewide Racial Equity Working Group	Yes
	 The CoC is educating organizations, stakeholders, boards of directors for local and national nonprofit organizations working on homelessness on the topic of creating greater racial and ethnic diversity. The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness. The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system. The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.

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

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

(limit 2,500 characters)

Last year, MDHI focused on internal DEI work to better lead the CoC in advancing racial equity at both the organizational and community levels. Internal practices initiated included deep dives into white supremacy culture characteristics and the NAEH racial equity learning series. MDHI's leadership completed 10 sessions of empathy coaching to better understand how to support staff and partners in DEI work. The organization also administered a racial equity assessment. The recommendations from that assessment led to an organizational pay equity audit, ensuring equity in our compensation structure. Both MDHI staff and the CoC board of directors completed DEI trainings. The board conducted a more inclusive recruitment process to build on its diversity and lived expertise. The CoC continues to cultivate relationships with BIPOCled organizations and partner with coalitions like the Native American Housing Circle ensure their member organizations are participating in the continuum. The CoC also required NOFO grantees to complete organizational racial equity assessments as an unscored piece of their applications. The purpose of the internal work and organizational assessment strategy first was to better prepare MDHI staff as well as member organizations for ongoing racial equity work. To address the systemic issues in our homeless response system, the CoC must be prepared to look within their individual organizations and agencies for those disparities to better identify them externally. Lastly, the CoC in partnership with C4 innovations conducted a racial equity assessment of the Coordinated Entry System (CES) to support efforts in a redesign with a focus on achieving more racially equitable outcomes. The assessment included a quantitative data analysis and review of data processes. CES survey to systemwide stakeholders, one listening session, and equity review of CES policies and procedures documents.

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NOFO Section VII.B.1.q.

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

(limit 2,500 characters)

The CoC completed a racial equity assessment of the CES earlier this year and is in the planning phase of implementing those recommendations. Following the assessment, the Results Academy working group was formed to spearhead the CES redesign and action plan. The Results Academy working group is representatives from the CoC region including partners with lived experience of homelessness, frontline staff, and system leaders. Together, they have conducted a racial equity analysis of the data (with support and training from C4 Innovations); examined findings from the racial equity assessment to identify where the greatest racial/ethnic inequities lie and establish a baseline; defined the desired end results; identified root causes of racial/ethnic disparities; developed a vision, objectives, and strategies to address inequities. This fall, the working group will continue to meet twice monthly to create a communitycentered action plan for the CES redesign. Other notable actions happening in parallelly to this work include evaluating housing outcomes and program entries vs. exits per agency to monitor racial equity and provide support to agencies who have disparities in their reports. The CoC CE team has also put together a list of all housing programs on the HIC, project type, funder, coordinated entry requirement, uses HMIS, population served, total beds, and county. This will provide a framework for the racial framework for continued racial equity analysis. Additionally, when updating prioritization, potential prioritization criteria is analyzed by race, ethnicity, gender and age. This is done by looking at who would be prioritized with the proposed prioritization criteria, comparing that to the makeup of the total population in coordinated entry, the most recent point in time data, and census data. This data is presented to stakeholder groups for feedback and decision making on which prioritization criteria we moved forward with. The CoC is currently in the "study" phase of the PDSA (plan, do study, act) cycle for updating youth prioritization. Housing matches, housed outcomes, denials, and who was the top prioritized each month (regardless of whether or not matched) based on race, ethnicity, age, and gender during the "do" cycle June-Aug will by analyzed and compared to the CE overall population, PIT and Census data.

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

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

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The CoC's Youth Action Boad (YAB), known as the Young Adult Leadership Committee (YALC) recruits for new membership on a rolling bases. Their efforts include presentations at CoC committee meetings, member organization community meeting, and fliers at direct service providers. The YALC has a designated seat on the CoC's board of directors. For the Results Academy working group, recruitment efforts included targeted outreach to the Young Adult Leadership Committee members, CoC leaders, community members, and frontline staff with lived experience of homelessness and housing instability. The Results Academy is charged with creating an action plan along with the Coordinated Entry team to redesign the CES.

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

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

	Level of Active Participation	Number of People with Lived Experience Within the Last 7 Years or Current Program Participant	Number of People with Lived Experience Coming from Unsheltered Situations
1.	Included and provide input that is incorporated in the local planning process.	6	4
2.	Review and recommend revisions to local policies addressing homelessness related to coordinated entry, services, and housing.	6	4
3.	Participate on CoC committees, subcommittees, or workgroups.	8	4
4.	Included in the decisionmaking processes related to addressing homelessness.	1	1
5.	Included in the development or revision of your CoC's local competition rating factors.	1	1

 1D-11b.
 Professional Development and Employment Opportunities for Individuals with Lived Experience of Homelessness.

 NOFO Section VII.B.1.r.

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

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The CoC Youth Action Board (YAB) is now known as the "Young Adult Leadership Committee" (YALC), centering the group's identity as young adult leaders with lived expertise, working to end homelessness rather than purely advisory. The group's focus this year has been strengthening leadership, facilitation, and recruitment skills supported by the CoC lead agency, MDHI. In the spring, the group participated in three deep dive trainings on the foundations of oppression. The trainings focused on identifying oppressive forces that may impact their confidence and learned new skills to speak confidently on issues that matter to them. The trainings were both lecture and interactive activities. Later this year, the group will continue their learning with a strength's based group facilitation, foundations of empowerment, and public speaking training. In the meantime, their focus has been recruitment training and now outreach efforts to increase committee membership.

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

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

(limit 2,500 characters)

1. The CoC is working diligently to increase methods for gathering lived experience feedback to address challenges. Due to COVID, inclusive outreach efforts such as listening sessions were limited. In partnership with C4 Innovations, the CoC conducted a racial equity assessment which included a focus group of individuals with lived expertise to inform planning in CES redesign. The CoC is currently cultivating resources to pilot a LE qualitative data collection initiative which will place up to ten survey kiosks at CoC member organizations to gather ongoing feedback from individuals and families experiencing homelessness.

2. Feedback from the CES redesign focus group was part of the qualitative analysis of the racial equity assessment and considered in the action planning phase of this work. Additionally, a community working group called the Results Academy was formed. The Results Academy is representatives from the CoC region including partners with lived experience of homelessness, frontline staff, and system leaders formed to collaborate in planning and execution of the CES redesign work. Moreover, the CoC occasionally receives challenges or grievances via email. The CoC's Director of Diversity, Equity and Inclusion was added as the person of contact for homeless persons on the HUD exchange to mitigate, redirect, and track challenges raised.

1D-12.	1D-12. Increasing Affordable Housing Supply.		
	NOFO Section VII.B.1.t.		
	ns that engage ding the		
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1. reforming zoning and land use policies to permit more housing development; and

2. reducing regulatory barriers to housing development.

(limit 2,500 characters)

The CoC hosted the Regional Convening on Homelessness in April of 2022 in conjunction with the State of Colorado, the VA, the Metro Mayors Caucus (MMC), and the Metro Area County Commissioners (MACC). City, county, state government officials, as well as Members of Congress attended. Part of this convening addressed the lack of affordable housing and barriers to zoning and land use policies to permit more housing development and reducing regulatory barriers. Additionally, the CoC published its annual State of Homelessness Report in January of 2022 which highlighted the need for more affordable housing as a solution to homelessness. This, in part, led to bills to addressing these issues. The CoC works closely with government officials on the issue of zoning, housing development, and regulatory barriers.

1. Reforming zoning and land use: This year's legislative session included several bills to address this including, (1) HB21-1271 created three grant programs for local governments to provide innovative housing solution; (2) HB21-1117 authorized local governments to include inclusionary zoning in their development on new, for-rent housing. It includes a list of these type of regulatory actions that a local government must demonstrate before enacting an inclusionary zoning ordinance; (3) HB22-1304 created a Strong Communities grant program that will support local governments by developing a list of sustainable land use practices and complementary education opportunities for local governments through webinars.

2. MMC members will consider a resolution of support for an initiative asking Colorado voters to approve creation of a fund that would raise up to \$300 million annually for affordable housing. The question will be on the November ballot. Participation in this fund will require the municipality to increase the affordable housing in their jurisdiction by 3% per year and to process permit applications within 90 days. SB22-232, the Colorado Workforce Housing Trust Authority, created the Middle Income Housing Authority to acquire, construct, rehabilitate, own, operate, and finance affordable rental housing, The Authority will have \$1.2 million to invest during FY22-23 and FY 23-24. The Authority will have the power to issue bonds, enter public- private partnerships, contract with private sector real estate entities, and provide assistance to renters on its properties.

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

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;

- 24 CFR part 578;
 FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

Enter the date your CoC published the deadline for project applicants to submit their applications to your CoC's local competition.	08/02/2022
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Project Review and Ranking Process Your CoC Used in Its Local Competition. We use the response to this question and the response in Question 1E-2a along with the required 1E-2. attachments from both questions as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below. NOFO Section VII.B.2.a., 2.b., 2.c., and 2.d.

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

1.	1. Established total points available for each project application type.	
 At least 33 percent of the total points were based on objective criteria for the project application (e.g., cost effectiveness, timely draws, utilization rate, match, leverage), performance data, type of population served (e.g., DV, youth, Veterans, chronic homelessness), or type of housing proposed (e.g., PSH, RRH). 		Yes
 At least 20 percent of the total points were based on system performance criteria for the project application (e.g., exits to permanent housing destinations, retention of permanent housing, length of time homeless, returns to homelessness). 		Yes
4.	Provided points for projects that addressed specific severe barriers to housing and services.	Yes
5.	Used data from comparable databases to score projects submitted by victim service providers.	No

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

NOFO Section VII.B.2.a., 2.b., 2.c., and 2.d.

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

1.	What were the maximum number of points available for the renewal project form(s)?	100
2.	How many renewal projects did your CoC submit?	21
3.	What renewal project type did most applicants use?	PH-PSH

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

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

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 To be consistent with HUD's SPMs renewal grants are scored based on data from their most recent APR submitted to SAGE and produce a Project Scorecard based on each project's outcomes related to income, stability and exits to permanent housing, as well as expectation of taking 100% of referrals from Coordinated Entry. New grants were scored based on the severity and vulnerability of targeted population, experience, capacity and cost effectiveness. 2. While the CoC reviews data from table Q22c from each grant's APR to gauge the length of time it takes to house people in permanent housing, it does not currently score or rank on this metric. The aggregated format of the APR does not provide enough granularity around demographics associated with the people being housed by our projects and plan to begin using row-level data in subsequent years to more meaningfully monitor and score outcomes associated with this metric. The Committee does not feel it is appropriate to score on the length of time it takes to house a person given the unprecedented impact of COVID-19 and was also not aware this was a priority from HUD to analyze as it is not listed on any of the suggested tools or guidance documents. It will be added as a metric to the process in upcoming NOFO years.

3. The CoC considers the severity of needs and vulnerabilities of participants as part of the scoring and ranking of CoC-funded project applications with100% of referrals coming from Coordinated Entry. The specific severity of needs and vulnerabilities the CoC considers are tailored to the specific needs of each population and include the following factors: length of time homeless, systems involvement, co-occurring disabilities, hospital visits, fleeing domestic violence, chronic health condition, and age of the youngest child.

4. The CoC NOFO Committee automatically places renewal grants for the safe haven and youth RRH project types into Tier I. These are the only federally funded projects of their nature in the CoC and given the special population, the NOFO Committee deems them critical to the CoC structure.

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

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1. The CoC recognizes that representation on both the NOFO Review Committee and Board of Directors needs to be improved to include additional persons of different races and individuals with lived experience of homelessness. It continues to increase its community engagement efforts to build relationships and trust with those overrepresented populations. MDHI's internal DEI work has helped the staff, board, and committee members better understand what it means to create inclusive and safe spaces for persons of different races and lived expertise. Currently, one NOFO committee member and two of our board members participate in the the Native American Housing Circle (NAHC), a coalition of Native-led service providers in our CoC region. The board of directors recently conducted more inclusive recruitment initiative to expand its diversity and lived expertise of homelessness which was successful in creating a more representative board.

2. The NOFO review committee makes recommendations on rating factors and reviews policy and process. The board of directors approves the committee review, selection, and ranking process.

3. The board and committee review scoring tools to make sure they are equitable.

4. For CE, the lead agency tracks any 'denials' of referrals and disaggregate that data by race and ethnicity to note any trends where referral denials are connected to race. MDHI provides that data to programs regarding the households they served broken down by race/ethnicity regarding household placements, retention, and performance as a non-scored element that will be scored in future years. It is the current practice of the CoC to add NOFO elements as non-scored and then score the subsequent year. Currently, women and youth projects automatically go in tier one because of the populations they serve. The CoC plans to review policies and procedures to identify gaps and evaluate for racial inequities and expanding to BIPOC-led organizations.

1E-4.	Reallocation–Reviewing Performance of Existing Projects.
	NOFO Section VII.B.2.f.
	Describe in the field below:
1.	your CoC's reallocation process, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed;
2.	whether your CoC identified any projects through this process during your local competition this year;
3.	whether your CoC reallocated any low performing or less needed projects during its local competition this year; and
4.	why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable.

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 Funds reallocated as part of recapturing unspent funds, voluntary or involuntary reallocation will be made available for reallocation to create new projects during the local solicitation process. This re-allocation policy is consistent with and aligns to the MDHI Monitoring Plan. Unspent Funds Projects that are not fully expending or are underspending their grant awards are subject to the reallocation process. Projects that have underspent more than 10% of their award or \$50,000.00, whichever is less, may be reduced and those funds will go to the reallocation for New Project(s). Projects that have under-expended more than 10% or \$50,000.00 of their award in two consecutive program years will have their funding reduced through reallocation in the next CoC NOFA competition. Providers are asked whether they wish to voluntarily re-allocate their project's funding. Such re-allocated funds are pooled for re-allocation to New Projects. To be included in Tier I, renewal applications must either meet the threshold renewal score or be determined to be critical to going CoC service continuity by the NOFA Committee and the MDHI Board of Directors, subject to available funds. To meet the renewal threshold, renewal projects must score at least 20% of the score of the highest scoring renewal project. Projects scoring below the threshold will be asked to develop a plan to address performance issues. Performance plans will be due to be submitted within 30 days of the request and are reviewed at the next regularly scheduled meeting of the System Performance Council. The Plan must be approved by the System Performance Council. If the SPC does not approve the Plan, funds may be subject to future reallocation. If a plan is not submitted the project may be subject to future reallocation.

2. Two projects were subjected to reallocation this year due to underspent grant awards.

3. The CoC was awarded only 95% of our ARD for Tier 1, so the committee placed lower performing projects into Tier 2.

4. The NOFO Committee decided to place lower performing projects into Tier 2 instead of reallocating their funds for this year's competition.

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

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

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

1. Did your CoC reject or reduce any project application(s)?		Yes
2. Did your CoC inform applicants why their projects were re	jected or reduced?	Yes
 If you selected Yes for element 1 of this question, enter the project applications were being rejected or reduced, in we applicants on various dates, enter the latest date of any replicants on 06/26/2022, 06/27/2022, and 06/28/2022, to the project of the project	iting, outside of e-snaps. If you notified otification. For example, if you notified	09/14/2022

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

	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2022, 06/27/2022, and 06/28/2022, then you must enter 06/28/2022.	09/14/2022	
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1E-5b.	Local Competition Selection Results-Scores for All Projects.	
	NOFO Section VII.B.2.g.	
	You must upload the Final Project Scores for All Projects attachment to the 4B. Attachments Screen.	

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

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

Enter the date your CoC posted the CoC-approved Consolidated Application on the CoC's website or	09/26/2022
partner's website-which included:	
1. the CoC Application; and	
2. Priority Listings for Reallocation forms and all New, Renewal, and Replacement Project Listings.	

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

	Enter the date your CoC notified community members and key stakeholders that the CoC- approved Consolidated Application has been posted on the CoC's website or partner's website.	09/26/2022
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2A. Homeless Management Information System (HMIS) Implementation

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;

- 24 CFR part 578; FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

Enter the name of the HMIS \	/endor your CoC is currently using.	Bitfocus	
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2A-2.	HMIS Implementation Coverage Area.	
	Not Scored–For Information Only	

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

Enter the date your CoC submitted its 2022 HIC data into HDX.	04/28/2022
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2A-4	Comparable Database for DV Providers–CoC and HMIS Lead Supporting Data Collection and Data Submission by Victim Service Providers.	
	NOFO Section VII.B.3.b.	

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

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(limit 2,500 characters)

1. Currently, victim service providers in the CoC use a variety of different databases to collect information on their clients and services. Although they may currently be using different databases, VSPs do have data they collect and report on that is accessible by the CoC and is used in assessing and addressing need. As MDHI now has a survivor-focused CoC-funded RRH project within the continuum. MDHI is working with that provider to identify differences and nuances on project evaluation and coordinated entry referrals. One example is the use of the Domestic Violence Counts data that is collected annually by the National Network to End Domestic Violence. This data mirrors the Point in Time count process and collects a one day 'snapshot' on services requested, services provided, and services unmet. Over the past several years, housing has been identified as the largest unmet need of survivors in victim service programs. The Department of Housing has been working with DV providers to create a report CAFE, a system used by many providers, that matches the HUD-required APR. This report is a de-identified aggregate report. 2. Yes, the HMIS implementation is compliant with the 2022 HMIS Data Standards.

2A-

2A-5. Bed Coverage Rate–Using HIC, HMIS Data–CoC Merger Bonus Points.

NOFO Section VII.B.3.c. and VII.B.7.

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

Project Type	Total Beds 2022 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
1. Emergency Shelter (ES) beds	4,102	187	3,324	84.90%
2. Safe Haven (SH) beds	63	25	38	100.00%
3. Transitional Housing (TH) beds	1,960	0	891	45.46%
4. Rapid Re-Housing (RRH) beds	1,223	50	1,212	103.32%
5. Permanent Supportive Housing	4,545	0	3,062	67.37%
6. Other Permanent Housing (OPH)	2,503	0	889	35.52%

2A-5a.	Partial Credit for Bed Coverage Rates at or Below 84.99 for Any Project Type in Question 2A-5.	
	NOFO Section VII.B.3.c.	
	For each project type with a bed coverage rate that is at or below 84.99 percent in question 2A-5, describe:	
	steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type; and	
2.	how your CoC will implement the steps described to increase bed coverage to at least 85 percent.	
/// // 0.50		

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1. Over the past year, 644 end users and 41 new agencies have been trained in HMIS. Over the past two years, as a result of targeted outreach and coordination with Emergency Shelters, the HMIS coverage has increased from 26.28% to 80%. COVID-19, and the coordination between the lead agency. emergency shelter, and healthcare providers to transmit COVID-19 testing results via HMIS led in rapid expansion. For TH, PSH, and OPH, the lead agency will continue to work with agencies, providing specific outreach to those not utilizing HMIS to raise the participation rate to 85%. The VA has agreed to use HMIS, and MDHI added HUD VASH participation in HMIS, beyond SSVF and GPD projects that already utilized HMIS. MDHI is committed to offering HMIS at no cost to private orgs providing TH and MDHI has a recruitment and onboarding strategy, particularly for organizations serving BIPOC communities. The majority of PSH beds that are not in HMIS are from public housing authorities (PHA), and MDHI is exploring integrations between the HMIS system, and PHA databases to upload PHA datasets into HMIS for tenants experiencing homelessness. Since 40% of the Safe Haven beds serve survivors, there is not a likelihood of them participating in HMIS, but MDHI is working on access to a comparable database and reporting features. MDHI offers licenses to the system, training, and support with hardware without cost to the organizations adopting HMIS. To meet the training needs for access to HMIS, MDHI has two trainers on staff and has adopted a Learning Management System. This LMS allows for both synchronous and asynchronous learning, gives providers access training and materials on their own schedule, eliminating one of the previously identified barriers, particularly as many are still operating remotely. In the Governor's approved budget, there is also a one-time allocation to assist with data with ARPA funding.

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

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

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

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;

- 24 CFR part 578; FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

Enter the date your CoC conducted its 2022 PIT count.

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

E	Enter the date your CoC submitted its 2022 PIT count data in HDX.	04/28/2022	
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2B-3.	PIT Count-Effectively Counting Youth.	
	NOFO Section VII.B.4.b.	

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

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1. The CoC's PIT Committee is comprised of representatives from all 9 subregions. In each of the subregions, a point of contact leads local planning efforts, including ensuring stakeholders serving homeless youth, are engaged in the PIT count.

2. Each provider is responsible for recruiting volunteers to assist on the night of the count. Additionally, the CoC supported the recruitment of paid Peers this year, including youth peers to assist with the count. Many of the volunteers are staff that actually work at youth shelters, and several youth-focused agencies utilized youth peers to help organize events or serve as peer advisors with the surveying process.

3. The PIT representatives work with members of their community to identify hot spots in each of their areas and then develop an outreach map that is used on the night of the count for volunteers to know which areas to count. They also work with providers to identify areas for potential magnet events that target specific populations, such as youth.

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

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

(limit 2,500 characters)

1. No significant changes were made to the sheltered PIT count implementation. The CoC works with providers to ensure their HMIS data is upto-date and accurate at the time of the count, as well as verifies the numbers after accurately reflect the numbers of clients that stayed in sheltered locations that night. For those that do not use HMIS, the COC provided an online survey tool to collect the data and offered training on how to use that tool. 2. This year the CoC added the option to conduct on observation count only on

2. This year the CoC added the option to conduct on observation count only on the night of followed by a full census survey the days following the count based on the percentage of people counted by observation, with tow of the eight subregions using this approach this year. Additionally, the CoC implemented GIS mapping by census tract to ensure full coverage. Count teams were given census maps to cover which were integrated into the online tool to assist in full coverage. This is also allowed for real-time location data integration.

3. In the larger, more urban areas, the observation count followed by census enhanced the ability to get a more reliable count of the unsheltered population. Given the size of these region to cover, doing a head count on the night of and then utilizing street outreach teams more to conduct the full survey in the days following resulted in the best coverage. They were also able to capture more people staying in the vehicles.

4. See above

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2C. System Performance

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;

- 24 CFR part 578;
 FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

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

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1. The CoC is using the CE to coordinate and prioritize referrals for Homelessness Prevention (HP) resources and have implemented targeting factors for this funding. This process includes access, assessment, prioritization and referral to accurately identify households at risk of homelessness and provide proper stabilization services. The CoC, via the ESG resources, is funding new organizations serving BIPOC communities which are disproportionately at risk of experiencing homelessness. The CoC also has created a Housing Stability Fund as a diversion strategy and is now providing prevention assistance through this fund. Additionally, there are new positions at the lead agency including a Housing Stability Coordinator, that works full time on this need.

2. The CoC coordinates ESG prevention funds and other prevention and diversion resources. The homeless prevention component is part of the CE and HMIS systems. Risk factors include previous stays in emergency shelter, severe discord with a landlord, involvement with protective services, eviction history, and adverse childhood experiences. The CoC works with McKinney-Vento liaisons to identify families who are at-risk plus convenes a Prevention and Rapid Resolution Affinity Group to discuss and strategize how to utilize limited prevention resources for those that are at-risk of experiencing literal homelessness most effectively, focusing on tracking prevention/rapid resolution services in HMIS to better identify households who are at-risk and determine their vulnerability and other risk factors. Analyzing prevention data in HMIS enhances coordination, reduces duplication of services and helps determine when a household needs a different type of intervention to resolve their housing crisis.

3. The Metro Denver Homeless Initiative

2C-2.	Length of Time Homeless-CoC's Strategy to Reduce.
	NOFO Section VII.B.5.c.
	In the field below:
1.	describe your CoC's strategy to reduce the length of time individuals and persons in families remain homeless;
2.	describe how your CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the length of time individuals and families remain homeless.

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1. MDHI relies on flexible funds and diversion strategies to help reduce the time individuals and families remain homeless. MDHI's Housing Stability Flex Fund can provide one-time assistance to households experiencing homelessness who have one last financial barrier preventing them from obtaining permanent housing. The Flex Fund has been criticial in helping families secure housing quickly. Problem solving during case conferencing has also been effective in reducing the LOTH. Providers in the CoC have also taken advantage of outside entities to assist with landlord recruitment and engagement to help quickly place househoulds into affordable housing. All subpopulations prioritize households with long length of time homeless.

2. CE collects data on how many total months a household has experienced homelessness in their lifetime as well as length of time for current episode of homelessness. Prioritization process calculates total months of homelessness over time. CE prioritizes individuals with more than 36 months of homelessness for Permanent Supportive Housing. CE prioritizes persons in families for Permanent Supportive Housing with 12 months or longer of homelessness. Total months homelessness is calculated in to Youth CE prioritization. In Case Conferencing, providers create housing plans based on longest stays for persons in shelter, day center programs, street outreach, or CE.

2C-3.	Exits to Permanent Housing Destinations/Retention of Permanent Housing-CoC's Strategy	
	NOFO Section VII.B.5.d.	
	In the field below:	
1.	describe your CoC's strategy to increase the rate that individuals and persons in families residing in emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations;	
2.	describe your CoC's strategy to increase the rate that individuals and persons in families residing in permanent housing projects retain their permanent housing or exit to permanent housing destinations; and	
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to increase the rate that individuals and families exit to or retain permanent housing.	

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1. To increase housing placements, community partners are working across the spectrum of crisis interventions to make sure exit destination data is being captured within HMIS. The CoC provides training and peer learning opportunities to encourage shelters to move to become more housing focused and to train front-line staff, managers, and funders on best practices within rapid rehousing and permanent housing so that more households are placed in housing. MDHI provides HMIS training to housing providers on best practices on data quality, system procedures and CE outreach expectations. The goal is to optimize the CoC funding and any other dedicated homeless funding to ensure the CoC is serving the most households possible. Other strategies include: working with non-CoC-funded housing providers to connect housing providers through a risk mitigation fund for landlords, and developing a funder alignment committee to ensure that housing resources are coordinated regionally.

 To increase housing retention, MDHI provides training to housing providers on best practices like trauma-informed care, housing-focused case management strategies and other elements of effective housing crisis response systems. MDHI's goal is to provide these trainings for free to the CoC on at least a quarterly basis. MDHI also monitors housing placement and housing retention data quarterly and presents this information to the System Performance Council and Board of Directors for discussions around continuous improvement. MDHI's monitoring process is designed to provide necessary supports to ensure that all projects are high performing.
 The Metro Denver Homeless Initiative

2C-4.	Returns to Homelessness-CoC's Strategy to Reduce Rate.
	NOFO Section VII.B.5.e.
	In the field below:
1.	describe your CoC's strategy to identify individuals and families who return to homelessness;
2.	describe your CoC's strategy to reduce the rate of additional returns to homelessness; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the rate individuals and persons in families return to homelessness.

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1. The CoCs strategy to identify common factors of individuals and families who return to homelessness is to query HMIS and develop profiles of households that return to homelessness. MDHI partners with the VA to query veteran data, as VA data systems are national and can identify veterans returning to homelessness in other continua of care. In addition, MDHI convenes provider groups to examine and discuss common issues that may lead to returns to homelessness. MDHI created a dashboard on returns to homelessness and will continue to enhance that data collection to better identify who is returning to the system.

2. To reduce returns, MDHI provides consistent training and resources to providers on housing-focused case management, high-fidelity PSH and RRH models, and other housing stabilization best practices. MDHI provides leadership to better coordinate and target prevention and rapid resolution interventions. MDHI works with the State and other local prevention programs to discuss upstream solutions and ways our system can target those most at-risk of becoming literally homeless using data with a strong focus on historically marginalized populations. MDHI requires CoC and ESG-funded projects for rehousing to follow-up with program participants for one year to ensure they are remaining stably housed.

3. The Metro Denver Homeless Inititive

2C-5.	Increasing Employment Cash Income-CoC's Strategy.	
	NOFO Section VII.B.5.f.	
	In the field below:	
1.	describe your CoC's strategy to access employment cash sources;	
2.	describe how your CoC works with mainstream employment organizations to help individuals and families experiencing homelessness increase their cash income; and	
3.	provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase income from employment.	

(limit 2,500 characters)

 The CoC's strategy to increase employment income includes monitoring CoC and ESG performance for increasing income. The percentage of persons who have increased income is shared with CoC and ESG-funded providers on a quarterly basis and evaluated by CoC staff. System Performance metrics are also analyzed annually and compared to previous year's performance. MDHI's Permanent Housing Written Standards for case management require providers to connect program participants who can work to employment services. The CoC's Employment Committee meets monthly to facilitate the coordination of employment organizations and discuss ways to enhance services for people experiencing homelessness. The Employment Committee includes representation from over twelve mainstream employment organizations across the CoC. These organizations receive referrals and collaborate with CoC and ESG grantees and other homeless service providers. The Employment Committee facilitates discussions with Permanent Housing grantees in the CoC and host regular job trainings for program participants. MDHI collaborates with workforce centers in all seven counties.

3. The Metro Denver Homeless Initiative

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2C-5a.	Increasing Non-employment Cash Income-CoC's Strategy
	NOFO Section VII.B.5.f.
	In the field below:
	1. describe your CoC's strategy to access non-employment cash income; and
	2. provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase non-employment cash income.

(limit 2,500 characters)

1. The CoC monitors increases of non-employment cash income quarterly and includes this metric on monitoring dashboards that are shared with CoC and ESG-funded organizations on a quarterly basis. The percentage of adults who retained or acquired non-employment income is also a metric MDHI uses for scoring and ranking CoC projects during the annual NOFO competition. Projects that score low in this area will be provided technical assistance throughout the year.

2. The Metro Denver Homeless Iniative

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3A. Coordination with Housing and Healthcare

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;

- 24 CFR part 578;
 FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

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

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

Is your CoC applying for a new PH-PSH or PH-RRH project that uses healthcare resources to help individuals and families experiencing homelessness?	Yes
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3A-3.	Leveraging Housing/Healthcare Resources-List of Projects.	
	NOFO Sections VII.B.6.a. and VII.B.6.b.	

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

Project Name	Project Type	Rank Number	Leverage Type
Housing is Health	PH-PSH	22	Housing

3A-3. List of Projects.

1. What is the name of the new project? Housing is Healthcare

2. Enter the Unique Entity Identifier (UEI): QZP9FEB7U672

3. Select the new project type: PH-PSH

4. Enter the rank number of the project on your 22 CoC's Priority Listing:

5. Select the type of leverage: Housing

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3B. New Projects With Rehabilitation/New Construction Costs

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;

- 24 CFR part 578;
 FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

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

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

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

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;

- 24 CFR part 578;
 FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

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

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

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4A. DV Bonus Project Applicants

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;

- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

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

4A-1a. DV Bonus Project Types. NOFO Section II.B.11.e.

Select yes or no in the chart below to indicate the type(s) of new DV Bonus project(s) your CoC included in its FY 2022 Priority Listing.

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

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

Assessing Need for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects in Your CoC's Geographic Area.	
NOFO Section II.B.11.(e)(1)(c)	

1.	Enter the number of survivors that need housing or services:	6,219
2.	Enter the number of survivors your CoC is currently serving:	4,264
3.	Unmet Need:	1,955

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4A-3a.	How Your CoC Calculated Local Need for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(c)	
	Describe in the field below:	
1.	how your CoC calculated the number of DV survivors needing housing or services in question 4A- 3 element 1 and element 2; and	
2.	the data source (e.g., comparable databases, other administrative data, external data source, HMIS for non-DV projects); or	
3.	if your CoC is unable to meet the needs of all survivors please explain in your response all barriers to meeting those needs.	

(limit 2,500 characters)

1. From the HMIS system, the CoC pulled the total number of clients served between 7/1/2021 and 6/30/2022 who indicated they were a domestic violence victim/survivor at enrollment (Element 1) and of those how many were still active in HMIS at the end of that reporting period (Element 2).

2. The CoC utilized HMIS data to pull this calculation and is currently working with Division of Housing to develop a comparable database that it will be able to use in subsequent years to further demonstrate this need.

3. There are numerous barriers to serving all survivors. The most pressing issue is adequate housing once survivors are identified. While the CoC has significant outreach, high participation in HMIS by providers, and a prioritization aimed at serving survivors, identifying housing resources continues to be the most pressing barrier. Other barriers include data sharing and challenges with a comparable database. However, the CoC and State are in the process of identifying workable solutions to these data sharing barriers.

	Information About Unique Project Applicants and Their Experience in Housing Placement and Housing Retention for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	
	Use the list feature icon to enter information on each unique project applicant applying for New PH-RRH and Joint TH and PH-RRH Component DV Bonus projects—only enter project applicant information once, regardless of how many DV Bonus projects that applicant is applying for.	
Applicant Name		
Adams County		

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

4A-3b. Information About Unique Project Applicants and Their Experience in Housing Placement and Housing Retention for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.

NOFO Section II.B.11.e.(1)(d)

Enter information in the chart below on the project applicant applying for one or more New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects included on your CoC's FY 2022 Priority Listing:

1.	Applicant Name	Adams County
2.	Project Name	Housing Transitions for People Fleeing DV
3.	Project Rank on the Priority Listing	24
4.	Unique Entity Identifier (UEI)	FV56SRLGHGJ6
5.	Amount Requested	\$1,139,127
6.	Rate of Housing Placement of DV Survivors-Percentage	69%
7.	Rate of Housing Retention of DV Survivors-Percentage	60%

4A-3b.1.	Applicant Experience in Housing Placement and Retention for Applicants Requesting New PH- RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(c)	

	For the rate of housing placement and rate of housing retention of DV survivors reported in question 4B-3b., describe in the field below
1.	how the project applicant calculated both rates;
2.	whether the rates accounts for exits to safe housing destinations; and
	the data source (e.g., comparable databases, other administrative data, external data source, HMIS for non-DV projects).

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This percentage is for Almost Home (AH) Respite Housing (hotel vouchers) only as the project does not have rapid rehousing dollars for survivors yet and this will significantly increase housing placement rate. This percentage was calculated by looking at row-level data on whether households fleeing domestic violence (DV) exited to stable housing or to an unsheltered situation. Of 16 households, 11 were leased-up or unified with family. This percentage accounts for safe housing destinations. The data source is Homeless Management Information System (HMIS) and programmatic spreadsheets.

Housing Retention Rate: The Respite Housing programs were recently launched; therefore, there is not a large enough sample size to confidently report housing retention, however, data suggests 60% of total Respite Housing participants were rehoused and retained in housing. Of the number of people successfully rehoused, 90% were retained after six months. This is based on a review of other housing programs offered by AH and the Brighton Housing Authority (BHA), as well as studies of housing retention for Housing First programs (Cunningham 2015). Since the programs do not yet have adequate data, this rate does not account for safe housing destinations. There is no data source yet, although AH and the BHA have agreed to use HMIS and Coordinated Entry.

4A-3c	Applicant Experience in Providing Housing to DV Survivor for Applicants Requesting New PH- RRH and Joint TH and PH-RRH Component DV Bonus Projects.
	NOFO Section II.B.11.e.(1)(d)
	Describe in the field below how the project applicant:
1.	ensured DV survivors experiencing homelessness were quickly moved into safe affordable housing;
2.	prioritized survivors-you must address the process the project applicant used, e.g., Coordinated Entry, prioritization list, CoC's emergency transfer plan, etc.;
3.	determined which supportive services survivors needed;
4.	connected survivors to supportive services; and
5	moved clients from assisted housing to housing they could sustain-address housing stability after the housing subsidy ends.

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AH has rehoused people experiencing homelessness fleeing DV for 29 years. However, AH did not specialize in DV services until 2021 when HMIS data revealed the main cause of homelessness in Adams County was violence. AH's Respite Housing program was established in 2021 through the Community Block Development Grant to shelter people experiencing situational homelessness. Between January and September 2022, AH served 28 households fleeing DV. In addition, AH is an Emergency Solutions Grant rapid rehousing recipient and uses these funds to house 20 households per year. Annually, AH exits 1,033 people to stable housing—75% of Adams County's positive exits. AH's success is due to serving people where they are at with the most appropriate intervention. AH assesses client needs and vulnerability and offers resources such as rental assistance, housing navigation, shelter, hotel vouchers, and rapid rehousing. In addition, AH provides warm hand-offs to supportive services such as mental health, childcare, and food.

BHA has been providing affordable units to low-income populations since 1968 through project-based housing and housing vouchers. BHA offers services beyond affordable housing units. BHA offers rental assistance, counseling, tutoring, and college preparation. BHA's Respite Housing was created in 2020 as a response to COVID-19 and in recognition that residents may be in closer quarters to their abuser. The City of Thornton funds BHA to administer hotel vouchers on behalf of people fleeing DV. Currently, the majority of BHA's referrals come from victim advocates. Between January and September 2022, BHA served 46 households fleeing DV. Over time, BHA has recognized the importance of wraparound services for rehousing and housing retention, so they have started placing an emphasis on supportive services such as childcare, transportation, and mental health support which will continue after the rental subsidy ends.

BHA has not managed rapid rehousing, used HMIS, or Coordinated Entry (CE) before, but they are willing, have grant experience, and will have support from Adams County and AH, as AH and BHA operate out of the same building. Historically, referrals have come from partner agencies, but they plan to use CE which prioritizes survivors. If households are not successful in rapid rehousing due to their level of need, they will escalate their case through our CoC's alternative process for an emergency transfer to increase their chances of success.

4A-3d.	Applicant Experience in Ensuring DV Survivor Safety for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.
	NOFO Section II.B.11.e.(1)(d)
	Describe in the field below examples of how the project applicant appured the sofety and
	Describe in the field below examples of how the project applicant ensured the safety and confidentiality of DV survivors experiencing homelessness by:
1.	taking steps to ensure privacy/confidentiality during the intake and interview process to minimize potential coercion of survivors;
2.	making determinations and placements into safe housing;
3.	keeping information and locations confidential;
4.	training staff on safety and confidentially policies and practices; and
5.	taking security measures for units (congregate or scattered site), that support survivors' physical safety and location confidentiality.

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(limit 2,500 characters)

Survivors of DV have valid safety concerns, so case managers will implement additional safeguards and protections. AH and BHA have written policies and procedures surrounding household safety for their Respite Housing programs.

Thoughtful Approach: Case managers will work with households on an individualized safety plan to ensure they are being thoughtful about their interactions and next steps. Case managers will avoid providing DV-related written information that could be discoverable by an abuser, establish code words, keep households' locations confidential, and store household information under lock and key or in an encrypted manner. Under no circumstances, will case managers reveal information about clients, their program enrollment status, or their location to another community member. Case managers will also allow households the right to choose whether they report their abuse to the police. However, case managers will support the households through the reporting process, should they choose.

Trauma-Informed Design: The first step of the program, Respite Housing, is intentionally based in hotels to allow for client choice, mobility, and security. AH and the BHA purposefully shelter survivors in hotels that have security guards and rooms under lock and key. Households can be moved to a new location quickly and inconspicuously. Households will be encouraged to select permanent units that are geographically distanced from their abuser while still considering their proximity to family, friends, and employment. Units will only be selected for survivors if they have adequate safety features like locked doors and windows. Units will preferably have an alarm or security system. With consent, case managers will train landlords on how to best protect people fleeing DV and ensure the landlords have the tools to handle emergent situations.

Training: All case managers are required to take "Confidentiality: The Cornerstone of Safety, Trust, and Privacy for Survivors" offered through Violence Free Colorado.

4A-3d.1.	Applicant Experience in Evaluating Their Ability to Ensure DV Survivor Safety for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	

Describe in the field below how the project has evaluated its ability to ensure the safety of DV survivors the project served in the project, including any areas identified for improvement during the course of the proposed project.

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There have been no safety breaches involving survivors and abusers while in AH or BHA's Respite Housing programs and they plan to continue this perfect track record through rigorous adherence to best practices and evidence-based protocol. With consent, case managers of Respite Housing follow up with households during recurring meetings about whether they feel safe, secure, and comfortable. With consent, case managers will follow up with clients after the expiration of rapid rehousing dollars to understand their situation, stability, and safety. Case managers are skilled in creating an environment where survivors feel comfortable sharing their concerns and needs as well as informing us if they continue to experience abuse or neglect.

In the circumstance when AH and BHA have lost contact with a client, Adams County may be able to source records to investigate whether the lack of communication is due to health or safety. Adams County is currently working on an HMIS and supplemental data sharing agreement with its nine municipalities, nonprofits, and health centers to collect row-level data including law enforcement contacts and hospital stays. They will eventually come to a point where they will be able to search records to see whether former Respite Housing clients re-entered homelessness, reported a crime to the police departments, or sought emergency medical services for an injury. This will allow Adams County to assess outcomes for clients for whom they have lost contact with and understand ongoing needs. Client records and reports will allow assessment of what may have gone wrong. Under no circumstance will this information be shared beyond employees outlined in the county-attorneyapproved data-sharing agreements.

4A-3e.	Applicant Experience in Trauma-Informed, Victim-Centered Approaches for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.
	NOFO Section II.B.11.e.(1)(d)
	Describe in the field below examples of the project applicant's experience using trauma-informed, victim-centered approaches to meet needs of DV survivors by:
1.	prioritizing placement and stabilization in permanent housing consistent with the program participants' wishes and stated needs;
2.	establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
3.	providing program participants access to information on trauma, e.g., training staff on providing program participants with information on the effects of trauma;
4.	emphasizing program participants' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans worked towards survivor-defined goals and aspirations;
5.	centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;
6.	providing a variety of opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
7.	offering support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.

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Although AH and the BHA have only targeted people experiencing DV since the beginning of the pandemic, they are by far the best agencies for the job. Both agencies train staff on trauma-informed care as well as person-centered, harm reduction, and Housing First approaches—all transferable to working with people fleeing DV. Case managers will validate survivor's experiences while showing them data suggesting that DV is shockingly common and that they are not alone. AH and BHA case managers offer all clients—including survivors—a menu of housing options from public housing authorities and partner landlords. Together, the case manager and survivor sort through options to best meet the survivor's safety, spiritual, social, employment, and other needs. This is for the purpose of balancing power differentials—providing the household guidance and support while reestablishing self-determination and empowerment.

Mutual Respect & Strengths-Based Case Management: Case managers are skilled in establishing environments with healthy boundaries that are based on goal-setting and mutual respect. AH and BHA have switched from using a deficit-based approach to a strengths-based approach. For instance, BHA enrolled a family of seven in Respite Housing. The case manager acknowledged the extreme instability and stressful situation but focused the single mother's attention on her resiliency, strength, power, and ability to do what is right for her children. Case managers are trained in motivational interviewing so that they can help clients focus on potential positive outcomes of a behavior change. This helps clients see possibilities rather than focusing on current hardships. With this mother of seven, the case manager asked her strategic questions so that she was able to see the positive outcomes of escaping her abuser and building a new life free from harm. The case manager also helped her identify her skills and experiences and how she can tap into these strengths to build a better life. Under no circumstance do case managers employ punitive approaches to working with clients, especially people who have experienced DV. This is ineffective and re-traumatizing and not in alignment with a strengths-based model.

Inclusivity: AH and the BHA are fiercely committed to equity and maintain nondiscrimination and equity statements to guide their work. HMIS data suggests that people who are Black and/or Indigenous disproportionately experience homelessness and DV due to systems of oppression. Congruent with this, the Respite Housing programs serve 88% women and/or people of color. For the sake of representative leadership, the staff assigned to Respite Housing identify as women of color. Data suggests people who are LGBTQ have a greater chance of experiencing violence or familial breakdown early in life, therefore, case managers and staff are trained on how to best interact with the LGBTQ community including using preferred pronouns and gender-neutral language. In addition, Adams County maintains a list of faith-based communities which can be referenced in order to connect households with their preferred religious or spiritual community. Lastly, when needed, translators are available to provide services in native languages.

Area of Exploration: To be better aligned with strengths-based approaches, we are exploring strengths-based questionnaires to couple with needs assessments, so programs have a more holistic view of our clients. They are also exploring building support groups and/or parenting classes to build a community of survivors that can support and encourage each other. Case managers are working on materials to help survivors process their abuse and understand their situation and how it is situated within the broader community.

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4A-3f	Applicant Experience in Meeting Service Needs of DV Survivors for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	

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

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Case managers are experienced in providing direct services when possible and warm handoffs to other agencies when needed. Since most referrals for BHA's Respite Housing program come from victim advocates, these clients will have additional support through the respective police departments. BHA case managers and victim advocates will coordinate to leverage resources and avoid duplicating efforts. Households will be notified of their right to file a Notice of Protection or request additional patrol of the area surrounding their hotel or housing unit but will not be pressured to coordinate with law enforcement.

DV Specific Referrals: Adams County is finalizing a DV-specific resource guide that is available via QR code on another more general resource guide (to avoid information being discovered by an abuser). The DV resource guide will contain a safety checklist and resources such as the National DV Hotline, Colorado Crisis Line, FindHelp, and Human Trafficking Hotline. Agencies and services listed include Blue Bench, the Laboratory to Combat Human Trafficking, Colorado Legal Services, the Colorado Poverty Law Project, and Colorado Coalition Against DV. Case managers have relationships with most of these agencies and will be able to assist clients in connecting and obtaining additional assistance.

Other Referrals: Case managers will ask households what they need and determine other service needs through HMIS program enrollment and supplemental needs assessments. The case managers will help the households apply for public benefits and other supportive services that will increase the likelihood that they stay housed. Adams County staff can serve as authorized representatives for public benefits applications like SSI, SSDI, TANF, CCAP, WIC, Old Age Pension, SNAP Benefits, Medicaid, Medicare, and VA assistance. Additionally, Adams County's Workforce Business Center (WBC) can help with resume writing, interviewing, and upskilling as well as employment placements with partner agencies. In some instances, the WBC will pay for residents to obtain certifications or trainings that will improve their wages such as certified nursing assistant, occupational safety health administration, and/or commercial driver's licenses. Case managers will be trained to provide health-related referrals to agencies that take Medicaid such as H.E.A.R.T. Counseling, the Stout Street Health Clinic, Savio House, the Community Reach Center, Clinica Colorado, and Stride Community Health. Childcare referrals will be informed by Colorado Shines Child Care Referral at Mile High United Way's 2-1-1 Help Center. Case managers will use resource and referral platforms like 2-1-1 and FindHelp when unsure of the best referrals.

Approach to Information Sharing: People fleeing DV are more likely to have certain needs compared to other people experiencing homelessness. For instance, people fleeing DV may have recently moved away from the community they are familiar with. Knowing this, case managers ensure they are spending time orienting survivors to the new community and not assuming they know the location of programs and services. In addition, survivors may have recently experienced a breakdown in familial structure—gutting their social support system. Since survivors may not have others to lean on for support, the case managers may have to fill this role—a higher time commitment than other people experiencing homelessness. Survivors may also place emphasis on evading their abuser, so they may see other important tasks as a lower priority. Further, recent studies have shown that the extensive trauma of violence and homelessness reduces cognitive functioning and causes forgetfulness and less aptitude for obtaining necessary resources (Lee and Deprince, 2017). This is

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expected, and case managers help households prioritize and build organizational systems like calendar invites, phone alarms, and sticky notes as reminders.

4A-3g.	Plan for Trauma-Informed, Victim-Centered Approaches for New PH-RRH and Joint TH and PH- RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(e)	
	Provide examples in the field below of how the new project will:	
1.	prioritize placement and stabilization in permanent housing consistent with the program participants' wishes and stated needs;	
2.	establish and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;	
3.	provide program participants access to information on trauma, e.g., training staff on providing program participants with information on the effects of trauma;	
4.	emphasize program participants' strengths-for example, strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans works towards survivor- defined goals and aspirations;	
5.	center on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;	
6.	provide a variety of opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and	
7.	offer support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.	

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Scale Up & Deepen Services: Despite the early success of DV Respite Housing, AH and the BHA have recognized a need to connect households with longer-term resources. Although short-term hotel stays are beneficial as a stopgap, hotel stays do not guarantee long-term stability. For this reason, they are focusing on expanding Respite Housing to establish intensive, long-term care for survivors. Rapid rehousing will be an incredible complement to Respite Housing because, when matched through Coordinated Entry, they can shelter families in hotels until they are able to find them a permanent unit in the community. After moving in, they will be able to support the household through rental assistance and case management.

Training on Best Practices: The case managers hired for the DV programs will be trained by staff on the following ideology and evidence-based approach. Both homelessness and DV are experiences of trauma. AH and the BHA will work with households fleeing DV in accordance with best practices including, Housing First, race equity, trauma-informed care, radical consent, reciprocal feedback, and survivor-centered approaches. These agencies' respective case managers will complete individualized housing and safety plans with the households within the first few meetings to foster a relationship based on choice, empowerment, and mutual goal setting. Case managers will honor and hold space for the household's story while avoiding unnecessarily probing questions that could be retraumatizing. In the spirit of building selfdetermination, the households will choose their desired location and type of housing although it will likely be scattered site apartments due to market conditions. Case managers will host recurrent check-in meetings with households to celebrate successes and brainstorm solutions to challenges. Under no circumstance, will case managers employ punitive approaches.

Continued Focus on Trauma-Informed and Equity-Based Approaches: AH and BHA plan to continue focusing on equity through nondiscrimination, strengthsbased approaches, representative leadership, lived experience, language accessibility, and using preferred pronouns and gender-neutral language. It takes continued education and maintenance to employ equity-based approaches so we have identified a variety of courses that will bolster the knowledgebase of case managers and serve as reminders. See below.

Training Plan: AH and BHA case managers will take several important courses to ensure they are providing safe, secure, trauma-informed, and culturally responsive services to survivors. Case managers will be required to complete Violence Free Colorado's courses including Best Practices in DV Shelter, Confidentiality: The Cornerstone of Safety, Trust, and Privacy for Survivors, Ethics, Goal Planning, Housing Is Foundational: An Introduction to Best Practices for Advocates, Introduction to the Criminal Justice System, Introduction to Cultural Competency, Safety Planning, Trauma-Informed, Survivor-Centered Advocacy Part 1, and Understanding DV. Case managers will also have the option to complete the following courses: Historical Perspectives, Introduction to the Civil Legal System, How Batterer Behavior Impacts Children, Intersections of DV and Sexual Assault, Intimate Partner Stalking, Legal Boundaries in Advocacy: Providing Successful Advocacy While Avoiding the Unauthorized Practice of Law, Responding to Crisis and Talking About Suicide, Survivors Involved with Child Protective Services, Survivors with Disabilities, Trauma-Informed, Survivor-Centered Advocacy Part 2, Understanding Abusers, Understanding Basic Public Benefits, Working with LGBTQ Survivors, and Working with Older Adult Survivors of DV. Upon the

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receipt of rapid rehousing dollars, Adams County is planning on hosting a crosstraining with Family Tree since they have executed rapid rehousing dollars for survivors in past years. We hope that AH, BHA, and victim advocates can learn from the past successes and failures of Family Tree to build the safest and most comprehensive programs possible.

Area of Exploration: To be better aligned with strengths-based approaches, they are exploring strengths-based questionnaires to couple with needs assessments, so that they have a more holistic view of their clients. We are also exploring building support groups and/or parenting classes to build a community of survivors that can support and encourage each other. Case managers are working on materials to help survivors process their abuse and understand their situation and how it is situated within the broader community.

	Plan for Involving Survivors in Policy and Program Development of New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(f)	

Describe in the field below how the new project(s) will involve survivors with a range of lived expertise in policy and program development throughout the project's operation.

(limit 2,500 characters)

If there is one thing that Adams County and its partners do well, it is elevating the voices of people with lived experience, utilizing equity and lived experience as a lens through which they conduct all our work. To them, lived experience is not an afterthought, but a crucial driving force toward positive change. Survivors and formerly homeless residents will have an opportunity to weigh in on policy and program development from inception to evaluation.

Adams County's fifteen-person Poverty Reduction Unit (PRU) gives preference for hiring people with lived experience and allows for years of lived experience to replace years of education—they believe experiences are an education. In the PRU, 50% of employees have experienced homelessness, 20% of employees have experienced DV, and 90% have some form of lived experience. Adams County staff have presented at two national conferences about the importance of hiring, retaining, and promoting employees with lived experience. In addition, Adams County has launched a Lived Experience Committee to act as paid consultants for Adams County's poverty reduction efforts. At least two of the consultants on the Committee have experienced DV. The Committee will have an opportunity to review all major poverty reduction programs and initiatives including the DV Rapid Rehousing funds to ensure that programming is accessible, trauma-informed, and culturally responsive.

AH and the BHA are also leaders in the lived experience space. AH partners with Bayaud Enterprises and the TANF Workforce Program to employ populations that are often excluded from job opportunities such as single parents and people experiencing unsheltered homelessness. Together, AH and the BHA employ at least six people who have experienced homelessness. They believe that people with lived experience should not be relegated to direct service or entry-level positions. For instance, the Program Manager for AH's Respite Housing grew up in the Navajo Nation and has experienced homelessness, DV, and addiction.

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4B. Attachments Screen For All Application Questions

We have provided the following guidance to help you successfully upload attachments and get maximum points:

1.	You must include a Document Description for each attachment you upload; if you do not, the Submission Summary screen will display a red X indicating the submission is incomplete.					
2.	You must upload an attachment for each document listed where 'Required?' is 'Yes'.					
3.	We prefer that you use PDF files, though other file types are supported-please only use zip files if necessary. Converting electronic files to PDF, rather than printing documents and scanning them, often produces higher quality images. Many systems allow you to create PDF files as a Print option. If you are unfamiliar with this process, you should consult your IT Support or search for information on Google or YouTube.					
4.	Attachments must match the questions they are associated with.					
5.	Only upload documents responsive to the questions posed-including other material slows down the review process, which ultimately slows down the funding process.					
6.	If you cannot read the attachment, it is likely we cannot read it either.					
	. We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).					
	. We must be able to read everything you want us to consider in any attachment.					
7. After you upload each attachment, use the Download feature to access and check the attachment to ensure it matches the required Document Type and to ensure it contains all pages you intend to include.						
Document Typ	e	Required?	Document Description	Date Attached		
1C-7. PHA Homeless Preference		No	1C-7. PHA Homeles	09/26/2022		
1C-7. PHA Moving On Preference		No				
1E-1. Local Competition Deadline		Yes	1E-1. Local Compe	09/26/2022		
1E-2. Local Competition Scoring Tool		Yes	1E-2. Local Compe	09/23/2022		
1E-2a. Scored Renewal Project Application		Yes	1E-2a. Scored Ren	09/23/2022		
1E-5. Notification of Projects Rejected-Reduced		Yes	1E-5. Notificatio	09/23/2022		
1E-5a. Notification of Projects Accepted		Yes	1E-5a. Notificati	09/23/2022		
1E-5b. Final Project Scores for All Projects		Yes	1E-5b. Final Proj	09/23/2022		
1E-5c. Web Posting–CoC- Approved Consolidated Application		Yes				
1E-5d. Notification of CoC- Approved Consolidated Application		Yes				
3A-1a. Housing Leveraging Commitments		No	3A-1a. Housing Le	09/26/2022		

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3A-2a. Healthcare Formal Agreements	No	3A-2a. Healthcare	09/26/2022
3C-2. Project List for Other Federal Statutes	No		

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Attachment Details

Document Description: 1C-7. PHA Homeless Preference

Attachment Details

Document Description:

Attachment Details

Document Description: 1E-1. Local Competition Deadline

Attachment Details

Document Description: 1E-2. Local Competition Scoring Tool

Attachment Details

Document Description: 1E-2a. Scored Renewal Project Application

Attachment Details

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Document Description: 1E-5. Notification of Projects Rejected-Reduced

Attachment Details

Document Description: 1E-5a. Notification of Projects Accepted

Attachment Details

Document Description: 1E-5b. Final Project Scores for All Projects

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: 3A-1a. Housing Leveraging Commitments

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Attachment Details

Document Description: 3A-2a. Healthcare Formal Agreements

Attachment Details

Document Description:

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Submission Summary

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

Page	Last Updated
1A. CoC Identification	09/19/2022
1B. Inclusive Structure	09/26/2022
1C. Coordination and Engagement	09/26/2022
1D. Coordination and Engagement Cont'd	09/26/2022
1E. Project Review/Ranking	09/26/2022
2A. HMIS Implementation	09/26/2022
2B. Point-in-Time (PIT) Count	09/26/2022
2C. System Performance	09/26/2022
3A. Coordination with Housing and Healthcare	09/26/2022
3B. Rehabilitation/New Construction Costs	09/26/2022
3C. Serving Homeless Under Other Federal Statutes	09/26/2022

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4A. DV Bonus Project Applicants4B. Attachments ScreenSubmission Summary

09/26/2022 Please Complete No Input Required

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ADMINISTRATIVE PLAN

FOR THE

BOULDER HOUSING PARTNERS'

HOUSING CHOICE VOUCHER PROGRAM

Approved by the HA Board of Commissioners: February 7, 2011

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ADMINISTRATIVE PLAN

FOR THE

HOUSING CHOICE VOUCHER PROGRAM

January 1, 2005				
Revision Date	Revision Date			
9/1/05	12/08/2014			
5/1/06	02/09/2015			
12/1/06	04/11/2016			
7/1/07	07/10/2017			
8/1/08	09/12/2018			
11/1/08	04/08/2020			
10/01/09	10/01/2021			
01/01/2012				
01/01/2013				
02/10/2014				

Approved by the BHP Board of Commissioners:

February 7, 2011

PART I: THE APPLICATION PROCESS

4-I.A. OVERVIEW

This part describes the PHA policies for making applications available, accepting applications, making preliminary determinations of eligibility, and the placement of applicants on the wait list or in the lottery. This part also describes the PHA's obligation to ensure the accessibility of the application process to elderly persons, persons with disabilities, and people with limited English proficiency (LEP).

4-I.B. APPLYING FOR ASSISTANCE [HCV GB, pp. 4-11 – 4-16, Notice PIH 2009-36]

Any family that wishes to receive HCV assistance must apply for admission to the program. HUD permits the PHA to determine the format and content of HCV applications, as well how such applications will be made available to interested families, and how applications will be accepted by the PHA. The PHA must include form HUD-92006, Supplement to Application for Federally Assisted Housing, as part of the PHA's application.

BHP Policy

For the Housing Choice Voucher Program Tenant-Based Assistance:

The PHA will use the lottery system. The PHA will initially require families to provide only the information needed to make an initial assessment of the family's eligibility, and to determine the family's eligibility to be randomly selected for the lottery. The family will be required to provide all the information necessary to establish family eligibility and level of assistance when the family is selected from the lottery.

The lottery will be open twice a year (exact dates will be posted to our website and on the front door of our office at least one month in advance). Any lottery form received while the lottery is not open will not be accepted and will be destroyed.

When the lottery is open, families must apply online through our website at <u>www.boulderhousing.org</u>. No lottery forms will be given out when the lottery is closed.

Lottery forms must be complete to be accepted by the PHA for processing. If a lottery form is incomplete, the lottery form will not be accepted and will be destroyed.

For the Housing Choice Voucher Project-Based Assistance:

Per MTW Activity 2018-1, applicant selection and wait list management for the projectbased voucher communities is done by the service provider or owner of the site. After the service partner/owner has selected an applicant and been processed through their screening criteria and determined eligible, the applicant will then be referred to the Housing Choice Voucher Program to be screened for eligibility for the voucher assistance.

The service partners/owner for each of the project-based voucher sites is:

1175 Lee Hill – Boulder Shelter for the Homeless/Boulder Housing Partners (Property Management Division)

Broadway East - Boulder Housing Partners (Property Management Division)

Kalmia - project-based vouchers with services

Manhattan - project-based vouchers with services

Woodlands - project-based vouchers with services

<u>Multi Family Young and Disabled</u> (2008 award of 81 vouchers) – vouchers specifically for those who are young and disabled and are no longer eligible for certain developments

<u>Rental Assistance for Non-Elderly Persons with Disabilities</u> (2009 award of 100 vouchers) – vouchers specifically for this population to provide access to affordable housing

<u>Mainstream Voucher Program</u> (2018 award of 28 vouchers, 2020 award of 39 vouchers, 2020 award of 21 vouchers, 2021 award of 40 vouchers) – vouchers specifically for households with persons with disabilities and who are:

- Transitioning out of institutional or other segregated settings;
- At serious risk of institutionalization;
- Homeless; or
- At risk of becoming homeless; or
- Move-On options for current Permanently Supportive Housing participants (for 2020 award of vouchers only)

Households may be, but are not required to be, referred by a partner service agency who will provide supportive services.

Emergency Housing Vouchers (2021 award of 35) – vouchers awarded under the American Rescue Plan Act, see Chapter 19 for further details

Housing Choice Voucher Participants who qualify for any of these targeted fundings must also qualify for the local preference (with the exception of the Emergency Housing Vouchers) and comply with the same family obligations as all HCV participant households.

Regular HCV Funding

Regular HCV funding may be used to assist any eligible family in the lottery. Families are selected from the lottery according to the policies provided in Section 4-III.C.

4-III.C. SELECTION METHOD

PHAs must describe the method for placing applicant families in the lottery, including the system of admission preferences that the PHA will use [24 CFR 982.202(d)].

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

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

BHP Policy

The PHA will use the following preferences:

Preference #1 - The PHA will offer a preference to any family that has been terminated from its HCV program due to insufficient program funding. (This preference will take priority over all other preferences.)

Preference #2 - The PHA will give priority to households who are:

- Single-person households who are elderly (62 years of age or older)
- Single-person households who are a person with disability
- Families with dependent children

And who meet at least one of the following:

- Household lives within Boulder County
- An adult member of the household works at least 20 hours per week within Boulder CountyAn adult member of the household is homeless and receiving services through an agency within Boulder County
- Households with an adult child or parent who resides in Boulder County. In this instance, either the applicant household must be, or the immediate family member living in Boulder County must be, a senior over the age of 62 or a person with a disability.

Other preferences

Disaster Emergency Preference – beginning in February 2011, BHP will give a priority preference for families affected by a local natural disaster. Local disasters include fire, flood, hurricane, earthquake, or tornado which cause the applicant's current housing to be considered uninhabitable as verified by local, state, or federal authorities within the last six months. Local is defined as within the confines of Boulder County.

Priority for the Disaster Emergency Preference will be given in the following order:

First priority: current BHP resident affected by the disaster Second priority: others displaced by disaster (who also meet other eligibility requirements.)

Priority means those affected by the disaster will be allowed to apply for housing assistance even if the lottery is closed and receive this emergency preference. These families will have preference over the applicants on the current lottery and will remain at the top of the list for assistance for a period of six months from the date of the disaster. If at the end of the six-month period, no assistance has become available, their application will be removed from the lottery. Assistance will be limited to availability of vouchers or units in each of the programs and will reflect the nature and extent of the disaster. The Board of Commissioners will determine, at its next regular meeting following the disaster, or sooner if needed, the extent of housing assistance to be allocated to the victims. Based on the severity of the natural disaster and the number of families affected, the Board will have discretion to approve the number of families who would qualify for this preference.

Housing First Program Graduate Preference – Beginning May 1, 2012, one voucher that becomes available each year will be issued to a graduate of the Housing First Program. This selection will be made by preference and out of order once a Housing First graduate has been identified by the Housing First Program case managers and approved by BHP.

Set-aside Vouchers for Homeless Households – Beginning July 1, 2019, up to 20% of tenant-based vouchers that have turned over in the previous year will be set aside for issuance to eligible homeless households as determined and referred by the Homeless Solutions of Boulder County Coordinated Entry System.

Income Targeting Requirement [24 CFR 982.201(b)(2)]

HUD requires that extremely low-income (ELI) families make up at least 75 percent of the families admitted to the HCV program during the PHA's fiscal year. ELI families are those with annual incomes at or below the federal poverty level or 30 percent of the area median income, whichever number is higher. To ensure this requirement is met, a PHA may skip non-ELI families in order to select an ELI family.

Low-income families admitted to the program that are "continuously assisted" under the 1937 Housing Act [24 CFR 982.4(b)], as well as low-income or moderate-income families admitted to the program that are displaced as a result of the prepayment of the mortgage or voluntary termination of an insurance contract on eligible low-income housing, are not counted for income targeting purposes [24 CFR 982.201(b)(2)(v)].

BHP Policy

The PHA will monitor progress in meeting the income targeting requirement throughout the fiscal year. Extremely low-income families will be selected ahead of other eligible families on an as-needed basis to ensure the income targeting requirement is met.

Order of Selection

The PHA system of preferences may select families based on local preferences according to the date and time of application, or by a random selection process [24 CFR 982.207(c)]. If a PHA does not have enough funding to assist the family at the top of the lottery, it is not permitted to skip down through the lottery to a family that it can afford to subsidize when there are not sufficient funds to subsidize the family next in the lottery [24 CFR 982.204(d) and (e)].

BHP Policy

Families will be selected from the lottery based on the targeted funding or selection preference(s) for which they qualify, and in accordance with the PHA's hierarchy of preferences, if applicable.

Within each targeted funding or preference category, families will be randomly selected from the lottery. Families with preference #2 will be placed in the lottery over all other applicants.

PART I: GENERAL REQUIREMENTS

17-I.A. OVERVIEW [24 CFR 983.5, FR Notice 1/18/17; Notice PIH 2017-21]

The project-based voucher (PBV) program allows PHAs that already administer a tenant-based voucher program under an annual contributions contract (ACC) with HUD to take up to 20 percent of its authorized units and attach the funding to specific units rather than using it for tenant-based assistance [24 CFR 983.6]. PHAs may only operate a PBV program if doing so is consistent with the PHA's Annual Plan, and the goal of deconcentrating poverty and expanding housing and economic opportunities [42 U.S.C. 1437f(o)(13)].

BHP Policy

The PHA will operate a project-based voucher program using up to 20 percent of its authorized units for project-based assistance. Per MTW Activity 2018-1, flexibility has been given to project base 100% of the tenant protection vouchers at the public housing communities.

See Exhibit 17-1 for information on projects to which the PHA has attached PBV assistance.

PBV assistance may be attached to existing housing or newly constructed or rehabilitated housing [24 CFR 983.52]. If PBV units are already selected for project-based assistance either under an agreement to enter into HAP Contract (Agreement) or a HAP contract, the PHA is not required to reduce the number of these units if the number of authorized units is subsequently reduced. However, the PHA is responsible for determining the amount of budget authority that is available for project-based vouchers and ensuring that the amount of assistance that is attached to units is within the amounts available under the ACC [24 CFR 983.6].

Additional Project-Based Units [FR Notice 1/18/17; Notice PIH 2017-21]

The PHA may project-base an additional 10 percent of its units above the 20 percent program limit. The units may be distributed among one, all, or a combination of the categories as long as the total number of units does not exceed the 10 percent cap. Units qualify under this exception if the units:

- Are specifically made available to house individuals and families that meet the definition of homeless under section 103 of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11302) and contained in the Continuum of Care Interim Rule at 24 CFR 578.3.
- Are specifically made available to house families that are comprised of or include a veteran.
 - Veteran means an individual who has served in the United States Armed Forces.
- Provide supportive housing to persons with disabilities or elderly persons as defined in 24 CFR 5.403.
- Are located in a census tract with a poverty rate of 20 percent or less, as determined in the most recent American Community Survey Five-Year Estimates.
- Only units that are under a HAP contract that was first executed on or after April 18, 2017 may be covered by the 10 percent exception.

acquisition, development, or operation of the housing other than assistance disclosed in the subsidy layering review in accordance with HUD requirements.

17-II.F. CAP ON NUMBER OF PBV UNITS IN EACH PROJECT

Per MTW Activity 2018-1, BHP will project-base 100% of the tenant replacement vouchers at the public housing sites upon disposition in advance of services being provided at each site.

25 Percent per Project Cap [24 CFR 983.56, FR Notice 1/18/17, and Notice PIH 2017-21]

In general, the PHA may not select a proposal to provide PBV assistance for units in a project or enter into an agreement to enter into a HAP or a HAP contract to provide PBV assistance for units in a project, if the total number of dwelling units in the project that will receive PBV assistance during the term of the PBV HAP contract is more than the greater of 25 units or 25 percent of the number of dwelling units (assisted or unassisted) in the project.

Exceptions to 25 Percent per Project Cap [FR Notice 1/18/17; Notice PIH 2017-21]

As of April 18, 2017 units are not counted against the 25 percent per project cap if:

- The units are exclusively for elderly families
- The units are for households eligible for supportive services available to all families receiving PBV assistance in the project. If the project is located in a census tract with a poverty rate of 20 percent or less, as determined in the most recent American Community Survey Five-Year estimates, the project cap is the greater of 25 units or 40 percent (instead of 25 percent) of the units in the project [FR Notice 7/14/17].

The Housing Opportunity Through Modernization Act of 2016 (HOTMA) eliminated the project cap exemption for projects that serve disabled families and modified the exception for supportive services. Projects where these caps were implemented prior to HOTMA (HAP contracts executed prior to April 18, 2017, may continue to use the former exceptions and may renew their HAP contracts under the old requirements, unless the PHA and owner agree to change the conditions of the HAP contract. However, this change may not be made if it would jeopardize an assisted family's eligibility for continued assistance in the project.

Supportive Services

PHAs must include in the PHA administrative plan the type of services offered to families for a project to qualify for the exception and the extent to which such services will be provided. As of April 18, 2017, the project must make supportive services available to all families receiving PBV assistance in the project, but the family does not actually have to accept and receive supportive services for the exception to apply to the unit, although the family must be eligible to receive the supportive services. It is not necessary that the services be provided at or by the project but must be reasonably available to families receiving PBV assistance at the project and designed to help families in the project achieve self-sufficiency or live in the community as independently as possible A PHA may not require participation in the supportive service as a condition of living in the excepted unit, although such services may be offered.

BHP Policy

If a family at the time of initial tenancy is receiving, and while the resident of an excepted unit has received, FSS supportive services or any other supportive services as defined in the PHA administrative plan, and successfully completes the FSS contract of participation or the supportive services requirement, the unit continues to count as an excepted unit for as long as the family resides in the unit.

The PHA will develop housing for occupancy by families in need of services. This may include disabled families, families in need of particular supportive services, or families participating in the Family Self-Sufficiency (FSS) program. The families must receive the services, or successfully complete the service program, to be eligible for continued occupancy. Families that do not continue to receive the services or complete the required service program will be terminated in accordance with the PHA policies in Section 12-II.F. The following types of services may be provided depending on the needs of the family:

Work skills development,

Job training,

Education,

Family budgeting,

Childcare,

Parenting skills,

After school activities,

Supportive services for the homeless,

Transportation for activities such as grocery shopping, attending medical and dental appointments,

Supervised taking of medications,

Training in housekeeping and homemaking activities.

On an annual basis, the PHA will monitor all families that are receiving services to determine if such families will be allowed to continue receiving PBV assistance. The service provider(s) will provide information for the families receiving services.

Projects not Subject to a Project Cap [FR Notice 1/18/17; Notice PIH 2017-21]

PBV units that were previously subject to certain federal rent restrictions or receiving another type of long-term housing subsidy provided by HUD are exempt from the project cap. In other words, 100 percent of the units in these projects may receive PBV assistance.

BHP Policy

The PHA has PBV units that are exempt from the per project cap exception at former public housing communities (Broadway East, Kalmia and Walnut Place).

Promoting Partially Assisted Projects [24 CFR 983.56(c)]

A PHA may establish local requirements designed to promote PBV assistance in partially assisted projects. A *partially assisted project* is a project in which there are fewer units covered by a HAP contract than residential units [24 CFR 983.3].

This regulatory protection from displacement does not apply to families that are not eligible to participate in the program on the proposal selection date.

17-VI.C. ORGANIZATION OF THE WAITING LIST [24 CFR 983.251(c)]

The PHA may establish a separate waiting list for PBV units, or it may use the same waiting list for both tenant based and PBV assistance. The PHA may also merge the PBV waiting list with a waiting list for other assisted housing programs offered by the PHA. If the PHA chooses to offer a separate waiting list for PBV assistance, the PHA must offer to place applicants who are listed on the tenant-based waiting list on the waiting list for PBV assistance.

If a PHA decides to establish a separate PBV waiting list, the PHA may use a single waiting list for the PHA's whole PBV program, or it may establish separate waiting lists for PBV units in particular projects or buildings or for sets of such units.

BHP Policy

Under MTW Activity 2018-1, the agency providing supportive services, or the owner will establish and manage separate waiting lists for individual projects or buildings that are receiving PBV assistance. These PBV projects include:

1175 Lee Hill (list held by Boulder Shelter for the Homeless)

Broadway East (list held by owner BHP Property Management)

Holiday McKinney (list held by Mental Health Partners)

Woodlands (list held by Boulder County Family Self-Sufficiency Program)

Kalmia (list held by owner BHP Property Management)

Walnut Place (list held by owner BHP Property Management)

17-VI.D. SELECTION FROM THE WAITING LIST [24 CFR 983.251(c)]

Per MTW Activity 2015-1, applicants who will occupy units with PBV assistance will be selected by the service partner or owner first and then passed on to the PHA for eligibility screening for the Housing Choice voucher.

Income Targeting [24 CFR 983.251(c)(6)]

At least 75 percent of the families admitted to the PHA's tenant-based and project-based voucher programs during the PHA fiscal year from the waiting list must be extremely low-income families. The income targeting requirement applies to the total of admissions to both programs.

Units with Accessibility Features [24 CFR 983.251(c)(7)]

When selecting families to occupy PBV units that have special accessibility features for persons with disabilities, the service partner or owner must first refer families who require such features.

Preferences [24 CFR 983.251(d), FR Notice 11/24/2008]

The PHA allows the service partner or agency to use the same selection preferences that are used for the tenant-based voucher program, establish selection criteria or preferences for the PBV program as a whole, or for occupancy of particular PBV developments or units. The PHA must

EXHIBIT 17-1: PBV DEVELOPMENT INFORMATION

(Fill out one for each development)

Date: February 3, 2020

DEVELOPMENT INFORMATION

Development Name: 1175 Lee Hill

Address: 1175 Lee Hill Drive, Boulder CO 80304

Owner Information: PHA-owned

Property Management Company: Boulder Housing Partners Property Management

PHA-Owned: Yes. Lee Hill Community, LLLP

Mixed Finance Development: No.

HAP CONTRACT

Effective Date of Contract: 11/1/2014

HOTMA Requirements: Pre-HOTMA.

Term of HAP Contract: 15 years

Expiration Date of Contract: 10/31/2029

PBV UNITS

	0 BR	1 BR	2 BR	3 BR	4 BR	5 BR	Total
# of	0	31	0	0	0	0	31
Units							
Initial							
Contract	\$0	\$949	\$0	\$0	\$0	\$0	
Rent	* -	· · ·					

Accessible Units and Features: Units 214 and 215 are two fully type "A" units, Unit 113 is Hearing and Visually Impaired.

Target Population: Chronically homeless households.

Excepted Units: See below.

Supportive Services: Yes, see Exhibit D of HAP Contract.

Elderly Units: No.

Disabled Units: Yes.

Are units excepted because they are located in a low-poverty census tract area? No

WAITING LIST AND SELECTION

Waiting List Type: Per MTW Activity 2018-1, waiting list is held by the service partner. **Preferences:** Preference is given to households who are disabled and chronically homeless. **Preference Verification:** Same as HCV.

For the PBV program, is the income limit the same as the HCV program? Same as HCV.

OCCUPANCY

Subsidy Standards: Same as HCV.

Utilities: Utilities paid by owner include water, sewer and trash. Gas and electric is paid by resident.

Vacancy Payments: Vacancy payments may be made per the contract.

PART II: PARTNERING AGENCIES

TPS-II.A. CONTINUUM OF CARE (CoC)

PHAs that accept an allocation of EHVs are required to enter into a Memorandum of Understanding (MOU) with the Continuum of Care (CoC) to establish a partnership for the administration of EHVs.

BHP Policy

The PHA has entered into an MOU with Metro Denver Homeless Imitative.

TPS-II.B. OTHER PARTNERING ORGANIZATIONS

The PHA may, but is not required to, partner with other organizations trusted by persons experiencing homelessness, such as victim services providers (VSPs) and other community partners. If the PHA chooses to partner with such agencies, the PHA must either enter into an MOU with the partnering agency or the partnering agency may be added to the MOU between the PHA and CoC.

BHP Policy

The PHA has entered into an MOU with Boulder Shelter for the Homeless and Safehouse Progressive Alliance for Non-Violence.

TPS-II.C. REFERRALS

CoC and Partnering Agency Referrals

The primary responsibility of the CoC under the MOU with the PHA is to make direct referrals of qualifying individuals and families to the PHA. The PHA must generally refer a family that is seeking EHV assistance directly from the PHA to the CoC or other referring agency for initial intake, assessment, and possible referral for EHV assistance. Partner CoCs are responsible for determining whether the family qualifies under one of the four eligibility categories for EHVs. The CoC or other direct referral partner must provide supporting documentation to the PHA of the referring agency's verification that the family meets one of the four eligible categories for EHV assistance.

BHP Policy

The CoC or partnering agency must establish and implement a system to identify EHVeligible individuals and families within the agency's caseload and make referrals to the PHA. The CoC or other partnering agency must certify that the EHV applicants they refer to the PHA meet at least one of the four EHV eligibility criteria. The PHA will maintain a copy of the referral or certification from the CoC or other partnering agency in the participant's file along with other eligibility paperwork. Homeless service providers may, but are not required to, use the certification form found in Exhibit TPS-1 of this chapter. Victim services providers may, but are not required to, use the certification form found in Exhibit TPS-2 of this chapter when identifying eligible families who qualify as victims of human trafficking.

PART III: WAITING LIST MANAGEMENT

TPS-III. A. HCV WAITING LIST

The regulation that requires the PHA to admit applicants as waiting list admissions or special admissions in accordance with admission policies in Chapter 4 does not apply to PHAs operating the EHV program. Direct referrals are not added to the PHA's HCV waiting list.

The PHA must inform families on the HCV waiting list of the availability of EHVs by, at a minimum, either by posting the information to their website or providing public notice in their respective communities in accordance with the requirements listed in Notice PIH 2021-15.

BHP Policy

The PHA does not currently have a wait list.

The PHA will ensure effective communication with persons with disabilities, including those with vision, hearing, and other communication-related disabilities in accordance with Chapter 2. The PHA will also take reasonable steps to ensure meaningful access for persons with limited English proficiency (LEP) in accordance with Chapter 2.

TPS-III.B. EHV WAITING LIST

The HCV regulations requiring the PHA to operate a single waiting list for admission to the HCV program do not apply to PHAs operating the EHV program. Instead, when the number of applicants referred by the CoC or partnering agency exceeds the EHVs available, the PHA must maintain a separate waiting list for EHV referrals, both at initial leasing and for any turnover vouchers that may be issued prior to September 30, 2023.

Further, the EHV waiting list is not subject to PHA policies in Chapter 4 regarding opening and closing the HCV waiting list. The PHA will work directly with its CoC and other referral agency partners to manage the number of referrals and the size of the EHV waiting list.

TPS-III.C. PREFERENCES

HCV Waiting List Preferences

If local preferences are established by the PHA for HCV, they do not apply to EHVs. However, if the PHA has a homeless preference or a VAWA preference for the HCV waiting list, the PHA must adopt additional policies related to EHVs in accordance with Notice PIH 2021-15.

BHP Policy

The PHA does not offer either a homeless or a VAWA preference.

EHV Waiting List Preferences

With the exception of a residency preference, the PHA may choose, in coordination with the CoC and other referral partners, to establish separate local preferences for EHVs. The PHA may, however, choose to not establish any local preferences for the EHV waiting list.

BHP Policy

No local preferences have been established for the EHV waiting list.

PART IV: FAMILY ELIGIBLTY

TPS-IV.A. OVERVIEW

The CoC or referring agency determines whether the individual or family meets any one of the four eligibility criteria described in Notice PIH 2021-15 and then refers the family to the PHA. The PHA determines that the family meets other eligibility criteria for the HCV program, as modified for the EHV program and outlined below.

TPS-IV.B. REFERRING AGENCY DETERMINATION OF ELIGIBLITY

In order to be eligible for an EHV, an individual or family must meet one of four eligibility criteria:

- Homeless as defined in 24 CFR 578.3,
- At risk of homelessness as defined in 24 CFR 578.3,
- Fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking (as defined in Notice PIH 2021-15), or human trafficking (as defined in the 22 U.S.C. Section 7102), or
- Recently homeless and for whom providing rental assistance will prevent the family's homelessness or having high risk of housing instability as determined by the CoC or its designee in accordance with the definition in Notice PIH 2021-15.

As applicable, the CoC or referring agency must provide documentation to the PHA of the referring agency's verification that the family meets one of the four eligible categories for EHV assistance. The PHA must retain this documentation as part of the family's file.

TPS-IV.C. PHA SCREENING

Overview

HUD waived 24 CFR 982.552 and 982.553 in part for the EHV applicants and established alternative requirement for mandatory and permissive prohibitions of admissions. Except where applicable, PHA policies regarding denials in Chapter 3 of this policy do not apply to screening individuals and families for eligibility for an EHV. Instead, the EHV alternative requirement listed in this section will apply to all EHV applicants.

The mandatory and permissive prohibitions listed in Notice PIH 2021-15 and in this chapter, however, apply only when screening the individual or family for eligibility for an EHV. When adding a family member after the family has been placed under a HAP contract with EHV assistance, the regulations at 24 CFR 982.551(h)(2) apply. Other than the birth, adoption, or court-awarded custody of a child, the PHA must approve additional family members and may apply its regular HCV screening criteria in Chapter 3 in doing so.

Mandatory Denials

Under alternative requirements for the EHV program, mandatory denials for EHV applicants include:

PART III: SELECTION FOR HCV ASSISTANCE

4-III.A. OVERVIEW

As vouchers become available, families on the waiting list must be selected for assistance in accordance with the policies described in this part.

The order in which families are selected from the waiting list depends on the selection method chosen by the PHA and is impacted in part by any selection preferences for which the family qualifies. The availability of targeted funding also may affect the order in which families are selected from the waiting list.

The PHA must maintain a clear record of all information required to verify that the family is selected from the waiting list according to the PHA's selection policies [24 CFR 982.204(b) and 982.207(e)].

4-III.B. SELECTION AND HCV FUNDING SOURCES

Special Admissions [24 CFR 982.203]

HUD may award funding for specifically-named families living in specified types of units (e.g., a family that is displaced by demolition of public housing; a non-purchasing family residing in a HOPE 1 or 2 projects). In these cases, the PHA may admit such families whether or not they are on the waiting list, and, if they are on the waiting list, without considering the family's position on the waiting list. These families are considered non-waiting list selections. The PHA must maintain records showing that such families were admitted with special program funding.

Targeted Funding [24 CFR 982.204(e)]

HUD may award a PHA funding for a specified category of families on the waiting list. The PHA must use this funding only to assist the families within the specified category. In order to assist families within a targeted funding category, the PHA may skip families that do not qualify within the targeted funding category. Within this category of families, the order in which such families are assisted is determined according to the policies provided in Section 4-III.C.

BCHA Policy

BCHA administers the following types of targeted funding:

- Family Unification Program (FUP)
 - o 92 total vouchers
- Veterans Affairs & Supportive Housing (VASH)
 - o 67 total vouchers
- Mainstream Vouchers
 - o 40 total vouchers
- Non-Elderly Disabled (NED)
 - o 35 total vouchers

Regular HCV Funding

Regular HCV funding may be used to assist any eligible family on the waiting list. Families are selected from the waiting list according to the policies provided in Section 4-III.C.

4-III.C. SELECTION METHOD

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

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

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

BCHA Policy

For all subsidized waiting lists not using a lottery system applicants will be placed on the waiting list according to any preference(s) for which they qualify, and the date and time their complete application is received by BCHA.

For the HCV lottery list applicants will be placed on the waiting list using a lottery system. Once each application has been randomly assigned a number, the applications will be placed on the waiting list in order of the assigned numbers and according to BCHA preference(s).

Subject to HUD-awarded funding for special admissions, a household that qualifies as a local preference-holder will be admitted prior to those who do not have a local preference.

For all waitlists applicants will receive 5 preference points for being a Boulder County resident as defined as:

- a head of household (HH) or spouse living in Boulder County
- a HH or spouse who works at least 20 hours per week within Boulder County
- a HH or spouse who attends school full-time within Boulder County
- a HH or spouse who is elderly (62+) and does not currently reside in Boulder County, although has an adult child, parent, or sibling who resides in Boulder County
- a HH or spouse who has a disability who does not currently reside in Boulder County, although has an adult child, parent, or sibling who resides in Boulder County

Applicants will receive an additional 5 preference points where one or more of the following are true:

- the HH or spouse is elderly (age 62+)
- the HH or spouse is an individual with disabilities
- the household contains children under the age of 18

The following are the selection criteria for specific programs administered by BCHA:

- <u>Family Self-Sufficiency (FSS) Program Families</u>: Families on the PBV waiting list and in the lottery pool that are interested in and have been deemed eligible for the FSS Program by FSS staff will receive a preference ranking of twelve (12) points. FSS staff will conduct an assessment of the prospective applicant based on its Procedures Manual and Federal Regulation 24 CFR 984. This preference is limited to no more than 104 families at any one time.
- <u>Homeless Family Admissions</u>: In October 2018, BCHA received Board Approval to provide preference for up to 50 additional families into BCHA's Housing Choice Voucher Program that at initial screening, met the McKinney-Vento Homeless Assistance Act definition and/or revised definition of homeless as defined by the Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009 (HEARTH Act). This local preference will be limited to applicants referred in through Boulder County's Community Housing Resource Panel and may include families transitioning from a Rapid Rehousing Program. Applicants qualifying for this local preference will receive ten (10) points on the Housing Choice Voucher waiting list.
- Homeless Set Asides: In May of 2019 BCHA received Board Approval for allocating 20% of prior year turnover Housing Choice Vouchers to clients coming through Homeless Solutions of Boulder County (HSBC). These set aside vouchers will be limited to single individuals and couples over the age of 18 referred in through HSBC clients as defined as clients who have completed HSBC screening, are currently enrolled in a Boulder County Permanent Supportive Housing or Rapid Rehousing Program, and/or who are on the HSBC high frequency utilizer list who are literally homeless as defined by HUD. Applicants qualifying for these vouchers will receive ten (10) points on the Housing Choice Voucher waiting list. BCHA may institute a cap on the total number of vouchers under this selection criteria to not exceed 35 total vouchers.
- **Disaster Preference:** On September 21, 2010, BCHA may give a preference for up to 25 total households who were affected by local disasters in or near Boulder County as allowed by HUD and approved by the BCHA Board. These households will receive preference over the applicants who are on the current waiting list or in the lottery pool in the following order: First, those households who are currently on the waitlist or in the lottery pool and second, those households who were affected by a local natural disaster and not on a waiting list or in the lottery pool. Each household shall receive 25 points as preference.

Prior to receiving a Disaster Preference, a household must apply for and exhaust any special funding first, including but not limited to, funds from the

Federal Emergency Management Agency (FEMA) and any other State or local funding awards.

Income Targeting Requirement [24 CFR 982.201(b)(2)]

HUD requires that extremely low-income (ELI) families make up at least 75 percent of the families admitted to the HCV program during the PHA's fiscal year. ELI families are those with annual incomes at or below the federal poverty level or 30 percent of the area median income, whichever number is higher. To ensure this requirement is met, a PHA may skip non-ELI families on the waiting list in order to select an ELI family.

Low-income families admitted to the program that are "continuously assisted" under the 1937 Housing Act [24 CFR 982.4(b)], as well as low-income or moderate-income families admitted to the program that are displaced as a result of the prepayment of the mortgage or voluntary termination of an insurance contract on eligible low-income housing, are not counted for income targeting purposes [24 CFR 982.201(b)(2)(v)].

BCHA Policy

BCHA will monitor progress in meeting the income targeting requirement throughout the fiscal year. Extremely low-income families will be selected ahead of other eligible families on an as-needed basis to ensure the income targeting requirement is met.

Order of Selection

The PHA system of preferences may select families based on local preferences according to the date and time of application or by a random selection process (lottery) [24 CFR 982.207(c)]. If a PHA does not have enough funding to assist the family at the top of the waiting list, it is not permitted to skip down the waiting list to a family that it can afford to subsidize when there are not sufficient funds to subsidize the family at the top of the waiting list [24 CFR 982.204(d) and (e)].

BCHA Policy

Families will be selected from the waiting list based on the targeted funding or selection preference(s) for which they qualify, and in accordance with the PHA's hierarchy of preferences, if applicable. Within each targeted funding or preference category, families will be selected on a first-come, first-served basis according to the date and time their complete application is received by the PHA. Documentation will be maintained by the PHA as to whether families on the list qualify for and are interested in targeted funding. If a higher placed family on the waiting list is not qualified or not interested in targeted funding, there will be a notation maintained so that the PHA does not have to ask higher placed families each time targeted selections are made.

Applicants in the lottery pool will be selected randomly and will be screened in accordance with BCHA's preference policy.

4-III.D. NOTIFICATION OF SELECTION

When a family has been selected from the waiting list, the PHA must notify the family [24 CFR 982.554(a)].

BCHA Policy

BCHA will notify the family by first class mail when it is selected from the waiting list. The notice will request that the family return a completed Tenant Questionnaire and a signed Release of Information in order to run a criminal background check for all adult household members. For PBV applicants, BCHA also requests information regarding the family's most recent two landlords.

Following receipt of the aforementioned information, a 2nd notice will inform the family of the following:

Date, time, and location of the scheduled application interview, including any procedures for rescheduling the interview

Who is required to attend the interview

All documents that must be provided at the interview, including information about what constitutes acceptable documentation

If a notification letter is returned to BCHA with no forwarding address, the family will be removed from the waiting list or lottery pool. A notice of denial (see Chapter 3) will be sent to the family's address of record, as well as to any known alternate address.

4-III.E. THE APPLICATION INTERVIEW

HUD recommends that the PHA obtain the information and documentation needed to make an eligibility determination though a face-to-face interview with a PHA representative [HCV GB, pg. 4-16]. Being invited to attend an interview does not constitute admission to the program.

Assistance cannot be provided to the family until all SSN documentation requirements are met. However, if the PHA determines that an applicant family is otherwise eligible to participate in the program, the family may retain its place on the waiting list for a period of time determined by the PHA [Notice PIH 2018-24].

Reasonable accommodation must be made for persons with disabilities who are unable to attend an interview due to their disability.

Reasonable accommodation must be made for persons with disabilities who are unable to attend an interview due to their disability.

BCHA Policy

Families selected from the waiting list are required to participate in an eligibility interview.

All adult family members are required to attend the interview.

The head of household or spouse/cohead must provide acceptable documentation of legal identity. (Chapter 7 provides a discussion of proper documentation of legal identity.) If

the family representative does not provide the required documentation at the time of the interview, he or she will be required to provide it within 30 days.

Pending disclosure and documentation of social security numbers (SSN), staff will allow the family to retain its place on the waiting list or in the lottery pool for 30 days. If not all household members have disclosed their SSNs the next time BCHA issues vouchers, staff will issue a voucher to the next eligible applicant family on the waiting list or in the lottery pool.

The family must provide the information necessary to establish the family's eligibility and determine the appropriate level of assistance, as well as completing required forms, providing required signatures, and submitting required documentation. If any materials are missing, staff will provide the family with a written list of items that must be submitted.

Any required documents or information that the family is unable to provide at the interview must be provided within 10 business days of the interview (Chapter 7 provides details about longer submission deadlines for particular items, including documentation of eligible noncitizen status). If the family is unable to obtain the information or materials within the required time frame, the family may request an extension. If the required documents and information are not provided within the required time frame (plus any extensions), the family will be sent a notice of denial (See Chapter 3).

An advocate, interpreter, or other assistant may assist the family with the application and the interview process.

Interviews will be conducted in English. For limited English proficient (LEP) applicants, BCHA will provide translation services in accordance with its Administrative Plan, as stated in Chapter 2.

If the family is unable to attend a scheduled interview, the family should contact BCHA staff in advance of the interview to schedule a new appointment. In all circumstances, if a family does not attend a scheduled interview, staff will send another notification letter with a new interview appointment time. Applicants who fail to attend two scheduled interviews without prior approval will be denied assistance based on the family's failure to supply information needed to determine eligibility. A notice of denial will be issued in accordance with policies contained in Chapter 3.

4-III.F. COMPLETING THE APPLICATION PROCESS

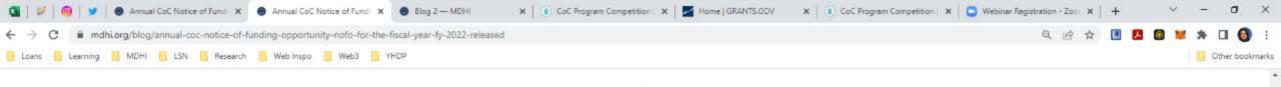
The PHA must verify all information provided by the family (see Chapter 7). Based on verified information, the PHA must make a final determination of eligibility (see Chapter 3) and must confirm that the family qualified for any special admission, targeted funding admission, or selection preference that affected the order in which the family was selected from the waiting list.

BCHA Policy

If BCHA determines that the family is ineligible, staff will send written notification of the ineligibility determination within 10 business days of the determination. The notice will specify the reasons for ineligibility, and will inform the family of its right to request an informal review (Chapter 16)

If a family fails to qualify for any criteria that affected the order in which it was selected from the waiting list or lottery pool (e.g. targeted funding, extremely low-income), the family will be returned to the waiting list or lottery pool, taking into account any change in their preference status. BCHA will notify the family in writing that it has been returned to the waiting list or lottery pool, and will specify the reasons for it.

If staff determine that the family is eligible to receive assistance, they will invite the family to attend a briefing in accordance with the policies in Chapter 5.



Aug 2

Annual CoC Notice of Funding Opportunity (NOFO) for the Fiscal Year (FY) 2022 Released

The Dept. of Housing and Urban Development (HUD) has officially posted the Notice of Funding Opportunity (NOFO) for the Fiscal Year (FY) 2022 Continuum of Care Competition on Grants.gay. The submission deadline for the CoC Application and CoC Priority Listing is September 30, 2022 at 8:00 PM EDT.

MDHI will host a Grantee meeting on August 10 at 1pm for current Grantees and anyone interested in applying. Please register to attend.

REGISTER FOR THE ORAMITE BELLTING

Project Applicants

- Returning project applicants may choose to import FY 2021 renewal project application responses; however, this must be requested during your registration of the Renewal Funding Opportunity in *e-snaps* and is only available if you submitted a project application in the FY 2021 CoC Program Competition. Imported responses must be carefully reviewed to ensure accuracy.
- Projects renewing for the first time, that were previously awarded prior to the FY 2021 CoC Program Competition must complete the entire renewal project application.
- New project applications must be completed in full and in accordance with the new project application components permitted in this year's Competition.

Additional Guidance

The following additional guidance will be posted on the Coc Program Competition page of HUD's website between August 1, 2022 and August 22, 2022:

- FY 2022 CoC Estimated ARD Reports
- Detailed Instructions
- CoC Application
- CoC Priority Listing
- Project Applications all types
- Navigational Guides
- Accessing the Project Application
- New Project Application
- Renewal Project Application
- UFA Costs Project Application
- Planning Costs Project Application
- CoC Priority Listing

Questions

Questions regarding the FY 2022 CoC Program Competition process must be submitted to CoCNOFOBhud gov.

Questions related to *e-snaps* functionality (e.g., password lockout, access to user's application account, updating Applicant Profile) must be submitted to <u>e-snaps@hud.gov</u>.

You can also contact MDHI at nota@mdhi.org



DONATE

Aug 2

Annual CoC Notice of Funding Opportunity (NOFO) for the Fiscal Year (FY) 2022 Released

The Dept. of Housing and Urban Development (HUD) has officially posted the <u>Notice of Funding</u> <u>Opportunity (NOFO)</u> for the Fiscal Year (FY) 2022 Continuum of Care Competition on <u>Grants.gov</u>.

Applicant Timeline

- Review the <u>NOFO Grantee Presentation</u> for more information
- Letters of Intent are due August 17
- Applications due in <u>e-snaps</u> August 29
- MDHI submits Collaborative Application by September 30

Types of Applicants



- Returning project applicants may choose to import FY 2021 renewal project application responses; however, this must be requested during your registration of the Renewal Funding Opportunity in *e-snaps* and is only available if you submitted a project application in the FY 2021 CoC Program Competition. Imported responses must be carefully reviewed to ensure accuracy.
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You can also contact MDHI at nofa@mdhi.org.

Boulder County First in Metro Region to Achieve Quality Data for All Singles Special NOFO for Unsheltered Homelessness



MDHI NOFO Grantee Meeting August 10, 2022

Please introduce yourself in the chat. We will post a recording of this webinar at mdhi.org.

Please post your questions in the chat or Q&A section. We'll answer as many as we can today and will post others in an FAQ at mdhi.org.

Agenda

WELCOME

NOFO OVERVIEW

SCORING TOOL

TIMELINE

Q & A

CLOSING REMARKS

MDHI Role

	Collaborative Applicant	
CoC Consolidated Application	Project Ranking (Renewal, New, DV Bonus)	MDHI Applications (Planning, HMIS, CE)

Currently Funded Agencies Aurora Mental Health Center

Boulder County Housing Authority

Boulder Housing Partners

City and County of Denver – Department of Housing Stability

Colorado Coalition for the Homeless

Del Norte Neighborhood Development Corporation

Division of Housing

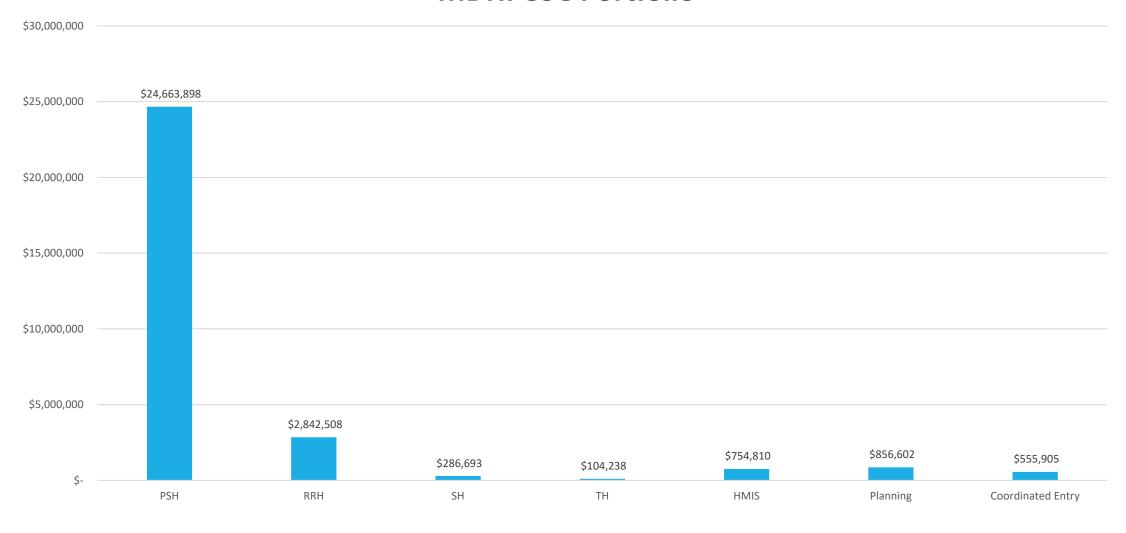
Family Tree

Second Chance Center

St. Francis Center

Volunteers of America Colorado Branch

MDHI CoC Portfolio



Overview

- FY2022 CoC Allocation have not been released yet
 - Tier I is equal to 95% of combined ARD amounts (Annual Renewal Demand)
 - Tier II is the difference between Tier I and the max amount a CoC can apply
 - DV Bonus
 - CoC Planning
- Project applications must be submitted to the CoC and all projects must be rated and ranked on the CoC Priority Listing.
- The deadline is September 30th with project applications due August 29th

Getting Started



Read the full HUD NOFO



Utilize the HUD guidance provided to complete the application AND the guidance to navigate e-snaps.

Getting Started

HUD will review each program application and even if the CoC recommends a program for funding, HUD may reject it. Please ensure the following:

1. all proposed program participants will be eligible for the program component type selected,

2. the information provided in the project application and proposed activities are eligible and consistent with program requirements in the Rule;

3. each project narrative is fully responsive to the question being asked and that it meets all the criteria for that question as required by this NOFO;

4. the data provided in various parts of the project application are consistent; and

5. all required attachments correspond to the list of attachments in e-snaps that must contain accurate and complete information that are dated between June 30, 2022 and September

30, 2022.

Key Updates for Scoring (Renewals)

- Scores will be derived from APRs submitted to SAGE
- Method used in the calculations for score have been adjusted this year from threshold scoring to dynamic scoring
 - Threshold Scoring Set points for scores between preestablished values (ranges)
 - Full Points 97% 100%
 - Mid-points 96% 73%
 - No points Below 73%
 - Dynamic Scoring Multiplies percentage received on each metric by available points
 - Ex. If you scored 64% on increased total income you will receive 6.4 out of the 10 points available

Scoring Tool (Renewal)

Metric	Score	Earned	Possible
Housing Retention Results			
% of Project Leavers Exiting to Homelessness			
Housing Utilization Results			
% of Adults who Increased Income			
% of Adults who Increased non-earned Income			
% of Adults who Retained or Acquired Non-Cash Benefits			
Data Quality Score			
Data Timeliness			
OneHome Participation			
Housing First			
Grant Expenditures			

Housing Retention Results

Anyone who has exited the program to a permanent or temporary destination, or are still enrolled in the program

Percent Project Leavers Exiting to Homelessness

Who was enrolled in the program and is exiting into homelessness

Housing Utilization Results

Number of beds available in the program and how many are used on an average basis

Percentage of Adults who Increased Income

Comparison of people who have increased overall income from project start date to assessment/exit

Percentage of Adults who Increased non-earned Income

Comparison of people who have increased overall non-Earned Income from project start date to assessment/exit

Percentage of Adults who Retained or Acquired Non-Cash Benefits

Comparison of people who have gained non-cash benefits since project start date

Data Quality Score Completion of HUD-required fields in HMIS

Data Timeliness Percentages of Entries/Exits Entered within 0-10 Days

OneHome Participation Percentage of newly enrolled with a OneHome connected referral

Grant Expenditures Percentage of grant funds spent

Housing First Completion of Housing First questions in e-snaps (HUD application)

New Project Applications

CoCs may submit new projects created through reallocation, CoC Bonus, or a combination of both

Eligible Project Types

- Permanent Housing
 - Permanent Supportive Housing (PH-PSH)
 - Permanent Housing Rapid Re-housing (PH-RRH)

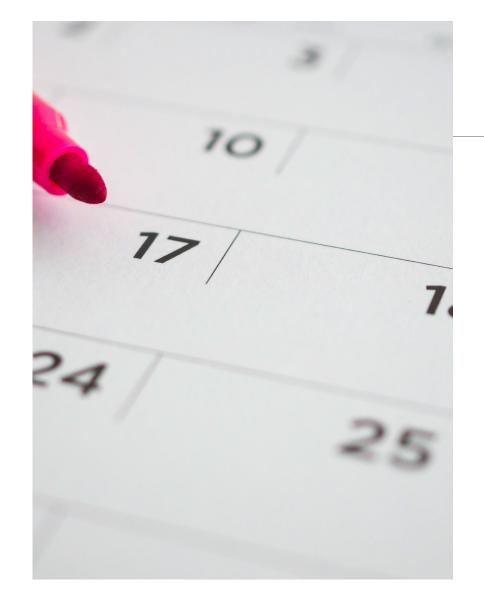
➢ Joint TH and PH-RRH



New Project Scoring

The Committee will be looking at 4 key metrics

- Experience working with proposed population
- Design of Housing & Supportive Services
- Timeliness
- Financial



Important Dates

• August 17th: Letters of Intent Due

•August 29th: Project applications submitted to CoC

•September 15th: CoC notifies project applicants about whether their application will be accepted and ranked, rejected, or reduced

• September 20th: CoC posts online all parts of the Special NOFO Consolidated Application for public viewing

•September 30th: Submission Deadline

Resources

- <u>Coc Program Competition | HUD.gov / U.S. Department of Housing and</u> <u>Urban Development (HUD)</u>
- <u>e-snaps : CoC Program Applications and Grants Management System HUD</u> <u>Exchange</u>
- All recordings, links, to-dos, etc. For MDHI can be found on our webpage here: <u>https://www.mdhi.org/blog/annual-coc-notice-of-funding-opportunity-</u> nofo-for-the-fiscal-year-fy-2022-released
 - No need to surf the web! Just head to our Updates page!

• Email questions to:

<u>CoCNOFO@hud.gov</u> - questions regarding the FY 2022 CoC Program Competition process; or

- <u>e-snaps@hud.gov</u> questions related to *e-snaps* functionality (e.g., password lockout, access to user's application account, updating Applicant Profile)
- <u>NOFA@mdhi.org</u>



Thank you!

2022 NOFA - MDHI New Projects Rating Tool

Project Name:	Project Type:		
Organization Name:	Reviewer:	Points	Points
Rating Factor		Awarded	Possible

Expe	ience	
A.	Describe the experience of the applicant and sub-recipients (if any) in working with the proposed population and in providing housing similar to that proposed in the application.	15
в.	Describe experience with utilizing a Housing First approach. Include 1) eligibility criteria; 2) process for accepting new clients; 3) process and criteria for exiting clients. Must demonstrate there are no preconditions to entry, allowing entry regardless of current or past substance abuse, income, criminal records (with exceptions of restrictions imposed by federal, state, or local law or ordinance), marital status, familial status, actual or perceived sexual orientation, gender identity. Must demonstrate the project has a process to address situations that may jeopardize housing or project assistance to ensure that project participation is terminated in only the most severe cases. Describe experience in effectively utilizing federal funds including HUD grants and other public funding, including satisfactory drawdowns and performance for existing grants as evidenced by timely reimbursement of subrecipients (if applicable), regular drawdowns, timely resolution of monitoring findings, and timely submission of required reporting on existing grants.	10
С.	Experience Subtotal	30
Desig	n of Housing & Supportive Services	
Α.	Extent to which the applicant	15
	1 Demonstrate understanding of the needs of the clients to be served.	

2 Demonstrate type, scale, and location of the housing fit the needs of the clients to be served

3 Demonstrate type and scale of the all supportive services, regardless of funding source, meet the needs of the clients to be served.

4 Demonstrate how clients will be assisted in obtaining and coordinating the provision of mainstream benefits

5 Establish performance measures for housing and income that are objective, measurable, trackable, and meet or exceed any established HUD, HEARTH or CoC benchmarks.

в.	Describe the plan to assist clients to rapidly secure and maintain permanent housing that is safe, affordable, accessible, and acceptable to their needs.	5
С.	Describe how clients will be assisted to increase employment and/or income and to maximize their ability to live independently.	5
	Design of Housing & Supportive Services Subtotal	25
Timelin	ness	
	Describe plan for rapid implementation of the program documenting how the project will be ready to begin housing the first program participant. Provide a detailed	
Α.	schedule of proposed activities for 60 days, 120 days, and 180 days after grant award.	10
	Timeliness Subtotal	10

Points Poist Awarded

Finar	ncial	
Α.	Project is cost-effective - comparing projected cost per person served to CoC average within project type.	5
В.	Audit	
	1 Most recent audit found no exceptions to standard practices	3
	2 Most recent audit identified agency as 'low risk'	Э
	3 Most recent audit indicates no findings	4
C.	Documented match amount.	5
D.	Budgeted costs are reasonable, allocable, and allowable.	20
	Financial Subtotal	40

Total Score ______ Weighted Rating Score

Project Financial Information

CoC funding requested	\$
Amount of other public funding (Federal, State, local)	\$
Amount of private funding	\$
Total Project Cost	\$

Notes:

Current Scoring Metrics for 202	2 - PSH
Metric	APR Table/Calculation
Housing Retention Results Percentage of Project Leavers Exiting to Homelessness	Q07a [Total Clients Moved into Housing] / ([Total Clients Served] - [Clients with Excluded Exits]) Q23c [Negative Exits] / ([Total Exited Clients] -
Housing Utilization Results	[Excluded Exits]) Q02 & Q07a [Clients Moved into Housing] / [Number of Beds reported in E-Snaps]
Percentage of Adults who Increased Total Income	Q05a, Q19a1, Q19a2 [Adults who gained or increased income] / [Total Qualified Adults]
Percentage of Adults who Increased Other Non-Employment Income	Q05a, Q19a1, Q19a2 [Adults who gained or increased Other Income] / [Total Qualified Adults]
Percentage of Adults who Retained or Acquired Non-Cash Benefits	Q20b, Q18 [1+ Source Total] / ([Total Qualified Adults]
Data Quality Score	Q06a, Q06b, Q06c, Q6e [Total Errors] / [Total Possible Errors]
Data Timeliness Score	Q06e [Number of Entries & Exits created within 0-10 days] / [Total Number of Entries & Exits]
Grant Expenditures (% of funds unspent)	Q28 ([Total Award - Total Spent YTD]) / [Total Award]
OneHome Participation (% of OneHome connected enrollments)	Not in APR Based on OneHome referral connections recorded in HMIS
Housing First Compliance (Yes/No)	Not in APR Based on data submitted in NOFO application

Current Scoring Metrics for 2022 - RRH		
Metric	APR Table/Calculation	
Housing Retention Results Percentage of Project Leavers Exiting to Homelessness	Q07a [Total Clients Moved into Housing] / ([Total Clients Served] - [Clients with Excluded Exits]) Q23c [Negative Exite] / ([Total Exited Cliente]	
	[Negative Exits] / ([Total Exited Clients] - [Excluded Exits])	
Housing Utilization Results	Q02 & Q07a [Clients Moved into Housing] / [Number of Beds reported in E-Snaps]	
Percentage of Adults who Increased Total Income	Q05a, Q19a1, Q19a2 [Adults who gained or increased income] / [Total Qualified Adults]	
Percentage of Adults who Increased Other Non-Employment Income	Q05a, Q19a1, Q19a2 [Adults who gained or increased Other Income] / [Total Qualified Adults]	
Percentage of Adults who Retained or Acquired Non-Cash Benefits	Q20b, Q18 [1+ Source Total] / ([Total Qualified Adults]	
Data Quality Score	Q06a, Q06b, Q06c, Q6e [Total Errors] / [Total Possible Errors]	
Data Timeliness Score	Q06e [Number of Entries & Exits created within 0-10 days] / [Total Number of Entries & Exits]	
Grant Expenditures (% of funds unspent)	Q28 ([Total Award - Total Spent YTD]) / [Total Award]	
OneHome Participation (% of OneHome connected enrollments)	Not in APR Based on OneHome referral connections recorded in HMIS	
Housing First Compliance (Yes/No)	Not in APR Based on data submitted in NOFO application	

Current Scoring Metrics for 2022	- TH_SH
Metric	APR Table/Calculation
Housing Retention Results	Q07a ([Project Stayers] + [Positive Exits]) / ([Total Clients Served] - [Clients with Excluded Exits])
Percentage of Project Leavers Exiting to Homelessness	Q23c [Negative Exits] / ([Total Exited Clients] - [Excluded Exits])
Housing Utilization Results	Q02 & Q07b ([Sum of 4 PIT Counts] / 4) / [Number of Beds reported in E-Snaps]
Percentage of Adults who Increased Total Income	Q05a, Q19a1, Q19a2 [Adults who gained or increased income] / [Total Qualified Adults]
Percentage of Adults who Increased Other Non-Employment Income	Q05a, Q19a1, Q19a2 [Adults who gained or increased Other Income] / [Total Qualified Adults]
Percentage of Adults who Retained or Acquired Non-Cash Benefits	Q20b, Q18 [1+ Source Total] / ([Total Qualified Adults]
Data Quality Score	Q06a, Q06b, Q06c, Q6e [Total Errors] / [Total Possible Errors]
Data Timeliness Score	Q06e [Number of Entries & Exits created within 0-10 days] / [Total Number of Entries & Exits]
Grant Expenditures (% of funds unspent)	Q28 ([Total Award - Total Spent YTD]) / [Total Award]
OneHome Participation (% of OneHome connected enrollments)	Not in APR Based on OneHome referral connections recorded in HMIS
Housing First Compliance (Yes/No)	Not in APR Based on data submitted in NOFO application



MDHI NOFO Scorecard

Applicant: Del Norte Neighborhood Development Corporation

GIW Project: HAWCCO009L8T032007*

HMIS Project Name(s): BEI_HAWC_PSH

Evaluation Period: 3/1/2021 - 2/28/2022

Scoring Metrics	Metric Outcome	Points Earned	Points Possible
Housing Retention Results	100%	20	20
Percentage of Project Leavers Exiting to Homelessness	0%	15	15
Housing Utilization Results	108%	10	10
Percentage of Adults who Increased Total Income	83%	8	10
Percentage of Adults who Increased Other Non-Employment Income	58%	3	5
Percentage of Adults who Retained or Acquired Non-Cash Benefits	75%	4	5
Data Quality Score	100%	5	5
Data Timeliness Score	100%	5	5
Grant Expenditures (% of funds unspent)	0%	10	10
OneHome Participation (% of OneHome connected enrollments)	100%	10	10
Housing First Compliance (Yes/No)	No	0	5
	Total	90	100

From:	NOFA <nofa@mdhi.org></nofa@mdhi.org>
Sent:	Wednesday, September 14, 2022 11:29 AM
То:	Scott Shields; THageman@thefamilytree.org; Cassie Ratliff
Subject:	MDHI Annual Program NOFO: Family Tree
Attachments:	22 NOFA Ranking Sheet_Final.pdf; Home at Last_NOFO Scorecard 2022.pdf; Brookview_NOFO Scorecard 2022.pdf

Hello,

Thank you for your submission to this year's CoC Annual Program NOFO Competition. The MDHI NOFO Committee completed the appeals and rescoring (as applicable) for renewal projects. Attached you will find the final scorecards as well as the final ranking and funding amount recommended by the MDHI NOFO Committee and approved by the MDHI Board of Directors.

If you feel that your scoring and ranking (as shown on the attached) is in error, you may submit an appeal. You may only appeal your score and rank based on the following threshold criteria:

The score listed is incorrect. You must provide proof of the error and identify what you believe to be the correct score.

Appeals must be emailed to <u>nofa@mdhi.org</u> no later than noon on **September 19th, 2022**. This email should include the name of the project you are appealing and the grounds and evidence upon which you believe the score shown is in error. Please note that appeals will not be reviewed if they do not meet the threshold for review.

Notice of reduction:

Please note the renewal project for Home at Last was reduced by 20% and that amount was reallocated to other projects (please see attached). This was in accordance with our policy to reduce and reallocate projects that are underspent.

We will communicate separately with instructions for making the change to your applications.

Thanks Kyla

KYLA MOE | 720-642-9563 DIRECTOR OF INFORMATION AND IMPACT

From:	NOFA <nofa@mdhi.org></nofa@mdhi.org>
Sent:	Wednesday, September 14, 2022 11:11 AM
То:	Nelson, Angela M DHS CA1714 Program Manager; Higa, Midori - HOST Director of Homelessness Resolution Programs
Subject:	MDHI Annual Program NOFO: HOST
Attachments:	22 NOFA Ranking Sheet_Final.pdf; Spectrum_NOFO Scorecard 2022_Final.pdf; Anchor_NOFO Scorecard 2022.pdf; Bedrock_NOFO Scorecard
	2022.pdf; Back Home_NOFO Scorecard 2022.pdf

Hello,

Thank you for your submission to this year's CoC Annual Program NOFO Competition. The MDHI NOFO Committee completed the appeals and rescoring (as applicable) for renewal projects and are happy to announce that they have adjusted your original score for Spectrum, all other project scores stayed the same. Attached you will find the final scorecards as well as the final ranking and funding amount recommended by the MDHI NOFO Committee and approved by the MDHI Board of Directors.

If you feel that your scoring and ranking (as shown on the attached) is in error, you may submit an appeal. You may only appeal your score and rank based on the following threshold criteria:

The score listed is incorrect. You must provide proof of the error and identify what you believe to be the correct score.

Appeals must be emailed to <u>nofa@mdhi.org</u> no later than noon on **September 19th, 2022**. This email should include the name of the project you are appealing and the grounds and evidence upon which you believe the score shown is in error. Please note that appeals will not be reviewed if they do not meet the threshold for review.

Notice of reduction:

Please note the renewal project for Anchor was reduced by 21.5% and that amount was reallocated to other projects (please see attached). This was in accordance with our policy to reduce and reallocate projects that are underspent.

We will communicate separately with instructions for making the change to your applications.

Thanks Kyla

KYLA MOE | 720-642-9563

From:	NOFA <nofa@mdhi.org></nofa@mdhi.org>
Sent:	Wednesday, September 14, 2022 1:26 PM
То:	Lindsey Earl; Paolo Diaz
Subject:	MDHI Annual Program NOFO: Adams County
Attachments:	22 NOFA Ranking Sheet_Final.pdf

Hello,

Thank you for your submission to this year's CoC Annual Program NOFO Competition. Attached you will find the final ranking and funding amount recommended by the MDHI NOFO Committee and approved by the MDHI Board of Directors. Congratulations on being recommended for funding!

Please have the application submitted in e-snaps by September 19th with the adjusted budget amount (see attached).

Thanks Kyla

KYLA MOE | 720-642-9563 DIRECTOR OF INFORMATION AND IMPACT





From:	NOFA <nofa@mdhi.org></nofa@mdhi.org>
Sent:	Wednesday, September 14, 2022 11:20 AM
То:	Kelly Phillips-Henry; eugenemedina@aumhc.org
Subject:	MDHI Annual Program NOFO: Aurora at Home RRH
Attachments:	22 NOFA Ranking Sheet_Final.pdf; Aurora RRH_NOFO Scorecard 2022.pdf

Hello,

Thank you for your submission to this year's CoC Annual Program NOFO Competition. The MDHI NOFO Committee completed the appeals and rescoring (as applicable) for renewal projects and the decision was made not to adjust your original score. We appreciate your feedback on how some metrics are being calculated and the committee will be reviewing that as part of next year's process. Attached you will find the final scorecard as well as the final ranking and funding amount recommended by the MDHI NOFO Committee and approved by the MDHI Board of Directors.

If you feel that your scoring and ranking (as shown on the attached) is in error, you may submit an appeal. You may only appeal your score and rank based on the following threshold criteria:

The score listed is incorrect. You must provide proof of the error and identify what you believe to be the correct score.

Appeals must be emailed to <u>nofa@mdhi.org</u> no later than noon on **September 19th, 2022**. This email should include the name of the project you are appealing and the grounds and evidence upon which you believe the score shown is in error. Please note that appeals will not be reviewed if they do not meet the threshold for review.

Thanks Kyla

KYLA MOE | 720-642-9563 DIRECTOR OF INFORMATION AND IMPACT

From:	NOFA <nofa@mdhi.org></nofa@mdhi.org>
Sent:	Wednesday, September 14, 2022 10:54 AM
То:	Mossman, Gwendolyn
Subject:	MDHI Annual Program NOFO: Boulder County RRH
Attachments:	Boulder County CoC RRH_NOFO Scorecard 2022_Final.pdf; 22 NOFA Ranking Sheet_Final.pdf

Hello,

Thank you for your submission to this year's CoC Annual Program NOFO Competition. The MDHI NOFO Committee completed the appeals and rescoring (as applicable) for renewal projects and are happy to announce that they have adjusted your original score. Attached you will find the new scorecard as well as the final ranking and funding amount recommended by the MDHI NOFO Committee and approved by the MDHI Board of Directors.

If you feel that your scoring and ranking (as shown on the attached) is in error, you may submit an appeal. You may only appeal your score and rank based on the following threshold criteria:

The score listed is incorrect. You must provide proof of the error and identify what you believe to be the correct score.

Appeals must be emailed to <u>nofa@mdhi.org</u> no later than noon on **September 19th, 2022**. This email should include the name of the project you are appealing and the grounds and evidence upon which you believe the score shown is in error. Please note that appeals will not be reviewed if they do not meet the threshold for review.

Thanks Kyla

KYLA MOE | 720-642-9563 DIRECTOR OF INFORMATION AND IMPACT





From:	NOFA <nofa@mdhi.org></nofa@mdhi.org>
Sent:	Wednesday, September 14, 2022 1:04 PM
То:	Karen Kreutzberg; spencer@bouldershelter.org; Michael Block
Subject:	MDHI Annual Program NOFO: Boulder PSH
Attachments:	22 NOFA Ranking Sheet_Final.pdf; Boulder PSH_NOFO Scorecard 2022.pdf

Hello,

Thank you for your submission to this year's CoC Annual Program NOFO Competition. The MDHI NOFO Committee completed the appeals and rescoring (as applicable) for renewal projects. Attached you will find the final scorecards as well as the final ranking and funding amount recommended by the MDHI NOFO Committee and approved by the MDHI Board of Directors.

If you feel that your scoring and ranking (as shown on the attached) is in error, you may submit an appeal. You may only appeal your score and rank based on the following threshold criteria:

The score listed is incorrect. You must provide proof of the error and identify what you believe to be the correct score.

Appeals must be emailed to <u>nofa@mdhi.org</u> no later than noon on **September 19th, 2022**. This email should include the name of the project you are appealing and the grounds and evidence upon which you believe the score shown is in error. Please note that appeals will not be reviewed if they do not meet the threshold for review.

Thanks Kyla

KYLA MOE | 720-642-9563 DIRECTOR OF INFORMATION AND IMPACT





From:	NOFA <nofa@mdhi.org></nofa@mdhi.org>
Sent:	Wednesday, September 14, 2022 12:45 PM
То:	John Parvensky; Lisa M. Thompson; Kim Bell; theo barychewsky
Subject:	MDHI Annual Program NOFO: CCH
Attachments:	22 NOFA Ranking Sheet_Final.pdf; Ruth Goebel_NOFO Scorecard 2022.pdf; CCH Familes PSH_NOFO Scorecard 2022.pdf; MDCHC_NOFO Scorecard 2022.pdf

Hello,

Thank you for your submission to this year's CoC Annual Program NOFO Competition. The MDHI NOFO Committee completed the appeals and rescoring (as applicable) for renewal projects and the decision was made not to adjust your original score. The metrics were totaled and rounded at the end so the score for MDCHC is correct. Also for Families Transition given it was a consolidated grant we used data from both Lowry and Families' APR so that score is correct as well. Attached you will find the final scorecard as well as the final ranking and funding amount recommended by the MDHI NOFO Committee and approved by the MDHI Board of Directors.

If you feel that your scoring and ranking (as shown on the attached) is in error, you may submit an appeal. You may only appeal your score and rank based on the following threshold criteria:

The score listed is incorrect. You must provide proof of the error and identify what you believe to be the correct score.

Appeals must be emailed to <u>nofa@mdhi.org</u> no later than noon on **September 19th, 2022**. This email should include the name of the project you are appealing and the grounds and evidence upon which you believe the score shown is in error. Please note that appeals will not be reviewed if they do not meet the threshold for review.

Thanks Kyla

KYLA MOE | 720-642-9563 DIRECTOR OF INFORMATION AND IMPACT

From:	NOFA <nofa@mdhi.org></nofa@mdhi.org>
Sent:	Wednesday, September 14, 2022 12:49 PM
То:	hpeterson@delnortendc.org; Tracy Osborn
Subject:	MDHI Annual Program NOFO: Del Norte
Attachments:	22 NOFA Ranking Sheet_Final.pdf; Juan Diego_NOFO Scorecard 2022.pdf; HAWC_NOFO Scorecard 2022.pdf

Hello,

Thank you for your submission to this year's CoC Annual Program NOFO Competition. The MDHI NOFO Committee completed the appeals and rescoring (as applicable) for renewal projects. Attached you will find the final scorecards as well as the final ranking and funding amount recommended by the MDHI NOFO Committee and approved by the MDHI Board of Directors.

If you feel that your scoring and ranking (as shown on the attached) is in error, you may submit an appeal. You may only appeal your score and rank based on the following threshold criteria:

The score listed is incorrect. You must provide proof of the error and identify what you believe to be the correct score.

Appeals must be emailed to <u>nofa@mdhi.org</u> no later than noon on **September 19th, 2022**. This email should include the name of the project you are appealing and the grounds and evidence upon which you believe the score shown is in error. Please note that appeals will not be reviewed if they do not meet the threshold for review.

Thanks Kyla

KYLA MOE | 720-642-9563 DIRECTOR OF INFORMATION AND IMPACT





From:	NOFA <nofa@mdhi.org></nofa@mdhi.org>
Sent:	Wednesday, September 14, 2022 12:58 PM
То:	Kristin Toombs; Jahlia Daly; Chelsey Mandell - DOLA
Subject:	MDHI Annual Program NOFO: DOH
Attachments:	22 NOFA Ranking Sheet_Final.pdf; DOH PSH_NOFO Scorecard 2022.pdf

Hello,

Thank you for your submission to this year's CoC Annual Program NOFO Competition. The MDHI NOFO Committee completed the appeals and rescoring (as applicable) for renewal projects and the decision was made not to adjust your original score. We were not able to verify all enrollments were connected to a OneHome referral. Attached you will find the final scorecard as well as the final ranking and funding amount recommended by the MDHI NOFO Committee and approved by the MDHI Board of Directors. You'll notice that your project straddles Tier One and Tier Two, so the recommended award is those two amounts added together.

If you feel that your scoring and ranking (as shown on the attached) is in error, you may submit an appeal. You may only appeal your score and rank based on the following threshold criteria:

The score listed is incorrect. You must provide proof of the error and identify what you believe to be the correct score.

Appeals must be emailed to <u>nofa@mdhi.org</u> no later than noon on **September 19th, 2022**. This email should include the name of the project you are appealing and the grounds and evidence upon which you believe the score shown is in error. Please note that appeals will not be reviewed if they do not meet the threshold for review.

Thanks Kyla

KYLA MOE | 720-642-9563 DIRECTOR OF INFORMATION AND IMPACT

From:	NOFA <nofa@mdhi.org></nofa@mdhi.org>
Sent:	Wednesday, September 14, 2022 1:23 PM
То:	Rand Clark; Melody DHaillecourt
Subject:	MDHI Annual Program NOFO: Douglas County
Attachments:	22 NOFA Ranking Sheet_Final.pdf

Hello,

Thank you for your submission to this year's CoC Annual Program NOFO Competition. Attached you will find the final ranking and funding amount recommended by the MDHI NOFO Committee and approved by the MDHI Board of Directors. Congratulations on being recommended for funding!

If you feel that your scoring and ranking (as shown on the attached) is in error, you may submit an appeal. You may only appeal your score and rank based on the following threshold criteria:

The score listed is incorrect. You must provide proof of the error and identify what you believe to be the correct score.

Appeals must be emailed to <u>nofa@mdhi.org</u> no later than noon on **September 19th, 2022**. This email should include the name of the project you are appealing and the grounds and evidence upon which you believe the score shown is in error. Please note that appeals will not be reviewed if they do not meet the threshold for review.

Thanks Kyla

KYLA MOE | 720-642-9563 DIRECTOR OF INFORMATION AND IMPACT



From:	NOFA <nofa@mdhi.org></nofa@mdhi.org>
Sent:	Wednesday, September 14, 2022 11:29 AM
То:	Scott Shields; THageman@thefamilytree.org; Cassie Ratliff
Subject:	MDHI Annual Program NOFO: Family Tree
Attachments:	22 NOFA Ranking Sheet_Final.pdf; Home at Last_NOFO Scorecard 2022.pdf; Brookview_NOFO Scorecard 2022.pdf

Hello,

Thank you for your submission to this year's CoC Annual Program NOFO Competition. The MDHI NOFO Committee completed the appeals and rescoring (as applicable) for renewal projects. Attached you will find the final scorecards as well as the final ranking and funding amount recommended by the MDHI NOFO Committee and approved by the MDHI Board of Directors.

If you feel that your scoring and ranking (as shown on the attached) is in error, you may submit an appeal. You may only appeal your score and rank based on the following threshold criteria:

The score listed is incorrect. You must provide proof of the error and identify what you believe to be the correct score.

Appeals must be emailed to <u>nofa@mdhi.org</u> no later than noon on **September 19th, 2022**. This email should include the name of the project you are appealing and the grounds and evidence upon which you believe the score shown is in error. Please note that appeals will not be reviewed if they do not meet the threshold for review.

Notice of reduction:

Please note the renewal project for Home at Last was reduced by 20% and that amount was reallocated to other projects (please see attached). This was in accordance with our policy to reduce and reallocate projects that are underspent.

We will communicate separately with instructions for making the change to your applications.

Thanks Kyla

KYLA MOE | 720-642-9563 DIRECTOR OF INFORMATION AND IMPACT

From:	NOFA <nofa@mdhi.org></nofa@mdhi.org>
Sent:	Wednesday, September 14, 2022 11:11 AM
То:	Nelson, Angela M DHS CA1714 Program Manager; Higa, Midori - HOST Director of Homelessness Resolution Programs
Subject:	MDHI Annual Program NOFO: HOST
Attachments:	22 NOFA Ranking Sheet_Final.pdf; Spectrum_NOFO Scorecard 2022_Final.pdf; Anchor_NOFO Scorecard 2022.pdf; Bedrock_NOFO Scorecard
	2022.pdf; Back Home_NOFO Scorecard 2022.pdf

Hello,

Thank you for your submission to this year's CoC Annual Program NOFO Competition. The MDHI NOFO Committee completed the appeals and rescoring (as applicable) for renewal projects and are happy to announce that they have adjusted your original score for Spectrum, all other project scores stayed the same. Attached you will find the final scorecards as well as the final ranking and funding amount recommended by the MDHI NOFO Committee and approved by the MDHI Board of Directors.

If you feel that your scoring and ranking (as shown on the attached) is in error, you may submit an appeal. You may only appeal your score and rank based on the following threshold criteria:

The score listed is incorrect. You must provide proof of the error and identify what you believe to be the correct score.

Appeals must be emailed to <u>nofa@mdhi.org</u> no later than noon on **September 19th, 2022**. This email should include the name of the project you are appealing and the grounds and evidence upon which you believe the score shown is in error. Please note that appeals will not be reviewed if they do not meet the threshold for review.

Notice of reduction:

Please note the renewal project for Anchor was reduced by 21.5% and that amount was reallocated to other projects (please see attached). This was in accordance with our policy to reduce and reallocate projects that are underspent.

We will communicate separately with instructions for making the change to your applications.

Thanks Kyla

KYLA MOE | 720-642-9563

From:	NOFA <nofa@mdhi.org></nofa@mdhi.org>
Sent:	Wednesday, September 14, 2022 1:19 PM
То:	Wanda Harrison; Hassan Latif
Subject:	MDHI Annual Program NOFO: SCC
Attachments:	22 NOFA Ranking Sheet_Final.pdf

Hello,

Thank you for your submission to this year's CoC Annual Program NOFO Competition. Attached you will find the final ranking and funding amount recommended by the MDHI NOFO Committee and approved by the MDHI Board of Directors. Given the project is a first time renewal you were not scored and were automatically placed behind the other renewal projects per policy set by the NOFO Committee.

If you feel that your scoring and ranking (as shown on the attached) is in error, you may submit an appeal. You may only appeal your score and rank based on the following threshold criteria:

The score listed is incorrect. You must provide proof of the error and identify what you believe to be the correct score.

Appeals must be emailed to <u>nofa@mdhi.org</u> no later than noon on **September 19th, 2022**. This email should include the name of the project you are appealing and the grounds and evidence upon which you believe the score shown is in error. Please note that appeals will not be reviewed if they do not meet the threshold for review.

Thanks Kyla

KYLA MOE | 720-642-9563 DIRECTOR OF INFORMATION AND IMPACT





From:	NOFA <nofa@mdhi.org></nofa@mdhi.org>
Sent:	Wednesday, September 14, 2022 10:44 AM
То:	Tom Luehrs (tluehrs@sfcdenver.org); Christie Linsner; Andrew Spinks
Subject:	MDHI Annual Program NOFO: Cornerstone
Attachments:	Cornerstone_NOFO Scorecard 2022_Final.pdf; 22 NOFA Ranking Sheet_Final.pdf

Hello,

Thank you for your submission to this year's CoC Annual Program NOFO Competition. The MDHI NOFO Committee completed the appeals and rescoring (as applicable) for renewal projects and are happy to announce that they have adjusted your original score. Attached you will find the new scorecard as well as the final ranking and funding amount recommended by the MDHI NOFO Committee and approved by the MDHI Board of Directors.

If you feel that your scoring and ranking (as shown on the attached) is in error, you may submit an appeal. You may only appeal your score and rank based on the following threshold criteria:

The score listed is incorrect. You must provide proof of the error and identify what you believe to be the correct score.

Appeals must be emailed to <u>nofa@mdhi.org</u> no later than noon on **September 19th, 2022**. This email should include the name of the project you are appealing and the grounds and evidence upon which you believe the score shown is in error. Please note that appeals will not be reviewed if they do not meet the threshold for review.

Thanks Kyla

KYLA MOE | 720-642-9563 DIRECTOR OF INFORMATION AND IMPACT

From:	NOFA <nofa@mdhi.org></nofa@mdhi.org>
Sent:	Wednesday, September 14, 2022 12:24 PM
То:	Lindi Sinton; Angel Hurtado; Jenell Bowen; Cynthia Miro
Subject:	MDHI Annual Program NOFO: VOA
Attachments:	22 NOFA Ranking Sheet_Final.pdf; YTP_NOFO Scorecard 2022.pdf; Irving Street_NOFO Scorecard 2022.pdf

Hello,

Thank you for your submission to this year's CoC Annual Program NOFO Competition. The MDHI NOFO Committee completed the appeals and rescoring (as applicable) for renewal projects and the decision was made not to adjust your original score. The committee did decide however that both projects should remain in Tier I given the populations they serve. Attached you will find the final scorecard as well as the final ranking and funding amount recommended by the MDHI NOFO Committee and approved by the MDHI Board of Directors.

If you feel that your scoring and ranking (as shown on the attached) is in error, you may submit an appeal. You may only appeal your score and rank based on the following threshold criteria:

The score listed is incorrect. You must provide proof of the error and identify what you believe to be the correct score.

Appeals must be emailed to <u>nofa@mdhi.org</u> no later than noon on **September 19th, 2022**. This email should include the name of the project you are appealing and the grounds and evidence upon which you believe the score shown is in error. Please note that appeals will not be reviewed if they do not meet the threshold for review.

Thanks Kyla

KYLA MOE | 720-642-9563 DIRECTOR OF INFORMATION AND IMPACT







DATE:	September 23, 2022
TO:	MDHI Continuum of Care NOFO Committee
RE:	Commitments in support of CCH Housing is Healthcare PSH Project – Leveraging Housing Resources and

Dear NOFO Committee:

Colorado Coalition for the Homeless (CCH) has submitted a new PSH Project for funding consideration through the 2022 HUD CoC NOFO. In an effort to reduce avoidable costs of emergency health, as well as correctional services, this project will provide new PSH targeted to people experiencing chronic homelessness who are high utilizers of health care and have frequent involvement with the criminal justice system.

Specifically, the project will provide 38 scattered site PSH units funded through the CoC program and 42 scattered-site and project-based PSH units leveraged through Denver Housing Authority and Colorado Department of Local Affairs' Division of Housing. Project-based vouchers will be at Renaissance Legacy Lofts in Downtown Denver.

Health-related project services will be provided by CCH's Stout Street Health Center, a Federally Qualified Health Center (FQHC) that is adjacent to the Renaissance Legacy Lofts and the newly constructed Stout Street Recuperative Care Center. Funding for these health-related services will be from non-CoC resources, primarily Medicaid and charitable contributions.

The Project is also collaborating with Denver Health, UCHealth and the Stout Street Recuperative Care Center to provide coordination and transition of care for people experiencing chronic homelessness as they leave the hospital, receive recuperative care, and then need ongoing health services while in the PSH units provided through the Housing is Healthcare project.

CCH is applying for 2022 CoC funding and will operate the Housing is Healthcare PSH project with its collaborative partners. Documentation of housing collaborations follow.

Documentation of "Leveraging Housing Resources":

CCH is the developer and operator of the Renaissance Legacy Lofts, a newly constructed PSH project financed through Low Income Housing Tax Credits and funding from the City of Denver and State of Colorado. Consequently, while the project will, for tax credit purposes, be owned by a limited partnership,

the Legacy Lofts LIHTC LLLP, CCH will be the managing general partner.

The Denver Housing Authority has agreed to commit project-based vouchers for development of Renaissance Legacy Lofts. (See attached)

The Colorado Department of Local Affairs' Division of Housing has allocated State funded Housing Vouchers for CCH to utilize in its efforts to provide PSH for people experiencing homelessness who frequently use emergency services, including police, jail, courts, and emergency rooms. (See attached)

CCH and Renaissance Legacy Lofts hereby commits 42 PSH vouchers to match the 38 PSH units of CoC funded rental assistance, provided CCH's new project application is approved for funding. Thus, more than 52% of the units in the Housing is Healthcare PSH project will be funded through non-CoC or ESG programs.

Please let me know if you have any questions or need additional information.

Sincerely,

Dankey

John Parvensky President and CEO Colorado Coalition for the Homeless Legacy Housing Corporation Stout Street Health Center SSRC Corp 303.285.5204

U.S. Department of Housing and Urban Development Office of Public and Indian Housing

SECTION 8 PROJECT-BASED VOUCHER PROGRAM

AGREEMENT TO ENTER INTO A HOUSING ASSISTANCE PAYMENTS CONTRACT

NEW CONSTRUCTION OR REHABILITATION

PART I

Public reporting burden for this collection of information is estimated to average 0.5 hours. This includes the time for collecting, reviewing and reporting the data. The information is being collected as required by 24 CFR 983.152, which requires the PHA to enter into an Agreement with the owner prior to execution of a HAP contract for PBV assistance as provided in §983.153. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number. Assurances of confidentiality are not provided under this collection.

Privacy Act Statement. HUD is committed to protecting the privacy of individuals' information stored electronically or in paper form, in accordance with federal privacy laws, guidance, and best practices. HUD expects its third-party business partners, including Public Housing Authorities, who collect, use maintain, or disseminate HUD information to protect the privacy of that information in Accordance with applicable law.

1.1 Parties

This Agreement to Enter into Housing Assistance Payments Contract ("Agreement") is between:

The Housing Authority of the City and County of Denver ("PHA") and

Legacy Lofts LIHTC LLLP ("owner	r").
---------------------------------	------

1.2 Purpose

The owner agrees to develop the Housing Assistance Payments Contract ("HAP Contract") units to in accordance with Exhibit B and to comply with Housing Quality Standards ("HQS"), and the PHA agrees that, upon timely completion of such development in accordance with the terms of the Agreement, the PHA will enter into a HAP Contract with the owner of the Contract units.

1.3 Contents of Agreement

This Agreement consists of Part I, Part II, and the following Exhibits:

EXHIBIT A: The approved owner's PBV proposal. (Selection of proposals must be in accordance with 24 CFR 983.51.)

EXHIBIT B: Description of work to be performed under this Agreement, including:

- if the Agreement is for rehabilitation of units, this exhibit must include the rehabilitation work write-up and, where the PHA has determined necessary, specifications and plans.
- if the Agreement is for new construction of units, the work description must include the working drawings and specifications.
- any additional requirements beyond HQS relating to quality, design and architecture that the PHA requires.
- work items resulting from compliance with the design and construction requirements of the Fair Housing Act and implementing regulations at 24 CFR 100.205, the accessibility requirements under section 504 of the Rehabilitation Act of 1973 and implementing regulations at 24 CFR 8.22 and 8.23, and accessibility requirements under Titles II and III of the Americans with Disabilities Act at 28 CFR parts 35 and 36, as applicable.

EXHIBIT C: Description of housing, including:

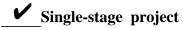
- project site.
- total number of units in project covered by this Agreement.
- locations of contract units on site.
- number of contract units by area (size) and number of bedrooms and bathrooms.
- services, maintenance, or equipment to be supplied by the owner without charges in addition to the rent to owner.
- utilities available to the contract units, including a specification of utility services to be paid by the owner (without charges in addition to rent) and utility services to be paid by the tenant.

• estimated initial rent to owner for the contract units.

EXHIBIT D: The HAP contract.

1.4 Significant Dates

- A. Effective Date of the Agreement: The Agreement must be executed promptly after PHA notice of proposal selection to the owner has been given. The PHA may not enter this Agreement with the owner until a subsidy layering review has been performed and an environmental review has been satisfactorily completed in accordance with HUD requirements.
- B. A project may either be a single-stage or multi-stage project. A singlestage project will have the same Agreement effective date for all contract units. A multi-stage project will separate effective dates for each stage.



- i. Effective Date for all contract units: <u>12/18/2020</u>
- ii. Date of Commencement of the Work: The date for commencement of work is not later than <u>60 days</u> calendar days after the effective date of this Agreement.

____ Multi-Stage Project

Enter the information for each stage upon execution of the Agreement for the corresponding stage.

STAGE	NUMBER	EFFECTIVE	DATE OF	TIME FOR
	OF UNITS	DATE	COMMENCEMENT	COMPLETION
			OF WORK	OF WORK

Previous Editions are obsolete

1.5 Nature of the Work

- This Agreement is for New Construction of units to be assisted by the project-based Voucher program.
- _ _ This Agreement is for **Rehabilitation** of units to be assisted by the project-based Voucher program.

1.6 Schedule of Completion

- A. Timely Performance of Work: The owner agrees to begin work no later than the date for commencement of work as stated in Section 1.4. In the event the work is not commenced, diligently continued and completed as required under this Agreement, the PHA may terminate this Agreement or take other appropriate action. The owner agrees to report promptly to the PHA the date work is commenced and furnish the PHA with progress reports as required by the PHA.
- B. Time for Completion: All work must be completed no later than the end of the period stated in Section 1.4. Where completion in stages is provided for, work related to units included in each stage shall be completed by the stage completion date and all work on all stages must be completed no later than the end of the period stated in Section 1.4.
- C. Delays: If there is a delay in the completion due to unforeseen factors beyond the owner's control as determined by the PHA, the PHA agrees to extend the time for completion for an appropriate period as determined by the PHA in accordance with HUD requirements.

1.7 Changes in Work

A. The owner must obtain prior PHA approval for any change from the work specific in Exhibit B which would alter the design or quality of the rehabilitation or construction. The PHA is not required to approve any changes requested by the owner. PHA approval of any change may be conditioned on establishment of a lower initial rent to owner at the amounts determined by PHA.

- B. If the owner makes any changes in the work without prior PHA approval, the PHA may establish lower initial rents to owner at the amounts determined by PHA in accordance with HUD requirements.
- C. The PHA (or HUD in the case of insured or coinsured mortgages) may inspect the work during rehabilitation or construction to ensure that work is proceeding on schedule, is being accomplished in accordance with the terms of the Agreement, meets the level of material described in Exhibit B and meets typical levels of workmanship for the area.

1.8 Work completion

- A. Conformance with Exhibit B: The work must be completed in accordance with Exhibit B. The owner is solely responsible for completion of the work.
- B. Evidence of Completion: When the work in completed, the owner must provide the PHA with the following:
 - 1. A certification by the owner that the work has been completed in accordance with the HQS and all requirements of this Agreement.
 - 2. A certification by the owner that the owner has complied with labor standards and equal opportunity requirements in the development of the housing. (See 24 CFR 983.155(b)(1)(ii).)
 - 3. Additional Evidence of Completion: At the discretion of the PHA, or as required by HUD, this Agreement may specify additional documentation that must be submitted by owner as evidence of completion of the housing. Check the following that apply:
 - ▲ A certificate of occupancy or other evidence that the contract units comply with local requirements.
 - _ ____ An architect's or developer's certification that the housing complies with:
 - $_ \checkmark _$ the HQS;
 - _____ State, local, or other building codes;
 - _ ✔ _ Zoning;
 - _ _ The rehabilitation work write-up for rehabilitated housing;

- _ ✓ _ The work description for newly constructed housing; or
- ____ Any additional design or quality requirements pursuant to this Agreement.

1.9 Inspection and Acceptance by the PHA of Completed Contract Units

- A. Completion of Contract Units: Upon receipt of owner notice of completion of Contract units, the PHA shall take the following steps:
 - 1. Review all evidence of completion submitted by owner.
 - 2. Inspect the units to determine if the housing has been completed in accordance with this Agreement, including compliance with the HQS and any additional requirements imposed by the PHA under this Agreement.
- B. Non-Acceptance: If the PHA determines the work has not been completed in accordance with this Agreement, including non-compliance with the HQS, the PHA shall promptly notify the owner of this decision and the reasons for the non-acceptance. The parties must not enter into the HAP contract.
- C. Acceptance: If the PHA determines housing has been completed in accordance with this Agreement, and that the owner has submitted all required evidence of completion, the PHA must submit the HAP contract for execution by the owner and must then execute the HAP contract.

1.10 Acceptance where defects or deficiencies are reported:

- A. If other defects or deficiencies exist, the PHA shall determine whether and to what extent the defects or deficiencies are correctable, whether the units will be accepted after correction of defects or deficiencies, and the requirements and procedures for such correction and acceptance.
- B. Completion in Stages: Where completion in stages is provided for, the procedures of this paragraph shall apply to each stage.

1.11. Execution of HAP Contract

A. Time and Execution: Upon acceptance of the units by the PHA, the owner and the PHA execute the HAP contract.

- B. Completion in Stages: Where completion in stages is provided for the number and types of units in each stage, and the initial rents to owner for such units, shall be separately shown in Exhibit C of the contract for each stage. Upon acceptance of the first stage, the owner shall execute the contract and the signature block provided in the contract for that stage. Upon acceptance of each subsequent stage, the owner shall execute the signature block provided in the contract for stage.
- C. Form of Contract: The terms of the contract shall be provided in Exhibit D of this Agreement. There shall be no change in the terms of the contract unless such change is approved by HUD headquarters. Prior to execution by the owner, all blank spaces in the contract shall be completed by the PHA.
- D. Survival of owner Obligations: Even after execution of the contract, the owner shall continue to be bound by all owner obligations under the Agreement.

1.12 Initial determination of rents

- A. The estimated amount of initial rent to owner shall be established in Exhibit C of this Agreement.
- B. The initial amount of rent to owner is established at the beginning of the HAP contract term.
- C. The estimated and initial contract rent for each units may in no event exceed the amount authorized in accordance with HUD regulations and requirements. Where the estimated initial rent to owner exceeds the amount authorized in accordance with HUD regulations, the PHA shall establish a lower initial rent tow owner, in accordance with HUD regulations and regulations and requirements.

1.13 Uniform Relocation Act

- A. A displaced person must be provided relocation assistance at the levels described in and in accordance with the requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (URA) (42 U.S.C. 4201-4655) and implementing regulations at 49 CFR part 24.
- B. The cost of required relocation assistance may be paid with funds provided by the owner, or with local public funds, or with funds available from other sources. Payment of relocation assistance must be paid in accordance with HUD requirements.

- C. The acquisition of real property for a project to be assisted under the program is subject to the URA and 49 CFR part 24, subpart B.
- D. The PHA must require the owner to comply with the URA and 49 CFR part 24.
- E. In computing a replacement housing payment to a residential tenant displaced as a direct result of privately undertaken rehabilitation or demolition of the real property, the term "initiation of negotiations" means the execution of the Agreement between the owner and the PHA.

1.14 Protection of In-Place Families

- A. In order to minimize displacement of in-place families, if a unit to be placed under Contract is occupied by an eligible family on the proposal selection date, the in-place family must be placed on the PHA's waiting list (if they are not already on the list) and, once their continued eligibility is determined, given an absolute selection preference and referred to the project owner for an appropriately sized unit in the project.
- B. This protection does not apply to families that are not eligible to participate in the program on the proposal selection date.
- C. The term "in-place family" means an eligible family residing in a proposed contract unit on the proposal selection date.
- D. Assistance to in-place families may only be provided in accordance with the program regulations and other HUD requirements.

1.15 Termination of Agreement and Contract

The Agreement or HAP contract may be terminated upon at least 30 days notice to the owner by the PHA or HUD if the PHA or HUD determines that the contract units were not eligible for selection in conformity with HUD requirements.

1.16 Rights of HUD if PHA Defaults Under Agreement

If HUD determines that the PHA has failed to comply with this Agreement, or has failed to take appropriate action to HUD's satisfaction or as directed by HUD, for enforcement of the PHA's rights under this Agreement, HUD may assume the PHA's rights and obligations under the Agreement, and may perform the obligations and enforce the rights of the PHA under the Agreement. HUD will, if it determines that the owner is not in default, pay Annual Contributions for the purpose of providing housing assistance payments with respect to the dwelling unit(s) under this Agreement for the duration of the HAP contract.

1.17 Owner Default and PHA Remedies

A. Owner Default

Any of the following is a default by the owner under the Agreement:

- 1. The owner has failed to comply with any obligation under the Agreement.
- 2. The owner has violated any obligation under any other housing assistance payments contract under Section 8 of the United States Housing Act of 1937 (42 U.S.C. 1437f).
- 3. The owner has committed any fraud or made any false statement to the PHA or HUD in connection with the Agreement.
- 4. The owner has committed fraud, bribery, or any other corrupt or criminal act in connection with any Federal housing assistance program.
- 5. If the property where the contract units are located is subject to a lien or security interest securing a HUD loan or mortgage insured by HUD and:
 - a. The owner has failed to comply with the regulations for the applicable HUD loan or mortgage insurance program, with the mortgage or mortgage note, or with the regulatory agreement; or
 - b. The owner has committed fraud, bribery, or any other corrupt or criminal act in connection with the HUD loan or HUD-insured mortgage.
- 6. The owner has engaged in any drug-related criminal activity or any violent criminal activity.
- B. PHA Remedies
 - 1. If the PHA determines that a breach has occurred, the PHA may exercise any of its rights or remedies under the Agreement.
 - 2. The PHA must notify the owner in writing of such determination. The notice by the PHA to the owner may require the owner to take corrective action (as verified by the PHA) by a time prescribed in the notice.

- 3. The PHA's rights and remedies under the Agreement include, but are not limited to: (i) terminating the Agreement; and (ii) declining to execute the HAP contract for some or all of the units.
- C. PHA Remedy is not Waived

The PHA's exercise or non-exercise of any remedy for owner breach of the Agreement is not a waiver of the right to exercise that remedy or any other right or remedy at any time.

1.18 PHA and Owner Relation to Third Parties

- A. Selection and Performance of Contractor
 - 1. The PHA has not assumed any responsibility or liability to the owner, or any other party for performance of any contractor, subcontractor or supplier, whether or not listed by the PHA as a qualified contractor or supplier under the program. The selection of a contractor, subcontractor or supplier is the sole responsibility of the owner and the PHA is not involved in any relationship between the owner and any contractor, subcontractor or supplier.
 - 2. The owner must select a competent contractor to undertake rehabilitation or construction. The owner agrees to require from each prospective contractor a certification that neither the contractor nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in contract by the Comptroller General or any federal Department or agency. The owner agrees not to award contracts to, otherwise engage in the service of, or fund any contractor that does not provide this certification.
- B. Injury Resulting from Work under the Agreement: The PHA has not assumed any responsibility for or liability to any person, including a worker or a resident of the unit undergoing work pursuant to this Agreement, injured as a result of the work or as a result of any other action or failure to act by the owner, or any contractor, subcontractor or supplier.
- C. Legal Relationship: The owner is not the agent of the PHA and this Agreement does not create or affect any relationship between the PHA and any lender to the owner or any suppliers, employees, contractor or subcontractors used by the owner in the implementation of the Agreement.
- D. Exclusion of Third Party Claims: Nothing in this Agreement shall be construed as creating any right of any third party (other than HUD) to

enforce any provision of this Agreement or the Contract, or to assert any claim against HUD, the PHA or the owner under the Agreement or the Contract.

E. Exclusion of owner Claims against HUD: Nothing in this Agreement shall be construed as creating any right of the owner to assert any claim against HUD.

1.19 PHA-Owned Units

Notwithstanding Section 1.18 of this Agreement, a PHA may own units assisted under the project-based voucher program, subject to the special requirements in 24 CFR 983.59 regarding PHA-owned units.

1.20 Conflict of Interest

- A. Interest of Members, Officers, or Employees of PHA, Members of Local Governing Body, or Other Public Officials
 - 1. No present or former member or officer of the PHA (except tenantcommissioners), no employee of the PHA who formulates policy or influences decisions with respect to the housing choice voucher program or project-based voucher program, and no public official or member of a governing body or State or local legislator who exercises functions or responsibilities with respect to these programs, shall have any direct or indirect interest, during his or her tenure or for one year thereafter, in the Agreement or HAP contract.
 - 2. HUD may waive this provision for good cause.
- B. Disclosure

The owner has disclosed to the PHA any interest that would be a violation of the Agreement or HAP contract. The owner must fully and promptly update such disclosures.

1.21 Interest of Member or Delegate to Congress

No member of or delegate to the Congress of the United States of America or resident-commissioner shall be admitted to any share or part of the Agreement or HAP contract or to any benefits arising from the Agreement of HAP contract.

1.22 Transfer of the Agreement, HAP Contract, or Property

A. PHA Consent to Transfer

The owner agrees that the owner has not made and will not make any transfer in any form, including any sale or assignment, of the Agreement, HAP contract, or the property without the prior written consent of the PHA. A change in ownership in the owner, such as a stock transfer or transfer of the interest of a limited partner, is not subject to the provisions of this section. Transfer of the interest of a general partner is subject to the provisions of this section.

B. Procedure for PHA Acceptance of Transferee

Where the owner requests the consent of the PHA for a transfer in any form, including any sale or assignment, of the Agreement, the HAP contract, or the property, the PHA must consent to a transfer of the Agreement or HAP contract if the transferee agrees in writing (in a form acceptable to the PHA) to comply with all the terms of the Agreement and HAP contract, and if the transferee is acceptable to the PHA. The PHA's criteria for acceptance of the transferee must be in accordance with HUD requirements.

C. When Transfer is Prohibited

The PHA will not consent to the transfer if any transferee, or any principal or interested party, is debarred, suspended, subject to a limited denial of participation, or otherwise excluded under 2 CFR part 2424, or is listed on the U.S. General Services Administration list of parties excluded from Federal procurement or nonprocurement programs.

1.23 Exclusion from Federal Programs

A. Federal Requirements

The owner must comply with and is subject to requirements of 2 CFR part 2424.

B. Disclosure

The owner certifies that:

1. The owner has disclosed to the PHA the identity of the owner and any principal or interested party.

2. Neither the owner nor any principal or interested party is listed on the U.S. General Services Administration list of parties excluded from Federal procurement and nonprocurement programs; and none of such parties are debarred, suspended, subject to a limited denial of participation, or otherwise excluded under 2 CFR part 2424.

1.24 Lobbying Certifications

- A. The owner certifies, to the best of the owner's knowledge and belief, that:
 - 1. No Federally appropriated funds have been paid or will be paid, by or on behalf of the owner, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of the Agreement or HAP contract, or the extension, continuation, renewal, amendment, or modification of the HAP contract.
 - 2. If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the Agreement or HAP contract, the owner must complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
- B. This certification by the owner is a prerequisite for making or entering into this transaction imposed by 31 U.S.C. 1352.

1.25 Subsidy Layering

A. Owner Disclosure

The owner must disclose to the PHA, in accordance with HUD requirements, information regarding any related assistance from the Federal government, a State, or a unit of general local government, or any agency or instrumentality thereof, that is made available or is expected to be made available with respect to the contract units. Such related assistance includes, but is not limited to, any loan, grant, guarantee, insurance, payment, rebate, subsidy, credit, tax benefit, or any other form of direct or indirect assistance. B. Limit of Payments

Housing assistance payments under the HAP contract must not be more than is necessary, as determined in accordance with HUD requirements, to provide affordable housing after taking account of such related assistance. The PHA will adjust in accordance with HUD requirements the amount of the housing assistance payments to the owner to compensate in whole or in part for such related assistance.

1.26 Prohibition of Discrimination

- A. The owner may not refuse to lease contract units to, or otherwise discriminate against, any person or family in leasing of a contract unit, because of race, color, religion, sex, national origin, disability, age, or familial status.
- B. The owner must comply with the following requirements:
 - 1. The Fair Housing Act (42 U.S.C. 3601–19) and implementing regulations at 24 CFR part 100 *et seq.*;
 - 2. Executive Order 11063, as amended by Executive Order 12259 (3 CFR 1959–1963 Comp., p. 652, and 3 CFR, 1980 Comp., p. 307) (Equal Opportunity in Housing Programs) and implementing regulations at 24 CFR part 107;
 - Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d–2000d–
 4) (Nondiscrimination in Federally Assisted Programs) and implementing regulations at 24 CFR part 1;
 - 4. The Age Discrimination Act of 1975 (42 U.S.C. 6101–6107) and implementing regulations at 24 CFR part 146;
 - 5. Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794) and implementing regulations at part 8 of this title;
 - 6. Title II of the Americans with Disabilities Act, 42 U.S.C. 12101 *et seq.*;
 - 7. 24 CFR part 8;
 - 8. Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u) and implementing regulations at 24 CFR part 135;

- Executive Order 11246, as amended by Executive Orders 11375, 11478, 12086, and 12107 (3 CFR, 1964–1965 Comp., p. 339; 3 CFR, 1966–1970 Comp., p. 684; 3 CFR, 1966–1970 Comp., p. 803; 3 CFR, 1978 Comp., p. 230; and 3 CFR, 1978 Comp., p. 264, respectively) (Equal Employment Opportunity Programs) and implementing regulations at 41 CFR chapter 60;
- 10. Executive Order 11625, as amended by Executive Order 12007 (3 CFR, 1971–1975 Comp.., p. 616 and 3 CFR, 1977 Comp., p. 139) (Minority Business Enterprise Development); and
- Executive Order 12138, as amended by Executive Order 12608 (3 CFR, 1977 Comp., p. 393, and 3 CFR, 1987 Comp., p. 245) (Women's Business Enterprise).
- 12. HUD's Equal Access Rule at 24 CFR 5.105. [OGC-Nonconcurrence: This section failed to reference protections with respect to actual or perceived sexual orientation, gender identity, or marital status in accordance with HUD's Equal Access Rule at 24 CFR 5.105(a). Revising as indicated above is sufficient to resolve this concern.
- C. The PHA and the owner must cooperate with HUD in the conducting of compliance reviews and complaint investigations pursuant to all applicable civil rights statutes, Executive Orders, and all related rules and regulations.

1.27 Owner Duty to Provide Information and Access to HUD and PHA

- A. The owner must furnish any information pertinent to this Agreement as may be reasonably required from time to time by the PHA or HUD. The owner shall furnish such information in the form and manner required by the PHA or HUD.
- B. The owner must permit the PHA or HUD or any of their authorized representatives to have access to the premises during normal business hours and, for the purpose of audit and examination, to have access to any books, documents, papers, and records of the owner to the extent necessary to determine compliance with this Agreement.

1.28 Notices and Owner Certifications

A. Where the owner is required to give any notice to the PHA pursuant to this Agreement, such notice shall be in writing and shall be given in the manner designated by the PHA.

B. Any certification or warranty by the owner pursuant to the Agreement shall be deemed a material representation of fact upon which reliance was placed when this transaction was entered into.

1.29 HUD Requirements

- A. The Agreement and the HAP contract shall be interpreted and implemented in accordance with all statutory requirements, and will all HUD requirements, including amendments or changes in HUD requirements. The owner agrees to comply with all such laws and HUD requirements.
- B. HUD requirements are requirements that apply to the project-based voucher program. HUD requirements are issued by HUD Headquarters as regulations, *Federal Register* notices, or other binding program directives.

1.30 Applicability of Part II Provisions — Check All that Apply

_ ____ <u>Training, Employment, and Contracting Opportunities</u>

Section 2.1 applies if the total of the contract rents for all units under the proposed HAP contract, over the maximum term of the contract, is more than \$200,000.

<u>____</u> <u>Equal Employment Opportunity</u> Section 2.2 applies only to construction contracts of more than \$10,000.

_____ Labor Standards Requirements

Sections 2.4, 2.8, and 2.10 apply only when this Agreement covers nine or more units.

_____ Flood Insurance

Section 2.11 applies if units are located in areas having special flood hazards and in which flood insurance is available under the National Flood Insurance Program.

EXECUTION OF THE AGREEMENT

UBLIC HOUSING AGENCY (PHA)

ame of PHA (Print)

The Housing Authority of the City and County of Denver

By:

Signature of authorized representative

Joshua Crawley, Interim Executive Director

Nrune and official title (Print)

Date

OWNER

Name of Owner (Print)

Legacy Lofts LIHTC LLLP
By: Signature of authorized representative
John Parvensky, President

Nrune and official title (Print)

Date 12-15-20

Previous Editions are obsolete

Renaissance Legacy Lofts LIHTC

Exhibit A

Total Number of Units in Project Covered by this HAP Contract; Initial Rent to Owner; and the Number and Description of the Contract Units:

Project Site: 2175 California Street, Denver, CO 80205

Addresses within the project site allocated to PBV Contract Units:

2175 California Street, Denver, CO 80205 (Unit addresses will be determined and verified at HAP execution)

Total Number of Units in Project Covered by this Agreement: 64 Units

Location of Contract Units by Area (size), Initial Rent and Number of Bedrooms and Bathrooms: The vouchers will be placed in Fifty Three (53) one bedroom units and eleven (11) studio units.

Unit Number	Unit Type	Estimated Initial Rent
401	Studio, 1 bath	\$1029.00
402	1 bedroom, 1 bath	\$1204.00
403	1 bedroom, 1 bath	\$1204.00
404	1 bedroom, 1 bath	\$1204.00
405	1 bedroom, 1 bath	\$1204.00
406	1 bedroom, 1 bath	\$1204.00
407	1 bedroom, 1 bath	\$1204.00
408	1 bedroom, 1 bath	\$1029.00
413	1 bedroom, 1 bath	\$1204.00
414	1 bedroom, 1 bath	\$1204.00
415	1 bedroom, 1 bath	\$1204.00
416	1 bedroom, 1 bath	\$1204.00
417	1 bedroom, 1 bath	\$1204.00
501	Studio, 1 bath	\$1029.00
502	1 bedroom, 1 bath	\$1204.00
503	1 bedroom, 1 bath	\$1204.00
504	1 bedroom, 1 bath	\$1204.00
505	1 bedroom, 1 bath	\$1204.00
506	1 bedroom, 1 bath	\$1204.00
507	1 bedroom, 1 bath	\$1204.00
508	Studio, 1 bath	\$1029.00
509	1 bedroom, 1 bath	\$1204.00
510	1 bedroom, 1 bath	\$1204.00
511	1 bedroom, 1 bath	\$1204.00
512	Studio, 1 bath	\$1029.00

Renaissance Legacy Lofts LIHTC

Exhibit A

Unit Number	Unit Type	Initial Rent*
513	1 bedroom, 1 bath	\$1204.00
514	1 bedroom, 1 bath	\$1204.00
515	1 bedroom, 1 bath	\$1204.00
516	1 bedroom, 1 bath	\$1204.00
517	1 bedroom, 1 bath	\$1204.00
601	Studio, 1 bath	\$1029.00
602	1 bedroom, 1 bath	\$1204.00
603	1 bedroom, 1 bath	\$1204.00
604	1 bedroom, 1 bath	\$1204.00
605	1 bedroom, 1 bath	\$1204.00
606	1 bedroom, 1 bath	\$1204.00
607	1 bedroom, 1 bath	\$1204.00
608	Studio, 1 bath	\$1029.00
609	1 bedroom, 1 bath	\$1204.00
610	1 bedroom, 1 bath	\$1204.00
611	1 bedroom, 1 bath	\$1204.00
612	Studio, 1 bath	\$1029.00
613	1 bedroom, 1 bath	\$1204.00
614	1 bedroom, 1 bath	\$1204.00
615	1 bedroom, 1 bath	\$1204.00
616	1 bedroom, 1 bath	\$1204.00
617	1 bedroom, 1 bath	\$1204.00
701	Studio, 1 bath	\$1029.00
702	1 bedroom, 1 bath	\$1204.00
703	1 bedroom, 1 bath	\$1204.00
704	1 bedroom, 1 bath	\$1204.00
705	1 bedroom, 1 bath	\$1204.00
706	1 bedroom, 1 bath	\$1204.00
707	1 bedroom, 1 bath	\$1204.00
708	Studio, 1 bath	\$1029.00
709	1 bedroom, 1 bath	\$1204.00
710	1 bedroom, 1 bath	\$1204.00
711	1 bedroom, 1 bath	\$1204.00
712	Studio, 1 bath	\$1029.00
713	1 bedroom, 1 bath	\$1204.00
714	1 bedroom, 1 bath	\$1204.00
715	1 bedroom, 1 bath	\$1204.00
716	1 bedroom, 1 bath	\$1204.00
717	1 bedroom, 1 bath	\$1204.00

Square footage information:

Unit	Unit Size*	# of Units
Studio	533 Square Feet (Avg.)	64
1 Bedroom	444 Square Feet (Avg.)	11

*Initial rent, unit mapping, and square footage will be determined at the time of HAP execution.

Renaissance Legacy Lofts LIHTC

Exhibit B

Services, Maintenance and Equipment to be provided by the Owner Without Charges in Addition to Rent to Owner:

Unit amenities to be finalized at HAP execution.

Additional amenities include: On-site laundry facilities, a community room, business center, service office, and a fourth floor terrace.

All property maintenance and other services required by the lease and in compliance with Housing Quality Standards (HQS).

Renaissance Legacy Lofts LIHTC

Exhibit C

Utilities Available in the Contract Units, including a Listing of Utility Services to be Paid by the Owner (Without Charges in Addition to Rent to Owner) and Utilities to be Paid by the Tenants

Structure type: HI-Rise

Owner Pays: Water, sewer, gas, electricity, and trash removal

Tenants pays: N/A

Exhibit D

Features Provided to Comply with Program Accessibility Features of Section 504 of the Rehabilitation Act of 1973:

The property will meets all Section 504 (accessibility) requirements.

Renaissance Legacy Lofts LIHTC

Exhibit E

Additional Reporting by the Owner

One-Time Requirements and Reporting:

Due Date:

Certificate of Occupancy (CO) and/or Temporary Certificate of Occupancy (TCO). Note: If TCO initially provided, then CO to be provided when issued

Architects certification that building meet codes and zoning

Owner's certification that units meet HQS

Architect substantial completion (AIA G704) with punch list

Architect certification that punch list items completed

Submission of clearness letter from oversight entity regarding Compliance with Federal Labor Standards Requirements

Submission of Section 3 - Training, Employment and Contracting Opportunities for Business and Lower Income Persons report HUD Form 60002

Submission of Minority, Women and Disadvantaged Business Enterprise (MBE/WBE/DBE) opportunities report HUD Form 2516

Supportive Services Program (SSP) Report documenting activities and outcomes of the SSP

Prior to execution of HAP Contract

Prior to execution of HAP Contract

Prior to execution of HAP Contract

30 days after execution of HAP Contract

90 days after execution of HAP Contract

120 days after each Fiscal Year-End of Owner



August 11, 2022

Christina Garcia Senior Director of Housing Assistance & Subsidy Asset Management Colorado Coalition for the Homeless 2135 Stout St Unit A Denver, CO 80205

Re: CCH Allocation of State Housing Vouchers for SIPPRA Project

Dear Christina Garcia,

The Colorado Department of Local Affairs, Division of Housing (DOH) is allocating twenty (20) State Housing Vouchers (SHV) to the Colorado Coalition for the Homeless (CCH) as part of the City and County of Denver's Housing to Health (H2H) effort and the Social Impact Partnership to the Pay for Results Act (SIPPRA) Project. This allocation represents a portion of the twenty-seven (27) total SHVs that DOH is allocating to SIPPRA via WellPower and CCH.

H2H/SIPPRA is an extension of the nationally-recognized Social Impact Bond (SIB) program. SIPPRA leverages funding through the U.S. Department of the Treasury, private impact investors, and philanthropic partners. Together with SHVs from DOH, SIPPRA will provide supportive housing to a new cohort of individuals experiencing homelessness who frequently use the city's emergency services, including police, jail, courts and emergency rooms.

The SHV provided are tenant-based and funded through the Mental Health - State Housing Voucher (MH-SHV) program. SHVs will be utilized by households selected for participation in SIPPRA through December 2029. SHVs are non-time-limited and are available to assist extremely low-income households with complex barriers to housing stability, histories of homelessness, and a disabling condition, in achieving long-term housing stability. After the formal conclusion of SIPPRA, DOH, in partnership with CCH, will determine the appropriate tenant-selection process for the SHVs provided in the event that vouchers become available through attrition.

DOH will provide monthly voucher administration fees to CCH for the SHVs provided in accordance with the parameters of the Voucher Administration Contract as well as the DOH Administrative Plan.

Thank you for your partnership. Please contact Karla Colonnieves at 303-864-8433 or karla.colonnieves@state.co.us with any questions or for information on how to proceed.

Sincerely,

Kristin Toombs Director, Office of Homeless Initiatives

cc: Karla Colonnieves, Homeless Programs Specialist, Division of Housing Zac Schaffner, Supportive Housing Services Manager, Division of Housing







DATE:	September 23, 2022
TO:	MDHI Continuum of Care NOFO Committee
RE:	Commitments in support of CCH Housing is Healthcare PSH Project - Leveraging Healthcare Resources

Dear NOFO Committee:

Colorado Coalition for the Homeless (CCH) has submitted a new PSH Project for funding consideration through the 2022 HUD CoC NOFO. In an effort to reduce avoidable costs of emergency health, as well as correctional services, this project will provide new PSH targeted to people experiencing chronic homelessness who are high utilizers of health care and have frequent involvement with the criminal justice system.

Specifically, the project will provide 38 scattered site PSH units funded through the CoC program and 42 scattered-site and project-based PSH units leveraged through Denver Housing Authority (DHA) and Colorado Division of Housing (DOH). Project-based vouchers will be at Renaissance Legacy Lofts in Downtown Denver.

Health-related project services will be provided by CCH's Stout Street Health Center, a Federally Qualified Health Center (FQHC) that is adjacent to the Renaissance Legacy Lofts and the newly constructed Stout Street Recuperative Care Center. Funding for these health-related services will be from non-CoC resources, primarily Medicaid and charitable contributions.

The Project is also collaborating with Denver Health, UCHealth and the Stout Street Recuperative Care Center to provide coordination and transition of care for people experiencing chronic homelessness as they leave the hospital, receive recuperative care, and then need ongoing health services while in the PSH units provided through the Housing is Healthcare project.

CCH is applying for 2022 CoC funding and will operate the Housing is Healthcare PSH project with its collaborative partners. Documentation of healthcare collaborations follow.

Documentation of "Leveraging Healthcare Resources":

The Stout Street Health Center, a Federally Qualified Health Center (FQHC) is committed to providing integrated health care for the Housing is Healthcare PSH project. This health care will be available upon HUD approval of the CoC application and consequent lease-up of project participants. Funding will come from both Medicaid Reimbursements and a Health Care for the Homeless grant from the Health Resources Services Administration (HRSA). CCH has continually been awarded HRSA Healthcare for the Homeless grants since 1985. CCH's current Healthcare for the Homeless award period will end December 31, 2022. A continuation application is pending and anticipated to be awarded at \$8.8 million per year for three years, beginning January 1, 2023. At least \$229,124 from CCH's HRSA grant will match the \$229,124 of supportive services funding requested in the Housing is Healthcare CoC new project application. This amount represents 100% of the CoC funded supportive service costs.

HRSA funded healthcare services will be provided upon lease-up of project participants, projected to be April 19, 2023, and for the duration of project implementation. Healthcare services include integrated primary care, dental care, pharmacy services, vision services, behavioral and mental health care that includes substance treatment, and will be tailored to individual participant's need.

See attached Commitment Letters and current HRSA grant award.

Please let me know if you have any questions or need additional information.

Sincerely,

Parks

John Parvensky President and CEO Colorado Coalition for the Homeless Legacy Housing Corporation Stout Street Health Center SSRC Corp 303-285-5204



Department of Health and Human Services Health Resources and Services Administration

Notice of Award FAIN# H8000040 Federal Award Date: 08/17/2022

Recipient Information	Federal Award Information	
 Recipient Name Colorado Coalition for the Homeless 2100 N Broadway Denver, CO 80205-2526 Congressional District of Recipient 01 Payment System Identifier (ID) 1840951575A1 Employer Identification Number (EIN) 	 11. Award Number 6 H80CS00040-21-08 12. Unique Federal Award Identification Number (FAIN) H8000040 13. Statutory Authority 42 U.S.C. § 254b 14. Federal Award Project Title Health Center Program 	
840951575 5. Data Universal Numbering System (DUNS) 147287775	15. Assistance Listing Number93.22416. Assistance Listing Program Title	
 6. Recipient's Unique Entity Identifier QZP9FEB7U672 7. Project Director or Principal Investigator Andrew Grimm Vice President of Integrated Health Operations agrimm@coloradocoalition.org (202)420 2020 	Community Health Centers 17. Award Action Type Administrative 18. Is the Award R&D? No	
(303)312-9798 8. Authorized Official	Summary Federal Award Financial Info 19. Budget Period Start Date 01/01/2022 - End Date 12/31/2022	rmation
Federal Agency Information 9. Awarding Agency Contact Information Lucas Dedmon Office of Federal Assistance Management (OFAM)	20. Total Amount of Federal Funds Obligated by this Action 20a. Direct Cost Amount 20b. Indirect Cost Amount	\$0.00
Division of Grants Management Office (DGMO)	21. Authorized Carryover	\$0.00
ldedmon@hrsa.gov (301) 287-2591	22. Offset	\$0.00
0. Program Official Contact Information	23. Total Amount of Federal Funds Obligated this budget period	\$8,832,842.00
Keith Schwartz	24. Total Approved Cost Sharing or Matching, where applicable	\$30,920,357.00
Senior Public Health Analyst Bureau of Primary Health Care (BPHC) KSchwartz@hrsa.gov	25. Total Federal and Non-Federal Approved this Budget Period 26. Project Period Start Date 01/01/2019 - End Date 12/31/2022	\$39,753,199.00
(214) 767-3921	27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$143,983,185.00
	28. Authorized Treatment of Program Income Addition	
	29. Grants Management Officer – Signature Angela Stokes on 08/17/2022	

30. Remarks

Prior Approval Request Tracking Number PA-00108505. Prior Approval Request Type: Other

HRSA Health Resources & Services Administration

Bureau of Primary Health Care (BPHC)

Date Issued: 8/17/2022 1:09:47 PM Award Number: 6 H80CS00040-21-08

> Notice of Award Award Number: 6 H80CS00040-21-08 Federal Award Date: 08/17/2022

31. APPROVED BUDGET: (Excludes Direct Assistance)			
[] Grant Funds Only			
[X] Total project costs including grant funds and all other financial participation			
a. Salaries and Wages:	\$23,907,438.00		
b. Fringe Benefits:	\$5,976,859.00		
c. Total Personnel Costs:	\$29,884,297.00		
d. Consultant Costs:	\$0.00		
e. Equipment:	\$0.00		
f. Supplies:	\$1,099,389.00		
g. Travel:	\$124,499.00		
h. Construction/Alteration and Renovation:	\$0.00		
i. Other:	\$3,109,899.00		
j. Consortium/Contractual Costs:	\$514,553.00		
k. Trainee Related Expenses:	\$0.00		
I. Trainee Stipends:	\$0.00		
m. Trainee Tuition and Fees:	\$0.00		
n. Trainee Travel:	\$0.00		
o. TOTAL DIRECT COSTS:	\$34,732,637.00		
p. INDIRECT COSTS (Rate: % of S&W/TADC):	\$5,020,562.00		
q. TOTAL APPROVED BUDGET:	\$39,753,199.00		
i. Less Non-Federal Share:	\$30,920,357.00		
ii. Federal Share:	\$8,832,842.00		
32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:			
a. Authorized Financial Assistance This Period	\$8,832,842.00		
b. Less Unobligated Balance from Prior Budget Periods			
i. Additional Authority	\$0.00		
ii. Offset	\$0.00		
c. Unawarded Balance of Current Year's Funds	\$0.00		
d. Less Cumulative Prior Award(s) This Budget Period	\$8,832,842.00		
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$0.00		

	YEAR	TOTAL COSTS	
Not applicable			
34. A	PPROVED DIREC	T ASSISTANCE BUDGET: (In lieu of cash)	
a. A	mount of Direct /	Assistance	\$0.00
b. Less Unawarded Balance of Current Year's Funds \$0.00			
c. Less Cumulative Prior Award(s) This Budget Period \$0.00			
d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION \$0.00			
	ORMER GRANT I 166CS00445	NUMBER	
36. C	BJECT CLASS		
41.51			
37. BHCMIS#			
080620			

38. THIS AWARD IS BASED ON THE APPLICATION APPROVED BY HRSA FOR THE PROJECT NAMED IN ITEM 14. FEDERAL AWARD PROJECT TITLE AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE AS:

a. The program authorizing statue and program regulation cited in this Notice of Award; b. Conditions on activities and expenditures of funds in certain other applicable statutory requirements, such as those included in appropriations restrictions applicable to HRSA funds; c. 45 CFR Part 75; d. National Policy Requirements and all other requirements described in the HHS Grants Policy Statement; e. Federal Award Performance Goals; and f. The Terms and Conditions cited in this Notice of Award. In the event there are conflicting or otherwise inconsistent policies applicable to the award, the above order of precedence shall prevail. Recipients indicate acceptance of the award, and terms and conditions by obtaining funds from the payment system.

39. ACCOUNTING CLASSIFICATION CODES DOCUMENT CFDA AMT. FIN. ASST. AMT. DIR. ASST. SUB PROGRAM CODE SUB ACCOUNT CODE FY-CAN NUMBER 22 - 3980879 93.224 19H80CS00040 \$0.00 \$0.00 нсн HEALTHCARECENTERS_19 22 - 3980010 93.224 19H80CS00040 \$0.00 \$0.00 PHPC HEALTHCARECENTERS_19

HRSA Electronic Handbooks (EHBs) Registration Requirements

The Project Director of the grant (listed on this NoA) and the Authorizing Official of the grantee organization are required to register (if not already registered) within HRSA's Electronic Handbooks (EHBs). Registration within HRSA EHBs is required only once for each user for each organization they represent. To complete the registration quickly and efficiently we recommend that you note the 10-digit grant number from box 4b of this NoA. After you have completed the initial registration steps (i.e.,created an individual account and associated it with the correct grantee organization record), be sure to add this grant to your portfolio. This registration in HRSA EHBs is required for submission of noncompeting continuation applications. In addition, you can also use HRSA EHBs to perform other activities such as updating addresses, updating email addresses and submitting certain deliverables electronically. Visit

https://grants3.hrsa.gov/2010/WebEPSExternal/Interface/common/accesscontrol/login.aspx to use the system. Additional help is available online and/or from the HRSA Call Center at 877-Go4-HRSA/877-464-4772.

Terms and Conditions

Failure to comply with the remarks, terms, conditions, or reporting requirements may result in a draw down restriction being placed on your Payment Management System account or denial of future funding.

Grant Specific Term(s)

1. This revision is issued to recognize the updated form 5B in accordance with your Prior Approval request.

All prior terms and conditions remain in effect unless specifically removed.

Contacts

NoA Email Address(es):

Name	Role	Email
Andrew Grimm	Program Director	agrimm@coloradocoalition.org
Note: NoA emailed to these address(es)		

All submissions in response to conditions and reporting requirements (with the exception of the FFR) must be submitted via EHBs. Submissions for Federal Financial Reports (FFR) must be completed in the Payment Management System (https://pms.psc.gov/).

uchealth

August 25, 2022

John Parvensky, President and CEO Colorado Coalition for the Homeless 2111 Champa Street Denver, Colorado 80205

Dear John,

The UCHealth University of Colorado Hospital (UCHealth) is committed to partnering with Colorado Coalition for the Homeless (CCH) on its proposed *Housing is Healthcare Permanent Support Housing Project*. This new Permanent Supportive Housing project will utilize scattered site and site-based housing vouchers. Funding for 38 scattered-site vouchers and supportive services including case management and housing search and placement is proposed as a New Project in the FY 2022 US Department of Housing and Urban Development, Metro Denver Homeless Initiative Continuum of Care (CoC) Competition. The other 40 units of housing will be funded through leveraged housing vouchers from the City of Denver's Department of Housing Stability (HOST), Colorado Division of Housing, Denver Housing Authority and CCH.

UCHealth will refer discharged patients experiencing chronic homelessness who are frequent utilizers of emergency health care, inpatient health care, and community correctional services to the *Housing is Healthcare Permanent Support Housing Project*. These high-acuity individuals require the level of housing and services CCHwill provide for them in the *Housing is Healthcare Permanent Support Housing Project*.

Currently, UCHealth is collaborating with CCH to refer patients discharging from our hospital to the Stout Street Health Center for their primary care home. When the Stout Street Recuperative Care Center opens, UCHealth anticipates directing patients experiencing homelessness, who are too ill or frail to recover from a physical illness or injury on the streets, to the Recuperative Care Center. UCHealth Patients referred to the Stout Street Recuperative Care Center will have access to the *Housing is Healthcare Permanent Support Housing Project*.

CCH's Housing is Healthcare Permanent Support Housing Project builds on the success of the Denver Social Impact Bond (SIB) program: Reducing the number of emergency visits people experiencing chronic homelessness make to hospitals including UCHealth and Denver Health, and connecting these high emergency care users to the permanent housing and supportive services they need to stabilize and thrive. We, at UCHealth, bok forward to the positive impact the Housing is Healthcare Permanent Support Housing Project will have on reducing chronic homelessness in our Denver community

Dawn Un forrissey

Dawn Morrissey

Director of Ambulatory Care Management & Value Based Programs



August 25, 2022

John Parvensky, President and CEO Colorado Coalition for the Homeless 2111 Champa Street Denver, CO 80205

Dear John:

Denver Health fully supports Colorado Coalition for the Homeless' application to the U.S. Department of Housing and Urban Development on its proposed *Housing is Healthcare Permanent Supportive Housing Project* to serve people who have experienced homelessness and who are high utilizers of health care, emergency services, and community correctional services.

Denver Health was established in 1860 and provides care for 25% of Denver's population. As Colorado's largest FQHC, Denver Health's mission and vision is to care for all patients, regardless of their ability to pay. Over the past 35 years, Denver Health has collaborated with CCH in multiple endeavors. These include providing general primary medical care, diagnostic radiology, prenatal care, and intrapartum care to our shared homeless population. Denver Health also provides after-hours and emergency coverage to CCH via our Nurseline and CCH patients can be referred for inpatient hospitalization.

Additionally, Denver Health has successfully partnered with Colorado Coalition for the Homeless on several housing and health initiatives that have demonstrated a reduction in the number of emergency room visits made by people experiencing homelessness and connected these individuals to effective permanent supportive housing with wrap around integrated health services helping them to stabilize their lives and thrive in our community.

This project will build upon the important work of our existing partnerships and will provide muchneeded housing and healthcare resources to our community with the goal of positively impacting the lives of people experiencing homelessness, while also reducing unnecessary community costs.

Denver Health is pleased to strongly support the Colorado Coalition for the Homeless' application to HUD for the proposed *Housing is Healthcare Permanent Supportive Housing Project.*

Sincerely,

Mark S. Wright, FACHE Associate Chief Operating Officer