

Before Starting the CoC Application

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

- CoC Application
- Project Listing

Please Note:

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

For Detailed Instructions click [here](#).

1A. Continuum of Care (CoC) Identification

Instructions:

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

1A-1 CoC Name and Number: VT-500 - Vermont Balance of State CoC

1A-2 Collaborative Applicant Name: Vermont State Housing Authority

1A-3 CoC Designation: CA

1B. Continuum of Care (CoC) Operations

Instructions:

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

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

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

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

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

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

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

1C. Continuum of Care (CoC) Committees

Instructions:

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

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

	Name of Group	Role of Group (limit 750 characters)	Meeting Frequency	Names of Individuals and/or Organizations Represented
1C-1.1	Steering Committee (Board)	Act as CoC governance board; develop & send written meeting agendas; conduct & record meetings; hold CoC elections & voting; public outreach to ensure diverse membership; coordinate communications, website and email list serve; solicit/collect membership dues; create & oversee all committees/special workgroups; collaborate with local county-level CoC coalitions; ensure compliance with HUD CoC regulations, notices, and NOFAs; conduct strategic planning; create legislative and other priorities; joint coordination with Collaborative Applicant & HMIS Lead on NOFA, HMIS, PIT/HIC, AHAR, etc.; organize annual VT Homeless Awareness Day; coordinate joint meeting with VT Affordable Housing Coalition, VT Council on Homelessness representation; etc.	Monthly	Former Homeless (1); Homeless Service/Shelter Providers (8); Low-Income/Community Action Agencies (4); Family Providers (8); Youth Providers (5); Veteran Providers (5); Mental Health (6); PHA (2); I&R (1); ESG/CoC (7); State/Quasi-State (3); HOPWA.

1C-1.2	Data Quality Management Council (HMIS)	Review & enhance HMIS data infrastructure, quality, implementation, participation and integrity of all HUD CoC and non-HUD programs; work with CoC recipients & subrecipients (APR & NOFA project applications); general HMIS support to CoC providers; develop, promote & implement HMIS Data Quality Standards; joint coordination with CoC & Collaborative Applicant in the annual PIT/HIC/NOFA/AHAR; prepare & submit AHAR, PULSE, and other HMIS reports; HMIS strategic fund planning; active NERHMIS co-chair since 2003; joint coordination with the other Vermont CoC (Chittenden County Homeless Alliance) too improve coordination on PIT, statewide reporting, and other HMIS related activities.	Monthly	VT DMH-Brian Smith (State/PATH/Mental Health/HMIS Lead); Data Remedies-Richard Ranking (HMIS administrator); VT Veterans Services-Andy Lowe (Veterans-SSVF).
1C-1.3	CoC NOFA Committee	Education & awareness of general CoC-system; presentations/updates to VCEH (CoC) steering committee and general membership; collaborate with Collaborative Applicant & HMIS Lead to prepare and complete HUD CoC NOFA-Consolidated Application; CoC project performance evaluation; research/develop project ranking process (policy, scoring tool, ranking team); CoC assessment & coordination with statewide partners; etc.	Monthly	UVH/GSH (homeless providers, mental health, families); CVCAC (low-income/homeless provider, SSVF); VT DMH (State/PATH/Mental Health); VSHA (Quasi-State/PHA/VASH/HOPWA).
1C-1.4	PIT/HIC Committee	Research/prepare annual, statewide VT Point-in-Time Count of Homeless & Housing Inventory Chart of Homeless Beds; ensure compliance with HUD regulations/guidance; develop/edit PIT surveys with detailed instructions, pamphlet, PPT presentations, virtual webinar & in-person trainings; collaborate with special population providers (veterans, youth, domestic violence, mental illness); coordinate day of count with providers & local county-level CoC coalitions; collect completed PIT surveys & provide technical assistance; manual review/organize/data entry/de-duplication of all completed PIT surveys; collect/organize program bed availability of all VT homeless beds for HIC; develop & disseminate statewide PIT report within 3 months of PIT count.	Bi-Monthly	HOPE (Low-Income/Homeless Provider/Families/Mental Health); CEDO (Municipality/ESG/CDBG); DMH (State/PATH/Mental Health/HMIS); Data Remedies (HMIS administrator); VCEH (AmeriCorps*VISTA); VSHA (Quasi-State/PHA/VASH/HOPWA/S+C).

1C-1.5	Coordinated Entry Workgroup	The VCEH Coordinated Entry Workgroup will develop/plan a coordinated intake and assessment (i.e., entry) system for the VT BoS CoC. The plan will meet all HUD requirements and address the following: How the system is accessed; How clients are assessed; How clients are assigned to a provider; How the system and services are held accountable, managed, and evaluated; Be useful and flexible – with an aim to streamline access, assessment, and referrals for housing and other services; Fit the region, population(s), culture, resource picture, provider capacity and client needs in our CoC; Be client-focused; Keep in mind the end goal of permanent housing.	Bi-Monthly	State/ESG/CSBG; 211/United Way; Low-Income/Homeless Providers/Vets/FAM/Youth (6); Homeless Shelter Providers (5); DV Shelter/Provider; State/MH/HMIS/PATH; HMIS administrator; State/DCF; Quasi-State/HOME/HOPWA; DV Network; MH Peer/Consumer Org.
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1C-2 Describe how the CoC considers the full range of opinions from individuals or organizations with knowledge of homelessness or an interest in preventing and ending homelessness in the geographic area when establishing the CoC-wide committees, subcommittees, and workgroups. (limit 750 characters)

VT BoS conducts extensive outreach to broad range of entities (school liaisons/VA/businesses/hospitals/etc.) to participate in statewide/local CoC committees: active website/email list serve postings/invitations; open/public meetings; new member identification/outreach; annual meeting public solicitation; active participation/voting privileges of all BoS county-level continua; Ranking Team outreach (State/service providers/municipality); Steering Committee outreach (ESG/former homeless/geography); PIT outreach (other CoC/municipality); Coordinated Entry Workshop outreach (211/shelters-homeless providers/DV/Vets/FAM/Youth/MH/State/HOPWA/Peer/Consumers); HMIS Committee outreach (SSVF); Governing Board outreach (PHA/State/United Way/211).

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

Instructions:

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

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

Spring 2013, VT BoS CoC established a NOFA Committee with one of its duties to research & develop a policy for the CoC to review/select projects based upon objective criteria: timely draws, income/housing stability performance, program type, HMIS, PIT/PPRN, cost effectiveness, etc. Ranking/policy drafts were made publicly available & reviewed by full membership during 12/17/13 monthly CoC meeting. 12/20/13 the CoC Governing Board (Steering Committee) voted to approve a Project Ranking Policy using the HUD "Hybrid Approach", other CoC priorities, a project rating tool & independent ranking team members. The policy, with all parts, was emailed to all project applicants and made available to the CoC with no written complaints submitted.

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

The ranking team used a CoC-approved point-system with data from APRs, LOCCS, Project Monitoring Reports, & HMIS DQ Reports: program type, subpopulation, leverage/cash match, timely draws, data quality, entry from literal homelessness, stay/exit to PH & income/non-cash benefits. CoC Governing Board authorized additional objective factors to implement selective cuts with HUD Hybrid Approach: unit utilization, PIT/PPRN, TH stays < 2 years, CoC bed cost, service budget ratio. Indicators used to determine a project applications effectiveness with participants rapid return to PH and to take into account severity of barriers faced by project participants is assignment of higher points to specific project & subpopulation types (Permanent Housing; Chronic Homeless; Families; Youth). Also, CoC APRs (length of stays/exits to PH) reviewed annually with each subrecipient immediately following HUD submission & through individual "Project Report Cards" coordinated by Performance Committee.

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

VT BoS CoC is open to proposals from entities that have not previously received funds in prior Homeless Assistance Grants competitions when new HUD CoC funding opportunities are available. Example: three previous new CoC-PH Bonus funding options were made publicly available through open solicitation and a Request for Proposals process that was widely distributed to all local community continua of care, service providers, email list serve, & public meeting announcements. In preparation for FY2014 CoC NOFA for project applications, the CoC NOFA committee will expand upon its previous success with a review of options to further expand available opportunities from entities that have not previously received funds.

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

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

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

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

Not applicable.

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

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

Not applicable.

1E. Continuum of Care (CoC) Housing Inventory

Instructions:

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

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

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

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

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

The CoC HMIS Lead (VT Agency of Human Services), HMIS Administrator (Data Remedies), and HMIS Committee (Data Quality Management Council-DQMC) collaborate to ensure full compliance with the CoC interim rule, 2010 HMIS Data Standards and related HUD notices. In December 2013, the CoC (VCEH), HMIS Lead (AHS) & Collaborative Applicant (VSHA) signed a memorandum of agreement (Governance Charter) giving formal authorization to the HMIS Lead to: designate and operate a single HMIS for the geographic area; review, revise, and approve a privacy plan, security plan, and data quality plan for HMIS; ensure consistent HMIS participation of grant recipients & subrecipients; and ensure HMIS is administered in compliance with requirements prescribed by HUD. The HMIS Lead is an active member of the New England Regional HMIS Collaborative, CoC Steering Committee (Board), CoC DQMC (HMIS committee) and VT AHS HMIS Leadership Team along with ESG & PATH recipients, and other state officials.

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

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

In Dec. 2013, the BoS (VCEH), HMIS Lead (VT AHS) & Collaborative Applicant (VSHA) signed a memorandum of agreement (Governance Charter) giving formal authorization to the HMIS Lead to designate & operate a single HMIS for the geographic area and oversee HMIS implementation and compliance. The HMIS Lead developed formal HMIS Standards with privacy, security, & data quality plans; which received a CoC vote of approval on January 13, 2013. CoC reviews all HMIS plans on a quarterly basis through the HMIS committee & the AHS HMIS Leadership Team on an annual basis at a general membership meeting. Revision of plan will include edits or additional language to address any identified issues or new HUD requirements in the future. All HMIS user agencies are given a copy of the plan & any revisions are available upon request or publicly available online on VT HMIS Support Portal website. HMIS Lead is co-chair (since 2003) of NERHMIS collaborative which reviews HUD HMIS Standards & other duties.

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

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

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

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

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

2B-2 Select the CoC(s) covered by the HMIS: VT-500 - Vermont Balance of State CoC
 (select all that apply)

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

2B-3.1 Funding Type: Federal - HUD

Funding Source	Funding
CoC	\$30,572
ESG	\$0
CDBG	\$0
HOME	\$0
HOPWA	\$0
Federal - HUD - Total Amount	\$30,572

2B-3.2 Funding Type: Other Federal

Funding Source	Funding
Department of Education	\$0
Department of Health and Human Services	\$13,000
Department of Labor	\$0
Department of Agriculture	\$0
Department of Veterans Affairs	\$0
Other Federal	\$0
Other Federal - Total Amount	\$13,000

2B-3.3 Funding Type: State and Local

Funding Source	Funding
City	\$0
County	\$0
State	\$9,000
State and Local - Total Amount	\$9,000

2B-3.4 Funding Type: Private

Funding Source	Funding
Individual	\$0
Organization	\$0
Private - Total Amount	\$0

2B-3.5 Funding Type: Other

Funding Source	Funding
Participation Fees	\$24,105
Other - Total Amount	\$24,105

2B-3.6 Total Budget for Operating Year	\$76,677
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2B-4 How was the HMIS Lead selected by the CoC? Agency Volunteered

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

Not applicable.

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

Instructions:

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

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

* Emergency shelter	0-50%
* Safe Haven (SH) beds	86%+
* Transitional Housing (TH) beds	0-50%
* Rapid Re-Housing (RRH) beds	Housing type does not exist in CoC
* Permanent Supportive Housing (PSH) beds	65-75%

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

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

Our first step to address the shelter bed and transitional bed coverage is to build on the implementation of a new memorandum of agreement (Governance Charter) that formalizes authorization of VT Agency of Human Services as HMIS Lead to oversee & ensure HMIS compliance and full implementation including enhanced coordination with federal and state ESG beds. The CoC will receive HUD technical assistance to assess a single statewide HMIS option to improve HMIS capabilities and resources.

Shelter Beds – The HMIS Lead will work on strategies to include state-funded emergency motel vouchers in HMIS as these beds were the majority of our missing inventory.

Transitional –CoC will continue to outreach non-participating programs to utilize HMIS with continued efforts to include VA GPD participation.

TA efforts will explore ways to offset user license costs and streamline data entry requirements to make HMIS participation feasible for smaller ES/TH programs.

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

VT BoS CoC, HMIS Lead & Collaborative Applicant signed a formal agreement (Governance Charter) to formalize HMIS compliance & implementation; forming a new AHS HMIS Leadership Team to include ESG recipient.

VT BoS & Chittenden CoC continues to conduct a feasibility assessment, with HUD TA, for a statewide single HMIS, which will assist with final determination of full ES HMIS implementation.

In 2013, HMIS Lead began efforts with VT State Housing Authority (VASH administrator) & VA to assess HMIS implementation for VASH/GPD; CoC assessment of low ES HMIS levels due to full inclusion of state-funded emergency motel vouchers in 2012 PIT/HIC; and conducted a HMIS implementation review for all ES in conjunction with AHS HMIS Leadership Team.

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

Instructions:

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

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

Type of Housing	Average Length of Time in Housing
Emergency Shelter	90
Transitional Housing	25
Safe Haven	4
Permanent Supportive Housing	33
Rapid Re-housing	0

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

Universal Data Element	Percentage
Name	0%
Social security number	4%
Date of birth	0%
Ethnicity	1%
Race	0%
Gender	0%
Veteran status	1%
Disabling condition	2%
Residence prior to program entry	2%
Zip Code of last permanent address	1%
Housing status	2%
Head of household	0%

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

CoC HMIS Lead & HMIS Administrator generate APRs for each CoC project & sends them to each applicable provider agency for review and, if applicable, to address data discrepancies & improve data quality. Each CoC provider then forwards their HMIS-generated ServicePoint APR to the grant recipient, if applicable, who then enters the data directly into HUD esnaps. In addition, VT BoS CoC PIT is generated directly from HMIS after manual data entry of survey forms is reviewed by CoC, then submitted to HUD by Collaborative Applicant via HUDHDX. VT BoS CoC also submits HMIS generated data for AHAR submission as entered into HUDHDX by CoC HMIS Administrator. HMIS administrator also works with all subrecipients/grant recipients to generate HMIS data for annual HUD CoC NOFA application, and reporting for other programs (HHS PATH & VA). ESG recipient aggregates data for CAPER from subrecipient reports generated with data from HMIS or, in cases of victim service providers, a comparable database.

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

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

The HMIS Lead & HMIS Administrator provides monthly HMIS updates (NERHMIS, HUD DQ notices, etc.) and periodic reports/review to the CoC Governing Board (Steering Committee) and full CoC membership. The HMIS administrator provides extensive advance trainings & technical assistance to providers throughout the year to improve data quality including: before and during each individual APR project process; upon request and after an assessment of organizations that have data quality challenges; upon staff turnover at recipient/subrecipient agencies; as part of the HMIS integration planning for VA/ESG programs; etc. In addition, data quality is reviewed regularly by the HMIS Committee (DQMC) and through a coordinated effort of the Performance Committee using HMIS generated APRs to determine the data quality measure in a "Performance Report Card". The CoC Ranking Team uses HMIS generated APR data in review of project applications.

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

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

Instructions:

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

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

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

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

Instructions:

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

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

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

Pages 12-14 of the attached 2008 HMIS Policies & Procedures Manual includes the information regarding accuracy of capturing participant entry and exit dates in HMIS.

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

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

Instructions:

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

2G-1 Indicate the date of the most recent sheltered point-in-time count (mm/dd/yyyy): 01/30/2013

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

2G-3 Enter the date the CoC submitted the sheltered point-in-time count data in HDX: 04/30/2013

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

Housing Type	Observation	Provider Shelter	Client Interview	HMIS
Emergency Shelters	0%	0%	99%	1%
Transitional Housing	0%	0%	99%	1%
Safe Havens	0%	0%	100%	0%

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

During 2012 PIT count, the sheltered homeless count was 630 and in 2013, the sheltered homeless count was 866, representing an increase of 236. In 2013 PIT count, the VT BoS CoC made a concerted/collaborative effort with VT Agency of Human Services to attain 100% bed/participant inclusion of the state-funded Emergency Motel Voucher Program; directly resulting in most, if not all, of an increase in number of sheltered persons in ES that was not otherwise fully counted in previous years; verifiable upon review of annual HICs. Additional factors for an increase: long-term closure of Sect. 8 HCV waitlist at VT State Housing Authority & most municipal housing authorities and limited alternative housing resources.

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

Instructions:

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

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

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

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

Not applicable.

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

Survey Providers: Surveys are reviewed/revised each year by PIT committee with incorporation of HUD PIT/HIC guidance to strengthen detailed questions/definitions. Surveys are distributed each year to providers to count participants in their programs. Providers are trained through Train-the-Trainer workshops. The Collaborative Applicant & Vermont 211 answered additional individual PIT questions from providers throughout the state. Each PIT survey was reviewed for accuracy before data entry.

HMIS: A few providers submitted PIT participant counts, after receiving training, via HMIS utilizing existing intake data within their agency to complete all or part of the survey. The HMIS Administrator reviewed all PIT data to verify accuracy.

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

Instructions:

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

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

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

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

Not applicable.

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

The CoC conducted several methods to ensure accuracy of 2013 PIT subpopulation sheltered data count:

HMIS: Previously verified information about disability, CH, Veteran & DV status were utilized to complete/verify information in surveys.

Provider Expertise: Expert providers for different subpopulations were utilized in reviewing & completing surveys to ensure accuracy & appropriateness of recording and gaining sensitive information from program participants.

Interviews: Interviews were completed with all persons at some ES & TH to gather subpopulation data included in the survey.

Non-HMIS client level information: providers used existing case files & agency database to verify subpopulation and other client information for PIT surveys.

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

Instructions:

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

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

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

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

Not applicable.

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

VT BoS CoC implemented the following to ensure data accuracy. Training: several "train-the-trainer" workshops conducted throughout the state, PIT PPT presentation developed & included in training, detailed instructions on back of PIT survey & new PIT count pamphlet. Follow-up: conducted by Collaborative Applicant where all PIT survey forms were collected & reviewed through email and phone calls to participating entities. HMIS: HMIS administrator & Collaborative Applicant worked with providers who submitted HMIS PIT counts to ensure non-duplication & other data accuracy. Non-HMIS de-duplication: Collaborative Applicant reviewed/sorted each PIT survey form to ensure data accuracy & eligibility (homeless vs. imminent, etc.).

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

Instructions:

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

2K-1 Indicate the date of the most recent unsheltered point-in-time count: 01/30/2013

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

2K-3 Enter the date the CoC submitted the unsheltered point-in-time count data in HDX: 04/30/2013

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

Unsheltered households with children decreased by 41 from 2012 (146) to 2013 (105) primarily due to a high utilization of the VT AHS Emergency Motel Voucher Program (see explanation above for increased Sheltered count); improved service coordination to increase income; continued strong emphasis on prevention initiatives; and appropriate referrals to available resources via 211 and other I&R providers.

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

Instructions:

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

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

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

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

Not applicable.

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

CoC implemented several measures to ensure data accuracy of unsheltered count.

Public places: Homeless & non-homeless providers conducted public place interviews using skills attained thru CoC Train-the-Trainer workshops, revised survey with detailed instructions, & a new pamphlet.

Service-based: Soup kitchens/food pantries/food shelves, resource centers, & other places completed forms with information previously acquired in databases for persons they knew were unsheltered on night of count.

HMIS: After training, a few providers submitted PIT counts, via HMIS utilizing existing intake data within their agency to complete all or part of survey. HMIS Administrator reviewed all PIT data for accuracy.

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

Instructions:

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

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

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

Not applicable.

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

Instructions:

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

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

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

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

Not applicable.

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

VT BoS CoC implemented several measures to ensure data accuracy of unsheltered count. Training: provided by VT BoS CoC & Chittenden CoC with "train-the-trainer" workshops & CoC PPT presentation. Unique Identifier: survey form with unique identifier questions (1st letter of first name & last name, 3rd letter of last name, date/month/year of birth). Survey question: surveys included the following questions to ensure data accuracy and deduplication (Where did you stay on the night of Tuesday, January 29th?; Have you resided in a place of Literal Homelessness continuously for a year or more; How many episodes of Literal Homelessness in past three (3) years?; If a Health Condition, does this limit your ability to...?).

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

Objective 1: Increase Progress Towards Ending Chronic Homelessness

Instructions:

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

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

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

	Proposed in 2012 CoC Application	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-1.1a For each year, provide the total number of CoC-funded PSH beds not dedicated for use by the chronically homeless that are available for occupancy.		265	265	265
3A-1.1b For each year, provide the total number of PSH beds dedicated for use by the chronically homeless.	136	157	160	160
3A-1.1c Total number of PSH beds not dedicated to the chronically homeless that are made available through annual turnover.		47	41	41
3A-1d Indicate the percentage of the CoC-funded PSH beds not dedicated to the chronically homeless made available through annual turnover that will be prioritized for use by the chronically homeless over the course of the year.		86%	100%	100%
3A-1.1e How many new PSH beds dedicated to the chronically homeless will be created through reallocation?		0	0	0

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

VT BoS CoC will prioritize 100% of CoC-funded PSH beds, upon turnover, for use by chronically homeless (CH) households. This will be achieved with continuation of two CH household prioritization policies: VT State Housing Authority (VSHA) S+C effective August 2012 & Brattleboro Housing Authority S+C effective December 2013. Both policies will remain in effect until CH is ended in VT. PSH programs will continue partnership with PATH providers, and other staff, to conduct extensive street & shelter outreach to locate CH persons and refer to available PSH units. VSHA S+C prioritizes subrecipients to utilize a housing first model to quickly & successfully engage CH households into safe, stable housing with wrap around services and will partner with Pathways to Housing VT to provide at least one Housing First training to other service providers. VT BoS CoC will continue to partnership with VA which prioritizes VASH vouchers to serve CH veterans.

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

VT BoS CoC, VT State Housing Authority (PHA/Shelter Plus Care recipient/CoC Collaborative Applicant) & Brattleboro HA (PHA/Shelter Plus Care recipient) will be responsible for increasing # of PSH-beds for CH persons. VSHA & Brattleboro HA are members of CoC Governing Board. Local Housing Review Teams, shelter providers, community partners and all SPC service provider partners will also be responsible to ensure a PSH bed increase for CH persons: Pathways to Housing VT (CH only & Housing First), Upper Valley Haven (CH only), Bennington Coalition for the Homeless, Brattleboro Area Drop-In Center, Clara Martin Center, Counseling Service of Addison County, Helping to Overcome Poverty's Effects, Lamoille Community Mental Health, Morningside House, NE Kingdom Human Services, NW Counseling & Support Services, Rutland County Housing Coalition, Rutland Mental Health, Samaritan House, Springfield Supportive Housing Program, United Counseling Services, VT CARES, Washington County Mental Health.

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

Objective 2: Increase Housing Stability

Instructions:

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

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

3A-2.1 Does the CoC have any non-HMIS projects for which an APR should have been submitted between October 1, 2012 and September 30, 2013? Yes

3A-2.2 Objective 2: Increase Housing Stability

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-2.2a Enter the total number of participants served by all CoC-funded permanent supportive housing projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013:	310	304	304
3A-2.2b Enter the total number of participants that remain in CoC-funded PSH projects at the end of the operating year PLUS the number of participants that exited from all CoC-funded permanent supportive housing projects to a different permanent housing destination.	294	289	289
3A-2.2c Enter the percentage of participants in all CoC-funded projects that will achieve housing stability in an operating year.	95%	95%	95%

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

VT BoS CoC will continue & expand upon its housing stability success with a two year Housing Stability Plan to include annual reports in April 2014 & 2015 to CoC membership on CoC-PSH funded recipients' activities, policies/protocol, and housing stability measures. May 2014 & 2015: Steering Committee (board) will review data of all CoC-funded subrecipient APRs to determine current housing stability performance & recommend action steps to improve housing stability. June-August 2014: Performance Committee will continue utilization of Performance Report Cards. September 2014: Performance/NOFA Committees will review new APR data and make recommendations. September-October 2014: Performance Committee will coordinate a Housing Stability Workshop to disseminate best practices & facilitate provider sharing of successful policies including a Housing First workshop provided by Pathways to Housing VT, as well as further advancement of SAMSHA PSH Evidence-Based Practices toolkit.

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

CoC Steering Committee (Governing Board), Performance Committee and all VT BoS CoC Shelter Plus Care recipients (VT State Housing Authority), Brattleboro Housing Authority, Agency of Human Services, VT Department of Mental Health, Whitney Nichols (former homeless/board member), Peer Organizations (Another Way, Pathways, NAMI-VT, VT Psychiatric Survivors), and all subrecipient agencies are responsible for leading effort to maintain and increase rate of housing stability in CoC-funded Permanent Supportive Housing projects on programmatic & client-levels.

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

Objective 3: Increase project participants income

Instructions:

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

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

3A-3.1 Number of adults who were in CoC-funded projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013: 727

3A-3.2 Objective 3: Increase project participants income

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-3.2a Enter the percentage of participants in all CoC-funded projects that increased their income from employment from entry date to program exit?	6%	6%	6%
3A-3.2b Enter the percentage of participants in all CoC-funded projects that increased their income from sources other than employment from entry date to program exit?	17%	17%	17%

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

Cash Income Sources	Number of Participating Adults	Percentage of Total in 3A-3.1
Earned Income	135	18.57 %
Unemployment Insurance	12	1.65 %
SSI	227	31.22 %

SSDI	155	21.32	%
Veteran's disability	2	0.28	%
Private disability insurance	0		%
Worker's compensation	0		%
TANF or equivalent	6	0.83	%
General Assistance	41	5.64	%
Retirement (Social Security)	5	0.69	%
Veteran's pension	2	0.28	%
Pension from former job	1	0.14	%
Child support	20	2.75	%
Alimony (Spousal support)	1	0.14	%
Other Source	24	3.30	%
No sources	115	15.82	%

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

Each VSHA CoC subrecipient will continue to receive annual feedback on performance achievement in writing as well as in-person during monitoring site visits. The VT BoS CoC & Governing Body (Steering Committee) will continue upon its past success through an extension of the Performance Committee & accompanying workshops to review project client performance data, best practices and open dialogue between diverse stakeholders (mental health providers, low-income/homeless providers, housing agencies, state agencies, etc.). To increase income from non-employment sources, VT Dept. of Mental Health will coordinate additional SOAR trainings to access SSDI/SSI. In addition, the CoC will conduct outreach to the VT Agency of Human Services to enhance and incorporate TANF (Reach-Up) trainings into the Performance Committee workshops. The VT BoS CoC Ranking Team will review APR data for all CoC-funded projects, to ensure non-employment goals are met for all new & renewing CoC project applications.

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

VT BoS CoC & Governing Body (Steering Committee) will continue with its past success through an extension of substantial efforts made by the Performance Committee and accompanying workshops with project client data, best practices and open dialogue between diverse stakeholders (mental health providers, low-income/homeless providers, housing agencies, state agencies, etc.). To increase income from employment sources, the CoC will rely primarily on continued support & collaboration with Vermont VocRehab, Vermont Associates, extensive life skills trainings provided by subrecipients for project participants, and partnerships with local businesses for job training. The VT BoS CoC Ranking Team will review APR data for all CoC funded projects, to ensure employment income goals are met for all new and renewing CoC project applications.

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

Entities responsible for increasing rate of project participants in all CoC-funded projects that increase income from entry date to program exit will be: VT BoS CoC & Governing Body (Steering Committee); all CoC recipients (VT State Housing Authority/Brattleboro Housing Authority/HOPE), subrecipients and partner agencies; Performance Committee; VT Agency of Human Services; VT Dept. of Children & Families/Reach Up (TANF); VT Office of Economic Opportunity (ESG/CSBG); VT Dept. of Mental Health (SOAR/PATH); and VT Dept. of Disabilities, Aging and Independent Living (VocRehab); VT BoS CoC Ranking Team. County-level continua will be responsible for local vocational trainings & developing partnerships with local businesses.

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

Objective 4: Increase the number of participants obtaining mainstream benefits

Instructions:

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

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

3A-4.1 Number of adults who were in CoC-funded projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013. 727

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

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-4.2a Enter the percentage of participants in ALL CoC-funded projects that obtained non-cash mainstream benefits from entry date to program exit.	72%	72%	72%

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

Non-Cash Income Sources	Number of Participating Adults	Percentage of Total in 3A-4.1
Supplemental nutritional assistance program	448	61.62 %
MEDICAID health insurance	325	44.70 %
MEDICARE health insurance	90	12.38 %
State children's health insurance	10	1.38 %
WIC	23	3.16 %

VA medical services	0		%
TANF child care services	11	1.51	%
TANF transportation services	6	0.83	%
Other TANF-funded services	1	0.14	%
Temporary rental assistance	1	0.14	%
Section 8, public housing, rental assistance	12	1.65	%
Other Source	23	3.16	%
No sources	129	17.74	%

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

Through APR review & technical assistance, CoC-funded recipients will assist subrecipient agencies understand data & ensure all project participants apply, send & follow-up with 3SquareVT (SNAP), Reach Up (TANF), Medicaid, Fuel Assistance, etc. through a combined online application via VT AHS "Screen Door" portal; and VT Health Connect for health insurance. VT BoS CoC & Governing Body (Steering Committee) will increase percentage of project participants in all CoC-funded projects that access mainstream benefits from entry date to program exit through expanded coordination with Performance Committee to review APR data & offer additional workshops with best practices & open dialogue between diverse stakeholders. County-level continua will coordinate local trainings & partnerships, including with Hunger Free VT & DCF. VT BoS CoC Ranking Team will review APR data for all projects to ensure all mainstream benefits goals are met for all new and renewing CoC project applications.

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

The following entities will be responsible for increasing the percentage of project participants in all CoC-funded projects that access non-cash mainstream benefits from entry date to program exit: VT BoS CoC & Governing Body (Steering Committee); all CoC recipients (VT State Housing Authority/Brattleboro Housing Authority/HOPE), subrecipients and partner agencies; Performance Committee; VT Agency of Human Services; VT Dept. of Children & Families (Reach Up-TANF); VT Office of Economic Opportunity; VT Dept. of Mental Health; Hunger Free VT (3SquareVT-SNAP); VT Dept. of Vermont Health Access (Medicaid); Vermont Health Connect (health insurance exchange navigators); County-level continua; WRJ-Veterans Affairs regional staff; VT Coalition of Runaway & Homeless Youth Programs; etc.

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

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

Instructions:

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

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

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

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-5.1a Enter the total number of homeless households with children per year that are assisted through CoC-funded rapid re-housing projects.	0	0	14
3A-5.1b Enter the total number of homeless households with children per year that are assisted through ESG-funded rapid re-housing projects.	0	0	0
3A-5.1c Enter the total number of households with children that are assisted through rapid re-housing projects that do not receive McKinney-Vento funding.	0	15	15

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

VT BoS CoC will continue to conduct feasibility determination to reallocate SSO projects into CoC-RRH for Families projects. Two SSO projects will be reallocated in FY2013 CoC NOFA competition. One SSO project will be reallocated in FY2014 CoC NOFA competition. In 2014, the CoC will also assess potential reallocation of CoC Transitional Housing projects into RRH-Families projects. In addition, CoC will lobby for continued and increased funding for the State of VT-Agency of Human Services/VT Rental Subsidy Program that operates as a RRH-Families project funded with State General Funds. ESG-RRH data wasn't available specifically re: households with children, but that the CoC will work to improve data collection around rapid re-housing for families with children. There are a number of initiatives in Vermont that do not receive McKinney-Vento funding.

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

Several entities, organizations, and committees will be responsible for assessing & increasing the number households with children that are assisted through rapid re-housing in the CoC geographic area through both CoC-funded and non-CoC funded RRH for Families projects: VT BoS CoC Steering Committee (Governing Board), applicable CoC recipients and subrecipients, NOFA Committee, CoC Collaborative Applicant, VT Agency of Human Services, VT Office of Economic Opportunity, VT Dept. of Mental Health, and the remaining CoC-SSO project (NE Kingdom Community Action) to be reallocated to a CoC RRH-Families project.

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

As project applicant, VT State Housing Authority is developing a CoC-RRH Policy, along with subrecipients to require 100% of household families entering the program come from places of literal homelessness (streets or shelter programs). The two subrecipient homeless providers will provide applications for households staying in, but not limited to: VT AHS Emergency Motel Voucher Program, Morningside Shelter, Rutland & Brattleboro DV Shelters; as well as households staying in places not meant for human habitation from VT 211, Community Actions (SEVCA/BROC), Housing Solutions/AHS Field Directors (Brattleboro & Rutland), Rutland & Brattleboro Family Centers, VT DCF Reach-Up (TANF), Rutland & Brattleboro Police Departments, etc. VSHA will process all CoC-RRH applications to determine eligibility, including percentage of income (30% maximum) paid by each participant household for rent in accordance with HUD Sect. 8 Housing Choice Voucher Program regulations.

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

In preparation for the reallocated new project, anticipated effective date of 9/1/14, the CoC-RRH grant applicant (VT State Housing Authority) is working with the two subrecipients to establish protocols for coordinated entry & case management to ensure homeless families, with or without disabilities, move as quickly as possible into permanent housing & achieve stability in that housing. Frequency of case management will be flexible and dependent upon the individualized needs of each family household with minimum monthly visits available and up to weekly visits as determined in coordination with each participant household. This project will utilize a uniform Vermont Self-Sufficiency Outcomes Matrix (attached to project application) which works in conjunction with our CoC HMIS. ESG-RRH providers are required to have households meet monthly with housing case managers during the duration of their financial assistance, as per HUD regulations & VT ESG Standards for Provision of Assistance.

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

CoC-funded RRH subrecipients will offer & make available case management to family HH for at least 6 months after exit from the program in accordance with successful best practices of minimum 1-month, 3-month & 6-month check-ins to ensure long-term success. All CoC-RRH participants will be assisted to identify medium & long-term measures to increase income through employment/non-employment income and/or apply for subsidized housing. All participants will receive assistance/follow-up to apply for mainstream benefits and other resources. If a household is at risk of returning to homelessness, the subrecipient staff will provide individualized services, including utilization of Self-Sufficiency Outcomes Matrix to identify strengths/gaps, connecting at-risk households with services provided by partner and non-partner agencies, and additional follow-up check-ins. ESG only provides short-term rental assistance & ESG RRH providers are required to follow-up at 90 days with households assisted.

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

Instructions:

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

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

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

Not applicable.

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

A MOA was established between CoC, VT Agency of Human Services (AHS) & Vermont State HA (VSHA) to enhance VT's commitment to support & implement existing State policy to ensure youth aging out of foster care are not routinely discharged into homelessness. Resources utilized: AHS-DCF Youth Development & Youth in Transition Extended Care Program provide transition planning, financial assistance, case management & housing connections (PHA-HCV/Youth-in Transition). Washington County Youth Service Bureau as administrator provides statewide training on strength-based development approaches; and creating youth safety needs to prevent homelessness through pathways to education, affordable housing, job training & healthcare. Youth are placed with financial support or rental assistance in independent or college housing and extended family or former foster care homes to divert from homelessness or HUD McKinney-Vento programs.

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

The following stakeholders and/or collaborating agencies are responsible for ensuring that persons being discharged from a foster care system of care are not routinely discharged into homelessness: State of Vermont Agency of Human Services-Dept. of Children & Families (Dana Lawrence/Cindy Wolcott); VT Coalition of Runaway & Homeless Youth Programs (Calvin Smith) & participating agencies (Addison County Parent/Child Center, Clara Martin Center, Counseling Service of Addison County, Lamoille Family Center, NE Kingdom Community Action, NE Kingdom Youth Services, NW Counseling & Support Services, Spectrum Youth & Family Services, United Counseling Service of Bennington County, Vermont Achievement Center, Washington County Youth Service Bureau, Windsor County Youth Services, Youth Services, Inc.); VT State Housing Authority (Family Unification Program-Youth in Transition); VT Coalition to End Homelessness (VT BoS CoC and local county-level continua); VT Council on Homelessness (Angus Chaney-Director of Housing); and VT Agency of Education-Education for Homeless Children & Youth Program (Andy Snyder).

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

Instructions:

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

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

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

Not applicable.

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

The CoC policy to ensure persons are not routinely discharged into homelessness includes supporting local hospital protocols that require safe housing discharges. CoC members outreach to community hospitals to partner and provide training on available housing resources to ensure persons are not routinely discharging to homeless shelters or the street due to a health issue. Persons are routinely discharged into nursing homes, residential care homes, homes of families and friends, HomeShare Now, subsidized senior/disabled housing, and other affordable housing programs that are not places of homelessness, especially not HUD McKinney-Vento funded projects. Persons leaving nursing homes exit to the care of families/friends or subsidized housing with help of Money Follows the Person Program (Medicaid-Waiver) which honors individual choice in support of successful housing transitions.

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

Stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a health care system of care are not routinely discharged into homelessness include: VT Dept. of Federal Regulation (formerly known as BISCHA) which oversees all medical hospitals; medical facilities (North Country Hospital & Health Center, SW VT Medical Center, Porter Medical Center, Copley Hospital, Brattleboro Memorial Hospital, Central VT Medical Center, etc.); VT Dept. of Disabilities, Aging & Independent Living/Money Follows the Person Program; VT Center for Independent Living; Cathedral Square Corporation/Support and Services at Home Program; VT BoS CoC Steering Committee (Governing Board); all CoC recipients & subrecipients; county-level continua; VT Agency of Human Services (VT Council on Homelessness); HomeShare Now; Area Agencies on Aging; Home Health Agencies.

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

Instructions:

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

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

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

Not applicable.

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

A MOA was established between CoC, VT Agency of Human Services (AHS) & Vermont State HA (VSHA) to enhance VT's commitment to support and implement existing State policy to ensure persons from mental health institutions are not routinely discharged into homelessness. State funding is provided to support the MH Housing Contingency/Recovery Fund for onetime housing related costs and/or ongoing rental subsidy as well as a newly funded 2012 program, MH Subsidy & Care Program, which provides rental assistance and services for persons in hospitals who are facing homelessness to ensure a housing placement discharge. People are placed in independent apartments, family living situations or group homes. The CoC provides recipients and subrecipients with training to ensure these resources are known so that diversion and prevention workers can provide referral to these State funded housing resources if necessary.

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

Stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a mental health system of care are not routinely discharged into homelessness include: Medical Hospitals & Mental Health Treatment Facilities/Hospitals (Brattleboro Retreat, Second Springs, etc.); Vermont Agency of Human Services; VT Dept. of Mental Health; VT Council on Homelessness; Designated Mental Health Agencies; VT Council of Developmental and Mental Health Services; VT Psychiatric Survivors; National Alliance for the Mentally Ill-VT; Another Way; Pathways to Housing VT; VT BoS CoC & Steering Committee (Governing Board); county-level continua; VT State Housing Authority (DMH Subsidy & Care Program rental assistance administrator).

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

Instructions:

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

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

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

Not applicable.

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

A MOA was established between CoC, VT Agency of Human Services (AHS) & Vermont State HA (VSHA) to enhance VT's commitment to support and implement existing State policy to ensure persons discharging from correction are not routinely discharged into homelessness. The State of Vermont has provided substantial funding to prevent discharges into homelessness through the continued state-funded support of the VT AHS-Dept. of Corrections/Transitional Housing Program that provides medium-term housing, extensive case management and treatment care. Persons routinely go to permanent housing and if this cannot be located persons exiting corrections are placed in state-funded transitional housing to divert from homelessness or HUD McKinney-Vento programs.

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

The following stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a corrections system of care are not routinely discharged into homelessness: Vermont Agency of Human Services; VT Dept. of Corrections; VT Council on Homelessness; DOC-Transitional Housing recipient agencies: CVCAC, Return House, Barre CJC, Phoenix House, BCH, Seall, Morningside House, Pathways to Housing VT, Northern Lights, Dismas House, Covered Bridge, NEKCA, Montpelier CJC, Rutland County Housing Coalition, Springfield Supported Housing, Springfield CJC, Samaritan House, St. Albans CJC, John Graham Shelter, Winooski CJC, East Allen Dismas House, BROCC, Burlington Housing Authority, Vermont Achievement Center, Community Resources of Justice; VT BoS CoC & Steering Committee (Governing Board); county-level continua.

3C. Continuum of Care (CoC) Coordination

Instructions:

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

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

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

Consolidated Plan Citizen Advisory Group is cross-fertilized with members from VT BoS CoC: VSHA (CoC Collaborative Applicant, PHA, VASH, majority CoC recipient, HOPWA), AHS (VT Council on Homelessness/10-Year Plan, ESG, CSBG, etc.), and other partner organizations. Hence, the Con Plan shares many goals of VT Plan to End Homelessness & CoC application including: consultation with CoC when preparing homeless strategy; creating affordable permanent housing & helping homeless persons transition to permanent housing & independent living; consult CoC when determining ESG fund allocation; State will establish & implement policies/protocols for discharge of persons from publicly funded institutions or systems of care (health care, mental health, foster care, corrections) to prevent immediate homeless discharge; anti-poverty strategy; develop CoC centralized/coordinated assessment system; develop performance standards, evaluating outcomes, and developing funding policies and procedures for HMIS.

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

There is one ESG recipient (VT Office of Economic Opportunity) serving BOS CoC. The CoC has a thorough process for including ESG recipient, subrecipients & potential subrecipients in making funding allocation decisions & evaluating performance. OEO conducts an annual survey of all stakeholders in BoS to solicit input on the prioritization of program funds & ESG performance measures used to evaluate program activities & subrecipients. Survey results are made public, incorporated into annual Con Plan & evaluated by CoC, along with other ESG functions. The CA collaborates on a bi-annual basis with OEO to assess performance & capacity of several ESG/CoC projects. In addition to other strategic planning, OEO is an active member of the BoS CoC governing board (steering committee), regularly presents ESG information at CoC general membership meetings; provides facilitation for BoS CoC Coordinated Entry Workgroup and is active member of joint CoC Performance Committee & AHS HMIS Leadership Team.

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

VT OEO is sole ESG recipient in BoS. VT ESG total budget (\$902,312) includes both HUD & state general match funds with the following allocations: Prevention = 19% (FFY12)/18% (FFY13); ESG-RRH = 19%-FFY12)/15% (FFY13) with the remaining amount for ES & Admin.

VT OEO chose the following rationale to prioritize funding allocations of HUD ESG: ESG-RRH funding allocation is based upon VT experience & data analysis with the HUD HPRP; expert policy reports (NAEH); and an effort to reduce household trauma/improve cost effectiveness; Rental assistance was not dedicated for ESG-RRH rental assistance as VT was in process to create new state-funded rental subsidy program (RRH); and policy papers indicate small amounts of assistance provided to larger group of people may be more effective. ESG-Prevention allocation received a smaller portion as significant state funds are already targeted to this activity; and due to the inherent challenges of quantifying the effectiveness of prevention activities.

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

Con Plan jurisdiction for BoS addresses prevention through: county-level continua interagency teams with focus on proficient coordinated services (employment counseling/child care referrals/accessing benefits/financial counseling/foreclosure prevention/etc.); CoC & State Housing Agencies planning to fund & develop quality affordable rental & special needs housing; & AHS state-funded rental subsidies/service grants.

BoS barriers to fair housing choice: disability & familial status (majority of complaints); inadequate supply affordable/accessible housing supply; insufficient fair housing policies for State & PHAs; fair housing non-compliance of several newspapers; etc..

BoS CoC & ESG recipient collaborate on prevention through: creation/implementation of AHS Policy on Housing Stability to improve statewide service coordination; increase state-funded rental subsidies; focus on results (Performance Committee); & improve access to services (Coordinated Entry Workgroup).

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

BoS coordinates effective planning with Federal, State, Local, private & others. County-level continua (businesses-vocational, private landlords-rental relations, municipalities-PIT/law enforcement); AHS: VT [Interagency] Council on Homelessness/VT Plan; ESG coordination; HMIS Lead; co-development of AHS Policy on Housing Stability & state-funded rental subsidies; CoC NOFA/project ranking; DCF-coordinated planning with TANF/Head Start/VT Coalition of Runaway & Homeless Youth/Foster Care; DMH-PATH/Housing 1st/SOAR; DOC-TH. Housing Agencies: VAHC (legislative priorities & shared AmeriCorps); VHFA (10 Year Plan, CoC NOFA/project ranking); VHCD (VT Housing Council, Con Plan, CoC NOFA/project ranking); VHCB (HOPWA, local CoC leader, CoC NOFA/project ranking, property asset management); VSHA (Collaborative Applicant, HOPWA, CoC recipient, VASH, HCV homeless preferences); Inter-Agency TA to increase ES/TH agency capacity; United Way of VT/VT 211 (Coordinated Entry, CoC Governing Board, PIT).

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

VT BoS CoC county-level continua include active local PHA members (Brattleboro, Montpelier, St. Albans, Barre, Rutland) & VSHA, all small rural with limited capacity. As largest PHA, VT State Housing Authority-Board of Directors includes a homeless shelter provider & two municipal PHAs. VSHA is highly engaged in the VT BoS CoC providing substantial in-kind staffing as CoC Collaborative Applicant; PIT/HIC/HMIS coordination; CoC Governing Board member; financial support for AmeriCorps member; majority CoC grant recipient; statewide VASH administrator/VA coordination (PIT/HMIS); close partnership with Agency of Human Services; Con Plan & VT Housing Council members; Governor-appointed member of VT [Interagency] Council on Homelessness/State Plan; co-facilitator of Single HMIS Exploratory Workgroup; Sect. 8 HCV homeless preferences for participants in several Homeless TH projects, as well as CoC-Shelter + Care (which then frees up units for others), Youth-in-Transition & Family Unification.

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

VT AHS-OEO (ESG recipient) facilitates an ongoing housing advisory group, with many ESG & CoC-funded members, to identify & address barriers to ES/TH. VT BoS CoC & AHS/VT [Interagency] Council on Homelessness meet bi-monthly & workgroups to further evaluate/remove barriers to ES/TH & all housing; including an April 2014 forum co-sponsored by BoS CoC/VAHC. VSHA does not terminate S+C RA due to non-participation in services, sobriety or medication compliance unless housing stability can be secured through alternative resources (income/HCV preference/other subsidized housing). VSHA S+C Program has no minimum income threshold & does not conduct a criminal background, credit or landlord history check. Average process time of VSHA S+C apps is 1-3 days, depending upon initial completeness, to ensure rapid replacement in PH. ESG-funded prevention & RRH projects are tenant-based; do not require criminal background check, landlord history, etc.; eligibility based on HUD requirements only.

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

At least 86% of total VT BoS CoC PSH beds (all VSHA Shelter + Care Programs) implement the Housing First practice with no minimum income threshold; VSHA does not conduct a criminal background, credit or landlord history check; nor does it terminate S+C rental assistance due to non-participation in services, sobriety or medication compliance unless housing stability can be secured through alternative resources (income/HCV preference/other subsidized housing). Average process time of VSHA S+C applications is 1-3 days, depending upon initial completeness, to ensure rapid replacement in permanent housing with a policy to prioritize Chronically Homeless. Pathways to Housing, funded with a SAMHSA-funded rural demonstration grant, leverages rental assistance from three VSHA S+C Programs. The Housing First model, practices & resources are actively encouraged by all CoC recipients/subrecipients, especially PSH, by the BoS CoC, DMH, VSHA, and another Governing Board member (formerly homeless).

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

VT BoS CoC currently utilizes VT 211 (program of United Ways of VT) & county-level Housing Review Teams in advance of putting in place a HUD-approved Coordinated Assessment by August 2014. Coordinated Entry Workgroup developed a month-by-month action plan for a system to cover entire CoC area with identified measures to ensure ease of accessibility including: identify special needs/barriers of target populations, especially those listed in Analysis of Impediments; coordinate staff trainings provided by VT Fair Housing Project; promote web-based resource access; develop uniform referral protocols; & research technology to enable warm-call transfers. CoC will advertise system to public via website, public announcements, press releases, provider education, advertisements, relations with stakeholders (state government, municipalities, private businesses, law enforcement); assess training needs; a screening tool will be finalized in May 2014 & may include measures for a vulnerability index.

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

VT BoS CoC currently engages in many marketing procedures to persons regardless of status including: non-discrimination clause & equal opportunity housing logos on websites, applications & resource materials; regular outreach staff inform potential clients about all resources; VT 211 markets all resources to regular callers; CVOEO-Statewide Fair Housing Project conducts fair housing assessments & provides trainings; Fair Housing Workshops (all municipalities receiving VHCD CD grants); promote "Fair Housing Handbook" & "Renting in VT: Tenant-Landlord Handbook" at PHAs, Community Action Agencies, Family Centers, International Fairs; VCIL hotline for persons with disabilities/VT Family Network & Senior HelpLines; regular outreach to Senior Centers/Meals on Wheels to reduce stigma for older Vermonters; posting resource flyers at grocery stores/food shelves.

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

VT BoS CoC Governing Charter (Standing Rules) contains requirement for homeless providers to ensure all children are enrolled in schools & connected to appropriate services within community. Shelter providers develop individual policies & protocols to link children to education & early intervention resources including informing them of their rights & providing materials. CoC subrecipient agreements include requirement to establish policies/practices consistent with, and do not restrict, exercise of rights provided by subtitle B/title VII of the Act & other laws of educational & related services to homeless individuals/families; & projects providing housing/services the subrecipient will designate a staff person to be responsible for ensuring children being served in program are enrolled in school & connected to appropriate services in community; including early childhood programs/part C of Individuals with Disabilities Education Act/subtitle B/title VII of Act programs.

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

VT BoS CoC & homeless providers collaborate closely with VT AoE-Education for Homeless Children/Youth Program staff to inform persons about MV eligibility for educational services by: developing partnerships between providers, education homeless liaisons, and clients to understand MV law and process through fact sheets/workshops/other resources; cross referrals; inter-agency planning to develop ES/TH educational policies & protocols; CoC & AoE memberships on VT [Interagency] Council on Homelessness to inform state policies; AoE assists homeless providers and clients with school appeal determinations, residency disputes, and provides TA to all VT homeless liaisons & CoC providers. CoC NOFA Committee with invitations to AoE & liaisons for special topics (prevention/PIT/special needs). CoC County-level continua work closely with school district homeless liaisons on transportation, shelter summer programming, school of origin, disaster planning, identify barriers/gaps in service & housing.

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

VT BoS CoC rural emergency shelter network does not experience any noticeable occurrences of families with children under age 18 being denied admission or separated when entering shelter/housing; many areas of the CoC have only one small ES or TH project serving an entire county, and several serving specific subpopulations: individuals, families, both, youth, mental illness, domestic violence, or veterans. When ES is not available, the AHS GA Program provides emergency motel vouchers to eligible families. In addition, subrecipient applicants provide written admission policies during the ESG funding process with any issues resolved prior to approval. Family unification remains a high priority in the State with VT BoS CoC members, AHS (VT Council on Homelessness), OEO (ESG), VSHA (CoC recipient/HCV-FUP), VHCB (HOME), and others providing technical assistance, oversight and active engagement in local & state-level planning to identify/address gaps in service.

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

VT BoS actively works toward reducing occurrences in which individuals & families leaving homelessness experience additional episodes of homelessness by supporting use of data sharing agreements between HMIS user organizations and reviewing non-HMIS databases to determine housing stability. VT ESG Program monitors the % of homeless HH who remain in stable housing 90 days after receiving ESG RRH assistance. County-level continua include Housing Review Teams (AHS Field Directors may access state database) to evaluate client-level need & household stability. CoC providers implement different processes to reduce number of additional episodes to homelessness after exit, dependent upon household need, including: case management file review, aftercare check-ins 30, 60 and 90 days; referrals to VT 211 to access statewide resources; follow-up to ensure application approval of VT consolidated mainstream benefits; education of tenants' rights & responsibilities, including VT Fair Housing project.

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

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

Not applicable.

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

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

Not applicable.

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

Instructions:

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

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

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

VT BoS CoC operationalized several programs & policies to reduce homelessness. CH = all CoC-PSH have policies to prioritize CH; Housing First/SOAR planning; project ranking policies to prioritize PH/PSH. Veterans = VA/CoC planning (PIT/VASH/HMIS). Families/Youth = CoC plan for SSO to RRH-Families reallocation; ESG-CoC coordination; health care planning (VT Health Connect); provider sharing of best practices/policies; PHA homeless preferences. All = new planning workgroups (Performance/Coordinated Assessment/Single HMIS); Property Assessment Management. VT [Interagency] Council on Homelessness developed a VT Plan to End Homelessness (revised Jan. 2013) with both CoCs, which is on track with many goals: expansion/creation of four new state-funded rental subsidy programs (RRH/PSH) for the homeless; revision & ranking of 10 production & affordability strategies; AHS standardized case management, housing retention and uniform homeless definitions within a "AHS Policy on Housing Stability".

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

VT BoS CoC efforts, including the outreach plan, to end homelessness among households with dependent children are: VT 211 outreach to callers with I&R to housing and services; AHS-OEO facilitates Coordinated Entry Workgroup; evaluation & revamping of AHS GA Emergency Motel Voucher Program; development & expansion of state-funded housing resources for families (VT Rental Subsidy Program, Family Supportive Housing, Community Housing Grants); VSHA-PHA HCV homeless preferences (Domestic Violence TH, VRSP, Shelter+Care, etc.) & Family Unification Program and Youth-in-Transition preferences; outreach to families to access Shelter Plus Care & VASH rental subsidies; coordination with Reach Up/TANF; local Housing Review Teams; relationships with local homeless education liaisons; and a newly created Governors Council on Pathways Out of Poverty.

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

The Vermont Network Against Domestic & Sexual Violence (Network) is an integral partner within the VT BoS CoC (active with annual PIT/HIC & FY13 Project Review & Ranking Committee member-Auburn Watersong) & VT [Interagency] Council on Homelessness/10 Year Plan. The Network supports 14 member organizations throughout the state who offer many services: crisis hotline, legal advocacy, I&R, prevention trainings & housing. Safe Housing Programs: short –term refuge in communities w/o shelters or for male DV survivors. In 2013, there were eight DV emergency shelters with 83 beds & four DV Transitional Housing Programs with 23 beds (2 more underdevelopment). DV Programs are funded by a variety of sources: DOJ (example: Voices Against Violence TH); HUD ESG (Circle, CHNC, PAVE, RCWN, Women’s Freedom Center); General State Funds (SACT, Umbrella, the Network); access to state-funded Emergency Motel Vouchers; & VT State Housing Authority-HCV preference for participants exiting Domestic Violence TH.

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

In 1981, Vermont Coalition of Runaway & Homeless Youth Programs (VCRHYP) was formed as a statewide safety net to serve unaccompanied youth through 14 current member agencies that participate in regional CoCs & the annual VT PIT count of homeless youth. Member agencies implement the Resiliency Theory & the Positive Youth Development approach to serve youth through Street Outreach, Basic Center Programs (emergency shelter beds; youth under age 18), and Transitional Living Programs (youth ages 16-22; transitions to self-sufficiency through apartment subsidies & other housing, while completing an education and/or vocational training). BCP/TLP services are supported by three federal grants from the Family Youth Service Bureau and a contract with VT Dept. for Children/Families. Six VCRHYP sites also receive HUD-CoC, General State Funds, and/or other federal support for housing and services. VSHA provides a Sect. 8 HCV preference for Youth-in-Transition [HUD-FUP] who lack adequate housing.

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

VT BoS CoC, DMH & county-level continua coordinate with PATH providers & Housing First providers (employ peers to conduct street outreach), regional AHS Field Directors, Housing Review Teams & Local Interagency Teams identify & conduct extensive street outreach measures & connect persons with resources; especially those with longest histories of homelessness & highest needs. VT 211 provides 24/7 information & referrals to local homeless, service and housing providers for callers who routinely sleep in places not meant for human habitation. Homeless providers collaborate with other providers & work closely with law enforcement, hospitals, municipalities, and businesses to identify & assist persons living on the street.

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

VA-WRJ reports services for Veterans who are not eligible for VHA care are limited, but they can provide assistance with emergency sheltering & case management related to housing; both CoC SPC Programs are open regardless of Vets status. Multiple VA-WRJ staff are active with VT BoS CoC & local CoCs with planning, Stand Downs, annual VT PIT count, VA presentation to VT Council on Homelessness (8/22/13); & distribution of HCHV Guide. Veterans, Inc. & VT Veterans Services (active w CoC-HMIS planning) are funded by VA-SSVF to serve Veteran homeless families. VA-GPD supports homeless Vets for up to two years in one of the 66 beds located in four separate projects; VA-Shelter Per Diem is contracted with four shelters; one Vets transitional housing program with 7 beds is funded by VT General State Funds and other. CoC Collaborative Applicant (VSHA) is also state administrator of 140 VASH vouchers through a collaborative with VA-WRJ; with an RFP out for VASH project-based in two locations.

3E. Reallocation

Instructions:

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

3E-1 Is the CoC reallocating funds from one or more eligible expiring grant(s) into one or more new permanent supportive housing projects dedicated to chronically homeless persons? Yes

3E-2 Is the CoC reallocating funds from one or more eligible expiring grant(s) into one or more new rapid re-housing project for families? Yes

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

The VT State Housing Authority-Shelter Plus Care Program (August 2012) and the Brattleboro Housing Authority-Shelter Plus Care Program (December 2013) have both implemented policies to prioritize all new beds upon turnover to serve chronic homeless households as part of their tenant-based rental assistance. Due to the funding availability of these combined programs, and demand exhibited to date, these programs provide more than sufficient rental assistance to serve & end chronic homelessness in VT. The VT BoS CoC also includes three individual sponsor-based rental assistance Shelter Plus Care projects targeted to only serve chronic homeless households. During the FY2013 NOFA, the VT BoS CoC voted to reallocate the required 5% reduction towards a Shelter Plus Care SRA project dedicated to only serve chronically homeless.

3E-3 If the CoC responded 'Yes' to either of the questions above, has the recipient of the eligible renewing project being reallocated been notified? Yes

3F. Reallocation - Grant(s) Eliminated

CoCs planning to reallocate into new permanent supportive housing projects for chronically homeless individuals may do so by reducing one or more expiring eligible renewal projects. CoCs that are eliminating projects entirely must identify those projects.

Amount Available for New Project: (Sum of All Eliminated Projects)				
\$103,287				
Eliminated Project Name	Grant Number Eliminated	Component Type	Annual Renewal Amount	Type of Reallocation
CVCLT PSH FY12	VT0002L1T001205	PH	\$8,749	Regular
MS SSO FY12	VT0006L1T001205	SSO	\$56,582	Regular
RCHC SSO FY12	VT0011L1T001205	SSO	\$37,956	Regular

3F. Reallocation - Grant(s) Eliminated Details

3F-1 Complete each of the fields below for each grant that is being eliminated during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Eliminated Project Name: CVCLT PSH FY12

Grant Number of Eliminated Project: VT0002L1T001205

Eliminated Project Component Type: PH

Eliminated Project Annual Renewal Amount: \$8,749

**3F-2 Describe how the CoC determined that this project should be eliminated.
(limit 750 characters)**

The CoC determined that this project should be eliminated after several years of planning that included: 1) extremely low grant amount for eliminated grant; 2) substantial/increasingly disproportionate administrative burden for small grant amount; 3) HUD CoC grant awarded 20+ years ago; 4) alternative rental assistance for units are available from VSHA Shelter Plus Care Program for eligible participants, through a letter of intent; 5) elimination of this grant would have the least impact on the CoC.

3F. Reallocation - Grant(s) Eliminated Details

3F-1 Complete each of the fields below for each grant that is being eliminated during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Eliminated Project Name: MS SSO FY12

Grant Number of Eliminated Project: VT0006L1T001205

Eliminated Project Component Type: SSO

Eliminated Project Annual Renewal Amount: \$56,582

**3F-2 Describe how the CoC determined that this project should be eliminated.
(limit 750 characters)**

The recipients/subrecipients, local communities, and VT BoS CoC decided/approved the reallocation of two SSO projects into a CoC-Rapid Rehousing-Families project that serves the same areas (Brattleboro & Rutland): VSHA RRH(1) FY13.

3F. Reallocation - Grant(s) Eliminated Details

3F-1 Complete each of the fields below for each grant that is being eliminated during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Eliminated Project Name: RCHC SSO FY12

Grant Number of Eliminated Project: VT0011L1T001205

Eliminated Project Component Type: SSO

Eliminated Project Annual Renewal Amount: \$37,956

**3F-2 Describe how the CoC determined that this project should be eliminated.
(limit 750 characters)**

The recipients/subrecipients, local communities, and VT BoS CoC decided/approved the reallocation of two SSO projects into a CoC-Rapid Rehousing-Families project that serves the same areas (Brattleboro & Rutland): VSHA RRH(1) FY13.

3G. Reallocation - Grant(s) Reduced

CoCs that choose to reallocate funds into new rapid rehousing or new permanent supportive housing for chronically homeless persons may do so by reducing the grant amount for one or more eligible expiring renewal projects.

Amount Available for New Project (Sum of All Reduced Projects)					
\$120,759					
Reduced Project Name	Reduced Grant Number	Annual Renewal Amount	Amount Retained	Amount available for new project	Reallocation Type
Hill House	VTVT0004L1T001205	\$147,808	\$133,027	\$14,781	Regular
BCH TH FY12	VT0017L1T001205	\$63,928	\$56,064	\$7,864	Regular
GSH TH FY12	VT0003L1T001205	\$71,236	\$62,474	\$8,762	Regular
CMC SH FY12	VT0012L1T001205	\$151,650	\$113,736	\$37,914	Regular
NCSS TH FY12	VT0001L1T001205	\$124,462	\$93,345	\$31,117	Regular
NEKCA SSO FY12	VT0007L1T001205	\$73,007	\$64,026	\$8,981	Regular
NKHS TH FY12	VT0009L1T001205	\$92,178	\$80,838	\$11,340	Regular

3G. Reallocation - Grant(s) Reduced Details

3G-1 Complete each of the fields below for each eligible renewal grant that is being reduced during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name: Hill House
Grant Number of Reduced Project: VTVT0004L1T001205
Reduced Project Current Annual Renewal Amount: \$147,808
Amount Retained for Project: \$133,027
Amount available for New Project(s): \$14,781
(This amount will auto-calculate by selecting "Save" button)

**3G-2 Describe how the CoC determined that this project should be reduced.
(limit 750 characters)**

The CoC determined that this project should be reduced based upon achieving a lower rank as part of CoC-developed priorities, policy, and scoring tool used by a CoC-approved independent Ranking Team. An appeal process was made available to all projects and the CoC made the final determination.

3G. Reallocation - Grant(s) Reduced Details

3G-1 Complete each of the fields below for each eligible renewal grant that is being reduced during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name: BCH TH FY12
Grant Number of Reduced Project: VT0017L1T001205
Reduced Project Current Annual Renewal Amount: \$63,928
Amount Retained for Project: \$56,064
Amount available for New Project(s): \$7,864
(This amount will auto-calculate by selecting "Save" button)

**3G-2 Describe how the CoC determined that this project should be reduced.
(limit 750 characters)**

The CoC determined that this project should be reduced based upon achieving a lower rank as part of CoC-developed priorities, policy, and scoring tool used by a CoC-approved independent Ranking Team. An appeal process was made available to all projects and the CoC made the final determination.

3G. Reallocation - Grant(s) Reduced Details

3G-1 Complete each of the fields below for each eligible renewal grant that is being reduced during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name: GSH TH FY12

Grant Number of Reduced Project: VT0003L1T001205

Reduced Project Current Annual Renewal Amount: \$71,236

Amount Retained for Project: \$62,474

Amount available for New Project(s): \$8,762
(This amount will auto-calculate by selecting "Save" button)

**3G-2 Describe how the CoC determined that this project should be reduced.
(limit 750 characters)**

The CoC determined that this project should be reduced based upon achieving a lower rank as part of CoC-developed priorities, policy, and scoring tool used by a CoC-approved independent Ranking Team. An appeal process was made available to all projects and the CoC made the final determination.

3G. Reallocation - Grant(s) Reduced Details

3G-1 Complete each of the fields below for each eligible renewal grant that is being reduced during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name: CMC SH FY12

Grant Number of Reduced Project: VT0012L1T001205

Reduced Project Current Annual Renewal Amount: \$151,650

Amount Retained for Project: \$113,736

Amount available for New Project(s): \$37,914
(This amount will auto-calculate by selecting "Save" button)

**3G-2 Describe how the CoC determined that this project should be reduced.
(limit 750 characters)**

The CoC determined that this project should be reduced based upon achieving a lower rank as part of CoC-developed priorities, policy, and scoring tool used by a CoC-approved independent Ranking Team. An appeal process was made available to all projects and the CoC made the final determination.

3G. Reallocation - Grant(s) Reduced Details

3G-1 Complete each of the fields below for each eligible renewal grant that is being reduced during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name: NCSS TH FY12

Grant Number of Reduced Project: VT0001L1T001205

Reduced Project Current Annual Renewal Amount: \$124,462

Amount Retained for Project: \$93,345

Amount available for New Project(s): \$31,117
(This amount will auto-calculate by selecting "Save" button)

**3G-2 Describe how the CoC determined that this project should be reduced.
(limit 750 characters)**

The CoC determined that this project should be reduced based upon achieving a lower rank as part of CoC-developed priorities, policy, and scoring tool used by a CoC-approved independent Ranking Team. An appeal process was made available to all projects and the CoC made the final determination.

3G. Reallocation - Grant(s) Reduced Details

3G-1 Complete each of the fields below for each eligible renewal grant that is being reduced during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name: NEKCA SSO FY12
Grant Number of Reduced Project: VT0007L1T001205
Reduced Project Current Annual Renewal Amount: \$73,007
Amount Retained for Project: \$64,026
Amount available for New Project(s): \$8,981
(This amount will auto-calculate by selecting "Save" button)

**3G-2 Describe how the CoC determined that this project should be reduced.
(limit 750 characters)**

The CoC determined that this project should be reduced based upon achieving a lower rank as part of CoC-developed priorities, policy, and scoring tool used by a CoC-approved independent Ranking Team. An appeal process was made available to all projects and the CoC made the final determination.

3G. Reallocation - Grant(s) Reduced Details

3G-1 Complete each of the fields below for each eligible renewal grant that is being reduced during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name: NKHS TH FY12
Grant Number of Reduced Project: VT0009L1T001205
Reduced Project Current Annual Renewal Amount: \$92,178
Amount Retained for Project: \$80,838

Amount available for New Project(s): \$11,340
**(This amount will auto-calculate by selecting
"Save" button)**

**3G-2 Describe how the CoC determined that this project should be reduced.
(limit 750 characters)**

The CoC determined that this project should be reduced based upon achieving a lower rank as part of CoC-developed priorities, policy, and scoring tool used by a CoC-approved independent Ranking Team. An appeal process was made available to all projects and the CoC made the final determination.

3H. Reallocation - New Project(s)

CoCs must identify the new project(s) it plans to create and provide the requested information for each project.

Sum of All New Reallocated Project Requests
(Must be less than or equal to total amount(s) eliminated and/or reduced)

\$224,046				
Current Priority #	New Project Name	Component Type	Transferred Amount	Reallocation Type
14	VSH S+C [Rut...	PH	\$129,420	Regular
3	VSHA RRH(1) ...	PH	\$94,626	Regular

3H. Reallocation - New Project(s) Details

3H-1 Complete each of the fields below for each new project created through reallocation in the FY2013 CoC Program Competition. CoCs can only reallocate funds to new permanent housing—either permanent supportive housing for the chronically homeless or rapid re-housing for homeless households with children.

FY2013 Rank (from Project Listing): 14
Proposed New Project Name: VSH S+C [Rutland] FY13
Component Type: PH
Amount Requested for New Project: \$129,420

3H. Reallocation - New Project(s) Details

3H-1 Complete each of the fields below for each new project created through reallocation in the FY2013 CoC Program Competition. CoCs can only reallocate funds to new permanent housing—either permanent supportive housing for the chronically homeless or rapid re-housing for homeless households with children.

FY2013 Rank (from Project Listing): 3
Proposed New Project Name: VSHA RRH(1) FY13
Component Type: PH
Amount Requested for New Project: \$94,626

3I. Reallocation: Balance Summary

3I-1 Below is the summary of the information entered on forms 3D-3H. and the last field, "Remaining Reallocation Balance" should equal "0." If there is a balance remaining, this means that more funds are being eliminated or reduced than the new project(s) requested. CoCs cannot create a new reallocated project for an amount that is greater than the total amount of reallocated funds available for new projects.

Reallocation Chart: Reallocation Balance Summary

Reallocated funds available for new project(s):	\$224,046
Amount requested for new project(s):	\$224,046
Remaining Reallocation Balance:	\$0

4A. Continuum of Care (CoC) Project Performance

Instructions

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

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

VT BoS CoC monitors performance of its CoC recipients/subrecipients on HUD established performance goals with: incorporation of goals into CoC subrecipient agreements, APR review, annual site monitoring visits; AHS performance-based grant agreements; Performance Committee (Report Cards, data review, workshops); CoC general membership (review CoC application performance, etc.); NOFA Committee (project performance scoring tool, policy & ranking/review process); CoC Project Review & Ranking Team; state interagency review of organizational capacity & agency/project/grant performance goals; monitoring HMIS data quality and implementation & trainings to ensure accuracy of APR data. In addition, VT OEO (ESG recipient) incorporates an aggregate public & CoC review of ESG subrecipients with a community-wide performance survey and statewide report with aggregate ESG performance data with year-to-year comparisons.

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

VT BoS CoC assists CoC project recipients/subrecipients to reach HUD established performance goals with VSHA (majority CoC recipient) providing an annual (minimum) review of Annual Performance Reports with each subrecipient agency to explain data/questions, identify strengths/gaps, share best practices, make recommendations & develop improvement measures. VT BoS CoC conducts several trainings, workshops, technical assistance and resources: Affordable Care Act/VT Health Connect navigator local county-level trainings; AHS Reach Up/TANF trainings; VT SOAR regional trainings; promotion of SAMSHA Evidence-Based PSH toolkit, Housing First & VT consolidated benefits application; incorporation of Self-Sufficiency Outcomes Matrix; Performance Committee (special workshops); provider-to-provider agency peer assistance; multi-state agency technical assistance; and technical assistance and trainings to improve HMIS data quality & accuracy.

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

Funders come together to provide extensive technical assistance to increase global capacity of CoC-identified underperforming providers that include: funding for an independent technical assistance contract, development of new accounting system/practices, internal organizational restructuring, substantial HUD grant amendments, increased community collaboration/transparency, identification/reduction of workload burden through transfer of services to partner agencies, Property Asset Management workshop & other trainings. VSHA (as majority CoC recipient) frequently provides, and plans to continue, TA to subrecipient agencies to identify & strengthen gaps in service and underperformance including: increasing access to other funding sources (Medicaid, state grants, etc.), increasing collaboration with partner agencies to share case management & reduce duplication of services, sharing of best practices, etc. Oral & written feedback is given to all VT BoS CoC recipients & subrecipients.

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

AHS-OEO monitors ESG shelters for Length of Stay, conducts TA to reduce time & facilitates a CoC Coordinated Entry Workgroup to develop a uniform assessment system; supporting efforts of local Housing Review Teams. Collaboration between VT Council on Homelessness, BoS & Chittenden CoCs created goals of the VT Plan to End Homelessness to reduce homeless LOS in connection with the Governors Summit on Homelessness; in addition to rapid rehousing & service coordination. RRH receives strong support by VT BoS CoC & State of VT through implementation of state-funded VT Rental Subsidy Program to grow household income and/or access a VSHA-PHA HCV preference. Service coordination supports individuals & families to exit ES & TH through identification of income & housing resources, barriers & supports. VT BoS CoC helps reduce LOS time in homelessness for persons residing in places not meant for human habitation through outreach of PATH & Housing First providers to access CoC & non-CoC PSH.

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

VT BoS CoC takes the following steps to reduce returns to homelessness of individuals & families in the CoCs geographic area: statewide coordination, implementation & promotion of Vermont 211 information & referral hotline to access services; strengthened service coordination to improve long-term housing stability through increased income (VocRehab, SOAR, Reach Up/TANF, VA benefits, etc.), health care (SOAR trainings, VT Health Connect navigator trainings, VT consolidated benefits application, mental health/substance abuse treatment options), and housing (local resource trainings, statewide planning & affordable housing needs assessment, PHA HCV homeless preferences (DV TH, VRSP, S+C, etc.), access to CoC-Shelter Plus Care rental subsidies, new state-funded DMH Subsidy & Care subsidies, etc.). Strong collaborative strategic planning efforts between VT BoS CoC, VT Affordable Housing Coalition, AHS, VT Council on Homelessness and others.

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

All VT BoS CoC county-level continua are integrally connected to a local Housing Review Team & adult Local Interagency Team, in coordination with AHS Field Directors, to identify, engage & make resources available to homeless individuals & families, especially those with highest need & long histories of homelessness. VT BoS CoC, DMH and county-level continua collaborate with PATH providers & staff from Pathways to Housing VT (Housing First) who employ peer consumers to conduct extensive outreach on the streets, and at community dinners, food shelves, soup kitchens and others places frequented by the homeless. Additional strategic planning occurs by the VT Council on Homelessness (10-Year Plan) & Vermont 211 staff regular participation in regional meetings to ensure effective implementation of information & referral for homeless services/needs. Homeless providers provide regular updates and discuss best practices for local need & outreach efforts during monthly/special CoC meetings.

4B. Section 3 Employment Policy

Instructions

*** TBD ****

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

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

Not applicable.

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

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

4C. Accessing Mainstream Resources

Instructions:

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

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

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

* Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	75%
* Homeless assistance providers use a single application form for four or more mainstream programs.	100%
* Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	75%

4C-3 Does the CoC make SOAR training available for all recipients and subrecipients at least annually? Yes

4C-3.1 If yes, indicate the most recent training date: 06/28/2013

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

Vermont Health Connect navigators conduct extensive outreach & provide trainings on the Affordable Care Act to all local county-level continua with most also serving in dual roles as long-standing active CoC members, Governing Board & provider agencies: all Community Action Agencies (NEKCA, SEVCA, CVCAC, CVOEO, BROCC); Blueprint Community Health Teams-Statewide; as well as VT Family Network (families w disabled children); health centers/clinics & chambers of commerce. Vermont 211 (CoC Governing Board) provides information & referrals to all callers seeking assistance with health care/insurance & provides updates to CoC. VSHA promotes a CoC “State and Federal Mainstream Resources” sheet with all state/federal benefits. All CoC providers assist program participants to complete, submit & follow-up with a Vermont consolidated benefits application (hard copy or online at www.screendoor.vermont.gov) with Medicaid, State Health Insurance, Children’s Health Insurance Program & other programs.

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

Over the last few years, VSHA (CoC recipient) worked with subrecipients to reduce CoC service costs through grant amendment transfers to leasing/operations. Starting Jan. 2013, VSHA (Collaborative Applicant) worked with three SSO projects to review reallocation options with low CoC service emphasis; two SSO projects identified other sources to significantly reduce CoC service costs thru State Grants (FSH/CHG); a 3rd SSO could not identify enough other sources in time for FY13, but is guaranteed for FY14. VSHA fully informed CoC membership at public meetings, including recipients/subrecipients, about HUD CPD Weekly Focus Topics (7/2/13 “Changing the Way We Do Business”; 7/29/13 “Leveraging Mainstream Resources”) to further emphasize importance to reduce CoC service costs. Over the last few months, AHS/DMH/VSHA provided extensive technical assistance to CoC & subrecipients to identify alternative funding sources (Medicaid & State funds) with strategic planning continuing for FY14 NOFA.

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	Con Plan Certific...	01/14/2014
CoC Governance Agreement	No	Governance Charte...	01/22/2014
CoC-HMIS Governance Agreement	No	CoC and HMIS Gove...	01/22/2014
CoC Rating and Review Document	No	Ranking & Review ...	01/27/2014
CoCs Process for Making Cuts	No	Process for Makin...	01/27/2014
FY2013 Chronic Homeless Project Prioritization List	No	FY13 CH Project P...	02/02/2014
FY2013 HUD-approved Grant Inventory Worksheet	Yes	FY2013 GIW approv...	01/14/2014
FY2013 Rank (from Project Listing)	No	FY2013 Rank (from...	02/02/2014
Other	No	HMIS Policies & P...	01/22/2014
Other	No		
Other	No		
Projects to Serve Persons Defined as Homeless under Category 3	No		
Public Solicitation	No	FY12-13 PH RFP [a...	01/27/2014

Attachment Details

Document Description: Con Plan Certification

Attachment Details

Document Description: Governance Charter [VCEH-VT BoS CoC]

Attachment Details

Document Description: CoC and HMIS Governance Agreement

Attachment Details

Document Description: Ranking & Review Policy-VT BoS CoC

Attachment Details

Document Description: Process for Making Cuts-VT BoS CoC

Attachment Details

Document Description: FY13 CH Project Prioritization List - VT BoS CoC

Attachment Details

Document Description: FY2013 GIW approved - VT BoS CoC

Attachment Details

Document Description: FY2013 Rank (from Project Listing) VT BoS CoC

Attachment Details

Document Description: HMIS Policies & Procedures [VT BoS CoC]

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: FY12-13 PH RFP [approved FY12 project used for FY13]

Submission Summary

Page	Last Updated
1A. Identification	No Input Required
1B. CoC Operations	01/22/2014
1C. Committees	01/31/2014
1D. Project Review	02/02/2014
1E. Housing Inventory	01/22/2014
2A. HMIS Implementation	01/31/2014
2B. HMIS Funding Sources	01/22/2014
2C. HMIS Beds	01/28/2014
2D. HMIS Data Quality	02/01/2014
2E. HMIS Data Usage	01/22/2014
2F. HMIS Policies and Procedures	01/22/2014
2G. Sheltered PIT	02/01/2014
2H. Sheltered Data - Methods	01/28/2014
2I. Sheltered Data - Collection	01/28/2014
2J. Sheltered Data - Quality	01/22/2014
2K. Unsheltered PIT	01/28/2014
2L. Unsheltered Data - Methods	01/28/2014
2M. Unsheltered Data - Coverage	01/22/2014
2N. Unsheltered Data - Quality	01/28/2014
Objective 1	02/02/2014
Objective 2	02/01/2014
Objective 3	02/01/2014
Objective 4	01/28/2014
Objective 5	02/01/2014
3B. CoC Discharge Planning: Foster Care	01/28/2014
3B. CoC Discharge Planning: Health Care	01/28/2014

3B. CoC Discharge Planning: Mental Health	01/28/2014
3B. CoC Discharge Planning: Corrections	01/28/2014
3C. CoC Coordination	02/01/2014
3D. Strategic Plan Goals	02/02/2014
3E. Reallocation	01/28/2014
3F. Grant(s) Eliminated	02/02/2014
3G. Grant(s) Reduced	02/01/2014
3H. New Project(s)	02/01/2014
3I. Balance Summary	No Input Required
4A. Project Performance	02/02/2014
4B. Employment Policy	01/22/2014
4C. Resources	02/02/2014
Attachments	02/02/2014
Submission Summary	No Input Required

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing
and Urban Development

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

Applicant Name: Vermont State Housing Authority

Project Name: Multiple - see attached

Location of the Project: Multiple - see attached list; Vermont Balance of State Continuum of Care coverage area

Name of the Federal Program to which the applicant is applying: HUD Continuum of Care Program 2013 NOFA

Name of Certifying Jurisdiction: Vermont Department of Housing & Community Development

Certifying Official of the Jurisdiction Name: Noelle MacKay

Title: Commissioner

Signature: 

Date: January 14, 2013

Certification of Consistency with the Vermont Consolidated Plan

VT Balance of State Continuum of Care (VT BoS CoC) 2013 HUD Continuum of Care NOFA Projects Listing

FY2012 GRANT NUMBER: VT0013L1T001205
GRANT PERIOD: 05/01/13-04/30/14
RECIPIENT: Brattleboro Housing Authority
MAXIMUM FY13 ARA: \$220,381.00
PROJECT NAME: Brattleboro Shelter Plus Care
PROGRAM TYPE: Tenant-based Rental Assistance (Scattered Site Apts.-BraHA coverage area)
POPULATION SERVED: Homeless Individuals & Families with a Serious Mental Illness, Chronic Substance Abuse, Co-Occurring Disorder, HIV/AIDS, and People with Other Chronic Disabilities and/or Diseases
SPONSOR ORGANIZATIONS: Morningside Shelter, Brattleboro Area Drop In Center, and Health Care & Rehabilitation Services
PROJECT ADDRESS: 224 Melrose Street, P.O. Box 2275, West Brattleboro, VT 05303

FY2012 GRANT NUMBER: VT0004L1T001205
GRANT PERIOD: 02/01/13-01/31/14
GRANT RECIPIENT: Helping to Overcome Poverty's Effects, dba ACCAG
MAXIMUM FY13 ARA: \$147,808.00 (less CoC cut)
PROJECT NAME: Hill House Transitional Housing
PROGRAM TYPE: Transitional Housing for the Homeless
POPULATION SERVED: Homeless Individuals with a Serious Mental Illness or Co-Occurring Disorder
SPONSOR ORGANIZATION: Helping to Overcome Poverty's Effects, dba ACCAG
PROJECT ADDRESS: 290 Route 7 North, Middlebury, VT 05753

FY2012 GRANT NUMBER: VT0001L1T001205
GRANT PERIOD: 03/01/13-02/29/14
GRANT RECIPIENT: VT State Housing Authority
MAXIMUM FY13 ARA: \$124,462.00 (less CoC cut)
PROJECT NAME: 174 North Main Transitional Housing
PROGRAM TYPE: Transitional Housing for the Homeless
POPULATION SERVED: Homeless Individuals with a Serious Mental Illness or Co-Occurring Disorder
SPONSOR ORGANIZATION: Northwestern Counseling & Supportive Services
PROJECT ADDRESS: 174 North Main Street, St. Albans, VT 05478

FY2012 GRANT NUMBER: VT0017L1T001205
GRANT PERIOD: 03/01/13-02/29/14
GRANT RECIPIENT: VT State Housing Authority
MAXIMUM FY13 ARA: \$63,928.00 (less CoC cut)
PROJECT NAME: McCall Street Transitional Housing (formerly Six Bank Street)
PROGRAM TYPE: Transitional Housing for the Homeless
POPULATION SERVED: Homeless Individuals & Families
SPONSOR ORGANIZATION: Bennington Coalition for the Homeless
PROJECT ADDRESS: 111 – 115 ½ McCall Street, Bennington, VT 05201

Certification of Consistency with the Vermont Consolidated Plan

VT Balance of State Continuum of Care (VT BoS CoC)
2013 HUD Continuum of Care NOFA Projects Listing

FY2012 GRANT NUMBER: VT0012L1T001205
GRANT PERIOD: 11/01/13-10/31/14
RECIPIENT: VT State Housing Authority
MAXIMUM FY13 ARA: \$151,650.00 (less CoC cut)
PROJECT NAME: Safe Haven
PROGRAM TYPE: Safe Haven
POPULATION SERVED: Homeless Individuals with a Serious Mental Illness or Co-Occurring Disorder
SPONSOR ORGANIZATION: Clara Martin Center
PROJECT ADDRESS: 4 Highland Avenue, Randolph, VT 05060

FY2012 GRANT NUMBER: VT0003L1T001205
GRANT PERIOD: 02/01/13-01/31/14
RECIPIENT: VT State Housing Authority
MAXIMUM FY13 ARA: \$71,236.00 (less CoC cut)
PROJECT NAME: Transitional Housing (Scattered Site Apts.)
PROGRAM TYPE: Transitional Housing for the Homeless
POPULATION SERVED: Homeless Individuals & Families
SPONSOR ORGANIZATION: Good Samaritan Haven
PROJECT ADDRESS: 105 North Seminary Street, P.O. Box 1104, Barre, VT 05641

FY2012 GRANT NUMBER: VT0005L1T001205
GRANT PERIOD: 06/01/13-05/31/14
RECIPIENT: VT State Housing Authority
MAXIMUM FY13 ARA: \$30,572.00
PROJECT NAME: Homeless Management Information Systems (HMIS)
PROGRAM TYPE: Homeless Management Information Systems (HMIS)
SPONSOR ORGANIZATION: VT Agency of Human Services-Dept. of Mental Health
PROJECT ADDRESS: 26 Terrace Street, Montpelier, VT 05602

FY2012 GRANT NUMBERS: VT0006L1T001205/VT0011L1T001205
GRANT PERIOD: 09/1/14-08/31/15 (new grant period)
RECIPIENT: VT State Housing Authority
MAXIMUM FY13 ARA: \$94,538.00 (\$56,582-MS/\$37,956-RCHC)
PROJECT NAME: Rapid Re-Housing/Families (FY2013 new, reallocated grant combining two Supportive Service Only projects with separate budgets within one grant.)
PROGRAM TYPE: CoC Permanent Housing-Rapid Re-Housing/Families
POPULATION SERVED: Homeless Families
SUBRECIPIENT ORGANIZATION: Morningside Shelter/ Rutland County Housing Coalition
PROJECT ADDRESS: 81 Royal Road, Brattleboro, VT 05302/46 Evelyn Street, Suite 201, Rutland, VT 05701

Certification of Consistency with the Vermont Consolidated Plan

VT Balance of State Continuum of Care (VT BoS CoC) 2013 HUD Continuum of Care NOFA Projects Listing

FY2012 GRANT NUMBER: VT0007L1T001205
GRANT PERIOD: 03/01/13-02/29/14
RECIPIENT: VT State Housing Authority
MAXIMUM FY13 ARA: \$73,007.00 (less CoC cut)
PROJECT NAME: Supportive Services Only
PROGRAM TYPE: Supportive Services Only
POPULATION SERVED: Homeless Youth, Individuals & Families
SPONSOR ORGANIZATION: Northeast Kingdom Community Action
PROJECT ADDRESS: 115 Lincoln Street, St. Johnsbury, VT 05819

FY2012 GRANT NUMBER: VT0008L1T001205
GRANT PERIOD: 04/01/13-03/31/14
RECIPIENT: VT State Housing Authority
MAXIMUM FY13 ARA: \$57,005.00
PROJECT NAME: Youth Transitional Housing
PROGRAM TYPE: Transitional Housing for the Homeless
POPULATION SERVED: Homeless Youth (18-25)
SPONSOR ORGANIZATION: Northeast Kingdom Community Action
PROJECT ADDRESS: 216 Hill Street, Newport, Vermont 05855

FY2012 GRANT NUMBER: VT0009L1T001205
GRANT PERIOD: 03/01/13-02/29/14
RECIPIENT: VT State Housing Authority
MAXIMUM FY13 ARA: \$92,178.00 (less CoC cut)
PROJECT NAME: Transitional Housing
PROGRAM TYPE: Transitional Housing for the Homeless
POPULATION SERVED: Homeless Individuals with a Serious Mental Illness or Co-Occurring Disorder
SPONSOR ORGANIZATION: Northeast Kingdom Human Services
PROJECT ADDRESS: 72 Seymour Lane, Newport, VT 05855

FY2012 GRANT NUMBER: VT0010L1T001205
GRANT PERIOD: 07/01/13-06/30/14
RECIPIENT: VT State Housing Authority
MAXIMUM FY13 ARA: \$39,269.00
PROJECT NAME: Overlook House
PROGRAM TYPE: Transitional Housing for the Homeless
POPULATION SERVED: Homeless Individuals & Families
SPONSOR ORGANIZATION: Twin Pines Housing Trust
PROJECT ADDRESS: 36 Overlook Street, White River Junction, VT 05001

Certification of Consistency with the Vermont Consolidated Plan

VT Balance of State Continuum of Care (VT BoS CoC) 2013 HUD Continuum of Care NOFA Projects Listing

FY2012 GRANT NUMBER: VT0024L1T001204
GRANT PERIOD: 04/1/13-03/31/14 (potential extension)
RECIPIENT: VT State Housing Authority
MAXIMUM FY13 ARA: \$1,413,606.00
PROJECT NAME: Shelter Plus Care – Statewide
PROGRAM TYPE: Tenant-based Rental Assistance (Scattered Site Apts.)
POPULATION SERVED: Homeless Individuals & Families with a Serious Mental Illness, Chronic Substance Abuse, Co-Occurring Disorder, HIV/AIDS, and People with Other Chronic Disabilities and/or Diseases
SPONSOR ORGANIZATIONS: Vermont CARES, Pathways Vermont, Health Care & Rehabilitation Services, Springfield Supported Housing Program, Washington County Mental Health Services, Rutland Mental Health Services, Clara Martin Center, Lamoille Community Connections, NW Counseling & Support Services, Samaritan House, NE Kingdom Human Services, United Counseling Services of Bennington County, Counseling Services of Addison County, Helping to Overcome Poverty's Effects, Bennington Coalition for the Homeless, and the Rutland County Housing Coalition.
PROJECT ADDRESS: One Prospect Street, Montpelier, VT 05602

FY2012 GRANT NUMBER: VT0026C1T000900
GRANT PERIOD: 08/26/10-08/25/15
RECIPIENT: Vermont State Housing Authority
MAXIMUM FY13 ARA: \$120,780.00
PROJECT NAME: Shelter Plus Care - PH Bonus
PROGRAM TYPE: Sponsor-based Rental Assistance (Scattered Site Apts.-Washington County)
POPULATION SERVED: Homeless Individuals with a Serious Mental Illness or Co-Occurring Disorder
SPONSOR ORGANIZATION: Pathways to Housing Vermont
AGENCY OFFICE ADDRESS: 1233 Shelburne Rd, Suite D4, So. Burlington, VT 05403

FY2012 GRANT NUMBER: VT0032C1T001000
GRANT PERIOD: 08/05/11-08/04/16
RECIPIENT: Vermont State Housing Authority
MAXIMUM FY13 ARA: \$128,400.00
PROJECT NAME: Shelter Plus Care - PH Bonus
PROGRAM TYPE: Sponsor-based Rental Assistance (Scattered Site Apts.-Windsor County)
POPULATION SERVED: Homeless Individuals & Families with a Serious Mental Illness, Chronic Substance Abuse, Co-Occurring Disorder, HIV/AIDS, and People with Other Chronic Disabilities and/or Diseases
SPONSOR ORGANIZATION: Upper Valley Haven
PROJECT ADDRESS: 713 Hartford Avenue, White River Junction, VT 05001

FY2012 GRANT NUMBER: VT0034C1T001100
GRANT PERIOD: 8/21/12-8/20/17
RECIPIENT: Vermont State Housing Authority
MAXIMUM FY13 ARA: \$126,720.00
PROJECT NAME: Shelter Plus Care - PH Bonus
PROGRAM TYPE: Sponsor-based Rental Assistance (Scattered Site Apts.-Washington County #2)
POPULATION SERVED: Homeless Individuals with a Serious Mental Illness or Co-Occurring Disorder
SPONSOR ORGANIZATION: Pathways to Housing Vermont
AGENCY OFFICE ADDRESS: 1233 Shelburne Rd, Suite D4, So. Burlington, VT 05403

Certification of Consistency with the Vermont Consolidated Plan

VT Balance of State Continuum of Care (VT BoS CoC) 2013 HUD Continuum of Care NOFA Projects Listing

FY2012 GRANT NUMBER: New 2013 CoC NOFA Permanent Housing Bonus Application
GRANT PERIOD: 1-year Term (2014-2015)
RECIPIENT: Vermont State Housing Authority
MAXIMUM FY13 ARA: \$129,419
PROJECT NAME: Shelter Plus Care – Chronic Homeless (5% reallocation)
PROGRAM TYPE: Sponsor-based Rental Assistance (Scattered Site Apts.-Rutland County)
POPULATION SERVED: Homeless Individuals with a Serious Mental Illness or Co-Occurring Disorder
SPONSOR ORGANIZATION: Pathways to Housing Vermont
AGENCY OFFICE ADDRESS: 1233 Shelburne Rd, Suite D4, So. Burlington, VT 05403

FY2012 GRANT NUMBER: New 2013 CoC NOFA Planning Application
GRANT PERIOD: 1-year Term (2014-2015)
RECIPIENT: Vermont State Housing Authority
MAXIMUM FY13 ARA: \$32,355
PROJECT NAME/TYPE: VT BoS CoC Planning Project
ACTIVITIES FUNDED: Coordination Activities, Project Evaluation, Project Monitoring Activities, Participation in Consolidated Plan, CoC Application Activities, Determining Geographical Area to Be Served by the CoC, Developing a CoC System, and HUD Compliance Activities.
SPONSOR ORGANIZATION: Vermont State Housing Authority
PROJECT ADDRESS: 1 Prospect Street, Montpelier, VT 05602



VERMONT COALITION TO END HOMELESSNESS

Standing Rules
(as amended January 21, 2014)

ARTICLE I. MISSION

The Vermont Coalition to End Homelessness (VCEH), acting as the primary decision-making body of the Vermont Balance of State Continuum of Care, shall have a mission to:

End homelessness in Vermont through sharing information, developing resources, and providing a forum for decision making and to promote decent, safe, fair, affordable housing for all.

VCEH will achieve this mission by:

- ✦ Creating a network of organizations, service providers, advocates, consumers, concerned citizens and policy makers committed to ending homelessness.
- ✦ Fostering communication and building local Continuums and developing collaborative partnerships.
- ✦ Ensuring that all Vermonters, particularly low and moderate income persons, people with disabilities, homeless people, elders, families with children and others, have safe, adequate, physically accessible and affordable housing.
- ✦ Encouraging resident participation and control in their housing.
- ✦ Advocating for the preservation of existing housing, protection of renters, and the development of new, perpetually affordable low and moderate income housing.
- ✦ Promoting the recognition of housing as a basic right for all Vermonters through education of the public and elected officials.
- ✦ Acting as a catalyst in the exploration and development of innovative means of preserving and increasing Vermont's affordable housing stock.

All documents approved by the VCEH/VT BoS CoC, including but not limited to the Memorandum of Agreement and other approved policies, are to be included as part of the CoC Governance Charter (also known as the Standing Rules).

ARTICLE II. MEMBERSHIP

Section 1. **Eligibility.** Membership shall be open to individuals and organizations interested in participating in this grassroots effort. Interested individuals and organizations need to complete a membership form and submit it along with the appropriate dues.

Section 2. **Dues.** Each Continuum shall pay dues each year to remain in good standing with voting rights. Membership is automatically forfeited if dues remain unpaid one month after the due date of July 1st. The Steering Committee has the authority to waive dues in cases of financial hardship.

No part of the assets or income of the Coalition may be distributed for the financial benefits of the officers, members, or volunteers. Upon the dissolution of this Coalition, assets shall be distributed for one or more exempt purposes as agreed upon by the Steering Committee.

Due to limited funds, the expectation is to look for freely contributed donations (in-kind) to the fullest extent. As funding is available, the Steering Committee will review and decide on all requests. The following activities are eligible expenses:

- Monthly VCEH meeting space rental
- Annual membership in the Vermont Affordable Housing Coalition
- Supporting expert speakers invited by VCEH
- Trainings for VCEH
- Events sponsored by VCEH (including but not limited to the annual homeless vigil)
- Annual HUD McKinney/Vento grant application preparation. (Some level of money will be reserved for this annually although other state Agency of Human Service funding should be utilized first.)
- Consumer assistance for eligible conferences or trainings; a stipend for travel and training. Local continuum support of 50% of the request is expected.

The following activities are **not** eligible expenses:

- Food for meetings or events
- In-state travel

Section 3. **Fiscal Year.** The Coalition shall observe a July 1st to June 30th fiscal year.

Section 4. **Resignations.** Members in good standing may submit resignations in writing to the Secretary.

ARTICLE III: OFFICERS

Section 1. **Officers and Duties.** The officers shall be 2 Co-Chairs (with staggered terms), a Secretary and Treasurer. These officers shall perform the duties prescribed by these Standing Rules. All Officers shall be elected by the membership of the Coalition.

The Co-Chairs shall be responsible for chairing and convening all meetings and the Steering Committee. The Secretary shall assure that minutes are taken and distributed for all meetings and be responsible for keeping the attendance records of the Coalition. The Treasurer shall maintain the financial records of the Coalition and report to the membership at the regular meetings on the financial condition of the Coalition.

Section 1.a. **Terms of Office.** Co-Chairs shall serve a two year staggered term. The Secretary and Treasurer shall serve a one year term and can serve consecutive terms with no limit.

Section 2. **Nominations.** A nominating committee of seven (7) members shall be elected at the January meeting, to nominate candidates for the election at the annual meeting in July. Additional nominations shall be permitted from the floor.

Section 3. **Elections and Terms of Office.** Officers shall be elected at the annual meeting in July or until their successors are elected; terms shall begin at the close of the meeting at which they are elected. Elections shall be by ballot for any position with more than one nominee.

Section 4. **Vacancies.** A vacancy in any office shall be filled by special election at a membership meeting, with previous notice.

ARTICLE IV. MEETINGS

Section 1. **Regular Meetings.** Regular meetings shall be held on the third Tuesday of each month with no less than 10 meetings per year. Meeting information and tentative agendas shall be noticed to the membership at least one week in advance.

As a preliminary goal, meeting agendas will incorporate the following topics each quarter:

- 1st quarter (July): Annual Meeting will be held including elections. Also decide on yearly goals, and any proposed changes to the standing rules
- 2nd quarter: Legislative priorities will be discussed and voted on, planning and implementation of annual homeless vigil, and Point-In-Time preparation
- 3rd quarter: Conduct the point-in-time count, gaps analysis, housing inventory, and review/revise goals
- 4th quarter: HUD funding application and project prioritizing (may be earlier in year as appropriate).

Section 3. **Annual Meeting.** Annual meetings will be held the third Tuesday of July. Meeting information and tentative agendas will be noticed to the membership at least one week in advance.

Section 4. **Special Meetings.** Special meetings may be called with three (3) days notice by the Co-Chairs or by the Steering Committee and may be called upon written request of ten members.

Section 5. **Quorum.** Twenty-five percent of the members shall constitute a quorum.

ARTICLE V. VOTING

Section 1. **Motions.** Each item requiring Coalition approval will be formally voted upon. A motion will be made by a member of the Coalition, it will be seconded and a full vote will be taken. Minutes will reflect the motion, the second and the outcome including the number of yeas and nays. Each member will be entitled to one vote. All votes are determined by a majority of voting members present.

For unwarned or unanticipated motions, a vote may be tabled and warned for action at the next meeting upon request by any member.

Section 2. **Eligible Voters.** Each Continuum is entitled to one vote and should cast that vote in a manner they expect their Continuum majority would approve or they can abstain from the vote until they can confer with their Continuum. When voting on Balance of State Continuum of Care items, the Chittenden Continuum of Care is not eligible to participate. As appropriate, this shall be duly noted in the meeting minutes.

ARTICLE VI. STEERING COMMITTEE

Section 1. Steering Committee Composition. The VT BoS CoC Governing Board (also known as the Steering Committee) will be comprised of between 11 to 15 members: Four (4) Officers and eleven (11) members at-large who shall represent the following:

- State or quasi-state agencies;
- Housing providers;
- Homeless or low-income service providers; and
- At least one self-identified individual who is currently or has been homeless.

The Steering Committee members shall be nominated by a written ballot at the meeting prior to the annual meeting with elections held at the annual meeting.

In order to ensure a broad spectrum of involvement while also avoiding conflicts of interest, and to assure the goals of the Coalition are not circumvented the Steering Committee structure should be as follows:

- Steering Committee members who serve on the Committee represent the greater good of the Coalition and not necessarily the interests of one specific organization.
- To the extent possible, the composition of the Steering Committee should reflect the fact that the Coalition is a statewide organization and comprised of varying types of organizations.

Section 2. Steering Committee Duties and Power. The Steering committee shall have general supervision of the affairs of the Coalition between its business meetings. The Committee shall be subject to the standing rules of the Coalition, and none of its acts shall conflict with action taken by the Coalition.

A quorum of the Steering Committee shall consist of a majority of the filled seats.

Steering Committee members may be removed from office by a majority vote of the membership at a meeting warned for that purpose.

It is required that at least one Steering Committee member must actively participate in each ad hoc committee formed under the Coalition.

Section 3. Steering Committee Meetings. Meetings of the Steering committee may be called with three (3) days notice by the Chair and shall be called upon written request of two members of the Coalition. Seven (7) members shall constitute a quorum.

ARTICLE VII. COMMITTEES

Section 1. Special Committees. Special committees shall be appointed by the Co-Chairs as directed by the Steering Committee or the Coalition.

Section 2. Nominating Committee. A Nominating Committee shall serve as prescribed in Article III.

Section 3. Legislative Committee. A Legislative Committee shall exist to initially deliberate over any advocacy and/or legislative matters for consideration by the larger group. Recommendations to support or not support issues should be brought to a vote by the full Coalition. Meetings addressing legislative priorities shall be announced one meeting in advance and recorded in the meeting minutes. The next meeting notice will also include the legislative priorities to be voted upon.

Section 4. **HUD McKinney/Vento Committee.** The committee shall be comprised of Coalition members with experience and willingness to work on the federal grant. The VCEH looks for continued financial commitment from the Vermont Office of Economic Opportunity (OEO) and the Vermont Department of Health, Division of Mental Health (DMH) of up to \$5,000 each. In addition, it relies on the considerable efforts of the VT State Housing Authority's Grants Administrator and VCEH participants' volunteer input and review.

Section 5. **HMIS Quality Management Council.** This committee serves to inform and advise the Steering Committee and full membership on HMIS compliance issues, Point-In-Time data collection and reporting, data quality, and related items of interest. This committee will improve efficiency and opportunity for the homeless that the Coalition serves.

Section 6. **Ex Officio Members.** One of the Co-Chairs shall ex officio be an additional member of all committees except the Nominating Committee.

ARTICLE VIII. CONTINUUM STRUCTURE

Section 1. **Local Continuum of Care.** The following continuums are recognized by the Coalition:

1. Franklin – Grand Isle Continuum of Care
 - Covering all of Franklin County
 - Covering all of Grand Isle County
2. Northeast Kingdom Continuum of Care
 - Covering all of Orleans County
 - Covering the Essex County towns of: Norton, Canaan, Warrens Gore, Avery's Gore, Averill, Lemington, Lewis, Bloomfield, Brighton, Ferdinand, Brunswick, and Maidstone.
3. Chittenden Continuum of Care
 - Covering all of Chittenden
4. Lamoille Continuum of Care
 - Covering all of Lamoille County
5. Caledonia Continuum of Care
 - Covering all of Caledonia County
 - Covering the Essex County towns of East Haven, Granby, Guildhall, Lunenburg, Victory, and Concord
6. Washington Continuum of Care
 - Covering all of Washington County
7. Addison Continuum of Care
 - Covering all of Addison County
8. Windsor – Orange West Continuum of Care
 - Covering the Windsor County towns of Bethel, Rochester, and Stockbridge
 - Covering the Orange County towns of Bradford, Braintree, Brookfield, Chelsea, Corinth, Newbury, Orange, Randolph, Topsham, Tunbridge, Vershire, Washington, and Williamstown

9. Windsor – Orange East Continuum of Care
 - Covering the Windsor County towns of Barnard, Hartford, Hartland, Norwich, Pomfret, Royalton, Sharon, and Woodstock
 - Covering the Orange County town of Bridgewater, Fairlee, Strafford, Thetford, and West Fairlee
10. Rutland Continuum of Care
 - Covering all of Rutland County
11. Southern Windsor – Windham Continuum of Care
 - Covering the Windsor County towns of Andover, Baltimore, Cavendish, Chester, Ludlow, Plymouth, Reading Springfield, Weathersfield, Weston, West Windsor, and Windsor.
 - Covering the Windham County towns of Grafton, Londonderry, Rockingham, and Windham.
12. Bennington Continuum of Care
 - Covering all of Bennington County
13. South Windham Continuum of Care
 - Covering the Windham County towns of Stratton, Jamaica, Townshend, Athens, Westminster, Brookline, Wardsboro, Newfane, Putney, Somerset, Dover, Dummerston, Wilmington, Marlboro, Brattleboro, Whitingham, Halifax, Guilford, and Vernon.
14. Agency of Human Services Continuum
 - Includes all AHS Departments including Corrections, Alcohol and Drug Abuse Prevention, Health, the Office of Economic Opportunity, and all others.)
15. Partners Continuum of Care
 - Includes the Vermont Housing and Conservation Board, the Vermont Housing Finance Agency and the Department of Housing and Community Affairs
16. Vermont State Housing Authority
17. Consumer Continuum
 - Includes all individual members who are not otherwise representing another Continuum.

Section 2. Continuum of Care Responsibilities. Each Continuum pledges to the following:

1. To designate, in June of each year, a liaison responsible for voting on behalf of their regional Continuum. To also relay information between the regional Continuum and the statewide VCEH.
2. To organize and facilitate regular regional meetings, including outreach to encourage participation in the meetings. Regular meetings shall be held no less than once every two months.
3. To ensure minutes of each meeting are recorded, utilizing the forms provided, and to maintain the minutes should the VCEH need to provide evidence of activities. The Regional Contact is responsible for these minutes and must maintain for at least three (3) years.
4. To facilitate documentation of regional efforts to provide housing and services.

5. To coordinate within their local region Homeless Day activities, and assist in organizing Homeless Day activities through the VCEH.
6. To coordinate region wide homeless data collection efforts consistent with statewide homeless efforts as needed for State and Federal grants.
7. To organize regional prioritization of projects to be presented at the statewide Coalition, and to provide updates for the Coalition.
8. To work toward the coordination of regional and statewide housing and services.
9. To encourage participation in the Continuum of Care planning process by people who have direct experience with homelessness.
10. To coordinate the regional response to State and Federal applications for homeless funding.
11. To participate in ad hoc committees as needed.
12. The VCEH requires homeless providers to ensure all children are enrolled in schools and connected to appropriate services within the community (amended 10/18/11).

ARTICLE IX: AMENDMENTS

These Standing Rules may be amended or repealed at any meeting of the members by a two-thirds vote of the Coalition with notice or a nine-tenths vote without notice.

ARTICLE X: NON-DISCRIMINATION

It is the policy of the Coalition that no person shall be discriminated against because of their race, sex, age, marital status, religious creed, color, national origin, disability, sexual orientation, or because they have minor children, or receive public assistance. The organization shall be operated in an open and democratic fashion and shall not discriminate against anyone because they are a member of one of the above groups.

- Adopted: January 17, 2006
 Revised: June 20, 2006 (Article VI/Section 1)
 Revised: November 21, 2006 (Article I, Article II/Section 2, Article IV/Section 1, Article V/Section 2, Article VII/ new Section 4 and 5)
 Revised: February 20, 2007 (Article VII/Section 5)
 Revised: May 20, 2008 (Article II/Section 2; Article III/Section 4; Article VII/Sections 1, 2, 3)
 Revised: March 17, 2009 (Article III, Article IV/Section 4, Article VII/Sections 1 and 6, Article VIII/Section 2)
 Revised: October 18, 2011 (Article VIII/Section 2/number 12)
 Revised: September 17, 2012 (Article VI/Section 1)
 Revised: January 21, 2014 (Article 1; Article VI/Section 1)



Vermont Coalition to End Homelessness (Vermont Balance of State Continuum of Care) Code of Conduct

The following Code of Conduct has been adopted in order to provide a foundation of ethics for the Vermont Coalition to End Homelessness (VCEH), the Vermont Balance of State Continuum of Care.

The VCEH prohibits the solicitation and acceptance of gifts, gratuities or any item of monetary value by any of its officers, voting members or employees, hereinafter referred to as Agents, for their personal benefit. Any gift offered as a result of the intended recipient's position with the VCEH shall be declined.

The VCEH requires impartiality in the performance of official duties, and prohibits any activity representing a conflict of interest. Agents shall not act on a matter if a reasonable person who knew the circumstances of the situation could legitimately question the impartiality of such action. In such an event of a conflict of interest, a CoC voting member will recuse themselves.

The VCEH prohibits the misuse of position. Agents shall not use their position with the VCEH for their own personal gain or for the benefit of family or friends.

Agents shall put forth honest and diligent effort in the performance of their duties.

Agents shall not knowingly make unauthorized commitments or promises of any kind purporting to bind the Continuum without prior approval of the VCEH Steering Committee.

Agents shall disclose any violation of this Code, or any other waste, fraud, abuse, or corruption related to the VCEH, to the Steering Committee and to any other appropriate authority.

Agents shall at all times act in a manner which promotes adherence to all laws and regulations that provide equal opportunity for all persons, regardless of race, color, ethnicity, religion, gender, sexual orientation, national origin, age, or disability.

Violation of any portion of this code will be subject to disciplinary action, which could include immediate termination of an agent's position with the VCEH.

This code of conduct was adopted by the VCEH Steering Committee on January 15, 2013; amended on January 21, 2014.

MEMORANDUM OF AGREEMENT:

This Memorandum of Agreement is entered into by the
Vermont Coalition to End Homelessness (VCEH),
the **Vermont Agency of Human Services (AHS),**
and the **Vermont State Housing Authority (VSHA).**

VCEH, AHS and VSHA each play critical roles in preventing and ending homelessness within the State of Vermont and the Vermont Balance of State Continuum of Care (VT BoS CoC). This Memorandum of Agreement strives to outline the roles and responsibilities of each entity in an effort to ensure a mutual understanding and strong joint partnership.

The HUD Continuum of Care program is authorized by subtitle C of title IV of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11381-11389), as amended by the HEARTH Act https://www.onecpd.info/resources/documents/CoCProgramInterimRule_FormattedVersion.pdf (24 CFR Part 578), and designed to:

- (1) Promote communitywide commitment to the goal of ending homelessness;
- (2) Provide funding for efforts by nonprofit providers, States, and local governments to quickly rehouse homeless individuals (including unaccompanied youth) and families, while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness;
- (3) Promote access to, and effective utilization of, mainstream programs by homeless individuals and families; and
- (4) Optimize self-sufficiency among individuals and families experiencing homelessness.

A Continuum of Care (CoC), as recognized by the U.S. Department of Housing & Urban Development (HUD), is comprised of representatives from relevant organizations within a geographic area to carry out the duties as detailed in the McKinney-Vento Homeless Assistance Act and HUD regulations.

The VT BoS CoC geographic area is recognized by HUD to include all counties in Vermont, with the exception of Chittenden.

VCEH is recognized by HUD as the Primary Decision-Making Group charged with the primary responsibility of managing the overall planning effort on behalf of the VT BoS CoC.

VSHA is recognized by HUD as the Collaborative Applicant designated by and working on behalf of the VT BoS CoC/VCEH and charged with the primary responsibility of coordinating

and submitting the annual HUD CoC Notice of Funding Availability Homeless Assistance application.

AHS is recognized by HUD as the HMIS Lead designated by and working on behalf of the CoC to operate the CoC's Homeless Management Information System (HMIS).

The Vermont Coalition to End Homelessness agrees to:

- Act as the Primary Decision-Making Group on behalf of the VT BoS CoC to oversee CoC operational functions and ensure adherence to HEARTH/HUD CoC regulations.
- Hold meetings of the full membership, with published agendas, at least semi-annually.
- Make an invitation for new VCEH members to join publicly available within the VT BoS CoC geographic at least annually.
- Adopt and follow a written process to select a board to act on behalf of the CoC. The process must be reviewed, updated, and approved by the CoC at least once every 5 years.
- Appoint additional committees, subcommittees, or workgroups.
- Support local Continua of Care within the VT BoS CoC to identify and address issues and strengthen capacity.
- Develop, follow, and update annually a governance charter, in consultation with the Collaborative Applicant and the HMIS Lead, which will include all procedures and policies required by HUD; and a code of conduct and recusal process for the board, its chair(s), and any person acting on behalf of the board.
- Consult with Continuum of Care program grant recipients and subrecipients to establish performance targets appropriate for population and program type, monitor recipient and subrecipient performance, evaluate outcomes, and take action against poor performers.
- Participate in the development of performance standards for Emergency Solutions Grants (ESG) projects and evaluate overall ESG program outcomes.
- Establish and operate a coordinated assessment system in consultation with recipients of HUD Emergency Solutions Grants program funds within the geographic area that

provides an initial comprehensive assessment of the needs of individuals and families for housing and services.

- Establish and consistently follow written standards for providing HUD Continuum of Care assistance, in consultation with the State Office of Economic Opportunity (OEO), recipient of Emergency Solutions Grants program funds within the geographic area.
- Designate and operate an HMIS: designate an eligible applicant to oversee the Continuum's Homeless Management Information System (HMIS), which will be known as the HMIS Lead; designate, in consultation with the HMIS Lead, a single HMIS software system for the geographic area; review, revise, and approve a privacy plan, security plan, and data quality plan for the HMIS; ensure consistent participation of grant recipients and subrecipients in the HMIS; and ensure the HMIS is administered in compliance with requirements prescribed by HUD.
- Coordinate and support implementation by members of a housing and service system within its geographic area that meets the needs of the homeless individuals (including unaccompanied youth) and families. At a minimum, such system encompasses: Outreach, engagement, and assessment; Shelter, housing, and supportive services; Prevention strategies.
- Plan and conduct, at least biennially, a point-in-time count of homeless persons within the geographic area that meets the requirements established by HUD notice. Publish and publicly promote the results of the Point in Time count within three months of the date of the count.
- Conduct annual gaps analysis of the homeless needs & services available within the CoC.
- Provide information required to complete the Consolidated Plan(s) within the Continuum's geographic area.
- Consult with the Vermont Office of Economic Opportunity (OEO), Emergency Solutions (ESG) grantee, on: the plan for allocating ESG program funds; ESG performance standards; and overall outcomes of ESG-funded activities.
- Design, operate, and follow a collaborative process for the development of applications and approve the submission of applications in response to a NOFA published by HUD.
- Establish priorities for funding projects in the geographic area.

- Designate an eligible applicant to be the Collaborative Applicant to collect, combine and submit the required, consolidated HUD CoC application information from all applicants and for all projects within the geographic area that the CoC has selected for funding.
- The VCEH retains all of its responsibilities, even if it designates one or more eligible applicants other than itself to apply for funds on behalf of the VT BoS CoC. This includes approving the HUD NOFA Continuum of Care application.
- Ensure that any potential and/or perceived conflicts of interest are addressed in an effective, fair, open and timely manner and in compliance with the following requirements established by HUD: procurement; Continuum of Care board members; organizational conflict; other conflicts.

The Vermont Agency of Human Services agrees to:

- Act as HMIS Lead by working on behalf of the VCEH to oversee HMIS operational functions within the VT BoS CoC, including:
 1. Formation of a multi-departmental agency HMIS oversight team comprised of staff from the Department of Mental Health, Office of Economic Opportunity, DCF Economic Services Division, Agency of Human Services Information Technology Unit, and Agency of Human Services Secretary's Office;
 2. Subrecipient administration of HUD CoC HMIS grant;
 3. Contract management for purchase of user licenses from the designated HMIS software vendor;
 4. Supervision of a contract to provide technical administrative support for the geographic area's designated HMIS software and system, to include:
 - a. HMIS user training and technical support for CoC recipients and subrecipients;
 - b. Support fulfilling CoC HMIS grant subrecipient obligations;
 - c. Assistance to VCEH and VSHA to ensure adherence to all HUD HMIS reporting requirements, application and project applications, Point-in-Time Count of the Homeless, Housing Inventory Chart of Homeless Beds;
 - d. Support with implementation of HMIS data quality standards;
 - e. Participation in HMIS strategic planning process;
 - f. Support with HMIS bed utilization report;
 - g. Preparation and transmission of quarterly data exports to the HMIS Lead (in a non-identifiable, de-duplicated format agreed upon by the CoC and HMIS Lead) to be shared with the VCEH, VSHA, Agency of Human Services and Vermont Council on Homelessness.

- h. Ensure the HMIS is administered in compliance with requirements prescribed by HUD and other relevant federal law, including the Violence Against Women Act (VAWA) 2013.
- Provide administrative support for the Vermont Council on Homelessness to coordinate statewide strategic planning, including development of Vermont's Plan to End Homelessness.
- Collaborate with VCEH and VSHA to fulfill HEARTH legislation and HUD CoC regulations including: representation on the CoC Board; implementation of a coordinated assessment system; and other federal requirements.
- Assist the VT BoS CoC/VCEH in its requirements to consult with the State Office of Economic Opportunity on the plan for allocating Emergency Solutions Grants program funds for eligible activities and reporting on and evaluating the overall performance of the Emergency Solutions Grants program.
- Support the VCEH and VSHA with operation of, and participation in, the Point-in-Time Count of the Homeless and Housing Inventory Chart of Homeless Beds.
- Collaborate with the Vermont Council on Homelessness and other partners to support and implement, to the maximum extent practicable and where appropriate, policies and protocols for the discharge of persons from publicly funded institutions or systems of care (such as health care facilities, foster care or other youth facilities, or correction programs and institutions) in order to prevent such discharge from immediately resulting in homelessness for such persons.

The Vermont State Housing Authority agrees to (funding permitted):

- Continue supporting the VT BoS CoC/VCEH with the provision of substantial in-kind donations towards critical CoC activities to prevent and end homelessness.
- Act in the role of Collaborative Applicant on behalf of the VT BoS CoC/VCEH with primary responsibility to coordinate, complete and submit the annual HUD CoC Consolidated Application and all individual project applications to maximize the application score. VSHA is empowered to contract for assistance as needed.

The VCEH retains all of its responsibilities, even if it designates one or more eligible applicants other than itself to apply for funds on behalf of the VT BoS CoC. This includes approving the HUD Continuum of Care Consolidated Application.

- Provide lead coordination, in consultation with VCEH and AHS, to conduct the annual Point-in-Time Count of the Homeless and Housing Inventory Chart of Homeless Beds.
- Assist the VCEH, AHS, and others to ensure high data quality and compliance of other HUD HMIS requirements, although the primary responsibility of HMIS compliance is retained by the VCEH and AHS (HMIS Lead).
- Continue to maintain administration of applicable HUD-VSHA CoC grants including: grants management; technical assistance and trainings; financial accounting and draw down of HUD funds; coordination and submission of Annual Performance Reports to HUD; and other measures to ensure project and overall compliance with regulations.
- Support VT BoS CoC through participation in management activities of VCEH, although VCEH retains this activity as one of its primary responsibilities.
- Ensure open and fair methods of communication and processes in the monitoring of CoC program grants administered by VSHA to reduce the potential of a perceived or actual conflict of interest, e.g. performance monitoring, etc.

Problem Resolution

Should disagreements arise under this Memorandum of Agreement the parties agree to work to resolve these as quickly and agreeably as possible. While most disagreements can be resolved among the parties, none shall be adverse to requesting assistance from a neutral party if needed.

Amendment or Termination

A signatory party to this Memorandum of Agreement may submit a written request to amend the Agreement. The signatory parties shall then meet without unnecessary delay to consider the proposed amendment. Any party may terminate this Memorandum of Agreement with 30 days prior written notice.

This Agreement may be rendered null and void by changes in federal or state law that prevents any party from fulfilling the terms of the agreement. If this circumstance should arise, the parties agree to notify one another as soon as reasonably possible.

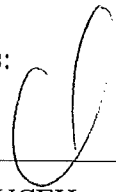
This Agreement shall be reviewed annually, and presented to the VCEH membership for a vote each year, on the date of the VCEH annual meeting. The VSHA and AHS shall ensure that any changes or amendments to this Agreement they wish to propose shall be presented in writing to the VCEH at least two months before the VCEH annual meeting. This Agreement shall not be considered to expire due to delay in any vote to extend it, but shall remain in full force and effect until it is amended or revoked.

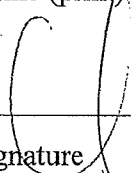
This Memorandum of Agreement is hereby agreed to, and executed, as follows:

On behalf of the **Vermont Coalition to End Homelessness:**

Jeannette Montross

Name (print)


Chair, VCEH



Signature

12/17/2013

Date

Duly Authorized

On behalf of the **Vermont Agency of Human Services:**

Douglas A. Racine

Signature

Duly Authorized

Secretary, AHS



12/13/13

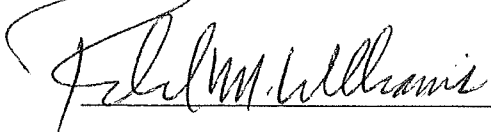
Date

On behalf of the **Vermont State Housing Authority:**

Richard M. Williams

Name (print)

Executive Director, VSHA



Signature

Duly Authorized

12/18/2013

Date



**Vermont Coalition to End Homelessness (Vermont Balance of State Continuum of Care)
CoC Policy on Discharge Planning**

The following CoC Policy on Discharge Planning was reviewed and accepted for submission to HUD by the full membership of the VCEH/VT BoS CoC on January 21, 2014.

In accordance with federal law, all HUD CoC homeless assistance funds within the Vermont Balance of State Continuum of Care geographic area can only serve persons who meet the HUD definition of homelessness for each applicable program type. HUD CoC-funds will not be used for projects that target person being discharged from publicly funded institutions or systems of care.

The VCEH/VT BoS CoC hereby creates a new CoC Discharge Planning Committee to continue the identification of key stakeholders, evaluation of formal protocol for discharge policies & practices of institutions (Foster Care, Mental Health, Corrections, and Health Care), determination of gaps in service, and strengthening methods and access to mainstream resources to prevent discharges into homelessness.

MEMORANDUM OF AGREEMENT:

This Memorandum of Agreement is entered into by the
Vermont Coalition to End Homelessness (VCEH),
the Vermont Agency of Human Services (AHS),
and the **Vermont State Housing Authority (VSHA).**

VCEH, AHS and VSHA each play critical roles in preventing and ending homelessness within the State of Vermont and the Vermont Balance of State Continuum of Care (VT BoS CoC). This Memorandum of Agreement strives to outline the roles and responsibilities of each entity in an effort to ensure a mutual understanding and strong joint partnership.

The HUD Continuum of Care program is authorized by subtitle C of title IV of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11381-11389), as amended by the HEARTH Act (https://www.onecpd.info/resources/documents/CoCProgramInterimRule_FormattedVersion.pdf) (24 CFR Part 578), and designed to:

- (1) Promote communitywide commitment to the goal of ending homelessness;
- (2) Provide funding for efforts by nonprofit providers, States, and local governments to quickly rehouse homeless individuals (including unaccompanied youth) and families, while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness;
- (3) Promote access to, and effective utilization of, mainstream programs by homeless individuals and families; and
- (4) Optimize self-sufficiency among individuals and families experiencing homelessness.

A Continuum of Care (CoC), as recognized by the U.S. Department of Housing & Urban Development (HUD), is comprised of representatives from relevant organizations within a geographic area to carry out the duties as detailed in the McKinney-Vento Homeless Assistance Act and HUD regulations.

The VT BoS CoC geographic area is recognized by HUD to include all counties in Vermont, with the exception of Chittenden.

VCEH is recognized by HUD as the Primary Decision-Making Group charged with the primary responsibility of managing the overall planning effort on behalf of the VT BoS CoC.

VSHA is recognized by HUD as the Collaborative Applicant designated by and working on behalf of the VT BoS CoC/VCEH and charged with the primary responsibility of coordinating

and submitting the annual HUD CoC Notice of Funding Availability Homeless Assistance application.

AHS is recognized by HUD as the HMIS Lead designated by and working on behalf of the CoC to operate the CoC's Homeless Management Information System (HMIS).

The Vermont Coalition to End Homelessness agrees to:

- Act as the Primary Decision-Making Group on behalf of the VT BoS CoC to oversee CoC operational functions and ensure adherence to HEARTH/HUD CoC regulations.
- Hold meetings of the full membership, with published agendas, at least semi-annually.
- Make an invitation for new VCEH members to join publicly available within the VT BoS CoC geographic at least annually.
- Adopt and follow a written process to select a board to act on behalf of the CoC. The process must be reviewed, updated, and approved by the CoC at least once every 5 years.
- Appoint additional committees, subcommittees, or workgroups.
- Support local Continua of Care within the VT BoS CoC to identify and address issues and strengthen capacity.
- Develop, follow, and update annually a governance charter, in consultation with the Collaborative Applicant and the HMIS Lead, which will include all procedures and policies required by HUD; and a code of conduct and recusal process for the board, its chair(s), and any person acting on behalf of the board.
- Consult with Continuum of Care program grant recipients and subrecipients to establish performance targets appropriate for population and program type, monitor recipient and subrecipient performance, evaluate outcomes, and take action against poor performers.
- Participate in the development of performance standards for Emergency Solutions Grants (ESG) projects and evaluate overall ESG program outcomes.
- Establish and operate a coordinated assessment system in consultation with recipients of HUD Emergency Solutions Grants program funds within the geographic area that

provides an initial comprehensive assessment of the needs of individuals and families for housing and services.

- Establish and consistently follow written standards for providing HUD Continuum of Care assistance, in consultation with the State Office of Economic Opportunity (OEO), recipient of Emergency Solutions Grants program funds within the geographic area.
- Designate and operate an HMIS: designate an eligible applicant to oversee the Continuum's Homeless Management Information System (HMIS), which will be known as the HMIS Lead; designate, in consultation with the HMIS Lead, a single HMIS software system for the geographic area; review, revise, and approve a privacy plan, security plan, and data quality plan for the HMIS; ensure consistent participation of grant recipients and subrecipients in the HMIS; and ensure the HMIS is administered in compliance with requirements prescribed by HUD.
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- Plan and conduct, at least biennially, a point-in-time count of homeless persons within the geographic area that meets the requirements established by HUD notice. Publish and publicly promote the results of the Point in Time count within three months of the date of the count.
- Conduct annual gaps analysis of the homeless needs & services available within the CoC.
- Provide information required to complete the Consolidated Plan(s) within the Continuum's geographic area.
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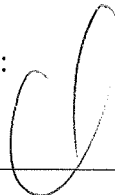
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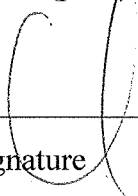
On behalf of the **Vermont Coalition to End Homelessness:**

Jeannette Montross

Name (print)



Chair, VCEH



Signature

12/17/2013

Date

Duly Authorized

On behalf of the **Vermont Agency of Human Services:**

Douglas A. Racine

Douglas A. Racine

Secretary, AHS

Secretary, AHS



Signature

12/13/13

Date

Duly Authorized

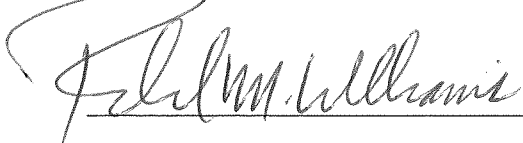
On behalf of the **Vermont State Housing Authority:**

Richard M. Williams

Name (print)

Executive Director, VSHA

Executive Director, VSHA




Signature

12/18/2013

Date

Duly Authorized

<i>HUD Continuum of Care # and Name:</i> VT 501 - Vermont Balance of State CoC	
<i>VT BoS CoC Primary Decision-Making Body:</i> Vermont Coalition to End Homelessness	
<i>Policy/Procedure:</i> CoC Project Ranking	
<i>Date Approved by VT BoS CoC:</i> 12/20/2013	

Purpose: To guide the VCEH, CoC Ranking Team and Collaborative Applicant in the activities required to perform ranking of CoC grant applications for the annual HUD Continuum of Care-Homeless Assistance Notice of Funding Availability (NOFA).

Policy: The VCEH NOFA Committee developed this policy to ensure that the scoring and ranking of CoC grant application requests are conducted in a fair, transparent, & unbiased manner. The VCEH Steering Committee (Executive Body of the CoC) reviewed, edited and approved this policy and accompanying rating tool on December 20, 2013 with a unanimous vote.

Procedures: The approved ranking measures and data sources used to evaluate all CoC grant application requests will be provided to all applicants before a CoC Ranking Team meets to review and rank their projects. The Collaborative Applicant will collect all specified data for each CoC project application and provide a project ranking summary to the CoC Ranking Team to conduct the review. The Collaborative Applicant will be present at the meeting of the CoC Ranking Team to provide technical assistance as needed. After the preliminary ranking determination and recommended selective cuts (if applicable) of the CoC Ranking Team is complete, the Collaborative Applicant will send an individual summary and project rank number to each project applicant. Each project applicant may contest the ranking determination of their individual project by submitting an appeal to the Collaborative Applicant. Upon completion of the appeal review, the CoC Ranking Team will make a final determination. The Collaborative Applicant will send the final CoC project ranking list to the CoC, and all individual project applicants, to be posted on the VCEH website to ensure transparency and compliance with the 2013/2014 CoC NOFA. The final CoC project ranking list, along with the entire CoC Consolidated Application, will be reviewed and voted on by the full CoC membership in the January 2014 meeting prior to HUD submission.

Ranking Team: The CoC Ranking Team will be made up of unbiased members familiar with CoC programs and the community's homeless system. At the beginning of the ranking meeting, CoC Ranking Team members will provide a statement of confidentiality and no conflict of interest in the regard to any discussions or determinations of specific project applications and/or applicants. Members will be recruited yearly and their eligibility verified (no conflicts of interest) by the CoC.

The Team may consider adjustments for such issues as HUD incentives or requirements. The Team may consider proposal changes or project general budget adjustments that may be required to meet community needs. The Team determines the rank and funding levels of all projects considering all available and objective information.

The following members were approved by the VCEH Steering Committee to review and rank the VT BoS CoC project applications for the 2013 HUD CoC NOFA competition:

- Southeastern VT Community Action/VCEH Steering Committee member (Pat Burke)
- VT Network Against Domestic & Sexual Violence (Auburn Watersong or Designee)
- VT Agency of Human Services (Angus Chaney or Designee)
- VT Housing & Finance Agency (Maura Collins)
- VT Housing & Conservation Board (Rick DeAngelis)
- VT Department of Housing & Community Development (Shaun Gilpin or Designee)
- City of Burlington-Community & Economic Development Office (Marcy Krumbine)

Ranking Process: The CoC will implement goals for each HUD CoC NOFA application cycle which maximize competitiveness of the CoCs Consolidated Application in consideration of local CoC priorities.

The CoC has approved the “Hybrid Approach” to determine project ranking in order to conduct strategic funding allocation and to effectively implement a required FY2013 reduction of 5% in CoC funding with selective cuts to lower ranking projects. Example: <https://www.onecpd.info/resource/3401/fy2013-coc-program-nofa-and-application-webcast/>.

The independent CoC Ranking Team will meet to review data from each CoC project application request to determine how it meets the scoring criteria established in the CoC project rating tool, minimum grant requirements, and established CoC priorities. These combined factors will inform the CoC Ranking Team how to determine the CoC project ranking list and, if applicable, any necessary funding reductions to one or more projects.

Rating Tool Measures (see attachment): Housing Priority, HMIS Data Quality & APR (different indicator for a HMIS grant application), Participant Project Performance (different indicator for a HMIS grant application), Target Population, and Leverage. *Sources: Annual Performance Report; FY2012 & 2013 CoC Project Applications.*

Standard Minimum Grant Requirements: leverage match, expenditure of grant funds (slow or fast), bed utilization, cost effectiveness of project, provider organization experience and capacity, project readiness, unexecuted grants, administration of other federal funds, HMIS implementation and compliance, unresolved CoC and/or HUD monitoring findings, and other minimum grant terms.

Sources: Annual Performance Reports; FY2012 & FY2013 CoC Project Applications; LOCCS draws; HMIS Data Quality Reports; Project Monitoring Reports.

CoC Priorities: In addition to the above rating tool criteria and minimum grant requirement thresholds, the CoC approved the following local priorities for the Ranking Team to consider in determining a project’s rank and potential selective grant reductions:

- The CoC Ranking Team will not automatically place a **SSO project** in Tier 2, as requested in the 2013 HUD CoC NOFA, to face imminent elimination as part of the 5% reduction in CoC funding, as long as 100% of the project is reallocated to a CoC-Permanent Housing/Rapid Rehousing Project for Families in the FY2014 NOFA.

- Projects that make **voluntary, significant project budget cuts** (determined by the CoC Ranking Team), in their application request submitted by December 30, 2013, will be held harmless for consideration of potential cuts during the FY2014 NOFA.
- **Geographic Distribution:** Assessment of projects within CoC by county/region.
- **VT BoS CoC/Local Community Need:** Assessment of most in need literal homeless and subpopulations within the entire VT BoS CoC and/or county.
Source: Annual CoC Point-in-Time Count of the Homeless (PIT).
- **HUD CoC Need:** Annual CDBG formula calculated by HUD to determine minimum CoC funding needs by county. *Source: HUD Preliminary Pro Rata Need (PPRN).*

FY2013 CoC Funding Reduction: As the result of sequestration and a limited HUD budget, the FY2013 NOFA requires all CoCs to put at least 5% of their funding into a second tier to face imminent elimination. As part of the “Hybrid Approach”, the VCEH will implement a strategic funding allocation through selective cuts from lower ranking project applications to avoid placing an entire project in the second tier to face imminent, wholesale funding elimination or for the CoC to face a higher than 5% reduction.

The entire 5% funding reduction may be reallocated into a new Permanent Housing (Shelter Plus Care-Chronic Homeless or Rapid Rehousing-Families) Project. In order to meet the project application deadline requirements of the 2013 NOFA, the CoC has approved the following project which was vetted through a request for proposal process by the CoC Ranking Team during last year’s FY2012 NOFA, approved by the full CoC, but not considered by HUD as the CoC application did not meet the scoring threshold:

- **Permanent Housing Component:** Shelter Plus Care Sponsor-Based Rental Assistance
Subpopulation: Dedicated to only serving Chronic Homeless households
Service Area: Rutland County
Grant Recipient: VT State Housing Authority
Subrecipient Agency (Sponsor): Pathways to Housing Vermont
Grant Application Requested Budget: \$129,419 (5% CoC reduction amount)
Minimum Project Units: 15 (0 bedrooms = 2; 1 bedrooms = 12; 2 bedrooms = 1)

Project Determinations and Appeals Process: Applications which do not meet the minimum threshold requirements will not be included in the CoC Consolidated Application submitted to HUD for consideration. If more applications are submitted than the CoC has money to fund, the CoC Ranking Team will rank the grants in order of an agreed upon priority as approved by VCEH/VT BoS CoC and HUD.

The Collaborative Applicant will send formal notification of a preliminary determination made by the CoC Ranking Team to each project applicant along with: individual project ranking summary report, individual project ranking number, and potential budget reduction. Any appeals to the CoC Ranking Team’s determinations for projects may be submitted via email or fax to the Collaborative Applicant within three business days. The Collaborative Applicant will provide all appeals to the CoC Ranking Team to make a final determination that will be sent to the CoC for a review, vote and website posting.

FY2013 VT BoS CoC Project Priority Ranking Form

Project Name: _____ Project Agency: _____
 Evaluator Name: _____ Date: _____

Part A: Housing Priority (Maximum Points – 25)	Max Points	Points Awarded
1. Permanent Housing (Shelter Plus Care & Rapid Rehousing)	25	
2. HMIS	25	
3. Transitional Housing	15	
4. Supportive Services Only	5	
Part B: HMIS Data Quality & APR (Maximum Points – 5)	Max Points	Points Awarded
Participant Programs		
1. APR Data Quality based on most recent APR: If APR has 0% missing data in any data element	15	
OR		
HMIS grant (Maximum Points – 15)		
2. CoC's Data Quality average on most recent APRs: If Data Quality is: 95% to 100%	15	
If Data Quality is: 90 to 95%	10	
If Data Quality is 85 to 89%	5	
Total Points for HMIS Data Quality & APR	15	
Part C. Performance	Max Points	Points Awarded
Participant Project Performance (Maximum Points – 65)		
1. Housing Stability: % HHs maintaining or exiting to permanent housing: 90% or more	20	
Housing Stability: % HHs maintaining or exiting to permanent housing: 76% to 89%	15	
Housing Stability: % HHs maintaining or exiting to permanent housing: 65 to 75%	10	
Housing Stability: % HHs maintaining or exiting to permanent housing: 64% or less	0	
2. % of households that have non-employment income at exit: 75% or more	15	
% of households that have non-employment income at exit: 55 % to 74%	10	
% of households that have non-employment income at exit: 35 % to 54%	5	
% of households that have non-employment income at exit: 34% or less	0	
3. Employment: % participants with employment income at exit: 25% or more	15	
Employment: % participants with employment income at exit: 19% to 24%	10	
Employment: % participants with employment income at exit: 11% to 18%	5	
Employment: % participants with employment income at exit: 10% or less	0	

4. Mainstream Resources: % of participants with mainstream benefits at exit: 56% or more	15	
Mainstream Resources: % of participants with mainstream benefits at exit: 31 to 55%	10	
Mainstream Resources: % of participants with mainstream benefits at exit: 30% or less	0	
Continue to page 2		
HMIS Project Performance	Max Points	Points Awarded
HMIS Performance (Maximum Points – 65)		
Does HMIS data collection for subgroups (chronic, families, youth, DV, disability, etc.)?		
Yes	5	
No	0	
Have all HMIS users completed an initial HMIS privacy training		
Yes	5	
No	0	
Are all HMIS Participating Agency Agreements on File with the HMIS lead agency?		
Yes	5	
No	0	
Do all Vendor Agreements comply with HMIS privacy and other related policies?		
Yes	5	
No	0	
With the assistance of the HMIS project was the CoC able to submit AHAR table shells?		
16 shells or 100%	15	
12 shells or 80-99%	10	
7 to 11 shells or 50-79%	5	
6 or less shells or Less than 50%	0	
Does the CoC have other funds that can be used to sufficiently support HMIS activities?		
Yes	0	
No	30	
Part D. Target Population (Multiple choices allowed; Maximum Points - 40)	Max Points	Points Awarded
Individuals or Families Experiencing Chronic Homelessness	20	
Residence Prior-Literal Homeless: 0% to 59% = 0; 60% to 79% = 5; 80 to 100% = 10	0/5/10	
Families & Youth (under 25)	10	
Part E. Leverage (Maximum Points – 15)	Max Points	Points Awarded
Amount of leverage of grant included and documented for application.		
150% or more	15	
100% to 149%	10	
50% to 99%	5	
Less than 50%	0	
CoC Ranking Team comments:	TOTAL	
FINAL SCORE (Maximum Points = 150)		

Vermont Balance of State/HUD Continuum of Care - Grants Inventory
(FY2013 Annual Renewal Amount = \$2,588,389)

PERMANENT HOUSING: **S+C** = Shelter Plus Care * **PSH** = Permanent Supportive Housing
RRH = Rapid Rehousing (Medium-Term Tenant-Based Rental Assistance - Families)

TH = Transitional Housing * **SH** = Safe Haven

SSO = Supportive Services Only * **HMIS** = Homeless Management Information System

RECIPIENT	SUB-RECIPIENT	NAME	TYPE	TARGET POPULATION	COUNTY	HUD CoC BUDGET
HOPE		Hill House	TH	MH & IND	Addison	\$147,808
BraHA	HCRS, MS BADIC	BraHA S+C	S+C	MH+, IND, FAM, CH	Windham	220,381
VSHA	BCH	McCall Street	TH	FAM & IND	Bennington	63,928
VSHA	CVCLT	Barre Street	PSH	MH & IND	Washington	8,749
VSHA	CMC	Safe Haven	SH	MH & IND	Orange	151,650
VSHA	AHS-DMH	HMIS	HMIS	*	BoS-only	30,572
VSHA	GSH	TH	TH	INDIV & FAM	Washington	71,236
VSHA	MS	SSO	SSO*	FAM & INDIV	Windham	56,582
VSHA	NCSS	179 Main Street	TH	MH & INDIV	Franklin/Gl	124,462
VSHA	NEKCA (NEKYS)	SSO	SSO	FAM, IND, Youth	Caledonia Essex	73,007
VSHA	NEKCA	Youth	TH	Youth	Orleans	57,005
VSHA	NKHS	TH	TH	MH & INDIV	Orleans	92,178
VSHA	RCHC	SSO	SSO*	FAM & INDIV	Rutland	37,956
VSHA	TPHT	Overlook Drive	TH	FAM & INDIV	Windsor	39,269
VSHA	16 Sponsor Agencies	Statewide	S+C	CH, MH+, IND & FAM	BoS	1,413,606
VSHA	MS/RCHC	SSO Reallocation New RRH (1)	RRH	FAM	Windham, Rutland	94,538
VSHA	PVT	Reallocation 5% New RRH (2)	S+C	CH	Rutland	129,419
VSHA	VSHA	Planning grant	*	*	BoS-New	32,355

Does include:

- FY2013 new RRH reallocation project (MS/RCHC).
- 5% cut (\$129,419) will be reallocated to new PH (S+C) project and ranked at bottom
- New planning grant (\$32,355)

Does not include:

- Three Shelter Plus Care bonus grants that are not up for FY2013 renewal
- New RRH reallocation project (NEKCA-NEKYS SSO) for FY2014

FAM = Families; **IND** = Individuals

CH = Chronic Homeless (Chronic Disability + Long Term Literal Homeless)

MH or **MH+** = Serious Mental Illness and/or other Chronic Disabling Condition

SUMMARY: FY13 HUD CoC Registration Notice

<https://www.onecpd.info/resources/documents/FY2013CoCProgramRegistrationNotice.pdf>

Italicized words are Daniel's clarifications/interpretations.

1. **Strategic Resource Allocation:** Each CoC is encouraged to conduct a comprehensive analysis of its existing projects to determine the extent to which each project addresses the goals above. CoCs should reallocate those projects that are underperforming, obsolete, or ineffective. CoCs may only request new projects through reallocation.
2. Ending **Chronic Homelessness** Housing First Model & Permanent Supportive Housing.
3. Ending **Family Homelessness:** Rapid Re-Housing reallocation if chronic homelessness is addressed through other resources.
4. Removing Barriers to CoC Resources. Implementing a **Coordinated Assessment System**; use **transitional housing** as tool to serve specific populations (youth, DV, and substance abuse); **prioritize** households most in need.
5. Maximize Mainstream Resources: Affordable Care Act.
6. Build Partnerships. Engage Public Housing Authorities with **homeless preference**. Evaluate how **philanthropy** can play a role.
7. Other Priority Populations: CoCs must also consider the needs of other homeless populations that may be prevalent within the CoC's geographic area, especially the needs of **veterans** and their families and unaccompanied **youth**. HUD strongly encourages CoCs to coordinate with other sources (e.g. HUD-VASH) that serve them.

CoC Program Implementation:

- HUD will continue the Reallocation process. **All CoCs may reduce and/or eliminate funds for renewal projects...to develop new projects.** CoCs may use the reallocation process to create new **permanent supportive housing** projects for the **chronically homeless**, or, when the CoC is able to demonstrate that chronic homelessness is being addressed by other means, for **rapid re-housing projects for families**.
- CoCs will be required to **rank all projects** submitted by project applicants in e-snaps.
- HUD will continue the **Tier 1** and **Tier 2** funding process and will continue two-step funding announcement process. Renewals will be awarded first. All other projects, including reallocation projects, CoC planning and UFA costs awarded later.

HUD Special Needs Assistance Programs (SNAPS)/Weekly Focus Topics

<https://www.onecpd.info/homelessness-assistance/snaps-weekly-focus/>

- 7/2/13 (1st Focus Topic): “**Changing the Way we Do Business**”.
- 7/18/13: **Coordinated Assessment**.
- 7/29/13: **Leveraging Mainstream Resources**. “There was a time when HUD awarded more funds for supportive services under the homeless assistance competition than on housing. By paying for services that should have been available to people experiencing homelessness through public systems, we were effectively reducing the potential stock of housing available to people experiencing homelessness. Tremendous progress has been made to shift this balance so that more of HUD’s funds are paying for housing costs than supportive services—however, close to 30 percent—or \$460 million—of funds awarded through the competition are still for supportive services costs. While the CoC Program allows for the use of funds for services, HUD encourages CoCs to consider: 1) if the services being funded is also eligible under other mainstream Federal programs; and 2) whether they are essential to helping people connect to or maintain permanent housing...”

“TANF funds may be able to be used for employment services and a range of supportive services, for example, while **CoC Program** or Emergency Solutions Grants (ESG) funding could **pay for the housing costs**.”

Medicaid & Community Health Centers provide services to homeless with disabilities.

- 8/6/13: **Families & Youth**. “Opening Doors” Federal Plan
- 8/7/13: **Youth Homelessness**. “Opening Doors” Federal Plan
- 8/12/13: **Veteran Homelessness**. VA VASH priority of serving chronic homelessness and endorsing the Housing First model.
- 8/21/13: **Housing First** model emphasis on community-based permanent housing for people coming directly from streets or shelter, bypassing Transitional Housing.
- 9/4/13: **Rapid-Rehousing** emphasis on **permanent housing** and Housing First model.
- 9/18/13: **Transitional Housing** emphasis on retooling current programs to serve different populations [CoC Registration examples: youth, DV, substance abuse] or reallocated to Permanent Housing: Rapid Re-Housing or Permanent Supportive Housing with Housing First model.

VCEH/VT BoS CoC Steering Committee: NOFA/CoC Priorities Vote

(Special Meeting conference call vote conducted on Friday, December 20)

1. Which priority ranking option does the CoC choose?
 - a. Across the Board: Cut all projects by 5% without regard to performance, priority or ranking. CoC score impacted due to lack of strategic allocation/planning. Disincentive for projects to maintain compliance and/or improve. 5% cut reallocated into a new PH project (S+C-CH or RRH-Families)?
 - b. 1-12 Ranking: All projects ranked in descending order from 1-12 with #10/#11 (low ranking/priority projects) and #12 (planning project) listed in Tier 2 to face imminent elimination. #10/11 may add up to more than maximum required 5% cut with CoC losing unnecessary funds. High community impact with loss of entire CoC project. Alternative measures available to strengthen low-performers/projects and keep equal geographic distribution: TA, advance notice to board/Chittenden CoC, change agency, change project, partial budget reduction, etc.?

STEERING COMMITTEE APPROVED "HYBRID APPROACH"

- c. Hybrid Approach (VSHA recommendation): All projects ranked in descending order from 1-12 with #11 (5% reallocated PH project, includes CVCLT \$8k) & #12 (planning project) listed in Tier 2 to face imminent elimination. Remaining 5% balance (\$121k) selectively cut from a few low ranking projects. Ranking Team will consider multiple factors to make selective cuts with decision-making factors identified/provided in advance by Steering Committee & results provided to all applicants & CoC. No risk of cutting more than 5% or an entire geographic area unexpectedly losing an entire CoC project. Higher CoC score with strategic allocation/reallocation?

**HUD NOFA Webinar (December 2013): Above ranking options, along with other NOFA guidance, explained in detail at "27-30 minute" & "33-35 minute" intervals.
<https://www.onecpd.info/resource/3401/fy2013-coc-program-nofa-and-application-webcast/>*

2. How does CoC want to reallocate the 5% cut (\$129,419) facing imminent elimination?

STEERING COMMITTEE APPROVED S+C OPTION

- a. S+C-CH (VSHA recommendation): reconstitute/resubmit FY12 bonus project (PVT S+C-CH Rutland)?
- b. RRH-Families: no time to create new project, RFP, match, agency, area, vote?

3. Does the CoC approve the Ranking Team to consider the following and other objective factors to determine ranking/selective cuts to determine 5% cut (if option selected above):

STEERING COMMITTEE APPROVED ALL OPTIONS

YES or NO. If YES, which one(s). More than one option can be selected/changed/added.

- a. Grant Compliance: timely draws, meet minimum grant terms, major findings?
- b. Performance: housing stability, income/employment, mainstream resources, data?
- c. HUD Priorities: Chronic Homeless, Families/Youth, Housing 1st, low/no services, permanent housing, reallocation, most in need, 150%+ leverage match, TH tooled to specific populations (youth, DV, SA), accessing Medicaid for services to homeless with disabilities, etc.?
- d. CoC Priorities: lower regard for HUD priorities, allow SSO in Tier 1, equal geographic distribution (only Lamoille County currently without a non-S+C CoC project), place higher value on certain CoC program types (PH, TH/SH, HMIS, SSO) and/or certain budget types within projects (housing, services, HMIS)?
- e. Community Need: Chittenden-wide need for literal homeless/subpopulations (PIT); CDBG formula that HUD uses to determine CoC minimum funding need by county (PPRN); distribution of other homeless assistance (ESG/VA/DV/Youth/MH)?

4. Does CoC want to include any SSO project in Tier 1 (new bonus points in NOFA)?

STEERING COMMITTEE APPROVED “YES” OPTION

- a. YES

Pro: Lowers financial impact on SSO project to be eliminated, although it may be reduced (not eliminated) by Ranking Team.

Con: Automatic loss of 2 bonus points to CoC general application (1% of maximum score). Puts entire SSO grant at risk due to low HUD priority and delays entire. All SSO agencies notified in FY12 of HUD low priority for SSO's with option to reallocate. Sets a CoC precedence and disincentive for other CoC projects/agencies to implement long-term strategic planning/contingency planning/diversification of agency funding.

- b. NO

Pro: CoC will automatically receive 2 bonus points (1% of score) for having no SSO projects in Tier 1. No community funding impact as SSO grant changes to RRH and stays in area.

Con: High financial impact on SSO project agencies in a few months' time.

**CoC Regulations (HUD interpretation of HEARTH Act): "Supportive Service Only (SSO) [Program Component/Type] ...may be used for...leasing of a facility from which supportive services will be provided, and supportive services in order to provide supportive services to unsheltered and sheltered homeless persons for whom the recipient or subrecipient is not providing housing or housing assistance. SSO includes street outreach."*

5. Does CoC want to "Hold Harmless" any CoC projects, components or budget type?

YES or NO. If YES, which one(s). More than one option can be selected/changed/added.

STEERING COMMITTEE DID NOT APPROVE THIS OPTION: already included in scoring tool and CoC priorities approved above to determine 5% cuts.

- a. U.S. Strategic Plan & HUD Priority CoC Programs- Permanent Housing/Housing 1st (S+C & RRH) and/or Family/Youth projects (TH & RRH) without major findings?

STEERING COMMITTEE DID NOT APPROVE THIS OPTION: already included in scoring tool and CoC priorities approved above to determine 5% cuts.

- b. Certain Line Item Budgets (Housing/Operations) within CoC Projects when determining selective 5% cut of lower ranking projects, thereby only reducing supportive services line item budgets?

STEERING COMMITTEE DID APPROVE: but only if substantial cuts (30%+).

- c. Hold Harmless future potential cuts of CoC Projects willing to voluntarily make higher than needed cuts before ranking determination?

STEERING COMMITTEE DID NOT APPROVE THIS OPTION: already included in scoring tool and CoC priorities approved above to determine 5% cuts.

- d. SSO project needs time to prepare for loss of funds with a guarantee to reallocate to RRH in FY14 (see above for SSO Pros and Cons)?

6. For the FY2013 CoC NOFA, does the CoC object to the following members to make up the Chittenden Ranking Team (odd number recommended by TAC for voting):

STEERING COMMITTEE APPROVED ALL LISTED MEMBERS and added two (Pat Burke-SEVCA and Auburn Watersong-VT Network Against Domestic/Sexual Violence).

YES or NO. If YES, which one(s). More than one option can be selected/changed/added.

- a. VT Agency of Human Services (Angus Chaney or Designee)
b. VT Housing & Conservation Board (Rick DeAngelis)
c. VT Dept. of Housing & Community Development (Shaun Gilpin)
d. VT Housing & Finance Agency (Maura Collins)
e. City of Burlington-CEDO (Marcy Krumbine)

7. Other proposals to determine VT BoS CoC Priorities with ranking projects? **NONE**

2013 VT BOS CoC Needs Assessment Chart - COUNTY

COUNTY	SHP \$ SHP & County S+C	% of SHP \$	Other COC \$ VSHA S+C Statewide	HUD PPRN CDGB formula	PPRN % SHP & S+C	PPRN % SHP & County S+C-only	PIT 2009-2013	SHP \$ by PIT %
Addison	\$147,808	12%	\$210,120	\$89,861	398%	164%	9%	\$109,745
Bennington	\$63,928	5%	\$210,120	\$116,665	235%	55%	12%	\$146,327
Caledonia/Essex	\$73,007	6%	\$37,080	\$118,070	93%	62%	4%	\$48,776
Franklin/Gl	\$124,462	10%	\$160,680	\$132,471	215%	94%	7%	\$85,357
Lamoille	\$0	0%	\$61,800	\$66,375	93%	0%	4%	\$48,776
Orange	\$151,650	12%	\$61,800	\$67,699	315%	224%	1%	\$12,193
Orleans	\$149,183	12%	\$24,720	\$84,066	207%	177%	2%	\$24,387
Rutland	\$37,956	3%	\$80,340	\$166,890	71%	23%	18%	\$219,490
Washington	\$129,485*	11%	\$129,780	\$145,839	178%	89%	13%	\$158,521
Windham	\$276,963**	23%	\$43,260	\$119,322	268%	232%	13%	\$158,521
Windsor	\$64,949*	5%	\$92,700	\$141,037	112%	64%	16%	\$195,103
TOTAL	\$1,219,391	100%	\$1,112,400	\$1,248,295	100%	100%	100%	\$1,219,391

*Washington County: two Shelter Plus Care grants (\$49,500) that are NOT up for renewal in current FY 2013 NOFA.

*Windsor County: one Shelter Plus Care grant (\$25,680) that is NOT up for renewal in current FY2013 NOFA.

**Windham County: one Shelter Plus Care grant (\$220,381) that IS up for renewal in current FY2013 NOFA.

12/23/2013

TOTAL POINTS = **130 out of 165** * PROJECT RANKING NUMBER = **2**

PROJECT DETAILS

Grant Recipient: Vermont State Housing Authority
Subrecipients: 16 Sponsor Agencies
HUD CoC Budget: \$220,381
Project Type: Permanent Housing-Shelter Plus Care (25 points)
Subpopulation: Chronic Homeless (20 points)/Mental Health+
Units: 131 funded/188 served

MINIMUM GRANT REQUIREMENTS

Leveraging Match: FY2012 = 128%-actual; FY2013 = 150% -commitment (15 points)
Quarterly Draws: FY2011 = 100%; FY2012 (year to date) = 100%
Unit Utilization = 100%+
Participants residing more than 2 years (Transitional Housing only) = Not applicable.
HUD Cost Effectiveness (CoC grant amount divided by # of beds divided by 12 months) = \$646
HMIS Annual Performance Report Data Quality = 0% missing data (15 points)

PERFORMANCE

Persons Coming from **Literal Homelessness** = 67% (5 points)
Persons Remaining in or Exiting to **Permanent Housing** = 94% (20 points)
Persons with an **Employment Income** Source = 9% (0 points)
Persons with a **non-Employment Income** Source = 85% (15 points)
Non-Cash Benefits = 76% (15 points)

HUD/COC PRIORITIES

Percentage of CoC grant spent on **services** = 0%
PIT Need (Literal Homeless) = varies
Preliminary Pro-Rata Need (HUD CDBG formula to determine CoC need by county) = varies

*As required/used in this year's FY2013 CoC NOFA application, the above APR data is taken from a project's Annual Performance Report as submitted to HUD between 10/1/12 – 9/30/13.

Prioritized PSH Beds

Grant Recipient	Project Name	Expiring Grant Number	Number of CoC Funded PSH units <u>not</u> Dedicated to Serve Chronically Homeless Households (2013 HIC)	Number of CoC Funded PSH Units Committed for Priority Admission of Chronically Homeless Households (2013 HIC)	Expected Program Turnover Units	% of Units at Turnover to Prioritize Admission of Chronically Homeless Household
Brattleboro Housing Authority	BraHA Renewal 2012	VT0013L1T001205	24	24	3	100%
Vermont State Housing Authority	VSHA S+C Statewide FY12	VT0024L1T001204	238	238	38	100%

Vermont Balance of State Homeless Management System (AHS/HMIS) Operating Policy and Procedure

The purpose of the HMIS is to record and store client-level information about the numbers, characteristics and needs of persons who use homeless housing and supportive services, to produce an unduplicated count of homeless persons for the BOS Continuums of Care (BOS COC); to understand the extent and nature of homelessness locally, regionally and nationally; and to understand patterns of service usage and measure the outcomes and effectiveness of programs and systems of care. **The following *operating policies and procedures* apply to all agencies participating in the Balance of State COC HMIS.**

PRIVACY STATEMENT

BOS VT HMIS Data Quality Management Council (DQMC) is committed to make Vermont's HMIS safe and secure for all types of programs, clients whose information is recorded, and to maximize opportunities to improve services through electronic data collection and documentation of outcomes.

To Support that vision:

- Local Participating Agency data sharing will be known the planned practice guided by Sharing Agreements between those agencies who elect to share clients information with the individuals approval with another designated local participating agency. The local participating agency may elect to keep private some or all of the client record including all identifying data based on the clients choice. This option when operationalized ensures less duplication of effort and need for a client to repeat information to multiple providers.
- All organizations will be screened for safety and security issues related to the use of HMIS. The BOS COC DQMC has systematized the risk assessment related to clients through the BOS COC DQMC Client Release, options offered in terms of the SS#, and guidance provided around the use of Un-Named Records and how the Privacy Notice is explained.
- BOS COC DQMC has previously adopted a Privacy Notice developed to manage information that may put a client at risk. A 2014 notice has been sent to all participating COC agencies to post.
- The BOS COC HMIS System runs in compliance with HIPAA, and all Federal and State laws and codes. All privacy procedures are designed to insure that the broadest range of providers may participate in the Project. In no instance will Domestic Violence Victims data be entered into the HMIS system.
- Privacy Training is a requirement for all agencies and users on the BOS COC HMIS system. The required Privacy Training is an opportunity for all participating organizations to revisit and improve their overall individual and agency privacy practice.
- All those issued user access/license to the system must successfully complete privacy training and sign a User's Agreement and Code of Ethics, and further, agencies must sign an HMIS user Participation Agreement. These documents obligate participants to core privacy procedures. If agencies decide to share information, they must sign an agreement that defines sharing practice and prevents re-release of personally protected information .

- Policies have been developed that protect not only client’s privacy, but also agency’s privacy. Practice principles around the use and publication of agency or COC specific data have been developed and included in both the Participation Agreement and the Policies and Procedures.
- The BOS COC HMIS System allows programs with multiple programs and components/locations that serve the same client to operate on the a single case plan, reducing the amount of staff and client’s time spent in documentation activities and can ensure that care is coordinated and that messages to clients are reinforced and consistent across programs.
- BOS COC DQMC has incorporated Continuous Quality Improvement Training designed to help agency HMIS participants use the information collected in the HMIS to stabilize and improve program processes, measure outcomes, report to funders, and be more competitive in funding requests with improved statements of need and outcomes.

Key Terms and Acronyms:

Term	Acronym (if used)	Brief Definition
Homeless Management Information System	HMIS	Data systems that meet HUD requirements and are used throughout the nation to measure homelessness and the effectiveness of related service delivery systems. The HMIS is also the primary reporting tool for HUD homeless service grants as well as other public money’s related to homelessness.
Continuum of Care	CoC	Planning body charged with guiding the local response to homelessness.
Balance of State CoCs	BOS	HUD recognized jurisdictions for provision of housing and services
Data Quality Management Council	DQMC	Committee of the BoS CoC dedicated to HMIS implementation
Vermont State Housing Authority	VSHA	VSHA is the lead applicant for the BOS COC and works closely with the AHS/DMH HMIS lead agency to produce the annual application to HUD.
Joint Governance Charter		
Participating HMIS Organizations/Homeless Providers	PHO	Organization that participate on the HMIS.
Participation Agreement	PA	The Agreement between all participating agencies and HMIS Lead that specifies the rights and responsibilities of BOS DQMC and participating agencies.
Administrative Business Associates Agreement	Admin. BAA	The Agreement signed by each Agency, Lead HMIS Agency, DQMC, and COC that governs the privacy standards for all those that can see multiple organization data.
Sharing Services Organization Business Associates Agreement	Sharing SSOBAA	The Agreement between agencies that elect to share information using the HMIS. The Agreement prevents the re-release of data and, in combination with the Participation Agreement, defines the rules of sharing.
User Agreement & Code of Ethics	UACOE	The document each HMIS User signs agreeing to the HMIS standards of conduct.
Release of Information	ROI	An electronic ROI must be completed to share any persons data within the HMIS. A signed (paper) ROI giving informed client consent for sharing is also required to share data between agencies.
Sharing		Sharing refers to the sharing of data between agencies. It does not refer to basic entry into the HMIS. Sharing data requires a signed client Release of Information. Basic entry does not require an ROI as there is implied consent for the agency to keep records when a client provides information..

Program Types		HUD defines 9 basic Program Types
		<ul style="list-style-type: none"> • ES: Emergency Shelter- Overnight shelters or shelters with a planned length of stay of less than 3 months. • TH: Transitional Housing- Transitional environments with a planned LOS of not more than 2 years and provide supportive services. • PSH: Permanent Supportive Housing- Permanent Housing for the formerly homeless with services attached to persons served under this program. • PH: Permanent Housing- Permanent housing that may be supported by a voucher but does not have services attached to the housing. • RR: Rapid Rehousing- A program that rapidly rehouses those that are identified at Literally Homeless. • HP: Homeless Prevention- A program that helps those are at imminent risk of losing housing, to retain their housing. • SOP: Street Outreach Program- A program that serves homeless persons that are living on the street or other places not meant for habitation. • SSO: Services Only Program- A program that serves only with no residential component. These programs often provide case management and other forms of support and meet with clients in an office, at the household’s home, or in a shelter. • Safe Haven: A program that provides low-demand shelter for hard-to-serve persons with severe disabilities. The clients have often failed in other sheltering environments.
Length of Stay	LOS	The number of days between the beginning of services and the end of services. It is calculated using entry and exit dates or shelter stay dates. The HMIS offer calculations for discrete stays as well as the total stays across multiple sheltering events.
Point in Time Count	PIT	An annual count during the last week in January that is required for all CoCs. Every other year, that count also included an “unsheltered” or street count.
Housing Inventory Chart	HIC	All residential programs (both HMIS and non-participating) must specify the number of beds and units available to homeless persons. The numbers are logged into related Provider Pages where the corresponding person data is recorded (for participating programs).
SOAR Vermont	SOAR	Using the nation “best practice” curriculum, the SOAR project, lead by Department of Mental Health, reduces the barriers and supports the application for Social Security Benefits for Vermont’s disabled homeless.
Homeless Definition		<p>Not all programs can serve all categories and some may utilize a different definition when delivering services. BOS COC HMIS has adopted the HUD definition for counting the homeless.</p> <ul style="list-style-type: none"> • Category 1: Literally Homeless • Category 2: Imminent Risk of Homelessness • Category 3: Homeless under other Federal Statute • Category 4: Fleeing/Attempting to Flee DV
Projects for Assistance in Transition from Homelessness	PATH	PATH is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) administered by the Vermont Department of Mental Health provides services to mentally ill homeless people, primarily through street outreach, to link them to permanent community housing. This program has different reporting requirements than HUD funded programs and uses HMIS to collect this information for SAMHSA reporting.
Shelter Plus Care	S+C	Lead by the Vermont State Housing Authority, provides Permanent Supportive Housing to disabled persons throughout the Balance of State COC of Vermont and reports to the HMIS.

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Policy Disclaimers and Updates

Operating Procedures defined in this document represent the minimum standards of participation on BOS COC HMIS and general “best practice” operation procedures. Local Participating Agencies may include additional standards.

Operation Standards in this document are not intended to supersede HUD grant specific requirements and operating procedures as required by funding entities. PATH, and VA providers have operating rules specific to HHS and VA.

The BOS COC HMIS Operating Policies and Procedures may be updated periodically as HUD publishes additional regulation/guidance or additional needs are identified. Updates will be reviewed by the DQMC and presented to the BOS COC steering committee. A current copy of the Procedures may also be found on the BOS COC web page.

Agreements, Certifications, Licenses and Disclaimers:

- 1) The BOS COC must sign a **MOU/Governance agreement** that designates the Vermont Balance of State HMIS Lead & Vendor and identifies AHS/DMH as the Statewide Lead Agency for administration of the COC database. Local COCs will identify a local lead point person that coordinates with the BOS COC HMIS Lead Agency and is responsible for specific tasks.
- 2) All Local Participating Agencies must have all User Agreements and Training Certifications on file
- 3) All Agencies must have fully executed and be in compliance with the following Agreements and Policies:
 - a) Administrative BAA governing administrative access to the System.
 - b) Participation Agreement governing the basic operating principals of the System and rules of membership.
 - c) Sharing BAA’s (if applicable) governing the nature of the sharing and the re-release of data.
 - d) A board certified Confidentiality Policy governing the over Privacy and Security standards for the individual Agency.
 - e) User Agreement and Code of Ethics governing the individual’s participation in the System.
- 4) Agencies must have an assigned Agency HMIS point person. The Agency point person has completed:

- a) Workflow (and have documentation of training)
- b) All users have signed User Agreements/Code of Ethics documents on file
- c) All Users have renewed Privacy Training since moving to Service Point _x (June 2012 or later) and Privacy Training is renewed thereafter annually. Successful completion of the Certification Questionnaire is required for Privacy Training.
- d) All users have completed workflow training and related updates and have documentation of training. Further, Agencies are encouraged to have users certified by completing the associated Certification Questionnaire and returning it to the DQMC.

Privacy and Security Plan:

All records entered into the HMIS and downloaded from the HMIS are required to be kept in a confidential and secure manner.

Oversight:

- 1) All Local Participating Agencies (HMIS Lead and PHOs) must assign a Security Staff person. The Security staff:
 - a) Insures that all staff using the System complete annual privacy & security training. Training must be provided by BOS COC IT Administrator and based on the BOS COC DQMC Privacy/Security Training Curriculums.
 - b) Conducts an annual security review of the agency that includes reviewing compliance with the Privacy and Security sections of this document. The Agency must document the findings of the review on the Privacy and Security Checklist (see 2013 Site Assessment Template)..
 - c) Insures the prompt removal of licenses to HMIS when a staff person leaves a local participating agency or if there is a revision of the user's access level as job responsibilities change.
 - d) Reports any security or privacy incidents to the HMIS System Administrator. The System Administrator investigates the incident including running applicable audit reports. If the System Administrator and Security Staff determine that a breach has occurred and/or the staff involved violated privacy or security guidelines, the System Administrator will report to the chair of the BOS COC. A Corrective Action Plan will be implemented. Components of the Plan must include at minimum supervision and retraining. It may also include removal of HMIS license, client notification if a breach has occurred, and any appropriate legal action.
- 2) The HMIS Lead Agency conducts routine annual audits to insure compliance with the Operating Policies and Procedures. The audit will include a mix of system and on-site reviews. The Lead Agency Uses the 2008 Site Assessment Template (Checklist) to guide the inspection and make recommendations for correction.

Privacy:

- 1) All Agencies are required to have the **HUD Public Notice Posters** visible to clients where information is collected. The new official 2014 notice was sent in December of 2013.
- 2) All Agencies must have a **Privacy Notice**. They may adopt the BOS COC HMIS sample notice or integrate the BOS COC HMIS model/content into their existing Agency Notice. All Privacy Notices must define the uses and disclosures of data collected on HMIS including:
 - a) The purpose for collection of client information.
 - b) A brief description of policies & procedures governing privacy including protections for vulnerable populations.
 - c) Data collection, use and purpose limitations. The Uses of Data must include de-identified data.
 - d) The client right to copy/inspect/correct their record
 - e) The client complaint procedure
 - f) Notice to the consumer that the Privacy Notice may be updated overtime and applies to all client information held by the Agency.
- 3) All Notices must be posted on the Agencies WEB Site if they have one.
- 4) All Agencies are required to have an **Agency Privacy Policy**. Agencies may elect to use the Sample Privacy Policy provided by BOS COC DQMC . All Privacy Policies must include:
 - a) Procedures defined in the Agencies Privacy Notice
 - b) Security of hard copy files
 - c) Policy covers client data generated from the HMIS
 - d) Client Information Storage and Disposal
 - e) Remote Access and Usage
 - f) Use of Portable Storage (Significant Security Risk)
- 5) Agencies must protect **hard copy data** that includes client identifying information from unauthorized viewing or access?
 - a) Client files are locked in a drawer/file cabinet
 - b) Offices that contain files are locked when not occupied.
 - c) Files are not left visible for unauthorized individuals.
- 6) Each Participating Agency provides a **Privacy Notice** to all staff charged with explaining privacy to clients in order to standardize the explanation of agency privacy rules. The notice must:

- a) Developed by the Local Participating Agency Leadership to reflect the agencies sharing agreements in place and the level of risk associated with the type of data the Local Participating Agency collects and shares.
 - b) The Privacy Notice should be appropriate to the general education / literacy level of the Agencies clients.
 - c) A copy of the Privacy Notice should be available to clients as they complete the intake interview.
- 7) Agencies that plan to share information through the System must sign a **Sharing BAA**.
- a) The BAA Agreement proscribes the re-release of information shared under the terms of the Agreement.
 - b) The BAA Agreement specifies what is shared with whom.
 - c) Local Participating Agencies may share different information with different partners and may sign multiple Sharing BAAs to define the layered practice.
 - d) The signatories on the Agreement include authorized representatives from all Agencies covered by the Agreement.
 - e) All members of a Sharing BAA are informed that by sharing the electronic record they are creating a common record that can impact the data reflected on Reports. Members of the sharing group agree to negotiate data conflicts.
 - f) No Agency may be added to the Agreement without the approval of all other Local Participating Agencies.
 - i) Documentation of that approval must be available for review and may include such items as meeting minutes, email response or other written documentation.
- 8) Agencies must have appropriate **Release(s) of Information** that are consistent with the type of data the agency plans to share.
- a) The Local Participating Agency must adopt the BOS COC DQMC basic Release of Information principals appropriate to their sharing practice to share basic demographic and transaction information.
 - b) If the Agency integrates the BOS COC HMIS Release into their existing Releases, the Release must include the following components:
 - i) A brief description of BOS COC HMIS including a summary of the HUD Public Notice.
 - ii) A specific description of the Client Profile Search Screen and an opportunity for the client to request that the Screen be closed.

- iii) A description of the Local Participating Agencies sharing partners (if any) and a description of what is share, and must reflect items negotiated in the Agencies Sharing BAA.
 - iv) A negotiated end date on the release.
 - v) Inter-Agency sharing must be accompanied by the negotiation of a Sharing QSOBAA.
- c) A HIPAA compliant **Authorization to Release Confidential Information** is also required if the planned sharing includes any of the following:
- i) Progress Notes
 - ii) Information or referral for health, mental health, HIV/AIDs, substance abuse, or domestic violence.
- 9) An **automated ROI** will be required to enable the sharing of any particular client's information between any Local Providers on the System.
- i) Agencies may establish internal sharing by creating a Visibility Group(s) that includes all Agency provider pages where sharing is planned and allowed by law.
 - (1) **Internal sharing** does not require a Client Release of Information unless otherwise specified by law.
 - (2) If new provider pages are added to the Agency tree, they may be included in the existing Visibility Group. The information available to that Provider Page will include all information covered by the Visibility Group from the beginning date of the Group – sharing will be retrospective.
 - ii) Agencies may elect to share information with other Agencies – **External Sharing** - by negotiating a Sharing QSOBAA (see 7 above).
 - (1) A signed and dated Client Release of Information(s) must be stored in the Client Record (paper or scanned onto the System) for all Automated ROIs that release data between different agencies – external sharing.
 - (2) To prevent retrospective sharing, a new Visibility Group is constructed whenever a new sharing partner is added to the agencies existing sharing plan / QSOBAA.
- 10) The Agency should have a procedure to assist clients that are hearing impaired or do not speak English as a primary language. For example:
- a) Provisions for Braille or audio
 - b) Available in multiple languages
 - c) Available in large print

- 11) **Local Participating Agencies are required to maintain a culture that supports privacy.**
 - a) Staff do not discuss client information in the presence of others without a need to know.
 - b) Staff eliminate unique client identifiers before releasing data to the public
 - c) The Agency configures workspaces for intake that supports privacy of client interaction and data entry
 - d) User accounts and passwords are not shared between users, or visible for others to see
 - e) Program staff are educated to not save reports with client identifying data on portable media as evidenced through written training procedures or meeting minutes.
 - f) Staff are trained regarding use of email communication.

- 12) All staff using the System must complete Privacy and Security Training annually. Certificates documenting completion of training must be stored for review upon audit.

- 13) Victim Service Providers are precluded from entering client level data on the HMIS or providing client identified data to the HMIS. These providers may maintain a comparable database to respond to grant contracts.

Data Security:

- 1) All licensed Users of the System must be assigned **Access Levels** that are consistent with their job responsibilities and their business “need to know”.

- 2) All computers have **virus protection with automatic updates.**
 - a) Local participating Agency designated staff are responsible for monitoring all computers that connect to the HMIS to insure:
 - i) The Anti-Virus Software is using the up-to-date virus database.
 - ii) That updates are automatic.
 - iii) OS Updates are also run regularly.

- 3) All computers are protected by a Firewall.
 - a) Agency designated staff are responsible for monitoring all computers that connect to the HMIS to insure:
 - i) For Single Computers, the Software and Version is current.
 - ii) For Network Computers, the Firewall Model and Version is current.
 - iii) That updates are automatic.

- 4) Physical access to computers that connect to the HMIS is controlled.
 - a) All workstations in secured locations (locked offices).
 - b) Workstations are logged off when not manned.
 - c) All workstations are password protected.
 - d) **All Local Participating Agency HMIS Users are proscribed from using a computer that is available to the public or from access the System from a public location through an internet connect that is not secured.** That is staff are not allowed to use Internet Cafes, Libraries, Airport Wifi or other non-secure internet connections.
- 5) A plan for remote access if staff will be using the BOS COC HMIS System outside of the office such as doing entry from home. Concerns addressed in this plan should include the privacy surrounding the off site entry.
 - a) The computer and environment of entry must meet all the standards defined above.
 - b) Downloads from the computer may not include client identifying information.
 - c) Staff must use an agency-owned computer.
 - d) System access settings should reflect the job responsibilities of the person using the System. Certain Access levels do not allow for downloads

Disaster Recovery Plan:

The HMIS can be a critically important tool in the response to catastrophic events. The HMIS data is housed in a secure server bank in Shreveport, LA with nightly off-site backup. The solution means that data is immediately available via Internet connection if the catastrophe is in Vermont and can be restored within 4 hours if the catastrophe is in Louisiana.

- 1) HMIS Data System (see “Bowman Systems Securing Client Data” for a detailed description of data security and Bowman’s Disaster Response Plan):
 - a) BOS COC HMIS is required to maintain the highest level disaster recovery service by contracting with Bowman Systems for Premium Disaster Recovery that includes:
 - i) Off site, out-of state, on a different Internet provider and on a separate electrical grid backups of the application server via a secured Virtual Private Network (VPN) connection.
 - ii) Near-Instantaneous backups of application site (no files older than 5 minutes)
 - iii) Nightly off site replication of database in case of a primary data center failure.
 - iv) Priority level response (ensures downtime will not exceed 4 hours).
- 2) HMIS Lead Agency:
 - a) The HMIS Lead Agency is required to back-up internal management data system’s nightly.

- b) Data back-ups will include a solution for off-site storage for internal data systems.
- 3) Communication between staff of the Lead Agency, the CoC, and the Local Participating Agencies in the event of a disaster is a shared responsibility and will be based on location and type of disaster.
 - a) Agency Emergency Protocols must include:
 - i) Emergency contact information including the names / organizations and numbers of local responders and key internal organization staff., designated representative of the COC, HMIS Lead Agency, and the BOS COC DQMC Chair.
 - ii) Persons responsible for notification and the timeline of notification.
 - b) In the event of System Failure:
 - i) The BOS COC DQMC Chair or designee (HMIS IT ADMINISTRATOR) will notify all participating CoC agencies and local continuum HMIS point persons should a disaster occur at Bowman System's. Notification will include a description of the recovery plan related time lines. The BOS COC HMIS System Administrator is responsible for notifying Agencies.
 - ii) After business hours, HMIS IT staff report System Failures to Bowman System using the Emergency Contact protocol. An email is also sent to the System Administrator and participating Emergency Shelter designated staff no later than one hour following identification of the failure.
 - c) The BOS COC HMIS Project Director or designated staff will notify the HMIS Vendor if additional database services are required.
- 4) In the event of a local disaster:
 - a) BOS COC HMIS staff in partnership with the Local Participating Agencies will provide access to additional hardware and user licenses to allow them to reconnect to the database as soon as possible.
 - b) BOS COC HMIS staff in collaboration with the local Agencies will also provide information to local responders as required by law and within best practice guidelines.
 - c) BOS COC HMIS staff in collaboration with the local Agencies will also provide access to organizations charged with crisis response within the privacy guidelines of the system and as allowed by law.

2009 Data Quality Plan:

1) Pertaining to ID and homeless status:

- a) Agencies must require documentation at intake of the homeless status of consumers according to the reporting and eligibility guidelines issued by HUD. The “order of priority” for obtaining evidence of homeless status are (1) third party documentation, (2) worker observations, and certification from the person. Lack of third party documentation may not be used to refuse emergency shelter, outreach or domestic violence services. Local CoCs may assume that role or delegate to Local Housing Teams to establish the homeless designation and maintain related documentation.
 - b) 100% of the Clients must be entered into the System within 30 days of Intake.
 - c) All staff is required to be trained on the definition of Homelessness.¹
 - i) BOS COC HMIS provides a Homeless Definition Cross-Walk to support agency level training.
 - ii) Documentation of training must be available for audit.
 - iii) There is congruity between the following BOS COC HMIS case record responses, based on the applicable homeless definition: (Is Client Homeless, Housing Status and Prior Living Situation are being properly completed).
 - d) Agency has a process to ensure the First and Last Names are spelled properly and the DOB is accurate.
 - i) An ID is requested at intake to support proper spelling of the clients name as well as the recording of the DOB.
 - ii) If no ID is available, staff should request the legal spelling of the person’s name.
 - iii) Data for clients with significant privacy needs may be entered under the “Un-Named Record” feature of the System. However, while identifiers are not stored using this feature, great care should be taken in creating the Un-Named Algorithm by carefully entering the first and last name and the DOB. Names and ServicePoint Id #s Cross-Walks (that are required to find the record again) must be maintained off-line in a secure location.
 - e) Income and non-cash benefits are being updated at least annually and at exit
 - f) Local Participating Agencies have an organized exit process that includes:
 - i) That clients and staff are educated on the importance of planning and communicating regarding discharge. This is evidenced through staff meeting minutes or other training logs and records.
-

- ii) Discharge Destinations are properly mapped to the HUD Destination Categories.
 - (1) BOS COC HMIS provides a Destination Definition Document to support proper completion of exits (see Appendix A for link).
- iii) There is congruity between discharge destination and Housing Status at exit.
- iv) There is a procedure for communicating exit information to the person responsible for data entry.
- g) IT Administrator/Staff regularly run monthly data quality reports.
 - i) Report frequency should reflect the volume of data entered into the System. Frequency for funded programs will be governed by Grant Agreements, HUD reporting cycles, and CoC Standards. However, higher volume programs such as participating shelters and services only programs should review and correct data *at least* monthly. Lower volume programs such as Transitional and Permanent Housing *may* review records at least quarterly.
 - ii) All data for the previous calendar year must be complete and accurate no later than March 1 of the subsequent year. March 1, 2014 for 2013 etc.
 - iii) Data quality screening and correction activities must include the following:
 - (1) Missing or inaccurate information in Universal Data Element Fields.
 - (2) Un-exited clients using the Length of Stay and Un-exited Client Data Quality Reports.
 - (3) Count reports for proper ratio of children to adults in families. (at least 1.25)
 - (4) Provider Page Completion Reports with an Annual update of the HUD DATA Standard Elements.

2) Workflow Requirements:

- a) Users performing data entry have latest copies of workflow guidance documents developed by IT Administrator.
- b) If using paper, the intake data collection forms correctly align with the workflow.
- c) 100% of clients are entered into the system within 30 days of intake.
- d) Local Participating Agencies are actively monitoring program participation and exiting clients. Clients are exited within 30 days of last contact unless program guidelines specify otherwise.
- e) All required program information is being collected.
 - i) All HMIS participants are required to enter at minimum the Universal Data Elements and complete entry and exits
 - ii) Programs that serve over time are required to complete additional program elements as defined by the funding stream. (PATH)
- f) External data sharing aligns with any **Sharing QSOBAA's** including use of visibility groups

3) Staff Training and Required Meetings:

- a) All Users are recertified in Privacy Training Annually.
- b) All HMIS Users participate in Workflow Training and Training Updates for their assigned Program Workflows.
- c) All Users are trained in Current Data Standard data element definitions.
- d) All Agency designated staff participate/support:**
 - i) Workflow Training sponsored by the funding agency or BOS COC HMIS
 - ii) Reports Training
 - (1) Data Quality
 - (2) Progress Reporting
 - (3) Outcome Reporting
 - iii) Other training specified by the BOS COC.
 - iv) BOS COC HMIS Agency Meetings and Trainings**
 - v) Agency specific User Meetings or preside over an HMIS specific topic during routine staff meetings.**
 - vi) The DQMC Committee that governs the publication of information as requested.**
- e) All Local Participating Designated Agency Staff participate in:**
 - i) Understanding the HUD Data Standards that are the foundation of the HMIS.
 - f) Attend HMIS System Orientation/training as required
 - As well as Workflow Training sponsored by the funding agency or BOS COC HMIS
 - i) Reports Training
 - (1) Data Quality
 - (2) Progress Reporting
 - (3) APR Outcome Reporting
 - ii) HUD Initiative Training (AHAR, PIT, APR, etc.)
 - iii) On Site and System Audits of Agency compliance of Data Privacy, Security and Oversight standards.

REQUEST FOR PROPOSALS

HUD Continuum of Care Program: Permanent Housing for the Homeless Bonus Project

Submit all technical assistance questions and final proposals via email only to:

For project proposal(s) identified for a site located within the Vermont Balance of State Continuum of Care (all counties in Vermont, except Chittenden County):

Vermont State Housing Authority (VSHA)
Daniel Blankenship, Homeless Grants Administrator
daniel@vsha.org

For a project proposal(s) identified for a site located within Chittenden County:

City of Burlington-Community & Economic Development Office (CEDO)
Marcy Krumbine, Assistant Director of Community Development
mkrumbine@ci.burlington.vt.us

Please Note: VSHA or CEDO may only provide technical guidance, not information that may appear to provide an applicant with a competitive advantage. All requests for technical assistance must be submitted by the date and time indicated in the "Schedule" of this RFP. If project receives final approval, VSHA or CEDO may provide assistance in implementation.

SCHEDULE

- A. **Request for Proposals Issued:** Tuesday, November 20, 2012

- B. **Technical Assistance & Questions:** Send correspondence (email only) to VT BoS CoC (VSHA-Daniel Blankenship) or Chittenden CoC (CEDO-Marcy Krumbine)

- C. **Final RFP Question & Answer Session:** November 28, 2012 ~ 2:00-3:00PM
Conference Call Phone Number: 1-866-244-8528 ~ Participant Passcode: 324359

An additional RFP Q&A Sheet, to address ongoing inquiries and ability to utilize a 1-year grant term for rental assistance, will be available upon request until 12/12/12.

- D. **Proposals Due [Email Submission Only]:** Wednesday, December 12, 2012 ~ 2:00PM
Submissions received after this date and time will not be considered.

- E. **Review of Eligible Proposals:** will be conducted on Monday, December 17th by the Project Review Committee who will review and, if applicable, rank projects for each CoC.

- F. **Proposal Results Announced:** on Tuesday, December 18 to each CoC and Project Applicants/Subrecipients will be notified in writing of acceptance, rejection and ranking shortly thereafter, no later than Thursday, January 3, 2013.

- G. **Solo Applicants:** eligible project applicants that attempted to participate in the CoC planning process [Project Review Committee] in the geographic area in which they operate [VT BoS CoC or Chittenden CoC], that believe they were denied the right to participate in a reasonable manner - may submit an application to HUD and may be awarded a grant by HUD by following the procedure found in 24 CFR 578.35. Solo applicants must submit their project application to HUD by 7:59:59PM Eastern Time, Friday, January 18, 2013.

- H. **Final Proposal Submitted by VSHA or CEDO to HUD:**
Wednesday, January 16, 2013.

- I. **Grant Awarded by HUD (if applicable):** approximately summer of 2013.

- J. **Project Implementation (if awarded):** strongly recommended within 12 months of award, no longer than 24 months.

PROJECT REVIEW COMMITTEE MEMBERS

- Angus Chaney, Director of Housing
State of Vermont, Agency of Human Services
- Maura Collins, Policy & Planning Coordinator
Vermont Housing Finance Agency
- Rick DeAngelis, Associate Director for Housing Policy & Research
Vermont Housing & Conservation Board
- Jenny Hyslop, Housing Programs Coordinator
Vermont State Housing Authority
- Anne Karlene Kroll, Director of Grants Management
State of Vermont, Department of Housing & Community Development
- Sarah Phillips, Community Services Coordinator
State of Vermont, AHS-Department of Children & Families, Office of Economic Opportunity

Disclosure (VT BoS CoC only): VSHA is Grantee/Project Applicant for 87% of current CoC Renewal grants in the VT BoS CoC. VSHA is also the Collaborative Applicant for the VT BoS CoC and charged with submitting the HUD CoC Consolidated Application [includes all CoC projects, regardless whether or not VSHA is Grantee/Project Applicant]. It is VSHA's intention to continue in the role of Project Applicant/Grantee with the issuance of this VT BoS CoC RFP process and is therefore seeking project proposals from eligible organizations interested in taking the role of Subrecipient/Sponsor Agency. In the event that an eligible entity submits a project proposal with the intention of being the Project Applicant/Grantee, instead of the Subrecipient/Sponsor Agency, then VSHA's member representation on the Project Review Committee will recuse itself. Also, VSHA has no intention of applying for the current PH Bonus Project in the Chittenden CoC.

OBJECTIVE

This funding opportunity is made available as part of this year's 2012 HUD Continuum of Care Notice of Funding Availability (HUD CoC NOFA) administered by the U.S. Department of Housing and Urban Development (HUD) in accordance with the HEARTH/McKinney-Vento Homeless Assistance Act. The full FY2012 HUD CoC NOFA can be found at: <http://www.hudhre.info/documents/FY2012CoCNOFAformat.pdf>.

It is highly recommended that projects address an identified unmet need gap, as well as receive support from, and coordinate with, the local continuum of care planning community. Additional information about the comprehensive HUD Continuum of Care Program can be found at: <http://cfr.regstoday.com/24cfr578.aspx>

BACKGROUND

VSHA and CEDO respectively seek Requests for Proposals (RFP) from eligible entities interested in operating a Permanent Housing Bonus project in collaboration with either the VT BoS CoC or the Chittenden CoC. Additional information on HUD Continuum of Care Programs (a consolidation of the Supportive Housing Programs and Shelter Plus Care Programs) can be found at: www.hudhre.info/index.cfm?do=viewHUDHomelessPrograms.

Permanent Housing (PH) is defined as community-based housing *without a designated length of stay* that includes coordinated services to support individuals and families experiencing homelessness live as independently as possible.

Projects funded under the Permanent Housing Bonus must exclusively serve 100 percent **chronically homeless** individuals and/or families, particularly those who have the longest history of homelessness.

NEW: Effective for grants starting in 2013 [including the potential PH Bonus project], CoC Permanent Housing programs [formerly known as SHP-Permanent Supportive Housing and Shelter Plus Care] are no longer required to serve at least one adult head of household with a disabling condition, but may also serve a homeless household where only a child has a disabling condition.

GRANT AWARD AMOUNT

Maximum eligible grant amount, if conditionally awarded by HUD, for each CoC:

- VT BoS CoC: **\$114,353**
- Chittenden County CoC: **\$35,427**

Grant terms vary between permanent housing components, changing the grant amount available per year. After the initial grant term expires, there may be an opportunity each year for projects to apply for a renewal grant. See "Grant Terms" for different PH types.

EXAMPLE:

VT BoS CoC-

- **\$114,353** with a 5-year grant term = **\$22,870** per year.
- **\$114,353** with a 1-year grant term = **\$114,353** for one year.

Chittenden CoC-

- **\$35,427** with a 5-year grant term = **\$7,085** per year.
- **\$35,427** with a 1-year grant term = **\$35,427** for one year.

No more than 20 percent of the total grant's eligible project costs for each grant (grant total minus project administration costs up to 7 percent) may be used for case management. HUD will not fund supportive services other than case management for the Permanent Housing Bonus projects. The remaining 80 percent of the grant's eligible project costs must be used for eligible housing costs (i.e. new construction, acquisition, rehabilitation, leasing, rental assistance, or operating costs).

EXAMPLE:

\$114,353 (VT BoS CoC maximum grant available) minus **\$8004** (up to 7% project administration costs) = **\$106,349**.

\$106,349 minus **\$85,079** (80% minimum housing costs) = **\$21,270** (20% maximum case management).

NOTE: "rental assistance" projects may receive additional project administration costs up to 7% of maximum grant amount. **\$114,353 + \$8004** (7% project admin) = **\$122,357**

GRANT TERMS

Proposals must provide explanation of how new project will be implemented and all grant funds will be expended **before** the grant term expires, especially for 1 and 2-year terms.

(1) **Leasing:** Any new project application that includes leasing – either leasing alone or leasing costs plus other costs (e.g. case management, project administration, HMIS, etc.) - can only request up to a 3-year grant term with funding for 3 years.

(2) **Operations:** New projects with operating costs alone, or operating costs plus other costs (e.g. case management, HMIS, project administration, etc.), can request 1-year, 2-year, 3-year, 4-year, or 5-year grant terms with funding for the same number of years.

(3) **New Construction, Acquisition, or Rehabilitation:** must request a minimum of a 3-year grant term and can request up to a 5-year grant term.

If an applicant requests funds for new construction, acquisition, or rehabilitation in addition to requesting funds for operating, supportive services, or HMIS, the funding will be for the 3 years requested. The grant term will be 3 years plus the time necessary to acquire the property, complete construction, and begin operating the project. HUD will require recordation of a HUD-approved use and repayment covenant (a form may be obtained from the field office) for all grants of funds for new constructions, acquisition, and rehabilitation. (24 CFR 578.81)

(4) **Rental Assistance** (formerly known as Shelter Plus Care): *At this time, guidance is forthcoming from HUD on the eligibility to request a grant term less than 5 years for new rental assistance projects. Although we anticipate clarification from HUD soon, we recommend that proposals include an alternate plan for a 5-year grant term **and**, if desired, either a 1-year, 2-year, 3-year, or 4-year grant term with funding for same number of years.*

Any new projects requesting project-based rental assistance or sponsor-based rental assistance, or operating costs may request up to a 15-year grant term; however, the project applicants may only request up to 5 years of funds. Funding for the remainder of the term is subject to availability and applicants will have to apply for additional funds at such time and in such manner as HUD may require.

PERMANENT HOUSING COMPONENTS

Permanent Supportive Housing (also known as Supportive Housing Program)-

(1) **Leasing:** subrecipient *leases* building or scattered units from landlord. Some grant funding may also pay costs related to supportive services, HMIS, administration.

(2) **Operations:** subrecipient *owns* building or scattered units. Some grant funding may also pay costs related to supportive services, HMIS, project administration.

(3) **New Construction, Acquisition or Rehabilitation.**

For more information on Permanent Supportive Housing:

<http://www.hudhre.info/index.cfm?do=viewShpDeskguideD>

Rental Assistance (formerly known as Shelter Plus Care Program)-

(4) **Tenant-based:** housing subsidy connected to participant, access potentially available to multiple sponsor agencies.

(5) **Sponsor-based:** housing subsidy connected to specific sponsor agency.

(6) **Project-based:** housing subsidy connected to a specific unit(s) and sponsor agency.

- 100% of “rental assistance” goes directly to housing costs. New this year- 7% admin costs are now added, not subtracted from, the total grant amount.
- Housing costs are calculated using HUD Fair Market Rent (FMR) amounts established for each area/county. 2013 Vermont FMR amounts attached.
- The only entities eligible to administer rental assistance are: a State, unit of general local government, or a public housing agency. An entity then contracts with one or more subrecipient(s)/sponsor agencies that then provide supportive services matched from other sources. (cash match leveraging).

For more information on rental assistance components-

<http://www.hudhre.info/index.cfm?do=viewUnderstandingSpcPolicy>

PROGRAM ELIGIBILITY CRITERIA

Projects may limit admission to or provide a preference for the housing to subpopulations of homeless persons and/or families who need the specialized supportive services that are provided in the housing (*e.g.*, substance abuse addiction treatment, domestic violence services, or a high intensity package designed to meet the needs of hard-to-reach homeless persons). While the housing may offer services for a particular type of disability, no otherwise eligible individuals with disabilities or families including an individual with a disability, who may benefit from the services provided, may be excluded on the grounds that they do not have a particular disability. 24 CFR 578.93(b)(7); [http://cfr.regstoday.com/24cfr578.aspx#24 CFR 578p93](http://cfr.regstoday.com/24cfr578.aspx#24%20CFR%20578p93)

At minimum, an individual and/or family household must meet initial eligibility criteria:

- Be an unaccompanied individual adult with a disabling condition OR at least one adult with a disabling condition in a household with children.
- Lack a fixed, regular, and adequate nighttime residence.
- Meet initial income eligibility criteria.
- Meet the HUD definition of Chronic Homelessness.

HUD Definitions of Chronic Homelessness:

1. Residing in a place(s) of Literal Homelessness continuously for a year or more.
2. Residing in a place(s) of Literal Homelessness of at least four episodes in the past three years, one of which is the current episode.

HUD Definitions of Literal Homelessness:

1. Sleeping in a place not meant for human habitation (tent, street, car, tent city, abandoned/condemned building, campground, woods/outdoors, bus station, etc.).
 2. Residing in an emergency shelter bed:
 - Emergency/Overflow/Seasonal Shelter or Program including, but not limited to, those serving- a) individuals and/or families; b) persons fleeing domestic and/or sexual violence; c) Shelter per Diem for Veterans (U.S. Dept. of Veterans Affairs); d) Basic Center Program for Youth-not in foster care (U.S. HHS).
 - Motel/hotel stay paid for by a- a) motel voucher program designated for the homeless (AHS General Assistance/Emergency Assistance Program); b) charitable organization; c) mental health agency/other for a person who otherwise meets the eligibility criteria for an emergency shelter/program but the emergency shelter/program lacks available open beds/funding and/or a stay in the emergency shelter would not be a suitable arrangement.
 3. Residing in a HUD Safe Haven AND came from a place(s) of Literal Homelessness immediately prior to entering the HUD Safe Haven.
 4. Exiting an institution where they resided for 90 days or less AND came from a place(s) of Literal Homelessness immediately prior to entering the institution.
- In accordance with federal regulations, HUD requires Third Party Certification that verifies each episode of Literal Homelessness.
 - Homelessness prevention activities and serving persons at risk of homelessness are statutorily ineligible under these programs.

Disabling Conditions. An adult individual or at least one adult member of the household must have one or more of the following disabling conditions:

- Severe & Persistent Mental Illness (SMI)
- Diagnosable Substance Disorder (CSA)
- HIV/AIDS or related diseases

Persons with one or more of the following disabling conditions may also be served:

- Developmental Disability (DD)
- Post-Traumatic Stress Disorder (PTSD)
- Cognitive Impairments resulting from traumatic brain injury (TBI)
- Persons with other Chronic Physical Illness or Disability (PWOD)

NON-ELGIBLE ACTIVITIES

- Homeless prevention, short-term or transitional housing, and supportive service activities are statutorily ineligible under these programs.
- Serving persons at risk of homelessness, including those coming directly out of a long-term stay in an institution or facility, are statutorily ineligible for assistance under these programs.

PROJECT REQUIREMENTS AND RESPONSIBILITIES

Under all HUD SHP and S+C program components, supportive services must be available to meet the needs of participants and the sponsor agency must have sufficient capacity to serve all participants effectively for the duration of the grant. In the case of the CoC-Rental Assistance component (formerly known as Shelter Plus Care) the subrecipient/sponsor agency must provide a commitment match of supportive services from other sources. This year the match requirement has been reduced to 25% (from 100% in previous years) and may include documented in-kind services. These supportive services must either be provided and/or coordinated by the subrecipient. Other Federal, State, or local sources, as well as private sources may fund the supportive services. In addition to recordkeeping and evaluation that applicants may conduct for their own purposes, they must adhere to HUD-required recordkeeping plus an Annual Project Review, Annual Progress Report, etc.

Eligible Projects. Sponsor Applicants are strongly encouraged to review the program regulations for the component for which it will be applying. Awarded proposals will receive assistance in submitting project application to HUD.

Private Nonprofit Status.

Applicants/subrecipients must submit non-profit status documentation to VSHA/CEDO.
Exception: not required for VSHA from subrecipients with documentation already on

Private nonprofit status is documented by submitting either: (1) a copy of the Internal Revenue Service (IRS) ruling providing tax-exempt status under Section 501(c)(3) of the IRS Code; or (2) documentation showing that the applicant is a certified United Way agency; or (3) a certification from a licensed CPA that no part of the net earnings of the organization inures to the benefit of any member, founder, contributor, or individual; that the organization has a voluntary board; that the organization practices nondiscrimination in the provision of assistance; and that the organization has a functioning accounting system that provides for each of the following (mention each in the certification):

- (a) Accurate, current and complete disclosure of the financial results of each federally sponsored project.
- (b) Records that identify adequately the source and application of funds for federally sponsored activities.
- (c) Effective control over and accountability for all funds, property and other assets.
- (d) Comparison of outlays with budget amounts.
- (e) Written procedures to minimize the time elapsing between the transfer of funds to the recipient from the U.S. Treasury and the use of the funds for program purposes.
- (f) Written procedures for determining the reasonableness, allocability and allowability of costs.
- (g) Accounting records, including cost accounting records, which are supported by source documentation.

Public Nonprofit Status. Public nonprofit status can be documented for community mental health centers by including a letter or other document from the authorized state official stating that the applicant is organized and in good standing under state law as a public nonprofit organization.

General Project Requirements.

1. Financial Requirements Summary

CoC funded programs are subject to the uniform policies and requirements of the federal Office of Management and Budget's (OMB) Circulars and Federal regulations implementing the Circulars. The grantee must meet any applicable audit requirements in accordance with the Office of Management and Budget Circulars A-133, A-128, and A-110.

The applicant and/or subrecipient will be responsible for costs associated with an independent audit as requested and/or required.

2. Grant Administration

Applicants/subrecipients are responsible for ensuring that homeless assistance funds are administered in accordance with applicable laws, program regulations and other policies.

3. Performance Reports

The applicant/Subrecipient must provide an Annual Performance Report (APR), participate in the annual Point-in-Time Count of the Homeless (PIT), Housing Inventory Chart of Homeless Beds (HIC), Project Monitoring, etc. in accordance with HUD statutes.

4. Record-keeping

Each applicant/subrecipient must ensure that records are maintained for a three-year period after the final expenditure to document compliance with the provisions of the program regulations, and to make them available to HUD upon reasonable advance notice. Grantees are expected to use standard accounting practices in their fiscal recordkeeping.

5. Timely Use of Funds

Applicants/subrecipients are expected to utilize McKinney-Vento/HUD CoC Program assistance in a timely manner. The program regulations make clear the standards that projects will be held to regarding program implementation. Funds must be accessed on a quarterly basis, at minimum. HUD reserves the right to recapture funds not committed within 12-months of grant execution.

6. Homeless Management Information System

Applicants/subrecipients are required to utilize the Homeless Management Information System (HMIS) for data tracking system, approved by the HUD Continuum of Care in which the project resides, for case management activities.

OTHER IMPLEMENTATION REQUIREMENTS (Only if the project proposal is selected.)

- Copy of IRS 501 (c)(3) Tax Determination Letter submitted.
- Address of Sponsor, Project Site Location(s) and/or Partner Agencies (if different than mailing address).
- Project applicant/subrecipient must be in good standing with grants awarded by other entities as well for the entire grant period of the proposed project.
- The subrecipient/sponsor agency must be a public or private nonprofit organization or a community mental health center established as public non-profit organization.
- Ability and willingness to comply with HUD Environmental Reviews and/or HUD Housing Quality Standards of potential Permanent Housing Project.
- Letter of Support from local housing/homeless coalition.
- Memorandum of Understanding with partner agency(s), if applicable.
- HUD supports the practice of the Energy Star initiative in projects that use energy-efficient appliances. For more information: www.energystar.gov.
- Project must follow all federal educational, and other state and federal laws.
- Unit costs may not exceed reasonable housing costs as established by the HUD Fair Market Rent (FMR) in the county that the project is located.
- The subrecipient/sponsor may charge a rental fee, except tenant-based rental assistance, to resident participants in an amount not to exceed 30% of the household income.
- Governing regulations include an income eligibility test restricting assistance to persons below 50% of Area Median Income, adjusted for household size.
- Unspent rental assistance may be used in subsequent years of grant term. Funds may be used for larger, but not smaller, unit sizes if funding permits and approved in advance.
- Rental assistance may not be used in a rental unit that is already receiving other permanent housing rental assistance (example: Sect. 8 Housing Choice Voucher Program, Sect. 8 project-based rental assistance, etc.).
- Illegal activities will not knowingly be allowed in any HUD-assisted unit.
- Grant funds must be draw down in a timely manner, quarterly at minimum.

Project Quality Threshold. New project applications will be reviewed by the Project Review Committee to determine if they meet the following project quality threshold requirements with clear and convincing evidence. The housing and services proposed must be appropriate to the needs of the program participants and the community.

1. To be considered as meeting project quality threshold, new permanent housing project applications must receive at least 5 points based on the criteria below or will be rejected.

a. Whether the type, scale, and location of the housing fit the needs of the program participants (1 point);

b. Whether the type, scale, and location of the supportive services fit the needs of the program participants and the mode of transportation to those services (1 point);

c. Whether the specific plan for ensuring clients will be individually assisted to obtain the benefits of the mainstream health, social, and employment programs for which they are eligible to apply meets the needs of the program participants (1 point);

d. Whether program participants are helped to obtain and remain in permanent housing in a manner that fits their needs (1 point);

e. Whether program participants are assisted to increase incomes and independently live using mainstream housing/service programs in a manner fitting their needs (1 point);

f. Whether proposal includes exact measures to ensure 100% percent of the proposed program participants will come from a place of chronic homelessness. (1 point);

g. Whether amenities (e.g., grocery stores, pharmacies, etc.) are accessible in the community (1 point); and

h. Project applicants must administer their programs or activities in the most integrated setting appropriate to the needs of qualified persons with disabilities. This means that programs or activities must be offered in a setting that enables individuals with disabilities to interact with persons without disabilities to the fullest extent possible (1 point).

2. Additionally, HUD will assess all new projects for the following minimum project eligibility, capacity, timeliness, and performance standards. To be considered as meeting project quality threshold, all new projects must meet all of the following criteria:

a. Project applicants and potential subrecipients must have satisfactory capacity, drawdowns, and performance for existing grant(s), as evidenced by timely reimbursement of subrecipients, regular drawdowns, and timely resolution of any monitoring findings;

b. For expansion projects, applicants must clearly articulate the part of the project that is the expansion. Additionally, the project applicants must clearly demonstrate that they are not replacing other funding sources; and

c. Project applicants must demonstrate they will be able to meet all timeliness standards. (24 CFR 578.85) Project applicants with existing projects must be able to demonstrate they have met all project renewal threshold requirements of this NOFA. HUD reserves the right to deny the funding request for a new project, if the request is made by an existing recipient that is found to have significant issues related to capacity, performance, or unresolved audit/monitoring finding related to one or more existing grants. Additionally, HUD reserves the right to withdraw funds if no APR is submitted on the prior grant.

Additional Evaluation Factors. Project proposals that may reduce the overall score of each CoC's Consolidated Application may be excluded. The Project Review Committee will select the awarded project that clearly demonstrates the following, for a total of 100 points total:

1. Community Need (40 Points): proposed new project provides a new needed service, and/or is the project proposed for an under-served part of the County and/or State.

2. Project Management Capability/Agency Capacity (40 Points):

- Feasibility (taking into account timing of implementation, availability of other resources, and experience of applicant and potential sponsor agency).
- Successful targeting and outreach to potential participants who meet the HUD definition of chronic homelessness.
- Project and participant performance measures such as: review of existing or potential measurements proposed by project applicant, review of Annual Performance Report (if current HUD CoC applicant/subrecipient), etc.

3. Local and/or Statewide CoC Planning Processes (20 Points): Letters of support, interviews, active involvement in planning meetings, and other evidence of strong partnerships and community participation & support, etc.

- Briefly and succinctly describe the outreach plan to bring these chronically homeless participants into the project.
- Briefly and succinctly describe experience in assisting participants with accessing of mainstream resources and implementation of Individual Service Plans (ISP).
- Briefly and succinctly describe the sponsor's and/or partner's experience of providing supportive services, housing, serving homeless and/or chronically homeless persons, and carrying-out the activities of the proposed project.
- Briefly and succinctly describe the experience of the sponsor and/or partners in the administration of a Homeless Management Information Systems (HMIS).
- Briefly and succinctly identify and describe the experience of the sponsor agency and/or partners in receiving HUD or other government funding.

Daniel Blankenship

From: chittenden-continuum@googlegroups.com on behalf of Daniel Blankenship
<daniel@VSHA.ORG>
Sent: Tuesday, November 20, 2012 4:02 PM
Subject: Permanent Housing Grant Opportunity: VT BoS CoC and Chittenden CoC

Please read attached Request for Proposals for more information on grant opportunity for each geographic Continuum of Care in Vermont [VT Balance of State CoC and Chittenden County CoC]. Hard copies will be mailed upon request.

**HUD Continuum of Care Program:
Permanent Housing for the Homeless Bonus Project**

Submit all technical assistance questions and final proposals via email only to:

For project proposal(s) identified for a site located within the Vermont Balance of State Continuum of Care (all counties in Vermont, except Chittenden County):

Vermont State Housing Authority (VSHA)
Daniel Blankenship, Homeless Grants Administrator
daniel@vsha.org

For a project proposal(s) identified for a site located within Chittenden County:

City of Burlington-Community & Economic Development Office (CEDO)
Marcy Krumbine, Assistant Director of Community Development
mkrumbine@ci.burlington.vt.us

As stated in the RFP Schedule, there will also be an opportunity to ask questions via a conference call held on Wednesday, November 28 (2-3pm).

Sincerely,

Daniel Blankenship
Homeless Grants Administrator
Shelter Plus Care Program Administrator

VERMONT STATE HOUSING AUTHORITY
1 Prospect Street, Montpelier, VT 05602
Main Office: (802) 828-3295 * Direct: (802) 828-0294
Email: Daniel@vsha.org * Website: www.vsha.org



FY12 CoC PH
Bonus RFP.pdf

Daniel Blankenship

From: Daniel Blankenship
Sent: Tuesday, November 20, 2012 4:28 PM
Subject: Permanent Housing Grant Opportunity: VT BoS CoC and Chittenden CoC
Attachments: FY12 CoC PH Bonus RFP.pdf

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Daniel Blankenship

To: Daniel Blankenship
Subject: RE: Permanent Housing Grant Opportunity: VT BoS CoC and Chittenden CoC

Blind CCd to the following:

Shannon Tzrinske (Data Remedies) <stzrinske@dataremedies.com>; Sharon Farrell (BCH) <sharonbch@gmail.com>; Sharon Russell (ODM) <rutmission@aol.com>; Sharon Wickman (HOPE) <swickman@hope-vt.org>; Donahue, Shaun (AHS-FS) <Shaun.Donahue@state.vt.us>; Sherry Marcelino (LCC) <sherrym@lamoille.org>; Stephen Weston (Veteran's Place) <navyvvet261@myfairpoint.net>; Ted Wimpey (CVOEO) <twimpey@cvoeo.org>; Travis Poulin (tpoulin@cvoeo.org); Whitney Nichols (whtnnc@gmail.com); Will Rowe (VT AHS-DAIL) <will.rowe@state.vt.us>; Richard Williams <richard@VSHA.ORG>; James Gallagher <james@VSHA.ORG>; Bethany Lunn <bethany@VSHA.ORG>; Arlene Shorten-Goodrich <Arlene@VSHA.ORG>; Cliff Bergh <cliff@VSHA.ORG>; gseelig@vhcb.org; fitzgerald@cathedralsquare.org; dquinn@rmhscn.org; lchambers@claramartin.org; hnadeau@vcil.org; Ariane Kissam (akissam@vhcb.org); Caprice Hover (caprice.hover@rcpcc.org); Laura Ziegler (ziweed@gmail.com); Mary Houghton (maryh@sover.net); chip@barrehousing.org; Kevin Loso (kloso@rhvt.org); bmsa@vermontel.net; wbaker@together.net

From: Daniel Blankenship
Sent: Tuesday, November 20, 2012 4:28 PM
Subject: Permanent Housing Grant Opportunity: VT BoS CoC and Chittenden CoC

Please read attached Request for Proposals for more information on grant opportunity for each geographic Continuum of Care in Vermont [VT Balance of State CoC and Chittenden County CoC]. Hard copies will be mailed upon request.

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mkrumbine@ci.burlington.vt.us

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Sincerely,

* email entire CoC thru website (old)
which has been since closed with no
Records kept.
* another blind cc'd email sent but no recoverable.

Daniel Blankenship

Homeless Grants Administrator

Shelter Plus Care Program Administrator

VERMONT STATE HOUSING AUTHORITY

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Email: Daniel@vsha.org * Website: www.vsha.org

Daniel Blankenship

From: Daniel Blankenship
Sent: Wednesday, November 28, 2012 3:51 PM
To: Daniel Blankenship
Subject: PH Bonus Q&A conference call - 11/28/12

Victor Martini (UCS)
Amy Niles (UCS)
Janet Green (BurHA)
Christie Everett (CMC)
Marcy Krumbine (CEDO)
Donna (CMC)
Daniel Blankenship (VSHA)

Daniel Blankenship

Homeless Grants Administrator
Shelter Plus Care Program Administrator

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Daniel Blankenship

From: Daniel Blankenship
Sent: Monday, November 26, 2012 6:50 PM
To: Sara Kobylenski
Subject: RE: Permanent Housing Grant Opportunity: VT BoS CoC and Chittenden CoC

Thanks for inquiring. I am not the best judge on whether you should apply for the bonus or not. This project is similar to the one you guys were awarded for your current S+C three unit grant. The eligibility criteria for this grant opportunity is that same, chronic homeless household (individual or family). Your current grant can also serve CH families if that is what you are seeing for need.

From: Sara Kobylenski [SKobylenski@uppervalleyhaven.org]
Sent: Monday, November 26, 2012 2:00 PM
To: Daniel Blankenship
Subject: RE: Permanent Housing Grant Opportunity: VT BoS CoC and Chittenden CoC

Jennifer and I wonder if this is something that we could/should apply for. Do you have any thoughts about where you were hoping to see this go? We think we have more families that fit the rigid federal definitions than we do singles right now (it seems to go in swings) and we would apply, but if you want to "spread the wealth" so to speak, we would not apply. Your thoughts?

Hope you had a good holiday!

Sara

From: Daniel Blankenship [mailto:daniel@VSHA.ORG]
Sent: Tuesday, November 20, 2012 4:13 PM
Subject: Permanent Housing Grant Opportunity: VT BoS CoC and Chittenden CoC

Please read attached Request for Proposals for more information on grant opportunity for each geographic Continuum of Care in Vermont [VT Balance of State CoC and Chittenden County CoC]. Hard copies will be mailed upon request.

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Permanent Housing for the Homeless Bonus Project**

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daniel@vsha.org

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Marcy Krumbine, Assistant Director of Community Development
mkrumbine@ci.burlington.vt.us

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Sincerely,

Daniel Blankenship

Homeless Grants Administrator

Shelter Plus Care Program Administrator

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