

Before Starting the CoC Application

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

1. the CoC Application,
2. the CoC Priority Listing, and
3. all the CoC's project applications that were either approved and ranked, or rejected.

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

1. The FY 2022 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2022 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.

Your CoC Must Approve the Consolidated Application before You Submit It

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

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

Answering Multi-Part Narrative Questions

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

Attachments

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

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

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

1A. Continuum of Care (CoC) Identification

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

1A-1. CoC Name and Number: FL-600 - Miami-Dade County CoC

1A-2. Collaborative Applicant Name: Miami-Dade County

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Miami-Dade County

1B. Coordination and Engagement–Inclusive Structure and Participation

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
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1B-1.	Inclusive Structure and Participation–Participation in Coordinated Entry.	
	NOFO Sections VII.B.1.a.(1), VII.B.1.e., VII.B.1.p., and VII.B.1.r.	
	In the chart below for the period from May 1, 2021 to April 30, 2022:	
1.	select yes or no in the chart below if the entity listed participates in CoC meetings, voted—including selecting CoC Board members, and participated in your CoC's coordinated entry system; or	
2.	select Nonexistent if the organization does not exist in your CoC's geographic area:	

	Organization/Person	Participated in CoC Meetings	Voted, Including Electing CoC Board Members	Participated in CoC's Coordinated Entry System
1.	Affordable Housing Developer(s)	Yes	Yes	No
2.	Agencies serving survivors of human trafficking	Yes	Yes	Yes
3.	CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
4.	Disability Advocates	Nonexistent	No	No
5.	Disability Service Organizations	No	No	Yes
6.	EMS/Crisis Response Team(s)	Yes	No	No
7.	Homeless or Formerly Homeless Persons	Yes	Yes	Yes
8.	Hospital(s)	Yes	Yes	Yes
9.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	No	No	No
10.	Law Enforcement	Yes	No	Yes
11.	Lesbian, Gay, Bisexual, Transgender (LGBTQ+) Advocates	Yes	No	Yes
12.	LGBTQ+ Service Organizations	Yes	No	Yes
13.	Local Government Staff/Officials	Yes	Yes	Yes
14.	Local Jail(s)	Yes	Yes	Yes
15.	Mental Health Service Organizations	Yes	Yes	Yes
16.	Mental Illness Advocates	Yes	Yes	Yes

17.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes	Yes	Yes
18.	Organizations led by and serving LGBTQ+ persons	Yes	No	Yes
19.	Organizations led by and serving people with disabilities	No	No	Yes
20.	Other homeless subpopulation advocates	Yes	Yes	Yes
21.	Public Housing Authorities	Yes	No	Yes
22.	School Administrators/Homeless Liaisons	Yes	Yes	Yes
23.	State Domestic Violence Coalition	Yes	No	Yes
24.	State Sexual Assault Coalition	No	No	Yes
25.	Street Outreach Team(s)	Yes	Yes	Yes
26.	Substance Abuse Advocates	Yes	Yes	Yes
27.	Substance Abuse Service Organizations	Yes	Yes	Yes
28.	Victim Service Providers	Yes	Yes	Yes
29.	Domestic Violence Advocates	Yes	Yes	Yes
30.	Other Victim Service Organizations	Yes	Yes	Yes
31.	Youth Advocates	Yes	Yes	Yes
32.	Youth Homeless Organizations	Yes	Yes	Yes
33.	Youth Service Providers	Yes	Yes	Yes
	Other: (limit 50 characters)			
34.	Courts	Yes	Yes	Yes
35.	Health Management Organizations	Yes	No	Yes

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

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

(limit 2,500 characters)

1. The CoC Governance Charter, posted online, outlines the appointing bodies for Board membership. Annually, vacancies are communicated to the appointing bodies via memo & by phone to solicit new members. The CoC also makes recommendations to appointing bodies. They include Homeless Providers' Forum; Miami Homes for All; Homeless/Formerly Homeless Forum (HFHF); Lived Experience Working Group; School Superintendent; Dept. of Children and Families; County Commission-Housing Chair; Miami City Manager.; Miami Chamber, Religious Leaders Coalitions, 11th Judicial Circuit, health care & academic service sectors. 2. Meetings are noticed on www.miamidade.gov which provides equal access. The County has adopted the World Wide Web Consortium's Web Content Accessibility Guidelines 2.1, Level AA (WCAG 2.1, AA) as its standard & has implemented processes that aim to improve the accessibility & usability of digital services. Materials are posted to our website in PDF format & documents are checked to ensure they are easily accessible to those w/disabilities. Board meetings can be watch on closed caption TV & Reasonable Opportunity to be Heard is held at the top of all publicly noticed meetings. Translation is provided when appropriate & aides are used for persons who are deaf/hard of hearing. Meeting materials are pushed out electronically and available in hard copy in advance of discussions. 3. The CoC designates Board seats to Homeless Formerly Homeless Forum & together w/the Providers' Forum, Youth Action Board & Homeless Coalition, ensure persons w/lived experience sit on CoC Board & committees. The CoC conducts outreach year-round; presents to a wide array of groups that intersect with underserved persons; & asks groups w/recommendations to present to CoC. The CoC sits on other boards & participates in initiatives which serve populations that intersect w/the CoC. The CoC conducts an annual review to ensure participation from people of color, disabled persons, LGTBQ, DV, disability advocates/organizations, PHA's, Entitlement Jurisdictions, discharging institutions & others.

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

(limit 2,500 characters)

1. CoC staff attend meetings, make presentations & solicit online/in-person feedback from stakeholders. Publicly noticed meetings begin with public comment period. Groups that intersect with homelessness are often invited to present to the CoC and provide recommendations. Policies are posted online for public comment & discussed with people with lived experiences and other stakeholders ahead of adoption. Client satisfaction surveys are collected year-round & surveys are reviewed quarterly. Listening sessions are held with sheltered and unsheltered persons & landlords. On Homeless Awareness Day, we present at public schools & double efforts to place Helpline cards in local businesses & public places. The CoC sits on boards that intersect with homelessness. For the past 5 years, CoC has embraced national TA activities/initiatives. 2. Meetings are noticed on online County calendar & CoC website, advertised via mass email, accessible via Zoom & televised. Board meetings begin with public comment & end with Executive Director's report that includes info on upcoming solicitations, events, etc. CoC funding priorities & solicitations are advertised in English, Spanish & Creole in local newspapers, mass email, social media & website. Stakeholder trainings are held with TA providers. The CoC has developed printed materials, videos & interactive surveys to share at public forums & on social media to educate/spur dialogue. Media (radio, tv, print) is widely leveraged. Homeless & at-risk cards/postcards/brochures are disseminated widely. 3. People with lived experiences suggested they needed greater access to shelter when engaged by SO team. In June we solicited for additional ES beds and revisited the SO workflow to ensure more beds to teams working with the most vulnerable unsheltered persons. The Greater Miami Housing Alliance recommended we retain an emergency rental assistance problem solver & co-location of communitywide rental assistance resources. As a result, the county hired a housing ombudsman position & together with stakeholders developed the www.axishelps.org website which co-locates all countywide housing and utility resources.

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

(limit 2,500 characters)

1. The collaborative application for the NOFO is advertised in 3 languages in 3 major publications starting on 7/15/22, announced at our board meeting and posted on our website on 7/29/22 ahead of the pre-application workshop, posted on social media and sent via several mass emails starting on 6/24/22. The solicitation ads welcome new organizations to apply and we engage new providers year-round by providing trainings and making presentations, as well as calling prospective applicants ahead of the NOFO. This year we were successful in engaging three applicants that were not previously awarded funds.

2. The solicitation included detailed instructions, threshold requirements and forms; instructions on how to submit responses electronically via email outside of eSnaps, scoring guidelines and score sheets, ranking and communication of awards and rejected projects. Agencies not participating in HMIS are allowed to demonstrate past performance using equivalent databases. The CoC conducted a pre-application workshop via Zoom to explain the local RFA and respond to questions on 8/2/22. We posted written responses to questions on our website and emailed them to respondents on 8/23/22. Proposals were submitted in writing according to instructions outlined in the RFA.

3. Staff rated renewal applications using HUD's rating/ranking & Housing First tools which rely on SyS PM, expenditure rate, costs and adherence to Housing 1st. Staff reviewed new applications for completeness and provided a cure period to applicants missing threshold requirements. The Mayor's appointed selection committee of subject matter experts rated new project applications on 9/14/22. The CoC announced who would be included in the CA on 9/14/22 via mass email, targeted emails to respondents and on our website. The Board voted on recommendations on 9/23/22.

4. Solicitation materials are posted to our website in PDF format and documents are checked to ensure that they are easily accessible to readers with disabilities in accordance with the World Wide Web Consortium's Web Content Accessibility Guidelines 2.1, Level AA.

1C. Coordination and Engagement

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

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1C-1.	Coordination with Federal, State, Local, Private, and Other Organizations.	
	NOFO Section VII.B.1.b.	

In the chart below:

1.	select yes or no for entities listed that are included in your CoC's coordination, planning, and operations of projects that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness; or
2.	select Nonexistent if the organization does not exist within your CoC's geographic area.

	Entities or Organizations Your CoC Coordinates with for Planning or Operations of Projects	Coordinates with the Planning or Operations of Projects?
1.	Funding Collaboratives	Yes
2.	Head Start Program	Yes
3.	Housing and services programs funded through Local Government	Yes
4.	Housing and services programs funded through other Federal Resources (non-CoC)	Yes
5.	Housing and services programs funded through private entities, including Foundations	Yes
6.	Housing and services programs funded through State Government	Yes
7.	Housing and services programs funded through U.S. Department of Health and Human Services (HHS)	Yes
8.	Housing and services programs funded through U.S. Department of Justice (DOJ)	Yes
9.	Housing Opportunities for Persons with AIDS (HOPWA)	Yes
10.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	No
11.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes
12.	Organizations led by and serving LGBTQ+ persons	Yes
13.	Organizations led by and serving people with disabilities	Yes
14.	Private Foundations	Yes
15.	Public Housing Authorities	Yes
16.	Runaway and Homeless Youth (RHY)	Yes
17.	Temporary Assistance for Needy Families (TANF)	Yes
	Other:(limit 50 characters)	

18.	FL DOH/CDC/FL Div. of Emergency Mgt/DMV/WIOA Board/SAMH Managing Entity	Yes
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1C-2.	CoC Consultation with ESG Program Recipients.	
	NOFO Section VII.B.1.b.	

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

(limit 2,500 characters)

1. The CoC & subrecipient of state ESG & ESG-CV funding, collaborated with all local ESG recipients (Miami-Dade, Miami & Hialeah) and the state for the allocation of ESG-CV funds, determining which ESG eligible activities to include & prioritize, coordinating to update consolidated plans, amending local standards of care, collaboratively reviewing allowable waivers & coordinating to upload CAPER reports for all jurisdictions. The CoC led the selection committees that determined recipients for Miami-Dade and State of Florida ESG funds. We also recommended new subrecipients to Hialeah and the City of Miami to help them utilize all CV funding. 2. We performed joint compliance monitoring w/other entitlement jurisdictions on ESG sub-recipients, used HMIS & reimbursement data to evaluate performance of ESG, reviewed spending & allocated or reallocated & recaptured from subrecipients as necessary to hit spending targets or map spending plans, ensured adherence to changes to the CES & Orders of Priority to PH & amended the Governance Charter. 3. All ESG programs participate in HMIS & therefore contribute to the HDX (PIT, HIC, SyS PM, Stella P). Our data, including subpopulation details & system gaps are shared with all ESG entitlement jurisdictions in the CoC geography. 4. Throughout the year, we work with ESG entitlement jurisdictions to complete relevant sections of the con plan such as data on homelessness, how to access homeless services, coordination between CoC and entitlement jurisdiction & homeless system performance. In fact, the Miami-Dade Con Plan states "The Miami-Dade Homeless Trust, who administers the Continuum of Care played a key role in the consultation process." The information we have provided has led to plan amendments with all 4 PHAs & leveraging of State Housing Initiative Partnership Program (SHIP) funds for rental assistance with three entitlement jurisdictions. Each jurisdiction has appointments on either the CoC Board or a subcommittee. CoC staff attends the jurisdictional commission meetings in support of items benefiting the homeless. The CoC administers state ESG and ESG-CV funding directly.

1C-3.	Ensuring Families are not Separated.	
	NOFO Section VII.B.1.c.	

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

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

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

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

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

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

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

(limit 2,500 characters)

CoC has MOU with Miami-Dade Public Schools outlining roles and responsibilities, housing and service options, joint prevention and diversion strategies, student privacy standards, and collaborative efforts on K-12 homeless awareness curriculum, homeless awareness and sensitivity poster and essay contest, and Homeless Awareness Day activities. CoC contracts with MDCPS to transport students to annual youth rally. CoC owns ES, which through an MOU with MDCPS and operator, is sited on school board property via a long-term lease and has on site Head Start programs and tutoring programs provided through school system. CoC implemented procedures/monitoring practices with District Homeless Liaisons (DHL's) to ensure children are enrolled in school and informed of eligibility for homeless/educational services. DHL's work with ES and PH case managers, refer families to HP and participate in youth by-name list meetings. DHL engaged in CoC CES revision process and helped develop CoC youth housing and services directory. DHL provides annual staff training, technical assistance and outreach to CoC providers.

Per ordinance, Miami-Dade School Superintendent sits on CoC Board. School District Homeless Liaison sits on Housing Our Miami-Dade Youth Collective (HOMY) to prevent and end youth homelessness. CoC has MOU with youth education provider Educate Tomorrow (ET), a designated CoC access point, which has established higher education pipeline for unaccompanied youth with school system, local universities & other education partners, which was noted by USICH. CoC has a referral MOU with Miami Job Corps Center, a no-cost education and career technical training program administered by the U.S. Department of Labor providing youth education/technical training for young people 16-24. CoC has MOU with Early Learning Coalition, which prioritizes children 0-9 for school readiness and childcare, with CoC designated ES providers making referrals. CoC sister agency and provider, CAHSD, prioritizes homeless children 0-5 for Head Start/Early Head Start. MOU between CoC, Florida International University (FIU) and public libraries has student social workers engaging persons experiencing homelessness and providing CES access. As part of COVID-19 response, CoC and FIU MOU provided for remote wellness checks at non-congregate shelter.

1C-4b.	Informing Individuals and Families Experiencing Homelessness about Eligibility for Educational Services.	
	NOFO Section VII.B.1.d.	
<div>Describe in the field below written policies and procedures your CoC adopted to inform individuals and families who become homeless of their eligibility for educational services.</div>		

(limit 2,500 characters)

The CoC CES Standards of Care and MOU with Miami-Dade County Public Schools discuss our policies and procedures for informing families experiencing homelessness about their eligibility for educational services. Per standards, providers serving households with children must have a liaison working with families and are required to ensure services for minors are established, including childcare, school enrollment and/or transportation to school of origin, early childhood programs, afterschool programs, health care, special need assistance and services, and school-based services. Adult household members may also have access to parenting education, health care, and family services on a voluntary basis. An established referral relationship exists with Miami-Dade County Public Schools (MDCPS) to access Project Up-Start resources such as school supplies, transportation, school enrollment, uniforms, free lunch, post-secondary transition support, etc. The policy also establishes a referral relationship with Citrus Family Care Network, the managing entity for the state public child welfare agency, to access medical and behavioral health services for the children of households experiencing homelessness. MDCPS District Homeless Liaison (DHL) hosts a training session each year for all homeless providers to ensure staff are making families aware of services provided by Project Up-Start. During the session, homeless providers are given materials to post in their offices and hand out to families explaining the eligibility for education services and student's rights. Throughout the year, DHL and staff visit shelters and provide ongoing technical assistance with homeless providers. The CoC has further developed a mainstream benefits policy with a checklist which addresses a full range of educational services and other service and benefit connections, including technical schools, youth tuition and fee exemptions, etc. Case managers document in file that educational obligations have been met. CoC sister agency & provider CAHSD prioritizes homeless children 0-5 for Head Start/Early Head Start, and per policy, delegate agencies seek written documentation of ES stay, application declaration, or family/staff interview notes to establish homelessness. The CoC has established a referral relationship with the Early Learning Coalition to access day care and educational resources for pre-school aged children.

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

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

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

9.	Tribal Home Visiting Program	No	No
	Other (limit 150 characters)		
10.			

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

(limit 2,500 characters)

1. The CoC collaborates with its sister department Miami-Dade Community Action and Human Services Dept. (CAHSD), the local victim service provider, to provide shelter, transitional housing and permanent housing to survivors of domestic violence. On March 10, 2022, the CoC reviewed VAWA policies as part of the annual CoC Subcommittee after a public comment period. Feedback from CAHSD, advocates, people with lived experience and stakeholders was included ahead of the board approving the policy. 2. The CoC and CAHSD has participated in joint TA to ensure our systems are addressing the needs of Dv survivors. In 2020, one of the CoC providers led a gaps and needs assessment in partnership with CAHSD and the Domestic Violence Oversight Board. On April 26, 2022, CAHSD provided a training and Q/A session for CoC providers to ensure their are utilizing updated, evidenced based practices to identify survivors, assess for harm and develop a safety plan. TA from Housing Innovations led to our amending CES procedures and providing access point training to ensure survivors of DV and Human/Sex trafficking receive a comprehensive assessment, safety plan and are offered legal services and housing through the Coordinated Victims Assistance Center. During annual compliance review, the CoC monitors that contracted providers have adopted trauma informed policies and an assessment and safety plan process for survivors.

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

(limit 2,500 characters)

1. The CoC collaborates with its sister department Miami-Dade Community Action and Human Services Dept. (CAHSD), the local victim service provider, to provide shelter, transitional housing, permanent housing and legal services to survivors of domestic violence. CAHSD has a seat on the CoC's Housing and Services Development Committee and CoC Subcommittee. CoC Subcommittee conducts annual gaps and needs assessment, including strategies and implementation measures within Community Plan to End Homelessness: Priority Home. On March 10, 2022, VAWA policies were reviewed with feedback from CAHSD, victim advocates, people with lived experience and stakeholders incorporated. CES, RRH, PSH and OPH prioritization policies are also regularly reviewed and updated with victim service provider input. All CoC meetings are publicly noticed and all policies are posted online for public comment and input prior to adoption by the CoC Board. Following data analysis with victim service providers and PHAs, EHV MOU's include a 22% voucher set-aside to victim service providers. 2. The CoC and CAHSD have participated in joint TA to ensure our systems are addressing the needs of DV survivors. In 2020, one of the CoC providers led a gaps and needs assessment in partnership with CAHSD and the Domestic Violence Oversight Board. On April 26, 2022, CAHSD provided a training and Q&A session for CoC providers to ensure they are utilizing updated, evidenced based practices to identify survivors, assess for harm and develop a safety plan. TA from Housing Innovations led to our amending CES procedures and providing access point training to ensure survivors of DV and human/sex trafficking receive a comprehensive assessment, safety plan and are offered legal services and housing through the Coordinated Victims Assistance Center, a walk-in center for victims of crime with an array of co-located services. During annual compliance review, the CoC monitors that contracted providers have adopted trauma informed policies and an assessment and safety plan process for survivors.

1C-5b.	Using De-identified Aggregate Data to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section VII.B.1.e.	
	Describe in the field below:	
	1. the de-identified aggregate data source(s) your CoC uses for data on survivors of domestic violence, dating violence, sexual assault, and stalking; and	
	2. how your CoC uses the de-identified aggregate data described in element 1 of this question to evaluate how to best meet the specialized needs related to domestic violence and homelessness.	

(limit 2,500 characters)

1. The CoC reviews de-identified data from OSNIUM, a database management information system used by all state certified domestic violence centers that includes a homeless module that aligns with the HMIS standards while providing additional data on safety. The data helps us with the PIT/HIC and gaps and needs analysis. 2. We use the data to enumerate the number of persons served, perception of safety, exits to PH, number of persons calling DV helpline, number of victims being referred to mainstream CoC services, number of victims be relocated and number of victims being turned away because of the scarcity of resources. We utilize data on the number of persons engaged who develop a safety plan but are not offered services to establish a need for more DV focused crisis response and rental assistance. This assessment of DV gaps and needs led to our providing system training, awarding ESG CV1 & 2 to a victim service provider and obtained DV RRH through the 2021 NOFO. For the DV bonus project applications, respondents had to demonstrate (1) Rate of housing placement for survivors (% of persons who exit the program successfully), (2) Improvements in safety of survivors (% of persons whose risk of harm was reduced as a result of program participation) & (3) How the project addresses multiple barriers faced by survivors (% of barriers selected in the application). In 2018, the county's Budget Office conducted a comprehensive review of CoC and non-CoC funded services provided to survivors & assessment of community needs, including role, membership & reporting structure of the Domestic Violence Oversight Board (DVOB). The report looked at LOS, cost per client, utilization of services, unmet requests for services, median rents & calls to the DV helpline among other data. Recommendations included adding flexibility to local tax dedicated to DV survivors, creation of DV Risk Mitigation/Landlord Assistance Fund, using ESG for DV RRH, maintaining a level of support for clustered style TH, conducting a separate evaluation to assess the specific impacts and effectiveness of DV programs on children, revision of client survey instruments, continuing review of performance data, and continued DV/CoC intersect.

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

(limit 2,500 characters)

1. The CoC reviews VAWA policies, including emergency transfer plans at least annually as part of the CoC Subcommittee and annual DV training. We allow for public comment ahead of holding a stakeholder meeting with people with lived experiences, advocates and stakeholders to review procedures. Following the CoC Subcommittee our board votes on the policy. We publish changes and all VAWA forms on our website and provide training to contracted subrecipients. The emergency transfer plan allows any participant in a CoC program to request a transfer when they perceive the threat of violence. The CoC approves transfers between all levels of care ES to ES/TH, TH to ES/TH, PH to ES/TH/PH. One recent example of the policy workflow: a family living in PSH, husband was arrested for DV. When assessed by her case manager she acknowledged she was not safe. She was referred to and met with a DV advocate, developed a safety plan and was offered legal services & immediate transfer to shelter; she and the children were moved to another PSH program not disclosed to the husband. 2. Clients may request an emergency transfer through CoC project support service staff or via the DV helpline. As part of annual compliance review, the CoC ensures that subrecipients are providing program participants information about emergency transfers at orientation and facilitating emergency transfers upon request. The CoC facilitates use of shelter/hotel and lateral transfer between PH-PBRA programs when a victims report a threat.

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

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

(limit 2,500 characters)

The CoC prioritizes survivors of DV for referral to ES, TH & PH. Persons calling the DV helpline or presenting to DV access points complete a safety plan, are referred to legal services, and are offered ES/TH locally and also through relocation assistance to another county or state. When shelter is not available, hotel vouchers are used. Survivors may chose not to go to shelter but avail themselves of the support services (advocates, counseling and legal services). The CES has 6 unique factors prioritizing persons for referral to PH (age 65 and older, 18-24 year-olds, VI- SPDAT score, medical vulnerabilities, length of time homeless and victims of DV). DV providers who do not participate in HMIS submit a de-identified VI- SPDAT to the CoC Housing Coordinator to rank survivors of DV using the COC prioritization strategy. We have allocated dedicated DV housing resources to the county DV provider using ESG, ESG-CV and CoC funding to expand PH to survivors of DV. We allocated in excess of 20% of EHV vouchers to survivors.

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

Describe in the field below how your CoC's coordinated entry includes:

1.	safety protocols,
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2.	planning protocols, and
3.	confidentiality protocols.

(limit 2,500 characters)

1. CoC CES safety protocols requires providers to receive annual training on assessing for violence & refer clients to the Coordinated Victim's Assistance Center (the only one-stop family justice center in FL w/40 on-site partners) for safety planning, connection to legal services & relocation assistance. The CES includes state certified DV providers who receive CoC funding for ES, TH & RRH & refer to EHV. Specialized SO teams use licensed clinicians trained in trauma informed care and other best practices. Miami-Dade implemented a 24/7 DV texting landline so victims can text an advocate when calling can place them in danger. 2. CoC programs providing ES, TH, PH must allow DV/dating violence/sexual assault/stalking victims to request emergency transfer. The CoC prioritizes these transfers. HUD forms 5380/5382/5383 are provided & explained to survivors at intake & posted on our website. Landlord Participation Agreements incorporate VAWA & confidentiality rules. Survivors can request an emergency transfer which is available regardless of sex/gender identity/sexual orientation. Survivors of violence are offered relocation assistance to other counties or states upon request. Survivors can choose to go directly into PH and choose where they want to live using TBRA. Domestic Violence Oversight Board of the CoC is staffed by CoC Executive Director and includes judiciary, law enforcement, human services, advocates & survivors w/lived experience who oversee the operation of certified shelters. The CoC & State Attorney provide training, housing and services to survivors of trafficking under an MOU. 3. DV providers use OSNIUM to protect DV client confidentiality and share deidentified data through a homeless module incorporated by their system (i.e. CAPER reports). Clients in mainstream programs may choose to enter anonymously per the CoC's policy posted on our website.

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

1.	Did your CoC implement a written CoC-wide anti-discrimination policy ensuring that LGBTQ+ individuals and families receive supportive services, shelter, and housing free from discrimination?	Yes
2.	Did your CoC conduct annual CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity (Equal Access Final Rule)?	Yes
3.	Did your CoC conduct annual CoC-wide training with providers on how to effectively implement Equal Access in Accordance With an Individual's Gender Identity in Community Planning and Development Programs (Gender Identity Final Rule)?	Yes

1C-6a.	Anti-Discrimination Policy—Updating Policies—Assisting Providers—Evaluating Compliance—Addressing Noncompliance.	
	NOFO Section VII.B.1.f.	

Describe in the field below:

1.	whether your CoC updates its CoC-wide anti-discrimination policy, as necessary, based on stakeholder feedback;
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2.	how your CoC assisted providers in developing project-level anti-discrimination policies that are consistent with the CoC-wide anti-discrimination policy ensuring that LGBTQ+ individuals and families receive supportive services, shelter, and housing free from discrimination;
3.	your CoC's process for evaluating compliance with your CoC's anti-discrimination policies; and
4.	your CoC's process for addressing noncompliance with your CoC's anti-discrimination policies.

(limit 2,500 characters)

1. The CoC reviews anti-discrimination, the Equal Access Final Rule and Gender Identity Final Rule at least annually as part of the CoC Subcommittee. Public comment is allowed ahead of the process; people with lived experience, advocates, providers, legal services, and other stakeholders form part of the committee; meetings are open to the public; recommendations go before the CoC Board for adoption. 2. The CoC provides annual, mandatory training to sub-recipients on our anti-discrimination process, the Equal Access Final Rule and Gender Identity Final Rule; held on June 7, 2022 this year. This year we started posting the training materials/recordings on our website. This year we contracted with Racial Equity Partners to do a system assessment, plan and provider training. 3. At least annually, the CoC Compliance Officer monitors sub-recipient compliance with posting the grievance process and customer satisfaction survey, the development of a sub-recipient program policy that align with CoC standards, logging of complaints and resolutions and use of CoC grievance process. 4. Our grievance procedures ensures clients receive a fair hearing using restorative justice techniques. Most complaints are handled at the sub-recipient level. The vast majority of complaints the CoC receives has to do with program terminations. In all circumstances the CoC has ensured clients can laterally transfer to the same level of care to prevent returns to homelessness. The Compliance Officer can issue findings and place sub-recipients on Performance Improvement Plans. Outstanding issues can also impact scoring in competitive processes with point deductions.

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

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

Enter information in the chart below for the two largest PHAs highlighted in gray on the FY 2021 CoC-PHA Crosswalk Report or the two PHAs your CoC has a working relationship with--if there is only one PHA in your CoC's geographic area, provide information on the one:

Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing and Housing Choice Voucher Program During FY 2021 who were experiencing homelessness at entry	Does the PHA have a General or Limited Homeless Preference?	Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?
Public Housing and Community Development	19%	Yes-Both	Yes
Housing Authority City of Miami Beach	55%	Yes-Both	Yes

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

(limit 2,500 characters)

1. The CoC, w/ HUD & local TA, worked closely w/ administrators of all 4 PHAs (Miami-Dade, Hialeah, Homestead, Miami Beach) to amend their administrative plans in order to adopt homeless admission preferences. TA provided guidance on how to amend plans, drafted language to incorporate & provided guidance on how to communicate the preferences to persons on PHA waiting lists. This has allowed us to leverage HCV, PBV, Mainstream, EHV, FUP, FYI and Public Housing. The CoC also partnered w/ City of Miami and Carrfour which both received an allocation of Mainstream Vouchers w/ which the CoC makes referrals. Our CoC Housing Coordinator makes coordinated referrals to all homeless preferences and set-asides, including tax credit ELI units, Multifamily Homeless Preference units & OPH. With Miami-Dade's PHA, our CoC has locally funded stand-alone support services to couple w/ HCV's to create a PSH-like program for veterans & chronically homeless persons based on homeless longevity & need. They provided PBV to leverage this NOFO. Also, w/ Miami-Dade's PHA, CoC identified local funding to rehabilitate units of Public Housing in exchange for referral rights. The CoC partnered w/ the Hialeah Housing Authority to promote Family Self Sufficiency (FSS) Program to both homeless & move-up households, promoting homeownership & credit repair. An FSS video was produced which is shown to all referral households at initial intake. The PHA & CoC launched its Move-Up Strategy w/ Housing Authority of the City of Miami Beach & together created a Move-Up Handbook & Assessment Tool. The partnership received a 2019 Best Practices Award by the Florida Association of Housing and Redevelopment Officials. In March 2021, HUD TA, CSH, invited Miami-Dade's CoC to participate in a national Move-Up webinar. CoC has used HUD Field Office to make PHA introductions, proactively partnered w/ PHA's on solicitations and MOU's, ensured timely referrals, presented at landlord engagement events, continually seeks increased allocations and assist w/ troubleshooting. 2. N/A

1C-7b.	Moving On Strategy with Affordable Housing Providers.	
	Not Scored—For Information Only	
	Select yes or no in the chart below to indicate affordable housing providers in your CoC's jurisdiction that your recipients use to move program participants to other subsidized housing:	

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

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

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

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

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

1.	Did your CoC coordinate with a PHA(s) to submit a competitive joint application(s) for funding or jointly implement a competitive project serving individuals or families experiencing homelessness (e.g., applications for mainstream vouchers, Family Unification Program (FUP), other programs)?	Yes
		Program Funding Source
2.	Enter the type of competitive project your CoC coordinated with a PHA(s) to submit a joint application for or jointly implement.	PBV with CoC funded support services

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

	Did your CoC coordinate with any PHA to apply for or implement funding provided for Housing Choice Vouchers dedicated to homelessness, including vouchers provided through the American Rescue Plan?	Yes
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1C-7e.1.	List of PHAs with Active MOUs to Administer the Emergency Housing Voucher (EHV) Program.	
	Not Scored—For Information Only	

	Does your CoC have an active Memorandum of Understanding (MOU) with any PHA to administer the EHV Program?	Yes
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	If you select yes to question 1C-7e.1., you must use the list feature below to enter the name of every PHA your CoC has an active MOU with to administer the Emergency Housing Voucher Program.	
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PHA
Hialeah Housing A...
Housing Authority...
Miami-Dade Public...
Homestead Housing...

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

Name of PHA: Hialeah Housing Authority

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

Name of PHA: Housing Authority of the City of Miami Beach
(HACMB)

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

Name of PHA: Miami-Dade Public Housing and Community
Development

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

Name of PHA: Homestead Housing Authority

1D. Coordination and Engagement Cont'd

1D-1.	Discharge Planning Coordination.	
	NOFO Section VII.B.1.h.	

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

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

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

1.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2022 CoC Program Competition.	51
2.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2022 CoC Program Competition that have adopted the Housing First approach.	51
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, SSO non-Coordinated Entry, Safe-Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in the FY 2022 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

1D-2a.	Project Evaluation for Housing First Compliance.	
	NOFO Section VII.B.1.i.	

Describe in the field below:

1.	how your CoC evaluates every recipient—that checks Housing First on their Project Application—to determine if they are actually using a Housing First approach;
2.	the list of factors and performance indicators your CoC uses during its evaluation; and
3.	how your CoC regularly evaluates projects outside of the competition to ensure the projects are using a Housing First approach.

(limit 2,500 characters)

1. Providers are rated during the NOFO based on their ability to quickly house persons referred using the APR question: average length of time between project start date and move in date (12% of points awarded). We use the HUD Housing First (HF) Assessment Tool completed during the annual risk assessment which evaluates agency Access & Services/Housing policies, requires a review of the client chart/notes & leases. Client satisfaction surveys, complaints & grievances are reviewed by the Compliance Officer to assess the provider use of HF & training on HF is provided as part of performance improvement. Being Housing First oriented is a threshold requirement for renewal and new projects. 2. The HUD tool evaluates the following indicators: exits to perm. housing/housing stability, returns to homelessness, income growth & time between referral & move-in - accounting for 24% of the project score. Projects who perform poorly may be subject to reallocation. 3. The CoC uses the Housing First Assessment Tool published by HUD to monitor provider compliance with Housing First. We also utilize grievance hearings to educate providers on alternative ways to implement Housing First principles. We provide regular training on Housing First to contracted providers. The CoC makes coordinated referrals to all PH and tracks in HMIS returned/rejected referrals (which are rare) in real time by project to understand the reason(s) for any returns, identify trends and barriers to entry. Non-CoC funded PH, including ES, TH and SH, are also monitored in real time by the CoC and SO teams to ensure clients can gain access to crisis housing and permanent housing without service participation requirements or barriers to entry. Expectations are delineated in the CoC's Systemwide Housing First Framework, updated in September 2020, and posted on the Trust's website. The CoC developed a by-name list using HMIS that tracks length of time from referral to placement and holds case staffing meetings at least monthly to troubleshoot barriers. We offer grievance procedures to all program participants to prevent evictions and returns to homelessness, and at times laterally transfer between PSH programs when their needs are not being met by a particular provider. We enhanced our client satisfaction data collection strategies allowing program participants to scan a QR code and provide feedback on their program at any time.

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

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

(limit 2,500 characters)

1. City of Miami SO canvases the entire geography of Miami-Dade (except Miami Beach) engaging unsheltered & using HMIS to document helpline calls, street engagement, referral & placement. Miami Beach SO does the same for its geography. SO teams also answer the Homeless Helpline & have city-issued vehicles to transport clients, including vehicles with wheelchair lifts. Teams respond to calls from police, parks, transit, constituents & others. Fixed SO Access Points are in place for unsheltered persons with unique access points for vets, youth & human trafficking & DV victims. Teams include persons w/lived experience & are trained in Crisis Intervention, Motivational Interviewing, Critical Time Intervention & Trauma-Informed Care. This year they received training from Housing Innovations on their triage assessment/referral protocols to promote connection to other housing resources when shelter is not available, and the CoC added 4 FTEs to perform HMIS/housing assessments. SO teams are culturally competent & offer trilingual services (English, Spanish, Creole). Rapport is created w/service resistant through regular, ongoing engagement and SO offers of coffee, meals, shoes and PPE. Miami Lighthouse offered a CoC-wide orientation & mobility training for serving blind persons. All SO teams use HMIS, serve as access points & make referrals to ES, TH & SH. SO clients are referred to PH based on Orders of Priority for referral. SO teams advertise availability of open PHA waitlists and when the CoC refers someone to PH.2. Miami & Miami Beach SO cover 100% of the CoC's geography. 3. SO is provided weekdays during business hours w/bi-weekly evening SO performed year-round. 4. The CoC funds specialized SO, one team provides a behavioral health evaluation, prescribe meds & counsel service resistant persons. Another SO team, w/peer specialists focus on persons w/substance use disorders. A third team provides outreach focused on people with no legal status. The CoC provides HMIS access to an FQHC who provides SO primary care services & SAMHSA's PATH SO team providing services to unsheltered persons discharged from crisis units (CSU) & detox. The CoC has an MOU w/courts, hospitals, CSU's & the jail w/dedicated SO to prevent discharges into homelessness. Two homeless resource officer teams make referrals to CoC programs. We engage street feeders & religious groups to use HMIS & serve as SO.

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

Select yes or no in the chart below to indicate strategies your CoC implemented to ensure homelessness is not criminalized and to reverse existing criminalization policies in your CoC's geographic area:

		Ensure Homelessness is not Criminalized	Reverse Existing Criminalization Policies
1.	Engaged/educated local policymakers	Yes	Yes
2.	Engaged/educated law enforcement	Yes	Yes
3.	Engaged/educated local business leaders	Yes	No
4.	Implemented community wide plans	Yes	No
5.	Other:(limit 500 characters)		

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

		2021	2022
	Enter the total number of RRH beds available to serve all populations as reported in the HIC—only enter bed data for projects that have an inventory type of "Current."	1,032	1,438

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

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

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

1D-6a.	Information and Training on Mainstream Benefits and Other Assistance.	
	NOFO Section VII.B.1.m	

Describe in the field below how your CoC:

1.	systemically provides up-to-date information on mainstream resources available for program participants (e.g., Food Stamps, SSI, TANF, substance abuse programs) within your CoC's geographic area;
2.	works with project staff to collaborate with healthcare organizations, including substance abuse treatment and mental health treatment, to assist program participants with receiving healthcare services; and
3.	works with projects to promote SSI/SSDI Outreach, Access, and Recovery (SOAR) certification of program staff.

(limit 2,500 characters)

1. CoC developed a Mainstream Policy w/checklist so staff engage clients w/array of service connections. CoC hosts topical trainings, inc. SSA updates; Legal Services on new tenants' rights; refugee services, voter registration, etc. Webinars, materials & info is pushed via email, posted online, shared on social media & distributed at program/service sites. CoC collaboration w/Urban Impact Lab produced online platform w/resources for housing, utilities, food, groceries, job training, employment support, cash assistance, etc. Resource directories are on CoC website, which also partners with 211, 311 & Hope Florida navigators. During COVID, postcards re: rental assistance mailed weekly by CoC to residents w/court-filed evictions. CoC partners w/state whose ACCESS sites are collocated in CoC sites enabling homeless households to enroll in Medicaid, food stamps, medical care & TANF. Legal Services, a CoC provider, offers benefit review, advocacy & representation to homeless. CoC pushes info on new developments, wait-list openings to program leaders for dissemination. The local Workforce Board is co-located at ES sites & mobile vehicles do targeted outreach. 2. Health Dept. provides infectious disease updates to CoC & on-site vaccinations at SO/ES/TH sites for COVID, Hep A & Monkeypox. Managing Entity for Substance Abuse & Mental Health funds CoC providers for HIV testing, treatment beds, detox. CoC provides managed care organizations HMIS access & includes in by-name list meetings, facilitating long-term care & other services. Most SO & PH providers are FQHCs, CMHCs or licensed substance abuse (SA) agencies that assist clients to enroll in insurance. Providers that do not bill insurance have MOUs w/FQHC or Substance Abuse provider to assist w/enrollment. ES providers have MOUs w/the public hospital or FQHC providing on-site medical offices so clients can access healthcare & enroll in insurance. Two FQHCs & SA providers perform SO & help unsheltered persons enroll. CoC partners w/Alliance for Aging to connect w/programs that benefit aging homeless. Healthcare navigators at state ACCESS sites provide CoC participants w/info on Medicaid, Medicare & work incentives for disabled persons. 3. Substance Abuse and Mental Health Managing Entity provides SOAR training to CoC case mgrs. quarterly & most SO/PH providers are FQHC's, CMHC's or licensed substance abuse agencies that assist client in expediting entitlement applications using SOAR trained staff.

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

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

(limit 2,500 characters)

The CoC had great success w/non-congregate sheltering during the pandemic and has continued to work to scale up non-congregate options which offer rapid placement from the streets into private or semi-private settings & serve as bridge housing to permanent destinations. Even prior to the pandemic, seniors experiencing homelessness were a growing population. One of every 3 singles experiencing homelessness in Miami-Dade is 55+. The CoC partnered w/an Assisted Living Facility operator to contract for 85 beds to serve as a quarantine/isolation site for persons 65+. More than 500 intakes later, not a single death or community spread issue. The CoC has since moved to acquire this facility which will serve up to 120 persons (2 per room) w/closing scheduled for October 1. This specialized facility caters to the unique needs of seniors who bridge to other permanent housing made available through the CoC. More recently, the CoC secured funding from Miami-Dade County and the City of Miami to acquire & renovate a facility on former federal surplus land to provide non-congregate sheltering or bridge housing for up to 250 individuals w/special needs (2 per room). A tiny home demonstration project (not shed-like structures) will also be sited on the parcel. The CoC has added another 31 non-congregate beds using state funding which allows specialized outreach teams w/expertise in SMI/SUD to place hard-to-serve clients directly from the streets where they are wrapped with services including basic life skills needed to stabilize before moving onto other permanent destinations. The CoC also recently finalized a competitive solicitation using local funding which will add another 106 emergency beds at newly built ES facilities which offer semi-private (no barrack style) sheltering accommodations. We also contracted w/a new specialized outreach provider which has utilized rental homes to provide non-congregate sheltering. The CoC has also long-used hotels & rental units to serve families w/minor children. Persons in non-congregate shelters are added to HMIS & considered for referral to other permanent housing based on CoC's Orders of Priority. Even congregate shelters within the CoC have set aside non-congregate spaces to accommodate COVID+ clients or other persons with special needs in an effort to successfully retain and outplace unsheltered persons. During COVID, 5 non-congregate shelters sites were utilized resulting in more than 6,700 intakes.

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

(limit 2,500 characters)

1. The CoC's infectious disease policies and procedures were developed in consultation w/Florida Department of Health in Miami-Dade (FDOH). The CoC Continuity of Operations Plan which includes a section on health emergencies, including infectious diseases, was developed in partnership w/FDOH and Miami-Dade's Division of Emergency Management. COVID-19 policies developed during the pandemic include protocols for testing and vaccine distribution, isolation and quarantine, cleaning & disinfection, PPE, data collection, priority for referral, staffing, meal delivery, waste disposal, wellness checks, signage, etc. The CoC also developed telehealth protocols with the Florida International University College of Medicine and FDOH providing symptom monitoring, wellness checks, referral for off-site facility-based medical care and quarantine and isolation medical clearance. 2. FDOH provides ongoing vaccinations & education for COVID, Flu, Monkeypox and Hepatitis A at ES & Day Center, as well as COVID test kits, PPE, and toiletries. CoC also partners w/3 FQHCs, public hospital and VA to provide outreach, preventive care, emergency services and primary care to persons experiencing homelessness, including unsheltered. Substance use SO provides state-funded HIV testing and needle exchange. Health clinics embedded at all ES sites. Early on during COVID, SO teams screened for symptoms, distributed face masks/hand sanitizer/educational materials on COVID-19/social distancing/personal hygiene. CoC provided temperature kiosks and PPE to ES/TH/PH. CoC led mask donation drive w/community groups. Later, mobile PCR testing/vaccines w/FL Div. of Emergency Management & COVID testing & vaccine sites erected at NCS/ES/TH programs w/ongoing testing every 2-3 weeks to prevent/isolate outbreaks. As NCS scaled down, shelters created on-site quarantine/isolation for persons who test positive for COVID, exhibit symptoms or had close contact. Clients return to regular ES after 2 negative COVID tests or 10 days. Rapid COVID test results & vaccine status recorded in HMIS ahead of referral to ES/TH or directly to PH, with PH priority for persons 65 older & those w/vulnerable health conditions. Vaccination status does not impact program entry. Social distancing and masking enforced indoors, per CDC. CoC holds group calls with ES/TH/SO/PH & health partners, as needed. CDC, FDOH & HUD guidance pushed to all as updated.

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

(limit 2,500 characters)

1. The Florida Department of Health in Miami-Dade (FDOH) alerts the CoC of emerging health emergencies & informs and educates when there are confirmed cases of COVID, Monkeypox, Influenza or other infectious disease threats within the homeless population. CoC conference calls, sharing of educational materials & site visits w/FDOH are all part a regular routine established even prior to COVID. During the pandemic, vaccination information stored in state's FL SHOTS database was shared with CoC & critical to preventing community spread. FDOH would utilize data collected in HMIS, like contact number, email, emergency contact, vaccine status when their database lacked records. FDOH helps the CoC conduct contract tracing & advises SO teams when someone who tested positive was thought to be unsheltered because they were being engaged by SO, recently exited a homeless program or had no active entry/exit in HMIS. The CoC is also a member of FDOH's Health Equity Office Advisory Committee to address root causes of health inequities through policy, systems and environmental change. The CoC also sits on Miami-Dade County's HIV/AIDS Partnership Advisory Board, the Ryan White planning body. 2. The CoC convenes calls as needed with ES/TH/SO/PH providers & FDOH leadership to discuss emerging health emergencies, best practices, changing guidance and data. FDOH makes rounds at all ES sites educating & vaccinating & worked to investigate close contacts during COVID. Providers can also contact FDOH directly to troubleshoot issues as needed. Public hospital prioritized CoC, especially 65+, as vaccines were first rolled out. All ES sites also have FQHC or public hospital clinic on site to educate staff and clients & provide primary care. HRSA funded FQHC conducts regular street outreach. Florida Div. of Emergency Management was instrumental during COVID, providing test kits, mobile vaccinations, PPE & shelf stable meals for unsheltered persons. During COVID, CDC visited CoC congregate ES to review CoC protocols & recommend suggestions. Annually, CoC works with Miami-Dade Office of Emergency Management (OEM) to review Continuity of Operations Plans (COOP) and plans of CoC provider partners and convenes the CoC and Voluntary Organizations Active in Disaster (VOAD). CDC, FDOH, OEM & HUD guidance regularly pushed to all providers and agencies prioritized CoC w face masks/hand sanitizer/test kits/vaccine access and info on social distancing/personal hygiene during COVID.

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

(limit 2,500 characters)

1. SO teams that cover 100% of CoC geographic area & Access Points are the front door to the CES. Miami & Miami Beach SO canvases the entire geography of Miami-Dade and use HMIS to collect Universal Data Elements & complete VI-SPDAT. SO teams answer the Homeless Helpline & have city-issued vehicles to respond to calls & proactively canvas areas & transport clients. Teams also respond to calls from police, parks, transit & others. SO Access Points (walk-in sites), posted on CoC website, are in place for unsheltered, vets, youth & DV victims. SO includes persons w/lived experience & are trained in Crisis Intervention, Motivational Interviewing & Trauma-Informed Care & are supported by specialized outreach teams providing primary care & behavioral health services who reach people who are least likely to apply for homeless assistance. We engage street feeders & religious groups who have built trust to serve as SO & use HMIS. SO offers of coffee, meals, shoes and PPE to build rapport. 2. SO teams utilize the VI-SPDAT to facilitate the CoC's ranking/prioritization for referral to TH/PH. CoC uses data collected in HMIS/VI-SPDAT to prioritize referrals for PH. We have weekly case conferencing to make new referrals and discuss the progress/issues with existing referrals. We amended CES to prioritize persons who are either 65 or older or have a condition identified by CDC which makes them highly vulnerable to severe illness. Other prioritization factors include: (a) people experiencing chronic homelessness or length of time (LOT) homeless greater than 400 days or Trans LOT in HMIS projects exceeds 300 days; (b) High Crisis System Utilization; (c) VI-SPDAT Score of 4 or greater; (d) Fleeing DV, human or sex trafficking; (e) youth; & (f) highly vulnerable families. 3. The prioritization strategy, developed with HUD TA, is reviewed annually with people with lived experiences, advocates, sub-recipients and other stakeholders. This methodology ensures people most in need of assistance receive assistance in a timely manner. The active client list shows how many days since referral to PH. Cases who exceed 60 days are discussed in weekly case conferencing.

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

(limit 2,500 characters)

Our CoC believes people least likely to apply for homeless assistance are open to permanent housing (PH) options, we are working aggressively to increase PH stock. We have increase PHA partnership, employed an aggressive move-up strategy, used Orders of Priority to incentive housing straight from the streets, & w/this latest budget cycle received in excess of \$40M in participating jurisdiction commitments to acquire & renovate PH. The CoC also engages w/non-traditional partners, including libraries, parks & transit to alert us to unsheltered persons not actively engaging w/the CoC. Scrubbing our data suggests many unsheltered persons cycle in/out of shelter or get referred to PH but never follow through. We used ESG-CV funding to develop specialized street outreach teams to target hard to serve unsheltered persons. We trained new specialized SO on pre-CTI. We asked these teams to keep small caseloads & follow clients in shelter, when they accept ES or throughout the PH application process to promote successful outcomes. This was so successful we continued funding the effort w/local dollars. 2. Our prioritization strategy uses data collected in HMIS/VISPDAT to prioritize referrals to PH. We amended CES to prioritize ppl 65 or older or have a condition identified by CDC making them highly vulnerable to severe illness. Other prioritization factors include: (a)length of time homeless > 400 days or Trans LOT in HMIS projects exceeds 300 days; (b) High Crisis System Utilization; (c) VI-SPDAT Score of 4 or greater; (d) Fleeing DV, human or sex trafficking; (e) youth; & (f) highly vulnerable families. Clients & their case mgrs. can challenge their ranking to allow us to consider uncommon vulnerabilities not captured in our assessment. 3. The CoC By Name List ranks households by most vulnerable & tracks days btwn referral allowing to focus case staffing on vulnerable people who are not moving in quickly. 4. We have a no wrong door approach & over the past 3 yrs have expanded access points to the library, youth services providers, schools, PCWA, churches & feeding centers, while continuing a toll-free helpline, placing outreach in the court, working w/institutions that discharge into homelessness (hospitals, jail) & canvassing the streets. We provide regular training & perform over the shoulder supervision to ensure SO & access pts are implementing best practices, identify training needs & prevent incorrect messaging or use of invasive/judgmental questions.

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

1.	Has your CoC conducted a racial disparities assessment in the last 3 years?	Yes
2.	Enter the date your CoC conducted its latest assessment for racial disparities.	05/21/2021

1D-10a.	Process for Analyzing Racial Disparities—Identifying Racial Disparities in Provision or Outcomes of Homeless Assistance.	
	NOFO Section VII.B.1.q.	

Describe in the field below:

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

(limit 2,500 characters)

1. For the past three years our CoC has conducted its own Racial Disparity Quantitative Assessment annually using HMIS and Stella P data (including the new "by race and ethnicity" questions). We compared the rates of system entry to the general census and rates of exits to positive destinations by race. When HUD TA assisted us in amending the CES to respond to the pandemic, the CoC identified the impact of shifts to the prioritization strategy to ensure it did not have an adverse effect on our ability to equitably serve people of color and persons identifying as LGBTQ+ using Stella P. This analysis reached a plateau as we established our system was equitable, but we were not addressing the factors that were contributing to significant disparities in the persons who entered our system. This year we hired the Racial Equity Partners to do a system-wide assessment and help us amend our local plan. They formed a working group, including people with lived experiences; and have started a series of trainings for Board members, subrecipients, advocates and other stakeholders. Data collected using HMIS; online surveys of CoC staff, Board, Committees and providers, including all frontline staff; and listening sessions will be utilized to amended CES process. 2. Our system evaluation observed that people of color (POC) represent 57% of all new referrals while the US census for our county suggests POC are 18% of the general population. The CoC itself is equitable, as evidenced by 58% of people who exit to permanent destinations are POC; but we must tackle factors preceding the CoC experience that results in disparities faced by POC which makes them disproportionately more likely to face homelessness.

1D-10b.	Strategies to Address Racial Disparities.	
	NOFO Section VII.B.1.q.	
Select yes or no in the chart below to indicate the strategies your CoC is using to address any racial disparities.		

1.	The CoC's board and decisionmaking bodies are representative of the population served in the CoC.	Yes
2.	The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.	Yes
3.	The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.	Yes
4.	The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups.	Yes
5.	The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.	Yes
6.	The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.	Yes
7.	The CoC has staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness.	Yes
8.	The CoC is educating organizations, stakeholders, boards of directors for local and national nonprofit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.	Yes
9.	The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.	Yes

10.	The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.	Yes
11.	The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.	Yes
	Other:(limit 500 characters)	
12.	Hired Racial Equity Partners to do system assessment, training, and plan development.	Yes

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

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

(limit 2,500 characters)

The CoC hired the Racial Equity Partners to do a system-wide assessment and help us amend our local plan. They formed a working group, including people with lived experiences being served by programs under contract with the CoC; and have started a series of trainings for Board members, Lived Experience Working Group, subrecipients, advocates and other stakeholders. CoC-wide surveying on disparities is underway, with focus groups to follow. We were 1 of 10 communities selected to be part of A Way Home America's Grand Challenge which focused on ending youth homelessness for youth of color and LGBTQ youth. CoC participation helped lead our intentional work to better understand root causes and led to our creating youth focused ES/TH/PH benefiting unaccompanied and parenting youth experiencing homelessness. We reviewed CoC Standards, policies and procedures for racial bias & embedded new language addressing equity. We adopted procurement & contract monitoring practices designed to promote racial equity, including diversity requirements for selection committees; included bonus points in solicitations for proposers that have racial equity goals/statements which directly impact the people they serve & include people with lived experiences on their Board/staff. Our annual risk assessments with our contracted providers reviews racial equity plans adopted by our subs; racial composition of board/staff/leadership; and steps taken to identify/understand underlying causes. A pandemic-related partnership w/an all women, black owned boutique hotel in Overtown resulted in national recognition w/owner receiving the 2020 TripSavvy Editors' Choice Award in the Community Leaders category. This partnership furthered efforts to address procurement barriers experienced by small organization & those led by people of color. A Racial Equity section has been added to CoC website.

1D-10d.	Tracking Progress on Preventing or Eliminating Disparities.	
	NOFO Section VII.B.1.q.	

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

(limit 2,500 characters)

The CoC has not completed the assessment led by Racial Equity Partners (REP) and is likely to amend the data elements collected to assess equity. Currently we review the race of persons entering the system and the rates of exits to positive destinations by race. We compare the entry rates to the latest census data, and compare the exits to positive destinations to the percent of persons entering our system by race to assess the racial disparities at entry and assess the systems ability to have an equitable response to ending homelessness. We are able to analyze the data by project, by pathway and by population. The previous evaluations were instrumental in helping us assess any racial disparities in our system but did little to prevent people of color (POC) from disproportionately accessing the homeless system. We hired REP to help us make a greater impact on systems that disproportionately affect POC.

1D-11.	Involving Individuals with Lived Experience of Homelessness in Service Delivery and Decisionmaking—CoC's Outreach Efforts.	
	NOFO Section VII.B.1.r.	

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

(limit 2,500 characters)

Our CoC already had a YAB and the Homeless Formerly Homeless Forum (HFHF) comprised of people with lived expertise. We also included lived experience on our board and committees. Earlier this year we outreached to persons with lived experiences by attending feeding sites, talking to persons in encampments, engaging with shelter alumni and presenting to other groups led by people with lived experiences (YAB, HFHF, an FQHC consumer advisory board). Following the outreach we started a new Lived Experiences Working Group with people who had a recent experience of unsheltered homelessness, people who were recently sheltered and persons whose rent is being subsidized by the CoC. The group has a self-sustaining leadership structure and has adopted by-laws with positions, terms and goals. They are diverse with majority being people of color, some Hispanic representation, both male and female members, a member who identifies as LGBT, a survivor of DV, people who receive behavioral health services and seniors. The working group has reviewed and provided feedback on the CoC Plan, Standards of Care, the funding priorities for both NOFOs, scoring criteria and received training to serve on the NOFO selection committees.

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

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

	Level of Active Participation	Number of People with Lived Experience Within the Last 7 Years or Current Program Participant	Number of People with Lived Experience Coming from Unsheltered Situations
1.	Included and provide input that is incorporated in the local planning process.	16	10
2.	Review and recommend revisions to local policies addressing homelessness related to coordinated entry, services, and housing.	16	10
3.	Participate on CoC committees, subcommittees, or workgroups.	16	10
4.	Included in the decisionmaking processes related to addressing homelessness.	16	10
5.	Included in the development or revision of your CoC's local competition rating factors.	11	8

1D-11b.	Professional Development and Employment Opportunities for Individuals with Lived Experience of Homelessness.	
	NOFO Section VII.B.1.r.	

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

(limit 2,500 characters)

The CoC has secured state & private sector funding for the Homeless Trust Social Enterprise Academy at Chapman Partnership. A warehouse is undergoing renovation for the purpose of expanding workforce development apprenticeships. Persons experiencing homelessness are currently offered short-term (no more than 15 weeks), high quality training in in-demand industries w/low worker supply & paying a living wage. Apprenticeships currently include construction, healthcare (Certified Nursing Assistant and Phlebotomy) & Information Technology. Together w/Youth Action Board & Collective Impact lead Miami Homes for All, we are moving toward a program partnership w/Americorps which will allow us to continue recruiting & paying lived experience youth to inform our system of care. MOU's are also in place w/Workforce Investment Board CareerSource, Miami Job Corps Center & Miami Community Ventures (MCV) through the Beacon Council (official Economic Development org. of Miami-Dade). CareerSource makes available one-stop employment centers co-located at or near ES facilities; sends mobile employment units to ES facilities & has championed supp. employment opportunities, inc. Tech Hire, for CoC youth. MCV has provided living wage jobs to CoC clients & the CoC has engaged in "Benefit Cliffs" discussion where families receiving public benefits assistance are discouraged from pursuing opportunities to gain more income due to fear of losing aid. The CoC promoted new ARP investments in workforce development, inc. an enhanced Miami employment program that hires formerly homeless, city vendor on-the-job training/apprenticeship program, & incorporating hiring of homeless in projects that receive city funding. The CoC's private sector partner expanded supportive employment staff & has established an employment committee of their board. Camillus House initiated CamillusYouniversity, a series of courses designed to help persons w/lived experience better understand the CoC & connect to housing/employment. The CoC owns land where a PSH program & farm were built, designed to employ formerly homeless at the farm & market. CoC has emphasized the importance of lived experience & peers for the delivery of services & provided points in solicitations to support this push. Employment & Income growth measures are used by CoC in competitive solicitations to score projects seeking federal, state & local funding & reallocate or place low performing providers on performance improvement.

1D-11c.	Routinely Gathering Feedback and Addressing Challenges of Individuals with Lived Experience of Homelessness.	
	NOFO Section VII.B.1.r.	
	Describe in the field below how your CoC:	
1.	how your CoC routinely gathered feedback from people experiencing homelessness and people who have received assistance through the CoC or ESG program on their experience receiving assistance; and	
2.	the steps your CoC has taken to address challenges raised by people with lived experience of homelessness	

(limit 2,500 characters)

1. Last year the CoC disseminated QR code links to our new client satisfaction survey which was developed with feedback from persons with lived experiences. Access to the survey is also made available on our website. This provides persons in all levels of care the ability to provide feedback on access, case management engagement/competency, facilities and other factors of client satisfaction. Survey results are reviewed quarterly and a report is provided to the Board at least annually. Compliance staff ensure programs have QR codes posted in prominent areas and surveys are being received for all programs under contract with the CoC. We also openly solicit feedback from people with recent lived experiences in the CoC Lived Experience Working Group. 2. The CoC has placed providers or projects with trends of poor satisfaction on Performance Improvement Plans and retrained them on evidenced based practices (Housing First, Motivational Interviewing, pre-CTI & CTI, Trauma Informed Care. We have help restorative justice grievance hearings with dissatisfied consumer and use their feedback to amend system policy and retrain providers. One recent example includes a tenant of a CoC PSH program that was being discharged because he was sexually inappropriate with his case manager. The CoC intervened and encouraged the provider to place the tenant on a behavioral agreement and change his case manager. We also advised the tenant that he could laterally transfer to another PSH project if he needs are not being met by the project. The provider was retrained on Housing First principles with an emphasis on the separation of voluntary support services and landlord/tenant issues.

1D-12.	Increasing Affordable Housing Supply.	
	NOFO Section VII.B.1.t.	
	Describe in the field below at least 2 steps your CoC has taken in the past 12 months that engage city, county, or state governments that represent your CoC's geographic area regarding the following:	
	1.	reforming zoning and land use policies to permit more housing development; and
	2.	reducing regulatory barriers to housing development.

(limit 2,500 characters)

The Homeless Trust, an agency of Miami-Dade County, has worked alongside the county administration and the Mayor's Building Blocks for Housing Affordability program to accelerate the supply of housing and expand resident protections. Reforming Zoning a) On the zoning and land use, with support of the CoC, the Board of County Commissioners (BCC) in September 2022 approved the expansion of the Rapid Transit Zone to increase housing density and intensity along all current and planned Rapid Transit Zones. The legislation also includes a minimum development of 12.5% workforce housing when developing under these standards. The county permits up to a 25% density bonus if developing a property with some affordable and workforce housing. Additionally, when siting these units, the zoning code is relaxed with respect to lot size and setbacks. b) In June 2022, following conversations with the CoC, the County Administration proposed changes to the Comprehensive Development Master Plan (CDMP) policy to enable more lot splitting and accessory dwelling units. Reducing Regulatory Barriers a) In July 2022, with support from the CoC, the BCC adopted legislation to provide impact fee exemptions for affordable housing units up to 120% Area Median Income. b) A new, expedited zoning application review process is underway. Workforce or affordable housing benefits from a 7-day expedited review of the application, where the normal review period is 21 days. There is no additional charge for this expedite. The same expedite is also applied to the review of paving and drainage plans. An expedited building permit plan review is offered for affordable and workforce housing projects with initial plan review comments completed within five (5) business days. A specially created, cross departmental county team helps to facilitate these expedites. c) With encouragement from the CoC, a process is now underway to accelerate the review of delinquent developers of Infill Housing Program properties and initiate "claw-back" provisions. d) In September 2022, the Workforce Housing Incentive Program (WHIP) program was proposed to incentivize owners to convert existing market rate housing into affordable housing by providing 3-year grants up to \$6,000 for up to 9,000 units. A Development Adjustment Fund is also proposed to financially assist at least 10 projects stalled due to increased costs and "save" the production of over 1,000 units.

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

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

	Enter the date your CoC published the deadline for project applicants to submit their applications to your CoC's local competition.	07/29/2022
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1E-2.	Project Review and Ranking Process Your CoC Used in Its Local Competition. We use the response to this question and the response in Question 1E-2a along with the required attachments from both questions as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below.	
	NOFO Section VII.B.2.a., 2.b., 2.c., and 2.d.	

You must upload the Local Competition Scoring Tool attachment to the 4B. Attachments Screen.

Select yes or no in the chart below to indicate how your CoC ranked and selected project applications during your local competition:

1.	Established total points available for each project application type.	Yes
2.	At least 33 percent of the total points were based on objective criteria for the project application (e.g., cost effectiveness, timely draws, utilization rate, match, leverage), performance data, type of population served (e.g., DV, youth, Veterans, chronic homelessness), or type of housing proposed (e.g., PSH, RRH).	Yes
3.	At least 20 percent of the total points were based on system performance criteria for the project application (e.g., exits to permanent housing destinations, retention of permanent housing, length of time homeless, returns to homelessness).	Yes
4.	Provided points for projects that addressed specific severe barriers to housing and services.	Yes
5.	Used data from comparable databases to score projects submitted by victim service providers.	Yes

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

You must upload the Scored Forms for One Project attachment to the 4B. Attachments Screen.

Complete the chart below to provide details of your CoC's local competition:

1.	What were the maximum number of points available for the renewal project form(s)?	100
2.	How many renewal projects did your CoC submit?	45
3.	What renewal project type did most applicants use?	PH-PSH

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

Describe in the field below:

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

(limit 2,500 characters)

1. The CoC used the latest version of the CoC Program Rating and Ranking Tool created by HUD for the CoC Program NOFO. HMIS, APR and compliance monitoring data was used to score each project. The CoC began the renewal project scoring early so we were able to run APRs for each renewal project between 10/1/20-9/30/21. We looked employment and income growth, length of time between referral and move-in date and exits to PH/housing retention. For programs with exits to PH we looked for returns at 6, 12 & 24 months using the APR and client search in HMIS. Their monitoring score which includes adherence to Housing First, equity planning and participation in coordinated entry was used to rate projects. We also analyzed costs, providing 20 points to projects that are reasonable. Providers who adhered to Housing First by serving people regardless of income, substance use and legal history were awarded 10 points. Projects following CE, focusing on chronic homeless were awarded 10 points. DV providers had revised performance points considering lower performance levels through serving one of the hardest to serve sub-pop. 2. The CoC used APR data to determine length of time between referral and move-in & we awarded 20 points to projects who moved people in within 30 days. 3. Providers must take coordinated referrals from the CoC and the CoC makes referrals based on severity of need/orders of priority (a) people experiencing chronic homelessness or length of time (LOT) homeless greater than 400 days or Trans LOT in HMIS projects exceeds 300 days; (b) High Crisis System Utilization; (c) VI-SPDAT Score of 4 or greater; (d) Fleeing DV, human or sex trafficking; (e) youth; & (f) highly vulnerable families. 25 points were awarded to projects who achieve 90% housing stability as evidenced by exits to PH and PH retention. 4. Scoring criteria for new projects considered the low barrier practices implemented and the number of type of evidenced based practices utilized. DV providers SyS PM points were prorated to account for their providing services to a hard-to-serve pop. Providers who served a greater number of persons coming directly from unsheltered situations received 4 points.

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

(limit 2,500 characters)

1. The CoC sought feedback from the YAB, Lived Experience Working Group and through listening sessions held through TA from the Racial Equity Partners from people of different races - predominantly people of color. 2. Feedback was utilized to add rating criteria to both renewal and new project applicants on their practices to promote racial equity and equity among the LGBTQ pop. Two new questions were added to the new project application which expands on another existing questions on equity, and 4 new questions were included in the renewal project scoring criteria on equity. 3. A person with lived experience received training and served as the chair of one of the NOFO selection committees. The CoC is encouraging other members of the YAB & Lived Experience Working Group to receive Selection Committee training and serve in future committees. 4. Rating criteria for renewal projects included points for providers who had equity in management positions, included a process for incorporating feedback from people w/lived experiences, developed internal policies promoting equity and assessed outcomes with an equity lens. New projects included points for providers who sought lived expertise, identified steps and strategies to promote equity, and assessed the needs of LGBTQ+.

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

(limit 2,500 characters)

1. Our CoC Scoring, Ranking and Reallocation process is published on our website and reviewed annually with stakeholders as part of the CoC planning process between January and March. The process defines the involuntary strategy of reallocating programs with the poorest performance, unless we receive voluntary reallocation, the process for repurposing consistently underspent funds, the process for protecting projects considered essential and new projects with less than one year of data available. The policy also highlights the scoring criteria. 2. We identified reallocation opportunities early on, and held three public meetings to provide four strategies for reallocation ahead of reallocating projects based on their score. 3. The CoC exceeded 20% reallocation for the past 4 competitions, plus the current one. We are reallocating two entire projects based on their scoring/ranking. 4. Not Applicable.

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

	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2017 and FY 2022?	Yes
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1E-5.	Projects Rejected/Reduced–Notification Outside of e-snaps.	
	NOFO Section VII.B.2.g.	
	You must upload the Notification of Projects Rejected-Reduced attachment to the 4B. Attachments Screen.	

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

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

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

	Does your attachment include: 1. Applicant Names; 2. Project Names; 3. Project Scores; 4. Project Rank–if accepted; 5. Award amounts; and 6. Projects accepted or rejected status.	Yes
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1E-5c.	1E-5c. Web Posting of CoC-Approved Consolidated Application.	
	NOFO Section VII.B.2.g.	
	You must upload the Web Posting–CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	Enter the date your CoC posted the CoC-approved Consolidated Application on the CoC's website or partner's website—which included: 1. the CoC Application; and 2. Priority Listings for Reallocation forms and all New, Renewal, and Replacement Project Listings.	09/26/2022
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1E-5d.	Notification to Community Members and Key Stakeholders that the CoC-Approved Consolidated Application is Posted on Website.	
	NOFO Section VII.B.2.g.	
	You must upload the Notification of CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

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

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

	Enter the name of the HMIS Vendor your CoC is currently using.	Wellsky
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2A-2.	HMIS Implementation Coverage Area.	
	Not Scored—For Information Only	

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

	Enter the date your CoC submitted its 2022 HIC data into HDX.	04/25/2022
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2A-4.	Comparable Database for DV Providers—CoC and HMIS Lead Supporting Data Collection and Data Submission by Victim Service Providers.	
	NOFO Section VII.B.3.b.	

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

(limit 2,500 characters)

1. Our CoC and HMIS Lead has provided CAHSD, the DV housing and service provider in our CoC, TA to ensure they are utilizing the OSNIUM homeless module which allows them to run APR and CAPER reports for funded projects.
2. Our CoC is compliant with the 2022 HMIS Data Standards with very low rates of data quality issues that have not been resolved as part of provider monitoring.

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

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

Project Type	Total Beds 2022 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
1. Emergency Shelter (ES) beds	1,908	117	1,791	100.00%
2. Safe Haven (SH) beds	16	0	16	100.00%
3. Transitional Housing (TH) beds	382	167	215	100.00%
4. Rapid Re-Housing (RRH) beds	1,438	461	977	100.00%
5. Permanent Supportive Housing	4,039	0	3,769	93.32%
6. Other Permanent Housing (OPH)	242	0	242	100.00%

2A-5a.	Partial Credit for Bed Coverage Rates at or Below 84.99 for Any Project Type in Question 2A-5.	
	NOFO Section VII.B.3.c.	

For each project type with a bed coverage rate that is at or below 84.99 percent in question 2A-5, describe:

1.	steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type; and
2.	how your CoC will implement the steps described to increase bed coverage to at least 85 percent.

(limit 2,500 characters)

Not applicable.

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

Did your CoC submit LSA data to HUD in HDX 2.0 by February 15, 2022, 8 p.m. EST?	Yes
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2B. Continuum of Care (CoC) Point-in-Time (PIT) Count

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

	Enter the date your CoC conducted its 2022 PIT count.	01/27/2022
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2B-2.	PIT Count Data—HDX Submission Date.	
	NOFO Section VII.B.4.b	

	Enter the date your CoC submitted its 2022 PIT count data in HDX.	04/18/2022
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2B-3.	PIT Count—Effectively Counting Youth.	
	NOFO Section VII.B.4.b.	

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

(limit 2,500 characters)

1. The Youth Voice Action Council (YVAC), the local Youth Action Board, has engaged Pridelines a non-profit founded by gay and bisexual youth for LGBTQ; Miami-Dade County Public Schools (MDCPS) Project Up-Start; Educate Tomorrow a holistic support services program for youth who aged out of foster care and are pursuing higher education; the Children's Trust a dedicated source of revenue which funds strategic investments to improve the lives of children and families; and University of Miami to effectively count youth. 2. The CoC continues to center lived expertise and authentic youth leadership through the YVAC. Their members designed iCount Miami, a youth service count following the PIT night of count. The service count allows YVAC members to engage unsheltered youth over the course of a few days to get a better sense of how many youth are experiencing homelessness in Miami-Dade County. YVAC members are paid \$15 an hour and serve as youth ambassadors during the iCount, canvassing the streets and places youth congregate such as skate parks, the mall and public transportation hubs. 3. As ambassadors, they approve the survey questions, market the iCount, work with youth access points to collect data beyond their own outreach, identify hotspots, schedule outreach, frequent places unsheltered youth are known to be during the service count, and collect youth-focused data. Once the count is completed, they work alongside with the University of Miami to analyze the data and present results to stakeholders. YVAC members use what they learn through the iCount to contribute to the CoC's system gaps and needs analysis. They are empowered by the CoC Board to develop community-wide goals, propose and lead the implementation of system changes.

2B-4.	PIT Count—Methodology Change—CoC Merger Bonus Points.	
	NOFO Section VII.B.5.a and VII.B.7.c.	
	In the field below:	
	1. describe any changes your CoC made to your sheltered PIT count implementation, including methodology or data quality changes between 2021 and 2022, if applicable;	
	2. describe any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2021 and 2022, if applicable; and	
	3. describe how the changes affected your CoC's PIT count results; or	
	4. state "Not Applicable" if there were no changes or if you did not conduct an unsheltered PIT count in 2022.	

(limit 2,500 characters)

1. The CoC has not changed its sheltered PIT count methodology between 2021 and 2022. We continue to use HMIS and OSNIUM data for DV providers to enumerate sheltered persons on a single evening during the last 10 days in January. 2. In 2021 the CoC performed a block-by-block count starting at 10 p.m. on 1/21/21 and used ESRI to collect basic demographics (approximate age, gender, race, ethnicity) and geocoded location for 892 persons. The morning of 1/21/21, ahead of the night of count, we used a google-forms survey to collect more detailed information such as causality questions, veteran status, other household members, sexual preference/gender identity for 170 unsheltered persons who volunteered the information. This year on 1/27/22 we continued the block-by-block count using ESRI to geocode the location of unsheltered persons. In place of the google-forms survey we utilized a combined HMIS APR data for all SO projects to extrapolate the PIT demographic data for unsheltered persons. This methodology is much more accurate compared to the google-forms survey because HMIS projects accounted for 1098 people open on the night of count in 2022, which more closely resembled the block-by-block count of 970. 3. These changes did not change our PIT results, the counting methodology remained the same we just revised the method for collecting demographics to improve data quality.

2C. System Performance

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

(limit 2,500 characters)

1. Our CoC used focus groups w/people with lived experiences, providers, landlords, healthcare providers, financial literacy groups & advocates to better understand risk for first time homelessness. CoC reviewed cases entering CoC for the first time to determine risk factors & found persons w/extremely low income, prior imprisonment, eviction history, chronic health or behavioral conditions, youth & seniors were at greatest risk of homelessness. 2. We worked w/CSH to review HP standards & implement changes to ensure persons assisted were the most likely to enter CoC w/out supports. We allowed persons assisted w/HP to apply to Move-Up to EHV when their income is insufficient to sustain market rent. Our CoC funded diversion to mediate crisis & implemented pre-CTI to promote housing stability. CoC has an open HMIS system allowing multiple access points to view historical client data. CoC, SSVF, EFSP, ESG, ESG-CV, SHIP, CDBG, TANF & ERAP all fund HP assisting at-risk homeless w/rent in arrears or relocation. We have a dedicated HP Helpline; 12 county-wide walk-in centers; targeted in-reach at schools; youth & DV focused access points. Legal Services contracted for front line supports, inc. Fair Housing, legal representation & advocacy. In 2021 CoC mailed 15,000+ households w/a court filed eviction a postcard w/actions steps to prevent homelessness, brochures were provided to sheriff's office as leave-behind when serving writs, we published helpline info in court eviction docs, used public service announcements targeting tenants and landlords, and county passed provisions to prevent evictions w/o 60 days notice or rent increases beyond 5%. Axishelps.org website w/all HP housing & utility resources created w/Miami Housing Alliance. Housing Ombudsman created to coordinate ERAP/ESG & troubleshoot. HP Helpline staffing increased to triage calls & creation of stopevictionnow.org application/screening tool. 3. The Homeless Trust oversees CoC's strategy to reduce # of persons experiencing homelessness for the 1st time.

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

(limit 2,500 characters)

1. The CoC Performance Evaluation Committee (PEC) used HMIS data to look @ provider level trends with Sys PMs, held listening sessions w/people w/lived experiences & stakeholders, & narrowed proposed strategies down to 4 measurable objectives for the CoC to implement (1) enhance services provided by CES to focus on unsheltered persons; (2) develop centralized housing navigation approach; (3) CES reforms to enhance diversion & HP using CTI to reduce first time homelessness; & (4) review prioritization strategy w/people w/lived experiences. PEC places providers w/LOT above the median, who also have below average exits to PH or above average returns on performance improvement. Our strategy is to leverage all available resources to sustain & increase PH & OPH including ESG, HOME, SHIP, Multifamily Homeless Preference, Tax Credit referrals, HCV, PBV, EHV, Mainstream Vouchers for non-elderly disabled, FUP, FYI & VASH; advocate for the state to increase Sadowski Affordable Housing, ESG, TANF & Challenge Grant funds which provide additional PH to our CoC; invest local F&B Tax dollars to create new PH or provide support services to PHA set-asides; employ a Director of Landlord Recruitment & Retention to work w/developers/property managers/investors/ providers to facilitate the identification of new housing; commit local funds, & together w/ARP HOME funding & newly created Miami Foundation Ending Homelessness Fund, acquire & operate new CoC PH/PSH; advocate for increased local F&B through local ballot initiative and state legislative amendment. We are using HMIS to collect required documents for PH. We provide comprehensive supports to ensure unsheltered persons who refuse ES can access PH. We continue to oppose efforts to use local dollars to fund services that are not housing focused. We have strategically reallocated CoC funded TH/SH to create more PH. 2. One of 6 rating factors used to rank persons on the CoC by-name list, for referral to PH, utilizes LOT homeless, crisis system utilization, youth and seniors are prioritized, vulnerable households (using VI-SPDAT), victims of DV and people who are medically vulnerable are prioritized. Weekly case staffing is used to ensure low barrier, expedited access is being utilized by our subs & partners providing PH. The LOT measure is used by CoC in competitive solicitations to score projects seeking federal/state/local funding. 3. The Homeless Trust, the CoC CA, is responsible for overseeing CoC's strategy to reduce LOT.

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

(limit 2,500 characters)

1. ES/SH/TH use a centralized CES & referral to PH process, reviewed regularly w/stakeholders & people w/lived experience, to ensure equity, analyze national trends & prioritize persons w/greatest need. We conduct weekly by name list meetings w/stakeholders to review cases whose PH referral was made more than 30 days prior; seek increased housing inventory through NOFO bonus & PHA/tax credit/Multifamily Homeless Preference set-asides; reallocate underperforming projects; enhance housing navigation & increase job development pathways; \$40M+ in commitments from Participating Jurisdictions to acquire and renovate properties, including hotel to housing conversions, to create a minimum of 500 new units of housing. 2. For RRH, we have developed a report that tells us which households are most likely to return to homelessness (household income <120% of rent) & use bridge housing to ensure households are connected to long-term subsidies. For PSH, Move-On strategy for households who no longer require extensive support. We laterally transfer households between PSH programs when needs are not being met by a particular project. We provide training & passed standards for all components on low barrier access along w/requiring new NOFO respondents to provide minimum support services (\$4,000 in RRH & \$5,000 in PSH). Solicitations issued since 2018 require providers from all components to incorporate Housing First and Navigation. We train all components to use SOAR. We incorporate supportive employment through MOU w/CareerSource. Our competitive solicitations look at rate of exits to PH (ES/SH/TH/RRH) & retention (PSH) & we select providers w/the best performance for all components. The CoC adopted new TBRA policies that outline a process workflow from referral to placement to set targets for improvement & promote housing retention. Providers have started to tie employee evaluations to SyS PM. We have used local dollars to fund position which trains/supports housing navigators' systemwide, created online housing directory & manage landlord mitigation fund. We provide training on & have adopted restorative justice grievance standards to promote housing retention & fair housing standards. 3. The Homeless Trust, the CoC CA, is responsible for overseeing the CoC's strategy to increase the rate that individuals and families exit to or retain permanent housing.

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

(limit 2,500 characters)

1. The CoC uses the HMIS report designed for the submission of SyS PM to obtain a detail of persons who return to homelessness which includes stage of return (6, 12 or 24 months) and provider level data contributing to returns. We also use StellaP for a system perspective of what type of households, race and other demographics are related to those who are returning more frequently. 2. We have established a Performance Evaluation Committee to look at system and provider level performance. The PEC places providers who are above the mean for returns on performance improvement. This year the PEC also held listening sessions with people with lived experiences and stakeholders and developed a strategy to improve areas of weakness in performance. They tasked the CoC with enhancing services provided by CES to focus on vulnerable, unsheltered persons, developing centralized housing navigation approach and reviewing prioritization strategy with lived experience working group. We have implemented new rental asst standards incorporating low barrier practices & Housing 1st to promote housing retention. Our competitive solicitations look at rate of returns to select providers with the best performance and reallocate or place poor performing providers on performance improvement. New monitoring procedures use performance as part of the risk assessment. Grievance standards provide tenants with restorative justice hearings to mediate and promote fewer returns. Our CoC has transferred tenants to other agencies providing other PH/PSH when appropriate to avoid returns. We have established standards for support service costs to ensure new projects offer minimum support services to avoid returns. Providers have started to tie employee evaluations to project level SyS PM. Our RentConnect program has provided tenants who report living in unsafe housing with more housing options promoting housing retention. 3. The Homeless Trust, the CoC CA, is responsible for overseeing CoC's strategy to reduce returns.

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

(limit 2,500 characters)

1. The CoC's strategy to increase employment income includes MOU's with Workforce Investment Board CareerSource, Miami Job Corps Center & Miami Community Ventures (MCV) through the Beacon Council (official Economic Development org. of Miami-Dade). CareerSource makes available one-stop employment centers co-located at or near ES facilities; sends mobile employment units to ES facilities & has championed supportive employment opportunities, inc. Tech Hire, for CoC youth. MCV has provided living wage jobs to CoC clients & the CoC has engaged in "Benefit Cliffs" discussion where families receiving public benefits assistance are discouraged from pursuing opportunities to gain more income due to fear of losing aid. The CoC also promoted new ARP investments in workforce development, inc. an enhanced Miami employment program that hires formerly homeless, city vendor on-the-job training/apprenticeship program, and incorporating hiring of homeless in projects that receive city funding. 2. The development of the Homeless Trust Social Enterprise Academy at Chapman Partnership is expanding workforce development apprenticeships. Clients are currently offered short-term (no more than 15 weeks), high quality training in in-demand industries with low worker supply and paying a living wage. Apprenticeships currently include construction, healthcare (Certified Nursing Assistant and Phlebotomy) and Information Technology. A warehouse is being converted to expand the program. Camillus, another large ES/TH/PH provider has started CamillusYOUiversity, a training curriculum to help their clients increase income and housing stability. All ES/TH providers have created employment, training & volunteer opportunities, as well as partnered w/employers to create job opportunities for participants. The CoC owns land where a PSH program & farm were built. It is designed to employ formerly homeless at the farm & farmer's market. CoC led the charge to forge relationships with employers who provide a veteran preference. Employment & Income growth measures are used by CoC in competitive solicitations to score projects seeking federal, state & local funding & reallocate or place low performing providers on performance improvement. 3. The Homeless Trust, the CoC CA is responsible for overseeing the CoC's strategy to increase cash income growth.

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

(limit 2,500 characters)

1. The CoC's strategy to increase non-employment benefits includes training on, and the use of SOAR expedited disability applications; and provider training and access to Dept. of Children & Families Automated Community Connection to Economic Self Sufficiency (ACCESS). CoC providers are also ACCESS community partners allowing CoC clients to access stimulus resources (most recently COVID payments), food assistance, temp. cash assistance, Medicaid, SNAP and refugee services through the CoC program directly. 2. The CoC has established funding standards in new PH in order to embed Critical Time Intervention, supportive employment and SOAR trained case management. We continue to provide our subcontractors with year-round access to SOAR training to facilitate expedited disability benefit applications. SOAR training is also made available online to allow for greater participation by contracted providers and their employees. PH Standards incorporate the use of SOAR to expedite disability applications for participants of the CoC program. Providers enter SOAR application data into the OAT system which has demonstrated a significant reduction in the time it takes to approve public benefits. All CoC providers are trained on and serve as DCF ACCESS points to apply for Cash Assistance, TANF and SNAP electronically. The CoC also advanced a partnership with the Alliance for Aging to prioritize aging clients for clients for long-term care and Assisted Living Placement when needed. 3. The Homeless Trust, the CoC CA is responsible for overseeing the CoC's strategy to increase non-employment cash income growth.

3A. Coordination with Housing and Healthcare

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

	Is your CoC applying for a new PH-PSH or PH-RRH project that uses housing subsidies or subsidized housing units which are not funded through the CoC or ESG Programs to help individuals and families experiencing homelessness?	Yes
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3A-2.	New PH-PSH/PH-RRH Project–Leveraging Healthcare Resources.	
	NOFO Section VII.B.6.b.	
	You must upload the Healthcare Formal Agreements attachment to the 4B. Attachments Screen.	

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

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

Project Name	Project Type	Rank Number	Leverage Type
Montega Revamped	PH-PSH	46	Both
Granada PSH	PH-PSH	47	Healthcare
Casa Angulo	PH-PSH	48	Healthcare
Better Way West W...	PH-PSH	49	Healthcare

3A-3. List of Projects.

1. What is the name of the new project? Montega Revamped
2. Enter the Unique Entity Identifier (UEI): D8W7WLGW5LD5
3. Select the new project type: PH-PSH
4. Enter the rank number of the project on your CoC's Priority Listing: 46
5. Select the type of leverage: Both

3A-3. List of Projects.

1. What is the name of the new project? Granada PSH
2. Enter the Unique Entity Identifier (UEI): MR2FSK2Y2JA8
3. Select the new project type: PH-PSH
4. Enter the rank number of the project on your CoC's Priority Listing: 47
5. Select the type of leverage: Healthcare

3A-3. List of Projects.

1. What is the name of the new project? Casa Angulo
2. Enter the Unique Entity Identifier (UEI): MR2FSK2Y2JA8

3. Select the new project type: PH-PSH

4. Enter the rank number of the project on your CoC's Priority Listing: 48

5. Select the type of leverage: Healthcare

3A-3. List of Projects.

1. What is the name of the new project? Better Way West Wing Expansion

2. Enter the Unique Entity Identifier (UEI): XKMAEFKD5JH7

3. Select the new project type: PH-PSH

4. Enter the rank number of the project on your CoC's Priority Listing: 49

5. Select the type of leverage: Healthcare

3B. New Projects With Rehabilitation/New Construction Costs

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

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

3B-2.	Rehabilitation/New Construction Costs–New Projects.	
	NOFO Section VII.B.1.s.	

If you answered yes to question 3B-1, describe in the field below actions CoC Program-funded project applicants will take to comply with:

1.	Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u); and
2.	HUD's implementing rules at 24 CFR part 75 to provide employment and training opportunities for low- and very-low-income persons, as well as contracting and other economic opportunities for businesses that provide economic opportunities to low- and very-low-income persons.

(limit 2,500 characters)

Not applicable.

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

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

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

3C-2.	Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.	
	NOFO Section VII.C.	

You must upload the Project List for Other Federal Statutes attachment to the 4B. Attachments Screen.

If you answered yes to question 3C-1, describe in the field below:

1.	how serving this population is of equal or greater priority, which means that it is equally or more cost effective in meeting the overall goals and objectives of the plan submitted under Section 427(b)(1)(B) of the Act, especially with respect to children and unaccompanied youth than serving the homeless as defined in paragraphs (1), (2), and (4) of the definition of homeless in 24 CFR 578.3; and
2.	how your CoC will meet requirements described in Section 427(b)(1)(F) of the Act.

(limit 2,500 characters)

Not applicable.

4A. DV Bonus Project Applicants

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

	Did your CoC submit one or more new project applications for DV Bonus Funding?	No
Applicant Name		
This list contains no items		

4B. Attachments Screen For All Application Questions

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

1.	You must include a Document Description for each attachment you upload; if you do not, the Submission Summary screen will display a red X indicating the submission is incomplete.
2.	You must upload an attachment for each document listed where 'Required?' is 'Yes'.
3.	We prefer that you use PDF files, though other file types are supported—please only use zip files if necessary. Converting electronic files to PDF, rather than printing documents and scanning them, often produces higher quality images. Many systems allow you to create PDF files as a Print option. If you are unfamiliar with this process, you should consult your IT Support or search for information on Google or YouTube.
4.	Attachments must match the questions they are associated with.
5.	Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process.
6.	If you cannot read the attachment, it is likely we cannot read it either.
	. We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).
	. We must be able to read everything you want us to consider in any attachment.
7.	After you upload each attachment, use the Download feature to access and check the attachment to ensure it matches the required Document Type and to ensure it contains all pages you intend to include.

Document Type	Required?	Document Description	Date Attached
1C-7. PHA Homeless Preference	No	PHA Homeless Pref...	09/21/2022
1C-7. PHA Moving On Preference	No	PHA Moving On Pre...	08/25/2022
1E-1. Local Competition Deadline	Yes	Local Competition...	08/25/2022
1E-2. Local Competition Scoring Tool	Yes	Local Competition...	09/21/2022
1E-2a. Scored Renewal Project Application	Yes	Scored Renewal Pr...	08/26/2022
1E-5. Notification of Projects Rejected-Reduced	Yes	Notification of P...	09/26/2022
1E-5a. Notification of Projects Accepted	Yes	Notification of P...	09/26/2022
1E-5b. Final Project Scores for All Projects	Yes	Final Project Sco...	09/26/2022
1E-5c. Web Posting—CoC-Approved Consolidated Application	Yes	Web Posting CoC A...	09/28/2022
1E-5d. Notification of CoC-Approved Consolidated Application	Yes	Notification of C...	09/26/2022
3A-1a. Housing Leveraging Commitments	No	Housing Leveragin...	09/21/2022

3A-2a. Healthcare Formal Agreements	No	Healthcare Formal...	09/21/2022
3C-2. Project List for Other Federal Statutes	No		

Attachment Details

Document Description: PHA Homeless Preference

Attachment Details

Document Description: PHA Moving On Preference

Attachment Details

Document Description: Local Competition Deadline

Attachment Details

Document Description: Local Competition Scoring Tool

Attachment Details

Document Description: Scored Renewal Project Application

Attachment Details

Document Description: Notification of Projects Rejected-Reduced

Attachment Details

Document Description: Notification of Projects Accepted

Attachment Details

Document Description: Final Project Scores for All Projects

Attachment Details

Document Description: Web Posting CoC Approved Consolidated Application

Attachment Details

Document Description: Notification of CoC-Approved Consolidated Application

Attachment Details

Document Description: Housing Leveraging Commitments

Attachment Details

Document Description: Healthcare Formal Agreements

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. CoC Identification	09/19/2022
1B. Inclusive Structure	09/23/2022
1C. Coordination and Engagement	09/23/2022
1D. Coordination and Engagement Cont'd	09/23/2022
1E. Project Review/Ranking	09/26/2022
2A. HMIS Implementation	09/22/2022
2B. Point-in-Time (PIT) Count	09/22/2022
2C. System Performance	09/23/2022
3A. Coordination with Housing and Healthcare	09/22/2022
3B. Rehabilitation/New Construction Costs	09/22/2022
3C. Serving Homeless Under Other Federal Statutes	09/22/2022

FY2022 CoC Application	Page 69	09/28/2022
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4A. DV Bonus Project Applicants	09/22/2022
4B. Attachments Screen	09/28/2022
Submission Summary	No Input Required

Section 8 Administrative Plan
for the
**Public Housing and Community
Development**

Housing Choice Voucher

Revised: 2/25/2021

Public Housing and Community Development
701 NW 1st Court, 14th Floor
Miami, Florida 33136-3914

Displacement Due to Government Action. Families living in Miami-Dade County displaced or at risk of being displaced due to a governmental action, including Public Housing Development Plans, must be referred and verified. The referral for Housing Choice Voucher assistance must be made within six (6) months of the displacement in order for such families to qualify for Housing Choice Voucher assistance. Written referrals may also be accepted from USHUD, appropriate federal, state and local law enforcement agencies, the State Attorney's Office, or by the courts, including requests for assistance for eligible clients under witness protection.

Homeless – In an effort to address the risk of homelessness, PHCD may collaborate with the Homeless Trust on referrals of persons transitioning out of a shelter, transitional housing program, rapid re-housing program or permanent supportive housing.

Veterans – PHCD, at its sole discretion, may provide an admission preference over new admissions to applicants whose head or co-head are eligible veterans. A veteran is a person who:

1. *had at least 180 days of regular active duties and was honorably discharged or released; or*
2. *had at least 90 days of active duty service, of which at least one (1) day of service was in a war conflict and was honorably discharged or released; or*
3. *served in a war conflict and was awarded a Purple Heart or became disabled, regardless of completion of days of active duty.*

The veteran status extends to spouses, widows, widowers and parents of the military killed during a time of war. Applicants claiming a veteran's preference must provide a copy military service record, proof of service, or the discharge documents (Form DD214) of the veteran for whom the preference is claimed.

Mainstream Preference – This preference is specific for non-elderly persons with disabilities who are homeless per 24 C.F.R. 576.2 or transitioning out of institutional and other segregated settings or are at serious risk of institutionalization.

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

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

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

PHCD Policy

- (4) The opening and closing of registration periods will be advertised on social media platforms, newspaper publications and the radio for the purpose of reaching all segments of the community and providing advanced notice.
- (5) PHCD may choose from various options regarding when and how to open, administer, and populate the waiting, subject to approval by the Board.
- (6) Some of these options may include an exclusive electronic open waiting list, where ranking is based on the date and time of application or any applicable factors that the agency may adopt, subject to approval by the Board.
- (7) Placement on the Waiting List

PHCD will determine the number of applications to be selected for placement on the waiting list based on historical and empirical data. The waiting list number represents the number of applications that need to be reviewed in order to result in the issuing of enough vouchers to absorb all underlying funding within a 12 to 18-month period. After that, subject to the Board of County Commissioners' approval, the list will be reopened.

PHCD will select applicants to be placed on the waiting list via an electronic drawing and random selection process. The applicants will be placed on the waiting list in order of the assigned numbers and according to PHCD admission preference(s) described in this chapter.

Those families not selected from the pool for placement on the waiting list will be sent a notice that they were not selected, informing that they may apply the next time PHCD's waiting list is open.

- (8) Subject to approval by the Board, PHCD proposes to establish site-based waiting lists for its Section 8 Project-Based Voucher Program and pursuant to the following policies:
 - Interested families will apply with PHCD.
 - Adopted admission preferences will be available for applicants to request during open registration.

Note that under the site-based waiting list approach, families apply for the properties that best meets their needs, such as access to employment, family support, school, public transportation, hospital, medical facility, etc. Implementing a site-based waiting list will expedite leasing process as families are only referred to properties, they expressed interest in residing.

(a) Initial Process

Subject to approval by the Board, existing applicant families on the 2008 Tenant-Based waiting list will be provided an opportunity to select and apply for the properties that best meets their needs prior to opening the waiting list to the general public.

(b) Search Time

- The initial term of the Section 8 voucher continues to be 60 days from the date of voucher issuance. PHCD may extend the initial term for 60 additional days not to exceed an overall total of 120 days in accordance with the Section 8 Administrative Plan.
- The voucher term may be extended beyond 120-day as a reasonable accommodation.

b) Admission Preference

(1) Admission preferences include:

- Veterans
- Homeless referred by the Miami-Dade County Homeless Trust pursuant to the executed memorandum of understanding.

HACMB's Administrative Plan is applicable to the operation of the Housing Choice Voucher Program, (including the Project-Based Voucher and Housing Choice Voucher-funded Homeownership Programs), Veterans Affairs Supportive Housing (VASH), Mod-Rehabilitation Program, Single Rental Occupancy (SRO), and Miami-Dade Homeless Trust Moving Up Program.

1-I.E. THE PHA'S COMMITMENT TO ETHICS AND SERVICE

As a public service agency, the PHA is committed to providing excellent service to HCV program participants, owners and to the community. The PHA's standards include:

INTRODUCTION - Project-Based Assistance (PBA)

This section applies to units developed or rehabilitated under the Section 8 Project-Based Assistance (PBA) Program and placed under an annual HAP contract between the owner and HACMB. The term of the contract is concurrent with the term of the funding increment under which the units were developed, but the contract can be renewed if the funding increment is renewed. Except with respect to the following, HACMB's policies for these units are the same as those for the HCV tenant-based program.

HACMB's PBA Program is located at the following:

Harding Village, 8500 Harding Avenue, Miami Beach, FL 33141, consists of 20 zero (0)-bedroom units designated for formerly homeless, disabled individuals. The preference for this program is:

Homeless and Disabled

1. When a PBA unit becomes vacant, the Owner is required to refer an applicant from its waiting list to HACMB to determine eligibility. If the applicant's name appears on another HACMB housing program waiting list, their name will not be removed from that list.
2. If the Owner leases a vacant unit anytime after the 1st of the month, HACMB will prorate the rent for that month starting the date the tenant moves in.
3. Owners who do not make required repairs to a PBA unit within 90 days will have their HAP contract terminated or, in the case of multiple units under one HAP contract, have their contract amended to exclude the unit.
4. Families living in PBA units that are terminated for Owner non-compliance or Owner opt-out will have their form of assistance converted to a Section 8 voucher.

Chapter 19

SECTION 8 MODERATE REHABILITATION SINGLE ROOM OCCUPANCY PROGRAM FOR HOMELESS INDIVIDUALS [24 CFR 882, Subpart H]

INTRODUCTION

The following shall constitute the Housing Authority of the City of Miami Beach's (HACMB) policies and procedures for the implementation of the Section 8 Moderate Rehabilitation Single Room Occupancy (SRO) Program for Homeless Individuals. These procedures are in accordance with 24 CFR 882, Subpart H and are in conjunction with the Section 8 Administrative Plan. The designated Public Housing Agency (PHA) shall be the administering agency for the SRO Moderate Rehabilitation Program for HACMB.

The purpose of the program is to provide rental assistance targeting very low income elderly homeless persons, but not excluding an otherwise eligible person on the basis of age, in rehabilitated SRO housing. The housing assistance payments to owners/providers will be equal to the rent of the unit, including utilities, minus the tenant(s) portion of the rent payable by the tenant(s). The United States Department of Housing and Urban Development (US HUD) will make the assistance available for ten (10) years for each SRO project.

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HCV Admin Plan

All evictions must be carried out through the Judicial Process under State and local law. An owner/provider must not terminate or refuse to renew the lease except on the grounds identified under the Termination of Tenancy Section of this Administrative Plan.

XII. PARTICIPATION OF HOMELESS INDIVIDUALS

Miami-Dade County Homeless Trust ("Trust"), in compliance with its Charter, will ensure that at least one homeless or formerly homeless person is on the board of directors, or otherwise involved in consideration of policies and decisions. The Trust will involve, to the maximum extent feasible, homeless persons in employment, volunteer services, constructing or rehabilitating property, and in providing supportive services.

XIII. RECORDS AND REPORTS

HACMB will make any reports as US HUD may require in the time frame required. The owner/provider will be required to provide data collection information for each participant in the format required by the PHA.

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HCV Admin Plan

Actual and imminent threat refers to a physical danger that is real, would occur within an immediate time frame, and could result in death or serious bodily harm. In determining whether an individual would pose an actual and imminent threat, the factors to be considered include:

- The duration of the risk;
- The nature and severity of the potential harm;
- The likelihood that the potential harm will occur; and
- The length of time before the potential harm would occur.

Eviction or termination of assistance should only be used by HHA or owner when there are no other actions or remedies to reduce or eliminate the threat, including when actions or remedies are unavailable. This is the case even when time periods could reasonably be called "immediate." Some possible actions for HHA or owner to take to reduce or eliminate the threat are listed at 24 CFR 5.2005(d)(4). HUD encourages HHA and owners to work with local law enforcement to prevent or remedy instances where a threat may occur to better protect the victim and other tenants in the community.

HHA may consider the following actions to reduce or eliminate an "actual and imminent" threat:

- a) Barring the perpetrator from the property;
- b) Changing the victim's locks;
- c) Installing basic security features (e.g., better lighting or an alarm);
- d) Encouraging the victim to seek an emergency transfer;
- e) Allowing an early lease termination;
- f) Allowing the victim temporary absence from the assisted unit;
- g) Helping the victim access available services and support (e.g., providing information for a local victim service provider and civil legal assistance providers, to help the victim get any necessary court orders); and/or
- h) Working with police and victim service providers to develop a safety plan for the property and victim.

3-III.B.17 Establishing Waiting List Preferences

The VAWA Final Rule clarifies that HHA may establish preference for victims of dating violence, sexual assault, and stalking, in addition to domestic violence. (See 24 CFR 960.206(b)(4), 982.207(b)(4).) HHA should consider whether to adopt a local preference for admission of families that include victims of domestic violence, dating violence, sexual assault, or stalking.

HHA's system of local preferences must be based on local housing needs and priorities by using generally accepted data sources and information obtained through the PHA Plan public comment process. HUD encourages HHA to work collaboratively with health care providers, social service providers, homeless services providers, Continuums of Care (CoCs), and local offices of government and community organizations to establish a system of preferences based on local housing needs collectively identified by the community.

Adopted by Board of Commissioners: August 27, 2019

4-II.C. OPENING AND CLOSING THE WAITING LIST [24 CFR 982.206]

Closing the Waiting List

The HHA should consider closing its waiting list when it has insufficient funds available to assist all applicants on the waiting list over a reasonable period of time. The HHA may choose to close only a portion of its waiting list instead of the entire waiting list. For example, the HHA may continue to receive applications from families qualifying for a specific local preference category, i.e. homeless families, while closing its waiting list to all other groups.

HCVP Administrative Plan

4-6

Any local preferences established must be consistent with the HHA plan and the consolidated plan, and must be based on local housing needs and priorities that can be documented by generally accepted data sources.

If the applicant falsifies documents or makes false statements in order to qualify for a preference, they will be removed from the waiting list.

HHA Policy

The HHA will offer public notice when changing its preference system. The notice will be publicized using the same guidelines as those for opening and closing the wait list.

The HHA uses the following Local Preference system:

1. Disaster
2. Homelessness
3. Elderly or Disabled
4. Non-elderly disabled applicants who are transitioning out of institutional and other segregated settings at serious risks of institutionalization, homeless or at risk of becoming homeless.

Preferences defined:

1. Disaster 25 points:

Families whose dwelling unit has been declared uninhabitable by a disaster declared or otherwise formally recognized pursuant to federal disaster laws.

2. Moving Up ("MU") 20 Points

HCVP Administrative Plan

4-10

1. The units are specifically made available to house individuals and families that meet the definition of homeless under section 103 of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11302), and contained in the Continuum of Care Interim Rule at 24 CFR 578.3.
2. The units are specifically made available to house families that are comprised of or include a veteran. A veteran is an individual who has served in the United States armed forces. The HHA may further define "veteran" for purposes of determining if the units are eligible for this exception. For example, HHA could require that the veteran must be eligible to receive supportive services from the Department of Veterans Affairs or require that the veteran was not dishonorably discharged. HHA requires that the veteran was not dishonorably discharged.
3. The units provide supportive housing to persons with disabilities or to elderly persons. The definitions of a person with disabilities and an elderly person are found at 24 CFR 5.403. Supportive housing means that the project makes supportive services available for all of the assisted families in the project and provides a range of services tailored to the needs of the residents occupying such housing. Such services may include (but are

As required by statute, a voucher under this program that is used to provide housing assistance to a youth is time limited to a period of a maximum of 36 months. There is no statutory limitation on the time a family may receive housing assistance under this program. The Hialeah Housing Authority works in conjunction with the Florida Department of Children and Families and Our Kids Inc.

18.I.B. FAMILY SELF SUFFICIENCY PROGRAM.

The FSS Program coordinates existing public and private sector resources and integrated them into personal development programs to assist individuals who need coordinated help. All of our present Section 8 recipients are being offered the opportunity to participate in this program. Interested families meet with our FSS coordinator and together they develop an individual needs assessment. The Head of Household is required to participate

18.I.C. HOMELESS PROGRAM.

In 2016 the Hialeah Housing Authority entered into a Memorandum of Understanding with the Miami Dade County Homeless Trust ("Trust") where 50 Vouchers were allocated to referrals from the Trust for eligible homeless families. The McKinney-Vento Homeless Assistance Act amended by S.896 and the Homeless Emergency and Rapid Transition to Housing "(HEARTH)" Act of 2009 define "homeless" as: "(a) An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or

camping ground; (b) an individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low-income individuals); or (c) An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution." The Homeless Trust serves both as a referral and source of case management to these individuals. This Trust was subsequently amended in 2019 by adding an additional 25 vouchers to this Trust totaling 75.

18.I.D. MAINSTREAM FOR PEOPLE WITH DISABILITIES PROGRAM.

The purpose of the Mainstream Program is to assist non-elderly families with disabilities by providing rental assistance.

18.I.E. NED – the HHA has administered the Non-Elderly Disabled NED (1) Program since 2001. The program serves income eligible families whose head of household, spouse or co-head is non-elderly (under age 62) and disabled.

18.II.A.FAMILY UNIFICATION PROGRAM (FUP)

INTRODUCTION

The purpose of the Family Unification Program (FUP) is to promote family unification by providing a Housing Choice Voucher to families for whom the lack of adequate housing is a primary factor in the imminent placement of the family's child, or children, in out of home care; or the delay in the discharge of the child, or children, to the family from out of home care. Youths at least 18 years old and not more than 24 years old who left foster care at age 16 or older, or will leave foster care within 90 days, in accordance with a transition plan described in section 475 (5)(H) of the Social Security Act, and is homeless or is at risk of becoming homeless. As required by statute, a voucher under this program that is used to provide housing assistance to a youth is time limited to a period of a maximum of 36 months.

The HHA works in conjunction with the Florida Department of Children and Families, its subcontracted entity, Our Kids Inc. and the Miami Dade County Homeless Trust.

Application Waiting List

The HHA will accept families and youths certified by Our Kids Inc. as eligible for the Family Unification Program. Upon receipt of the Our Kids Inc. list of eligible families and youths currently in their caseload, HHA will compare the names with those of families and youths currently on HHA's HCV waiting list. Any family or youth on HHA's HCV waiting list that

4-III.C. SELECTION METHOD

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

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

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

HHA Policy

The HHA will use the following local preferences with the highest preference following the order of the numbered categories, whereas Category 1 will indicate the highest preference and followed by Category 2:

Category 1: Families terminated from its HCV Program due to insufficient program funding..

Category 2: **Homelessness:** To qualify for this preference, families must qualify as homeless under the HUD Health Act's Category 1 definition of homeless which advises that:

- (a) *An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground; (b) an individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low-income individuals); or (c) An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution."*
- (b) *The HHA has committed no less than eight (8) Vouchers to Homeless Referrals by the Miami Dade Homeless Trust.*

Therefore, the HHA will first assist families that have been terminated from the HCV program due to insufficient funding and then assist families that qualify for the Homeless Preference.

If the applicant falsifies documents or makes false statements in order to qualify for a preference, they will be removed from the waiting list. All preferences will be verified.

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

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

4-III.C. SELECTION METHOD

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

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

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

HHA Policy

The HHA will use the following local preferences with the highest preference following the order of the numbered categories, whereas Category 1 will indicate the highest preference and followed by Category 2:

Category 1: Families terminated from its HCV Program due to insufficient program funding..

Category 2: **Homelessness**: To qualify for this preference, families must qualify as homeless under the HUD Hearth Act's Category 1 definition of homeless which advises that:

(a) An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground; (b) an individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low-income individuals); or (c) An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution."

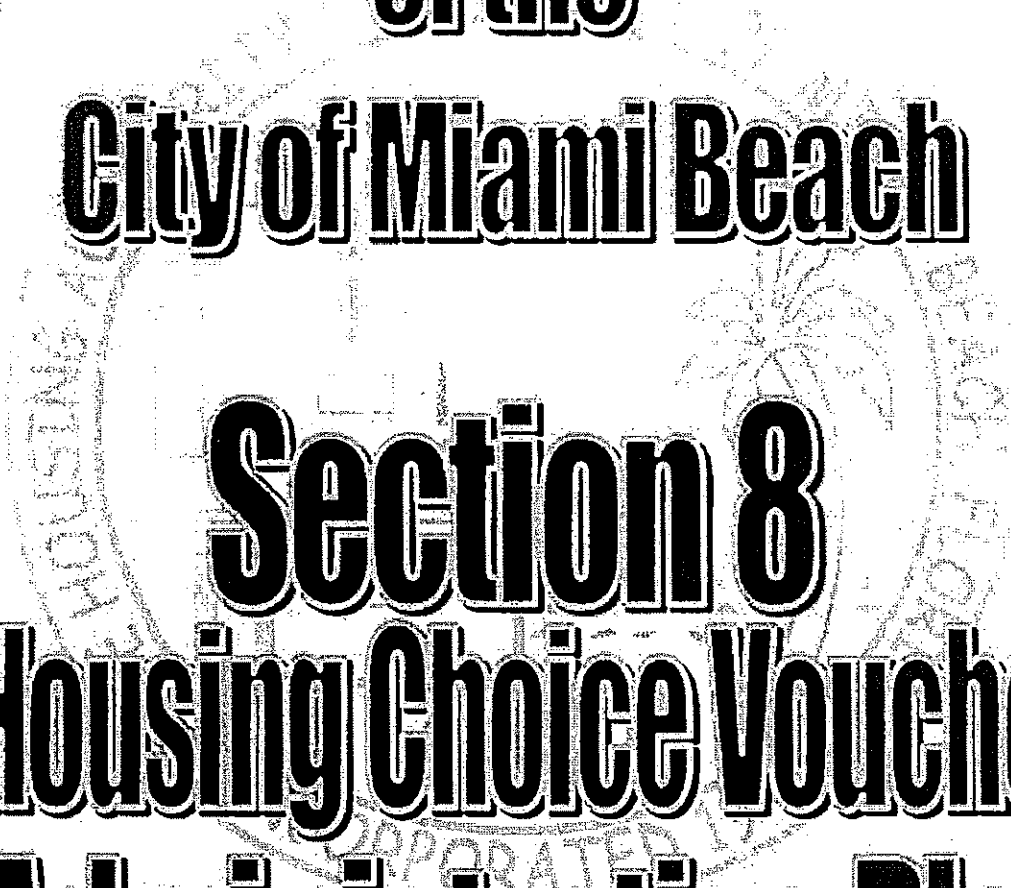
(b) The HHA has committed no less than eight (8) Vouchers to Homeless Referrals by the Miami Dade Homeless Trust.

Therefore, the HHA will first assist families that have been terminated from the HCV program due to insufficient funding and then assist families that qualify for the Homeless Preference.

If the applicant falsifies documents or makes false statements in order to qualify for a preference, they will be removed from the waiting list. All preferences will be verified.

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

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



The Housing Authority of the City of Miami Beach

Section 8 Housing Choice Voucher Administrative Plan

Board Approved: Dec. 11, 2018

Effective: Dec. 11, 2018

OUTLINE OF ADMINISTRATION PLAN

CHAPTER 1	OVERVIEW OF THE PROGRAM AND PLAN
CHAPTER 2	FAIR HOUSING AND EQUAL OPPORTUNITY
CHAPTER 3	ELIGIBILITY
CHAPTER 4	APPLICATIONS, WAITING LIST AND TENANT SELECTION
CHAPTER 5	BRIEFINGS AND VOUCHER ISSUANCE
CHAPTER 6	INCOME AND SUBSIDY DETERMINATIONS
CHAPTER 7	VERIFICATION
CHAPTER 8	HQS AND RENT REASONABLENESS DETERMINATIONS
CHAPTER 9	GENERAL LEASING POLICIES
CHAPTER 10	MOVING WITH CONTINUED ASSISTANCE AND PORTABILITY
CHAPTER 11	RE-EXAMINATIONS
CHAPTER 12	TERMINATION OF ASSISTANCE AND TENANCY
CHAPTER 13	OWNERS
CHAPTER 14	PROGRAM INTEGRITY
CHAPTER 15	SPECIAL HOUSING TYPES
CHAPTER 16	PROGRAM ADMINISTRATION
CHAPTER 17	PROJECT-BASED VOUCHERS
CHAPTER 18	PROJECT-BASED ASSISTANCE AND SPECIAL PROGRAMS MOD-REHAB
CHAPTER 19	SECTION 8 MOD-REHAB SRO PROGRAM
CHAPTER 20	VETERANS ASSISTED SUPPORTIVE HOUSING PROGRAM (VASH)
CHAPTER 21	"MOVING UP" PROGRAM
CHAPTER 22	GLOSSARY
CHAPTER 23	ATTACHMENTS

CHAPTER 21

MOVING UP PROGRAM

The HACMB has partnered with the Miami-Dade County Homeless Trust ("MDHT"), lead agency for the Miami-Dade County Continuum of Care (CoC), to identify individuals and families ready to transition or "move up" from Permanent Supportive Housing ("PSH") into the HCV Program ("Moving Up Program"). These are families that were homeless prior to entry into the PSH program and who continue to need a rental subsidy but no longer require intensive supportive services.

The HACMB has allocated up to ten (10) vouchers from its Section 8 Housing Choice Voucher Program specifically for targeted households under the MU Program.

The HACMB will accept referrals from the CoC's Coordinated Entry Program following pre-screening by CoC PSH providers, who will use a common assessment tool to identify those individuals and families that are a good candidate for a successful transition from PSH to a HCV.

Qualifying applicants will be given absolute priority over other applicants until the number of HCVs allocated under the MU Program is reached, taking into account any additional preferences for which they qualify, and the availability of vouchers. Once these vouchers have been utilized, no additional priority will be given under the MU Program until a participating "move up" household ends participation in the HCV program, at which point the HACMB will accept a referral for a replacement "move up" eligible family for the next available voucher.

A. Eligibility for Moving Up Program

The eligibility criteria for the MU Program is:

1. The individual/family currently resides in CoC PSH within the City of Miami Beach or if residing in CoC PSH outside of the City of Miami Beach, has had contact with the City of Miami Beach, as evidenced by records in the Continuum of Care (CoC) Homeless Management Information System (HMIS), a local information technology system used to collect client-level data on the provision of housing and services to homeless individuals and families;
2. The individual/family has a stable housing history and no longer needs the intensive support of PSH as determined by the Moving Up Assessment;
3. The individual/ family is willing to participate in the "move-up" strategy voluntarily, understands the nature of the HCV tenant-based program, and provides a written request for Housing Choice Voucher assistance; and

4. The individual/family is a low-income family and otherwise eligible for the HACMB Housing Choice Voucher Program.
5. Local Preferences will then be applied in accordance with the HACMB HCV Program's Administrative Plan to give priority to serving families that meet those criteria.



Public Housing and Community Development

701 NW 1st Court, 16th Floor
Miami, FL 33136-3914
T 786-469-4100 • F 786-469-4199

miamidade.gov

September 16, 2019

Victoria Mallette
Executive Director
Miami-Dade County Homeless Trust
111 NW 1st Street, 27th Floor
Miami, FL 33128

Dear Ms. Mallette:

Miami-Dade County Public Housing and Community Development (PHCD) has entered into a Memorandum of Understanding (MOU) with the Miami-Dade County Homeless Trust, the Lead Agency for the Continuum of Care (CoC), to utilize Mainstream (Section 811) Vouchers to assist persons in transitioning out of Permanent Supportive Housing.

To date, the Homeless Trust, through its Housing Coordinator, has referred 44 non-elderly, disabled households to the Mainstream Voucher Program in line with the CoC's Move-Up Orders of Priority and PHCD's admission preference of accepting families referred by the Trust. Additionally, an amendment to PHCD's Annual Plan, currently out for public comment, is being revised to amend its Mainstream non-elderly disabled preference to include non-elderly disabled families who previously experienced homelessness and are currently in permanent supportive housing. Referrals are made in line with the jointly developed Move-Up Assessment Tool and the commitment of CoC-contracted providers to ensure housing navigation and continuing support for households, as needed. Our partnership also serves to further the goals of the Americans with Disabilities Act by helping persons with disabilities live independently in the most integrated community settings. We look forward to expanding this partnership as part of successful award in the FY 2019 Mainstream Voucher Program Competition and working with technical assistance provided by U.S. HUD through CSH to further develop our Move-Up Strategy.

We are grateful for the collaboration and support, including our partnership on the Family Unification and Mainstream Voucher Programs. We look forward to continuing to work with you and your staff to enhance the quality of life for those we serve.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael Liu".

Michael Liu
Director



HIALEAH HOUSING AUTHORITY



EXECUTIVE OFFICE

75 EAST 6TH STREET, HIALEAH, FL 33010

PH: 305-888-9744 – FAX: 305-887-8738

TTY: 1.800.877.8339 • SPANISH: 1.800.845.6136

MAIDA GUTIERREZ, CHAIRPERSON
MARIO DIAZ, VICE-CHAIRMAN
BARBARA HERNANDEZ, COMMISSIONER
FARA ALVAREZ, COMMISSIONER
JUAN JUNCO, COMMISSIONER

JULIO PONCE
EXECUTIVE DIRECTOR

September 5, 2019

Victoria Mallette
Executive Director
Miami-Dade County Homeless Trust
111 NW 1st Street, 27th Floor
Miami, FL 33128

Dear Ms. Mallette:

The Hialeah Housing Authority (HHA) is pleased to expand its partnership with the Miami-Dade County Homeless Trust to better serve homeless and formerly homeless families. HHA has provided 75 Housing Choice Vouchers to the Miami-Dade County Homeless Trust for referrals of homeless households and has committed an additional ten (10) vouchers as part of a Move-Up Strategy to be developed with support from technical assistance provided by U.S. HUD through CSH. As with homeless households, referrals for Move-Up households exiting Continuum of Care (CoC) Permanent Supportive Housing programs will be provided through the Homeless Trust's Housing Coordinator. HHA has also embraced participation in the Homeless Trust's Homeless Management Information System (HMIS) to better track clients and outcomes.

We are grateful for the collaboration and support, including our partnership on the Family Unification and Mainstream Voucher Programs. We look forward to continuing to work with you and your staff to enhance the quality of life for those we serve.

Sincerely,

Julio Ponce
Executive Director
Hialeah Housing Authority



We are an equal opportunity housing provider. We do not discriminate on the basis of race, color, national origin, religion, sex, familial status or disability. This document is available in an alternate, accessible format upon request. Anyone who requires an auxiliary aid or service for effective communication, or a modification of policies or procedures to participate in a program, service, or activity offered by the Hialeah Housing Authority should contact the Section 504 Coordinator.

Memorandum of Understanding (MOU) Between Miami-Dade Homeless Trust and Miami Beach Community Development Corporation

I. OVERVIEW

- Miami Beach Community Development Corporation has adopted an admissions preference for people experiencing homelessness at the following designated affordable housing multifamily properties:
Villa Maria, 2800 Collins Avenue, Miami Beach, FL 33140
- To qualify for the admissions preference, applicants will meet the following definition of homelessness:
 1. "Households that qualify as homeless under the HUD HEARTH Act:¹ Homeless definition paragraph one: (i) those whose primary nighttime residence is not designed as a sleeping accommodation for human beings, (ii) those in shelter, transitional housing, or motels paid for by charitable organizations, and (iii) those exiting institutions after 90 days or less and who were previously homeless."
- Furthermore, all homeless households are subject to a universal screening assessment by the Miami-Dade County Homeless Trust. Homeless households referred to Owner/Agent will be those households deemed best served for rapid placement into rental housing with minimal need for support.
- The Owner/Agent will apply this admissions preference as follows:
 1. Every third vacancy will be dedicated to the homeless preference. The units will be available upon vacancy and held for a minimum of one week (7 calendar days).
 2. The property will have a maximum cap of no more than four (4) units filled by the preference.

II. GENERAL ROLES

- The Owner/Agent will systematically alert the Miami-Dade Homeless Trust of anticipated unit vacancies that can be filled by the homeless preference, the timing of the property's needs for referrals of households, and all of the property's requirements for screening and admitting new tenants under the preference. Details outlined below.
- The Miami-Dade Homeless Trust will assume responsibility for readying eligible homeless applicants to quickly apply to fill those vacancies and efficiently meet all requirements of the tenant screening and lease up process to the Owner/Agent's satisfaction. Details outlined below. Referred households will have the following characteristics:
 1. Homeless status has been certified.
 2. Household's vulnerability and risk level are assessed to be at the lower end of a numeric scale of acuity.²
 3. Household matches the property's income, household size etc.

¹ *The Homeless Emergency Assistance and Rapid Transition to Housing Act (HEARTH)*; May 20, 2009. The HEARTH Act amends and reauthorizes the McKinney-Vento Homeless Assistance Act.

² Note that household's on the highest end of the numeric scale are referred to other models of affordable housing that includes formal support services.

Memorandum of Understanding (MOU) for Homeless Preference in HUD-assisted Multifamily

- For each referral, the Miami-Dade Homeless Trust will alert any service provider from within the local Continuum of Care network that has an established case management relationship with the household. These are support service programs, not governed by the Miami-Dade Homeless Trust, that are often positioned to provide short term and/or long term human services to the households during their new tenancy that will promote their stability as tenants. Details outlined below.

III. RESPONSIBILITIES OF OWNER/AGENT

- Provide the Miami Dade Homeless Trust, as attachments to this MOU or in separate email, with the following documents:
 1. Standard Application
 2. Standard Lease Agreement - including specifications regarding utility payments
 3. Property's screening criteria
 4. List of documents needed for a complete application
 5. Property rules related to smoking, parking, pets, etc.
- Email the Miami-Dade Homeless Trust point of contact with timely notification of a vacancy that will be assigned to the homeless preference and provide relevant information about the vacant unit.
- Copy the Miami-Dade Homeless Trust on all communication with a homeless applicant. Note that the Miami-Dade Homeless Trust will obtain a Release of Information for each household to allow this communication to proceed.
- All applications must be provided in person or via mail reflecting an original signature.
- Screen the batch of up to three referred applicants for eligibility and suitability in the order received from the Miami-Dade Homeless Trust (i.e. Applicant #1 and Applicant #2).
- Alert the Miami-Dade Homeless Trust and applicants of any deficiencies in applications.
- Make an eligibility determination within five (5) business days.
 1. If an applicant is denied housing, consider mitigating documentation that may be supplied by the applicant during the appeal process.
- Respond to brief quarterly emails from the Miami HUD Field Office asking for updates on move-ins, move-outs under the homeless preference.
- Request Miami-Dade Homeless Trust to provide service provider connections to residents in need in order to preserve their housing.
- Ensure a general timely response time for all communications with the MOU partner of not more than two (2) business days.

IV. RESPONSIBILITIES OF THE MIAMI-DADE HOMELESS TRUST

- Review the current waitlists at the affected sites to determine if any of the applicants meet the definition of homeless.
- Provide Owner/Agent with a batch of up to three (3) applicants that meet the property's eligibility criteria within seven (7) business days after being notified by the Owner/Agent of an available housing

Memorandum of Understanding (MOU) for Homeless Preference in HUD-assisted Multifamily

unit. If the applicants are rejected or decline an offer of housing, the Miami-Dade Homeless Trust can refer more applicants if requested by the Owner/Agent. If a suitable new applicant is not identified within five (5) business days, then the property may revert back to its standing waiting list to fill the vacancy.

- Provide the Owner/Agent with a complete referral package for each referral that includes:
 1. Completed housing application of the Owner/Agent.
 2. Required supporting documentation needed by the Owner/Agent to process applications:
 - a. Birth certificates and social security cards for ALL household members
 - b. Picture IDs for all adults
 - c. Income and asset documentation
 3. Verification of homelessness for the homeless preference definition.
 4. Determination that household scored at the lower end of a numeric scale for risk/vulnerability.
 5. Release of Information from the referred households to authorize the Miami-Dade Homeless Trust and the Owner/Agent to share information regarding the households' applications, including third party documents the development receives from doing third party verifications (i.e. bank statements, credit reports, etc).
- Inform the applicants referred that this is only a referral and does not constitute an offer of housing and that the Owner/Agent will confirm eligibility for the housing.
- Coordinate with the service provider to accompany the referred applicants for interviews with the Owner/Agent and lease signing at the property if the household needs that support.
- If an applicant is denied housing, coordinate with the service provider to work with the household to schedule an appeal, if desired, and assist the household to gather mitigating documentation and accompany the applicant to the appeal meeting.
- For each referral, the Miami-Dade Homeless Trust will alert any service provider from within the local Continuum-of-Care network that has an established, active case management relationship with the household. These are support service programs, not governed or guaranteed by the Miami-Dade Homeless Trust, that are often positioned to provide short term and/or long term human services to the households during their new tenancy that will promote their stability as new tenants. The Miami-Dade Homeless Trust's role will be to announce news of a new housing opportunity being presented to the client of one of these organizations which could include.
 1. The Advocate Program
 2. Citrus Health Network
 3. Volunteers of America
 4. Chapman Partnership
- Miami-Dade Homeless Trust commits to communicate the names of service providers to residents requiring services at the request of the owner/agent for the preservation of the resident's housing.
- Ensure a general response time for all communications with the MOU partner of two (2) business days.

Memorandum of Understanding (MOU) for Homeless Preference in HUD-assisted Multifamily

V. SUMMARY OF TIME LIMITATIONS TO COORDINATION

Party	Step	Time Limitation
Owner/Agent	Email announcement of vacancy to be dedicated to homeless preference	Immediately upon vacancy - or as soon as anticipated
Miami-Dade Homeless Trust	Submit 3 referrals to fill vacancy in a ranking order for consideration	Within 7 business days
Owner/Agent	Announce eligibility determination	5 business days
Miami-Dade Homeless Trust	Second attempt to fill unit before vacancy may go to general waiting list	5 business days
All parties	General response time for all communications between parties	2 business days

Memorandum of Understanding (MOU) for Homeless Preference in HUD-assisted Multifamily

VI. ESTABLISHED POINTS OF CONTACT

Miami Dade Homeless Trust Point of Contact

Name: Carlos Laso

Title: Housing Coordinator

Phone: 305 375 4410

Email: Claso@miamidade.gov

Address: 111 NW 1st Street, Miami, FL, 33128

Website: www.homelesstrust.org

Owner/Agent Point of Contact

Name: Mary Agelvis

Title: Property Manager

Phone: 305 538 0090

Email: mery@miamibeachcdc.org

Fax:

Address: 945 Pennsylvania Avenue, Miami Beach, FL 33139

Website:

Memorandum of Understanding (MOU) for Homeless Preference in HUD-assisted Multifamily

VII. VACANCY INFORMATION

Vacancy Announcement Email Contents

Property Name: Villa Marla

Contact Person: Mary Agelvis

Phone: 305 538 0090

Email: mery@miamibeachcdc.org

Date unit will be ready for occupancy:

of Bedrooms:1

Tenant is responsible for utilities and electric.

Is this a first floor or elevator unit? Elevator building

Is this an accessible unit? Depends on unit.

Anything else an applicant should know about the unit? Great location – on bus line close to local market.

Memorandum of Understanding (MOU) for Homeless Preference in HUD-assisted Multifamily

VIII. MOU ATTACHMENTS

- The Owner/Agent should attach the following to this MOU:
 1. Property Screening Criteria
 2. Rental Application and related document requirements
 3. Standard Lease and utility payment specifications

- The Miami-Dade Homeless Trust should attach the following to this MOU:
 1. Sample Release of Information

Memorandum of Understanding (MOU) for Homeless Preference in HUD-assisted Multifamily

IX. MOU SIGNATURES

Miami-Dade Homeless Trust

Name: Victoria Mallette

Title: Executive Director

Phone: 305 375 1490

Email: vmallette@miamidade.gov

Address: 111 NW 1st Street, Miami, FL, 33128

Website: www.homelesstrust.org

Signature: 

Date: 5/31/16

Owner/Agent

Name: 

Title: Deputy Director

Phone: 305-538-0090 office 1-800-334-6349 cell

Email: donna@miamibeachcdc.org

Address: 945 Pennsylvania Ave, 3rd floor, Miami Beach, FL 33139

Website: www.miamibeachcdc.com

Signature: 

Date: 5/26/2016

Note: As per HUD Notice 2013-21, the owner/agent has discretion to choose to stop implementing the homeless preference at any time which would conclude the partnership outline in this MOU.

Memorandum of Understanding (MOU) Between Miami-Dade Homeless Trust and POAH Communities

I. OVERVIEW

- Cutler Meadows has adopted an admissions preference for people experiencing homelessness at the following designated affordable housing multifamily properties:
Cutler Meadows Glen Apartments, 11100 SW 196th St, Cutler Bay, FL 33157
- To qualify for the admissions preference, applicants will meet the following definition of homelessness:
 1. "Households that qualify as homeless under the HUD HEARTH Act ¹Homeless definition paragraph one: (i) those whose primary nighttime residence is not designed as a sleeping accommodation for human beings, (ii) those in shelter, transitional housing, or motels paid for by charitable organizations, and (iii) those exiting institutions after 90 days or less and who were previously homeless."
- Furthermore, all homeless households are subject to a universal screening assessment by the Miami-Dade County Homeless Trust. Homeless households referred to Owner/Agent will be those households deemed best served for rapid placement into rental housing with minimal need for support.
- The Owner/Agent will apply this admissions preference as follows:
 1. The set-aside units listed under the amended TSP will be dedicated to the homeless preference. The units will be available upon vacancy and held for a minimum of one week (7 calendar days).
 2. Only units in the above-listed property will be filled by the preference.

II. GENERAL ROLES

- The Owner/Agent will systematically alert the Miami-Dade Homeless trust of anticipated unit vacancies that can be filled by the homeless preference, the timing of the property's needs for referrals of households, and all of the property's requirements for screening and admitting new tenants under the preference. Details outlined below.
- The Miami-Dade Homeless Trust will assume responsibility for readying eligible homeless applicants to quickly apply to fill those vacancies and efficiently meet all requirements of the tenant screening and lease up process to the Owner/Agent's satisfaction. Details outlined below. Referred households will have the following characteristics:
 1. Homeless status has been certified.
 2. Household's vulnerability and risk level are assessed to be at the lower end of a numeric scale of acuity.²
 3. Household matches the property's income, household size etc.

¹ *The Homeless Emergency Assistance and Rapid Transition to Housing Act (HEARTH)*; May 20, 2009. The HEARTH Act amends and reauthorizes the McKinney-Vento Homeless Assistance Act.

² Note that household's on the highest end of the numeric scale are referred to other models of affordable housing that includes formal support services.

Memorandum of Understanding (MOU) for Homeless Preference in HUD-assisted Multifamily

- For each referral, the Miami-Dade Homeless Trust will alert any service provider from within the local Continuum of Care network that has an established case management relationship with the household. These are support service programs, not governed by the Miami-Dade Homeless Trust, that are often positioned to provide short term and/or long term human services to the households during their new tenancy that will promote their stability as tenants. Details outlined below.

III. RESPONSIBILITIES OF OWNER/AGENT

- Provide the Miami Dade Homeless Trust, as attachments to this MOU or in separate email, with the following documents:
 1. Standard Application
 2. Standard Lease Agreement - including specifications regarding utility payments
 3. Property's screening criteria
 4. List of documents needed for a complete application
 5. Property rules related to smoking, parking, pets, etc.
- Email the Miami-Dade Homeless Trust point of contact with timely notification of a vacancy that will be assigned to the homeless preference and provide relevant information about the vacant unit.
- Copy the Miami-Dade Homeless Trust on all communication with a homeless applicant. Note that the Miami-Dade Homeless Trust will obtain a Release of Information for each household to allow this communication to proceed.
- All applications must be provided in person or via mail reflecting an original signature.
- Screen the batch of up to three referred applicants for eligibility and suitability in the order received from the Miami-Dade Homeless Trust (i.e. Applicant #1 and Applicant #2).
- Alert the Miami-Dade Homeless Trust and applicants of any deficiencies in applications.
- Make an eligibility determination within five (5) business days.
 1. If an applicant is denied housing, consider mitigating documentation that may be supplied by the applicant during the appeal process.
- Respond to brief quarterly emails from the Miami HUD Field Office asking for updates on move-ins, move-outs under the homeless preference.
- Request Miami-Dade Homeless Trust to provide service provider connections to residents in need in order to preserve their housing.
- Ensure a general timely response time for all communications with the MOU partner of not more than two (2) business days.

IV. RESPONSIBILITIES OF THE MIAMI-DADE HOMELESS TRUST

- Review the current waitlists at the affected sites to determine if any of the applicants meet the definition of homeless.
- Provide Owner/Agent with a batch of up to three (3) applicants that meet the property's eligibility criteria within seven (7) business days after being notified by the Owner/Agent of an available housing

Memorandum of Understanding (MOU) for Homeless Preference in HUD-assisted Multifamily

unit. If the applicants are rejected or decline an offer of housing, the Miami-Dade Homeless Trust can refer more applicants if requested by the Owner/Agent. If a suitable new applicant is not identified within five (5) business days, then the property may revert back to its standing waiting list to fill the vacancy.

- Provide the Owner/Agent with a complete referral package for each referral that includes:
 1. Completed housing application of the Owner/Agent.
 2. Required supporting documentation needed by the Owner/Agent to process applications:
 - a. Birth certificates and social security cards for ALL household members
 - b. Picture IDs for all adults
 - c. Income and asset documentation
 3. Verification of homelessness for the homeless preference definition.
 4. Determination that household scored at the lower end of a numeric scale for risk/vulnerability.
 5. Release of Information from the referred households to authorize the Miami-Dade Homeless Trust and the Owner/Agent to share information regarding the households' applications, including third party documents the development receives from doing third party verifications (i.e. bank statements, credit reports, etc).
- Inform the applicants referred that this is only a referral and does not constitute an offer of housing and that the Owner/Agent will confirm eligibility for the housing.
- Coordinate with the service provider to accompany the referred applicants for interviews with the Owner/Agent and lease signing at the property if the household needs that support.
 - If an applicant is denied housing, coordinate with the service provider to work with the household to schedule an appeal, if desired, and assist the household to gather mitigating documentation and accompany the applicant to the appeal meeting.
 - For each referral, the Miami-Dade Homeless Trust will alert any service provider from within the local Continuum-of-Care network that has an established, active case management relationship with the household. These are support service programs, not governed or guaranteed by the Miami-Dade Homeless Trust, that are often positioned to provide short term and/or long term human services to the households during their new tenancy that will promote their stability as new tenants. The Miami-Dade Homeless Trust's role will be to announce news of a new housing opportunity being presented to the client of one of these organizations which could include.
 1. The Advocate Program
 2. Citrus Health Network
 3. Volunteers of America
 4. Chapman Partnership

Memorandum of Understanding (MOU) for Homeless Preference in HUD-assisted Multifamily

- Miami-Dade Homeless Trust commits to communicate the names of service providers to residents requiring services at the request of the owner/agent for the preservation of the resident's housing.
- Ensure a general response time for all communications with the MOU partner of two (2) business days.

V. SUMMARY OF TIME LIMITATIONS TO COORDINATION

Party	Step	Time Limitation
Owner/Agent	Email announcement of vacancy to be dedicated to homeless preference	Immediately upon vacancy - or as soon as anticipated
Miami-Dade Homeless Trust	Submit 3 referrals to fill vacancy in a ranking order for consideration	Within 7 business days
Owner/Agent	Announce eligibility determination	5 business days
Miami-Dade Homeless Trust	Second attempt to fill unit before vacancy may go to general waiting list	5 business days
All parties	General response time for all communications between parties	2 business days

Memorandum of Understanding (MOU) for Homeless Preference in HUD-assisted Multifamily

VI. ESTABLISHED POINTS OF CONTACT

Miami-Dade Homeless Trust Point of Contact

Name: Carlos Laso

Title: Housing Coordinator

Phone: 305 375 4410

Email: Claso@miamidade.gov

Address: 111 NW 1st Street, Miami, FL, 33128

Website: www.homelesstrust.org

Owner/Agent Point of Contact

Name: Maria Navarro

Title: Property Manager

Phone: 305.233.6154

Email: mnavarro@poahcommunities.com

Fax: 305.256.6622

Address: 11100 SW 196th Street / Miami, FL 33157

Website: www.poahcommunities.com

Memorandum of Understanding (MOU) for Homeless Preference in HUD-assisted Multifamily

VII. VACANCY INFORMATION

Vacancy Announcement Email Contents

Property Name:

Contact Person:

Phone:

Email:

Date unit will be ready for occupancy:

of Bedrooms:

Utilities tenant is responsible for:

Is this a first floor or elevator unit?

Is this an accessible unit?

Anything else an applicant should know about the unit?

Memorandum of Understanding (MOU) for Homeless Preference in HUD-assisted Multifamily

VIII. MOU ATTACHMENTS

- The Owner/Agent should attach the following to this MOU:
 1. Property Screening Criteria
 2. Rental Application and related document requirements
 3. Standard Lease and utility payment specifications

- The Miami-Dade Homeless Trust should attach the following to this MOU:
 1. Sample Release of Information

Memorandum of Understanding (MOU) for Homeless Preference in HUD-assisted Multifamily.

IX. MOU SIGNATURES

Miami-Dade Homeless Trust

Name: Victoria Mallette

Title: Executive Director

Phone: 305 375 1490

Email: vmallette@miamidade.gov

Address: 111 NW 1st Street, Miami, FL, 33128

Website: www.homelesstrust.org

Signature: 

Date: 5-6-16

Owner/Agent

Name: Brenda Hernandez

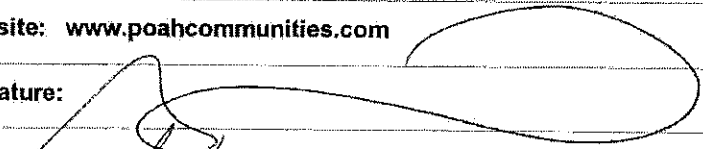
Title: Senior Regional Property Supervisor

Phone: 774.452.6933

Email: bhernandez@poahcommunities.com

Address: 40 Court Street / Suite 700 / Boston MA 02108

Website: www.poahcommunities.com

Signature: 

Date: 5/3/2016


Note: As per HUD Notice 2013-21, the owner/agent has discretion to choose to stop implementing the homeless preference at any time which would conclude the partnership outline in this MOU.

Memorandum



Date: April 6, 2016

To: Michael Liu, Director
Public Housing and Community Development

From: Clarence D. Brown, Division Director
Housing and Community Development Division 

Subject: Memorandum of Understanding between Public Housing and Community Development and Miami-Dade Homeless Trust

Attached for your review and signature is a Memorandum of Understanding (MOU) between Public Housing and Community Development (PHCD) and Miami-Dade Homeless Trust (HT) for homeless preference in HUD-assisted Multifamily. The effective date of implementation is April 15, 2016.

PHCD has adopted an admissions preference for people experiencing homelessness. The policy will be implemented at the five (5) designated affordable housing multifamily properties, as follows:

Section 8 New Construction Property	# of Units	Unit Type (Bedroom / Bath)
Coconut Grove	1	3/2
Goulds	3	2/2; 3/2, and 4/2
Miami Gardens Apartments	2	2/2
Perrine Rainbow	3	2/1, 3/2, and 4/2;
Wynwood	2	2/2

Royal American Management on behalf of PHCD will systematically alert the HT of anticipated unit vacancies that can be filled by the homeless preference, the timing of the property's needs for referrals of households, and all of the property's requirements for screening and admitting new tenants under the preference. HT will assume responsibility for readying eligible homeless applicants to quickly apply to fill those vacancies and efficiently meet all requirements of the tenant screening.

If you have any questions or concerns relating to this MOU, please contact me at 786-469-2258.

Attachments

c: Delores Holley, Special Projects Administrator 2

Memorandum of Understanding (MOU) Between Miami-Dade Homeless Trust and Public Housing and Community Development

I. OVERVIEW

- Public Housing and Community Development (the Owner/Agent) has adopted an admissions preference for people experiencing homelessness at the following designated affordable housing multifamily properties:
 1. Coconut Grove (One Unit) 3/2
 2. Goulds (Three Units) 2/2, 3/2 and 4/2
 3. Miami Gardens (Two Units) 2/2
 4. Perrine Rainbow (Three Units) 2/1, 3/2, and 4/2
 5. Wynwood (Two Units) 2/2
- To qualify for the admissions preference, applicants will meet the following definition of homelessness:
 1. "Households that qualify as homeless under the HUD HEARTH Act ¹Homeless definition paragraph one: (i) those whose primary nighttime residence is not designed as a sleeping accommodation for human beings, (ii) those in shelter, transitional housing, or motels paid for by charitable organizations, and (iii) those exiting institutions after 90 days or less and who were previously homeless."
- Furthermore, all homeless households are subject to a universal screening assessment by the Miami-Dade County Homeless Trust. Homeless households referred to the Owner/Agent will be those households deemed best served for rapid placement into rental housing with minimal need for support.
- The Owner/Agent will apply this admissions preference as follows:
 1. The set-aside units listed above will be dedicated to the homeless preference. The units will be available upon vacancy and held for a maximum of one week (7 calendar days).
 2. Only the units listed above will be filled by the preference.

Additional Rental Assistance

PHCD Section 8 Housing Choice Voucher Program will also provide a preference to elderly families who qualify as homeless.

II. GENERAL ROLES

- The Owner/Agent will systematically alert the Miami-Dade Homeless trust of anticipated unit vacancies that can be filled by the homeless preference, the timing of the property's needs for referrals of households, and all of the property's requirements for screening and admitting new tenants under the preference. Details outlined below.
- The Miami-Dade Homeless Trust will assume responsibility for readying eligible homeless applicants to quickly apply to fill those vacancies and efficiently meet all requirements of the tenant screening

¹ *The Homeless Emergency Assistance and Rapid Transition to Housing Act* (HEARTH); May 20, 2009. The HEARTH Act amends and reauthorizes the McKinney-Vento Homeless Assistance Act.

Memorandum of Understanding (MOU) for Homeless Preference in HUD-assisted Multifamily

and lease up process to the Owner/Agent's satisfaction. Details outlined below. Referred households will have the following characteristics:

1. Homeless status has been certified
 2. Household's vulnerability and risk level are assessed to be at the lower end of a numeric scale of acuity.²
 3. Household matches the property's income, household size etc.
- For each referral, the Miami-Dade Homeless Trust will alert any service provider from within the local Continuum-of-Care network that has an established case management relationship with the household. These are support service programs, not governed by the Miami-Dade Homeless Trust, that are often positioned to provide short term and/or long term human services to the households during their new tenancy that will promote their stability as tenants.

III. RESPONSIBILITIES OF OWNER/AGENT

- Provide the Miami-Dade Homeless Trust, as attachments to this MOU or in separate email, with the following documents:
 1. Standard Application
 2. Standard Lease Agreement - including specifications regarding utility payments
 3. Property's screening criteria
 4. List of documents needed for a complete application
 5. Property rules related to smoking, parking, pets, etc.
- Email the Miami-Dade Homeless Trust point of contact with timely notification of a vacancy that will be assigned to the homeless preference and provide relevant information about the vacant unit.
- Copy the Miami-Dade Homeless Trust on all communication with a homeless applicant. Note that the Miami-Dade Homeless Trust will obtain a Release of Information for each household to allow this communication to proceed.
- Whenever possible, accept initial applications by secure email or fax in order to decrease the number of visits the applicant and service provider need to make to the property.
- Screen the batch of up to three referred applicants for eligibility and suitability in the order received from the Miami-Dade Homeless Trust (i.e. Applicant #1 and Applicant #2).
- Alert the Miami-Dade Homeless Trust and applicants of any deficiencies in applications.
- Make an eligibility determination within 2 business days whenever possible.
 1. If an applicant is denied housing, consider mitigating documentation that may be supplied by the applicant during the appeal process.
- Respond to brief quarterly emails from the Miami HUD Field Office asking for updates on move-ins, move-outs under the homeless preference.

² Note that household's on highest end of the numeric scale are referred to other models of affordable housing that includes formal support services.

Memorandum of Understanding (MOU) for Homeless Preference in HUD-assisted Multifamily

- Request Miami-Dade Homeless Trust to provide service provider connections to residents in need in order to preserve their housing.
 - Ensure a general response time for all communications with the MOU partner of not more than 2 business days.
-

IV. RESPONSIBILITIES OF THE MIAMI-DADE HOMELESS TRUST

- Review the current waitlists at the affected sites to determine if any of the applicants meet the definition of homeless.
- Provide Owner/Agent with a batch of up to three applicants that meet the property's eligibility criteria within 2 business days upon notification from the Owner/Agent of an available housing unit. If the applicants are rejected or decline an offer of housing, the Miami-Dade Homeless Trust can refer more applicants if requested by the Owner/Agent. If an eligible applicant is not identified within 1 business day, then the property may revert back to its standing waiting list to fill the vacancy.
- Provide the Owner/Agent with a complete referral package for each referral that includes:
 1. Completed housing application of the Owner/Agent.
 2. Required supporting documentation needed by the Owner/Agent to process applications::
 - a. Birth certificates and social security cards for ALL household members
 - b. Picture IDs for all adults
 - c. Income and asset documentation
 3. Verification of homelessness for the homeless preference definition.
 4. Determination that household scored at the lower end of a numeric scale for risk/vulnerability.
 5. Release of Information from the referred households to authorize the Miami-Dade Homeless Trust and the Owner/Agent to share information regarding the households' applications, including third party documents the development receives from doing third party verifications (i.e. bank statements, credit reports, etc).
- Inform the applicants referred that this is only a referral and does not constitute an offer of housing and that the Owner/Agent will confirm eligibility for the housing.
- Coordinate with service provider to accompany the referred applicants for interviews with the Owner/Agent and lease signing at the property if the household needs that support.
- If an applicant is denied housing, coordinate with the service provider to work with the household to schedule an appeal, if desired, and assist the household to gather mitigating documentation and accompany the applicant to the appeal meeting.
- For each referral, the Miami-Dade Homeless Trust will alert any service provider from within the local Continuum-of-Care network that has an established, active case management relationship with the household. These are support service programs, not governed or guaranteed by the Miami-Dade Homeless Trust, that are often positioned to provide short term and/or long term human services to the households during their new tenancy that will promote their stability as new tenants. The Miami-Dade Homeless Trust's role will be to announce news of a new housing opportunity being presented to the client of one of these organizations which could include:

Memorandum of Understanding (MOU) for Homeless Preference in HUD-assisted Multifamily

1. The Advocate Program
 2. Citrus Health Network
 3. Volunteers of America
 4. Chapman Partnership
- Miami-Dade Homeless Trust commits to communicate the names of service providers to residents requiring services at the request of the owner/agent for the preservation of the resident's housing.
 - Ensure a general response time for all communications with the MOU partner of 1-2 business days.

V. SUMMARY OF TIME LIMITATIONS TO COORDINATION

Party	Step	Time Limitation
Owner/Agent	Email announcement of vacancy to be dedicated to homeless preference	Immediately upon vacancy - or as soon as anticipated
Miami-Dade Homeless Trust	Submit 3 referrals to fill vacancy in a ranking order for consideration	Within 2 business days
Owner/Agent	Announce eligibility determination	2 business days
Miami-Dade Homeless Trust	Second attempt to fill unit before vacancy may go to general waiting list	2 business days
All parties	General response time for all communications between parties	2 business days

Memorandum of Understanding (MOU) for Homeless Preference in HUD-assisted Multifamily

VI. ESTABLISHED POINTS OF CONTACT

Miami-Dade Homeless Trust Point of Contact

Name: Carlos Laso

Title: Housing Coordinator

Phone: 305 375 1490

Email: Claso@miamidade.gov

Address: 111 NW 1st Street, Miami, FL, 33128

Website: www.homelesstrust.org

Owner/Agent Point of Contact

Name: Ana Monte

Title: Regional Manager

Phone: 305 477 9545

Email: Ana.Monte@royalamerican.com

Fax: 305 477 9843

Address: 1400 NW 107th Avenue, Suite 405, Miami, FL 33172

Website: www.royalamerican.com

Memorandum of Understanding (MOU) for Homeless Preference in HUD-assisted Multifamily

VII. VACANCY INFORMATION

Vacancy Announcement Email Contents

Property Name:

Contact Person:

Phone:

Email:

Date unit will be ready for occupancy:

of Bedrooms:

Utilities tenant is responsible for:

Is this a first floor or elevator unit?

Is this an accessible unit?

Anything else an applicant should know about the unit?

Memorandum of Understanding (MOU) for Homeless Preference in HUD-assisted Multifamily

VIII. MOU ATTACHMENTS

- The Owner/Agent should attach the following to this MOU:
 1. Property Screening Criteria
 2. Rental Application and related document requirements
 3. Standard Lease and utility payment specifications

- The Miami-Dade Homeless Trust should attach the following to this MOU:
 1. Sample Release of Information

Memorandum of Understanding (MOU) for Homeless Preference in HUD-assisted Multifamily

IX. MOU SIGNATURES

Miami-Dade Homeless Trust

Name: Victoria Mallette

Title: Executive Director

Phone: 305 375 1490

Email: vmallette@miamidade.gov

Address: 111 NW 1st Street, Miami, FL, 33128

Website: www.homelesstrust.org

Signature: 

Date: 3-2-16

Owner/Agent

Name: Michael Liu

Title: Director

Phone: 786 469 4106

Email: mliu88@miamidade.gov

Address: 701 NW 1st Court, Miami, FL 33136

Website: www.miamidade.gov/housing

Signature: 

Date: 4/7/16

Note: As per HUD Notice 2013-21, the owner/agent has discretion to choose to stop implementing the homeless preference at any time which would conclude the partnership outline in this MOU.

Tenant Selection Plan Amendment

Suggested Model Language for Adopted Preferences for Homeless Individuals

Coconut Grove is adding a homeless admissions preference to all of the HUD-assisted housing pursuant to HUD Notice 2013-21 to establish a preference for those who meet the following definition(s) of homelessness:

□ Paragraph 1 of the HUD HEARTH Act definition of homeless:

1) An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

(i) An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground; or

(ii) An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, State, or local government programs for low-income individuals); or

(iii) An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution;

This preference will include the following:

1. It will be effective 4/15/16 and/or when approved by HUD.
 2. The current waiting list for each property will be maintained consistent with HUD 4350.3 guidelines and the property's Affirmative Fair Housing Market Plan (AFHMP).
 3. Current persons on the waiting list will be notified of the addition of a homeless preference and how they may apply for the preference. They will be granted a first right to an available unit under the preference should they meet the definition of "homeless." Notice to persons on the waiting list will be done by mail thirty (30) days prior to adoption of the preference.
 4. Upon unit turnover, one in every one vacancies will be offered to a homeless person who is on the existing waiting list or who is referred to the respective property by an organization that refers people transitioning out of a shelter or temporary housing program. We will cap our number of units committed to the homeless preference at a maximum of One Three Bedroom Two Bath units.
 5. Referrals for available units will be accepted from the Miami-Dade Homeless Trust referral agency (owner/management choice), pursuant to paragraph V (d) of HUD Notice 2013-21. All applicants must comply with current admissions requirements at the specific property, including income, age, and criminal/credit screening. Applicants who are denied will be provided with the basis of the denial in writing and notified of their right to request a meeting to dispute the rejection and offered the opportunity to establish if they are eligible for a reasonable accommodation under the Fair Housing Act.
 6. This preference can be amended as needed and/or removed with proper notification of such to all affected parties, including written notification to HUD.
-

Tenant Selection Plan Amendment

Suggested Model Language for Adopted Preferences for Homeless Individuals

Perrine Rainbow is adding a homeless admissions preference to all of the HUD-assisted housing pursuant to HUD Notice 2013-21 to establish a preference for those who meet the following definition(s) of homelessness:

□ Paragraph 1 of the HUD HEARTH Act definition of homeless:

1) An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

(i) An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground; or

(ii) An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, State, or local government programs for low-income individuals); or

(iii) An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution;

This preference will include the following:

1. It will be effective 4/15/16 and/or when approved by HUD.
 2. The current waiting list for each property will be maintained consistent with HUD 4350.3 guidelines and the property's Affirmative Fair Housing Market Plan (AFHMP).
 3. Current persons on the waiting list will be notified of the addition of a homeless preference and how they may apply for the preference. They will be granted a first right to an available unit under the preference should they meet the definition of "homeless." Notice to persons on the waiting list will be done by mail thirty (30) days prior to adoption of the preference.
 4. Upon unit turnover, one in every one vacancies will be offered to a homeless person who is on the existing waiting list or who is referred to the respective property by an organization that refers people transitioning out of a shelter or temporary housing program. We will cap our number of units committed to the homeless preference at a maximum of One - Two Bedroom One Bath, One - Three Bedroom Two Bath and One Four Bedroom Two Bath unit.
 5. Referrals for available units will be accepted from the Miami-Dade Homeless Trust referral agency (owner/management choice), pursuant to paragraph V (d) of HUD Notice 2013-21. All applicants must comply with current admissions requirements at the specific property, including income, age, and criminal/credit screening. Applicants who are denied will be provided with the basis of the denial in writing and notified of their right to request a meeting to dispute the rejection and offered the opportunity to establish if they are eligible for a reasonable accommodation under the Fair Housing Act.
 6. This preference can be amended as needed and/or removed with proper notification of such to all affected parties, including written notification to HUD.
-

Tenant Selection Plan Amendment

Suggested Model Language for Adopted Preferences for Homeless Individuals

Wynwood is adding a homeless admissions preference to all of the HUD-assisted housing pursuant to HUD Notice 2013-21 to establish a preference for those who meet the following definition(s) of homelessness:

□ Paragraph 1 of the HUD HEARTH Act definition of homeless:

1) An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

(i) An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground; or

(ii) An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, State, or local government programs for low-income individuals); or

(iii) An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution;

This preference will include the following:

1. It will be effective 4/15/16 and/or when approved by HUD.
 2. The current waiting list for each property will be maintained consistent with HUD 4350.3 guidelines and the property's Affirmative Fair Housing Market Plan (AFHMP).
 3. Current persons on the waiting list will be notified of the addition of a homeless preference and how they may apply for the preference. They will be granted a first right to an available unit under the preference should they meet the definition of "homeless." Notice to persons on the waiting list will be done by mail thirty (30) days prior to adoption of the preference.
 4. Upon unit turnover, one in every one vacancies will be offered to a homeless person who is on the existing waiting list or who is referred to the respective property by an organization that refers people transitioning out of a shelter or temporary housing program. We will cap our number of units committed to the homeless preference at a maximum of Two - Two Bedroom Two Bath unit.
 5. Referrals for available units will be accepted from the Miami-Dade Homeless Trust referral agency (owner/management choice), pursuant to paragraph V (d) of HUD Notice 2013-21. All applicants must comply with current admissions requirements at the specific property, including income, age, and criminal/credit screening. Applicants who are denied will be provided with the basis of the denial in writing and notified of their right to request a meeting to dispute the rejection and offered the opportunity to establish if they are eligible for a reasonable accommodation under the Fair Housing Act.
 6. This preference can be amended as needed and/or removed with proper notification of such to all affected parties, including written notification to HUD.
-

Tenant Selection Plan Amendment

Suggested Model Language for Adopted Preferences for Homeless Individuals

Goulds Homes is adding a homeless admissions preference to all of the HUD-assisted housing pursuant to HUD Notice 2013-21 to establish a preference for those who meet the following definition(s) of homelessness:

□ Paragraph 1 of the HUD HEARTH Act definition of homeless:

1) An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

(i) An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground; or

(ii) An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, State, or local government programs for low-income individuals); or

(iii) An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution;

This preference will include the following:

1. It will be effective 4/15/16 and/or when approved by HUD.
 2. The current waiting list for each property will be maintained consistent with HUD 4350.3 guidelines and the property's Affirmative Fair Housing Market Plan (AFHMP).
 3. Current persons on the waiting list will be notified of the addition of a homeless preference and how they may apply for the preference. They will be granted a first right to an available unit under the preference should they meet the definition of "homeless." Notice to persons on the waiting list will be done by mail thirty (30) days prior to adoption of the preference.
 4. Upon unit turnover, one in every one vacancies will be offered to a homeless person who is on the existing waiting list or who is referred to the respective property by an organization that refers people transitioning out of a shelter or temporary housing program. We will cap our number of units committed to the homeless preference at a maximum of One - Two Bedroom Two Bath, One - Three Bedroom Two Bath and One Four Bedroom Two Bath unit.
 5. Referrals for available units will be accepted from the Miami-Dade Homeless Trust referral agency (owner/management choice), pursuant to paragraph V (d) of HUD Notice 2013-21. All applicants must comply with current admissions requirements at the specific property, including income, age, and criminal/credit screening. Applicants who are denied will be provided with the basis of the denial in writing and notified of their right to request a meeting to dispute the rejection and offered the opportunity to establish if they are eligible for a reasonable accommodation under the Fair Housing Act.
 6. This preference can be amended as needed and/or removed with proper notification of such to all affected parties, including written notification to HUD.
-

Tenant Selection Plan Amendment

Suggested Model Language for Adopted Preferences for Homeless Individuals

Miami Gardens is adding a homeless admissions preference to all of the HUD-assisted housing pursuant to HUD Notice 2013-21 to establish a preference for those who meet the following definition(s) of homelessness:

□ Paragraph 1 of the HUD HEARTH Act definition of homeless:

1) An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

(i) An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground; or

(ii) An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, State, or local government programs for low-income individuals); or

(iii) An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution;

This preference will include the following:

1. It will be effective 4/15/16 and/or when approved by HUD.
 2. The current waiting list for each property will be maintained consistent with HUD 4350.3 guidelines and the property's Affirmative Fair Housing Market Plan (AFHMP).
 3. Current persons on the waiting list will be notified of the addition of a homeless preference and how they may apply for the preference. They will be granted a first right to an available unit under the preference should they meet the definition of "homeless." Notice to persons on the waiting list will be done by mail thirty (30) days prior to adoption of the preference.
 4. Upon unit turnover, one in every one vacancies will be offered to a homeless person who is on the existing waiting list or who is referred to the respective property by an organization that refers people transitioning out of a shelter or temporary housing program. We will cap our number of units committed to the homeless preference at a maximum of Two - Two Bedroom Two Bath unit.
 5. Referrals for available units will be accepted from the Miami-Dade Homeless Trust referral agency (owner/management choice), pursuant to paragraph V (d) of HUD Notice 2013-21. All applicants must comply with current admissions requirements at the specific property, including income, age, and criminal/credit screening. Applicants who are denied will be provided with the basis of the denial in writing and notified of their right to request a meeting to dispute the rejection and offered the opportunity to establish if they are eligible for a reasonable accommodation under the Fair Housing Act.
 6. This preference can be amended as needed and/or removed with proper notification of such to all affected parties, including written notification to HUD.
-

Providers x +

homelesstrust.org/homeless-trust/providers/home.page

HMS Remote2PC BH HDX1.0 HDX2.0 HTwebsite Compliance COM Add Task Grantium™ GRANTS.GOV 457 Help Desk Sage Informs

Training Resources +

U.S. HUD Program Competition -

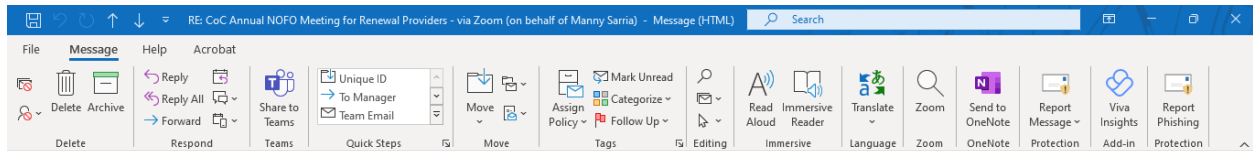
(Published 7/29/2022)

Miami-Dade County, through the Miami-Dade County Homeless Trust (Homeless Trust), is requesting applications to renew existing United States Department of Housing and Urban Development (USHUD) Continuum of Care funds OR apply for new federal funding to provide housing, support services, and other eligible activities benefiting persons experiencing homelessness. A Collaborative Application will be submitted to USHUD in response to its Notice of Funding Opportunity (NOFO) for Fiscal Year 2022 Continuum of Care Program Competition. Funding being sought as part of this solicitation is contingent on the Homeless Trust being awarded funds.

We invite currently funded and new non-profit providers and government agencies to review this RFA and apply to renew existing projects or submit an application for a new project(s). THIS RFA IS SUBJECT TO THE CONE OF SILENCE, COUNTY ORDINANCE 98-106. In order to maintain a fair and impartial competitive process, the County can only answer questions at the Pre-Application Workshop, at publicly noticed meetings and questions emailed to the RFA contact person. Respondents must avoid private communications with prospective applicants during the application preparation and evaluation process. Please contact the Homeless Trust if the Request for Application documents are required in an alternative format or language. Responses to this RFA are due no later than **August 30, 2022 at 2:00 p.m. eastern standard time**. Please refer to the RFA and application materials posted below for instructions on how to compile and submit responses to this solicitation.

- [2022 HUD NOFO RFA](#)
- [Attachment 1 Scoring, Ranking and Reallocation Proces](#)
- [Attachment 2 RFA Checklist](#)
- [Attachment 3 Consolidated Project Application](#)
- [Attachment 4 New Project Application](#)
- [Attachment 5 Detailed Budget \(New Project\)](#)

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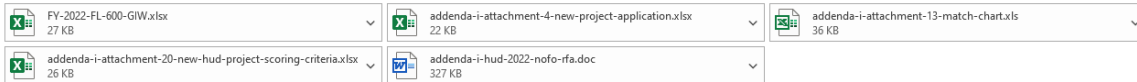
RE: CoC Annual NOFO Meeting for Renewal Providers - via Zoom (on behalf of Manny Sarria)



Sarria, Manuel (HT)

To: Spiegel, Martha (HT); Anna Kopper; Cary YeeQuee; Cristina Garcia-Menocal; Elago; Eleanor Lanser; Vidal, Ivette (CAHSD); Mesa, Ivon (CAHSD); J Chavarria - Carrfour; Jacek Starownik; Guerrero, Janay; Jessica Ehresman; Jean Eveillard; Jim Dyes; Jose Garcia; Katherine Martinez; Kenneth King; Lisa Cancel; Johnson, Latavea (CAHSD); Maricel Gata; +19 others
Cc: Milage Campian; McNaught@educatetomorrow.org; Giovanni Sairas; Malena Legarre; Margarita@hermanosdelacalle.org; Jonathan Castillo; Jean Eveillard; Robert Herrera; Thomas Guerra

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This message is part of a tracked conversation. Click here to find all related messages or to open the original flagged message.



Thank you for joining the NOFO preapplication workshop

Attached here is addenda I to the Request for Applications and the Grant Inventory Worksheet. We are pending:

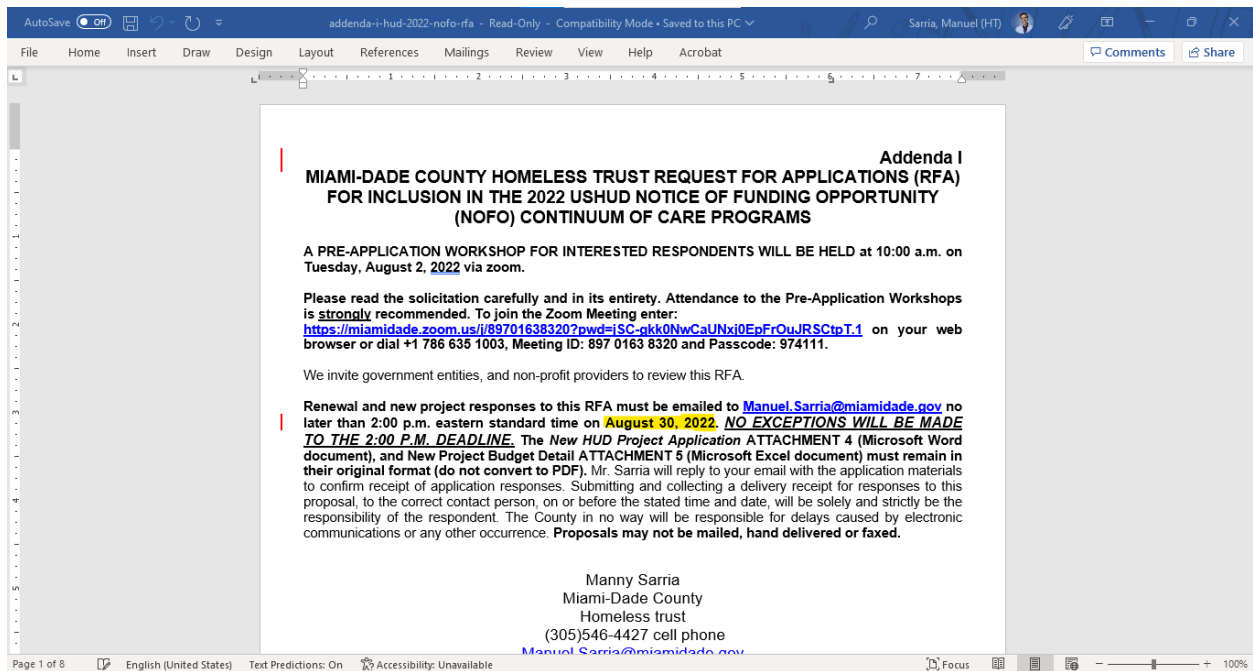
- Renewal project scoring and ranking
- HUD to post PRRN and FRPN to finalize what is available through Bonus
- The leveraging available through Public Housing Authorities

If you have questions about match you may ask in writing, but I also encourage you to review: <https://www.hudexchange.info/homelessness-assistance/coc-esg-virtual-binders/coc-match/coc-match-overview/>

Program income response to questions:

The client 'contribution' is their rental payment – which cannot exceed 30% of adjusted income, 10% of gross income, etc. if that rental payment is made directly to the grantee (which can be the case in leasing, tenant, project or sponsor based rental assistance), it is considered 'program income'. Any program income received by the grantee can be applied to the match requirement. It needs to be received by the grantee and expended during the grant term.

The meeting recording can be accessed below:





Business Wire via AP

Part of the trio's haul of stolen PPE included 57,000 respirator masks.

3 stole millions of PPE from Broward company as pandemic surged. They're going to prison

BY ALEXANDER LUGO
alugo@miamiherald.com

Three men who stole thousands of N-95 masks and millions of medical gloves from a Broward County supply company — one of the largest known thefts of personal protective equipment in the U.S. — will be going to prison. A federal judge in Fort

Lauderdale sentenced Alexander Jolly, Kenold Million and Pietro Sinclair to 28 months in prison and three years of supervised release. In a Wednesday hearing, U.S. District Judge Rodney Smith also ordered them to pay \$470,000 in restitution. According to a release from the U.S. Attorney's Office in Miami, Jolly and

Million both worked at the Sunrise medical-supply company that they stole from while Sinclair worked for the trucking company hired to take the equipment from the company's warehouse to medical workers. In April 2020, a time when hospitals were facing critical PPE shortages, Sinclair loaded his work truck with extra pallets of PPE, mixing the stolen pallets with legitimate shipments. Then, he delivered the stolen pallets to Jolly's and Million's house in Fort Lauderdale, prosecutors say, where they used cardboard and furniture to disguise the shipments. From there, they moved the pallets to other locations in Broward and Miami-Dade using rental trucks and vans. In total, the trio stole 8.5 million pairs of gloves, 57,000 respirator masks, along with dozens of medical gowns. It cost \$470,000 to replace all the equipment.

Alexander Lugo:
@Alexlugo67



VILLAGE OF PALMETTO BAY NOTICE OF GENERAL ELECTION AND QUALIFYING PERIOD

The Village of Palmetto Bay will hold a General Election on Tuesday, November 8, 2022, for the positions of: Mayor, Councilmember Seat 1, and Councilmember Seat 3. If required, a Run-off Election will be held on Tuesday, November 29, 2022.

NOTICE IS HEREBY GIVEN that from ~~noon on August 1, 2022~~ until ~~noon on August 12, 2022~~, the Village will hold its qualification period for all persons interested in qualifying as candidates for the 2022 General Election.

For further information, interested persons may visit www.palmettobay-fl.gov, or may contact Missy Arocha, Village Clerk, at 305-259-1234.

MUNICIPIO DE PALMETTO BAY AVISO DE ELECCIÓN GENERAL Y PERÍODO DE CALIFICACIÓN

El Municipio de Palmetto Bay llevará a cabo una Elección General el martes 8 de noviembre del 2022 para los puestos de alcalde, concejal del escaño 1, y concejal del escaño 3. De ser necesario, se celebrará una elección de segunda vuelta el martes 29 de noviembre del 2022.

POR EL PRESENTE AVISO SE COMUNICA que a ~~partir del mediodía del 1 de agosto del 2022 hasta el mediodía del 12 de agosto del 2022~~, el Municipio llevará a cabo su período de calificación para todas las personas interesadas en postularse como candidatos para la Elección General del 2022.

Para obtener más información, las personas interesadas pueden visitar www.palmettobay-fl.gov o comunicarse por el 305-259-1234 con Missy Arocha, Secretaria del Municipio.



PUBLIC NOTICE

MIAMI-DADE COUNTY HOMELESS TRUST REQUEST FOR APPLICATIONS (RFA) FOR INCLUSION IN THE FISCAL YEAR 2022 CONTINUUM OF CARE PROGRAM COMPETITION AND INCLUSION IN THE CONTINUUM OF CARE SUPPLEMENTAL TO ADDRESS UNSHELTERED HOMELESSNESS

Miami-Dade County, through the Miami-Dade County Homeless Trust (Homeless Trust), is requesting applications for two funding opportunities made available through the United States Department of Housing and Urban Development (US HUD). The annual Continuum of Care (CoC) Program Competition seeks new, renewal and reallocation project applications to provide housing, support services, and other eligible activities benefiting persons experiencing homelessness. The second funding opportunity is the Continuum of Care Supplemental Notice of Funding Opportunity which is designed to promote targeted efforts to reduce unsheltered homelessness, including housing, support services and other eligible activities benefiting unsheltered persons.

A Collaborative Application will be submitted to US HUD in response to these Notice of Funding Opportunities (NOFO's) for Fiscal Year 2022. Funding being sought as part of these solicitations are contingent on the Homeless Trust being awarded funds by US HUD. The Request for Applications package is available on the Homeless Trust's website at <https://www.homelesstrust.org/homeless-trust/providers/homepage> under the US HUD Program Competition and Supplemental Notice to address Unsheltered Homelessness tabs.

Virtual Pre-Application Workshops will be held on **Tuesday, August 2, 2022**, via zoom. To join the Zoom Meeting for the Continuum of Care Supplemental Notice to Address Unsheltered Homelessness, enter

<https://miamidade.zoom.us/j/89701638320?pwd=jSC-gkk0NwCaUNxj0EpFrOuJRSCpT.1> on your web browser at 10 a.m. eastern standard time (EST), or dial +1 786 635 1003, Meeting ID: 897 0163 8320 and Passcode: 974111.

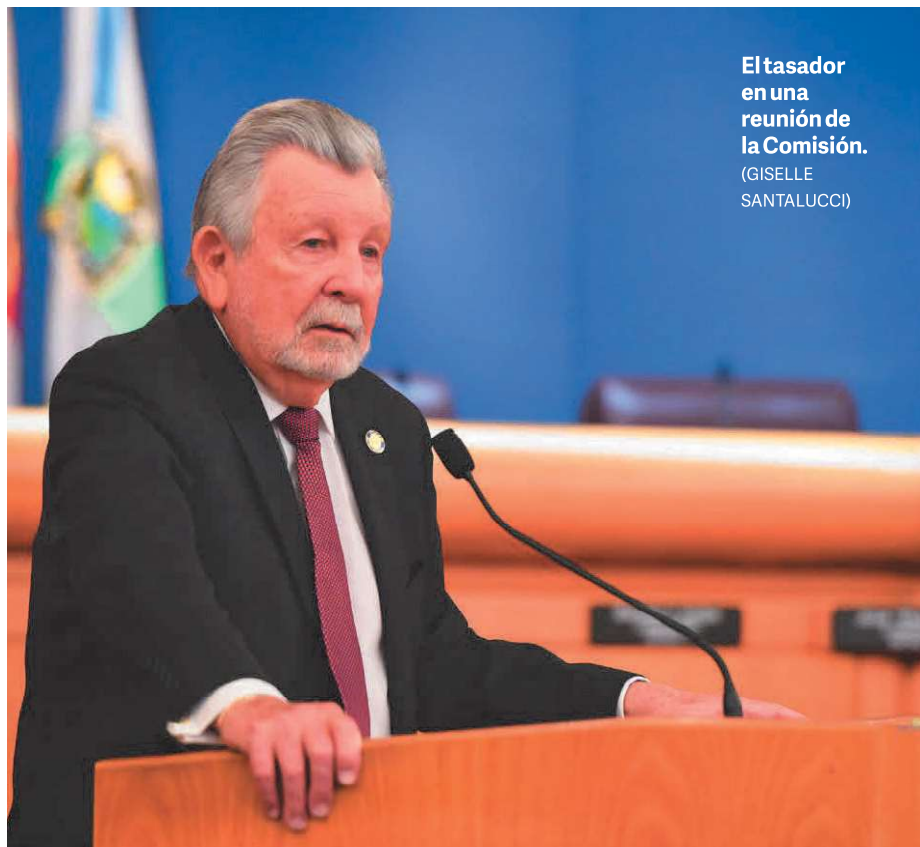
To join the Zoom Meeting for the Continuum of Care Program Competition, enter <https://miamidade.zoom.us/j/84048299331?pwd=BPzodrgxYNI7qcJ2n0J50t1Xc3j001.1> on your web browser at 1 p.m. EST, or dial +1 786 635 1003, Meeting ID: 840 4829 9331 and Passcode: 326034.

Attendance to the Pre-Application Workshops are strongly recommended. We invite currently funded and new non-profit providers and government agencies to review these Requests for Applications (RFA) and apply to renew existing projects or submit an application for a new project(s). **THESE RFAs ARE SUBJECT TO THE CONE OF SILENCE, COUNTY ORDINANCE 98-106.** In order to maintain a fair and impartial competitive process, the County can only answer questions at the Pre-Application Workshop and must avoid private communications with prospective applicants during the application preparation and evaluation process. Please contact the Homeless Trust if the Request for Application documents are required in an alternative format or language. **The deadline for submission of these applications is 2:00 p.m. EST on September 9, 2022.** Please refer to the RFA posted at <http://homelesstrust.org/providers.asp> for instructions on how to compile and submit responses to this solicitation.

Miami-Dade County is not liable for any cost incurred by the applicant in responding to the Request for Applications, and we reserve the right to modify or amend the application deadline schedule if it is deemed necessary or in the interest of Miami-Dade County. Miami-Dade County also reserves the right to accept or reject any and all applications, to waive technicalities or irregularities, and to accept applications that are in the best interest of Miami-Dade County. Miami-Dade County provides equal access and opportunity in employment and services and does not discriminate on the basis of age, gender, race or disability.

¿Pagarían menos impuestos los dueños de viviendas en Miami-Dade?

El tasador de la propiedad, Pedro García, propuso al Condado y sus municipalidades bajar la tasa que se cobra anualmente a propietarios de inmuebles



El tasador en una reunión de la Comisión. (GISELLE SANTALUCCI)

◀ VIENE DE PÁG. 1A

Según el tasador Pedro García, en ciudades como Miami el gravamen tuvo un aumento adicional cercano a los 1.800 millones de dólares gracias a nuevas construcciones, por lo que considera pertinente recortar al menos el 3% que están pagando actualmente los beneficiarios del llamado Homestead Exception, un alivio que permite actualmente disminuir 50.000 dólares del ‘valor del inmueble’ si reside en la propiedad. García envió una carta a la alcaldesa de Miami-Dade, Daniella Levine Cava, a los comisionados condales y alcaldes municipales en la que sugiere bajar el amillaramiento, bajo la certeza de que podrán cubrir los servicios comunitarios y de paso ofrecer un alivio al bolsillo de los residentes en razón a la alta inflación y los precios elevados en los valores de la gasolina, entre otros factores. —¿Qué es lo que usted está pidiendo al Condado y las municipalidades de Miami-Dade? Las ciudades y el Condado están recibiendo una cantidad mayor de ingresos por el valor a pagar impuesto, que la que tuvimos en el 2021, por tanto, creo que es un momento oportuno en este 2022 para que puedan bajar el amillaramiento y poderle ofrecer a todos los dueños de propiedades en

“**Estamos viendo que la propiedad se saca a la venta, hay una serie de personas tratando de comprarla, una persona ofrece una suma de dinero, aparece otra que da más, otra un poquito más y al final viene otra que ofrece pagar en efectivo**”

Miami-Dade una reducción de su impuesto. —¿A qué se debe ese aumento en los ingresos que se derivan del impuesto a la propiedad? Principalmente, tenemos alrededor de 5.800 millones de dólares que vinieron de nuevas construcciones. Ese es un dinero adicional para muchas ciudades y el Condado. Aparte de eso, los aumentos de valor en las propiedades en el condado han sido grandes. Tenemos muchos compradores nuevos que están viniendo de la zona del noreste, de Nueva York, Boston, New Jersey, New England, y también de California y Texas, que están comprando propiedades aquí. Después de la pandemia de coronavirus hubo un movimiento grande de personas que vieron que Miami-Dade es un lugar agradable para vivir. Los valores de las propiedades eran mucho más inferiores que los que podrían encontrar en los lugares donde vivían estas personas. Aquí podían trabajar

desde su propia casa con mejores precios para vivir. —De acuerdo con su experiencia, ¿cuál sería un porcentaje apropiado para reducir el amillaramiento? Esa es una decisión que tienen que tomar en el Condado y las ciudades, según sus presupuestos. Tienen que mirar los servicios que ofrecen, como policía, bomberos, transporte. Ahora están trabajando en esos presupuestos y, partiendo de esa base, van a establecer el amillaramiento. Con las entradas que van a tener será suficiente para que puedan cubrir todos esos servicios a la comunidad y que puedan, a su vez, presentar un amillaramiento más bajo y que podamos tratar de que los impuestos no sean superiores a los que se pagaron el año pasado. —El comisionado condal Joe Martínez ha dicho, luego de leer su petición, que una reducción en el amillaramiento en el orden del 3% o 4% podría ser pertinente El comisionado Martínez lo ha visto como algo positivo. Hicieron un estudio para ver cuáles son los diferentes amillaramientos que podían presentarse y eso es lo que están estudiando en la Comisión. La alcaldesa también presentará su propuesta de amillaramiento para definir el presupuesto del próximo año. Eso debe entrar en discusión. En cada munici-

pio debe ocurrir lo mismo para establecer su amillaramiento, como también lo debe hacer la Junta Escolar y todos los distritos de impuestos que existen en Miami-Dade. —¿Un 3% o un 4% de reducción sería suficiente? Lo que es la Exención de Homestead de este año,

debido al costo de la vida, tiene un 3% de aumento, lo que quiere decir que todas esas familias que se benefician de ese alivio tendrán que pagar más. Yo quisiera que por lo menos ese aumento desapareciera y se quedaran pagando exactamente lo mismo que pagaron el año

pasado y así buscar un beneficio para todos los dueños de propiedades en el condado. —¿Cuáles son los municipios que han tenido mayores ingresos por impuesto a la propiedad? De las 35 ciudades que tenemos en Miami-Dade, 29 tuvieron un dígito mayor del 10% de aumento del 2021 al 2022. Eso es algo que no se había visto en largo rato. En el 2007 hubo

MIAMI-DADE
COUNTY

AVISO PÚBLICO

PETICIÓN DE SOLICITUDES (RFA) DEL FIDEICOMISO DE LOS DESAMPARADOS DEL CONDADO DE MIAMI-DADE PARA SU INCLUSIÓN EN EL PROCESO COMPETITIVO DEL PROGRAMA DE ATENCIÓN INTEGRAL DEL AÑO FISCAL 2022 Y EN EL SUPLEMENTO DE ATENCIÓN INTEGRAL PARA ABORDAR LAS SITUACIONES DE DESAMPARO ABSOLUTO

El Condado de Miami-Dade, por conducto de su Fideicomiso de los Desamparados, convoca a la presentación de solicitudes en referencia a dos oportunidades de financiación que están disponibles a través del Departamento de Vivienda y Desarrollo Urbano (HUD, sigla en inglés) de los Estados Unidos. En el proceso competitivo anual del Programa de Atención Integral (CoC, sigla en inglés) se buscan solicitudes de proyectos nuevos, de renovación y de reasignación con el fin de proporcionar alojamiento, servicios de apoyo y otras actividades pertinentes que beneficien a las personas en situación de desamparo. La segunda oportunidad de financiación es el Aviso de Oportunidad de Financiación Suplementaria del Programa de Atención Integral, concebido para promover los esfuerzos dirigidos a reducir las situaciones de desamparo absoluto, mediante alojamiento, servicios de apoyo y otras actividades elegibles que beneficien a las personas que se encuentren en esas situaciones.

En respuesta a estos Avisos de Oportunidad de Financiación (NOFO, sigla en inglés) se presentará al HUD una Solicitud de Colaboración para el año fiscal 2022. La financiación que se busca en el marco de estas peticiones depende de que el HUD asigne fondos al Fideicomiso de los Desamparados. La documentación relacionada con la petición de solicitudes se puede consultar en el sitio web del Fideicomiso de los Desamparados (<https://www.homelesstrust.org/homeless-trust/providers/home.page>), en las pestañas correspondientes al Proceso Competitivo del Programa de Atención Integral del HUD (U.S. HUD Program Competition) y al Aviso Suplementario para abordar las situaciones de desamparo absoluto (Supplemental Notice of Funding Opportunity to Address Unsheltered Homelessness).

Los talleres virtuales previos a la solicitud se celebrarán el **martes 2 de agosto del 2022**, a través de Zoom. Si desea participar en la reunión de Zoom sobre el **Aviso Suplementario para abordar las situaciones de desamparo absoluto**, introduzca el enlace <https://miamidade.zoom.us/j/89701638320?pwd=jSC-gkkONwCaUNxjOEpFrOwJRSCtpT.1> en su navegador web a las 10:00 a. m., hora estándar del este (EST), o marque el +1 786 635 1003, ID de la reunión: 897 0163 8320 y código de acceso: 974111.

Si desea participar en la reunión de Zoom sobre el **Proceso Competitivo del Programa de Atención Integral**, introduzca el enlace <https://miamidade.zoom.us/j/84048299331?pwd=BPzodrgrxYNI7gcJ2nOJ5Qt1Xc3j001.1> en su navegador web a la 1:00 p. m., hora estándar del este, o marque el +1 786 635 1003, ID de la reunión: 840 4829 9331 y código de acceso: 326034.

Se recomienda encarecidamente asistir a los talleres previos a la solicitud. Invitamos a los proveedores sin fines de lucro que reciben fondos actualmente, así como a los nuevos proveedores, y a las agencias gubernamentales, a que examinen estas peticiones de solicitudes (RFA) y a que soliciten la renovación de los proyectos existentes o presenten una solicitud para un nuevo proyecto, o proyectos. **ESTAS PETICIONES RFA QUEDAN SUJETAS A LA ORDENANZA DEL CONDADO 98-106 QUE ESTABLECE EL CONO DE SILENCIO.** A fin de mantener un proceso competitivo justo e imparcial, el Condado solamente puede responder preguntas en el taller previo a las solicitudes y debe evitar toda comunicación privada con los posibles solicitantes durante el proceso de preparación y evaluación de las solicitudes. Comuníquese con el Fideicomiso de los Desamparados si necesita los documentos de la petición de solicitudes en formato especial o en otro idioma. **La fecha límite para la presentación de estas solicitudes es el 9 de septiembre del 2022 a las 2:00 p. m., hora estándar del este. En la RFA publicada en <http://homelesstrust.org/providers.asp> podrá obtener instrucciones sobre cómo reunir la documentación necesaria y presentar las respuestas a esta solicitud.**

El Condado de Miami-Dade no es responsable de ninguno de los costos en los que incurra el solicitante para responder a la petición de solicitudes y se reserva el derecho de modificar o enmendar el calendario con la fecha límite para entregar las solicitudes si lo considera necesario o es de su interés. El Condado de Miami-Dade también se reserva el derecho de aceptar o rechazar cualquier solicitud, de admitir excepciones técnicas o irregularidades y de aceptar las solicitudes que mejor respondan a los intereses del Condado. El Condado de Miami-Dade brinda oportunidades equitativas de acceso tanto en materia de empleo como de servicios y no discrimina a nadie por motivo de edad, sexo, raza o discapacidad.

COPS: Woman arrested after
spending night in bathroom of

Florida Macy’s store



NAPLES, Fla. – A woman was arrested after allegedly spending the night inside a Florida department store.

Guinnevere Brandy Wolfe, 43, was arrested Monday morning at the Macy’s department store in Naples.

According to an arrest report, a worker had called police to say that a customer stayed inside the woman’s restroom overnight despite several announcements that the store was closed.

When questioned, Wolfe told officers that she did not know the store had closed, and then didn’t want to leave because she was afraid she was going to set off the store alarm system.

Officers say Wolfe also told them her name was Jenna Marie Smith. Officers found no record of that name anywhere. Officers say they later discovered a Florida identification card in Wolfe’s purse with the name Guinnevere Brandy Wolfe, and an Ohio driver’s license with the name Guninnevere G (Genie) Hawkins.

They say they found a car in the parking lot connected to Wolfe, which had a large bag containing miscellaneous drugs.

Man dressed up as Spider-Man
robbed woman in Broward,
police say

HOLLYWOOD, Fla. – Officers arrested a man who was dressed as Spider-Man on Monday night in Hollywood.

A woman told police officers she was outside a laundromat, at 1410 North Federal Highway, when she saw a man wearing the symbiote costume, also known as the Black Suit.



The woman said she approached him and asked if she could take a picture of him. After he agreed, she went on to finish her laundry, according to the arrest report.

The woman said she was carrying her laundry near Dixianna Street when the man struck her head and she fell to the ground. She said the man stole her \$45 in cash.

Officer Ricky Presno arrested Lequan Payne shortly before 11 p.m. on Monday near the intersection of South Federal Highway and Madison Street.

Payne, 36, was in possession of \$46 and the victim identified him as the robber, according to Presno’s report.

Broward Sheriff’s Office records show Payne is facing charges of robbery and resisting an officer without violence.

Broward County woman surprised
by iguana in her toilet

HOLLYWOOD, Fla. — A South Florida woman interrupted an uninvited guest in her bathroom on Saturday night.

Michelle Reynolds of Hollywood told WSVN that she went downstairs to make herself a snack.

After putting her popcorn in the microwave she went to use the bathroom and “opened the door and did a quick turn-around because I saw this thing in there and quickly shut the door!” she said.

The thing? An iguana.

The reptile was unable to find its way out of the commode so Reynolds had to enlist Harold Rondan of Iguana Lifestyles, a wildlife removal service, to rescue the little fella.

Rondan said he has removed several iguanas from South Florida properties this year already.

“This is the second one this week already,” he said. Rondan said he removed a Mexican spiny tail iguana from Reynolds’ toilet.



AVI PIBLIK

DEMANN POU APLIKASYON HOMELESS TRUST KONTE
MIAMI-DADE (RFA) POU KONPETISYON PWOGAM
CONTINUUM OF CARE ANE FISKAL 2022 AK ENKLIZYON NAN
CONTINUUM OF CARE SIPLEMANTÈ POU
REGLE ZAFÈ SANZABRI

Konte Miami-Dade, atravè Miami-Dade County Homeless Trust (Homeless Trust), ap mande aplikasyon pou de (2) opòtinite finansman ki disponib atravè Depatman Lojman ak Devlopman Iben Etazini (US HUD). Konpetisyon anyèl Pwogram Continuum of Care (CoC) ap chèche aplikasyon pou pwojè ki nouvo, renouvèlman ak realocasyon pou bay lojman, sèvis sipò, ak lòt aktivite ki elijib nan avantaj moun ki sanzabri. Dezyèm opòtinite finansman an se Avi Siplemanchè Opòtinite Finansman Continuum of Care ki fèt pou ankouraje efò espesifik pou diminye sanzabri, sa gen ladan lojman, sèvis sipò ak lòt aktivite ki elijib nan avantaj moun ki sanzabri.

Moun va soumèt yon Aplikasyon kolaboratif bay US HUD an repons a Avi Opòtinite Finansman (NOFO) sa yo pou Ane Fiskal 2022. Finansman ke yo ap chèche nan kad demann sa yo depann de Homeless Trust ke US HUD finanse. Demann pou pake aplikasyon yo disponib sou sit entènèt Homeless Trust la nan <https://www.homelesstrust.org/homeless-trust/providers/home.page> anba Konpetisyon Pwogram US HUD ak Avi Siplemanchè pou regle zafè moun Sanzabri.

Atelye Vityèl Anvan Aplikasyon yo va fèt **madi 2 out 2022** atravè zoom. Pou w antre nan Reyinyon Zoom pou Avi Siplemanchè Continuum of Care pou Regle Zafè Sanzabri, antre

<https://miamidade.zoom.us/j/89701638320?pwd=jSCgkK0NwCaUNxj0EpFr0uJRSCTpT.1> sou navigatè entènèt ou a a 10 am (EST), oswa rele +1 786 635 1003, Idantifyan reyinyon an: 897 0163 8320 ak Pas: 974111.

Pou w antre nan reyinyon Zoom pou [Konpetisyon Pwogram Continuum of Care](https://miamidade.zoom.us/j/84048299331?pwd=BPzodrgxYNj7gcJ2n0J5Qt1Xc3j001.1), antre nan <https://miamidade.zoom.us/j/84048299331?pwd=BPzodrgxYNj7gcJ2n0J5Qt1Xc3j001.1> sou navigatè entènèt ou a a 1 pm EST, oswa rele +1 786 635 1003, Idantifyan reyinyon an: 840 4829 9331 ak Pas: 326034. Nou vrèman rekòmande prezans moun nan Atelye Anvan Aplikasyon yo. Nou envite founisè ki gen finansman kounye a ak nouvo founisè san bi likratif ak ajans gouvènman yo revize Demann pou Aplikasyon (RFA) sa yo epi aplike pou renouvle pwojè ki egziste deja oswa soumèt aplikasyon pou nouvo pwojè. **RFA SA YO SIJÈ A KÒN SILANS LA, ÒDONANS KONTE 98-106.** Pou kenbe yon pwosesis konpetitif ki jis ak san patipri, Konte a kapab reponn kesyon sèlman nan Atelye Anvan Aplikasyon an epi li dwe evite kominikasyon prive avèk aplikan yo pandan pwosesis preparasyon ak evalyasyon aplikasyon an. Tanpri kontakte Homeless Trust si yo mande dokiman Demann pou Aplikasyon yo nan yon fòm oswa yon lang altènatif. **Dat limit pou soumèt aplikasyon sa yo se 2:00 pm EST nan dat 9 septanm 2022. Tanpri, gade RFA ki poste nan <http://homelesstrust.org/providers.asp> pou w jwenn enstriksyon sou fason pou konpile ak soumèt repons a demann sa a.**

Konte Miami-Dade pa responsab okenn frè aplikan an fè lè li reponn Demann pou Aplikasyon an, epi nou rezève dwa pou modifye oswa amande dat limit aplikasyon an si nou konsidere sa nesèsè oswa nan enterè Konte Miami-Dade. Konte Miami-Dade rezève dwa tou pou aksepte oswa rejte nenpòt ak tout aplikasyon, pou renonse a teknikalite oswa iregilarite, epi pou aksepte aplikasyon ki nan pi bon enterè Konte Miami-Dade. Konte Miami-Dade bay aksè ak opòtinite egal nan travay ak sèvis epi li pa fè diskriminasyon ki baze sou laj, sèks, ras oswa andikap.

NOFO RFA Support Services Only Score Sheet

Provider & Project Name: _____

A. Severe Barriers to Housing 36 points (33% of total score)

Scoring Description	Available Points	Assigned Points
1. The type of supportive services that will be offered to unsheltered program participants are designed to obtain and ensure successful retention in housing, and except for case management services, are offered voluntarily.	4 Points	
2. The proposed project has a specific plan for ensuring program participants will be individually assisted to obtain the benefits of mainstream health, social, and employment programs for which they are eligible to apply, and which meet the needs of program participants (e.g., Medicare, Medicaid, SSI, Food Stamps, local Workforce office, early childhood education).	4 Points	
3. Program participants will be assisted to obtain and remain in permanent housing in a manner that fits their needs (e.g., provides the participant with some type of transportation to access needed services, safety planning, case management, housing that meets accessibility related needs, additional assistance to ensure retention of permanent housing).	4 Points	
4. Program participants are assisted in identifying housing. Examples of desirable responses include assessing participants to better understand the unit type, neighborhood, and other accommodations (parking for their vehicle) they prefer; role playing landlord tenant meetings to prepare participants for housing interviews; helping participants obtain required documents for housing; providing participants housing leads and transporting them to see the unit and meet with the landlord.	4 Points	
5. Respondents utilize strategies to regularly engage individuals and families experiencing unsheltered homelessness in the locations where they reside and connect them to low barrier shelter, temporary housing, or permanent housing as available and appropriate. Respondents describe: oHow they coordinate with Emergency Shelter and Permanent Housing providers; oFrequency (days and times outreach to clients is conducted each week); oHow they help people exit homelessness and unsheltered homelessness; oWhat specific engagement strategies will be utilized to engage individuals and families experiencing homelessness with the highest vulnerabilities (including use of culturally appropriate strategies); and oHow they will use the outreach teams to connect individuals and families experiencing unsheltered homelessness to permanent housing	8 Points	
6. Respondents will employ people with lived homelessness experience.	8 Points	
7. The respondent utilizes Evidenced Based Practices for serving unsheltered persons and can demonstrate training and/or supervising staff to promote fidelity practices. If Assertive Community Treatment is utilized, the respondents budget will demonstrate the use of a multidisciplinary treatment team.	4 Points	

Comments:

B. System Performance 28 points (25% of total score)

For scoring criteria B., respondents participating in HMIS must submit an Annual Progress Report (APR) for a similar project run between 10/1/20-9/30/21. Respondents who do not participate in HMIS may submit a record of system performance from an equivalent database for scoring criteria B. that provides a compelling explanation of the agency's performance considering HUD System Performance Measures.

1. Percentage of exits to Positive Destinations (50% or greater for full points, partial points available between 30-49%)	12 Points	
2. Percentage of people of color served aligns with system data (50% or greater - all or none)	4 Points	
3. Percentage of persons served who are male aligns with system data (60% or greater - all or none)	4 Points	
4. Percentage of non-Hispanic persons served aligns with system data (55% or greater - all or none)	4 Points	
5. Percent of persons served with disabilities aligns with system data (32% or greater - all or none)	4 Points	

Comments:

C. Objective Criteria 42 points (38% of total score)

1. Proposed project budget is: a. clear, easily understandable to raters b. detailed, includes a comprehensive budget narrative and correct match with proof from sources c. reasonable, as evidenced by including only allowable activities, and d. cost effective, as compared to other projects providing the same component	12 Points	
2. For applications seeking Housing Navigation, the respondent describes the strategy for establishing relationships with landlords (i.e. using allowable HUD activities like offering twice the security deposit as a bonus and educating landlords on the rent mitigation fund), advertise to landlords, use of technology to track available units, prepare clients for the landlord tenant interviews, use of transportation to take clients to see properties, strategies for quickly identifying housing, obtaining client documents and offering housing choice to persons referred to Permanent Housing.	12 Points (N/A for CE & SO)	
3. Respondent has at least one year of experience using HMIS or OSNIUM for victims of DV.	4 Points	
4. Percentage of persons coming directly from places not meant for human habitation (75% or greater for full points, partial points available between 50-74%)	4 Points	
5. Unsheltered persons may take multiple contacts to engage. Percentage of 2 or more contacts in HMIS (10% or less for full points, partial points available between 11-25%)	4 Points	

6. Income data quality at project start (less than 5% error rate)	4 Points	
7. Respondents demonstrate they utilize people with lived expertise of homelessness to make policy decisions (Board members, working group...)	4 Points	
<p>8. Respondents included a written commitment from a health care organization, including organizations that serve people with HIV/AIDS, that the value of assistance being provided by the healthcare organization is at least:</p> <ul style="list-style-type: none"> oIn the case of a substance abuse treatment or recovery provider, it will provide access to treatment or recovery services for all program participants who qualify and choose those services; or oAn amount that is equivalent to 50% of the funding being requested for the project(s) will be covered by the healthcare organization. <p>Acceptable forms of commitment are formal written agreements and must include:</p> <ul style="list-style-type: none"> ovalue of the commitment, and odates the healthcare resources will be provided. 	6 Points	

Comments:

D. Equity 4 points (4% of total score)

1. Provider has identified steps and strategies to promote racial equity	2 Points	
2. Provider has addressed the needs of LGBTQ+ individuals (i.e. implementing training for their staff on anti-discrimination policies that ensure LGBTQ+ individuals and families receive supportive services free from discrimination)	2 Points	

Comments:

TOTAL:	0
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Raters Name:	Date:
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NOFO RFA TH:RRH Score Sheet

Provider & Project Name:

A. Support Services 32 points (23% of total score)

Scoring Description	Available Points	Assigned Points
1. The type of supportive services that will be offered to program participants are designed to obtain and ensure successful retention in housing, and except for case management services, are offered voluntarily.	4 Points	
2. The proposed project has a specific plan for ensuring program participants will be individually assisted to obtain the benefits of mainstream health, social, and employment programs for which they are eligible to apply, and which meet the needs of program participants (e.g., Medicare, Medicaid, SSI, Food Stamps, local Workforce office, early childhood education).	4 Points	
3. Program participants will be assisted to obtain and remain in permanent housing in a manner that fits their needs (e.g., provides the participant with some type of transportation to access needed services, safety planning, case management, housing that meets accessibility related needs, additional assistance to ensure retention of permanent housing).	4 Points	
4. Program participants are assisted in identifying housing. Examples of desirable responses include assessing participants to better understand the unit type, neighborhood, and other accommodations (parking for their vehicle) they prefer; role playing landlord tenant meetings to prepare participants for housing interviews; helping participants obtain required documents for housing; providing participants housing leads and transporting them to see the unit and meet with the landlord.	4 Points	
5. Respondents utilize strategies to regularly engage individuals and families experiencing unsheltered homelessness in the locations where they reside and connect them to low barrier shelter, temporary housing, or permanent housing as available and appropriate. Respondents describe: oHow they coordinate with outreach teams and PSH providers; oFrequency (days and times outreach to clients is conducted each week); oHow they help people exit homelessness and unsheltered homelessness; oWhat specific engagement strategies will be utilized to engage individuals and families experiencing homelessness with the highest vulnerabilities (including use of culturally appropriate strategies); and oHow they will use the outreach teams to connect individuals and families experiencing unsheltered homelessness to permanent housing	4 Points	
6. Respondents will employ people with lived homelessness experience.	8 Points	

7. The respondent utilizes Evidenced Based Practices for serving unsheltered persons and can demonstrate training and/or supervising staff to promote fidelity practices. If Assertive Community Treatment is utilized, the respondents budget will demonstrate the use of a multidisciplinary treatment team	4 Points	
Comments:		
B. Housing 16 points (11% of total score)		
1. The type of TH & PH being sought through this solicitation, including the number and configuration of units, must fit the needs of unsheltered persons.	8 Points	
2. Proposal plan is likely to move clients quickly into permanent destinations and describes how the housing application will remove barriers to move in (examples of barriers include screening for immigration status, checking credit history, looking for past evictions, lack of income, disability type)	8 Points	
Comments:		
C. System Performance 28 points (20% of total score)		
For scoring criteria C.1.-C.5 respondents participating in HMIS must submit an Annual Progress Report (APR) for a similar project run between 10/1/20-9/30/21. Respondents who do not participate in HMIS may submit a record of system performance from an equivalent database for scoring criteria C. that provides a compelling explanation of the agency's performance considering HUD System Performance Measures.		
1. Percentage of exits to Permanent Destinations (50% or greater for full points, partial points available between 30-49%)	12 Points	
2. Adults who Gained or Increased Income from Start to Exit, Average Gain (10% or greater)	4 Points	
3. Percent of returns to homelessness in the first 6 months (10% or less for full points, partial points available between 11-25%)	4 Points	
4. Percent of returns to homelessness between 6-12 months (10% or less for full points, partial points available between 11-25%)	4 Points	
5. Percent of returns to homelessness between 12-24 months (10% or less for full points, partial points available between 11-25%)	4 Points	
Comments:		
D. Objective Criteria 60 points (43% of total score)		
1. Proposed project budget is: a. clear, easily understandable to raters b. detailed, includes a comprehensive budget narrative and correct match with proof from sources c. reasonable, as evidenced by including only allowable activities, and d. cost effective, as compared to other projects providing the same component e. has twice as many resources for the RRH than the TH portion	12 Points	
2. The respondent has experience with both Transitional and Rapid Re-Housing	4 Points	
3. The respondents budget includes an Employment Specialist	4 Points	

4. Respondent has at least one year of experience using HMIS or OSNIUM for victims of DV.	4 Points	
5. Percentage of persons coming directly from places not meant for human habitation (10% or greater)	4 Points	
6. Income data quality at project start (less than 5% error rate)	4 Points	
7. Average time between project start date and move in date, percentage below 30 days for PH component	4 Points	
8. CoC Monitoring Score (<90%=8, 80-89%=6, 70-79%=4 & 60-69%=2)	8 Points	
9. Respondents demonstrate they utilize people with lived expertise of homelessness to make policy decisions (Board members, working group...)	4 Points	
<p>10. Respondents included a written commitment from a health care organization, including organizations that serve people with HIV/AIDS, that the value of assistance being provided by the healthcare organization is at least:</p> <ul style="list-style-type: none"> oIn the case of a substance abuse treatment or recovery provider, it will provide access to treatment or recovery services for all program participants who qualify and choose those services; or oAn amount that is equivalent to 50% of the funding being requested for the project(s) will be covered by the healthcare organization. <p>Acceptable forms of commitment are formal written agreements and must include:</p> <ul style="list-style-type: none"> ovalue of the commitment, and odates the healthcare resources will be provided. 	6 Points	
11. Respondents included a written commitment that utilizes housing subsidies or subsidized housing units not funded through the CoC or ESG Programs (e.g., Housing Choice Vouchers, HOME-ARP, HOPWA). The commitment must demonstrate that these housing units, which are not funded through the CoC or ESG programs, will serve at least 50 percent of the program participants anticipated to be served by the project.	6 Points	
Comments:		
E. Equity 4 points (3% of total score)		
1. Provider has identified steps and strategies to promote racial equity	2 Points	
2. Provider has addressed the needs of LGBTQ+ individuals (i.e. implementing training for their staff on anti-discrimination policies that ensure LGBTQ+ individuals and families receive supportive services and housing free from discrimination)	2 Points	
Comments:		
TOTAL:		0

Raters Name:	Date:
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NOFO RFA PH Score Sheet

Provider & Project Name:

A. Support Services 32 points (23% of total score)

Scoring Description	Available Points	Assigned Points
1. The type of supportive services that will be offered to program participants are designed to obtain and ensure successful retention in housing, and except for case management services, are offered voluntarily.	4 Points	
2. The proposed project has a specific plan for ensuring program participants will be individually assisted to obtain the benefits of mainstream health, social, and employment programs for which they are eligible to apply, and which meet the needs of program participants (e.g., Medicare, Medicaid, SSI, Food Stamps, local Workforce office, early childhood education).	4 Points	
3. Program participants will be assisted to obtain and remain in permanent housing in a manner that fits their needs (e.g., provides the participant with some type of transportation to access needed services, safety planning, case management, housing that meets accessibility related needs, additional assistance to ensure retention of permanent housing).	4 Points	
4. Program participants are assisted in identifying housing. Examples of desirable responses include assessing participants to better understand the unit type, neighborhood, and other accommodations (parking for their vehicle) they prefer; role playing landlord tenant meetings to prepare participants for housing interviews; helping participants obtain required documents for housing; providing participants housing leads and transporting them to see the unit and meet with the landlord.	4 Points	

<p>5. Respondents utilize strategies to regularly engage individuals and families experiencing unsheltered homelessness in the locations where they reside and connect them to low barrier shelter, temporary housing, or permanent housing as available and appropriate. Respondents describe:</p> <ul style="list-style-type: none"> oHow they coordinate with outreach teams, ES, TH and RRH providers; oFrequency (days and times outreach to clients is conducted each week); oHow they help people exit homelessness and unsheltered homelessness; oWhat specific engagement strategies will be utilized to engage individuals and families experiencing homelessness with the highest vulnerabilities (including use of culturally appropriate strategies); and oHow they will use the outreach teams to connect individuals and families experiencing unsheltered homelessness to permanent housing 	4 Points	
6. Respondents will employ people with lived homelessness experience	8 Points	
7. The respondent utilizes Evidenced Based Practices for serving unsheltered persons and can demonstrate training and/or supervising staff to promote fidelity practices. If Assertive Community Treatment is utilized, the respondents budget will demonstrate the use of a multidisciplinary treatment team	4 Points	
Comments:		
B. Housing 16 points (11% of total score)		
1. The type of PH being sought through this solicitation, including the number and configuration of units, must fit the needs of unsheltered persons.	8 Points	
2. Proposal describes how the housing application will remove barriers to move in (examples of barriers include screening for immigration status, checking credit history, looking for past evictions, lack of income, disability type)	8 Points	
Comments:		
C. System Performance 28 points (20% of total score)		
For scoring criteria C.1.-C.5 respondents participating in HMIS must submit an Annual Progress Report (APR) for a similar project run between 10/1/20-9/30/21. Respondents who do not participate in HMIS may submit a record of system performance from an equivalent database for scoring criteria C. that provides a compelling explanation of the agency's performance considering HUD System Performance Measures.		
1. Housing retention percentage (90% or greater for full points, partial points available between 80-89%)	12 Points	
2. Adults who Gained or Increased Income from Start to Exit, Average Gain (10% or greater)	4 Points	

3. Percent of returns to homelessness in the first 6 months (10% or less for full points, partial points available between 11-25%)	4 Points	
4. Percent of returns to homelessness between 6-12 months (10% or less for full points, partial points available between 11-25%)	4 Points	
5. Percent of returns to homelessness between 12-24 months (10% or less for full points, partial points available between 11-25%)	4 Points	
Comments:		
D. Objective Criteria 60 points (43% of total score)		
1. Proposed project budget is: a. clear, easily understandable to raters b. detailed, includes a comprehensive budget narrative and correct match with proof from sources c. reasonable, as evidenced by including only allowable activities, and d. cost effective, as compared to other projects providing the same component	12 Points	
2. Proposed timeline for project implementation and occupancy is reasonable	4 Points	
3. Respondents demonstrate they utilize people with lived expertise of homelessness to make policy decisions (Board members, working group...)	4 Points	
4. Respondent has at least one year of experience using HMIS or OSNIUM for victims of DV.	4 Points	
5. Percentage of persons coming directly from places not meant for human habitation (10% or greater)	4 Points	
6. Income data quality at project start (less than 5% error rate)	4 Points	
7. Average time between project start date and move in date, percentage below 30 days for PH	4 Points	
8. CoC Monitoring Score (<90%=8, 80-89%=6, 70-79%=4 & 60-69%=2)	8 Points	
9. Like PH projects operated by respondent only take CES referrals	4 Points	

<p>10. Respondents included a written commitment from a health care organization, including organizations that serve people with HIV/AIDS, that the value of assistance being provided by the healthcare organization is at least:</p> <ul style="list-style-type: none"> oIn the case of a substance abuse treatment or recovery provider, it will provide access to treatment or recovery services for all program participants who qualify and choose those services; or oAn amount that is equivalent to 50% of the funding being requested for the project(s) will be covered by the healthcare organization. <p>Acceptable forms of commitment are formal written agreements and must include:</p> <ul style="list-style-type: none"> ovalue of the commitment, and odates the healthcare resources will be provided. 	6 Points	
<p>11. Respondents included a written commitment that utilizes housing subsidies or subsidized housing units not funded through the CoC or ESG Programs (e.g., Housing Choice Vouchers, HOME-ARP, HOPWA). The commitment must demonstrate that these housing units, which are not funded through the CoC or ESG programs, will provide at least 50 percent of the units included in the project.</p>	6 Points	
Comments:		
E. Equity 4 points (3% of total score)		
1. Provider has identified steps and strategies to promote racial equity	2 Points	
2. Provider has addressed the needs of LGBTQ+ individuals (i.e. implementing training for their staff on anti-discrimination policies that ensure LGBTQ+ individuals and families receive supportive services and housing free from discrimination)	2 Points	
Comments:		
TOTAL:		0

Raters Name:	Date:
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LIST OF PROJECTS TO BE REVIEWED

Sort projects by:

You can sort the project list below using the drop down selection to the left. Please note that you cannot sort by "Renewal, New, Expansion...." until you have completed the green section of this form

Use your Grant Inventory Worksheet and project spending records to complete these columns



Project ID	Organization Name	Project Name	Project Type	General/DV	McKinney-Vento	McKinney-Vento: YHDP	YHDP_Ratable	Grant Number	CoC Amount Awarded Last Operating Year	CoC Amount Expended Last Operating Year	CoC Funding Requested	Renewal, New, Expansion, Reallocate, Ignore	Geo Code	All Fam Beds
36	Carrfour Supportive Housing	Amistad	PSH	General	Yes	No						Renewal	121968	19
38	Camillus House	Archbishop Carroll Homes	PSH	General	Yes	No						Renewal	121968	0
40	Better Way of Miami	Better Way Apartment	PSH	General	Yes	No						Renewal	121968	0
41	Better Way of Miami	Better Way West Apartment	PSH	General	Yes	No						Renewal	121968	0
42	Carrfour Supportive Housing	Bonita Cove	PSH	General	Yes	No						Renewal	121968	2
44	Camillus House	Br. Keily Permanent Supportive Housing	PSH	General	Yes	No						Renewal	121968	0
45	Camillus House	Brother Mathias Place	PSH	General	Yes	No						Renewal	121968	35
52	Carrfour Supportive Housing	Carrfour Karis Village HUD CoC	PSH	General	Yes							Renewal	121968	6
54	Carrfour Supportive Housing	Carrfour Liberty Village HUD CoC	PSH	General	Yes							Renewal	121968	12
56	Carrfour Supportive Housing	Casa Matias	PSH	General	Yes	No						Renewal	121968	70
61	Carrfour Supportive Housing	Coalition Lift PSH	PSH	General	Yes	No						Renewal	121968	0
64	Carrfour Supportive Housing	Del Prado Townhomes	PSH	General	Yes	No						Renewal	121968	77
118	Douglas Gardens Community Menta	Douglas Gardens Moving Forward HUD CoC RRH	RRH	General	Yes							Renewal	121974	0
65	Douglas Gardens Community Menta	Douglas Gardens S+C/PH/40 Beds/Hope Gardens	PSH	General	Yes							Renewal	121974	7
71	Carrfour Supportive Housing	Harding Village I/II	PSH	General	Yes							Renewal	121974	0
72	Volunteers of America	Hogar I	PSH	General	Yes	No						Renewal	121968	21
73	Volunteers of America	Hogar II	PSH	General	Yes	No						Renewal	121968	143
74	Citrus Health Network	Housing Act	PSH	General	Yes	No						Renewal	121968	18
78	Citrus Health Network	KOLAPI	PSH	General	Yes	No						Renewal	121236	35
81	Carrfour Supportive Housing	Little Haiti Gateway	PSH	General	Yes	No						Renewal	121968	0
82	Carrfour Supportive Housing	Little Riverbend Consolidation	PSH	General	Yes	No						Renewal	121968	0
84	Douglas Gardens Community Menta	Mayfair Apartments	PSH	General	Yes	No						Renewal	121974	0
85	Camillus House	Mother Seton Permanent Supportive Housing	PSH	General	Yes	No						Renewal	121344	162
86	Better Way of Miami	Partners PSH	PSH	General	Yes	No						Renewal	121968	57
87	Camillus House	Project Dade Cares PSH	PSH	General	Yes	No						Renewal	121968	0
88	Douglas Gardens Community Menta	Right Direction	PSH	General	Yes	No						Renewal	121974	0
90	Carrfour Supportive Housing	Rivermont Apartments SHP	PSH	General	Yes	No						Renewal	121968	0
91	Carrfour Supportive Housing	Royalton	PSH	General	Yes	No						Renewal	121968	0
92	Citrus Health Network	Shaman	PSH	General	Yes	No						Renewal	121236	0
93	Carrfour Supportive Housing	Shepherd House	PSH	General	Yes	No						Renewal	121968	19
94	Camillus House	Shepherd's Court Hud	PSH	General	Yes							Renewal	121968	0
97	Fellowship House	South Dade Apartments	PSH	General	Yes	No						Renewal	121344	0
99	Carrfour Supportive Housing	Villa Aurora	PSH	General	Yes	No						Renewal	121968	101
142	Camillus House	Camillus HUD RRH	RRH	General	Yes	No		FL				Renewal		0
143	Citrus Health Network	Montega	PSH	General	Yes	No		FL				Renewal		0

LIST OF PROJECTS TO BE REVIEWED

= Auto-populated cell. Cannot be edited

Check once you have confirmed the bed inventory listed for the projects below is consistent with the number of beds listed for each project in your CoC's Grant Inventory Worksheet.

Project ID	DV Fam Beds	CH Fam Beds	Vet Fam Beds	Par Youth Beds	Beds HH w/o Children	Beds HH w/ only Children	All Ind Beds	DV Ind Beds	CH Beds HH w/o Children	CH Beds HH w/ only Children	Total CH Ind Beds	Vet Ind Beds	Single Youth Beds	Is 100% Dedicated + or CH Fam (Yes/No)	Is 100% Dedicated + or CH Ind (Yes/No)	Is 100% DV (Yes/No)	CH Bed Inventory (PSH Only)	Vet Bed Inventory	Youth Bed Inventory
36	0	19	0	0	12	0	12	0	12	0	12	0	0				31	0	0
38	0	0	0	0	65	0	65	0	65	0	65	0	0				65	0	0
40	0	0	0	0	55	0	55	0	55	0	55	3	0				55	3	0
41	0		0	0	36	0	36	0	36		36	2	0				36	2	0
42	0	2	0	0	20	0	20	0	20	0	20	20	0				22	20	0
44	0	0	0	0	54	0	54	0	54	0	54	0	0				54	0	0
45	0	35	0	0	0	0	0	0	0	0	0	0	0				35	0	0
52	0	6	0	0	20	0	20	0	20	0	20	0	0				26	0	0
54	0	12	0	0	25	0	25	0	25	0	25	0	0				37	0	0
56	0	60	0	0	9	0	9	0	9	0	9	0	0				69	0	0
61	0		0	0	34	0	34	0	34	0	34	0	0				34	0	0
64	0	47	0	0	2	0	2	0	2	0	2	0	0				49	0	0
118	0		0	0	7	0	7	0			0	0	0				0	0	0
65	0	7	0	0	33	0	33	0	33	0	33	0	0				40	0	0
71	0	0	0	0	48	0	48	0	48	0	48	0	0				48	0	0
72	0	21	0	0	42	0	42	0	42	0	42	0	0				63	0	0
73	0	132	0	0	21	0	21	0	21	0	21	7	0				153	7	0
74	0	18	0	0	128	0	128	0	128	0	128	0	0				146	0	0
78	0	35	7	0	108	0	108	0	108	0	108	30	0				143	37	0
81	0	0	0	0	70	0	70	0	70	0	70	0	0				70	0	0
82	0	0	0	0	66	0	66	0	66	0	66	0	0				66	0	0
84	0	0	0	0	22	0	22	0	22	0	22	0	0				22	0	0
85	0	132	0	0	0	0	0	0	0	0	0	0	0				132	0	0
86	0	50	0	0	24	0	24	0	24		24	0	0				74	0	0
87	0	0	0	0	27	0	27	0	27		27	0	0				27	0	0
88	0		0	0	14	0	14	0	14	0	14	0	0				14	0	0
90	0	0	0	0	40	0	40	0	40	0	40	0	0				40	0	0
91	0	0	0	0	84	0	84	0	84	0	84	0	0				84	0	0
92	0	0	0	0	24	0	24	0	24	0	24	0	0				24	0	0
93	0	19	0	0	0	0	0	0	0	0	0	0	0				19	0	0
94	0	0	0	0	60	0	60	0	60	0	60	0	0				60	0	0
97	0		0	0	14	0	14	0	14		14	0	0				14	0	0
99	0	101	0	0	22	0	22	0	22	0	22	0	0				123	0	0
142	0	0	0	0			26	0			0	0	0	No	No	No	0	0	0
143	0	0	0	0			39	0			39	0	0	No	Yes	No	39	0	0

NAVIGATION

- Customize Threshold Requirements
- Filter Rating Factors
- Customize Renewal/Expansion Project Rating Tool
- Customize New Project Rating Tool

CUSTOMIZE NEW AND RENEWAL/EXPANSION PROJECT THRESHOLD REQUIREMENTS

CoC Threshold Requirements

(Delete the X in the box next to any requirements you do not wish to include.)

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

(The first five requirements are the rating process either as Threshold or Factor)

FILTER RATING FACTORS

Select project type to edit

Select...

Using these drop-down menus, select which rating factors to show and customize

Select special population to edit

Select...

CUSTOMIZE RENEWAL/EXPANSION PROJECT RATING TOOL

Delete the X in the box besides any rating factor below that you do not wish to include. If desired, adjust the factor/goal and point value for each measure. You can add additional locally-defined criteria below. See the Data Source Chart for information about where to obtain data to use in scoring.

Performance Measures

Length of Stay

- ☐ RRH (General) - On average, participants spend XX days from project entry to residential move-in
- ☐ RRH (DV) - On average, participants spend XX days from project entry to residential move-in
- ☐ PSH (General) - On average, participants spend XX days from project entry to residential move-in
- ☐ PSH (DV) - On average, participants spend XX days from project entry to residential move-in
- ☐ TH (General) - On average, participants stay in project XX days
- ☐ TH (DV) - On average, participants stay in project XX days

- ☐ TH+RRH (General) - TH Component (General) - On average, participants stay in project XX days

- ☐ TH+RRH (DV) - TH Component - On average, participants stay in project XX days

- ☐ TH+RRH (General) - RRH Component - On average, participants spend XX days from project entry to residential move-in

- ☐ TH+RRH (DV) - RRH Component - On average, participants spend XX days from project entry to residential move-in

Exits to Permanent Housing

- ☐ RRH (General) - Minimum percent move to permanent housing
- ☐ RRH (DV) - Minimum percent move to permanent housing
- ☐ PSH (General) - Minimum percent remain in or move to permanent housing
- ☐ PSH (DV) - Minimum percent remain in or move to permanent housing
- ☐ TH (General) - Minimum percent move to permanent housing
- ☐ TH (DV) - Minimum percent move to permanent housing
- ☐ TH+RRH (General) - RRH Component - Minimum percent move to permanent housing
- ☐ TH+RRH (DV) - RRH Component - Minimum percent move to permanent housing

Returns to Homelessness (if data is available for project)

- ☐ RRH (General) - Maximum percent of participants return to homelessness within 12 months of exit to permanent housing
- ☐ RRH (DV) - Maximum percent of participants return to homelessness within 12 months of exit to permanent housing

Factor/Goal

Max Point Value

30	days	20	points
30	days	20	points
30	days	20	points
15	days	20	points
180	days	20	points
180	days	20	points
180	days	10	points
180	days	10	points
15	days	10	points
15	days	10	points
90	%	25	points
80	%	25	points
90	%	25	points
90	%	25	points
90	%	25	points
90	%	25	points
90	%	25	points
15	%	5	points
20	%	10	points

CUSTOMIZE RATING CRITERIA

<input checked="" type="checkbox"/>	PSH (General) - Maximum percent of participants return to homelessness within 12 months of exit to permanent housing	15	%	5	points
<input checked="" type="checkbox"/>	PSH (DV) - Maximum percent of participants return to homelessness within 12 months of exit to permanent housing	20	%	10	points
<input checked="" type="checkbox"/>	TH (General) - Maximum percent of participants return to homelessness within 12 months of exit to permanent housing	10	%	15	points
<input checked="" type="checkbox"/>	TH (DV) - Maximum percent of participants return to homelessness within 12 months of exit to permanent housing	20	%	10	points
<input checked="" type="checkbox"/>	TH+RRH (General) - RRH Component - Maximum percent of participants return to homelessness within 12 months of exit to permanent housing	10	%	15	points
<input checked="" type="checkbox"/>	TH+RRH (DV) - RRH Component - Maximum percent of participants return to homelessness within 12 months of exit to permanent housing	20	%	10	points

New or Increased Income and Earned Income

<input checked="" type="checkbox"/>	RRH (General) - Minimum percent of participants with new or increased earned income for project stayers	8	%	2.5	points
<input checked="" type="checkbox"/>	RRH (DV) - Minimum percent of participants with new or increased earned income for project stayers	8	%	2.5	points
<input checked="" type="checkbox"/>	PSH (General) - Minimum percent of participants with new or increased earned income for project stayers	8	%	2.5	points
<input checked="" type="checkbox"/>	PSH (DV) - Minimum percent of participants with new or increased earned income for project stayers	8	%	2.5	points
<input checked="" type="checkbox"/>	TH (General) - Minimum percent of participants with new or increased earned income for project stayers	8	%	2.5	points
<input checked="" type="checkbox"/>	TH (DV) - Minimum percent of participants with new or increased earned income for project stayers	8	%	2.5	points
<input checked="" type="checkbox"/>	TH+RRH (General) - RRH Component - Minimum percent of participants with new or increased earned income for project stayers	8	%	2.5	points
<input checked="" type="checkbox"/>	TH+RRH (DV) - RRH Component - Minimum percent of participants with new or increased earned income for project stayers	8	%	2.5	points
<input checked="" type="checkbox"/>	RRH (General) - Minimum percent of participants with new or increased non-employment income for project stayers	10	%	2.5	points
<input checked="" type="checkbox"/>	RRH (DV) - Minimum percent of participants with new or increased non-employment income for project stayers	10	%	2.5	points
<input checked="" type="checkbox"/>	PSH (General) - Minimum percent of participants with new or increased non-employment income for project stayers	10	%	2.5	points
<input checked="" type="checkbox"/>	PSH (DV) - Minimum percent of participants with new or increased non-employment income for project stayers	10	%	2.5	points
<input checked="" type="checkbox"/>	TH (General) - Minimum percent of participants with new or increased non-employment income for project stayers	10	%	2.5	points
<input checked="" type="checkbox"/>	TH (DV) - Minimum percent of participants with new or increased non-employment income for project stayers	10	%	2.5	points
<input checked="" type="checkbox"/>	TH+RRH (General) - RRH Component - Minimum percent of participants with new or increased non-employment income for project stayers	10	%	2.5	points
<input checked="" type="checkbox"/>	TH+RRH (DV) - RRH Component - Minimum percent of participants with new or increased non-employment income for project stayers	10	%	2.5	points
<input checked="" type="checkbox"/>	RRH (General) - Minimum percent of participants with new or increased earned income for project leavers	8	%	2.5	points
<input checked="" type="checkbox"/>	RRH (DV) - Minimum percent of participants with new or increased earned income for project leavers	15	%	2.5	points
<input checked="" type="checkbox"/>	PSH (General) - Minimum percent of participants with new or increased earned income for project leavers	8	%	2.5	points
<input checked="" type="checkbox"/>	PSH (DV) - Minimum percent of participants with new or increased earned income for project leavers	15	%	2.5	points
<input checked="" type="checkbox"/>	TH (General) - Minimum percent of participants with new or increased earned income for project leavers	15	%	2.5	points
<input checked="" type="checkbox"/>	TH (DV) - Minimum percent of participants with new or increased earned income for project leavers	15	%	2.5	points
<input checked="" type="checkbox"/>	TH+RRH (General) - RRH Component - Minimum percent of participants with new or increased earned income for project leavers	15	%	2.5	points
<input checked="" type="checkbox"/>	TH+RRH (DV) - RRH Component - Minimum percent of participants with new or increased earned income for project leavers	15	%	2.5	points
<input checked="" type="checkbox"/>	RRH (General) - Minimum percent of participants with new or increased non-employment income for project leavers	10	%	2.5	points
<input checked="" type="checkbox"/>	RRH (DV) - Minimum percent of participants with new or increased non-employment income for project leavers	25	%	2.5	points
<input checked="" type="checkbox"/>	PSH (General) - Minimum percent of participants with new or increased non-employment income for project leavers	10	%	2.5	points
<input checked="" type="checkbox"/>	PSH (DV) - Minimum percent of participants with new or increased non-employment income for project leavers	25	%	2.5	points
<input checked="" type="checkbox"/>	TH (General) - Minimum percent of participants with new or increased non-employment income for project leavers	25	%	2.5	points
<input checked="" type="checkbox"/>	TH (DV) - Minimum percent of participants with new or increased non-employment income for project leavers	25	%	2.5	points
<input checked="" type="checkbox"/>	TH+RRH (General) - RRH Component - Minimum percent of participants with new or increased non-employment income for project leavers	25	%	2.5	points
<input checked="" type="checkbox"/>	TH+RRH (DV) - RRH Component - Minimum percent of participants with new or increased non-employment income for project leavers	25	%	2.5	points

Serve High Need Populations *(select from drop-down menu)*

<input type="checkbox"/>	Project focuses on chronically homeless people				
<input type="checkbox"/>	RRH (General) - XX% of participants are chronically homeless				
<input checked="" type="checkbox"/>	RRH (DV) - XX% of participants are chronically homeless		%		points
<input checked="" type="checkbox"/>	PSH (General) - XX% of participants are chronically homeless	95	%	20	points
<input checked="" type="checkbox"/>	PSH (DV) - XX% of participants are chronically homeless		%		points
<input checked="" type="checkbox"/>	TH (General) - XX% of participants are chronically homeless	95	%	20	points
<input checked="" type="checkbox"/>	TH (DV) - XX% of participants are chronically homeless		%		points
<input checked="" type="checkbox"/>	TH+RRH (General) - RRH Component - XX% of participants are chronically homeless	95	%	20	points
<input checked="" type="checkbox"/>	TH+RRH (DV) - RRH Component - XX% of participants are chronically homeless		%		points

Project Effectiveness

<input checked="" type="checkbox"/>	RRH (General) - Costs are within local average cost per positive housing exit for project type	Yes		20	points
<input checked="" type="checkbox"/>	RRH (DV) - Costs are within local average cost per positive housing exit for project type	Yes		10	points
<input checked="" type="checkbox"/>	PSH (General) - Costs are within local average cost per positive housing exit for project type	Yes		20	points
<input checked="" type="checkbox"/>	PSH (DV) - Costs are within local average cost per positive housing exit for project type	Yes		10	points
<input checked="" type="checkbox"/>	TH (General) - Costs are within local average cost per positive housing exit for project type	Yes		20	points
<input checked="" type="checkbox"/>	TH (DV) - Costs are within local average cost per positive housing exit for project type	Yes		10	points

CUSTOMIZE RATING CRITERIA

<input checked="" type="checkbox"/>	TH+RRH (General) - RRH Component - Costs are within local average cost per positive housing exit for project type	Yes	20	points
<input checked="" type="checkbox"/>	TH+RRH (DV) - RRH Component - Costs are within local average cost per positive housing exit for project type	Yes	10	points
<input checked="" type="checkbox"/>	RRH (General) - Coordinated Entry Participation- Minimum percent of entries to project from CE referral (or alternative system for DV projects)	95 %	10	points
<input checked="" type="checkbox"/>	RRH (DV) - Coordinated Entry Participation- Minimum percent of entries to project from CE referral (or alternative system for DV projects)	95 %	10	points
<input checked="" type="checkbox"/>	PSH (General) - Coordinated Entry Participation- Minimum percent of entries to project from CE referral (or alternative system for DV projects)	95 %	10	points
<input checked="" type="checkbox"/>	PSH (DV) - Coordinated Entry Participation- Minimum percent of entries to project from CE referral (or alternative system for DV projects)	95 %	10	points
<input checked="" type="checkbox"/>	TH (General) - Coordinated Entry Participation- Minimum percent of entries to project from CE referral (or alternative system for DV projects)	95 %	10	points
<input checked="" type="checkbox"/>	TH (DV) - Coordinated Entry Participation- Minimum percent of entries to project from CE referral (or alternative system for DV projects)	95 %	10	points
<input checked="" type="checkbox"/>	TH+RRH (General) - RRH Component - Coordinated Entry Participation- Minimum percent of entries to project from CE referral (or alternative system for DV projects)	95 %	10	points
<input checked="" type="checkbox"/>	TH+RRH (DV) - RRH Component - Coordinated Entry Participation- Minimum percent of entries to project from CE referral (or alternative system for DV projects)	95 %	10	points
<input checked="" type="checkbox"/>	RRH (General) - Housing First and/or Low Barrier Implementation (General) - CoC assessment of fidelity to Housing First from CoC monitoring or review of project policies and procedures	Yes	10	points
<input checked="" type="checkbox"/>	RRH (DV) - Housing First and/or Low Barrier Implementation - CoC assessment of fidelity to Housing First from CoC monitoring or review of project policies and procedures	Yes	10	points
<input checked="" type="checkbox"/>	PSH (General) - Housing First and/or Low Barrier Implementation (General) - CoC assessment of fidelity to Housing First from CoC monitoring or review of project policies and procedures	Yes	10	points
<input checked="" type="checkbox"/>	PSH (DV) - Housing First and/or Low Barrier Implementation - CoC assessment of fidelity to Housing First from CoC monitoring or review of project policies and procedures	Yes	10	points
<input checked="" type="checkbox"/>	TH (General) - Housing First and/or Low Barrier Implementation (General) - CoC assessment of fidelity to Housing First from CoC monitoring or review of project policies and procedures	Yes	10	points
<input checked="" type="checkbox"/>	TH (DV) - Housing First and/or Low Barrier Implementation - CoC assessment of fidelity to Housing First from CoC monitoring or review of project policies and procedures	Yes	10	points
<input checked="" type="checkbox"/>	TH+RRH (General) - RRH Component - Housing First and/or Low Barrier Implementation (General) - CoC assessment of fidelity to Housing First from CoC monitoring or review of project policies and procedures	Yes	10	points
<input checked="" type="checkbox"/>	TH+RRH (DV) - RRH Component - Housing First and/or Low Barrier Implementation - CoC assessment of fidelity to Housing First from CoC monitoring or review of project policies and procedures	Yes	10	points

Equity Factors

Agency Leadership, Governance, and Policies

<input checked="" type="checkbox"/>	Recipient has under-represented individuals (BIPOC, LGBTQ+, etc) in managerial and leadership positions	Yes	5	points
<input type="checkbox"/>	Recipient's board of directors includes representation from more than one person with lived experience			
<input checked="" type="checkbox"/>	Recipient has relational process for receiving and incorporating feedback from persons with lived experience	Yes	5	points
<input checked="" type="checkbox"/>	Recipient has reviewed internal policies and procedures with an equity lens and has a plan for developing and implementing equitable policies that do not impose undue barriers	Yes	5	points

Program Participant Outcomes

<input checked="" type="checkbox"/>	Recipient has reviewed program participant outcomes with an equity lens, including the disaggregation of data by race, ethnicity, gender identity, and/or age	Yes	5	points
<input type="checkbox"/>	Recipient has identified programmatic changes needed to make program participant outcomes more equitable and developed a plan to make those changes			
<input type="checkbox"/>	Recipient is working with HMIS lead to develop a schedule for reviewing HMIS data with disaggregation by race, ethnicity, gender identity, and or/age			

Other and Local Criteria

(select from drop-down menu)

<div>X</div>	CoC Monitoring Score	Project is operating in conformance with CoC Standards	Yes	10	points
<div></div>	PSH () - Maximum % of participants that return to homelessness withing 6 months of exit to PH				
<div></div>	PSH () - Maximum % of participants that return to homelessness withing 24 months of exit to PH				
<div></div>	PSH () - Maximum % of participants that return to homelessness withing 6 months of exit to PH				
<div></div>	PSH () - Maximum % of participants that return to homelessness withing 24 months of exit to PH				
<div>X</div>	PSH () - Restrictive Covenant		Yes	5	points
<div>X</div>	RRH () - Maximum % that return to homelessness within 6 months of exit to PH		15%	5	points
<div>X</div>	RRH () - Maximum % that return to homelessness within 24 months of exit to PH		15%	5	points
<div>X</div>	PSH () - Maximum % that return to homelessness within 6 months of exit to PH		15%	5	points
<div>X</div>	PSH () - Maximum % that return to homelessness within 24 months of exit to PH		15%	5	points

Total Maximum Score

RRH-General projects:	140	points
RRH-DV projects:	135	points
PSH-General projects:	165	points
PSH-DV projects:	140	points
TH-General projects:	160	points
TH-DV projects:	125	points
TH+RRH-General projects:	160	points
TH+RRH-DV projects:	125	points

CUSTOMIZE NEW PROJECT RATING TOOL

Experience**Factor/Goal****Max Point Val**

<input checked="" type="checkbox"/>	General-A. Describe the experience of the applicant and sub-recipients (if any) in working with the proposed population and in providing housing similar to that proposed in the application.	<u>15</u> points
<input checked="" type="checkbox"/>	DV-A. Describe the experience of the applicant and sub-recipients (if any) in working with the proposed population and in providing housing similar to that proposed in the application.	<u>15</u> points
<input checked="" type="checkbox"/>	General-B. Describe experience with utilizing a Housing First approach. Include 1) eligibility criteria; 2) process for accepting new clients; 3) process and criteria for exiting clients. Must demonstrate there are no preconditions to entry, allowing entry regardless of current or past substance abuse, income, criminal records (with exceptions of restrictions imposed by federal, state, or local law or ordinance), marital status, familial status, self-disclosed or perceived sexual orientation, gender identity or gender expression. Must demonstrate the project has a process to address situations that may jeopardize housing or project assistance to ensure that project participation is terminated in only the most severe cases.	<u>10</u> points
<input checked="" type="checkbox"/>	DV-B. Describe experience with utilizing a Housing First approach. Include 1) eligibility criteria; 2) process for accepting new clients; 3) process and criteria for exiting clients. Must demonstrate there are no preconditions to entry, allowing entry regardless of current or past substance abuse, income, criminal records (with exceptions of restrictions imposed by federal, state, or local law or ordinance), marital status, familial status, self-disclosed or perceived sexual orientation, gender identity or gender expression. Must demonstrate the project has a process to address situations that may jeopardize housing or project assistance to ensure that project participation is terminated in only the most severe cases.	<u>10</u> points
<input checked="" type="checkbox"/>	General-C. Describe experience in effectively utilizing federal funds including HUD grants and other public funding, including satisfactory drawdowns and performance for existing grants as evidenced by timely reimbursement of subrecipients (if applicable), regular drawdowns, timely resolution of monitoring findings, and timely submission of required reporting on existing grants.	<u>5</u> points
<input checked="" type="checkbox"/>	DV-C. Describe experience in effectively utilizing federal funds including HUD grants and other public funding, including satisfactory drawdowns and performance for existing grants as evidenced by timely reimbursement of subrecipients (if applicable), regular drawdowns, timely resolution of monitoring findings, and timely submission of required reporting on existing grants.	<u>5</u> points

Design of Housing & Supportive Services

<input checked="" type="checkbox"/>	General-A. Extent to which the applicant 1) Demonstrates understanding of the needs of the clients to be served. 2) Demonstrates that type, scale, and location of the housing fit the needs of the clients to be served. 3) Demonstrates that type and scale of the all supportive services, regardless of funding source, meets the needs of clients to be served. 4) Demonstrates how clients will be assisted in obtaining mainstream benefits. 5) Establishes performances measures for housing and income that are objective, measurable, trackable and meet or exceed any established HUD or CoC benchmarks.	<u>15</u> points
<input checked="" type="checkbox"/>	DV-A. Extent to which the applicant 1) Demonstrates understanding of the needs of the clients to be served. 2) Demonstrates that type, scale, and location of the housing fit the needs of the clients to be served. 3) Demonstrates that type and scale of the all supportive services, regardless of funding source, meets the needs of clients to be served. 4) Demonstrates how clients will be assisted in obtaining mainstream benefits. 5) Establishes performances measures for housing and income that are objective, measurable, trackable and meet or exceed any established HUD or CoC benchmarks.	<u>15</u> points
<input checked="" type="checkbox"/>	General-B. Describe the plan to assist clients to rapidly secure and maintain permanent housing that is safe, affordable, accessible, and acceptable to their needs.	<u>5</u> points
<input checked="" type="checkbox"/>	DV-B. Describe the plan to assist clients to rapidly secure and maintain permanent housing that is safe, affordable, accessible, and acceptable to their needs.	<u>5</u> points
<input checked="" type="checkbox"/>	General-C. Describe how clients will be assisted to increase employment and/or income and to maximize their ability to live independently.	<u>5</u> points
<input checked="" type="checkbox"/>	DV-C. Describe how clients will be assisted to increase employment and/or income and to maximize their ability to live independently.	<u>5</u> points
<input checked="" type="checkbox"/>	General-D. Project leverages housing resources with housing subsidies or units not funded through the CoC or ESG programs.	<u>10</u> points
<input checked="" type="checkbox"/>	DV-D. Project leverages housing resources with housing subsidies or units not funded through the CoC or ESG programs.	<u>10</u> points
<input checked="" type="checkbox"/>	General-E. Project leverages health resources, including a partnership commitment with a healthcare organization.	<u>10</u> points
<input checked="" type="checkbox"/>	DV-E. Project leverages health resources, including a partnership commitment with a healthcare organization.	<u>10</u> points

Timeliness

<input checked="" type="checkbox"/>	General-A. Describe plan for rapid implementation of the program, documenting how the project will be ready to begin housing the first program participant. Provide a detailed schedule of proposed activities for 60 days, 120 days, and 180 days after grant award.	<u>10</u> points
<input checked="" type="checkbox"/>	DV-A. Describe plan for rapid implementation of the program, documenting how the project will be ready to begin housing the first program participant. Provide a detailed schedule of proposed activities for 60 days, 120 days, and 180 days after grant award.	<u>10</u> points

Financial

<input checked="" type="checkbox"/>	General-A. Project is cost-effective when projected cost per person served is compared to CoC average within project type.	<u>5</u> points
<input checked="" type="checkbox"/>	DV-A. Project is cost-effective when projected cost per person served is compared to CoC average within project type.	<u>5</u> points
	B. Organization's most recent audit:	
<input checked="" type="checkbox"/>	General-1. Found no exceptions to standard practicess	<u>5</u> points
<input checked="" type="checkbox"/>	DV-1. Found no exceptions to standard practicess	<u>5</u> points
<input checked="" type="checkbox"/>	General-2. Identified agency as 'low risk'	<u>5</u> points

CUSTOMIZE RATING CRITERIA

<input checked="" type="checkbox"/>	DV-2. Identified agency as 'low risk'	5	points
<input checked="" type="checkbox"/>	General-3. Indicates no findings	5	points
<input checked="" type="checkbox"/>	DV-3. Indicates no findings	5	points
<input checked="" type="checkbox"/>	General-C. Documented match amount meets HUD requirements.	5	points
<input checked="" type="checkbox"/>	DV-C. Documented match amount meets HUD requirements.	5	points
<input checked="" type="checkbox"/>	General-D. Budgeted costs are reasonable, allocable, and allowable.	20	points
<input checked="" type="checkbox"/>	DV-D. Budgeted costs are reasonable, allocable, and allowable.	20	points

Project Effectiveness

<input checked="" type="checkbox"/>	General-Coordinated Entry Participation- Minimum percent of entries projected to come from CE referrals	95	%	5	points
<input checked="" type="checkbox"/>	DV-Coordinated Entry Participation- Minimum percent of entries projected to come from CE referrals	95	%	5	points

Equity Factors

Agency Leadership, Governance, and Policies

- ☐ New project has under-represented individuals (BIPOC, LGBTQ+, etc) in managerial and leadership positions
- ☐ New project's organizational board of directors includes representation from more than one person with lived experience (per 578.75(g))
- ☐ New project has relational process for receiving and incorporating feedback from persons with lived experience or a plan to create one
- ☐ New project has reviewed internal policies and procedures with an equity lens and has a plan for developing and implementing equitable policies that do not impose undue barriers that exacerbate disparities and outcomes

Program Participant Outcomes

- ☐ New project describes their plan for reviewing program participant outcomes with an equity lens, including the disaggregation of data by race, ethnicity, gender identity, and/or age. If already implementing a plan, describe findings from outcomes review
- ☐ New project describes plan to review whether programmatic changes are needed to make program participant outcomes more equitable and developed a plan to make those changes. If already implementing plan, describe findings from review
- ☐ New project describes plan to work with HMIS lead to develop a schedule for reviewing HMIS data with disaggregation by race, ethnicity, gender identity, and or/age. If already implementing plan, describe findings from review

Other and Local Criteria

Total Maximum Score

General projects: **50** points

RENEWAL/EXPANSION PROJECT RATING TOOL

Project Name: v Amistad (36)
 Organization Name: Carrfour Supportive Housing
 Project Type: PSH (General)
 Project Identifier: 36

[Print Blank Template](#)

[Print Report Card](#)

Renewal/Expansion Projects
 Rating Complete

Met all threshold requirements

100%

RATING FACTOR	PERFORMANCE GOAL	PERFORMANCE	POINTS AWARDED		MAX POINT VALUE
PERFORMANCE MEASURES					
Length of Stay					
Permanent Supportive-Housing	On average, participants are placed in housing 30 days after referral to PSH	<input type="text" value="12"/> days	<input type="text" value="20"/>	out of	20
Exits to Permanent Housing					
Permanent Supportive-Housing	90% remain in or move to PH	<input type="text" value="100"/> %	<input type="text" value="25"/>	out of	25
Returns to Homelessness					
Within 12 months of exit to permanent housing	≤ 15% of participants return to homelessness within 12 months of exit to PH	<input type="text" value="0"/> %	<input type="text" value="5"/>	out of	5
New or Increased Income and Earned Income					
Earned income for project stayers	8%+ of participants with new or increased income	<input type="text" value="60"/> %	<input type="text" value="2.5"/>	out of	2.5
Non-employment income for project stayers	10%+ of participants with new or increased income	<input type="text" value="53"/> %	<input type="text" value="2.5"/>	out of	2.5
Earned income for project leavers	8%+ of participants with new or increased income	<input type="text" value="0"/> %	<input type="text" value="0.0"/>	out of	2.5
Non-employment income for project leavers	10%+ of participants with new or increased income	<input type="text" value="33"/> %	<input type="text" value="2.5"/>	out of	2.5
Performance Measures Subtotal			57.5	out of	60
SERVE HIGH NEED POPULATIONS					
Permanent Supportive-Housing	≥ 95% of participants are chronically homeless	<input type="text" value="100"/> %	<input type="text" value="20"/>	out of	20
Serve High Need Populations Subtotal			20	out of	20
PROJECT EFFECTIVENESS					
Project has reasonable costs	Costs are within local average cost per positive housing exit for project type	<input type="text" value="Yes"/>	<input type="text" value="20"/>	out of	20
Coordinated Entry Participation	≥ 95% of entries to project from CE referrals	<input type="text" value="100"/> %	<input type="text" value="10"/>	out of	10
Housing First and/or Low Barrier Implementation	Commits to applying Housing First model	<input type="text" value="Yes"/>	<input type="text" value="10"/>	out of	10
Project Effectiveness Subtotal			40	out of	40
EQUITY FACTORS					
Agency Leadership, Governance, and Policies					
Recipient Management & Leadership Positions	BIPOC, LGBTQIA+, etc representation	<input type="text" value="Yes"/>	<input type="text" value="5"/>	out of	5
Process for receiving & incorporating feedback	Process includes persons with lived experience	<input type="text" value="Yes"/>	<input type="text" value="5"/>	out of	5
Internal Policies and Procedures	Policies with equitable lense, no undue barriers	<input type="text" value="Yes"/>	<input type="text" value="5"/>	out of	5
Program Participant Outcomes					
Outcomes with an equity lens	Data disaggregated by race, ethnicity, etc.	<input type="text" value="Yes"/>	<input type="text" value="5"/>	out of	5
Equity Factors Subtotal			20	out of	20

RENEWAL/EXPANSION PROJECT RATING TOOL

Project Name: v Amistad (36)
Organization Name: Carrfour Supportive Housing
Project Type: PSH (General)
Project Identifier: 36

[Print Blank Template](#)

[Print Report Card](#)

Renewal/Expansion Projects
Rating Complete

Met all threshold requirements

100%

RATING FACTOR	PERFORMANCE GOAL	PERFORMANCE	POINTS AWARDED	MAX POINT VALUE
OTHER AND LOCAL CRITERIA				
CoC Monitoring Score	Project is operating in conformance to CoC standards	<input type="text" value="Yes"/>	<input type="text" value="10"/>	out of 10
PSH () - Restrictive Covenant	Yes	<input type="text" value="Yes"/>	<input type="text" value="5"/>	out of 5
PSH () - Maximum % that return to homelessness	15%	<input type="text" value="0%"/>	<input type="text" value="5"/>	out of 5
PSH () - Maximum % that return to homelessness	15%	<input type="text" value="0%"/>	<input type="text" value="5"/>	out of 5
Other and Local Criteria Subtotal			25	out of 25
TOTAL SCORE			162.5	out of 165
Weighted Rating Score			98	out of 100

PROJECT FINANCIAL INFORMATION

CoC funding requested	NOTE: Edit on the LIST OF PROJECTS TO BE REVIEWED tab	\$ -
Amount of other public funding (federal, state, county, city)		
Amount of private funding		
TOTAL PROJECT COST		\$ -
CoC Amount Awarded Last Operating Year	NOTE: Edit on the LIST OF PROJECTS TO BE REVIEWED tab	\$ -
CoC Amount Expended Last Operating Year	NOTE: Edit on the LIST OF PROJECTS TO BE REVIEWED tab	\$ -
Percent of CoC funding expended last operating year		0%



miamidade.gov

Homeless Trust

111 N.W. 1st Street • 27th Floor, Suite 310
Miami, FL 33128-1930
T 305.375.1490 / F 305.375.2722

September 14, 2022

Hilda Fernandez, CEO
Camillus House, Inc.
1600 NW 7 Avenue
Miami, Florida 33136

RE: Rejected Project Application

Dear Ms. Fernandez:

Pursuant to Miami-Dade County Homeless Trust's Scoring, Ranking and Reallocation process approved by the CoC Board, we are not including the Granada RRH renewal project application in our collaborative application to HUD for their 2022 Continuum of Care Notice of Funding Opportunity. Our Scoring, Ranking and Reallocation process was reviewed by stakeholders during our publicly noticed CoC Subcommittee meeting. We also held public meetings to review the renewal project scoring tool, ranking and discuss reallocation opportunities.

If you have any questions, please let us know.

Sincerely,

A handwritten signature in black ink that reads "Victoria L. Mallette".

Victoria L. Mallette
Executive Director
Miami-Dade County Homeless Trust



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Homeless Trust

111 N.W. 1st Street • 27th Floor, Suite 310
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September 14, 2022

Vicki Hopta, Resource Development Officer
Chapman Partnership, Inc.
1550 N. Miami Avenue
Miami, Florida 33136

RE: Rejected Project Application

Dear Ms. Hopta:

Pursuant to Miami-Dade County Homeless Trust's Scoring, Ranking and Reallocation process approved by the CoC Board, we are not including the Chapman Partnership PSH 2023 bonus project application in our collaborative application to HUD for their 2022 Continuum of Care Notice of Funding Opportunity. We received requests for inclusion in the collaborative application to HUD that exceeded the amount made available to our continuum. Chapman Partnership PSH 2023 did not receive enough points to be considered for inclusion in our collaborative application, and therefore was rejected by the Selection Committee rating the new project applications. Our Scoring, Ranking and Reallocation process was reviewed by stakeholders during our publicly noticed CoC Subcommittee meeting.

If you have any questions, please let us know.

Sincerely,

A handwritten signature in black ink that reads "Victoria L. Mallette".

Victoria L. Mallette
Executive Director
Miami-Dade County Homeless Trust



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Homeless Trust

111 N.W. 1st Street • 27th Floor, Suite 310
Miami, FL 33128-1930
T 305.375.1490 / F 305.375.2722

September 14, 2022

Mario E. Jardon, President & CEO
Citrus Health Network, Inc.
4175 W 20th Avenue
Hialeah, Florida 33012

RE: Rejected Project Application

Dear Mr. Jardon:

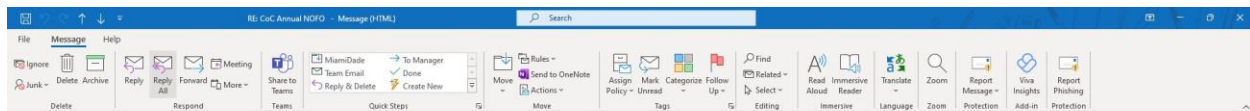
Pursuant to Miami-Dade County Homeless Trust's Scoring, Ranking and Reallocation process approved by the CoC Board, we are not including the Montega renewal project application in our collaborative application to HUD for their 2022 Continuum of Care Notice of Funding Opportunity. Our Scoring, Ranking and Reallocation process was reviewed by stakeholders during our publicly noticed CoC Subcommittee meeting. We also held public meetings to review the renewal project scoring tool, ranking and discuss reallocation opportunities.

If you have any questions, please let us know.

Sincerely,

A handwritten signature in black ink that reads "Victoria L. Mallette".

Victoria L. Mallette
Executive Director
Miami-Dade County Homeless Trust



RE: CoC Annual NOFO



Samia, Manuel (HT)

To: Spiegel, Martha (HT); Anna Kopper; Cary YeeQuee; Cristina Garcia-Mencal; Elago; Eleanor Lanier; Yida; Ivette (CAHSD); Misa, Ivon (CAHSD); J Chavania - Canfour; Jack Staromski; Guernsey, Janay; Jessica Eshesman; Jean Evellard; Jim Dyer; Jose Garcia; Katherine Martinez; Kenneth King; Lisa Cancel; Johnson, Letavia (CAHSD); Mancel, Gabe; Matt Yeager; May V; Olga Golik; Pauline Clarke-Trinias; Sandra Garcia; Sandra Newton; Sergio Torres; Shelley Anne Glasgow-Wilson; Stephanie Feldman; Stephen Alvarez; Stephen M. Thomas; Jordan; Timothy Taylor; Tina Fadi; Jessica Peritore; +4 others
Cc: Miluse Campant; McNaught@educatetomorrow.org; Giovanni Saines; Malena Legame; Margarita@hermanosdelacalle.org; Jonathan Castillo; Jean Evellard; Robert Herrera; Thomas Guernsey; Ellis, Terrell T. (HT); Regalado, Elizabeth (Advocacy); Miller, Angela (HT); Rent Connect (HT); Velarde, Sabrina (CAHSD); Miranda, William (HT)

Wed 9/14/2022 1:36 PM

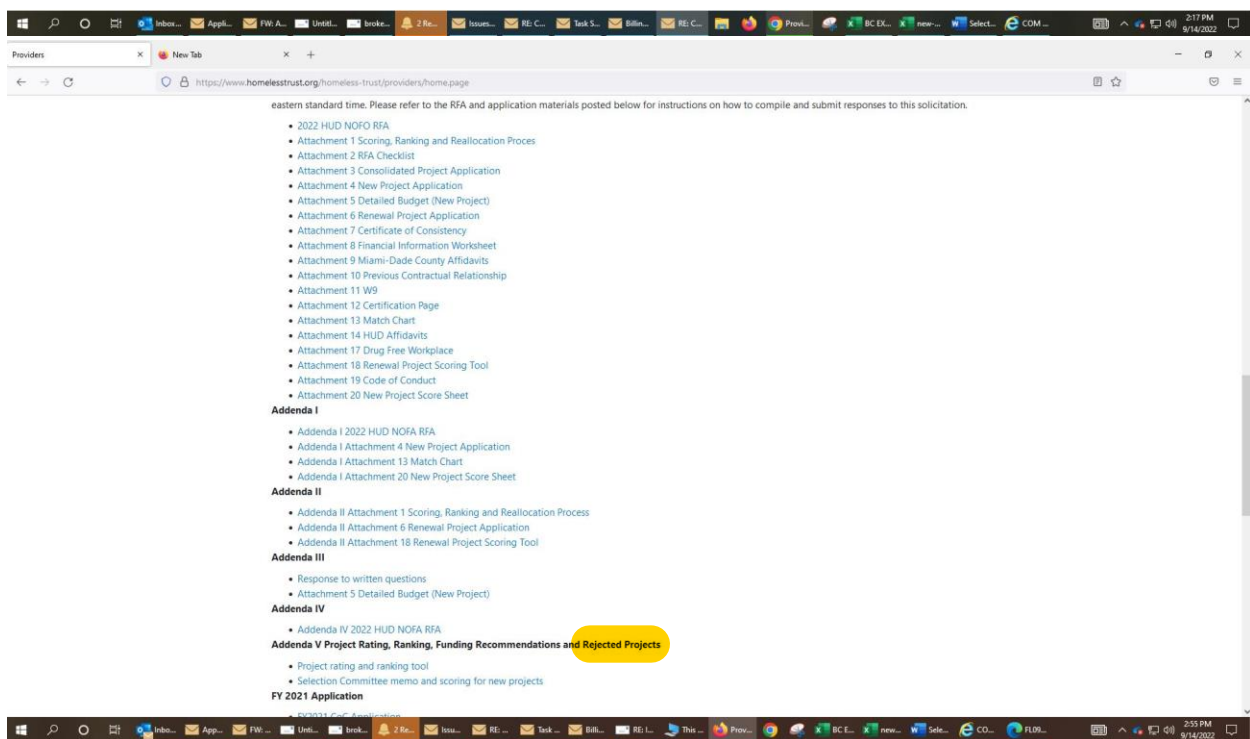


Hi,

Attached here please find the Selection Committee memo and scoring, along with the ranking of all renewal, reallocation and bonus projects.

Don't hesitate to write me with any questions.

P.S. A special thanks to providers who submitted renewal and new project applications and the Selection Committee for rating and ranking the applications.



Memorandum



Date: September 14, 2022.

To: Daniella Levine-Cava
Mayor

From: Manny Sarria, Asst. Executive Director
Miami-Dade County Homeless Trust

Subject: 2022 HUD NOFO Collaborative Application RFA Selection Committee Results

On August 2, 2022, the Homeless Trust had a pre-application workshop to make available a Request for Applications (RFA) for non-profits, Indian tribes and government entities who wished to submit application for inclusion in the 2022 HUD NOFO Collaborative Application benefiting the homeless. Trust staff advertised the solicitation in English, Spanish and Creole newspapers, on our website, via social media and via email with stakeholders on our list serve.

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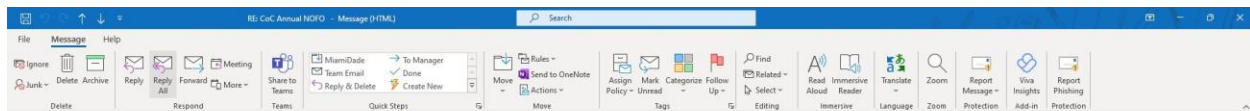
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Victoria Mallette, Executive Director
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RFA Selection Committee Members & Respondents

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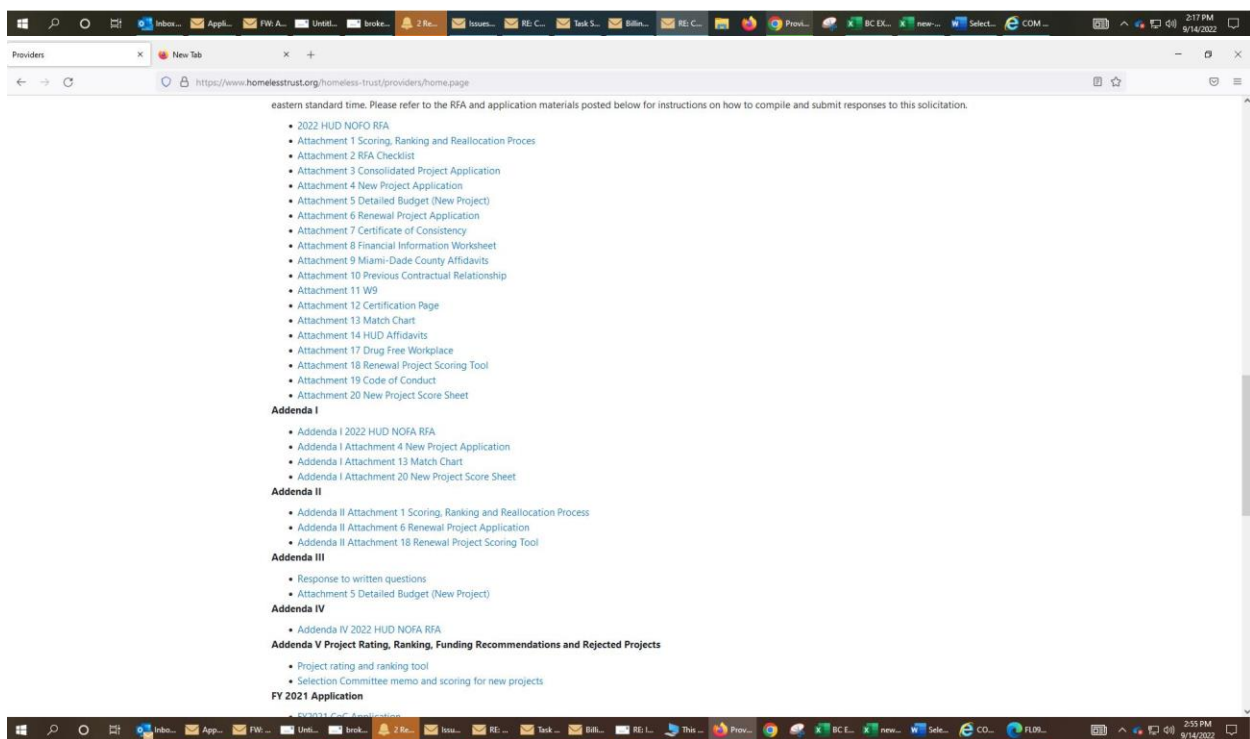


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Memorandum



Date: September 14, 2022.

To: Daniella Levine-Cava
Mayor

From: Manny Sarria, Asst. Executive Director
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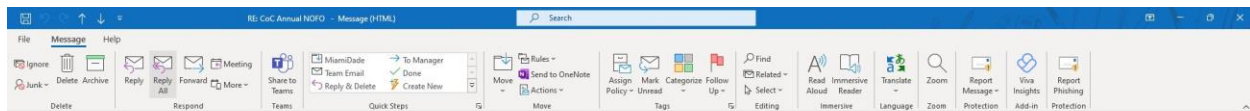
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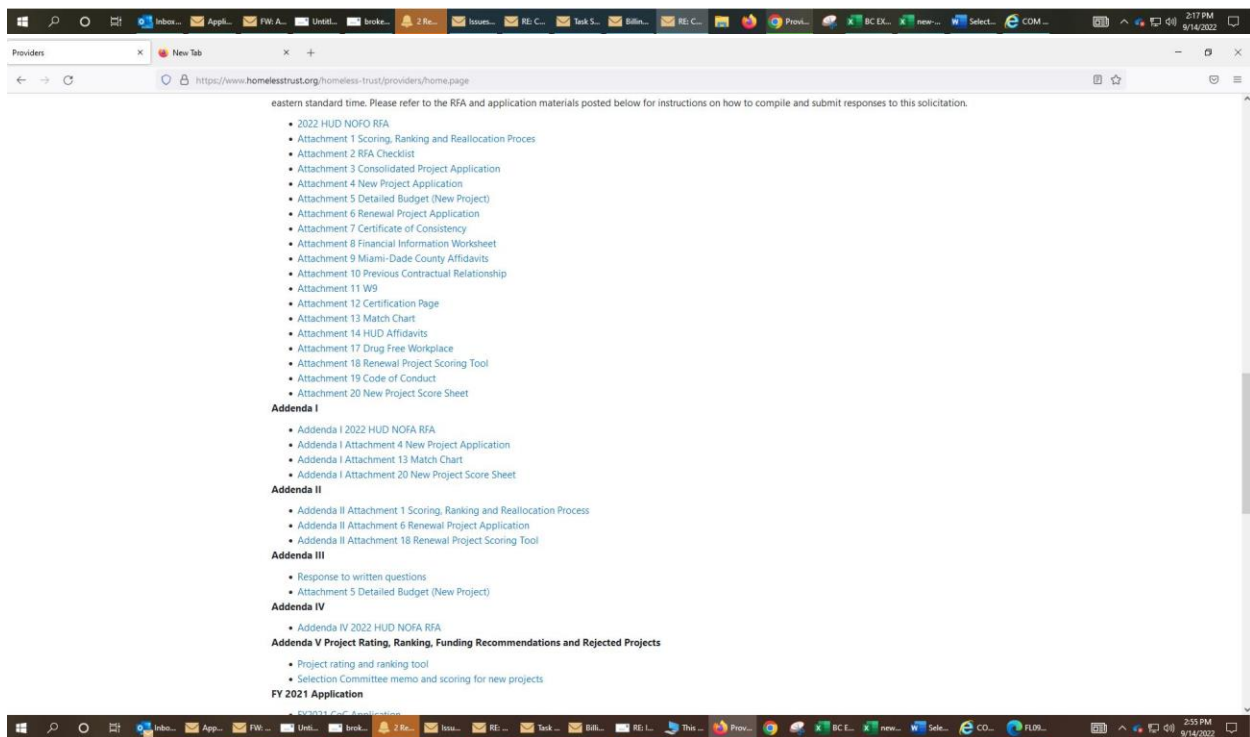


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Providers

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- [Attachment 19 Code of Conduct](#)
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Addenda I

- [Addenda I 2022 HUD NOFA RFA](#)
- [Addenda I Attachment 4 New Project Application](#)
- [Addenda I Attachment 13 Match Chart](#)
- [Addenda I Attachment 20 New Project Score Sheet](#)

Addenda II

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- [Addenda II Attachment 18 Renewal Project Scoring Tool](#)

Addenda III

- [Response to written questions](#)
- [Attachment 5 Detailed Budget \(New Project\)](#)

Addenda IV

- [Addenda IV 2022 HUD NOFA RFA](#)

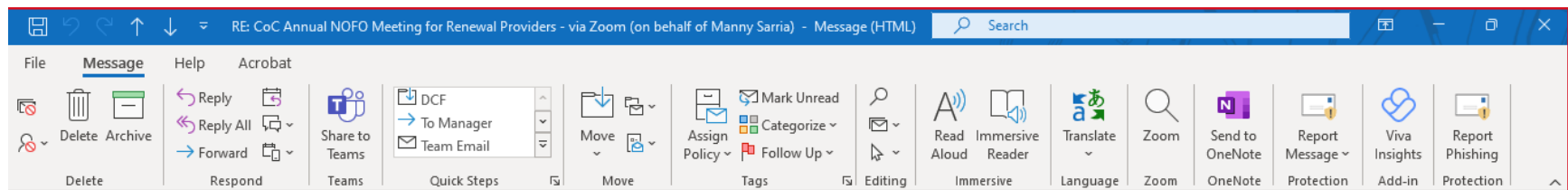
Addenda V Project Rating, Ranking, Funding Recommendations and Rejected Projects

- [Project rating and ranking tool](#)
- [Selection Committee memo and scoring for new projects](#)

FY 2022 Application and Priority Listing

- [CoC Application FY 2022](#)
- [CoC Priority Listing FY 2022](#)

Windows taskbar: 10:32 AM 9/26/2022, 85°F, various application icons (Inbox, 8 Remi..., Provid..., Grantiu..., Snip & ..., NOFO, adden..., Docum...)



RE: CoC Annual NOFO Meeting for Renewal Providers - via Zoom (on behalf of Manny Sarria)



Sarria, Manuel (HT)

To: Spiegel, Martha (HT); Anna Kopper; Cary YeeQuee; Cristina Garcia-Menocal; ELago; Eleanor Lanser; Vidal, Ivette (CAHSD); Mesa, Ivon (CAHSD); J Chavarria - Carrfour; Jacek Starownik; Guerrero, Janay; Jessica Ehresman; Jean Eveillard; Jim Dyes; Jose Garcia; Katherine Martinez; Kenneth King; Lisa Cancel; Johnson, Latavea (CAHSD); +20 others
Cc: Miluse Campian; McNaught@educatetomorrow.org; Giovanni Sairras; Malena Legarre; Margarita@hermanosdelacalle.org; Jonathan Castillo; Jean Eveillard; Robert Herrera; Thomas Guerra; Ellis, Terrell T. (HT)

Mon 9/26/2022 10:41 AM



Dear colleagues,

Below please find links to the **FY 2022 Application and Priority Listing**, you will also find them posted on our website: <https://www.homelesstrust.org/homeless-trust/providers/home.page>. I've included them in PDF as well.

[CoC Application FY 2022](#)

[CoC Priority Listing FY 2022](#)

Thank you,

Manny Sarria





Public Housing and Community Development

701 NW 1st Court, 16th Floor
Miami, FL 33136-3914
T 786-469-4100 • F 786-469-4199

miamidade.gov

September 19, 2022

Ms. Victoria Mallette
Executive Director
Miami-Dade County Homeless Trust
111 NW 1st Street, 27th Floor
Miami, FL 33128

Dear Ms. Mallette:

Miami-Dade Public Housing and Community Development (PHCD) commits to providing 15 project-based vouchers, on 10/1/2023, to leverage the Montega Revamped Reallocation Project for people experiencing homelessness in Miami-Dade County, as part of the US Department of Housing and Urban Development's (HUD) Fiscal Year (FY) 2022 Continuum of Care Competition. In return for this commitment, the Miami-Dade County Homeless Trust, lead agency for Miami-Dade's Continuum of Care (CoC), will commit to making all efforts to secure funding from the U.S. Department of Housing and Urban Development (HUD) to provide supportive services to families occupying the voucher-assisted units. Because supportive services are essential to maintaining housing stability, this commitment is contingent on the CoC being able to provide services to formerly homeless families.

PHCD agrees to accept referrals from the CoC's coordinated entry system and agrees to only lease those units to families that have been referred from that system.

We have already worked with the Miami-Dade CoC to establish a preference for general admission to the Housing Choice Voucher program through the CoC's coordinated entry process to individuals and families experiencing homelessness.

We look forward to expanding our partnership for the benefit of those experiencing homelessness.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael Liu", written over a horizontal line.

Michael Liu
Director



August 15, 2022

Ms. Victoria L. Mallette
Executive Director
Miami-Dade County Homeless Trust
111 NW 1st Street
Miami, Florida 33128

RE: Leverage and match for Montega

Dear Ms. Mallette:

Citrus Health Network, Inc. is applying in partnership with the Miami Dade County Homeless Trust for HUD grant funds to provide housing and supportive services to the chronically homeless persons through the Montega Revamped program. As such it commits to providing case management and mental health services. CHN will leverage healthcare resources through its FQHC, the value is projected to be \$427,283 annually between 10/1/23-9/30/24. This includes access to primary care, psychiatry and obstetrics/gynecology as needed and requested. This commitment will last through the one-year duration of the project. The leveraged services will be available immediately. Project eligibility for program participants in the new PSH project will be based on CoC Program fair housing requirements and will not be restricted by the health care service provider.

If you have any questions, please let us know.

Sincerely,

Jose F. Garcia,
MBA

Digitally signed by Jose F.
Garcia, MBA
Date: 2022.09.09 12:35:56
-04'00'

Jose Garcia, MBA, CHCQM
Chief Financial Officer

Accredited by the Joint Commission on Accreditation of Healthcare Organizations



MEMORANDUM OF UNDERSTANDING
Third Party Commitment for FY2023-24

Date: August 30, 2022

I, **Francis Afram-Gyening, CEO**, representing **Camillus Health Concern, Inc. (CHC)**, certify that I/we have made a commitment to provide the services specified below to **Camillus House, Inc. (CH)**.

Specific Service (s) to be provided (describe service(s), number of hours/days, location of where service (s) will be provided, etc.):

As the sister agency to Camillus House, CHC is committed to providing comprehensive healthcare services to the individuals served through the Granada Permanent Supportive Housing program. Project eligibility for program participants in the new PSH project will be based on CoC Program requirements and will not be restricted by the health care service provider.

CHC will accept referrals for primary healthcare and ancillary medical services for the individuals served during the program year. These clients will have access to healthcare services available at CHC's main health center, including oral health, behavioral health, podiatry, and chronic disease management.

Services are available Monday to Friday between the hours of 8:30 a.m. and 5:00 p.m. at the CHC main center location located at 336 NW 5th St, Miami, Florida 33128 or satellite site located at Camillus House NCL campus, 1603 NW 7th Ave., Miami, Florida

Value of service (s) to be provided:

The total value of this commitment **\$310,000** for the period **October 1, 2023 to September 30, 2024**.

CHC is a Federally Qualified Health Center (FQHC) and a Section 330(h) funded Healthcare for the Homeless grantee. CHC provides services to all patients regardless of their ability to pay.



Signature

8/30/2022

Date

Contact Information

Personnel: Francis Afram-Gyening

Title: Chief Executive Officer

Address: 336 N.W. 5th Street, Miami, Florida 33128

Phone: 305.374.1065

email: fagyening@camillus.org

MEMORANDUM OF UNDERSTANDING
Third Party Commitment for FY2023-24

Date: August 30, 2022

I, **Francis Afram-Gyening, CEO**, representing **Camillus Health Concern, Inc. (CHC)**, certify that I/we have made a commitment to provide the services specified below to **Camillus House, Inc. (CH)**.

Specific Service (s) to be provided (describe service(s), number of hours/days, location of where service (s) will be provided, etc.):

As the sister agency to Camillus House, CHC is committed to providing comprehensive healthcare services to the individuals served through the Casa Angulo Permanent Supportive Housing program. Project eligibility for program participants in the new PSH project will be based on CoC Program requirements and will not be restricted by the health care service provider.

CHC will accept referrals for primary healthcare and ancillary medical services for the individuals served during the program year. These clients will have access to healthcare services available at CHC's main health center, including oral health, behavioral health, podiatry, and chronic disease management.

Services are available Monday to Friday between the hours of 8:30 a.m. and 5:00 p.m. at the CHC main center location located at 336 NW 5th St, Miami, Florida 33128 or satellite site located at Camillus House NCL campus, 1603 NW 7th Ave., Miami, Florida

Value of service (s) to be provided:

The total value of this commitment **\$500,000** for the period **October 1, 2023 to September 30, 2024**.

CHC is a Federally Qualified Health Center (FQHC) and a Section 330(h) funded Healthcare for the Homeless grantee. CHC provides services to all patients regardless of their ability to pay.



Signature

8/30/2022

Date

Contact Information

Personnel: Francis Afram-Gyening

Title: Chief Executive Officer

Address: 336 N.W. 5th Street, Miami, Florida 33128

Phone: 305.374.1065

email: fagyening@camillus.org



BETTER WAY OF MIAMI, INC.

800 NW 28th Street, (Beth Lang Way), Miami, Florida 33127

(305) 634-3409 - Fax: (305) 634-3524

www.betterwaymiami.org

MICHAEL FESTINGER, Esq.
President / Chief Executive Officer

August 30th, 2022

Ms. Victoria Mallette,
Executive Director
Miami Dade County Homeless Trust
111 N.W. 1st Street
Miami, FL 33128-1985

Re: **BETTER WAY WEST WING - EXPANSION**
FY2022 USHUD NOFO
FL0313L4D002113
Commitment /Leverage & Match
Amount Requested \$622,262.00

Dear Ms. Mallette:

As a 501©(3) Substance Use Disorder Treatment Center, Licensed to treat individuals with behavioral health conditions, Better Way of Miami, Inc. is applying in partnership with the Miami Dade County Homeless Trust for HUD grant funds to provide housing and supportive services to the homeless persons with disabilities. As such Better Way commits to providing substance use services to the 36 units at Better Way West Wing (820 NW 28th Street, Miami, Florida 33127) as well as 6 Expansion units in the community. The Better Way West Wing Expansion Program will serve a total of 42 people for the one-year grant term between 10/1/2023 – 9/30/2024. Project eligibility for Better Way West Wing program participants, including the Expansion component will be based on CoC Program Coordinated Entry requirements and will not be restricted by the behavioral health care service provider.

Individuals referred for services to Better Way of Miami, Inc. will be offered the following services:

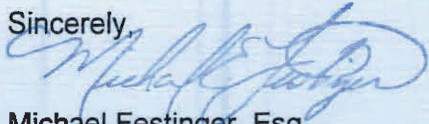
- \$ 36.00 per hour per person for Psychosocial rehabilitation Group Therapy
- \$ 72.00 per hour for individual Counseling Sessions \$288.00 per month/per person.
- \$125.00 for biopsychosocial Assessments \$125.00 per year per person
- \$ 97.00 for the initial Master Treatment Plan \$97.00 per year per person
- \$ 48.50 for Treatment Plan Reviews \$97.00 per year per person
- \$ 15.00 for SA/DDx Outpatient Tx -Recovery Support
- \$ 6.00 for Residential Management Services per day per person
- \$ 15.00 for Drug/Alcohol Urinalysis per person
- \$ 4.50 for Food Service/Meals per meal per day per person

(continued)



We look forward to being able to continue to sponsor this worthwhile project which has been of immeasurable help to those with chronic substance disorder and formerly homeless individuals live productive lives as well as ultimately obtain unsubsidized housing.

Sincerely,

A handwritten signature in blue ink, appearing to read "Michael Festinger", written over a horizontal line.

Michael Festinger, Esq.
President/Chief Executive Officer

MF/pmct