

Application Coversheet

Project Information	
Project Name <i>(please match project name in eSNAPS)</i>	HFH PSH I
Applicant/Recipient Organization Name	Harford Family House, Inc.
Subrecipient Names(s) <i>(if applicable)</i>	
Proposed # of people served annually	9
Proposed # of households served annually	3
Total Funds Requested*	\$61760

*Renewal project requests MAY NOT exceed the amount approved in the [2022 Grant Inventory Worksheet](#).

Application Type					
RENEWAL Project	<input checked="" type="checkbox"/> Permanent Supportive Housing	<input type="checkbox"/> Rapid Rehousing	<input type="checkbox"/> TH-RRH	<input type="checkbox"/> Transitional Housing	<input type="checkbox"/> SSO-CE
NEW Project	<input type="checkbox"/> Permanent Supportive Housing	<input type="checkbox"/> Rapid Rehousing	<input type="checkbox"/> TH-RRH	<input type="checkbox"/> SSO-CE	<input type="checkbox"/> SSO
NEW DV Bonus Project	<input type="checkbox"/> Rapid Rehousing	<input type="checkbox"/> TH-RRH	<input type="checkbox"/> SSO-CE		
<i>If NEW project, desired project start date (must be in calendar year 2023)</i>					

Contact Details	
Legal Name of Applicant	Harford Family House, Inc.
Mailing Address <i>(Include City & Zip Code)</i>	53 East Bel Air Ave, #3, Aberdeen, MD 21001
County of Headquarters' Office	Harford County
Authorized Representative Information	
Chief Executive - First and Last name	Robin Tomechko
Title	CEO
Email	rtomechko@harfordfamilyhouse.org
Phone number	410-273-6700
Information of person to contact with CoC Application questions	
First, Middle and Last names	Mary Biggs
Email	mbiggs@harfordfamilyhouse.org
Cell Phone	410-322-3351
Agency eSNAPS Contact (Authorized user submitting your CoC Project Application in eSNAPS)	
Name	Mary Biggs
Email	mbiggs@harfordfamilyhouse.org
Cell Phone	410-322-3351

Proposal General Questions: ALL NEW & RENEWAL PROJECTS

1. HEALTHCARE

Indicate, for each type of healthcare listed below, whether your program assists clients with enrolling in health insurance and/or assists clients effectively utilizing Medicaid and other benefit

Type of Health Care	Assist with Enrollment	Assist with Utilization of Benefits
Public Health Care Benefits (State or Federal benefits, Medicaid, Indian Health Services)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Private Insurers:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Profit, Philanthropic:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>
N/A		<input type="checkbox"/>

2. EDUCATIONAL ACCESS/SERVICES:

Does the agency have any written formal agreements, MOU/MOAs or partnerships with one or more providers of early childhood services and supports?

	MOU/MOA	Other Formal Agreement
Birth to 3 Years	<input type="checkbox"/>	<input type="checkbox"/>
Child Care and Development Fund	<input type="checkbox"/>	<input type="checkbox"/>
Early Childhood Providers	<input type="checkbox"/>	<input type="checkbox"/>
Early Head Start	<input type="checkbox"/>	<input type="checkbox"/>
Federal Home Visiting Program	<input type="checkbox"/>	<input type="checkbox"/>
Head Start	<input type="checkbox"/>	<input type="checkbox"/>
Healthy Start	<input type="checkbox"/>	<input type="checkbox"/>
Public Pre-K	<input type="checkbox"/>	<input type="checkbox"/>
Tribal Home Visiting Program	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>
N/A		<input checked="" type="checkbox"/>

3. **GEOGRAPHY:** Please indicate the geographical area your project will serve. Check all that apply.

Geographic Area	Area Served
Allegany County	<input type="checkbox"/>
Calvert County	<input type="checkbox"/>
Cecil County	<input type="checkbox"/>
Charles County	<input type="checkbox"/>
Garrett County	<input type="checkbox"/>
Harford County	<input checked="" type="checkbox"/>
St. Mary's County	<input type="checkbox"/>
Washington County	<input type="checkbox"/>

4. DIVERSITY, EQUITY, AND INCLUSION

If a **renewal project**, describe how your program has assessed its organizational structure and program practices for disparities in representation, service delivery, and program outcomes – and if so, what actions have been taken to reduce or eliminate those disparities. (Example: Black shelter clients are less likely to be offered permanent housing opportunities than their white peers; corrective action taken included evaluating case management services and doing staff anti-bias training).

If a **new project**, describe the strategies you will implement to avoid a lack of diversity, ensure equity in services, and ensure the program is accessible to all.

Harford Family House, Inc. is committed to the principles of diversity, equity and inclusion. In 2021, the Board of Directors of Harford Family House adopted a DEI statement emphasizing our commitment to ensuring that all people are treated as individuals and are given the tools, support and resources necessary to promote the success of each client as circumstances dictate. Within our program, we strive to provide access to all people referred to us by the Harford Community Action Agency, the centralized intake organization for our community, without regard for any factors including but not limited to race, gender, sexual orientation, disability, domestic violence situation or family composition.

5. LIVED EXPERIENCE ENGAGEMENT

Does your agency involve or engage people with lived experience in a meaningful way? Check all that apply.	
Host focus groups to collect feedback on program services	<input checked="" type="checkbox"/>
Individuals with Lived Experience Serve on Agency Board	<input type="checkbox"/>
Individuals with Lived Experience Employed by Agency	<input checked="" type="checkbox"/>
Individuals with Lived Experience Service in Peer Navigation / Volunteer Role	<input checked="" type="checkbox"/>
Individuals with Lived Experience Serve on Working Groups or Advisory Committees	<input checked="" type="checkbox"/>
Other:	<input type="checkbox"/>
N/A	<input type="checkbox"/>

6. SUMMARY BUDGET (CORRESPONDS WITH eSNAPS APPLICATION)

Eligible Costs	Annual Assistance Requested
Leasing	\$43,200
Rental Assistance	\$
Supportive Services	\$9,360
Operating Costs	\$3600
HMIS	\$
Admin	\$5600

Total Request	\$61760
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7. MATCH FUNDS (CORRESPONDS WITH eSNAPS APPLICATION QUESTION)

Match Source 1	
Type of Commitment (Cash or In-Kind)	Cash
Type of Source (Private, Government)	Private
Name the Source of the Commitment (Be specific , include the office or grant program as applicable)	General Operating Fund from HFH
Date of Written Commitment	
Value of Written Commitment	\$4640
Match Source 2	
Type of Commitment (Cash or In-Kind)	
Type of Source (Private, Government)	
Name the Source of the Commitment (Be specific , include the office or grant program as applicable)	
Date of Written Commitment	
Value of Written Commitment	\$
Match Source 3	
Type of Commitment (Cash or In-Kind)	
Type of Source (Private, Government)	
Name the Source of the Commitment (Be specific , include the office or grant program as applicable)	
Date of Written Commitment	
Value of Written Commitment	\$

8. VIOLENCE AGAINST WOMEN ACT (VAWA) POLICY: HUD requires that all CoC funded projects are in compliance with the VAWA rule and have an Emergency Transfer Plan in place. Projects must also ensure that all program participants are made aware of the plan.

If your agency has an existing Emergency Transfer Plan, please attach it to your application submission. If you do not currently have an Emergency Transfer Plan, please see the APPENDIX A below for policy templates and describe your agency’s strategy to develop and implement the policy.

Harford Family House is an active member of our local continuum of care. In instances of domestic violence, we work closely with SARC to get our families the support and services they need. HFH

does not have an Emergency Transfer Plan in place but does work closely with SARC in cases where domestic violence is an issue.

- 9. ANTI-DISCRIMINATION POLICY:** HUD requires CoCs to develop and implement anti-discrimination policies to ensure that individuals and families receive supportive services, shelter and housing free from discrimination. CoCs must adhere to anti-discrimination policies by not denying admission to, or separating any family members from other members of their family or caregivers based on age, sex, gender, LGBT status, marital status or disability when entering shelter or housing.

If your agency has an existing anti-discrimination policy, please attach it to your application submission. If you do not currently have an anti-discrimination policy, please see the APPENDIX B for policy templates and describe your agency's strategy to develop and implement the policy. The Anti-Discrimination policy is a part of the agreement that is made with each client as a part of the intake process. The entire program agreement is attached.

- 10. HOUSING FIRST POLICY:** Attach your agency's policies and procedures, termination policy, and any other relevant documents demonstrating compliance with Housing First or low-barriers to entry. If you do not currently have these policies, please describe your agency's strategy to develop and implement such policies.

All policies regarding housing first and termination policies are included as a part of the intake process. The entire agreement is attached.

Proposal Narrative Questions: ALL NEW PROJECT APPLICATIONS

- 11. GENERAL PROJECT DESCRIPTION (CORRESPONDS WITH eSNAPS APPLICATION):** Provide a description that addresses the entire scope of the proposed project. The project description should be complete and concise. The description must be consistent with other parts of this application and should identify the following:
- a. The target population including the number of single adults and the number of families with children to be served when the project is at full capacity: The target population for the PSH project run by Harford Family House is families with one or more children under the age of 18 where at least one family member has a diagnosed disability. At full capacity at the current funding level, we will be able to serve 3 families at a time. The properties we lease are 3 bedroom units and can serve families of various sizes. Only one family is housed in each unit.
 - b. Indicate if this is an expansion of a current project
This is an ongoing project. Because of a funding cut in the current cycle, the number we can serve at full capacity has been reduced from 6 to 3.
 - c. Type and number of units (scatter-site or single site; single or multi-family homes, etc.)
This project is scatter site consisting of single family homes, townhouses or duplexes. Currently we are able to support 3 units.
 - d. Specific services that will be provided
Families are immediately provided with housing, leased by Harford Family House. Each family is assigned to a case manager who will work with the family to identify any existing barriers to permanent housing and to develop individualized action plans to assist the family in reaching whatever their goals may be. This could include budgeting assistance, assistance applying for any available public benefits, assistance obtaining physical and mental health services as needed, assistance identifying appropriate child care options, assistance with job searches, job training, etc.
 - e. Projected outcomes
Projected outcomes include: Moving families into the PSH program as quickly as possible to get them off the streets and into housing; a minimum of 67% will actively participate in case management; 100% will be provided with referrals to appropriate partners within the community to meet any identified needs
 - f. Coordination with partners including but not limited to trainings, resources, and collaborations: Harford Family House is an active member of the Harford County Continuum of Care which has recently become a part of the balance of state continuum of care. Staff of HFH actively participate in trainings, roundtable discussions and other collaborative efforts to address the needs of the population in our community who are experiencing homelessness.
 - g. How the project meets community needs in its service area: This project provides housing for families with children where at least one member of the family has a diagnosed disability. HFH is a vital member of the local continuum of care and works with the CoC to address any gaps in services that are identified.

12. HMIS:

MD514 FY22 CoC Program Request for Proposals- HFH PSH I- expansion

- a. How will you ensure new and current employees attend HMIS user training on an annual basis? How will your project maintain timely data entry and excellent data quality? All case management staff and supervisors of case management staff will actively participate in any HMIS trainings that are offered. They will be given time during their regularly scheduled work hours to attend such trainings and it will become a part of their performance expectations. The director of homelessness services will monitor the input of data to make sure that information is entered accurately and timely.
- b. For Non-HMIS participating agencies (Victim Service Providers), describe how you will ensure timely and accurate data quality using a comparable database? N/A

13. COORDINATED ENTRY PARTICIPATION:

- a. Participation in Coordinated Entry is a requirement for all CoC funded projects, if selected for funding, do you agree to adhere to the following goals? **YES**
 - i. All clients who enter the homeless services system will be assessed for the Coordinated Entry System
 - ii. 100% of CoC funded housing providers will participate in the Coordinated Entry System
 - iii. 100% of new client enrollments into housing projects will come from the Coordinated Entry System By Name List
- b. Does your agency currently participate in the local Coordinated Entry Process? **YES**

14. SYSTEM PERFORMANCE MEASURES: HUD is increasingly relying on data-driven performance to evaluate community success. CoC's are required to submit [system performance measures](#) each year to demonstrate community-wide performance. Describe your project's strategies to contribute to the CoC's overall success for each of the following:

- a. Ensure program participants are successfully exiting to and maintaining permanent housing
- b. Ensure program participants do not return to homelessness
- c. Ensure jobs and income growth for homeless persons in CoC-program funded projects

Each family is assigned to a case manager from the time they enter the program. The case manager will work closely with each individual family to first identify any challenges and barriers to permanent housing and to assess the individual goals of each family. Case managers will continue to meet and work with each family to develop appropriate goals and plans of action to attain these goals and will help each family trouble shoot as they encounter any roadblocks to attaining these goals. HFH has developed and is continuing to develop relationships with local landlords and property management companies to develop housing options for the families we serve. When funding is available, HFH can provide assistance with moving costs, security deposits, rental assistance, etc. to help the family exit to permanent housing and then maintain that housing. Through a partnership with the local community college and workforce development programs, case managers are able to assist clients in completing educational training programs that can lead to higher income potential. Case managers also work with the families to make sure they are receiving any benefits to which they are entitled in order to increase their income potential.

15. HOUSING FIRST: Question 10 pertains to Housing First related policies; this question is intended to understand a new project's experience and implementation plan of a Housing First approach.

Housing First is a model of housing assistance that prioritizes rapid placement and stabilization in permanent housing that does not have service participation requirements or preconditions (such as sobriety or minimum income threshold). It is an approach to: 1) quickly and successfully connect individuals and families experiencing homelessness to permanent housing; 2) without barriers to entry, such as sobriety, treatment or service participation requirements; or 3) related preconditions that might lead to the participant's termination from the project.

- a. Describe your agency's experience in operating a successful housing first program, and clearly describe a program design that meets the definition of Housing First, including low-barriers to entry, as described above. Harford Family House has been operating the PSH program for families with disabilities for many years. Families are initially accepted into the program based on availability and referrals received through the coordinated entry system. As soon as they are accepted into the program, the family is able to move into a fully furnished, fully equipped home. From there, they are assigned to a case manager who works closely with the family to identify challenges, opportunities and goals of each family and then walks along with the family on the path to more permanent housing.

16. INCOME AND MAINSTREAM BENEFITS:

- a. How will your program work with mainstream employment organizations to help individuals and families increase their cash income?

HFH works closely with the Susquehanna Workforce Development Network to provide assistance to families in searching for employment opportunities. We also work closely with several local temporary staffing agencies including Beacon Staffing and Axxess Staffing to identify potential short term opportunities that could lead to longer term employment. Staff are involved in local chambers of commerce and service organizations such as the Aberdeen Rotary, where connections are made to potential employers for clients at Harford Family House.

- b. How does your agency provide information to staff about mainstream benefits, including up-to-date resources on eligibility and program changes that can affect clients? Our program and case management staff meet on a weekly basis to share ideas, resources and suggestions for resources that could be of benefit to the families served through this program. Professional development opportunities are a regular part of the job as is participation in the local continuum of care meetings. All of these opportunities allow our staff to keep up to date on resource availability and best practices.

17. EDUCATIONAL ACCESS/SERVICES:

- a. Indicate the policies and procedures, if any, that have been adopted to inform individuals and families who become homeless of their eligibility for educational services. Harford Family House works closely with Harford Community College to share educational opportunities, including scholarship opportunities, that are available to our clients at little to no cost.

18. NEW PERMANENT SUPPORTIVE HOUSING PROJECTS ONLY:

- a. How does/will your program assess clients for their ability to move-on and exit a permanent supportive housing project and live in community-based housing, with or

without an ongoing subsidy? Our case managers will work closely with each family from the time they move into the Permanent Supportive Housing program at HFH. With the guidance and support of the assigned case manager, each family will be able to set goals and work to overcome any obstacles to reaching these goals. Through regular communication, the case manager will be able to assess the needs of the family as well as their readiness to move on to community based housing. Case managers will assist the families in applying for available assistance, including housing vouchers.

- b. What partnerships has your agency developed with affordable housing and rental assistance programs to increase access to long term resources? Harford Family House is an integral, active member of the local continuum of care. We work closely with the CoC to ensure that our families have the support and resources needed to sustain permanent housing. We have relationships with local property management companies and private landlords who are willing to work with us and our families.
- c. Describe your strategy for serving those in permanent supportive housing who may need a higher level of care; including those with medically complex situation or those aging in place? Our program and our mission is based around families with children, including in our Permanent Supportive Housing program. For those families who no longer have children as a part of the family, we work with the Harford Community Action Agency to identify other appropriate housing and support services for them. We also have relationships with local resources to support the mental and physical health needs of each family in whatever situation they may find themselves. We have worked with Harford County Transit to secure transportation for families with members in a wheelchair and with the landlords we lease from to provide requested accommodations to make a housing unit fit the needs of the family.

19. NEW RAPID REHOUSING PROJECTS ONLY:

Rapid Re-Housing takes a person-centered and progressive engagement approach to providing assistance, taking into account a households strengths and challenges, and targeting resources to each household's level of need (see [link to overview of progressive engagement](#)).

- a. Describe how the project will determine the amount and duration of the monthly rental subsidy that will be provided to participants.
- b. If a household still enrolled in the project loses income or becomes unable to pay their portion of rent, describe how the project will determine when the rental subsidy will be reinstated or increased to help the household stabilize and avoid eviction.

20. NEW JOINT TH/PH-RRH PROJECTS ONLY: HUD is encouraging CoCs and project applicants to carefully consider and assess whether a joint component project is the best use of resources and will best meet the needs of people experiencing homelessness in the community.

Please review the HUD factors below, then define the specific subpopulation this project is proposing to serve and provide justification that this type of resource is necessary for the Continuum.

Factors to consider:

- a. Communities with high rates of unsheltered homelessness and where stays in shelter and other forms of crisis housing are usually brief would likely benefit from adding a joint component project to their system. In communities where shelter, crisis housing,

and transitional housing stays are long, increasing rapid re-housing and permanent supportive housing resources may be more effective ways to increase capacity.

- b. Communities with no emergency shelter or crisis housing options available for people fleeing domestic violence should consider a joint component project. However, where there are already shelters or crisis housing projects serving survivors, communities should assess whether lowering the barriers in those existing projects and adding rapid re-housing would better meet survivors' needs and be a better use of resources.
- c. Communities with transitional housing projects, particularly those that are not able to provide their participants with financial resources to obtain permanent housing, should consider whether reallocating funds from those projects to a joint component project would better meet the needs of the people the project is intended to serve.

21. NEW COORDINATED ENTRY SERVICE PROJECTS ONLY: *Eligible activities in this category may include staff dedicated to conducting CES assessments, providing navigation services, securing critical documents, participation in case conference meetings or activities related to developing and implementing the coordinated entry process.*

- a. Describe how the proposed project will contribute towards the coordinated entry system being easily available/reachable for all persons, including those with a disability or limited English proficiency within the CoC's geographic area who are seeking homeless assistance.
- b. Describe how the proposed project will target outreach to homeless persons with the highest barriers within the CoC's geographic area.
- c. Describe how the project will ensure that program participants are directed to appropriate housing and services that fit their needs.

22. NEW SSO – STREET OUTREACH PROJECTS ONLY: *Eligible activities may include staff dedicated to providing street outreach services to unsheltered populations, providing basic case management services, connecting clients to health, benefit and employment related services, delivering basic necessities and food, and operating a drop-in center in conjunction with street outreach.*

- a. Describe the proposed project strategy for providing supportive services to those with the highest service needs, including those with histories of unsheltered homelessness and those who do not traditionally engage with supportive services.
- b. Describe how the project will ensure that program participants are assisted to obtain and maintain shelter and/or permanent housing in a manner that fits their needs.
- c. Describe the project plan to ensure that program participants will be individually assisted to obtain the benefits of mainstream health, social services, and employment programs for which they are eligible to apply and which meet the needs of the program participants (e.g., Medicare, Medicaid, SSI, Food Stamps, local Workforce office, early childhood education).

Proposal Narratives: NEW DV BONUS PROJECT APPLICATIONS ONLY

New DV Bonus projects (RRH, Joint TH/PH-RRH, and SSO-CE) must serve survivors of domestic violence, dating violence, sexual assault, or stalking who qualify as homeless under paragraph (4) of 24 CFR 578.3.

All RRH and Joint TH/PH-RRH component projects must follow a housing-first approach.

New DV Bonus RRH Joint TH/RRH projects must request a minimum of \$50,000 per project.

DV.1 DESCRIBE THE APPLICANT EXPERIENCE WITH THE FOLLOWING:

- a. ensured DV survivors experiencing homelessness were assisted to quickly move into safe affordable housing;
- b. prioritized survivors—you must address the process the project applicant used, e.g., Coordinated Entry, prioritization list, CoC's emergency transfer plan, etc.;
- c. determined which supportive services survivors needed;
- d. connected survivors to supportive services; and
- e. moved clients from assisted housing to housing they could sustain—address housing stability after the housing subsidy ends.

DV.2 DESCRIBE EXAMPLES OF HOW THE APPLIANCT ENSURED THE SAFETY AND CONFIDENTIALITY OF DV SURVIVORS EXPERIENCING HOMELESSNESS BY:

- a. taking steps to ensure privacy/confidentiality during the intake and interview process;
- b. making determinations and placements into safe housing;
- c. keeping information and locations confidential;
- d. training staff on safety and confidentiality polices and practices; and
- e. taking security measures for units (congregate or scattered site), that support survivors' physical safety and location confidentiality.

DV.3 DESCRIBE HOW THE PROJECT APPLICANT EVALUATED ITS ABILITY TO ENSURE THE SAFETY OF DV SURVIVORS SERVED BY THE PROJECT, INCLUDING AREAS IDENTIFIED FOR IMPROVEMENT.

DV.4 DESCRIBE THE PROJECT APPLICANT EXPERIENCE USING TRAUMA-INFORMED, VICTIM-CENTERED APPROACH TO MEET THE NEEDS OF DV SURVIVORS IN THE FOLLOWING AREAS:

- a. prioritizing placement and stabilization in permanent housing consistent with participants' wished and stated needs;
- b. establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
- c. providing program participants access to information on trauma, e.g., training staff on providing program participants with information on trauma;
- d. emphasizing program participants' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans work towards survivor defined goals and aspirations;
- e. centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible and trauma-informed;
- f. providing a variety of opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
- g. offering support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.

DV.5 DESCRIBE THE PROJECT APPLICANT EXPERIENCE: providing supportive services to domestic violence survivors experiencing homelessness while quickly moving them into permanent housing

and addressing their safety needs and provide examples of how the applicant provided the supportive services to domestic violence survivors.

DV.6 DESCRIBE HOW THE PROJECT APPLICANT WILL:

- a. prioritize program participant choice and rapid placement and stabilization in permanent housing consistent with participants' wishes and stated needs;
- b. establish and maintain an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
- c. provide program participants access to information on trauma, e.g., training staff on providing program participants with information on trauma;
- d. place emphasis on program participants' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans works towards survivor-defined goals and aspirations;
- e. center on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible and trauma-informed;
- f. provide opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
- g. offer support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.

DV.7 DESCRIBE THE PLAN TO INVOLVE SURVIVORS WITH A RANGE OF LIVED EXPERTISE IN POLICY AND PROGRAM DEVELOPMENT THROUGHOUT THE OPERATION OF THE PROJECT.

Housing First Assessment: ALL PROJECTS

For a homelessness service system to work the most efficiently and effectively, individual programs must embrace a Housing First approach. In addition to the Housing First related questions in e-snaps, the Performance Review Committee may review the following Housing First Assessment in the process of reviewing and scoring applications.

Please check all boxes that apply.

OVERALL

- The term "Housing First" is used to describe the program.
- Policies clearly delineate that the program is operating under "Housing First" principles as defined by the [U.S. Interagency Council on Homelessness](#).

ADMISSION

- Applicants are accepted regardless of their use of substances or compliance with treatment.
- Participation in services is not a condition of program entry.
- Poor credit history, rental history, criminal background, or other "housing readiness" factors will not be barriers to housing assistance.
- Applicants are not required to have income or employment prior to admission.
- Fleeing domestic violence is not a barrier to program access.
- People with disabilities are offered clear opportunities to request reasonable accommodations within applications and screening processes and during tenancy and building and apartment units include special physical features that accommodate disabilities.
- Programs must exhaust all housing options for applicants, and every effort should be made to avoid continuing an applicant's homelessness.

SERVICE DELIVERY

- Engagement and problem-solving are emphasized over therapeutic goals.
- Service plans are tenant-driven without predetermined goals.
- Participation in services is not a condition of permanent supportive housing tenancy.
- Services are informed by a harm-reduction philosophy that recognizes that drug and alcohol use and addiction are a part of some tenants' lives. Tenants are engaged in non-judgmental communication regarding drug and alcohol use and are offered education regarding how to avoid risky behaviors and engage in safer practices.

DISCHARGE

- Use of alcohol and drugs in and of itself is not a reason to evict a tenant.
- Tenants' eviction cannot be for failure to follow through with supportive services, participation agreement or a treatment plan.
- Tenants may be evicted from the housing program only for serious program violations defined in written policies that are aligned with HUD prescribed Housing First guidance and/or rental property lease violations.
- Loss of income or failure to improve income is not a reason to terminate services.
- Fleeing domestic violence is not a reason to terminate services.
- Tenant must be informed of actions that could possibly cause termination from housing during intake, at recertification, and at any point of substantive change to the termination policy during

program participation as verified by tenant signing an acknowledgment document to verify receipt of the termination policy.



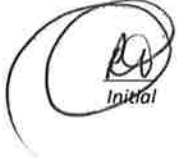
Every effort is made to offer a transfer to a tenant from one housing situation to another, if tenancy is in jeopardy. Whenever possible, eviction back into homelessness is avoided.



To the greatest extent practicable, upon the tenant's exit the service provider will develop and communicate a comprehensive discharge plan for securing or maintaining permanent housing.

Applicant Attestation: ALL PROJECTS

I understand and agree:


Initial

Time is of the essence in all aspects of the Continuum of Care Program, including the application, the RFP and ongoing reporting requirements: our organization will meet all deadlines and work quickly to correct deficiencies, provide requested information, and support the community-wide application process and implementation of the program.


Initial

Corrections, clarification, updates, and supplemental information will be posted to the DHCD website throughout the application process; therefore, our organization will regularly review the content on the webpage <https://www.mdboscoc.org/2022coccompetition>. If you experience technical difficulties, please contact DHCD at boscoc.dhcd@maryland.gov.


Initial

It is our responsibility to ensure that all relevant staff have subscribed to the Balance of State emails. To sign up, [click here](#).


Initial

It is our responsibility to contact DHCD if changes in the contact information for the point of contact for this application are needed.


Initial

It is our responsibility to ensure that all proposed program participants will be eligible for the program component type selected; that all proposed activities are eligible under 24 CFR part 578; each project narrative is fully responsive to the question being asked and that it meets all of the criteria for that question as required by this NOFO and included in the detailed instructions provided in eSNAPS; the data provided in various parts of the project application are consistent; and, all required attachments correspond to the attachments list in eSNAPS and contain accurate and complete information and are dated between June 30, 2022 and September 30, 2022.


Initial

All applicants will be required to attest to additional federal regulations is eSNAPS as required for a federal grant. Responses will be considered part of the application process.

Robin Tomechko, CEO

Authorized Representative Name


Signature

8/31/22

Date