Before Starting the CoC Application

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

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

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

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

1. The FY 2024 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.

2. The FY 2024 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.

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

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

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

Your CoC Must Approve the Consolidated Application before You Submit It

- 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2024 CoC Program Competition on behalf of your CoC.

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

Answering Multi-Part Narrative Questions

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

Attachments

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

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

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

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

- 24 CFR part 578; - FY 2024 CoC Application Navigational Guide;

- Section 3 Resources;

- PHA Crosswalk; and

- Frequently Asked Questions

1A-1. CoC Name and Number: MA-515 - Fall River CoC

1A-2. Collaborative Applicant Name: Fall River CoC (MA-515)

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Fall River CoC (MA-515)

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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:

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

- PHA Crosswalk; and
- Frequently Asked Questions

1B-1.	Inclusive Structure and Participation–Participation in Coordinated Entry.	
	NOFO Sections V.B.1.a.(1), V.B.1.e., V.B.1f., and V.B.1.p.	

	In the chart below for the period from May 1, 2023 to April 30, 2024:
	select yes or no in the chart below if the entity listed participates in CoC meetings, voted–including selecting CoC Board members, and participated in your CoC's coordinated entry system; or
2.	select Nonexistent if the organization does not exist in your CoC's geographic area:

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

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

The CoC employs a community-driven approach to program design, engaging diverse individuals, including Black and Brown communities. With a diverse group of 140 members, all are empowered to contribute to CoC planning, identify unique needs, and set priorities.

In addition to collaborating with underserved Black and Brown communities, the CoC advances racial equity through a data-driven approach. By analyzing race/ethnicity HMIS data, anecdotal evidence from Coordinated Entry, "Stella P," and the CoC Racial Equity Analysis Tool, the CoC evaluates whether racial disparities exist in the provision and outcomes of homeless assistance, ensuring that programs are equitably benefiting Black and Brown individuals by identifying who is being served and who may face barriers.

The CoC uses the Racial Equity Analysis Toolkit to guide and assess the impact of its policies, programs, and budget decisions on people of color experiencing homelessness. The toolkit helps the CoC promote racial equity by: •Listening to voices of PWLEE and those directly serving them;

•Raising awareness of racial justice issues among service providers;

•Working across government systems and institutions to align strategies to eliminate racial disparities affecting people of color experiencing homelessness; and

• Using data to track progress and share outcomes with the community. Stella P provides valuable insight into performance trends and equity within the homeless system, allowing the CoC to monitor progress in addressing disparities using 3 key performance measures:

•Length of time homeless;

•Exits to permanent housing; and

•Returns to homelessness after exits to permanent housing.

Black and Hispanic families are overrepresented in emergency shelters, with the lack of affordable housing being a significant challenge, particularly for families of color. Discrimination in the use of housing subsidies further exacerbates the difficulties in securing permanent housing, disproportionately affecting people of color.

The Analysis of Impediments to Fair Housing does not indicate significant racial inequities in the private market or in Racially/Ethnically Concentrated Areas of Poverty, suggesting consistent access to healthy neighborhoods for all racial/ethnic groups. The CoC is committed to addressing housing discrimination and works closely with legal aid organizations to reduce discrimination and regularly revises its policies to improve racial equity across all homeless programs.

1B-2.	Open Invitation for New Members.
	NOFO Section V.B.1.a.(2)
	Describe in the field below how your CoC:
1.	communicated a transparent invitation process annually (e.g., communicated to the public on the CoC's website) to solicit new members to join the CoC;
2.	ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats; and
3.	invited organizations serving culturally specific communities experiencing homelessness in your CoC's geographic area to address equity (e.g., Black, Latino, Indigenous, LGBTQ+, and persons with disabilities).

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(limit 2,500 characters)

1. The CoC ensures a transparent and accessible invitation process by providing clear information in English, Spanish, and Portuguese on its website, www.fallriverhomeless.com. The homepage prominently features the message:

"The Homeless Service Providers Coalition provides an open invitation to anyone living in, working in or otherwise having an interest in preventing and ending homelessness in the city of Fall River. The group meets virtually the fourth Thurs of the month from 9-10 a.m. Everyone has the opportunity to have a voice in the planning and development of policies, procedures, and programs within the CoC. To join the HSPC in its mission, please email mdcamara@fallriverma.gov."

Additionally, an annual email invitation is sent through community listservs, reaching hundreds of recipients, including new members from culturally specific populations. The invite outlines HSPC's mission, goals, and the benefits of joining the effort to end homelessness.

2.HSPC and its Board include representatives from multiple disability service providers to ensure effective communication with individuals with disabilities. Meetings are held remotely with closed captioning available, and in-person meetings take place in fully accessible locations, with additional accommodation provided upon request.

www.FallRiverHomeless.com provides two-way communication between providers and the public. FRCDA (CoC Lead) has TTY. Mass211, sponsored by the United Way, is a hotline to reach essential services. Coordinated Entry is accessible by phone/email/walk-in, offering resources/referrals to the homeless or at risk. Information is available to be e-mailed in PDF format.

3. The CoC includes members from diverse groups: people with lived experience, people of color, individuals with disabilities, and LGBTQ+ populations, who actively provide input during meetings. Family shelters primarily serve larger populations of persons of color, and Individual shelter programs tend to serve those with physical and mental disabilities. All shelter program organizations are CoC members, and their clients are openly invited to attend meetings and share their insights. A transparent invitation is posted on www.fallriverhomeless.com in English, Spanish and Portuguese and is extended to any organization or individual interested in preventing and ending homelessness.

1B-3	CoC's Strategy to Solicit/Consider Opinions on Preventing and Ending Homelessness.
	NOFO Section V.B.1.a.(3)
	Describe in the field below how your CoC:
1	. solicited and considered opinions from a broad array of organizations and individuals that have knowledge of homelessness, or an interest in preventing and ending homelessness;
2	communicated information during public meetings or other forums your CoC uses to solicit public information;
3	ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats; and
4	. took into consideration information gathered in public meetings or forums to address improvements or new approaches to preventing and ending homelessness.

(limit 2,500 characters)

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1. The CoC considers input from 140 members of the Homeless Service Providers Coalition and the Mayor's Task Force to End Homelessness (CoC Board), including PWLEE and providers that serve the homeless. Monthly meetings are a platform for diverse voices to share knowledge and resources that shape CoC planning efforts. As stated on www.fallriverhomeless.com: "The HSPC provides an open invitation to anyone living in, working in or otherwise having an interest in preventing and ending homelessness in Fall River... Everyone has the opportunity to have a voice in the planning and development of policies, procedures, and programs within the CoC." The group collaboratively discusses suggestions, available resources, potential outcomes,

and feasibility before forming a strategy to pursue the proposal. 2.The CoC shares information regarding activities, community resources, needs assessments and more through:

•HSPC and MTF Monthly Meetings: Agendas, minutes & resources are distributed, with opportunities for presenters to share.

•Street Outreach and Peer Workers: unsheltered individuals are reached through outreach programs and peer-to-peer connections.

•Website: www.FallRiverHomeless.com offers communication with providers and the public in English, Spanish and Portuguese;

Public Hearings: FRCDA hosts hearings to gather public input on community needs including homelessness in order to compile the Annual Action Plan.
Email Distribution: Resources are shared in PDF format via email.

•Coordinated Entry: CE staff is available to provide resources via phone, email, or in person.

3. The CoC includes reps of many disability service providers who assist in communication with those with disabilities. Remote meetings are in place. Inperson meetings are at fully accessible locations, & accommodations provided upon request. www.FallRiverHomeless.com provides communication with providers and the public. FRCDA (CoC Lead) has TTY. CE is reached by phone/email/walk-in and provides resources/referrals to the homeless or at risk. Resources are shared in PDF format via email.

4. At its annual stakeholder meeting, the CoC Board regularly updates its policies and procedures, introduces new approaches, and researches and explores best practices from the meetings/forums to implement new homelessness assistance. The CoC uses best practices garnered from participation in HUD Office Hours and other HUD-sponsored web series, as well as from other Tech Assistance and advocacy groups

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

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(limit 2,500 characters)

1. The CoC announces funding availability and Requests for Proposals through community meetings, www.fallriverhomeless.com and e-mails to a wide range of community stakeholders and constituents. The notification clearly states:

"This is an open competition, and this funding opportunity is open to any eligible applicant regardless of if you have received CoC funding in the past (see attached for information on eligible applicants). The CoC strongly encourages those from tribal organizations as well as those who work closely with historically marginalized communities to apply for this funding. This competition is open to all eligible applicants."

2. Agencies seeking CoC funding must submit a Request for Proposal via email to the CoC Lead. The RFP outlines the deadlines, applicant expectations, and how to access additional information and support throughout the process. It requires narratives regarding coordination with healthcare orgs, engagement with PWLEE and historically marginalized populations (race, disability, LGBTQ+), fiscal responsibility and agency capacity. New and renewal project applications must be submitted in esnaps 30 days prior to the CoC Competition deadline. Specific HUD Guides are provided to all applicants. All submissions are reviewed by the Collaborative Applicant.

3.Prior to meeting, the Review & Ranking Committee (impartial CoC members including PWLEE not employed by subrecipient agencies) receives a summary with details of all new and renewal projects (expenditures, subpopulation priorities and performance) along with a project rating tool that assigns points to each measure. At the meeting, the Collaborative Applicant explains the ranking and tiering process. Agencies present their projects in detail to the Committee. The Committee reviews, accepts/rejects, and ranks accepted projects based on all these criteria, as well as HUD and local priorities. The Comm submits the results in writing to the CA.

4.CoC Members include disability service providers in the fields of healthcare, mental health, substance abuse, physical disabilities and veterans who assist in communication with the disabled. www.FallRiverHomeless.com provides communication with providers and the public. FRCDA (CoC Lead) has TTY. Information is emailable in PDF format. Remote meetings are in place, closed caption is available. In-person meetings are held in fully accessible locations, accommodations are provided upon request.

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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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- FY 2024 CoC Application Navigational Guide; Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

	Entities or Organizations Your CoC Coordinates with for Planning or Operations of Projects	Coordinates with the Planning or Operations of Projects?
1.	Funding Collaboratives	Yes
2.	Head Start Program	Yes
3.	Housing and services programs funded through Local Government	Yes
4.	Housing and services programs funded through other Federal Resources (non-CoC)	Yes
5.	Housing and services programs funded through private entities, including Foundations	Yes
6.	Housing and services programs funded through State Government	Yes
7.	Housing and services programs funded through U.S. Department of Health and Human Services (HHS)	Yes
8.	Housing and services programs funded through U.S. Department of Justice (DOJ)	Yes
9.	Housing Opportunities for Persons with AIDS (HOPWA)	Yes
10.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent
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)	Nonexistent
17.	Temporary Assistance for Needy Families (TANF)	Yes
	Other:(limit 50 characters)	
18.	Faith-Based Organization	Yes

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

NOFO Section V.B.1.b.

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

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

 1C-3.
 Ensuring Families are not Separated.

 NOFO Section V.B.1.c.

Select yes or no in the chart below to indicate how your CoC ensures emergency shelter, transitional housing, and permanent housing (PSH and RRH) do not deny admission or separate family members regardless of each family member's self-reported sexual orientation and gender identity:

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

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

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

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

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

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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)

The Fall River CoC and the Fall River Public Schools (FRPS) McKinney-Vento Homeless Liaison have established a formal Memorandum of Understanding aimed at supporting homeless students and their families. The primary objective of the MOU is to ensure that McKinney-Vento students can continue their education without disruption, allowing them to attend school regularly and receive both academic and emotional support.

This MOU clearly defines the roles and responsibilities of both the CoC and FRPS in serving children from homeless families and unaccompanied youth. It also affirms the commitment of both parties to meet the needs of these students under the Education of Homeless Children and Youth Program, as outlined in the McKinney-Vento Homeless Education Assistance Act. The act itself is designed to ensure that homeless children and youth enroll in school, attend regularly, and have opportunities to succeed academically. Under this partnership, the CoC Board collaborates with school staff to address the unique challenges faced by homeless students. FRPS, in turn, commits to providing essential services such as transportation, educational materials, and necessary referrals to ensure students can continue their education with little or no interruption. Additionally, Fall River takes advantage of state grants available to school districts with high numbers of homeless students. These grants fund tutoring, academic support, mentoring, after-school programs, summer activities, professional development for staff, and initiatives to engage homeless parents in their children's education.

The role of the FRPS McKinney-Vento Liaison includes implementing procedures and outreach efforts to identify homeless children and youth, and ensuring that school staff understand the legal definition of homelessness. The liaison educates homeless parents and unaccompanied youth about their rights under the law by posting information in schools and other locations frequented by homeless families. They also help facilitate school enrollment and access to services, including tutoring, school supplies, uniforms, and free meals. In addition, the liaison guides parents or unaccompanied youth through the process of appealing enrollment decisions. As a member of the CoC Board, the homeless liaison provides data on homeless and at-risk students, and the CoC participates annually in the statewide homeless youth count, organized by the Massachusetts Coalition for the Homeless.

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

 NOFO Section V.B.1.d.

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

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The FR CoC has established policies and procedures to ensure that homeless students and their families are informed about their eligibility for educational services, in compliance with Subtitle B of the McKinney-Vento Homeless Assistance Act. This act guarantees educational rights and protections for homeless students. Our schools adhere to the following requirements under the McKinney-Vento Act:

•Maintain students in school of origin;

•Provide transportation to ensure continued access to school of origin;

•Enroll homeless students immediately, even if they lack required

documentation.

•Review and revise local policies that may create barriers to enrollment and retention of homeless students;

•Appoint a local homeless education liaison in all districts.

School Liaisons play a critical role in ensuring that homeless students can enroll and succeed in their district schools. They work to provide educational stability, ensuring that students are enrolled without delay, even while necessary documents are being located. Service providers can contact liaisons when the educational needs of homeless children are not met. Liaisons ensure that homeless parents and unaccompanied youth are informed of educational protections in the law by displaying posters in schools and other locations frequented by homeless families. The FRPS homeless liaison, who serves on the CoC Board and the Mayor's Task Force to End Homelessness, provides valuable data on homeless and at-risk students. The FRPS Homeless Education Assistance Program (HEAP), as defined by the McKinney-Vento Act, ensures that homeless children and youth have equal access to free, appropriate public education, including preschool.

The CoC Board has adopted the policies and procedures of the FRPS HEAP, which offers the following services to eligible persons:

•Transportation to and from school, social services, medical and dental appointments, housing offices and other relevant agencies;

•Mental health services including counseling and evaluations;

•Assistance in obtaining health insurance and other mainstream benefits;

Basic school supplies and personal hygiene products;

•Chromebooks and wi-fi hot spots;

•Uniforms and other clothing;

After-school tutoring;

•Home visits to families with children 18 months and up;

•Professional development for school staff, human service agencies and the broader community;

•Educational opportunities for parents.

1C-4c.	Written/Formal Agreements or Partnerships with Early Childhood Services Providers.	
	NOFO Section V.B.1.d.	

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

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

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

NOFO Section V.B.1.e.

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

	Organizations	
1.	State Domestic Violence Coalitions	Yes
2.	State Sexual Assault Coalitions	Yes
3.	Anti-trafficking Service Providers	Yes
	Other Organizations that Help this Population (limit 500 characters)	
4.	SafeLink, Massachusetts Office for Victim Assistance, New Bedford Women's Center, Stanley Street Treatment and Resources	Yes

1C-5a.	Collaborating with Federally Funded Programs and Victim Service Providers to Address Needs of Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.
	NOFO Section V.B.1.e.
	Describe in the field below how your CoC regularly collaborates with organizations that you selected yes to in Question 1C-5 to:
1.	update CoC-wide policies; and
2.	ensure all housing and services provided in the CoC's geographic area are trauma-informed and can meet the needs of survivors.

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 The CoC actively collaborates to update policies for organizations that operate Emergency Solutions Grant (ESG) and CoC-funded programs that provide housing and services to survivors of domestic violence, dating violence, sexual assault, and stalking. In Fall River, CoC programs include Our Sisters' Place of the Greater New Bedford Women's Center, which offers emergency shelter for domestic violence victims, and the Stanley Street Treatment and Recovery Women's Center, which provides advocacy, counseling, and crisis intervention for survivors. State programs such as SafeLink and the Massachusetts Office for Victim Assistance also provide critical support. Policy updates are regularly made during main and sub-group meetings of the CoC. The CoC Board proposes updates based on feedback from service providers and new regulatory requirements. Members vote on any policy or procedural changes, and the CoC Lead works with subrecipients to implement these changes across programs. Revisions are driven by updates to the Violence Against Women Act (VAWA) and cover areas such as Coordinated Entry, safety and confidentiality, emergency transfer plans, rapid rehousing, fair housing, intake processes, after-hour exceptions, and approaches that are strength-based and client-centric.

2. The CoC initiates discussions at meetings and through working groups to ensure that its housing and services are trauma-informed and client-centered, addressing the specific needs of survivors. The Coordinated Entry System regularly seeks feedback from Victim Service Providers, reviewing and updating policies and procedures accordingly. Training and education are vital components of the CoC's efforts. CoC providers receive education on traumainformed, victim-centered approaches, as well as safety planning protocols. They also learn about the SafeLink program, which supports survivors. ESG and CoC-funded providers participated in HUD's web-based training series on the updated VAWA Act of 2022 and incorporated these changes into their CoCwide policies. Additionally, the Women's Center delivers regional training on recognizing, responding to, and referring victims of intimate partner violence, covering topics like abuse types, abusers' tactics, the cycle of abuse, legal options, and best practices for supporting survivors.

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

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 Coordinated Entry has established Safety Planning Protocols in place to address the needs of survivors of domestic violence, dating violence, sexual assault and stalking. CE staff receive training on trauma-informed and victimcentered approaches, ensuring that the intake process for survivors is conducted with respect, focusing on a strength-based and client-centric approach. CE policies and procedures are designed to prevent the exclusion of individuals from services based on perceived barriers, including a history of domestic violence. When CE staff identifies that a household is in imminent danger, fleeing, or under extreme life-threatening duress due to domestic violence, they immediately direct the household to appropriate resources, such as local police, the SafeLink 24/7 Crisis Hotline, and local domestic violence shelters. After-hours emergency admissions for survivors are available. CE staff evaluate the specific needs of survivors who are homeless or at risk of homelessness, including rapid rehousing, emergency shelter, permanent housing, or services such as mental health counseling for PTSD, depression, anxiety, or addiction. They also assess needs for behavioral health counseling, financial education, parenting education, communication skills, and coping skills. CE staff then follow protocols to make accurate and streamlined referrals to CoC shelters, housing, and service providers based on the household's unique needs.

2. Confidentiality is a top priority for all homeless households, including survivors of domestic violence, dating violence, sexual assault, and stalking. If a household indicates they are in imminent danger, CE staff discreetly refers them to the police, SafeLink 24/7 Crisis Hotline, or local victim service providers. Victim Service Providers (VSP) utilize a comparable database instead of the Homeless Management Information System (HMIS) to protect the privacy of survivors. All data is de-identified and aggregated to maintain confidentiality while still providing necessary information for CE to assess specific needs, such as placement and appropriate program type. The location of shelter or housing for survivors remains undisclosed. Confidentiality procedures ensure that all Personally Identifiable Information (PII) is kept secure, with paper and electronic records stored in locked filing cabinets or password-protected electronic systems. Clients must provide signed releases for any disclosure of information.

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

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

		Project Staff	Coordinated Entry Staff
1.	Training Occurs at least annually?	Yes	Yes
2.	Incorporates Trauma Informed best practices?	Yes	Yes
3.	Incorporates Survivor-Centered best practices?	Yes	Yes
4.	Identifies and assesses survivors' individual safety needs?	Yes	Yes
5.	Enhances and supports collaboration with DV organizations?	Yes	Yes

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6	Ensures survivors' rights, voices, and perspectives are incorporated?	Yes	Yes
	Other? (limit 500 characters)		
7	Emergency Transfer Policy/Procedures Review/Revision	Yes	Yes

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

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

(limit 2,500 characters)

 The CoC has established policies and procedures under its Governance that include provisions from VAWA and an Emergency Transfer Plan to protect survivors of domestic violence, dating violence, sexual assault, and stalking. 2. Upon enrollment, all clients, regardless of their status as victims or survivors, are provided with a Notice of Occupancy Rights, which informs them of their protections under VAWA in federal housing programs. Clients are advised that they cannot be denied assistance, terminated from participation, or evicted from housing due to their status as victims of domestic violence, dating violence, sexual assault, or stalking. They are also informed of their right to request an Emergency Transfer if needed. These protections are included in all leases. CoC providers communicate these VAWA protections and the availability of the Emergency Transfer Plan to all individuals seeking or receiving CoC and ESG assistance, regardless of whether they are known to be victims or survivors. Households are informed that they are eligible for an emergency transfer if they reasonably believe they face an imminent threat of harm by staying in their current unit. The Emergency Transfer Plan outlines the process for requesting a transfer, which could involve relocating to another unit, program, or CoC. 3. To request an emergency transfer, the victim, or someone on their behalf, must certify their victim status by submitting HUD Form 91066 or other written documentation within 14 business days (extensions may be granted) to receive protection under VAWA. The request must include a statement that: The tenant reasonably believes they are in imminent danger if they remain in the provider-assisted unit, or The tenant is a victim of sexual assault, and the assault occurred on the premises within the 90-day period preceding the transfer request. 4. Upon receiving an emergency transfer request, Coordinated Entry will act swiftly to find an alternative unit, program, or CoC for immediate relocation, prioritizing the victim over all other applicants, provided they meet the

necessary eligibility requirements. The transfer request and related details are kept confidential. Additionally, the program has the authority to evict, remove, or terminate assistance for any individual who engages in criminal activity related to domestic violence, dating violence, sexual assault, or stalking, to ensure a safe environment for the survivor.

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Facilitating Safe Access to Housing and Services for Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.	
NOFO Section V.B.1.e.	

Describe in the field below how your CoC ensures households experiencing trauma or a lack of safety related to fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking have safe access to all of the housing and services available within your CoC's geographic area.

(limit 2,500 characters)

The 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 Fall River area through the Coordinated Entry System, not just those offered by Victim Service Providers. During the intake process, CE screening assesses the safety of the individual seeking assistance. If they are in an unsafe situation, they are connected to appropriate resources, such as the police, SafeLink 24/7 Crisis Hotline, and local domestic violence shelters. However, this does not prevent them from receiving other available services and housing offered to anyone requesting assistance. CE policies explicitly prohibit screening people out of the process due to perceived barriers, such as a history of domestic violence. The CE System regularly updates its procedures and incorporates feedback from VSPs. Training protocols are updated annually and shared with organizations that administer assessments or serve as access points, ensuring that staff remain informed and prepared.

The process of offering assistance to at-risk or homeless individuals is consistent, trauma-informed, and client-centered. It focuses on making accurate, streamlined, and culturally relevant referrals based on the needs of households, regardless of their status as survivors of domestic violence, dating violence, sexual assault, or stalking. Providers are trained to conduct fact-finding that prioritizes safety and empowers survivors by giving them a voice in decisions about their housing and services.

The CE System includes specific safety protocols to address the needs of survivors of domestic violence, dating violence, sexual assault, and stalking. CE staff makes referrals that prioritize the physical and emotional safety of the household.

The Women's Center, a CoC member and nonprofit VSP, provides annual regional web-based training on safety and planning protocols for serving survivors. This training covers topics such as recognizing, responding to, and referring victims of domestic violence, identifying types of abuse and tactics used by abusers, understanding the cycle of abuse, exploring legal options, and following best practices.

Confidentiality is a top priority for all homeless households, including survivors of domestic violence, etc. All referrals and client interactions are handled with the utmost privacy and confidentiality to protect the safety and dignity of survivors.

	Identifying and Removing Barriers for Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.		blence, Sexual
	NOFO Section V.B.1.e.		
	Describe in the field below how your CoC ob:	ensures survivors receive safe housing	g and services
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1. identifying barriers specific to survivors; and

2. working to remove those barriers.

(limit 2,500 characters)

1. Compounding the nationwide housing crisis, survivors of domestic/dating violence, sexual assault, or stalking face specific barriers to securing housing. Without homeless assistance, survivors often resort to staying in motels, their cars, or return to their abusers due to lack of options. Barriers to housing include unaffordability, landlord discrimination, and lack of adequate documentation. Financial instability stemming from financial abuse or missed work due to domestic violence further complicates the situation. Survivors may lose access to public housing or housing vouchers because of leaving their abuser, breaking a lease, or being evicted due to excessive police involvement. Additional challenges include rent or utility arrears, a history of household violence or disturbances, and these barriers are often more severe for Indigenous and immigrant survivors, whose experiences are compounded by systemic inequities.

2. FRCoC CES standards, policies, and procedures ensure that no one is excluded from the process due to perceived barriers related to DV history. Every person, regardless of their circumstances, has fair and equal access to CES. Providers must assist survivors in identifying housing-related issues stemming from their experiences of abuse and work to remove these barriers. When complete removal is not possible, providers should help establish justifications for reasonable accommodations with landlords or property managers to support survivors' housing stability.

The CoC has already made significant progress in removing systemic barriers, such as zoning restrictions and challenges related to equal access and reasonable accommodations. There is no evidence of discrimination by providers in offering survivors access to services or resources. The Fall River Analysis of Impediments to Fair Housing found no racial inequities in the private market and no Racially/Ethnically Concentrated Areas of Poverty (R/ECAPs) within the city. This means that no census tracts have a non-white population of more than 50% combined with a poverty rate of 40% or higher. Additionally, different racial and ethnic groups appear to have consistent access to environmentally healthy neighborhoods, suggesting that redlining does not influence housing location choices in the area.

Survivors are placed into safe housing by considering their specific safety needs away from known threats. All housing placements are handled with strict confidentiality.

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

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
Did your CoC conduct annual CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity (Equal Access Final Rule)?	Yes
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 V.B.1.f.	
	Describe in the field below:	
1.	how your CoC regularly collaborates with LGBTQ+ and other organizations to update its CoC- wide anti-discrimination policy, as necessary to ensure all housing and services provided in the CoC are trauma-informed and able to meet the needs of LGBTQ+ individuals and families;	
2.	how your CoC assisted housing and services providers in developing project-level anti- discrimination policies that are consistent with the CoC-wide anti-discrimination policy;	
3.	your CoC's process for evaluating compliance with your CoC's anti-discrimination policies; and	
4.	your CoC's process for addressing noncompliance with your CoC's anti-discrimination policies.	

(limit 2,500 characters)

 The CoC has implemented a comprehensive anti-discrimination policy across its programs, based on the Fair Housing Act, HUD's Equal Access Rule, and MA fair housing laws. These laws prohibit discrimination in housing and community development programs based on race, color, religion, sex (including gender identity and sexual orientation), national origin, familial status, and disability. The CoC reviews and updates this policy annually, ensuring it remains in line with current fair housing regulations. It incorporates feedback from stakeholders, including CoC staff and program participants. LGBTQ+ organizations and PWLEE provide input ensuring the policy remains inclusive and relevant. Discussions about trauma-informed, client-centered housing and service practices are regularly held during CoC meetings and working groups to ensure that programs meet the diverse needs of those they serve. CoC-assisted providers must align their project-level policies with the broader CoC anti-discrimination policy. This ensures that LGBTQ+ households experiencing homelessness receive shelter, housing, and support services free from discrimination and harassment. Project policies guide staff interactions with participants, including the use of inclusive language and the creation of welcoming environments. Specific requirements include avoiding gendered greetings, using preferred pronouns, and respecting individuals' choices to access housing and services without requiring proof of sexual orientation or gender identity. Inclusive language is required in intake forms, signage, and promotional materials.

3. The CoC grantee conducts annual on-site monitoring of all subrecipients to ensure compliance with CoC policies, including anti-discrimination. During these evaluations, Community Development Agency staff verify that each agency has an anti-discrimination policy in place that aligns with the CoC-wide policy, and they check that staff are appropriately trained. CDA staff review signage, intake forms, and materials to ensure the use of inclusive language that reflects the diversity of participants.

4. Instances of non-compliance with the anti-discrimination policy, as well as serious complaints of sexual discrimination or harassment, are taken very seriously. Any identified issues are documented in a written report, and the CoC grantee works closely with the project in question to implement corrective practices and ensure proper compliance moving forward.

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 1C-7.
 Public Housing Agencies within Your CoC's Geographic Area–New Admissions–General/Limited Preference–Moving On Strategy.

 NOFO Section V.B.1.g.

You must upload the PHA Homeless Preference\PHA Moving On Preference attachment(s) to the 4B. Attachments Screen.

Enter information in the chart below for the two largest PHAs highlighted in gray on the current CoC-PHA Crosswalk Report or the two PHAs your CoC has a working relationship with–if there is only one PHA in your CoC's geographic area, provide information on the one:

Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing or Housing Choice Voucher Program During FY 2023 who were experiencing homelessness at entry	Does the PHA have a General or Limited Homeless Preference?	Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?
Fall River Housing Authority	5%	Yes-Both	Yes
Executive Office of Housing and Livable Communities	12%	No	No

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

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1. Between March 2022 and January 2023, Fall River Housing Authority actively collaborated with the Fall River Continuum of Care (CoC) to develop and implement a new homeless preference for its Housing Choice Voucher Program (HCVP) waiting list. Known as the Fall River "Moving On" Initiative, this applicant preference was established to give Permanent Supportive Housing program graduates the opportunity to transition to a rented unit in the private market with the help of a tenant-based housing voucher. As key stakeholders in this initiative, leadership from the two PSH providers in Fall River - Catholic Social Services and Steppingstone, Inc. – were active contributors throughout all stages of the pre-implementation process.

After a series of productive meetings in spring 2022, the "Moving On Roundtable" agreed that the Memorandum of Understanding (MOU) that had been drafted between the CoC and FRHA would benefit from guidance of an outside consultant. To that end, in May 2022, the Fall River CoC submitted a formal request for Technical Assistance (TA) to the HUD Field Office. On June 8, 2022, FR CoC received notice that the TA request had been approved and the first of a series of strategy meetings with Cloudburst Consulting commenced on July 14, 2022. Deliverables from this TA process included: development of a PSH client assessment tool; codification of the Moving On referral process; and finalization of the MOU between FRHA and the CoC.

With execution of the MOU on January 9, 2023, and an introduction to the HCVP admissions process for PSH case managers the following day, all of the pre-implementation milestones had been met and the program officially launched.

Since then, a total of 23 PSH clients have been referred to the Moving On program:

•7 have been admitted to HCVP and are actively receiving housing assistance;

- •3 have been issued vouchers and are actively searching for units;
- •2 are being screened for admission;

•3 voluntarily withdrew their applications;

•8 did not meet eligibility requirements.

2. FRCoC has not worked as closely with the State PHA, Executive Office of Housing and Livable Communities, to adopt a homeless admission preference, but its subrecipients administer Section 8, MRVP, RAFT and AHVP programs and provide funding for other local shelter and services in the CoC.

 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	No
4.	Local low-income housing programs	Yes
	Other (limit 150 characters)	
5.		

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1C-7c. Include Units from PHA Administered Programs in Your CoC's Coordinated Entry.

NOFO Section V.B.1.g.

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

1.	Emergency Housing Vouchers (EHV)	Yes
2.	Family Unification Program (FUP)	No
3.	Housing Choice Voucher (HCV)	Yes
4.	HUD-Veterans Affairs Supportive Housing (HUD-VASH)	Yes
5.	Mainstream Vouchers	No
6.	Non-Elderly Disabled (NED) Vouchers	No
7.	Public Housing	Yes
8.	Other Units from PHAs:	
L		

1C-7d.	Submitting CoC and PHA Joint Applications for Funding for People Experiencing Homelessness.	
	NOFO Section V.B.1.g.	

Did your CoC coordinate with a PHA(s) to submit a competitive joint application(s) for funding or jointly implement a competitive project serving individuals or families experiencing homelessness (e.g., applications for mainstream vouchers, Family Unification Program (FUP), other programs)?	No
	Program Funding Source
Enter the type of competitive project your CoC coordinated with a PHA(s) to submit a joint application for or jointly implement.	N/A

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

Did your CoC coordinate with any PHA to apply for or implement funding provided for Housing Choice Vouchers dedicated to homelessness, including youchers provided through the American Rescue	No
Plan?	

1D. Coordination and Engagement Cont'd

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

Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
 24 CFR part 578;

- FY 2024 CoC Application Navigational Guide; Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

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

1.	Prisons/Jails?	Yes
2.	Health Care Facilities?	Yes
3.	Residential Care Facilities?	Yes
4.	Foster Care?	Yes

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

Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe Haven, and Transitional Housing projects your CoC is applying for in FY 2024 CoC Program Competition.	6
Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe Haven, and Transitional Housing projects your CoC is applying for in FY 2024 CoC Program Competition that have adopted the Housing First approach.	6
This number is a calculation of the percentage of new and renewal PSH, RRH, SSO non- Coordinated Entry, Safe Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in the FY 2024 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

1D-2a.	a. Project Evaluation for Housing First Compliance.				
	NOFO Section V.B.1.i.				
	You must upload the Housing First Evaluation attachment to the 4B. Attachments Screen.				
	Describe in the field below:				
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1.	how your CoC evaluates every project-where the applicant checks Housing First on their project application-to determine if they are using a Housing First approach;
2.	the list of factors and performance indicators your CoC uses during its evaluation;
3.	how your CoC regularly evaluates projects outside of your local CoC competition to ensure the projects are using a Housing First approach; and
4.	what your CoC has done to improve fidelity to Housing First.

(limit 2,500 characters)

 All new and renewal projects in the FY2024 competition indicate they use a Housing First approach. Participants are enrolled regardless of income, current or past substance use, history of victimization, or a criminal record. During the Review & Ranking process, a Project Rating Tool using APR data evaluates for compliance with Housing First. The tol scores the projects regarding % of participants entering with zero income, having more than one disability (including substance use) and from a place not meant for human habitation.
 The Review & Ranking Committee rates projects using the following factors and performance indicators to evaluate for Housing First:
 Low barrier admission: people are not screened out of a program for having

low/no-income, criminal histories, substance use, history of victimization, past poor tenancy/eviction records;

Rapid and streamlined entry into housing;

Tenants have full rights, responsibilities, and legal protections; and
Housing is not contingent on compliance with services; supportive services are voluntary and are used to engage tenants and to ensure housing stability.
Outside of the local CoC competition, Community Development Agency conducts annual monitoring of all CoC-funded permanent housing programs using HUD's Housing First Assessment Tool. FRCDA also reviews the following in project files: CE screening tools/assessments, information provided to clients, lease agreement language, participation agreements and case notes. If an agency is not compliant with Housing First, FRCDA assists the agency to implement practices to bring them in compliance. CE Operational Standards require that access to the homeless system is low-barrier. Housing First resources are shared with CoC Subrecipient agencies to keep providers informed on its proven positive outcomes.

4. FRCoC has completely revamped its Coordinated Assessment Tool so that CE gathers only information necessary to determine the person's severity of need and potential match for housing and supportive services. Scored CE criteria include:

•Chronic health – physical, mental, developmental;

•Elderly, family with dependent children, Youth HoH;

•Length of time homeless in shelter or on the street;

•ER visits, hospital or detox stays;

Substance use with short-term sobriety;

•Survivors of domestic violence, dating violence, sexual assault, and stalking;

•Veteran status; and

•Lack of income.

1D-3.	Street Outreach–Data–Reaching People Least Likely to Request Assistance.	
	NOFO Section V.B.1.j.	

Describe in the field below how your CoC tailored its street outreach to people experiencing homelessness who are least likely to request assistance.

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(limit 2,500 characters)

FRCoC's Street Outreach efforts are headed by the FAST (Fall River Addiction, Support, and Treatment) Team, a collaboration of the FR Police Department and city government, and includes members such as police officers, city officials, emergency management personnel, hospital staff, mental health clinicians, recovery coaches, PWLEE, and outreach and shelter workers. The Team identifies and visits homeless encampments. Immediate needs are addressed, such as the provision of food, clothing, hygiene items, first aid, tents, blankets, and provider referrals. Motivational interviews are conducted using trauma-informed and client-centered methods in order to build a rapport with the homeless. The FAST Team has been able to entice over 100 individuals to move out of the encampments. The Team formed connections with sober house owners/managers in the Greater Fall River area. These relationships have made it possible to entice over 40 individuals with substance use issues to enter into treatment with a sober housing unit waiting for them upon exit.

Outreach workers go to other locations to meet the street homeless where they are, including emergency rooms, the public library, food pantries and soup kitchens, laundromats, veterans drop-in centers, fast food restaurants, and public building lobbies/sitting areas.

Other amenities for those experiencing homelessness include in the FRCoC: •THRIVE for Humanity is a group of volunteers that provides lunch and a place to seek medical services and other community resources every Thursday and lunch and basic needs every Saturday at a centrally located indoor space. •The YMCA provides free showers for the unsheltered every weekday, and "Laundry Love" is a program that offers free laundry services two days a month. •Fees to obtain Birth certificates are waived by the City Clerk's Office, and fees for state Identification cards are paid for by the Greater Fall River United Way.

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

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

	Your CoC's Strategies	Engaged/Educated Legislators and Policymakers	Implemented Laws/Policies/Practices that Prevent Criminalization of Homelessness
	Increase utilization of co-responder responses or social services-led responses over law enforcement responses to people experiencing homelessness?	Yes	Yes
2.	Minimize use of law enforcement to enforce bans on public sleeping, public camping, or carrying out basic life functions in public places?	Yes	No
3.	Avoid imposing criminal sanctions, including fines, fees, and incarceration for public sleeping, public camping, and carrying out basic life functions in public places?	Yes	No
4.	Other:(limit 500 characters)		
	Implemented community-wide plans	Yes	Yes

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

	HIC Longitudinal HMIS Data	2023	2024	
Enter the total number of RRH beds available to serve all populations as reported in the HIC or the number of households served per longitudinal HMIS data, e.g., APR.	HIC	76	58	

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

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

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

1D-6a.	Information and Training on Mainstream Benefits and Other Assistance.
NOFO Section V.B.1.m	
	Describe in the field below how your CoC:
	works with projects to collaborate with healthcare organizations, including those that provide substance use disorder treatment and mental health treatment, to assist program participants with receiving healthcare services, including Medicaid; and

2. promotes SSI/SSDI Outreach, Access, and Recovery (SOAR) certification of program staff.

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1. The CoC regularly distributes informational emails to its listserv of over 170 members regarding access and updates to mainstream benefits including SNAP, WIC, Medicare, Medicaid, TANF, health insurance, Veterans healthcare and other benefits, and Supplemental Security Income (SSI). Emails are also sent out when substance use and mental health treatment slots become available. The CoC Board solicits presentations by any agencies that can provide updates and trainings on accessing existing and new benefits. Presentations address a client's eligibility for benefits, how to overcome barriers to enrollment, and ensuring that clients know how to maintain their benefits once enrolled (i.e., updates to mailing address and other relevant personal information).

The CoC has 7 major healthcare organizations including primary care, dental, substance use and mental health treatment services. The city has several outpatient clinics and an urgent care clinic. Health and wellness activities and medical services (physical, mental health and substance use) are offered onsite at shelters, community providers and resource fairs in one-stop shop settings across the community throughout the year. Program participants are encouraged to attend events such as Overdose Awareness Day and Recovery Health and Wellness Day.

2. The CoC's strategy to increase non-employment income is to have caseworkers assist clients apply for mainstream unearned income benefits, such as SSI and SSDI. In order to process comprehensive and high-quality application packets for SSI/SSDI, provider staff attends SOAR trainings. Having a SOAR-trained case manager reduces the chance that the client will be rejected when applying for SSI/SSDI. The CoC brought in SAMHSA SOAR training consultants to provide social service agencies with additional education and certification to increase the number of SOAR-trained providers and to increase their ability to better navigate the application process.

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

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1. The COVID pandemic provided an opportunity to examine the City's emergency response readiness. Without prior experience of a pandemic, municipal leaders followed protocol set by state and federal authorities. The CDC and the MA Department of Public Health dictated protocols for social distancing, testing, vaccination sites and sanitary practices. In collaboration with the City Health Department, the CoC adopted state and federal safety protocols as policies and procedures to respond to infectious disease outbreaks. The Homeless Service Providers Coalition and the Mayor's Task Force to End Homelessness both have members from the City Department of Health and Human Services, local hospitals and healthcare centers who provide support, advice and resources to homeless service providers including street outreach workers.

2. The City Director of Health and Human Services still provides relevant updates to the CoC members regarding responding to and preventing infectious disease outbreaks. Policies and procedures regarding infectious disease outbreaks impose standards and guidelines on how to run safe and sanitary congregate shelters and keep the sheltered and unsheltered homeless safe from infection. Deep cleaning continues to be performed at congregate shelters, and PPE is still made available for staff and the homeless population, sheltered and unsheltered. Providers and the homeless population are informed of clinics and community healthcare fairs where various vaccines and other healthcare are made available. Healthcare professionals visit shelters to provide vaccines. Street outreach and healthcare professionals formed teams that visit encampments and meet the homeless where they are to provide testing, vaccines, other healthcare, PPE supplies and everyday necessities. Congregate shelters continue to follow protocol for social distancing and have contingency plans in the case of any health crises.

ID-7a.	Collaboration With Public Health Agencies on Infectious Diseases.	
	NOFO Section V.B.1.n.	
	Describe in the field below how your CoC:	
1.	effectively shared information related to public health measures and homelessness; and	
2.	facilitated communication between public health agencies and homeless service providers to ensure street outreach providers and shelter and housing providers are equipped to prevent or limit infectious disease outbreaks among program participants	

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1. The City Director of Health and Human Services still shares relevant updates to the CoC members regarding responding to and preventing infectious disease outbreaks. Massachusetts Behavioral Health Partnership convenes a quarterly behavioral and medical health cluster where healthcare providers share informative presentations regarding health issues including infectious disease and the effects on low-income and homeless persons. The clusters are open to housing and service providers who share the information with their staff and program participants.

2. Massachusetts Behavioral Health Partnership convenes a quarterly behavioral and medical health cluster where healthcare providers share informative presentations regarding health issues including infectious disease and the effects on low-income and homeless persons. The clusters are open to housing and service providers. As state protocols to prevent and limit infectious disease outbreaks are updated, that information is communicated through email and public postings on social media to shelter, service and housing providers to protect program staff and participants' health and well-being. Policies and procedures regarding infectious disease outbreaks impose standards and guidelines on how to run safe and sanitary congregate shelters and keep the sheltered and unsheltered homeless clients safe from infection. Deep cleaning continues to be performed at congregate shelters, and PPE is still made available for staff and the homeless population, sheltered and unsheltered. Providers and the homeless population are informed of clinics and community healthcare fairs where various vaccines and other healthcare amenities are made available. Healthcare professionals visit shelters to provide vaccines. Street outreach and healthcare professionals formed teams that visit encampments and meet the homeless where they are to provide testing. vaccines, other healthcare, PPE supplies and everyday necessities. Congregate shelters continue to follow protocol for social distancing and have contingency plans in the case of any health crises.

1D-8.	Coordinated Entry Standard Processes.	
	NOFO Section V.B.1.o.	
	Describe in the field below how your CoC's coordinated entry system:	
1.	can serve everybody regardless of where they are located within your CoC's geographic area;	
2.	uses a standardized assessment process to achieve fair, equitable, and equal access to housing and services within your CoC;	
3.	collects personal information in a trauma-informed way; and	
4.	is updated at least annually using feedback received from participating projects and households that participated in coordinated entry.	

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1. Coordinated Entry covers 100% of the FRCoC. In operation since 2015, the CE System has its own phone number, a separate email (FRCE@ccfrdioc.org), a web page on Catholic Charities' website and can receive messages through www.FallRiverHomeless.com. Clients can also present in person at Catholic Charities, the CE operator, at 1600 Bay St. Mass211 hotline connects callers to area specific services.

FRCoC's Street Outreach efforts are headed by the FAST (Fall River Addiction, Support, and Treatment) Team, a collaboration of the FR Police Department and city government, and includes members such as police officers, city officials, EMS personnel, hospital staff, mental health clinicians, recovery coaches, PWLEE, and outreach and shelter workers. The Team visits homeless encampments and other locations to address the immediate needs of the street homeless and provide referrals to CE.

2. The CE assessment tool determines which households are more vulnerable and should receive priority. Specific subpopulations are identified based on the boxes checked off as to the household's status and needs. Case conferences are held in order to provide creative solutions in more challenging situations with extreme barriers to housing. Household types that are prioritized include those with

•Chronic health issues – mental, physical, developmental,

•Substance Use including those w/short-term sobriety,

•Victim/survivor status,

Veteran status,

•Elderly,

•Family w/dependent children (minor or adult),

Youth HoH.

Other priorities considered:

•No/low income,

·Length of time homeless,

•Number of ER visits, hospital or detox stays.

3. Anyone at an access point who has been trained in collecting personal information in trauma-informed, client-centered methods can complete the CE assessment. The assessment packet is submitted to CE. Clients are provided accurate, efficient referrals and placements so that returns to homelessness are prevented.

4. In late 2023, the FRCoC began using a CE tool devised by a committee where half of the participants providing input were PWLEE. The brief survey was reduced to questions regarding vulnerabilities in relation to health, age, veteran status, family status, length of time homeless, number of ER visits/detox stays/hospitalizations, income and whether they are a victim of violence. The committee is set to meet in early 2025 to assess progress based on results and feedback from CE participating projects and households.

	Coordinated Entry–Program Participant-Centered Approach.	
	NOFO Section V.B.1.o.	
	Describe in the field below how your CoC's coordinated entry system:	
1.	reaches people who are least likely to apply for	

	outreach;
2.	prioritizes people most in need of assistance;

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3	ensures people most in need of assistance receive permanent housing in a timely manner, consistent with their needs and preferences; and
4	takes steps to reduce burdens on people seeking assistance.

(limit 2,500 characters)

1. An internet search for "homeless/in need of rental assistance in Fall River, MA" results in links to the CE agency and www.fallriverhomeless.com websites. Both sites have various methods of contact including direct messaging capabilities.

The influx of migrants into Massachusetts has led to new/enhanced resources for those whose native language isn't English but are looking for housing, shelter and services for the homeless, including the Migrant Families Relief Fund, MIRA Coalition, Office of Refugees and Immigrants, Family Welcome/Resource Centers, Respite Shelters, Work and Family Mobility Act. Emergency shelters are full, and the respite centers are not always a practical choice due to restrictions, so many migrants are referred to CE as a result. The CE operating agency has multi-language speakers on staff and are trained in trauma-informed, client-centered information collection.

FRCoC's Street Outreach efforts are headed by the FAST (Fall River Addiction, Support, and Treatment) Team, a collaboration of the FR Police Department and city government, and includes members such as police officers, city officials, EMS personnel, hospital staff, mental health clinicians, recovery coaches, PWLEE, and outreach and shelter workers. The Team visits homeless encampments and other locations to address the immediate needs of the street homeless and provide referrals to CE.

2. A CE assessment identifies the most vulnerable households needing prioritization. The CE tool evaluates folks based on vulnerabilities in relation to health, age, veteran status, family status, length of time homeless, number of ER visits/detox stays/hospitalizations, income and whether they are a victim of violence.

3. Timely placement is the goal for any household seeking assistance. In order to serve those with the greatest needs in a timely manner, access to services is provided with a barrier-free approach. All FRCoC PSH is based on the Housing First model. Households with high scoring CE evaluations are prioritized for permanent housing or other appropriate placements.

4. All persons experiencing homelessness are evaluated using the same 11question assessment tool which evaluates health, age, veteran status, family status, length of time homeless, number of ER visits/detox

stays/hospitalizations, income and whether they are a victim of violence. All persons are afforded the same treatment, rights and remedies and appeal process.

1D-8b.	Coordinated Entry–Informing Program Participants about Their Rights and Remedies–Reporting Violations.	
	NOFO Section V.B.1.o.	
	Describe in the field below how your CoC through its coordinated entry:	
1.	affirmatively markets housing and services provided within the CoC's geographic area and ensures it reaches all persons experiencing homelessness;	
2.	informs program participants of their rights and remedies available under federal, state, and local fair housing and civil rights laws; and	

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3. reports any conditions or actions that impede fair housing choice for current or prospective program participants to the jurisdiction(s) responsible for certifying consistency with the Consolidated Plan.

(limit 2,500 characters)

1. The CoC affirmatively markets housing and services in the geographical area reaching all persons experiencing homelessness without discrimination based on race, color, national origin, religion, sex, gender identify, sexual orientation, age, familial status, disability, limited English proficiency, veteran status, receipt of a subsidy.

Fall River conducts the Analysis of Impediments to Fair Housing every 5 years, hosting public forums and soliciting input from citizens, PWLEE, service providers, business leaders and political leaders. The analysis identifies contributing factors of impediments and sets priorities and goals for the next 5 years.

2. CE program participants are provided information regarding their rights and remedies available under federal, state and local fair housing and civil rights laws as part of the packet of documents that contains the assessment tool and verifies eligibility and the person's experiences of homelessness. Upon intake, clients are informed of the grievance process, signing a receipt of acknowledgement. Anyone served by CE process has the right to file a grievance or appeal a decision made by the CES or the CoC agencies in regards to:

•Access to CES;

•Assessment/scoring;

•Housing referral;

•Lack of follow through from housing provider;

•Housing discrimination.

The purpose of the grievance and appeals process is to ensure that if a client has a problem or concern with the CES, they have a confidential means to report the concern.

3. CE and any CoC agency that participates in CE must report any conditions or actions that impede fair housing choice by any other organization to the CoC Lead/FRCDA. Also, fair housing impediments may be reported to the Fall River Community Housing Resource Board, SouthCoast Fair Housing and the Massachusetts Commission Against Discrimination, agencies that provide resources for tenants and landlords regarding fair housing and discrimination. Any conditions and actions that are officially recorded are reported in the Analysis of Impediments to Fair Housing.

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

1.	Has your CoC conducted a racial disparities assessment in the last 3 years?	Yes
2	Enter the date your CoC conducted its latest assessment for racial disparities.	08/25/2022

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1D-9a.	Using Data to Determine if Racial Disparities Exist in Your CoC's Provision or Outcomes of CoC Program-Funded Homeless Assistance.	
	NOFO Section V.B.1.p.	
	Describe in the field below:	
1.	the data your CoC used to analyze whether any racial disparities are present in your CoC's provision or outcomes of CoC Program-funded homeless assistance; and	
2.	how your CoC analyzed the data to determine whether any racial disparities are present in your CoC's provision or outcomes of CoC Program-funded homeless assistance.	

(limit 2,500 characters)

1. The CoC Data Committee uses quantitative data from the American Community Survey, CoC Racial Equity Analysis Tool, and race and ethnicity data from HMIS, and qualitative data from the Coordinated Entry System, consumer advisory boards, program surveys to analyze whether racial disparities are present in the provision or outcomes of homeless assistance. PWLEE are included in the analysis process.

The Analysis of Impediments to Fair Housing is conducted every five years in the FRCoC. The process consists of hosting public forums and soliciting input from citizens, PWLEE, service providers, business leaders and political leaders. The last report found no Racially/Ethnically Concentrated Areas of Poverty (R/ECAPs) within the city, indicating that no census tracts have a non-white population of more than 50% combined with a poverty rate of 40% or higher. Using the data from HMIS and the American Community Survey, the CoC Data Committee found that in the Fall River CoC, families of color, particularly Black and Hispanic, experience a higher rate of sheltered homelessness, and homeless families in general spend more time in shelter than homeless individuals do. Further analysis is needed to determine whether the length of time in homeless shelters is a result of lack of affordable housing, a glitch in the Coordinated Entry System, an issue of racial inequity when applying for housing, or an issue of subsidy discrimination when applying for housing. The Analysis of Impediments to Fair Housing did not indicate racial inequities in the private market or Racially/Ethnically Centered Areas of Poverty. The AI did indicate segregation in the City, suggesting that different racial and ethnic groups have fairly consistent access to environmentally healthy neighborhoods.

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

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

1.	Are your CoC's board and decisionmaking bodies representative	e of the population served in the CoC?		Yes
2.	Did your CoC identify steps it will take to help the CoC board an population served in the CoC?	d decisionmaking bodies better reflect	the	Yes
3.	Is your CoC expanding outreach in your CoC's geographic areas with higher concentrations of underrepresented Yes groups?		Yes	
4.	Does your CoC have communication, such as flyers, websites, or groups?	or other materials, inclusive of underre	presented	Yes
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Is your CoC training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness?	Yes
Is your CoC establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector?	Yes
Does your CoC have staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness?	Yes
Is your CoC educating organizations, stakeholders, boards of directors for local and national nonprofit organizations working on homelessness on the topic of creating greater racial and ethnic diversity?	Yes
Did your CoC review its coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness?	Yes
Is your CoC collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system?	Yes
Is your CoC conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness?	Yes
Other:(limit 500 characters)	
	Is your CoC establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector? Does your CoC have staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness? Is your CoC educating organizations, stakeholders, boards of directors for local and national nonprofit organizations working on homelessness on the topic of creating greater racial and ethnic diversity? Did your CoC review its coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness? Is your CoC collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system? Is your CoC conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness?

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

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

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The CoC is making improvements and investments needed to address known racial disparities. The CoC and homeless providers continue to diversify their boards and staff at all levels to reflect the population experiencing homelessness.

FRCoC has completely revamped its Coordinated Assessment Tool so that CE gathers only information necessary to determine the person's severity of need and potential match for housing and supportive services. The committee eliminated race and ethnicity questions from the tool so that it is not a known factor when prioritizing the household for referrals.

The CoC Data Committee uses the CoC Racial Equity Analysis Tool, race and ethnicity data from HMIS and anecdotal information from Coordinated Entry to analyze whether racial disparities are present in the provision or outcomes of homeless assistance. Using the data from HMIS and the American Community Survey, the CoC Data Committee found that in the Fall River CoC, families of color, particularly Black and Hispanic, experience a higher rate of sheltered homelessness, and homeless families in general spend more time in shelter than homeless individuals do. The CoC is conducting further analysis to determine whether the length of time in homeless shelters is a result of lack of affordable housing, a glitch in the Coordinated Entry System, an issue of racial inequity when applying for housing, or an issue of subsidy discrimination when applying for housing.

To guide its work, the committee has the following process:

• Listen to the voices of those most impacted (PWLEE, service providers) to understand how policies, programs, and services within the delivery system and other intersecting systems benefit or burden people of color experiencing homelessness;

• Raise awareness of racial justice issues for those providing services and community members;

• Work across governmental systems, with other institutions and community members to align strategies to eliminate racial disparities impacting people of color experiencing homelessness; and

• Evaluate progress over time and demonstrate a commitment to share results with community members.

The CoC has committed to racial equity in all of its homeless programs and regularly reviews current processes, policies, and procedures and employs recommendations to affect and improve racial equity in its homeless programs.

1D-9d.	Plan for Using Data to Track Progress on Preventing or Eliminating Racial Disparities.
	NOFO Section V.B.1.p.
	Describe in the field below:
1.	the measures your CoC plans to use to continuously track progress on preventing or eliminating racial disparities in the provision or outcomes of homeless assistance; and
2.	the tools your CoC plans to use to continuously track progress on preventing or eliminating racial disparities in the provision or outcomes of homeless assistance.
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The CoC Data Committee uses quantitative data from the CoC Racial Equity Analysis Tool, American Community Survey, and race and ethnicity data from HMIS to analyze whether racial disparities are present in the provision or outcomes of homeless assistance. The Racial Equity Analysis Tool helps the CoC identify racial disparities in the homeless service system and understand who is accessing the system and what outcomes households are realizing. The CoC measures the percentage of those in emergency shelter and those unsheltered by race/ethnicity compared to the percentage of those by race/ethnicity in the City's general population from one time period to the next (depending on data available).

The tools the CoC uses to track progress on preventing and eliminating racial disparities in the provision or outcomes of homeless assistance include the CoC Racial Equity Analysis Tool, American Community Survey, and the City's Analysis of Impediments to Fair Housing.

•The CoC Racial Equity Analysis Tool demonstrates that of the total population of Fall River, 7% are Black, but 30% of people experiencing homelessness in Fall River are Black. While the Black population of individuals experiencing homelessness in Fall River is mostly even with Fall River's Black population (both sheltered and unsheltered), 44% of homeless families with children in shelter are Black. The CoC Data Committee is tasked with identifying the reason(s) why Black families in Fall River's emergency shelters are more than six times the Black population living in the city. Racial demographics of the shelter population in particular needs to be examined and evaluated to determine a correlation in system entries and exits to understand the reason Black families are disproportionately affected. Theories include that Black families are also disproportionately impoverished. Understanding the issue will lead to better referrals possibly based on cultural differences.

•The Fall River Analysis of Impediments to Fair Housing is developed to identify racial inequities in the private market and Racially/Ethnically Concentrated Areas of Poverty (R/ECAPs) (census tracts that have a non-white population of more than 50% combined with a poverty rate of 40% or higher) within the city.

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

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

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The CoC's outreach efforts to engage People with Lived Expertise and Experience homelessness in leadership roles and decision-making processes has proven effective. The CoC Board has about 11 participants (8%) on the Homeless Service Providers Coalition and/or the Mayor's Task Force to End Homelessness who have experienced homelessness, most of whom are either in a CoC program or have experienced homelessness in the last 7 years, and many who have experienced living in an unsheltered situation at some point in their homelessness.

•Local programs convene advisory boards that include people with lived experience, one agency having an advisory board comprised of all people with lived experience.

•A long-time consumer has been elected as an Officer on the HSPC.

•A consumer, currently homeless with her adult dependent son, served as a member of the Ranking & Review Committee.

•CoC programs hold tenant/participant meetings to garner opinions and suggestions to bring back to the CoC to inform policy-making.

•CoC programs work to hire former participants/PWLEE because of their experiences and points of view.

•Client advisors work with the administrations to achieve client-centricity and better outcomes.

•Another approach to giving people with lived experience a voice is that we invite them to speak at events such as Project Homeless Connect, candlelight vigils, Summer Kindness Initiative, World AIDS Day, Overdose Awareness Day, Recovery Health and Wellness Day, etc.

PWLEE are made aware of opportunities to participate in leadership roles and decision-making processes available to them through announcements at meetings, published community event listings, postings on social media and fliers that are disseminated and posted throughout the community by providers and street outreach workers.

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

You must upload the Lived Experience Support Letter attachment to the 4B. Attachments Screen. Enter in the chart below the number of people with lived experience who currently participate in your CoC under the four categories listed:

	Level of Active Participation	Number of People with Lived Experience Within the Last 7 Years or Current Program Participant	Number of People with Lived Experience Coming from Unsheltered Situations
1.	Routinely included in the decisionmaking processes related to addressing homelessness.	14	5
2.	Participate on CoC committees, subcommittees, or workgroups.	14	5
3.	Included in the development or revision of your CoC's local competition rating factors.	1	1
4.	Included in the development or revision of your CoC's coordinated entry process.	5	4

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

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

(limit 2,500 characters)

The CoC and many of the CoC membership organizations provide opportunities for professional development and employment to people with lived experience and expertise (PWLEE):

•A PWLEE has been elected as an Officer on the HSPC, providing him a leadership role.

•Secure Jobs program at SER-Jobs assists able adults in family shelter to obtain employment.

•YouthBuild assists at-risk young adults, 16-24, neither in work nor school, by providing education and job opportunities.

•HealthFirst, a major healthcare provider, provides training/job opportunities to PWLEE.

•Blount Fine Foods has a corporate office, processing plant, store and restaurant in and near FRCoC. They have entry-level opportunities and will hire those in recovery.

•Monroe Staffing and Able Associates – Although temporary positions, skill development, work history, and links with potential long-term employers are provided.

•MassHire Fall River Career Center offers individualized assessment and testing, vocational counseling, skills training information/referrals, training on computers/printers/copiers/fax machines, computer lab, re-employment options for laid off workers, resume writing skills, rehabilitation counseling/technical assistance, job referral, development, and placement assistance.

•MassAbility helps individuals with disabilities to live and work independently. •Ticket to Work program of the Social Security Administration helps SSI/SSDI beneficiaries, 18-64, progress toward financial independence.

•Department of Labor funds the Recovery-Ready Workplace program helps businesses and employers create recovery-supportive cultures, prevent substance misuse, and hire people in recovery, and the ASPIRE Program that helps states expand employment opportunities for people with mental health conditions.

•Local organizations and programs that address substance abuse disorders, including Steppingstone, the FAST Team, FR Comprehensive Treatment Center, provide training and employment for positions at their organizations such as outreach workers, recovery coaches, shelter staff, program staff, oneon-one peer coaches, etc.

•FRCoC announced an NLIHC initiative for young advocates with lived experience and expertise, ages 18-24, to participate in the housing justice movement. The fellows are offered travel expenses and a stipend.

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

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	Describe in the field below:
1.	how your CoC gathers feedback from people experiencing homelessness;
2.	how often your CoC gathers feedback from people experiencing homelessness;
	how your CoC gathers feedback from people who received assistance through the CoC Program or ESG Program;
4.	how often your CoC gathers feedback from people who have received assistance through the CoC Program or ESG Program; and
5.	steps your CoC has taken to address challenges raised by people with lived experience of homelessness.

1. Thrive for Humanity, FAST Team, FR Comprehensive Treatment Center, hospital staff and other programs often work with the homeless who haven't accessed ESG or CoC assistance. Street Outreach staff obtain feedback regarding what is needed to fulfill their immediate needs, such as food, clothing, hygiene items, first aid, tents, and blankets. State IDs and birth certificates are needed so the homeless can access housing, job and program referrals. The feedback provided enabled the FAST Team to entice over 100 persons to move out of encampments and over 40 individuals with substance use issues to enter treatment, with a sober housing unit waiting for them upon exit.

2. Feedback is gathered with every interaction that the Outreach workers have with the unsheltered, including basic needs clinics every Thursday and lunches every Saturday. Feedback is brought to the CoC meetings to problem-solve how to fulfill their needs.

3. CoC routinely gathers feedback from people who have received assistance through the CoC or ESG programs as follows:

•CoC programs convene advisory boards and participant meetings that include PWLEE to garner recommendations to inform policy-making.

•CoC programs hire former program participants who bring their own experiences and points of view.

•ESG and CoC program participants complete exit surveys to identify gaps in services.

•The CoC Board has 11 PWLEE (8%), most of whom are either in a ESG or CoC program, have experienced homelessness in the last 7 years, and may have experienced living in an unsheltered situation at some point in their homelessness.

•The Coordinated Entry System solicits feedback from clients who have obtained housing and services through CES.

•PWLEE share their anecdotal stories at events such as candlelight vigils, Summer Kindness Initiative, World AIDS Day, Overdose Awareness Day, Recovery Health and Wellness Day, etc.

4. The CoC is able to gather feedback from CoC and ESG participants on a regular basis.

5. Steps to address challenges to engage PWLEE in the CoC process include: • Ensure the homeless unable or unwilling to participate in ESG/CoC programs have their voice heard by those working with them and concerns are brought to the CoC to work to resolve identified issues.

• Ensure that CoC and ESG program assistance is presented as a client-centric, strength-based, respectful approach.

• Ensure CoC and ESG programming is relevant and useful to the current population and its needs.

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

 The City of Fall River has been committed to converting buildings and structures not built for housing to apartments and condominiums. These structures include office space, mill buildings, old schools and churches. With some exceptions, most of the housing is not intended for low-income persons, but it is presumed that the new market rate units will free up units in the city's older tenement and apartment buildings that tend to be more affordable. In the development of the Analysis of Impediments to Fair Housing, the City, in partnership with the CoC, analyzed zoning, land use policies and housing regulatory barriers. While the AI identifies several impediments, none are directly related to barriers to increasing the affordable housing supply related to zoning and land use policies permitting housing development. The CoC partnered with the City and the Fall River Community Development Agency in designing the HOME-ARP program. A goal of producing 15 affordable housing units with HOME-ARP funding was established. FRCDA uses HOME funding to develop affordable housing units and the HOMEassisted housing portfolio consists of approximately 458 units. The CoC partnered with the Fall River Housing Authority to create a Moving On program. The program is targeted to former homeless participants in PSH programs. The set aside for Moving On is 20 Housing Choice Vouchers and absolute preference is given over all other HCV applicants on the waiting list. The development of the Analysis of Impediments to Fair Housing provided an analysis of zoning, land use policies and housing regulatory barriers. While the Al identifies several impediments, none are directly related to barriers to increasing the affordable housing supply related to regulatory barriers to housing development. With some exceptions, the city Zoning Board currently does not impose parking space requirements, density issue requirements, or height restrictions in areas outside the waterfront. There does tend to be a lengthy approval process in some cases. The reduced regulatory barriers have encouraged private developers to create over 3.000 new units in the city. Although most of the housing is not intended for low-income persons, it is presumed that the new market rate units will free up units in the city's older tenement and apartment buildings that tend to be more affordable.

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

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

Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
 24 CFR part 578;

- FY 2024 CoC Application Navigational Guide; - Section 3 Resources;

- PHA Crosswalk; and
- Frequently Asked Questions

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

1.	Enter the date your CoC published its submission deadline and scoring and rating criteria for New Project applicants to submit their project applications for your CoC's local competition.	08/19/2024
	Enter the date your CoC published its submission deadline and scoring and rating criteria for Renewal Project applicants to submit their project applications for your CoC's local competition.	08/19/2024

Project Review and Ranking Process Your CoC Used in Its Local Competition. We use the response to this question and the response in Question 1E-2a along with the required attachments from both questions as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below.	
NOFO Section V.B.2.a., 2.b., 2.c., 2.d., and 2.e.	

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

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

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Provided points for projects based on the degree the projects identified any barriers to participation (e.g., lack of outreach) faced by persons of different races and ethnicities, particularly those over- represented in the local homelessness population, and has taken or will take steps to eliminate the	No
represented in the local homelessness population, and has taken or will take steps to eliminate the identified barriers.	

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

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)?	80
2.	How many renewal projects did your CoC submit?	7
3.	What renewal project type did most applicants use?	PH-PSH

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

	Describe in the field below:
1.	how your CoC analyzed data regarding each project that has successfully housed program participants in permanent housing;
2.	how your CoC analyzed data regarding how long it takes to house people in permanent housing;
3.	how your CoC considered the specific severity of needs and vulnerabilities experienced by program participants preventing rapid placement in permanent housing or the ability to maintain permanent housing when your CoC ranked and selected projects; and
4.	the severe barriers your CoC considered.

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1. To determine each project successfully housed program participants in permanent housing, the CoC collected and analyzed data from its HMIS, specifically Exit Destination from the Annual Performance Reports – those who exit to Permanent Destinations and those who are Stayers in the PSH program. All PSH projects scored well in both measures, averaging 92% for exits to/remaining in permanent housing.

2. In order to determine how long it takes to house people in permanent housing, the CoC collected and analyzed data from its HMIS, specifically Length of Time Prior to Housing. It was recently determined that PSH providers have not been enrolling clients until housed, therefore, making the LOT HMIS component outcome void. The Review & Ranking Committee didn't use LOT as a component in scoring applications. The HMIS Lead is working to ensure the system is being used correctly and participants are enrolled properly. 3. The R&R Committee considered how the specific severity of needs and vulnerabilities affect placement in/maintenance of permanent housing. The 2 projects with the lowest outcomes for Exits to Permanent Housing and Returns to Homelessness were programs that serve the most vulnerable clients with the severest needs. One project serves dually-diagnosed individuals in a congregate setting, a not always easy-to-manage situation. The second project serves 18-24 year olds with mental health and/or substance use disorder. Although the outcomes represented in the data analysis didn't meet the outcome goals of the Project Rating Tool, the projects were still rated in the top half of the Annual Renewal Demand as the need for these 2 projects outweighed the past year's performance.

4. The severe barriers considered while reviewing and ranking the FRCoC projects included dual-diagnosis clients with mental health and substance use disorders and unaccompanied youth with mental health and/or substance use disorders. Other project ranking was based whether the projects use a Home First approach, enrolling those with zero income, having more than one disability, and entering from homeless situations. Utilization rates and expenditures were also considered. Program managers presented their cases as to why each program was important and provided explanations for outcomes that didn't meet goals. Ranking was not solely based on the scoring tool.

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

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1. The CoC obtained input and included persons of different races, particularly those over-represented in the local homelessness population, namely Black and Hispanic, averaging 25% of the homeless population. There were four members of the Review & Ranking Committee and 12 representatives from programs submitting renewal projects in the FY2024 CoC competition. All were presented with the scoring tool as provided by HUD and the scoring and assessment tool used locally to decide what changes and updates could be incorporated. All who were provided the opportunity to determine the rating factors used to review project applications. 31% of those persons are people of color, specifically Black, Hispanic and Indigenous, closely characteristic of those of color experiencing homelessness in Fall River. The CoC Lead used that input to update the rating factors for the scoring tool for the FY2024 CoC competition. 2. The CoC obtained input and included persons of different races, particularly those over-represented in the local homelessness population, namely Black and Hispanic. Of the committee that participated in the presentation, review, selection and ranking process of the projects, 31% were persons of color, specifically Black, Hispanic and Indigenous. The participants in the process included the staff of the projects up for renewal who influenced the scoring based on anecdotal information and explanations of program anomalies and the Review & Ranking Committee who scored the projects and considered the anecdotal and descriptive information that was presented to them by the project staff.

3. The Committee that had the opportunity to participate in the revision of the scoring tool and those who reviewed and ranked the projects, 31% of which was persons of color, did not find evidence of or identify any barriers to participation faced by persons of different races and ethnicities. The CoC is cognizant of the fact that Black and Hispanic families are overrepresented in the emergency shelter system, but there seems to be no evidence that they are not being properly served at the CoC level regarding entry into Permanent Supportive Housing. Examination of the projects relative to those barriers continues as we continue to assess racial disparity and inequity in our community.

1E-4.	Reallocation–Reviewing Performance of Existing Projects.
	NOFO Section V.B.2.f.
	Describe in the field below:
1.	your CoC's reallocation process, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed;
2.	whether your CoC identified any low performing or less needed projects through the process described in element 1 of this question during your CoC's local competition this year;
3.	whether your CoC reallocated any low performing or less needed projects during its local competition this year; and
4.	why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable.
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1. The Reallocation Assessment Process is the result of CoC planning and the CoC's strategy to end homelessness. Local policy governing project ranking, reallocation, and tiering involves evaluating renewal projects regarding HUD's priorities:

•Compliance with HUD requirements;

•Preserving funds for high performing projects; and

•Shifting investments from low performing projects to new projects to advance the goal of reducing homelessness.

The Review & Ranking Committee uses a Project Rating Tool to develop a summary Score Sheet of each project. The Score Sheet evaluates the projects based on:

•Project description (program type, subpopulations);

•Funds expended;

•Utilization rates;

•Performance Measures; and

•Whether the project is Low Barrier/Housing First.

Other considerations for reallocation include assessments of the local CoC needs including:

•Subpopulations (dually-diagnosed, families, youth);

Program type(s) (permanent supportive housing, rapid re-housing); and
Impact of reallocation of funding from an existing program (would the program survive reduction of funding).

During reallocation planning, project representatives are able to present anecdotal information and explanations of anomalies within their programs. Program spending within all programs is frequently reassessed throughout the grant term in order to spend down as much of the grant as possible. Utilization rates are carefully monitored. Programs are evaluated to verify that they are meeting the CoC's needs.

2. Through the Reallocation Assessment Process, one project was identified as under-performing based on its Utilization Rates and its low barrier to entrance indications.

3. The low-performing project's funds were not reallocated during this year's local competition.

4. The CoC chose not to reallocate the low-performing project's funds during this year's local competition because it is a much-needed project assisting 26 individuals and 14 families in a well-thought out, experienced program that has worked well for decades and was considered a Best Practices project by HUD. Also, there were no other agencies looking to fund a new project except one Victim Service Provider organization who opted for the DV Bonus. The new two-year NOFO cycle will provide more time for planning and evaluation and time to improve the analysis of the reallocation process to choose projects that appropriately serve the need of the FRCoC.

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

Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2019 and FY 2024? No

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

1.	Did your CoC reject any project application(s) submitted for funding during its local competition?	No
2.	Did your CoC reduce funding for any project application(s) submitted for funding during its local competition?	No
3.	Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition?	No
4.	If you selected Yes for element 1 or element 2 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2024, 06/27/2024, and 06/28/2024, then you must enter 06/28/2024.	

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

ranked on the New and Renewal Priority Lis applicants on various dates, enter the latest	plicants that their project applications were accepted and stings in writing, outside of e-snaps. If you notified t date of any notification. For example, if you notified 06/28/2024, then you must enter 06/28/2024.	

1E-5b.	Local Competition Selection Results for All Projects.	
	NOFO Section V.B.2.g.	
	You must upload the Local Competition Selection Results attachment to the 4B. Attachments Screen.	

Does your attachment include: 1. Project Names; 2. Project Scores; 3. Project Status–Accepted, Rejected, Reduced Reallocated, Fully Reallocated; 4. Project Rank; 5. Amount Requested from HUD; and 6. Reallocated Funds +/	Yes
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1E-5c.	Web Posting of CoC-Approved Consolidated Application 2 Days Before CoC Program Competition Application Submission Deadline.	
	NOFO Section V.B.2.g. and 24 CFR 578.95.	
	You must upload the Web Posting–CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

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Enter the date your CoC posted the CoC-approved Consolidated Application on the CoC's website or partner's website—which included: 1. the CoC Application; and 2. Priority Listings for Reallocation forms and all New, Renewal, and Replacement Project Listings.	10/28/2024
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Notification to Community Members and Key Stakeholders by Email that the CoC-Approved Consolidated Application is Posted on Website.	
NOFO Section V.B.2.g.	
You must upload the Notification of CoC- Approved Consolidated Application attachment to the 4B. Attachments Screen.	

Enter the date your CoC notified community members and key stakeholders that the CoC- approved Consolidated Application was posted on your CoC's website or partner's website.	10/28/2024

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2A. Homeless Management Information System (HMIS) Implementation

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

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

- PHA Crosswalk; and
- Frequently Asked Questions

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

	Enter the name of the HMIS Vendor your CoC is currently using.	CaseWorthy
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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. Single CoC	
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2A-3.	HIC Data Submission in HDX.	
	NOFO Section V.B.3.a.	

Enter the date your CoC submitted its 2024 HIC data into HDX.	05/08/2024	
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2A-4	Comparable Databases for DV Providers–CoC and HMIS Lead Supporting Data Collection and Data Submission by Victim Service Providers.	
	NOFO Section V.B.3.b.	

	In the field below:
	describe actions your CoC and HMIS Lead have taken to ensure DV housing and service providers in your CoC collect data in HMIS comparable databases; and
2.	state whether DV housing and service providers in your CoC are using a HUD-compliant comparable database-compliant with the FY 2024 HMIS Data Standards.

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1. The Community Development Agency is the CoC and HMIS Lead. The Women's Center is a Victim Service Provider that operates the only ESG Domestic Violence emergency shelter in Fall River. TWC is present at Homeless Service Providers Coalition, Mayor's Task Force to End Homelessness, and the national HMIS Lead and System Administrator group monthly meetings. CDA communicates with TWC regularly and monitors their shelter program annually, including ensuring the project uses a HUD-compliant HMIS comparable database. TWC also operates a DV shelter in the neighboring CoC New Bedford that also requires a HMIS comparable database. TWC uses vendor EmpowerDB to collect de-identified aggregate data on its clients. TWC relies on EmpowerDB to produce uploadable CSV files for CAPER reports in Sage.

2. The EmpowerDB Homeless Management Information System is using a HUD-compliant comparable database, is compliant with FY2024 HMIS Data Standards, and is able to meet all reporting requirements.

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

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

Project Type	Adjusted Total Year-Round, Current Non-VSP Beds [Column F of HDX Report]	Adjusted Total Year-Round, Current VSP Beds [Column K of HDX Report]	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS Comparable Database [Column M of HDX Report]	HMIS and Comparable Database Coverage Rate [Column O of HDX Report]
1. Emergency Shelter (ES) beds	297	10	307	100.00%
2. Safe Haven (SH) beds	0	0	0	0.00%
3. Transitional Housing (TH) beds	26	0	0	0.00%
4. Rapid Re-Housing (RRH) beds	58	0	0	0.00%
5. Permanent Supportive Housing (PSH) beds	220	0	195	88.64%
6. Other Permanent Housing (OPH) beds	0	0	0	0.00%

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

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1. Steps FRCoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent:

Transitional Housing Beds: The CoC/HMIS Lead has had discussions with the Fall River Housing Authority to include their Local Housing Authority Transitional Housing Program in HMIS. FRHA has agreed to participate in data entry and wants to enter their transitional housing program's participants into CaseWorthy. HMIS Lead has a training session set for this fall with new users

and will include the TH program. Rapid Re-Housing Beds: The CoC Lead added HomeBase RRH beds to its inventory in order to have an accurate count of RRH beds in the CoC's Housing Inventory Chart and Point-in-Time Count. HMIS Lead will work with the new HMIS staff at the Justice Resource Institute to bring the project on-board. No training is necessary, just data entry of all current clients.

2. How FRCoC will implement the steps described to increase bed coverage to at least 85 percent:

Transitional Housing Beds: The FRHA LHATHP program staff will be offered training next month in order to be able to enter accurate data into CaseWorthy. This will bring up TH HMIS compliance to 100%.

Rapid Re-Housing Beds: If HomeBase clients are being entered into another HMIS, arrangements will be made to upload from their system to the Fall River CoC HMIS. If uploading data to CaseWorthy is not an option, the HMIS Lead will approach the agency about double data entry into CaseWorthy as well as their own HMIS.

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

Did your CoC submit at least two usable LSA data files to HUD in HDX 2.0 by January 24, 2024, 11:59 Yes p.m. EST?

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

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

Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
 24 CFR part 578;

FY 2024 CoC Application Navigational Guide;
 Section 3 Resources;

- PHA Crosswalk; and
- Frequently Asked Questions

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

E	Enter the date your CoC conducted its 2024 PIT count.	01/24/2024
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2B-2.	PIT Count Data-HDX Submission Date.	
	NOFO Section V.B.4.a	

Enter the date your CoC submitted its 2024 PIT count data in HDX.	05/09/2024

2B-3. PIT Count-Effectively Counting Youth in Your CoC's Most Recent Unsheltered PIT Count. NOFO Section V.B.4.b.

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

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1. Engagement: The Fall River CoC was supported by many local communitybased organizations to ensure youth needs and perspectives are included. Catholic Charities of the Fall River Diocese, who provides emergency shelter, transitional housing, and permanent supportive housing for unaccompanied youth as well as shelter for families with children, participates annually in the PIT Count. Street outreach teams engage those organizations familiar with our unsheltered youth on the streets. The outreach strategy includes adequately resourced street teams familiar with our unsheltered youth on the streets with knowledge of, experience with and insight into youth habits and hangouts. The teams engaged local educational institutions, social media, drop-in centers, meal programs, food pantries, shelters and other places where young people congregate to promote the PIT Count.

2. Locations: The process involved managing capacity strategically so that the count can successfully be executed on task. Partnerships were integral to supporting and maximizing count impact, and obtaining an accurate count of youth was dependent on outreach staff and other community organizations who specialize in serving youth experiencing homelessness to inform the process of where to locate unaccompanied homeless youth and young adults. Locations included encampments, parks, playgrounds, basketball courts, schools, soup kitchens, and food pantries. The count was further enhanced by incorporating suggestions by youth on incentives the outreach teams should distribute during the count.

3. No homeless youth experiencing homelessness were used during the most recent unsheltered PIT Count as the street outreach teams had no one under the age of 25 represented.

2B-4.	PIT Count-Methodology Change-CoC Merger Bonus Points.
	NOFO Section V.B.5.a and V.B.7.c.
	In the field below:
1.	describe any changes your CoC made to your sheltered PIT count implementation, including methodology or data quality changes between 2023 and 2024, if applicable;
2.	describe any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2023 and 2024, if applicable;
3.	describe whether your CoC's PIT count was affected by people displaced either from a natural disaster or seeking short-term shelter or housing assistance who recently arrived in your CoCs' geographic; and
4.	describe how the changes affected your CoC's PIT count results; or
5.	state "Not Applicable" if there were no changes or if you did not conduct an unsheltered PIT count in 2024.
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1. There were no changes to the sheltered PIT Count implementation between the 2023 and 2024 counts. The PIT Count was conducted over 24 hours from 8:00 a.m. Wednesday, January 24 until 8:00 a.m. Thursday, January 25, 2024. FRCoC used HMIS data to complete the PIT Count with HMIS-participating agencies and paper surveys for non-HMIS participating agencies or to clarify any HMIS reporting issues.

2. There were no changes to the unsheltered PIT Count methodology between the 2023 count and the 2024 count. Since 2020, the Fall River CoC has been using a mobile application called Counting Us developed by Simtech Solutions, Inc. The app allows street outreach to conduct paperless interviews and observations of the unsheltered homeless on the streets of our CoC using cell phones and tablets. The PIT Count was taken over the course of ten days from Wednesday, January 24 through Friday, February 2, 2024. Utilizing the mobile app has helped the street outreach teams to become more organized and expand their efforts. The street outreach teams also it useful and productive to incentivize the homeless to complete surveys in exchange for the provision of goods such as gift cards, clothing, hygiene items and other necessities. Although our emergency shelter programs have been serving migrants fleeing various human rights violations, we have not seen an increase in our sheltered or unsheltered population. There are no motels or hotels in the FRCoC that they migrant families can be housed at, and if they are unsheltered on our streets, they are not visible to our outreach workers or other service providers. The Governor paused the "right to shelter" rule in Massachusetts. 4. There were no changes in either our sheltered or unsheltered PIT Count methodology, so it did not affect our data.

The FRCoC did not experience an influx of migrants, so there was no effect on our data.

5. Not applicable - an unsheltered PIT Count was conducted, but no changes were made in the methodology.

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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) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants; - 24 CFR part 578;

- FY 2024 CoC Application Navigational Guide; Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

2C-1.	Reducing the Number of First Time Homeless–Risk Factors Your CoC Uses.
	NOFO Section V.B.5.b.
	In the field below:
1.	describe how your CoC determined the risk factors to identify persons experiencing homelessness for the first time;
2.	describe your CoC's strategies to address individuals and families at risk of becoming homeless; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the number of individuals and families experiencing homelessness for the first time

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1. Risk factors to identify persons experiencing homelessness for the first time are identified through triage and the CE assessment process when a homeless/at-risk household seeks assistance. Factors include: untreated chronic illness, substance abuse, disabling condition, domestic violence, out-of-reach housing affordability, sudden loss of income. Clients are prioritized for referrals and placements based on vulnerabilities in relation to health, age, veteran status, family status, length of time homeless, number of ER visits/detox stays/hospitalizations, income and whether they are a victim of violence.

2. Coordinated Entry staff uses creative strategies for diversion and prevention such as having at-risk households stay with family or providing financial assistance back to their community of support. Catholic Social Services runs a ESG-funded homeless prevention program with ongoing case management to provide crisis intervention and financial assistance to avoid eviction. RAFT, run by NeighborWorks Housing Solutions, provides short-term, limited financial assistance to help eligible families avoid homelessness by retaining current housing/securing new housing. The state's Tenancy Preservation Program helps disabled tenants facing eviction due to disability-related behavior by developing a plan to maintain tenancy and provide ongoing services. Community Counseling of Bristol County offers short-term community support to provide intensive case management to Medicaid clients considered at-risk of homelessness. Peer-to-peer recovery service agencies offer support in group or independent settings to avoid behavior and actions that might make a person homeless.

3. The CoC Board is responsible for overseeing the CoC's strategy to reduce the number of individuals and families experiencing homelessness for the first time by working collaboratively with CoC member provider organizations, reviewing and analyzing data, and implementing plans of action. The strategy involves diverting and preventing homelessness by providing financial assistance, intensive case management and crisis intervention.

	NOFO Section V.B.5.b	
	Was your CoC's Number of First Time Homeless [metric 5.2] affected by the number of persons seeking short-term shelter or housing assistance displaced due to:	
1.	natural disasters?	No
2.	having recently arrived in your CoC's geographic area?	No
		·

2C-2.	Reducing Length of Time Homeless–CoC's Strategy.	
	NOFO Section V.B.5.c.	

In the field below:
describe your CoC's strategy to reduce the length of time individuals and persons in families remain homeless;
describe how your CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and
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.

2C-1a. Impact of Displaced Persons on Number of First Time Homeless.

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1. The CoC's strategy to reduce length of time homeless includes:

•Boost the FRHA Moving On program to rotate PSH units and open them up for additional clients by providing Housing Choice Vouchers (PHA) to eligible PSH participants who no longer need supportive services.

•Create affordable housing for the homeless and low-income through NOFO Bonuses, local housing developers, CHDOs, HOME funds.

•Support approaches to facilitate everyday tasks of the homeless – showers every weekday at the YMCA; mobile laundry and showers along with medical services at THRIVE every week; laundry services twice a month at local businesses; United Way funds for state IDs; waived fees for birth certificates; job interview attire.

•Provide streamlined referrals, a centralized waitlist and real-time bed availability through CES.

Offer CSP-HI services (insurance-based Community Support Program for Homeless Individuals) to those in shelter to move to and maintain housing.
Identify issues around discharge planning – how to enforce Massachusetts discharge planning laws.

•Provide case management and individualized service plans to shelter clients including assistance to obtain mainstream benefits;

•Identify the unsheltered homeless and set them up with case management services through CoC providers.

2. CE assessment tool and HMIS data are used to identify and prioritize those with longest histories of homelessness as well as observations by our street outreach workers. The CE tool awards points based on length of time homeless. The housing crisis has exacerbated lengths of stay in shelter, but LOT Homeless was reduced by 18 days from the previous year.

3. The Fall River CoC Board is responsible for overseeing the CoC's strategy to reduce the length of time individuals and families remain homeless. The CoC reviews and analyzes data and implements plans of action. Catholic Charities is responsible to implement the Coordinated Entry System.

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

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1. Strategies to increase the rate at which those in ES, SH, TH & RRH exit to permanent housing destinations include:

•Provide streamlined referrals, a centralized waitlist and real-time bed availability through CES.

Support approaches to facilitate access to credentials needed to apply for housing – United Way funds for state IDs; waived fees for birth certificates.
Offer CSP-HI services (insurance-based Community Support Program for Homeless Individuals) to those in shelter to move to and maintain housing.
Utilize ESG Rapid Re-Housing funds to move individuals and families from shelter to PSH and other permanent housing.

•Provide case management and individualized service plans to all willing program participants including assistance to obtain mainstream benefits and to obtain/increase employment and non-employment cash income.

•Continue to convince private landlords of the benefits of renting to PSH program participants.

•Provide case management and individualized service plans to shelter clients including assistance to obtain mainstream benefits.

2. Strategies to increase the rate at which those in PSH projects retain PSH or exit to permanent housing destinations include:

•Promote the FRHA's Moving On program by providing Housing Choice Vouchers (PHA) to eligible PSH participants who no longer need supportive services.

•FRHA established a Limited Homeless Preference eliminating the requirement that an applicant must be rent burdened, paying more than 40% or more of their adjusted income for rent, qualifying PSH participants for Section 8.

•Continue to provide CSP-HI services (insurance-based Community Support Program for Homeless Individuals) to maintain housing.

•Provide Case management and individualized service plans to all willing program participants including assistance to obtain mainstream benefits and to obtain/increase employment and non-employment cash income.

•Provide tenant/landlord mediation to preserve tenancies.

•Create job opportunities with community partners.

•Engage the McKinney-Vento School Liaison to identify students in families who need assistance to retain housing.

3. The Fall River CoC Board is responsible for overseeing the CoC's strategy to increase the rate that individuals and families exit to or retain permanent housing.

2C-4.	Reducing Returns to Homelessness-CoC's Strategy.	
	NOFO Section V.B.5.e.	

	In the field below:
1.	describe your CoC's strategy to identify individuals and families who return to homelessness;
2.	describe your CoC's strategy to reduce the rate that individuals and families return to homelessness; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the rate individuals and persons in families return to homelessness.

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1. The indications of Returns to Homelessness run deeper than just the problems of the household that experienced homelessness. Although mental health and addiction issues are a strong indicator that one may not be able to retain housing, there are external issues that affect housing stability, identified through:

•HMIŠ data;

•shelter data;

reports from street outreach staff;

•eviction rates;

housing market forecasts;

anecdotal evidence from PWLEE.

The factors include:

•wage earnings increase and consequently public benefits are greatly reduced or eliminated or sudden loss of income;

lack of decent housing, unaffordable rents, lack of vouchers;

domestic violence;

substance use relapse;

•onset of illness or a disabling condition.

2. The CoC's strategy to reduce Returns to Homelessness:

•Utilize ESG and other prevention funds to assist individuals and families retain their housing when in crisis.

•Continue to provide CSP-HI services (insurance-based Community Support Program for Homeless Individuals) to maintain housing.

•Provide Case management and individualized service plans to all willing program participants including assistance to obtain mainstream benefits and to obtain/increase employment and non-employment cash income.

•Utilize the vouchers made available by Moving On program and other FRHA voucher programs.

•Assist and support FRHA to apply for available housing vouchers for homeless/at-risk in the HUD Mainstream Voucher Program.

•Engage the McKinney-Vento School Liaison to identify students in families who may be unstable or in crisis.

•Create job opportunities with community partners.

3. The Fall River CoC Board is responsible for overseeing the CoC's strategy to increase the rate that individuals and persons in families return to homelessness.

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

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The CoC's strategy to access employment cash sources includes:
 provide opportunities for job training or education (community college, trade schools);

•support and promote job fairs;

•assist in seeking field-appropriate job openings;

assist with resume-building;

•assist with interviews skills; and

•provide appropriate clothing and job materials.

For those who have been out of work for an extended time, or have low job skills/education levels, on-the-job support and communication with employers is key to assist employees with problem-solving and conflict-resolution. Employment stability and advancement must be promoted. The CoC Board includes organizations willing to provide employment opportunities to the homeless population.

2. CoC agencies have policies that employable clients must complete employment profiles and obtain job training. Program participants are referred to:

•Secure Jobs program at SER-Jobs assists able adults in family shelter to obtain employment.

•YouthBuild assists at-risk young adults, 16-24, neither in work nor school, by providing education and job opportunities.

•HealthFirst, a major healthcare provider, provides training/job opportunities to PWLEE.

•Blount Fine Foods' processing plant, store and restaurant have entry-level opportunities and hire those in recovery.

•Monroe Staffing and Able Associates has temporary positions, providing skill development, work history, and links with potential long-term employers.

•MassHire Fall River Career Center offers assessment and testing, vocational counseling, skills training referrals, training on office equipment, computer lab, re-employment options for laid off workers, resume writing skills, rehabilitation counseling/technical assistance, and job referral, development, and placement assistance.

•MassAbility helps individuals with disabilities to live and work independently. •Ticket to Work program helps SSI/SSDI beneficiaries, 18-64, progress toward financial independence.

•Local programs that address substance abuse disorders, including Steppingstone, the FAST Team, FR Comprehensive Treatment Center, provide training for employment for positions such as outreach workers, recovery coaches, shelter staff, program staff, one-on-one peer coaches at their agencies.

3. The Fall River CoC Board is responsible for overseeing the CoC's strategy to increase income from employment among the homeless and at risk of homeless population.

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

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1. The CoC's strategy to increase non-employment cash income is to have case managers assist clients applying for mainstream benefits, such as Supplemental Security Income; Social Security Disability Income; health insurance; food assistance (SNAP, WIC); Emergency Aid to the Elderly, Disabled and Children; Transitional Assistance for Families and Dependent Children. Case managers must also provide assistance with obtaining necessary documents and all other follow-up to obtain maximum mainstream benefits. The United Way provides funding for state IDs, and the city waives the fees for Fall River birth certificates for the homeless.

Case managers are SOAR-trained to increase access to SSI/SSDI for eligible homeless or at-risk adults who have mental illness, medical impairment, and/or co-occurring substance use disorder. Having a SOAR-trained case manager reduces the chance that the client will be rejected when applying for SSI/SSDI. SAMHSA SOAR training consultants provide follow through with additional education and certification to increase the number of SOAR-trained providers and to increase their ability to better navigate the application process. Program staff can assist program participants to complete applications for insurance, SNAP benefits, and EAEDC benefits at www.virtualgateway.com via www.mass.gov.

Insurance can be applied for at any hospital, major healthcare facility (clinic), and through for profit and non-profit insurance companies (Neighborhood Health Plan, Inc., Boston Medical HealthNet Plan, Fallon Community Health Plan).

MassHire Career Center assists with applying for unemployment benefits. 2. The CoC Lead, the Fall River Community Development Agency, is responsible for overseeing the CoCs strategy to increase non-employment cash income. CDA is responsible for introducing the SOAR training consultants to the service providers of the CoC. Program Subrecipient organizations' program staff are responsible to assist their clients to access applications to apply for non-employment cash income.

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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) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants; - 24 CFR part 578;

- FY 2024 CoC Application Navigational Guide; Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

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

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

Is your CoC applying for a new PH-PSH or PH-RRH project that uses healthcare resources to help individuals and families experiencing homelessness? Yes

3A-3.	Leveraging Housing/Healthcare Resources-List of Projects.	
	NOFO Sections V.B.6.a. and V.B.6.b.	

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

Project Name	Project Type	Rank Number	Leverage Type
Housing Stability	PH-RRH	8	Healthcare

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3A-3. List of Projects.

1. What is the name of the new project? Housing Stability for Domestic Violence Survivors

2. Enter the Unique Entity Identifier (UEI): VFX3D8NQAS96

3. Select the new project type: PH-RRH

4. Enter the rank number of the project on your 8 CoC's Priority Listing:

5. Select the type of leverage: Healthcare

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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) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
 24 CFR part 578;

- FY 2024 CoC Application Navigational Guide; - Section 3 Resources;

- PHA Crosswalk; and
- Frequently Asked Questions

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

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

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

(limit 2,500 characters)

N/A

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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) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
 24 CFR part 578;

- FY 2024 CoC Application Navigational Guide; - Section 3 Resources;

- PHA Crosswalk; and
- Frequently Asked Questions

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

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

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

(limit 2,500 characters)

N/A

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

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

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

- 24 CFR part 578;

- FY 2024 CoC Application Navigational Guide; - Section 3 Resources;

- PHA Crosswalk; and
- Frequently Asked Questions

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

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

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

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

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

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

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

1.	Enter the number of survivors that need housing or services:	1,024
2.	Enter the number of survivors your CoC is currently serving:	24
3.	Unmet Need:	1,000

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

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 The calculation of the number of DV survivors needing housing or services is based on the number of phone requests to The Women's Center hotline and data from their HMIS Comparable database, EmpowerDB. Numbers of calls regarding domestic violence situations also come into the FRCoC Coordinated Entry System but are referred to The Women's Center and SafeLink, so it is assumed that many CE clients ultimately seek services from TWC.
 Data sources include EmpowerDB, notes in client files from the Women's Center, and anecdotal information from the Coordinated Entry System. Evidence has shown that Fall River's domestic abuse case rate is 1,024 per

100,000 people. According to the National Domestic Violence Hotline, in 2020, Fall River was in the top 10 cities by contact volume for the hotline's received calls, tying for fifth with five other Massachusetts communities. MA Safel ink bottine receives

the top 10 cities by contact volume for the hotline's received calls, tying for fifth with five other Massachusetts communities. MA SafeLink hotline receives almost 100 calls a day from those looking for assistance for themselves or a loved one. On 9/16/2016, the National Network to End Domestic Violence conducted a one-day survey in Massachusetts and found that 742 people went to a DV shelter or transitional program and 1,228 people received non-residential services to address domestic violence conditions. Of the 322 unmet requests for services reported, 63% were for housing. Evidence shows that since the pandemic, DV situations have increased.

3. Fall River's densely populated areas face specific economic challenges including high poverty rates and unemployment which can lead to increased stress and conflict within households, and high levels of substance misuse which contribute to higher domestic and sexual violence rates. A poverty rate of almost 18.9% and high cost of living exacerbates housing instability for those with economic hardships and/or lower incomes, including many survivors. In Fall River the reported cases of domestic violence is 1,024 per 100,000 residents, making it the city with the 9th highest number of cases in MA. Barriers to meeting the needs of Domestic Violence survivors on a personal level can include:

Financial instability;

•Eviction records;

•History of disrupted housing;

Spotty or incomplete work history;

•Reluctance to leave for an unknown situation;

Language or cultural differences.

Other barriers to housing on a systemic CoC level include:

•Low housing vacancy rate (1.2%);

Housing affordability;

•Economic climate;

•Full ESG and CoC programs.

4A-3b.	Information About Unique Project Applicant Requesting New DV Bonus Housing Project(s).	
	NOFO Section I.B.3.j.(1)	
		-
	Les the list feature, lean to enter information on each unique project applicant applying for New]

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.

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Applicant Name

The Women's Center

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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 Applicant Requesting New DV Bonus Housing Project(s).

NOFO Section I.B.3.j.(1)

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

1.	Applicant Name	The Women's Center
2.	Rate of Housing Placement of DV Survivors-Percentage	10%
3.	Rate of Housing Retention of DV Survivors-Percentage	64%

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

(limit 1,500 characters)

1. The housing placement of 10% was calculated through The Women's Center secured database EmpowerDB, along with secured client files. The total 1024 individuals and families who came to The Women's Center looking for housing or in the need of safe permanent housing, we were able to assist or confirm 104 individuals and families did obtain permanent safe housing during July 1, 2023 – June 30, 2024.

2. The 10% rate of housing placement is the rate of clients and participants that exited to permanent safe housing for our individual and families. These safe housing options include but are not limited to Section 8 vouchers, New Bedford Housing Authority, Fall River Housing Authority, families in and out of state or country. Our staff has worked with our clients and participants to get them into a housing situation that works for themselves and their families. We have had clients move into their own apartments as well as public housing. We provide our clients with the security needs they need to continue living in a safe environment they are comfortable with.

3. The data source used in the retention rate was our client files as well as our secured client database.

4.Some of our clients that have obtained safe permanent housing still receive services through counseling and or group therapy. Our staff will also periodically reach out to past clients to check in on them or clients will check back in with their continued growth in their empowerment.

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

1. The Women's Center ensures survivors are quickly placed into one of our three emergency shelters. We collaborate with landlords, property managers, and housing authorities to secure safe, affordable housing options. We provide short-term rental assistance to facilitate swift transitions from homelessness to stable housing. Trauma-informed case management ensures that housing placements are secure, confidential locations.

 The Women's Center uses a prioritization list based on vulnerability and safety risks of survivors who have used our emergency hotline, walk-in services, and DV shelters. The program prioritizes internal housing transfers for survivors facing continued threats or unsafe conditions in their current housing.
 TWC conducts trauma-informed, survivor-centered needs assessments to determine the necessary supportive services for each survivor. Assessments evaluated mental and physical health, legal support, financial assistance, childcare, and employment. The assessments were conducted in a confidential and non-judgmental manner, allowing survivors to voice their needs. Services were tailored to meet both immediate safety concerns and longer-term needs, including counseling, legal aid, and financial planning.

4. After determining survivors' needs, TWC connects them to community resources, including partnerships with healthcare providers, mental health services, and legal aid organizations. TWC offers services directly or creates referral pathways to external agencies. Survivors are connected to essential supports such as safety planning, counseling, job training, and financial literacy programs. The program also provides access to transportation, childcare, and health care services, ensuring survivors can fully participate in the supportive services they need.

5. TWC focuses on helping survivors transition from assisted housing to sustainable, long-term housing by gradually reducing housing subsidies while providing financial coaching, employment support, and budget management to help survivors build financial independence. Survivors were also connected to affordable housing options, such as Section 8 vouchers. In some cases, survivors are referred to homeownership programs or long-term rental solutions. Ongoing case management and follow-up support ensures that survivors maintain housing stability even after financial assistance ends.

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

1. To minimize the potential for coercion during intake and interviews, TWC uses trauma-informed practices, ensuring all interactions take place in private intake rooms. This protects survivors from being overheard or pressured by others. Staff are trained to create a safe environment where survivors can share information without fear of exposure. Confidentiality is emphasized, with strict policies on how and when sensitive information can be disclosed, ensuring survivors have control over their own narratives.

2. Survivors are placed into safe housing through a meticulous process that considers their specific safety needs. This includes immediate access to secure shelters or confidentially located housing units (e.g., scattered-site housing) away from known threats.

3. All housing placements are handled with strict confidentiality; only essential personnel have access to survivors' locations. To safeguard survivors' data, TWC utilizes EmpowerDB, an encrypted database, ensuring that personal details, case notes, and housing information were protected against unauthorized access.

4. TWC ensures that staff receives regular clinical supervision and ongoing training in trauma-informed care, confidentiality laws (e.g., VAWA, HIPAA), and safety protocols. This training includes handling sensitive survivor information and implementing best practices for safety planning.

5. Staff members are continuously trained on safety protocols and confidentiality policies, including how to protect survivors' identities and locations. Additionally, units are equipped with security measures such as controlled access, and surveillance systems. These steps ensure both physical safety and location confidentiality, reducing the risk of further harm.

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

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

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TWC evaluates its ability to ensure the safety of DV survivors in its transitional housing project through ongoing assessments, feedback mechanisms, and program reviews. The evaluation process was rooted in regular safety audits, client feedback, and staff input, all focused on identifying both strengths and areas for improvement in the project's safety protocols.

TWC conducts routine safety audits of its housing units to assess physical security measures, such as door locks, security cameras, and controlled access systems. Staff members are trained regularly on best practices for safety planning, crisis intervention, and confidentiality protocols. These audits and trainings are key in maintaining a secure environment for survivors. However, through these evaluations, TWC identified the need for improved communication with law enforcement and emergency services, as well as more advanced safety technology, such as additional surveillance in high-risk areas. TWC places great importance on survivor feedback, conducting anonymous surveys and exit interviews to gauge how safe clients felt during their stay. Survivors are asked to evaluate the effectiveness of safety planning, staff support, and the confidentiality of their location. Feedback indicates that while survivors generally felt safe, some expressed a need for clearer communication regarding the limits of confidentiality, especially in shared spaces like congregate housing. TWC responded by enhancing staff training on confidentiality and increasing survivor education on privacy policies. Throughout the project's operation, TWC has identified areas for improvement, including the need for increased staff coverage during late-night hours to enhance security and quicker responses to maintenance requests involving safety equipment. Additionally, survivors suggested more robust personal safety plans upon exit, prompting TWC to strengthen its post-transition safety planning process.

By continuously evaluating and responding to feedback, TWC remains committed to improving the safety and security of DV survivors in its programs.

4A-3e.	Applicant's Experience in Placing and Stabilizing Survivors in Permanent Housing Using Trauma-Informed, Survivor-Centered Approaches.	
	NOFO Section I.B.3.j.(1)(d)	
	Describe in the field below the project applicant's experience in:	

1.	. prioritizing placement and stabilization of survivors;	
2.	placing survivors in permanent housing;	
3.	placing and stabilizing survivors consistent with their preferences; and	
4.	placing and stabilizing survivors consistent with their stated needs.	

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TWC effectively uses trauma-informed, survivor-centered approaches to meet the needs of DV survivors in its transitional housing program by focusing on individualized care and survivor empowerment.

1. TWC prioritizes the immediate placement and stabilization of survivors by offering rapid entry into transitional housing, recognizing that safety and shelter are critical first steps. The intake process is designed to minimize trauma, ensuring that survivors are placed quickly into safe, confidential locations. TWC also provides comprehensive support services from the start, including counseling, legal aid, financial coaching, and English language skills (if applicable), to stabilize survivors both emotionally and materially. TWC works diligently to transition survivors from temporary to permanent housing. The program's approach includes individualized housing plans, which are co-created with survivors to align with their goals and timelines. By partnering with affordable housing providers and leveraging housing vouchers, TWC facilitates permanent housing placements that ensure long-term stability. The program also provides continued support after housing placement to reduce the risk of returning to homelessness or unsafe situations. A key aspect of TWC's trauma-informed approach is honoring survivors' preferences in housing placement. Survivors are empowered to choose between various housing options, based on their comfort and safety preferences and needs. TWC's staff works closely with survivors to ensure these choices are respected, avoiding placements that might retraumatize or conflict with their sense of security.

4. TWC's survivor-centered approach involves conducting thorough needs assessments that allow survivors to articulate their unique requirements, such as proximity to schools, access to public transportation, or specialized health services. Housing placements are then tailored to address these needs, ensuring survivors are not only safe but also set up for long-term success and stability.

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

⁽limit 5,000 characters)

1. TWC creates an environment that fosters mutual respect and equality between survivors and staff. We avoid punitive interventions, recognizing that punishment can further traumatize individuals who have already experienced control and abuse. Instead, TWC focuses on collaboration and empowerment, ensuring that survivors have autonomy in decision-making processes related to their housing, services, and case management. Staff members are trained to approach their interactions with survivors as equals, working in partnership rather than from a position of authority. This minimizes power differentials and creates an environment where survivors feel heard, valued, and supported. Survivors are encouraged to take ownership of their recovery journey, knowing that their choices will be respected and their voices will be central to the decision-making process.

2. TWC is committed to ensuring that survivors have access to information about trauma and its effects. We regularly train staff on trauma-informed care, equipping them with the skills to educate survivors on how trauma impacts their mental, emotional, and physical well-being. Survivors are given resources and explanations about trauma responses, such as anxiety, hypervigilance, and emotional numbing, helping them understand their own reactions and experiences. TWC also provides workshops and informational sessions that cover topics like coping strategies, self-care, and the long-term effects of trauma on relationships and health. This educational approach empowers survivors by giving them the knowledge they need to make informed decisions about their healing process.

3. TWC adopts a strengths-based approach in all aspects of our service delivery. Rather than focusing solely on the challenges survivors face, we highlight their inherent strengths, resilience, and capabilities. Case managers use strength-based coaching techniques to help survivors identify their skills, talents, and personal resources that can aid in their recovery. Intake assessments and questionnaires include strength-based measures, allowing survivors to reflect on their own abilities and past successes. Case plans are developed around survivor-defined goals and aspirations, ensuring that the focus is on what the survivor wants to achieve rather than what the service provider deems necessary. This approach fosters a sense of empowerment, as survivors are recognized as capable individuals who can actively shape their futures.

4. TWC is deeply committed to cultural responsiveness and inclusivity, ensuring that its services are accessible and respectful to survivors of all backgrounds. Staff receives training on cultural competence, nondiscrimination, and equal access to services. This training includes awareness of how cultural factors, such as race, ethnicity, religion, gender identity, and sexual orientation, impact a survivor's experience of violence and their healing process. TWC provides services in over 6 languages, to ensure that non-English-speaking survivors can fully participate in programs. The organization continuously evaluates its services to improve cultural responsiveness, seeking feedback from survivors on how to better meet their unique needs. TWC's commitment to inclusivity ensures that all survivors feel welcome, respected, and understood, regardless of their background.

5. Recognizing the importance of community and connection in the healing process, TWC provides a variety of opportunities for survivors to connect with others. We offer support groups where survivors can share their experiences, build relationships, and find mutual support. These groups are often led by peer mentors—survivors who have successfully navigated their own recovery journeys—providing a powerful source of inspiration and guidance. For survivors who identify with specific spiritual traditions, TWC offers connections

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to spiritual resources, including religious leaders, faith-based support groups, and spaces for spiritual practice. By providing diverse avenues for connection, TWC ensures that survivors can find the community and support that best meets their individual needs.

6. Many survivors of domestic violence are also parents, and TWC offers specialized support to help them navigate the challenges of parenting while healing from trauma. We provide trauma-informed parenting classes that teach survivors how to support their children's emotional and behavioral needs, while also addressing their own trauma. These classes help parents understand the impact of domestic violence on children and equip them with strategies to foster healing and resilience within their families. TWC also offers on-site childcare during program sessions, ensuring that parents can fully participate in their own recovery. Additionally, survivors are connected to legal services to assist with custody issues, child support, and protection orders, helping to stabilize their families in the long term.

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

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

(limit 5,000 characters)

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TWC provides a comprehensive array of supportive services designed to meet the immediate and long-term needs of DV survivors while facilitating quick transitions into permanent housing. These services are rooted in traumainformed, survivor-centered approaches that prioritize both safety and stability, ensuring that survivors can rebuild their lives with confidence.

1. TWC offers immediate crisis intervention services as the first step in supporting DV survivors. Upon contact, survivors receive a comprehensive safety plan tailored to their individual risks and needs. Safety planning includes assessing the immediate threat, identifying safe places, securing emergency protective orders, and offering temporary shelter if necessary. These actions are taken in conjunction with survivors' preferences to ensure they feel empowered in the process. Staff trained in trauma-informed care conduct these assessments, ensuring that survivors' emotional safety and autonomy are prioritized.

2. A key component of TWC's approach is rapid rehousing, which aims to move survivors into permanent housing as quickly as possible. TWC partners with landlords and housing providers to secure safe, affordable housing for survivors. Survivors are provided with short-term rental assistance and support in securing long-term housing options through housing vouchers or affordable housing programs. In addition to securing housing, TWC's housing navigation services guide survivors through the complexities of finding and applying for housing. Survivors receive help with filling out applications, understanding leases, and advocating for themselves in the housing market. These navigation services are critical in ensuring that survivors, especially those with limited financial resources or a history of disrupted housing, can quickly transition into a stable living situation.

3. Many DV survivors require legal assistance to ensure their safety, particularly in situations involving protection orders, custody arrangements, and immigration issues. TWC provides survivors with access to legal advocacy and representation through an on-site clinic provided by South Coastal County Legal Services. Survivors receive help filing restraining orders, navigating family court, and securing legal rights related to their housing. In cases where a survivor's legal status may complicate housing access—such as immigration or financial issues—TWC's legal advocates work to remove these barriers.

4. In addition to addressing survivors' housing and legal needs, TWC provides emotional support services to help survivors process the trauma of abuse. Individual counseling sessions are available, offering survivors a safe space to discuss their experiences, fears, and goals. Group counseling sessions and peer support groups are also provided, allowing survivors to connect with others who have experienced similar challenges. These emotional support services are critical for survivors as they transition to new housing, helping them build resilience and cope with the emotional aftermath of domestic violence.

5. Financial insecurity is a major barrier for many DV survivors in securing and maintaining permanent housing. To address this, TWC provides financial assistance in the form of rental subsidies, utility payments, and emergency financial aid. These resources help survivors cover immediate housing costs while they work towards financial independence. Additionally, in partnership with Bristol County Savings Bank, TWC offers a financial literacy class to help survivors build long-term financial stability. Survivors are connected to local employment programs and job placement services to increase their chances of securing stable income.

6. For survivors with children, TWC offers a variety of parenting support services to ensure that families can transition into permanent housing together. On-site childcare is provided during counseling sessions and program activities,

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enabling parents to focus on their own healing. TWC also offers parenting classes that address the specific challenges of raising children in the aftermath of domestic violence. These classes cover trauma-informed parenting techniques, helping parents understand the impact of DV on their children and providing strategies for fostering emotional healing and resilience within the family.

7. After survivors are placed in housing, TWC provides ongoing case management to ensure continued safety and stability. Case managers regularly check in with survivors to address any emerging challenges, such as maintaining rent payments, securing employment, or addressing ongoing safety concerns. This long-term support is crucial for survivors transitioning from temporary to permanent housing, ensuring they remain housed and supported as they work towards independent living.

4A-3h.	Applicant's Plan for Placing and Stabilizing Survivors in Permanent Housing Using Trauma- Informed, Survivor-Centered Approaches in the New DV Bonus Housing Project(s).	
	NOFO Section I.B.3.j.(1)(e)	
	Describe in the field below how the project(s) will:	
1	prioritize placement and stabilization of program participants.	

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

(limit 2,500 characters)

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TWC's innovative plan for its new DV Bonus Housing Project integrates traumainformed, survivor-centered approaches to effectively place and stabilize DV survivors in permanent housing, focusing on four key areas:

1. Prioritizing Placement and Štabilization - TWC will prioritize the immediate placement and stabilization of survivors by utilizing rapid rehousing strategies. Survivors will be fast-tracked into housing through partnerships with landlords and housing providers, ensuring that those facing immediate danger or homelessness are housed quickly. TWC will provide rental assistance and wraparound services to stabilize survivors, reducing the risk of returning to unsafe environments.

2. Placing Program Participants in Permanent Housing - TWC will work closely with survivors to transition them into permanent housing options that best meet their long-term needs. Survivors will be connected to housing vouchers, affordable housing units, and long-term rental assistance programs. By collaborating with local housing authorities and leveraging resources such as the Continuum of Care and its Coordinated Entry System, TWC will ensure that survivors have access to safe, sustainable housing solutions.

3. Placing and Stabilizing Participants Consistent with Their Preferences - A core part of TWC's approach is empowering survivors to make choices about their housing based on their personal preferences. Survivors will be offered various housing options, including scattered-site housing and apartment units, allowing them to select the environment that makes them feel most safe and comfortable. Survivor autonomy will be emphasized throughout the process. 4. Placing and Stabilizing Participants Consistent with Their Stated Needs - TWC will conduct personalized needs assessments for each survivor, ensuring that housing placements align with their specific requirements, such as proximity to schools, employment, healthcare, and/or support networks. The program will provide tailored case management and services, addressing each survivor's unique needs to support long-term housing stability and emotional recovery.

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

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

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(limit 5,000 characters)

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1. TWC will foster an environment of agency and mutual respect by ensuring that all interactions between survivors and staff are based on equality and collaboration. The project will avoid punitive interventions, recognizing that such measures can retraumatize survivors who have experienced control and coercion. Instead, staff will adopt a strengths-based approach, working alongside survivors to empower them in their decision-making. Survivors will be encouraged to participate actively in their case plans, and staff will minimize power differentials by treating survivors as partners in their recovery process. This survivor-centered approach creates a respectful and supportive environment where survivors feel heard, valued, and in control of their own lives.

2. Understanding the effects of trauma is crucial for survivors as they navigate their healing journey. TWC will ensure that all program participants have access to information about trauma, its impact, and how it may influence their responses and behaviors. Staff will receive extensive training on trauma-informed care, learning how to explain the effects of trauma to survivors in a compassionate, clear, and accessible way. Survivors will be provided with educational resources, workshops, and one-on-one discussions on topics like trauma responses, coping strategies, and self-care. By providing this information, TWC empowers survivors with the knowledge they need to understand their experiences and make informed decisions about their recovery.

3. A key principle of TWC's approach is emphasizing the strengths of survivors rather than focusing solely on their trauma or challenges. The project will integrate the Wellbeing Approach from the Full Frame Initiative's training into case management services, helping survivors identify their unique skills, abilities, and resilience. Questionnaires and assessment tools will include strength-based measures, encouraging survivors to recognize their own achievements and resources. Case plans will be developed in partnership with survivors, focusing on survivor-defined goals and aspirations. This approach ensures that survivors are seen as capable individuals who have the power to shape their future, rather than as victims of their past experiences. By focusing on strengths, TWC helps survivors build confidence and self-efficacy.

4. TWC is committed to providing services that are culturally responsive and inclusive. All staff will receive training on cultural competence,

nondiscrimination, and equal access to services. This training will cover how cultural factors such as race, ethnicity, gender identity, sexual orientation, and religion influence a survivor's experience of domestic violence and their healing process. TWC will ensure that language access services, such as interpretation and translation, are available so that non-English-speaking survivors can fully participate in the program. The project will continuously evaluate its services to ensure they are accessible and inclusive, seeking feedback from survivors on how to improve cultural responsiveness. By centering cultural inclusivity, TWC will ensure that all survivors feel welcome, respected, and understood. 5. Building connections is an essential part of healing from trauma, and TWC will provide multiple opportunities for survivors to connect with others. The project will offer peer support groups where survivors can share their experiences, build relationships, and find mutual support. Survivors will also have access to mentorship programs, where they can connect with peers or mentors who have successfully navigated similar experiences. For survivors who have spiritual needs, TWC will offer connections to spiritual resources, including faith-based support groups or religious leaders. These opportunities for connection foster a sense of community and belonging, helping survivors heal in the company of others who understand their experiences.

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6. Many survivors of domestic violence are also parents, and TWC will provide specialized support to help them navigate the challenges of parenting while recovering from trauma. The project will offer trauma-informed parenting classes that teach survivors how to support their children's emotional and behavioral needs while also addressing their own trauma. These classes will help survivors understand the impact of domestic violence on children and provide strategies for fostering healing and resilience within the family. On-site childcare will be provided during program activities, allowing parents to focus on their own recovery. TWC will also connect survivors to legal services related to parenting, such as custody and child support, helping to stabilize families in the long term.

4A-3j.	Applicant's Plan for Involving Survivors in Policy and Program Development, Operations, and Evaluation in the New DV Bonus Housing Project(s).
	NOFO Section I.B.3.j.(1)(f)
	Describe in the field below how the new project will involve survivors:
1.	with a range of lived expertise; and
2.	in policy and program development throughout the project's operation.

(limit 2,500 characters)

1. Involving Survivors with a Range of Lived Experiences

TWC will actively engage survivors with varied backgrounds, including differences in age, race, ethnicity, gender identity, sexual orientation, and family composition, to ensure inclusivity in program development. TWC will conduct regular focus groups, listening sessions, and surveys to gather feedback from survivors with diverse experiences. These sessions will create a safe, supportive space where survivors can share their perspectives on housing, safety, and service needs, ensuring the program addresses the unique challenges faced by different communities. Survivors' insights will directly inform service delivery, ensuring that housing options, support services, and outreach are tailored to meet diverse needs.

2. Involving Survivors in Policy and Program Development TWC will integrate survivors into decision-making processes by establishing a Survivor Advisory Council. This council will consist of survivors who have previously participated in TWC programs or other housing services and will meet regularly with program leadership to provide feedback and recommendations on policies, practices, and service delivery. Additionally, TWC will invite survivors to participate in program evaluation, helping shape future improvements. This collaborative approach ensures that survivors' voices are not only heard but actively shape program design and policies, fostering a sense of ownership and empowerment among participants.

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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.	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 at	tachment for each do	ocument listed where 'Required?' is 'Yes'.	
3.	files to PDF, rather that	n printing documents rint option. If you ar	her file types are supported–please only us and scanning them, often produces highe e unfamiliar with this process, you should c	se zip files if necessary. Converting electronic r quality images. Many systems allow you to onsult your IT Support or search for
4.	Attachments must mate	ch the questions the	are associated with.	
5.	Only upload documents ultimately slows down t	s responsive to the o the funding process.	uestions posed-including other material slo	ows down the review process, which
6.	If you cannot read the a	attachment, it is likely	y we cannot read it either.	
	. We must be able to displaying the time and time).	o read the date and t I date of the public po	ime on attachments requiring system-gene osting using your desktop calendar; screen	rated dates and times, (e.g., a screenshot shot of a webpage that indicates date and
	. We must be able to	o read everything yo	u want us to consider in any attachment.	
7.	After you upload each a Document Type and to	attachment, use the ensure it contains a	Download feature to access and check the Il pages you intend to include.	attachment to ensure it matches the required
8.	Only use the "Other" at	tachment option to n	neet an attachment requirement that is not	otherwise listed in these detailed instructions.
Document Typ	e	Required?	Document Description	Date Attached
1C-7. PHA Ho Preference	meless	No	1C-7 PHA Homeless	10/23/2024
1C-7. PHA Mo Preference	ving On	No	1C-7 PHA Moving O	10/23/2024
1D-10a. Lived Support Letter	Lived Experience Yes 1D-10a Lived Expe 10/25/2024		10/25/2024	
1D-2a. Housin	g First Evaluation	Yes	1D-2a Housing Fir	10/23/2024
1E-2. Local Co Tool	mpetition Scoring	Yes	1E-2 Local Compet	10/24/2024
1E-2a. Scored Project	E-2a. Scored Forms for One Yes 1E-2a Scored Form 10/24/2024		10/24/2024	
1E-5. Notificati Rejected-Redu		Yes	1E-5 Notification	10/24/2024
1E-5a. Notifica Accepted	tion of Projects	Yes	1E-5a Notificatio	10/24/2024
1E-5b. Local C Selection Rest		Yes	1E-5b Local Compe	10/24/2024
1E-5c. Web Po Approved Con Application	osting–CoC- solidated	Yes		
1E-5d. Notifica Approved Con Application		Yes		

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

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Attachment Details

Document Description: 1C-7 PHA Homeless Preference

Attachment Details

Document Description: 1C-7 PHA Moving On Preference

Attachment Details

Document Description: 1D-10a Lived Experience Support Letter

Attachment Details

Document Description: 1D-2a Housing First Evaluation

Attachment Details

Document Description: 1E-2 Local Competition Scoring Tool

Attachment Details

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Document Description: 1E-2a Scored Forms for One Project

Attachment Details

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 Local Competition Selection Results

Attachment Details

Document Description:

Attachment Details

Document Description:

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Attachment Details

Document Description: 2A-6 HUD's Homeless Data Exchange (HDX) Competition Report

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	09/13/2024
1B. Inclusive Structure	10/25/2024
1C. Coordination and Engagement	10/25/2024
1D. Coordination and Engagement Cont'd	10/21/2024
1E. Project Review/Ranking	10/28/2024
2A. HMIS Implementation	10/25/2024
2B. Point-in-Time (PIT) Count	10/22/2024
2C. System Performance	10/23/2024
3A. Coordination with Housing and Healthcare	10/24/2024
3B. Rehabilitation/New Construction Costs	10/24/2024
3C. Serving Homeless Under Other Federal Statutes	10/24/2024

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4A. DV Bonus Project Applicants

4B. Attachments Screen

Submission Summary

10/25/2024 Please Complete No Input Required

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4.4 APPLICANT PREFERENCES

A. APPLICANT PREFERENCE #1: EMERGENCY (65 PTS)

Applicants displaced by one of the following:

- 1. Fire
- 2. Federally declared natural disaster
- 3. Condemnation
- 4. Urban renewal
- 5. Presence of Lead Paint if a home with a child age 6 and under
- 6. Witness relocation as determined by city, county, state or federal law enforcement

B. APPLICANT PREFERENCE #2: LOCAL RESIDENCY (50 PTS)

Applicants who currently reside in the City of Fall River, or have at least one (1) adult member who either

- 1. Works or has been hired to work in the City of Fall River, or
- 2. Attends an educational or training program full-time in the City of Fall River.

FRHA does <u>not</u> require a minimum term of Fall River residency to qualify under this preference. A family that can provide proper verification as outlined in Section 6.3 (B) of this policy qualifies as a resident, provided they do not live somewhere else.

C. APPLICANT PREFERENCE #3: EMPLOYED/EDUCATION/WORK-EXEMPT (40 PTS)

- 1. Applicants with at least one adult who is employed a minimum of 32 hours weekly and has been employed for at least three months; *or*
- 2. Applicants with at least one adult who is a full-time participant in an educational or training program designed to prepare the individual for the job market; *or*
- 3. Applicants where both the Head of Household AND spouse/co-head, or sole member, are age 62 or older, or are receiving social security disability, supplemental security income, disability benefits, or any other payments based on an individual's ability to work.

4.5 APPLICANT PRIORITIES

Priority points will be added to preference category points for applicants at admission only.

A. VETERANS PRIORITY (+3 PTS)

Veterans will be given priority over non-veterans, regardless of whether they are eligible for an applicant preference. Applicants determined eligible for Veterans Priority shall have three (3) points added to their current preference point total.

B. VAWA PRIORITY (+4 PTS)

Victims of domestic violence, dating violence, sexual assault, or stalking will be given applicant priority whether they are eligible for an applicant preference. (See: Appendix C:

Violence Against Women Act Policy) Applicants determined eligible for VAWA Priority shall have four (4) points added to their current preference point total.

4.6 UPDATING THE WAITING LIST

A. FREQUENCY

The FRHA will update its waiting list every three (3) years to ensure that the pool of applicants reasonably represents the interested families for whom the FRHA has current information.

B. PROCESS

- 1. FRHA will send each active applicant an update package that explains the update process and includes a form for the applicant to complete and return.
- 2. The update package will be mailed to each applicant in a format that accommodates individual applicant's need.
- 3. Applicants will be allowed thirty (30) calendar days from the post-date of the update package to respond either by mail or hand delivery to the FRHA.
- 4. Applicants must complete the form by marking if they are still interested in remaining on the waiting list and reporting any changes in address, family composition, income and preference.
- 5. Applicants who fail to respond within the time frame or whose letters are returned undeliverable will be removed from the waiting list and will not be entitled to an Informal Review.

4.7 FACTORS AFFECTING APPLICANT RANKING

There is no guarantee that an applicant's ranking on the waiting list will continually rise over time. Various factors affect the length of time an applicant spends on the waiting list. Factors such as unit turnover rates, waiting list demand, and the constant influx of new applicants qualifying for preference points may cause an incumbent applicant's ranking to rise or fall to varying degrees. Examples of these factors affecting rank include, but are not limited to:

- A subsequent applicant is placed on the same sub-waiting list and bedroom size but qualifies for a higher-ranking preference.
- An applicant with an older application date and/or higher-ranking preference category experiences a change that qualifies them to be placed on another sub-waiting list.

4.8 REMOVAL OF APPLICANTS FROM THE WAITING LIST

A. REASONS FOR REMOVAL

FRHA will only remove an applicant's name from the waiting list if he/she:

1. Requests in writing that the name be removed

- 2. Fails to respond to a written request for information or a request to declare their continued interest in the program
- 3. Fails to attend a scheduled appointment without advance notification and/or good cause.
- 4. Fails to meet either the eligibility or suitability criteria for the program.

If an applicant has been placed on more than one sub-waiting list for the federal public housing program, once they are admitted to federal public housing, they will be removed from all other sub-waiting lists.

B. RIGHT TO DISPUTE THE ACCURACY OF A CRIMINAL RECORD

- 1. **Notice**: Federal law requires that PHAs provide applicants with notification and the opportunity to dispute the accuracy and relevance of a criminal record before admission is denied on the basis of such record. To ensure that decisions are made based on accurate information, the FRHA will (a) first notify the family of the proposed action and (b) provide the subject of the record and the applicant a copy of the record and (c) an opportunity to dispute the accuracy or legitimacy of the record prior to a denial of admission.
- 2. **Response**. The applicant will have ten (10) business days to respond to the notice and request an Informal Review. Failure to respond within the timeframe will result in denial of admission.
- 3. **Dispute Process**. The applicant must be able to demonstrate that the record contains inaccurate or incomplete information as such it would deem the applicant eligible under this screening category. FRHA will consider the evidence in determining whether to admit or deny. During this process the applicant will maintain their position on the waiting list. Failure to present satisfactory evidence will result in denial of admission.

C. NOTIFICATION OF DENIAL

Following a determination of ineligibility, the applicant must be given the opportunity to present written or oral objections to FRHA's decision and present evidence of mitigating circumstances and/or request for reasonable accommodations based on a disability. In accordance with 24 CFR 982.554 (b), FRHA shall notify an applicant in writing of a determination of ineligibility and the notice shall:

- 1. State the reason(s) for the decision;
- 2. Inform the applicant of his/her right request an informal review of the decision; and
- 3. Describe how to obtain the informal review and timeframe in which to respond and request one.

D. APPLICANT'S RIGHT TO AN INFORMAL REVIEW

- 1. Applicants have 20 calendar days from the date of their Denial Notice to request an Informal Review.
- 2. The applicant must be given the opportunity to present written or oral objections to the FRHA's decision and present evidence of mitigating circumstances and/or request for reasonable accommodations based on a disability

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-II.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.

FRHA Policy

Local Preferences

FRHA has adopted a system of preferences that reflect the values, needs and priorities of both the Authority and the local community. Applicants will be sorted on the waiting list in accordance with any approved Preference. The ranking categories utilized by FRHA for Housing Choice Voucher Program new admissions are outlined below.

a. Category #1: "Moving On" Program

In partnership with the City of Fall River Continuum of Care (CoC), FRHA will set aside a one-time allocation of no less than twenty (20) Housing Choice Vouchers to pilot its "Moving On" initiative.

These vouchers will be made available through the adoption of a Limited Preference for applicants (formerly chronically homeless) who currently occupy Permanent Supportive Housing (PSH) and have been identified by the Fall River CoC as ready to "move on" from transitional housing after achieving stability in PSH. Qualifying applicants will be given absolute preference over all other HCV applicants on the waiting list until the target number of allocated vouchers (20) has been reached.

Once all set-aside vouchers under this preference have been issued and leased, no additional Moving On vouchers shall be issued until a participant admitted under this preference ends participation in HCV, thereby freeing up a Moving On voucher for the next PSH graduate on the waiting list.

To continually maintain the full complement of leased vouchers (20) under this setaside, FRHA will continue to accept referrals from PSH providers so that any Moving On voucher that is returned to FRHA can be re-issued to the next eligible HCV applicant selected under this Limited Preference. Eligibility for "Moving On" Preference is subject to the following criteria, to be verified upon selection:

- The applicant has been a tenant in a CoC-funded PSH program for at least twelve (12) months; and
- The applicant no longer requires the PSH program's services or has completed the program's services (as determined by the provider and CoC); and

As a result, must relocate from such housing.

<u>Verification Requirements</u>: FRHA will accept referrals from providers of Permanent Supportive Housing (PSH) programs that receive assistance through the Fall River CoC. When referring clients for selection under this Preference, PSH providers will follow the established CoC protocol to identify individuals and families that are good candidates for a successful transition from PSH to a Housing Choice Voucher.

b. Category #2: Fall River Resident

FRHA has adopted a Local Preference that gives priority to individuals and families living and/or working in the City of Fall River over their non-resident counterparts.

Eligibility for Residency Preference must be verified at the time of screening, prior to admission.

- o Applicant families who currently reside in the City of Fall River, or
- Applicant families who have at least one (1) adult member who works (or has been hired to work) in the City of Fall River.

FRHA does not require a minimum term of Fall River residency to qualify for Residency Preference. A family that can provide proper verification as outlined in the following section shall qualify as a resident, provided they do not live somewhere else.

<u>Verification Requirements</u>. Proof that applicant is a current resident of the City of Fall River as verified by at least one of the following documents:

- Utility Bill: Gas, electric, telephone, cable, or heating oil bill, less than 60 days old, containing applicant's name and residential address.
- Cell Phone, Credit Card, Doctor or Hospital Bill: Must be less than 60 days old.
- Pay Stub: Pre-printed with employer's name and address and applicant's name and residential address. This must be less than 60 days old.
- Bank Statement or Transaction-related Document: less than 60 days old, on a form generated by the issuing bank. This must display the bank's name and mail address, and the applicant's name and residential address. Must also have been received through mail by applicant.
- ATM/Debit Card or Credit Card Statement: With name and residential address, less than 60 days old.
- Car Insurance Policy or Bill: Must be less than 60 days old.

- Car Loan Payment Book: Must be current and display residential address.
- First-Class Mail from any Federal or State Agency: Must display residential address and no older than three (3) months.
- Household or Motor Insurance Certificate: No older than six (6) months.
- School Transcript: Must be an original with name and residential address and must be less than six (6) months old.
- School Letter: Original letter issued and signed by the principal, headmaster, or official keeper of records of Fall River school (including a college or university) that is on school letterhead and states that the applicant currently is an enrolled student and includes the applicant's name and residence.
- Voter Registration: Signed and certified by city/town clerk.
- o Annual Pension or Retirement Statement: For the current year.
- Homeowners or Renters Insurance Policy: Must be current with applicant's residential address for current year.
- Official letter from Shelter/Homeless Services provider: Must be on original agency letterhead certifying applicant's date of placement and current temporary residency in a Fall River shelter.

c. Category #3: Standard (No Preference)

All other families on the waiting list will be considered Standard Applicants. Standard Applicants will be selected only after all applicants with Residency Preference have been selected.

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)].

FRHA Policy

FRHA will only select "Standard Applicants" after all applicants with "Residency Preference" have been selected. However, to the extent that an applicant is not Extremely Low Income (ELI), FRHA may elect to select ELI families ahead of other eligible families on an as-needed basis to ensure the annual income targeting requirement is met.

Persons with Lived Experience and Expertise Working Group

Fall River Continuum of Care

September 5, 2024

To Whom it May Concern:

Having had experienced homelessness, the Working Group of Persons with Lived Experience and Expertise feels it brings a unique and accurate perspective to the homeless issues concerning the Fall River Continuum of Care.

As members of the Fall River Homeless Service Providers Coalition and the Mayor's Task Force to End Homelessness (Continuum of Care Board), we have been presented opportunities to be involved in setting the priorities of funding for the FRCoC programs during the NOFO process, creating the CoC Governance Charter, developing the prioritization criteria for the Coordinated Entry System, generating policies and procedures for Emergency Solutions Grant and CoC programs, planning the Point-in-Time Counts, setting priorities for the CARES Act funding, and planning events for folks currently experiencing homelessness. Our experiences help to thoughtfully shape strategies to work toward ending homelessness. We appreciate the opportunity to be part of the decision-making process.

Sincerely,

Chairperson, PLEE Working Group

SCORING ASSESSMENT SUMMARY

Funding Requests

		Grant	Funds	%	FY2024	2024 2024 HIC HIC		Dedicated Priority Youth	Priority	Youth	Youth		-	
		Award	Expended	Expended	Request	# of	to #	£	СН	18-24	Under	Veteran	Veteran suppops HF	÷
Project Name	Grant Number					units beds	beds				01			
Cornerstone	MA0383L1T152109 570,411.00 426,048.00	570,411.00	426,048.00	74.69%	\$634,494	25	64	64	0	3	0	2	Y, DV, F, V	×
Francis House	MA0417L1T152110 113,011.00 71,690.00	113,011.00	71,690.00	63.44%	\$123,003	4	8	4	4	8	0	0	Y, DV	×
Home First Consol	Home First Consoli MA0578L1T152206 213,693.00 213,693.00	213,693.00	213,693.00	100.00%	\$234,521	12	12	12	0	0	0	0		×
Next Step Home	Next Step Home MA0236L1T152215 538,834.00 513,248.00	538,834.00	513,248.00	95.25%	\$596,890	40	66	66	0	0	0	0	DV, F	×
Stone Residence	Stone Residence MA0238L1T152114 471,379.00 436,428.00	471,379.00	436,428.00	92.59%	\$529,370	22	22	22	0	0	0	2	DV, V	×
DV Bonus					\$471,886	15	30						DV	
Subpopulations: Y=	Subpopulations: Y=Youth, DV=Victims of Domestic Violence, F=Families w/Children, V=Veterans	omestic Violen	ce, F=Families	w/Children, V	/=Veterans			CH = Chronically Homeless	IIV Homele	SS				

Beds in family programs are recorded based on # of beds occupied during PiT Count.

HF = Housing First

HMIS	MA0323L1T152113	\$32,662	\$20,044	61%	\$32,662
The CALL (SSO-CE)	The CALL (SSO-CE) MA0526L1T152106	\$100,088	\$73,680	74%	\$100,088

Annual Renewal Demand		\$2,251,028
Tier 1 (90% of ARD + Bonus/Planning)	%06	\$2,025,925
Tier 2		\$225,103
Bonus/Planning Funds		\$471,886
Total Funding Request		\$2,722,914
Bonus/Planning Funds Total Funding Request		\$4 [.] \$2,7.

*

No CoC Bonus request, no Planning request No consolidations of existing grants

No reallocations from existing grants to create a new project No expansion requests to increase beds or services in an existing grant

	renew	13
ŗ	FY of App	20
	CoC #	15
	FO Code	1T
::	App Type	i
Determination Proces	Project ID number	0238
HUD's Grant Number Determination Process:	State abbreviation	MA

Bed/Unit Inventory and Utilization

ACTUAL INVENTORY

	Cornerstone	Francis House	Home First Consolidated	Next Step Home Program	Stone Residence
Units	25	4	12	40	22
Beds	64	8	12	66	22

UTILIZATION RATES - UNITS

UTILIZATION RA	TES - UNITS				
	Cornerstone	Francis House* (based on 8 HHs)	Home First Consolidated	Next Step Home Program	Stone Residence
January	76.00%	62.50%	100.00%	80.00%	86.36%
April	92.00%	62.50%	100.00%	75.00%	90.91%
July	108.00%	87.50%	100.00%	85.00%	81.82%
October	84.00%	87.50%	91.67%	80.00%	91.91%
Average	90.00%	75.00%	97.92%	80.00%	87.75%

UTILIZATION RATES - BEDS

			Home First	Next Step	Stone
	Cornerstone	Francis House	Consolidated	Home Program	Residence
January	76.56%	62.50%	100.00%	80.30%	86.36%
April	90.63%	62.50%	100.00%	77.27%	90.91%
July	104.69%	87.50%	100.00%	86.36%	81.82%
October	90.63%	87.50%	91.67%	84.85%	90.91%
Average	90.63%	75.00%	97.92%	82.20%	87.50%

ect Rating Tool - System Performance	Measures
Tool - Sys	F
	il - Sys

Exits to Permanent Housing

percent (%) remain in or move to permanent housing

S	H	HFC	NSHP	SR
%66	88%	92%	94%	%68

Returns to Homelessness

cit to PH	SR	20%
in 12 months of ex	NSHP	%0
homelessness with	HFC	%0
ercent (%) of participants return to homelessness within 12 months of exit to PH	FH	%0
percent (%) of part	cs	%0

New or Increased Income and Earned Income

Totol # of Stoucer	23	n	4.4	90	ç
+ CI VLAYCIV	86	ი	8 T	43	24
					SPM 4.1
	percent (%) new or increased earned income for project stayers	or increased earned	d income for proje	ct stayers	
	S	H	HFC	NSHP	SR
	%6	67%	%6	3%	20%
					SPM 4.2

	SR	80%
percent (%) new or increased non-employment income for project stayers	NSHP	55%
nployment income	HFC	73%
r increased non-en	Η	%0
percent (%) new o	S	50%

Total # of Leavers

CS FH HFC NS	Ξ	HFC	NSHP	SR
17%	%0	%0	%6	%0
				SPM 4.5
	-			

SR 60% percent (%) new or increased non-employment income for project leavers NSHP 67% 67%

	points	2.5
Minimum	%	10

	points	2.5	
Minimum	%	10	

Minimum %

SPM 7b.1 & 7b.2

points 25 90

SPM 2a

points 15 Maximum % 15

points 2.5 Minimum % Ø

points 2.5 Minimum 10 %

points 2.5 Minimum % ∞

SPM4.4

90

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2

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64% HFC %0 Ξ%

Higher score = the project lends itself to low barrier/housing first model **Project Rating Tool - Annual Performance Reports** Serve High Need Populations APR - Q5a

	TOTAL CLIENTS SERVED BY THE PROGRAM DURING /	ED BY THE PROGRA	M DURING APR TERM	RM
S	ЬН	HFC	NSHP	SR
46	8	13	47	29
34	0	0	25	0
80	∞	13	72	29

APR - Q16

points

8 8

Minimum

10

	SR	4	13.79%
dults only)	NSHP	4	8.51%
percent (%) of participants with zero income at entry (adults only)	HFC	1	7.69%
icipants with zero	H	5	62.50%
percent (%) of part	cs	12	26.09%

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percent (%) of par	ticipants with more	e than one disabilit	percent (%) of participants with more than one disability type at entry (all)	
S	Η	HFC	NSHP	SR
28	4	12	32	29
35.00%	50.00%	92.31%	44.44%	100.00%

articipa	nts entering p	percent (%) of participants entering project from homeless situations (adults only)	ess situations (adu	ults only)
	HJ	HFC	NSHP	SR
	8	13	39	27
	100.00%	100.00%	82.98%	93.10%

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points

% 75

Minimum

10

points

Minimum

% 75

10

Adults %

Adults Children Total

Adults %

% All

PROJECT THRESHOLD REQUIREMENTS

Coordinated Entry Participation Housing First and/or Low Barrier Implementation Documented, secured minimum match Project has reasonable costs per permanent housing exit, as defined locally Project is financially feasible Applicant is active CoC participant Application is complete and data are consistent Data quality at or above 90% Bed/unit utilization rate at or above 90% Acceptable organizational audit/financial review Documented organizational financial stability

Fall River CoC MA-515 FY2024 CoC Application Score Sheet

Renewal

□ New □

Project Type

- D PH-PSH
- D PH-RRH

SSO

- □ HMIS
- □ Joint TH-RRH

Agency: _____ Project: _____

Bed/Unit Composition

Grant Number	Individual Units	Individual Beds	Family Units	Family Beds	Subpops

Subpops: Y=Youth, DV=Victims of Domestic Violence, V=Veterans

Clients Served

 Total Persons	Total Adults	Total Children	Total Households	Total Leavers	Total Stayers	Total Chronic Homeless

Budget Summary

Grant Award	Leasing/Rental	Supportive Services	Operations	Admin	Match

Expenditure Summary

Total Expended	Leasing/Rental	Supportive Services	Operations	Admin	% Expended	Match

Project Description:

System Performance Measures

GOALS	PERFORMANCE STANDARD	ACHIEVEMENT	COMMENTS	POINTS AWARDED
Housing Stability	SPM 7b.1 & 7b.2			
Persons remain in or	Exits to or retention of			
move to permanent	permanent housing			
housing				
Goal => 90%		×		
Returns to	SPM 2a			
Homelessness	Exits to permanent			
Persons return to	housing, then returns to			
homelessness	homelessness in 12			
Goal <= 15%	months			
New or Increased	SPM 4.1			
Earned Income –	Change in earned			
Stayers	(employment) income for			
Adult stayers obtained	adult system stayers			
or increased				
employment income				
Goal => 8%				
New or Increased Non-	SPM 4.2			
Employment Cash	Change in non-			
Income – Stayers	employment	-		
Adult stayers obtained	(mainstream resources)			
or increased	income for adult system			
mainstream resources	stayers			
Goal => 10%				
New or Increased	SPM 4.4			
Earned Income –	Change in earned			
Leavers	(employment) income for			
Adult leavers obtained	adult system leavers			
or increased				
employment income				
Goal => 8%				
New or Increased Non-	SPM 4.5			
Employment Cash	Change in non-			
Income – Leavers	employment			
Adult leavers obtained	(mainstream resources)			
or increased	income for adult system			
mainstream resources	leavers			
Goal => 10%				

Project is Low Barrier/Housing First

GOALS	PERFORMANCE STANDARD	ACHIEVEMENT	COMMENTS	POINTS AWARDED
Zero Income at Entry Adults only Goal => 80%	APR Q16 Number of Adults with zero income at program entry			
More than One Disability Type at Entry Adults & children Goal => 75%	APR Q13.a Number of physical and mental health conditions at program entry			
Entering Project from Place Not Meant for Human Habitation Adults only Goal => 75%	APR Q15 Living situation prior to program entry			

Project Threshold Requirements

GOALS	PERFORMANCE STANDARD	ACHIEVEMENT	COMMENTS	POINTS AWARDED
Utilization Rate Program operates at full capacity, has low vacancy rates, fills vacancies quickly Goal => 90%	APR Q08b Average of quarterly utilization rates of point- in-time count of households			N/A
Data Quality All data is collected and entered into HMIS accurately and on a timely basis Goal = 0%	APR Q06a-f Data quality of all Universal Data Elements			N/A
Fiscal Management Complete, timely drawdowns of funds (at least quarterly) Goal = 100%	HUD LOCCS Based on FY2020 allocation amount (see Expenditure Summary chart above for more details)			N/A

TOTAL POINTS AWARDED

Summary Review: System Performance Measures

Project is Low Barrier/Housing First

Project Threshold Requirements

Financial Analysis

Fall River CoC MA-515 FY2024 CoC Application Score Sheet

□ New 🛛

Renewal

Project Type

- PH-PSH
- D PH-RRH
- SSO
- □ Joint TH-RRH

Agency: Steppingstone, Inc. Project: Next Step Home Program

Bed/Unit Composition

Grant Number	Individual Units	Individual Beds	Family Units	Family Beds	Subpops
MA0236L1T152215	26	26	14	40	DV, F

Subpops: Y=Youth, DV=Victims of Domestic Violence, V=Veterans, F=Families

Clients Served

Total Persons	Total Adults	Total Children	Total Households	Total Leavers	Total Stayers	Total Chronic Homeless
72	47	25	41	21	51	43

Budget Summary

Grant Award	Leasing/Rental	Supportive Services	Operations	Admin	Match
\$538,834	\$413,592	\$97,416	\$0	\$27,826	\$134,709

Expenditure Summary

Total Expended	Leasing/Rental	Supportive Services	Operations	Admin	% Expended	Match
\$513,248	\$405,191	\$80,231	0	\$27,826	95%	\$216,329

Project Description:

Next Step Home Program (NSHP) provides PSH for 40 formerly homeless individuals & families with disabilities in scattered-site housing. Participants work on their individual service plans with their case managers to help work toward/complete their goals and to help participants become self-sufficient. Participants work on getting their GED, career trainings, clearing up old issues/problems and setting up a support system. Case Managers also work with numerous outside agencies to ensure participants are receiving the best possible care/resources. The case management approach has become extremely effective in moving participants no longer needing the supportive services to independent housing, opening up a much needed PSH unit in the community. NSH provides, housing search, housing placement, assistance with landlord and PHA mediation. In addition, the supportive services include housing retention support, preparation for annual Recertification, inspections and Lease signing and apartment search.

System Performance Measures

GOALS	PERFORMANCE STANDARD	ACHIEVEMENT	COMMENTS	POINTS AWARDED
Housing Stability Persons remain in or move to permanent housing Goal => 90%	emain in or Exits to or retention of permanent housing 94% 68 of 72 Leavers exited to or retained permanent housing		25/ 25	
Returns to Homelessness Persons return to homelessness Goal <= 15%	SPM 2a Exits to permanent housing, then returns to homelessness in 12 months	0%	Goal Achieved 0 of 7 Leavers returned to homelessness within 12 months	15/ 15
New or Increased Earned Income – Stayers Adult stayers obtained or increased employment income Goal => 8%	SPM 4.1 Change in earned (employment) income for adult system stayers	3%	Goal Not Achieved 1 of 29 Adult Stayers obtained or increased employment income	1/ 2.5
New or Increased Non- Employment Cash Income – Stayers Adult stayers obtained or increased mainstream resources Goal => 10%	SPM 4.2 Change in non- employment (mainstream resources) income for adult system stayers	55%	Goal Achieved 16 of 29 Adult Stayers obtained or increased non-employment cash income	1.5/ 2.5
New or Increased Earned Income – Leavers Adult leavers obtained or increased employment income Goal => 8%	SPM 4.4 Change in earned (employment) income for adult system leavers	9%	Goal Not Achieved 1 of 11 Adult Leavers obtained or increased employment income	2.5/ 2.5
New or Increased Non- Employment Cash Income – Leavers Adult leavers obtained or increased mainstream resources Goal => 10%	SPM 4.5 Change in non- employment (mainstream resources) income for adult system leavers	64%	Goal Achieved 7 of 11 Adult Leavers obtained or increased non-employment cash income	2.5/ 2.5

Project is Low Barrier/Housing First

GOALS	PERFORMANCE STANDARD	ACHIEVEMENT	COMMENTS	POINTS AWARDED
Zero Income at Entry Adults only Goal => 80%	APR Q16 Number of Adults with zero income at program entry	8.51%	Goal Not Achieved 4 of 47 adults entering has zero income	1/ 10
More than One Disability Type at Entry Adults & children Goal => 75%	APR Q13a2 Number of physical and mental health conditions at program entry	44.44%	Goal Not Achieved 32 of 72 persons entering had at least 2 disability types	5/ 10
Entering Project from Place Not Meant for Human Habitation Adults only Goal => 75%	APR Q15 Living situation prior to program entry	82.97%	Goal Achieved 39 of 47 adults entered from a place not meant for human habitation	8/10

Project Threshold Requirements

GOALS	PERFORMANCE STANDARD	ACHIEVEMENT	COMMENTS	POINTS AWARDED
Utilization Rate Program operates at full capacity, has low vacancy rates, fills vacancies quickly Goal => 90%	APR Q08b Average of quarterly utilization rates of point- in-time count of households	75.00%	Goal Achieved Lower vacancy rates for this program than normal due to a budget constraint	N/A
Data Quality All data is collected and entered into HMIS accurately and on a timely basis Goal = 0%	APR Q06a-f Data quality of all Universal Data Elements	0%	Goal Achieved Program had no Data Quality errors and was entered on a timely basis	N/A
Fiscal Management Complete, timely drawdowns of funds (at least quarterly) Goal = 100%	HUD LOCCS Based on FY2020 allocation amount (see Expenditure Summary chart above for more details)	95.25%	Goal Achieved Although drawdown requests were made on a timely basis, the program receives full rental assistance and charges occupancy fees (see Expenditure Summary chart above for more details)	N/A

TOTAL POINTS AWARDED	61.5/80

Summary Review:

System Performance Measures

- Project has exceeded the goals of Housing Stability and Returns to Homelessness, as well as New or Increased Earned Income for Leavers and New or Increased Non-Employment Income for Stayers and Leavers.
- All program participants are disabled and therefore may not be earning employment income in many cases.

Project is Low Barrier/Housing First

- Entering Project from Place Not Meant for Human Habitation goal reached/exceeded.
- Many participants had income upon entry, and just less than half had only one disability.

Project Threshold Requirements

- This year Project Threshold Requirements were discussed, and all projects achieved them.
- This section was not awarded points this year but still carries weight in the discussion and decision-making for ranking.

Financial Analysis

- Project made timely drawdowns and expenditures were at 95%.
- Project receives Rental Assistance, and participants are charged 30% of their gross adjusted income as occupancy fees, so the Rental Assistance is not completely spent down to zero.

Other

• Project has a one-month extension to spend down CoC funds.

City of Fall River, Massachusetts MA-515 **Notification of Projects Rejected-Reduced**

September 27, 2024

For the FY2024 Continuum of Care NOFO competition, the Fall River CoC (MA-515) did not reject or reduce any projects during our local CoC Competition. All renewal projects were accepted by the CoC at full funding per the FY2024 GIW. The new project submitted for the FY2024 CoC Competition was also accepted as written.

(There were no reallocations, no PSH bonus projects, no transition projects, no merged projects.)

Mary D. Camara, CoC Lead Representative





Catholic Charities of the Diocese of Fall River Ms. Susan Mazzarella, Executive Director 1600 Bay Street Fall River, Massachusetts 02724

Dear Ms. Mazzarella:

Thank you for your interest in the Continuum of Care application process for Fiscal Year 2024. The CoC and the City as Collaborative Applicant is pleased to inform you that the following applications for renewals have been accepted:

- Cornerstone
- Francis House
- The CALL Coordinated Entry

The Review & Ranking Committee have reviewed the projects and ranked them under Tiers 1 and 2 for the CoC Priority Listing as follows:

Tier 1		
1	Homeless Management Information System	\$32,662.00
2	The CALL – Fall River Coordinated Entry	\$100,088.00
3	Francis House	\$123,003.00
4	Stone Residence	\$529,370.00
5	Cornerstone	\$634,494.00
6	Home First Consolidated	\$234,521.00
7	Next Step Home Program	\$371,787.00
	90%	\$2,025,925.00
Tier 2		
7	Next Step Home Program	\$225,103.00
8	Housing Stability for Domestic Violence Survivors	\$462,200.00
Total Func	ling Request	\$2,713,228.00

The complete memo from the Review and Ranking Committee is also attached and will be available on <u>www.FallRiverHomeless.com</u>.

The decision-making process was a difficult one in these times of intense competition for limited grant dollars. Again, thank you for your interest in our common goal to eradicate homelessness, and looking forward to continue working with you.

Sincerely,

Michael P. Dion Executive Director/CFO





Steppingstone, Inc. Ms. Kathleen Schedler-Clark, Executive Director 466 North Main Street Fall River, Massachusetts 02720

Dear Ms. Schedler-Clark:

Thank you for your interest in the Continuum of Care application process for Fiscal Year 2024. The CoC and the City as Collaborative Applicant is pleased to inform you that the following applications for renewals have been accepted:

- Home First Consolidated
- Next Step Home Program
- Stone Residence

The Review & Ranking Committee have reviewed the projects and ranked them under Tiers 1 and 2 for the CoC Priority Listing as follows:

Tier 1		
1	Homeless Management Information System	\$32,662.00
2	The CALL – Fall River Coordinated Entry	\$100,088.00
3	Francis House	\$123,003.00
4	Stone Residence	\$529,370.00
5	Cornerstone	\$634,494.00
6	Home First Consolidated	\$234,521.00
7	Next Step Home Program	\$371,787.00
	90%	\$2,025,925.00
Tier 2	100 mm	
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8	Housing Stability for Domestic Violence Survivors	\$462,200.00
Total Fund	ling Request	\$2,713,228.00

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Sincerely,

Michael P. Dion Executive Director/CFO





The Women's Center Ms. Kristin Batstone, Executive Director 174 Union Street, 4th floor New Bedford, MA 02740

Dear Ms. Batstone:

Thank you for your interest in the Continuum of Care application process for Fiscal Year 2024. The CoC and the City as Collaborative Applicant is pleased to inform you that the following applications for renewals have been accepted:

Housing Stability for Domestic Violence Survivors

The Review & Ranking Committee have reviewed the projects and ranked them under Tiers 1 and 2 for the CoC Priority Listing as follows:

Tier 1	Junioni, et al. 1	
1	Homeless Management Information System	\$32,662.00
2	The CALL – Fall River Coordinated Entry	\$100,088.00
3	Francis House	\$123,003.00
4	Stone Residence	\$529,370.00
5	Cornerstone	\$634,494.00
6	Home First Consolidated	\$234,521.00
7	Next Step Home Program	\$371,787.00
	90%	\$2,025,925.00
Tier 2		
7	Next Step Home Program	\$225,103.00
8	Housing Stability for Domestic Violence Survivors	\$462,200.00
Total Fund	ling Request	\$2,713,228.00

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The decision-making process was a difficult one in these times of intense competition for limited grant dollars. Again, thank you for your interest in our common goal to eradicate homelessness, and looking forward to continue working with you.

Sincerely,

Michael P. Dion Executive Director/CFO





Fall River Community Development Agency Ms. Mary Camara, Coordinator of Homeless Programs One Government Center Fall River, Massachusetts 02722

Dear Ms. Camara:

Thank you for your interest in the Continuum of Care application process for Fiscal Year 2024. The CoC and the City as Collaborative Applicant is pleased to inform you that the following applications for renewals have been accepted:

Homeless Management Information System

The Review & Ranking Committee have reviewed the projects and ranked them under Tiers 1 and 2 for the CoC Priority Listing as follows:

Tier 1		
1	Homeless Management Information System	\$32,662.00
2	The CALL – Fall River Coordinated Entry	\$100,088.00
3	Francis House	\$123,003.00
4	Stone Residence	\$529,370.00
5	Cornerstone	\$634,494.00
6	Home First Consolidated	\$234,521.00
7	Next Step Home Program	\$371,787.00
	90%	\$2,025,925.00
Tier 2		
7	Next Step Home Program	\$225,103.00
8	Housing Stability for Domestic Violence Survivors	\$462,200.00
Total Funding Request		\$2,713,228.00

The complete memo from the Review and Ranking Committee is also attached and will be available on <u>www.FallRiverHomeless.com</u>.

The decision-making process was a difficult one in these times of intense competition for limited grant dollars. Again, thank you for your interest in our common goal to eradicate homelessness, and looking forward to continue working with you.

Sincerely,

Michael P. Dion Executive Director/CFO

Fall River Continuum of Care MA-515 Local Competition Selection Results					
Project Name	Score	Status	Rank	Amount Requested from HUD	Reallocated Funds
Next Step Home Program	63.5	Accepted	7	\$596,890	\$0
Stone Residence	66.5	Accepted	4	\$529,370	\$0
Homeless Management Info System	75	Accepted	1	\$32,662	\$0
Cornerstone	64.5	Accepted	5	\$634,494	\$0
Francis House	66.5	Accepted	3	\$123,003	\$0
The CALL – Coordinated Entry	75	Accepted	2	\$100,088	\$0
Home First Consolidated	64	Accepted	6	\$234,521	\$0
Housing Stabilization for Domestic Violence Survivors (New DV Bonus)	-	Accepted	D8	\$471,886	\$0