Before Starting the CoC Application

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

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

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

 1. The FY 2024 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
 2. The FY 2024 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
 3. All information provided to ensure it is correct and current.
 4. Responses provided by project applicants in their Project Applications.
 5. The application to ensure all documentation, including attachment are provided.

 Your CoC Must Approve the Consolidated Application before You Submit It
 - 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2024 CoC Program Competition on behalf of your CoC.
 - 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.

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

 Attachments
 Questions requiring attachments to receive points state, "You Must Upload an Attachment to the 4B. Attachments Screen." Only upload documents responsive to the questions posed–including other material slows down the review process, which ultimately slows down the funding process. Include a cover page with the attachment name.
 - Attachments must match the questions they are associated with–if we do not award points for evidence you upload and associate with the wrong question, this is not a valid reason for you to appeal HUD's funding determination.
 - We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).

1A. Continuum of Care (CoC) Identification

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

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

1A-1. CoC Name and Number: MT-500 - Montana Statewide CoC

1A-2. Collaborative Applicant Name: Montana Continuum of Care Coalition

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Pathways Community Network, Inc.

1B. Coordination and Engagement–Inclusive Structure and Participation

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

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

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

	In the chart below for the period from May 1, 2023 to April 30, 2024:
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	Yes
2.	CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
3.	Disability Advocates	Yes	Yes	Yes
4.	Disability Service Organizations	Yes	Yes	Yes
5.	EMS/Crisis Response Team(s)	Yes	Yes	Yes
6.	Homeless or Formerly Homeless Persons	Yes	Yes	Yes
7.	Hospital(s)	Yes	Yes	Yes
8.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Yes	Yes	No
9.	Law Enforcement	Yes	Yes	Yes
10.	Lesbian, Gay, Bisexual, Transgender (LGBTQ+) Advocates	Yes	Yes	Yes
11.	LGBTQ+ Service Organizations	Yes	Yes	Yes
12.	Local Government Staff/Officials	Yes	Yes	Yes
13.	Local Jail(s)	Yes	Yes	Yes
14.	Mental Health Service Organizations	Yes	Yes	Yes
15.	Mental Illness Advocates	Yes	Yes	Yes
16.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes	Yes	Yes

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

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

1B-1a.	Experience Promoting Racial Equity.	
	NOFO Section III.B.3.c.	

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

(limit 2,500 characters)

To meet the needs of underserved communities substantially overrepresented among people experiencing homelessness in MT-500, the CoC has taken several steps to promote equity. First, the CoC established the Montana Continuum of Care Leadership Council in 2022 to create real and meaningful opportunities for PWLE to provide input on improving the housing response system. Representatives of this group serve on the CoC Board, and Grants Review Panel. The CoC has identified which races are overrepresented in the local homelessness population & is working to bring them more fully into the process of determining the review the rating factors used to score project applications. Input from persons of different races, including those over-represented in the local homelessness population resulted in inclusion of race equity measures on the CoC Scorecard. Example; projects are scored on whether their enrollment is reflective of the those experiencing homelessness in their community, e.g. 40% percent of those experiencing homelessness in Great Falls are BIPOC, so 40% of enrolled participants in Great Falls CoC funded projects should be BIPOC. Additionally, the CoC Local New Project Application, includes a narrative used to assess the extent to which applicants have identified inequities in housing and service access in their area, have taken actions to address those inequities, and/or have established plans to take such actions. This narrative is also used to assess the extent to which applicants have integrated culturally specific and responsive programming and/or have established plans to do so. The CoC provides web-based training in Culturally Responsive Practices annually. These trainings are open to all stakeholders at no cost to ensure they reach a broad spectrum of providers across the CoC. With Native Americans overwhelmingly represented among those experiencing homelessness in Montana (24% per 2024 PIT), the CoC has significantly increased outreach and engagement efforts to Montana's Tribal Nations. These efforts have had positive results; one Tribal Nation has joined the CoC, and the CoC is supporting an application from the Confederated Salish Kootenai Tribes for the CoCBuilds NOFO and has included an application from the Crow Tribes' PSH Project in this year's Consolidated Application for CoC Bonus Funds. These proposed new projects represent a significant step forward in addressing the needs of underserved indigenous communities.

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

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

(limit 2,500 characters)

1)The CoC solicits new members through an annual membership drive. The CoC website features a membership notice & application & information about how to participate in monthly Board meetings, which are open to the public. The YAB has a page on the CoC website & Facebook page to recruit new members. Seven local CoCs covering MT planning districts also work consistently to recruit new members. 2)Statewide CoC meetings are online & fully accessible to people with disabilities. The CoC website indicates that all electronic materials are available in accessible formats. The CoC has made web-based training on accessibility available to all CoC funded project staff and stakeholders statewide. The CoC has also distributed written guidance on creating accessible electronic documents.. Local CoCs hold meetings in ADA compliant facilities. 3) Montana is predominantly white/not Latinx. Native Americans are by far the most significant nonwhite population. The Statewide CoC director has prioritized outreach to several of Montana's Tribal Nations. These outreach efforts have resulted in two tribal nations submitting proposals for new projects, with one officially joining the CoC. Local CoCs facilitate outreach to organizations serving culturally specific communities experiencing homelessness to encourage them to join their local CoC & address equity. Outreach to Montana's Tribal Nations has been a focus of the CoC the past year. This outreach has resulted in two Tribal Nations becoming CoC members, with one opting to join the CoC, adding its geographical area to the CoC's registration.

1B-3.	CoC's Strategy to Solicit/Consider Opinions on Preventing and Ending Homelessness.	
	NOFO Section V.B.1.a.(3)	

	Describe in the field below how your CoC:
1.	solicited and considered opinions from a broad array of organizations and individuals that have knowledge of homelessness, or an interest in preventing and ending homelessness;
2.	communicated information during public meetings or other forums your CoC uses to solicit public information;
3.	ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats; and
4.	took into consideration information gathered in public meetings or forums to address improvements or new approaches to preventing and ending homelessness.

(limit 2,500 characters)

1)7 local CoCs covering MT's planning districts solicited & considered input from stakeholders including People with lived experience of homelessness (PLEH), individuals & organizations from the housing, health, education, employment, DV, food insecurity, advocacy, philanthropy, faith, business, government & non-profit sectors. Input was also solicited & considered thru 9 local Coordinated Entry Systems across the state, the PLEH Leadership Council, YAB, CoC Board & membership, Grants Review Panel, & HMIS Committee meetings. 10 CoC Board members are chosen by local CoCs, 4 are elected at-large & 6 are recruited/appointed by the board president to ensure representation of critically needed subpopulations (e.g. youth, mental health, veterans). The CoC participated in many statewide meetings, trainings & public hearings soliciting stakeholder input, e.g., on Consolidated Plan. United Ways are the local CoC leads in 3 districts & involved a diverse range of member organizations in their local CoCs. The Statewide CoC convened an in- person member meeting & 4 statewide trainings to get input from local CoCs & other stakeholders on topics, including CES evaluation & best practices in service delivery. 2) Dates, locations, agendas & minutes were posted on the CoC's website & announced through the CoC's email list. Information was conveyed through written documents, e.g., a CoC newsletter, briefing memos, agendas, proposed changes to policies/structures, & bulletins on legislative & executive branch policy matters. Information was discussed by & input obtained from the PLEH Leadership Board, YAB, Board, Local CoCs, & Committees via in-person meetings, trainings, video conferences, emails & phone calls. 3)CoC solicited public input via accessible formats: in-person meeting facilities are ADA compliant; CoC website states all materials are available in accessible electronic formats; web-based training on accessibility & written guidance on creating accessible electronic documents distributed to CoC funded project staff & local CoCs. 4) The CoC & YAB staff & Local CoC Board reps compiled & synthesized stakeholder feedback & presented input to the Board. The CoC Coordinator drafted proposals for Board consideration based on that feedback. The Board met to discuss options, determine what additional input is necessary & voted on CoC matters. Based on feedback from FY23 strategic planning, the CoC established priorities w/target dates & is implementing its strategic plan.

| | 1B-4. | Public Notification for Proposals from Organizations Not Previously Awarded CoC Program Funding. | |
| | | NOFO Section V.B.1.a.(4) | |

		Describe in the field below how your CoC notified the public:
	1.	that your CoC will consider project applications from organizations that have not previously received CoC Program funding;
	2.	about how project applicants must submit their project applications–the process;
	3.	about how your CoC would determine which project applications it would submit to HUD for funding; and
	4.	ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats.

(limit 2,500 characters)

1)The CoC notified the public that the FY 2024 CoC competition was open & applications were being accepted as follows: A Request for Proposals (RFP) was posted to the MT CoC website & stated "The MT Continuum of Care Coalition encourages proposals from applicants that have never previously received CoC funds"; an email notice with the same information was sent to the CoC mailing list of more than 90 contacts, including all homeless providers across the state & other potentially interested stakeholders that have not previously received CoC funding; the local CoC's were encouraged to distribute the same information at local meetings & via local networks throughout their communities; announcements included information regarding an online workshop for potential applicants, definitions of terms & links to online resources to ensure accessibility of the application process for organizations not previously funded. A link to participate in the public workshop was posted to the CoC's website, & the workshop provided technical assistance to applicants who might be unfamiliar with the CoC program. 2) The publicly posted invitation to apply included detailed instructions on how to apply, including, minimum threshold criteria, eligible component types, selection criteria, submission instructions, the deadline, & how to submit questions. 3) Each announcement explained how the CoC would determine which project application it would submit to HUD for funding indicating that applications would be independently scored by the Grants Review Panel, with final project selection determined by non-conflicted members of the Board. The announcements included a detailed matrix used by the Grants Review Panel to score applications. The matrix specified points available in each of 6 selection criteria areas: project design, addressing inequities, project readiness, performance, coordinated entry, program budget/cost efficiency, & CoC participation. 4)The CoC ensured public accessibility including for people with disabilities about how to apply as follows: public notification & link to the online workshop were posted to the CoC website, which indicates that all materials are available in accessible electronic formats. The CoC coordinator followed accessibility guidance to ensure accessibility of RFP, application & workshop materials.

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:

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

1C-1.	Coordination with Federal, State, Local, Private, and Other Organizations.	
	NOFO Section V.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)	Yes
11.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes
12.	Organizations led by and serving LGBTQ+ persons	Yes
13.	Organizations led by and serving people with disabilities	Yes
14.	Private Foundations	Yes
15.	Public Housing Authorities	Yes
16.	Runaway and Homeless Youth (RHY)	Yes
17.	Temporary Assistance for Needy Families (TANF)	Yes
	Other:(limit 50 characters)	
18.		

1C-2.	CoC Consultation with ESG Program Recipients.	
	NOFO Section V.B.1.b.	

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

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

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

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

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

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

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

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

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

> 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)

Missoula County public schools & Associated Students of Univ. of MT Bear Necessities program are signed partners with the Missoula Coordinated Entry System. MT CoC written policies & procedures codify partnerships with SEA/LEA/school districts/youth education providers by requiring every grantee agency to adopt 9 measures. These ensure that participants are informed of their educational rights & that children are enrolled in school & connected to services (e.g., early childhood education, Head Start, Part C of the Individuals with Disabilities Education Act & the McKinney-Vento education services). These measures include designating a staff person who will: maintain a current list of local contacts for these programs, the local homeless education liaisons for all school districts, & the State Coordinator of Education of Homeless Children; contact each of these programs to request & receive a briefing on their programs; establish a working-relationship with the contacts; develop processes for coordinating services to clients; within 72 hours of project entry, contact the local LEA to arrange a briefing w/the family about all available education programs, coordinate assistance for enrollment & transportation to the school of origin or the local school, & make referrals to educational services; follow-up w/the family within 3 days of contacting the local homeless education liaison to ensure the child has been enrolled in school; & contact the SEA to request further assistance if needed. The Statewide CoC's written Monitoring Guide includes a standard that assesses if the grantee has: designated such a staff person to fulfill these & other responsibilities; & adopted written policies & procedures that require such coordination with the LEA/ SEA/school district/youth education providers. The Statewide CoC's written Monitoring Guide also includes a monitoring standard that assesses subrecipient agreements to ensure inclusion of the requirements for subrecipients to: establish the required educational policies & procedures; & to designate a staff person to fulfill the responsibilities to coordinate with the LEA, SEA & school districts, & youth education providers described above.

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

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

(limit 2,500 characters)

MT CoC has written Policies & Procedures that require every grantee agency & encourages all other homeless services providers to adopt 9 measures thus ensuring a staff person informs project participants of the Educational Rights of Students & connects them directly with a local school liaison. An agency must designate a staff person who will: 1. Ensure that children are enrolled in school & connected to the appropriate services in the community, including early childhood education, Head Start, Individuals with Disabilities Education Act & the McKinney-Vento education services. 2. Maintain a current list of local contacts for the programs listed above as well as the local homeless education liaisons. 3. Request & receive briefings, establish working relationships & develop processes for coordinating services to clients from these programs. 4. Provide training & update staff essential in coordinating educational assurances. 5. Determine if any children are not currently enrolled in school at intake. 6. Provide all families with a written summary of the Educational Rights of Students in Homeless Situations. 7. Within 72 hours of intake, contact the local LEA to arrange for a briefing with the family about all available education programs, coordinate assistance for enrollment & transportation to either the school of origin or the local school, & make referrals to health, mental health, dental & other services. 8. Follow-up with the family within 3 days of contacting the local homeless education liaison to ensure child has been enrolled in school. 9. If enrollment is not completed or problems are preventing enrollment, contact the State Office of Public Instruction to request further assistance. The Statewide CoC's written Monitoring Guide includes a standard that assesses if the grantee has designated such a staff person to fulfill these responsibilities & if subrecipient agreements codify the requirement to designate such a staff person.

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

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

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

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

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

	Organizations	
1.	State Domestic Violence Coalitions	Yes
2.	State Sexual Assault Coalitions	Yes
3.	Anti-trafficking Service Providers	Yes
	Other Organizations that Help this Population (limit 500 characters)	
4.		

1C-5a.	Collaborating with Federally Funded Programs and Victim Service Providers to Address Needs of Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.	
	NOFO Section V.B.1.e.	

	Describe in the field below how your CoC regularly collaborates with organizations that you selected yes to in Question 1C-5 to:
1.	update CoC-wide policies; and
2.	ensure all housing and services provided in the CoC's geographic area are trauma-informed and can meet the needs of survivors.

(limit 2,500 characters)

1)The Statewide CoC Board is responsible for updating CoC-wide policies. The Board includes representatives from 2 agencies that provide services to people who meet the category 4 definition of homelessness (i.e., SAFE in Ravalli county, & YWCA of Billings). Both reps are active members in the Montana Coalition Against Domestic & Sexual Violence (MCADSV), which is the State DV & sexual assault coalition. Both have also served on the board of MCADSV. These 2 CoC Board members, in partnership with other Board members & CoC staff, help to ensure that the CoC regularly collaborates with MCADSV, Victim Services Providers (VSPs), Anti-trafficking Service Providers, and with CoC & ESG funded projects. These collaborations inform the Board's work to update CoC wide policies; 2) These 2 CoC Board members, in partnership with other Board members, & CoC staff also help to ensure that the CoC regularly collaborates with MCADSV, VSPs, Anti-trafficking Service Providers, and CoC & ESG funded projects. These collaborations inform the Board's work to ensure all housing & services provided in the CoC are trauma-informed & can meet the needs of survivors. The YWCA is the primary provider in Missoula for survivors of DV, dating violence, sexual assault, stalking or human trafficking & is a signed partner agency with the Missoula CoC & an access point for the Missoula Coordinated Entry System. The Missoula CoC works closely with the YWCA to ensure people who meet the category 4 definition have access to culturally competent & trauma-informed services & to overcome barriers to access for this population. To this end, YWCA annually helps to review/revise CES policies/procedures & participates in CES oversight & case conferencing. The Helena CoC has an MOU with the local DV provider (Friendship Center) & they collaborate via weekly case conferencing to ensures that housing & services are trauma-informed and meet survivors' needs. SAFE is a leader of the Ravalli County CoC & County Coalition against DV and Sexual Violence. SAFE provides training & supports to help other providers to implement trauma-informed practices that meet the needs of survivors. The Helena CoC partners with the Friendship Center via weekly calls to provide training & resources to ensure a trauma-informed approach. In the NWMT CoC, the lead DV/SV service provider serves on the CoC's Exec Committee & ensures that the Gaps & Needs Assessment reflects survivors needs.

1C-5b.	Implemented Safety Planning, Confidentiality Protocols in Your CoC's Coordinated Entry to Address the Needs of Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.	
	NOFO Section V.B.1.e.	

	Describe in the field below how your CoC's coordinated entry addresses the needs of DV survivors by including:
1.	safety planning protocols; and
2.	confidentiality protocols.

(limit 2,500 characters)

1) Coordinated Entry System (CES) includes safety planning protocols as follows: triage asks, do you feel safe? If a safety concern emerges: A) Household is referred to the local DV provider &/or crisis help line. Safe transportation & warm hand-off are arranged. B) An assessment determines eligibility for confidential DV shelter. If eligible, shelter has capacity & client wants that option, move-in is immediate. If shelter cannot accommodate, referral is made to ESG or another appropriate local program for a hotel voucher. C) The shelter case manager completes a CES common assessment within the first week. D) A unique identifier is assigned & entered into the By Name List. E) DV agencies attend case conferencing to ensure people with unique IDs are discussed & prioritized per policy. F) All public housing authorities in MT & the MT CoC have adopted the Model Emergency Transfer Plan (HUD-5381). That plan has been incorporated into CoC Policies & Procedures & CES safety protocols. G) Each CES Zone has inventoried all available housing, including CoC, ESG, DOJ & HHS funded programs & more. Households fleeing DV/SV have equal access to all resources & make individual determinations about what resources are safest for them. Inventory data & CES generated information on preferences, referrals, and survivor choices enable each CES Zone to identify gaps & needs & determine priorities for new housing & service development to help ensure survivor safety. Local CoC representatives serve on the Statewide CoC Board & contribute this local information to statewide CoC planning discussions. 2) CES policies provide survivors with "confidential access to the local CES process and immediate access to emergency services including domestic violence shelters, hotlines and provider services." CES uses a unique identifier to ensure that survivors are prioritized while maintaining confidentiality. Confidentiality protocols are reviewed during training. Local CoC examples include: NWMT CoC CES maintains a written confidentiality protocol that allows for case-conferencing without provision of identifying information at the meeting; Missoula CoC YWCA manages a Unique Identifier process to mask personally identifying information while still providing the minimal information necessary for resource prioritization.

1C-5c.	Coordinated Annual Training on Best Practices to Address the Needs of Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section V.B.1.e.	

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

		Project Staff	Coordinated Entry Staff
1.	Training Occurs at least annually?	Yes	Yes
2.	Incorporates Trauma Informed best practices?	Yes	Yes
3.	Incorporates Survivor-Centered best practices?	Yes	Yes
4.	Identifies and assesses survivors' individual safety needs?	Yes	Yes
5.	Enhances and supports collaboration with DV organizations?	Yes	Yes
6.	Ensures survivors' rights, voices, and perspectives are incorporated?	Yes	Yes
	Other? (limit 500 characters)		
7.			

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

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

(limit 2,500 characters)

1)The MT CoC's written policies and procedures include an Emergency Transfer Plan (ETP) adapted from the model ETP (HUD-5381). The CoC ETP requires all CoC funded projects & each Coordinated Entry Referral Zone (CERF), including the Rural Coordinated Entry System Call Center to use consistent procedures prioritizing safety & facilitating access to a new unit as needed. All CoC projects are required to follow the ETP. 2) The CoC has adopted a policy that requires CERF access points & all CoC funded homeless services projects to inform all individuals & families seeking or receiving homelessness assistance, regardless of known survivor status, of the process to request a transfer. The CoC has developed a brief, user friendly notice that clearly explains that process including how & where to submit a request & what to include. CERF access points & all CoC funded homeless services projects are required to briefly explain the transfer process & provide the notice to all applicants/participants. 3)The plan requires households to contact their Housing Providers management office to request an emergency transfer. Participants may request relocation to a different unit, project, provider, CoC, or State. Housing providers may only assess transfer eligibility based on the need identified by the participant and may not consider perceived reliability. What constitutes a safe unit is determined by the participant. Assistance for participants to exercise these rights is available from the housing provider and/or CoC staff. 4) Upon receiving a transfer request, the Housing Provider: promptly contacts the participant to determine what is needed and to discuss safe unit options; works with the CERF to refer the participant to a safe unit ensuring prioritization over other admissions; works with receiving project and participant to help facilitate a prompt transfer; and maintains documentation of all requests and outcomes of those requests.

1C-5e.	Facilitating Safe Access to Housing and Services for Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.	
	NOFO Section V.B.1.e.	

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

(limit 2,500 characters)

1)Montana includes large rural areas where survivors can be hours away from the nearest service provider. To ensure safe access to all housing & services for survivors, the CoC uses Coordinated Entry System (CES) Referral Zones. Having DV providers serve as CES front-doors in every area & as members on CES case conferencing teams also helps to ensure safe access to all housing & services for survivors. In rural areas survivors can also access the Montana Rural CES Call Center. CES can also accommodate referrals across zones to help ensure safe access to all housing and services for survivors. Similarly, the MT Coalition Against Domestic & Sexual Violence has members in each of 5 regions across MT with 24-hour crisis hotlines available in each region. This decentralized approach helps to ensure that survivors, regardless of their location, have safe access to all housing & services through Victim Service Providers (VSPs), CoC & ESG funded projects, & non-CoC/ESG funded programs serving people experiencing homelessness. Outreach teams in CES zones assist by maintaining & documenting contact, building rapport, & helping the person connect to services of their choice. All clients are asked about their choice in housing, & CES provides referrals accordingly. Households fleeing DV/SV have equal access to both DV specific & non-DV housing & services & can determine which available services best fit their individual needs, including for safety.

	1C-5f.	Identifying and Removing Barriers for Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.	
		NOFO Section V.B.1.e.	

		Describe in the field below how your CoC ensures survivors receive safe housing and services by:
	1.	identifying barriers specific to survivors; and
	2.	working to remove those barriers.

(limit 2,500 characters)

1) Active participation by VSPs in the Statewide CoC and in CES Zones across the state helps to ensure effective monitoring of the homeless response system to identify barriers to safe access to housing & services for survivors. 2) Examples of proactively addressing systemic barriers to housing for survivors include In the Ravalli County CoC, SAFE monitors the homeless response system & is proactively educating landlords about VAWA protections & connecting survivors to the State's address protection program. The Missoula CoC collaborates with Crime Victim Advocates and the Student Advocacy Resource Center (SARC) to ensure that the needs and experiences of survivors are accounted for and that system processes are trauma-informed. The YWCA (Missoula's primary VSP) is taking similar proactive measures, including proactively educating survivors regarding their VAWA rights. In Butte the collaboration between the SWMT CoC and VSPs involves forming partnerships with local domestic violence shelters and other organizations centering on addressing barriers to improve victim support. In the NWMT CoC, the lead DV/SV service provider serves on the CoC's Executive Committee & ensures that systemic barriers to access for survivors are identified in the Gaps & Needs Assessment. The Statewide CoC Board includes representatives from 2 VSPs who help to ensure proactive identification of systemic barriers to safe access to housing & services for survivors.

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

		Describe in the field below:
	1.	how your CoC regularly collaborates with LGBTQ+ and other organizations to update its CoC-wide anti-discrimination policy, as necessary to ensure all housing and services provided in the CoC are trauma-informed and able to meet the needs of LGBTQ+ individuals and families;
	2.	how your CoC assisted housing and services providers in developing project-level anti-discrimination policies that are consistent with the CoC-wide anti-discrimination policy;
	3.	your CoC's process for evaluating compliance with your CoC's anti-discrimination policies; and
	4.	your CoC's process for addressing noncompliance with your CoC's anti-discrimination policies.

(limit 2,500 characters)

1)In 2018 the CoC adopted a CoC-wide anti-discrimination policy. In 2022 a consultant who identifies as LGBTQ+ helped the CoC to develop a more robust policy that includes guidance for provider agencies on ensuring a safe, healthy, affirming & discrimination-free environment for persons identifying as LGBTQ+. That policy includes guidance on topics that ensure a trauma-informed approach, including terminology, requirements around professionalism/staff conduct, confidentiality/privacy, chosen titles/pronouns, gender separated facilities/services, safety, healthcare, & dress codes. It also describes sanctions & penalties for violations & a grievance process. The CoC circulated the draft policy, including among stakeholders who identify as LGBTQ+. among agencies with deep experience serving that community, & to its YAB (66% of YAB members identify as non-binary or LGBTQIA2S). The CoC incorporated feedback, then adopted the policy & regularly seeks additional feedback during CoC meetings & annual training. 2)The CoC provides a sample project-level antidiscrimination policy that is consistent with both the original & new supplemental CoC-wide anti- discrimination policies. The sample project-level policy ensures that persons identifying as LGBTQ+ receive supportive services, shelter, & housing free from discrimination. On 6/26/24 the CoC offered a webinar overviewing both the updated CoC-wide & the project-level anti-discrimination policies for provider agencies. An LGBTQ+ identified trainer led the webinar, which included an opportunity for feedback & questions about implementation. 3) The CoC's monitoring program evaluates project compliance with the local anti-discrimination policy & HUD's Equal Access requirements by reviewing recipient policies, participant handbooks, case notes, and by interviewing project staff. 4)Failure to adhere to anti- discrimination &/or Equal Access requirements results in a finding. The monitoring team makes specific recommendations to correct the finding & the provider must submit a corrective action plan to the CoC Coordinator. CoC staff/consultants review and approve the plan and are available to answer questions & provide support as agencies work to correct findings. If subsequent monitoring indicates that a project is unable or unwilling to make the necessary changes, the project could risk being reallocated.

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

You must upload the PHA Homeless Preference\PHA Moving On Preference attachment(s) to the 4B. Attachments Screen.
Enter information in the chart below for the two largest PHAs highlighted in gray on the current CoC-PHA Crosswalk Report or the two PHAs your CoC has a working relationship with–if there is only one PHA in your CoC's geographic area, provide information on the one:

Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing or Housing Choice Voucher Program During FY 2023 who were experiencing homelessness at entry	Does the PHA have a General or Limited Homeless Preference?	Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?
Missoula Housing Authority	22%	Yes-Public Housing	Yes
Helena Housing Authority	32%	Yes-Both	Yes

1C-7a.	Written Policies on Homeless Admission Preferences with PHAs.	
	NOFO Section V.B.1.g.	

	Describe in the field below:	
1.	steps your CoC has taken, with the two largest PHAs within your CoC's geographic area or the two PHAs your CoC has working relationships with, to adopt a homeless admission preference—if your CoC only has one PHA within its geographic area, you may respond for the one; or	
2.	state that your CoC has not worked with the PHAs in its geographic area to adopt a homeless admission preference.	

(limit 2,500 characters)

1) The CoC has strong relationships with PHAs and leverages PHA resources to end homelessness. For example, the two largest PHAs in the CoC's geographic area both have homeless admission preferences in the Housing Choice Voucher program and Public Housing. 22% of new admissions from for Missoula and 32% of new admissions for Helena were people experiencing homelessness at entry between September 2023 and August 2024. Three Local PHA directors are all CoC board members, with one serving as board president. This level of involvement has created a high level of PHA-CES collaboration and the ability to achieve the outcomes noted above. 2) Not Applicable.

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 V.B.1.g.	

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

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

1C-7d.	Submitting CoC and PHA Joint Applications for Funding for People Experiencing Homelessness.	
	NOFO Section V.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)?	No
			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.	

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

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

1D. Coordination and Engagement Cont'd

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

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

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

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

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

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

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 2024 CoC Program Competition.	19
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 2024 CoC Program Competition that have adopted the Housing First approach.	19
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, SSO non-Coordinated Entry, Safe Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in the FY 2024 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

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

You must upload the Housing First Evaluation attachment to the 4B. Attachments Screen.
Describe in the field below:

1.	how your CoC evaluates every project–where the applicant checks Housing First on their project application–to determine if they are using a Housing First approach;
2.	the list of factors and performance indicators your CoC uses during its evaluation;
3.	how your CoC regularly evaluates projects outside of your local CoC competition to ensure the projects are using a Housing First approach; and
4.	what your CoC has done to improve fidelity to Housing First.

(limit 2,500 characters)

1)The CoC requires all projects to use a Housing First (HF) approach. The CoC analyzes HMIS data (details below), conducts a HF Assessment of all projects annually (most recently in summer 2024) & verifies housing first compliance via a monitoring program; All projects may admit only applicants referred via Coordinated Entry & may not reject eligible applicants due to criminal history, substance use, lack of income, poor credit, eviction history, reluctance to engage in services or other barriers. Coordinated Entry Referral Zones also assess whether projects are adhering to HF commitments. 2) The CoC uses the following factors/performance indicators when evaluating compliance with Housing First: low barrier access (e.g., use of criminal background screening in admissions; whether projects expedite the admission process & aid in assembling necessary documentation); housing retention practices (e.g., termination for failure to participate in services or for substance use & other disallowed reasons); & engagement practices (e.g., use of harm reduction & motivational interviewing). Coordinated Entry also monitors referrals & exits to ensure that eligible applicants are admitted, housed & stabilized promptly & not exited for impermissible reasons. 3) The CoC's monitoring program evaluates project compliance with HF commitments by reviewing leases/occupancy agreements, project policies, participant handbooks, case notes, etc. to ensure that participation in services is voluntary & that participants are not denied entry or terminated due to substance use, reluctance to engage in services or treatment, lack of progress on goals or other impermissible reasons. Failure to adhere to HF requirements results in a finding. The monitoring team makes specific recommendations to correct the finding. If subsequent monitoring indicates that a project is unable or unwilling to make the necessary changes, the project could risk being reallocated. 4)To improve fidelity to HF the CoC provided a training for staff across the state on Principles of Housing First and Harm Reduction on 7/11/24 & required submission of action plans in May 2024 for any monitoring findings related to Housing First. Plans must include specific action steps, timeframe for completion, and person responsible and must be signed by the grantee's Chief Executive. CoC reviewed plans, provided feedback & approved plans.

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

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

(limit 2,500 characters)

The CoC tailored its approach to identify, engage & partner with unsheltered people least likely to request assistance by deploying multi-disciplinary partners to canvass streets, woods, parks, underpasses, abandoned buildings, public transportation, etc. & locate people who may be hidden or reluctant to engage. Outreach teams used information from partners to update a multi-disciplinary canvassing strategy. The strategy varies depending on needs/resources in each local CoC; Local CoCs maintain & continuously build relationships with partners who provided information on where to find people & made introductions. Partners included people experiencing homelessness (PEH), police, first responders, health & behavioral healthcare workers, community members, businesses & faith-based organizations. Examples of this multi-disciplinary team approach include: Missoula's "Community Outreach Team" which met weekly to identify locations of those least likely to request assistance & determined how to best collectively meet their needs; a collaboration in the Southwest MT CoC between the CoC grantee, Western MT Mental Health and the FQHC - includes a new mobile medical outreach van that delivers healthcare directly to those least likely to seek help. Great Falls, Yellowstone County, & Helena CoCs used peer workers with lived experience of homelessness to bridge the gap between outreach teams & those reluctant to seek help. Outreach teams work for as long as necessary to build a relationship with those with the highest barriers & collaborate with partners to meet people where they are. Outreach staff & health/behavioral healthcare professionals collaborated to connect clients with healthcare needs to care. Outreach staff used a trauma-informed, culturally competent approach that respects boundaries & builds relationships at a pace set by each client, providing medical treatment, food, clothing, blankets & hygiene supplies to build trust & offer comfort. Use of Person-Centered Planning & Motivational Interviewing help to build motivation to accept help among those who are least likely to request assistance. Partners collaborated to encourage service engagement & housing placement, leveraging the skills, knowledge and relationships that each partner brings. Partners used warm hand-offs to support linkages to new providers & to support the client during transitions (e.g., streets to shelter, shelter to housing).

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

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

	Your CoC's Strategies	Engaged/Educated Legislators and Policymakers	Implemented Laws/Policies/Practices that Prevent Criminalization of Homelessness
1.	Increase utilization of co-responder responses or social services-led responses over law enforcement responses to people experiencing homelessness?	Yes	Yes
2.	Minimize use of law enforcement to enforce bans on public sleeping, public camping, or carrying out basic life functions in public places?	Yes	Yes
3.	Avoid imposing criminal sanctions, including fines, fees, and incarceration for public sleeping, public camping, and carrying out basic life functions in public places?	Yes	Yes

	4.	Other:(limit 500 characters)		

1D-5.		Rapid Rehousing–RRH Beds as Reported in the Housing Inventory Count (HIC) or Longitudinal Data from HMIS.	
		NOFO Section V.B.1.l.	

		HIC Longitudinal HMIS Data	2023	2024
	Enter the total number of RRH beds available to serve all populations as reported in the HIC or the number of households served per longitudinal HMIS data, e.g., APR.	HIC	343	315

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

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

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

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

	Describe in the field below how your CoC:
1.	works with projects to collaborate with healthcare organizations, including those that provide substance use disorder treatment and mental health treatment, to assist program participants with receiving healthcare services, including Medicaid; and
2.	promotes SSI/SSDI Outreach, Access, and Recovery (SOAR) certification of program staff.

(limit 2,500 characters)

1)As needs and resources differ greatly across Montana, collaboration with healthcare providers is implemented at the local level. Local CoCs use various strategies to collaborate with healthcare organizations; in Billings, Great Falls, and Missoula healthcare organizations meet regularly with local CoC partners to ensure that substance use, and behavioral health projects are being integrated appropriately with projects to address homelessness. Partners also collaborate to make warm handoffs possible and bridge support and treatment plans where possible and appropriate. In Butte there is a coordinated outreach effort with members of the CoC including the Southwest Montana Community Health Center and their mobile clinic as well as the Healthcare for the Homeless clinic to bring healthcare directly to the unsheltered population. After initial assessments, referrals are made to appropriate providers specializing in substance use and mental health treatment for ongoing support. Through a FUSE initiative the Helena CoC is working with hospitals & mental health agencies to build pathways for all providers to more effectively access these services for participants. 2) To promote SSI/SSDI Outreach, Access, and Recovery (SOAR) certification of program staff the Statewide CoC has partnered with a foundation on an HMIS data integration project to facilitate Medicaid enrollment. Resources differ widely among local CoCs & so SOAR implementation is managed locally. Missoula CoC has a SOAR subcommittee that trains & onboards new staff from across the CoC on the SOAR process. In Butte, the SWMT CoC is encouraging more agencies to have certified SOAR staff.

	ID-7.	Partnerships with Public Health Agencies–Collaborating to Respond to and Prevent the Spread of Infectious Diseases.	
		NOFO Section V.B.1.n.	

		Describe in the field below how your CoC effectively collaborates with state and local public health agencies to develop CoC-wide policies and procedures that:
	1.	respond to infectious disease outbreaks; and
	2.	prevent infectious disease outbreaks among people experiencing homelessness.

(limit 2,500 characters)

Because needs & resources differ widely across urban, suburban, rural & frontier areas of MT, infectious disease prevention efforts & response policies & procedures are established & implemented at the local CoC level. 1) Local CoCs (e.g., Great Falls, Helena, Missoula, & SWMT) participate in Community Organizations Active in Disaster (COAD) planning bodies. COADs are a structured way for local CoCs to coordinate with their City/County Health Departments, County Offices of Emergency Management, local non-profits, private & public health/behavioral healthcare organizations, to support effective policies/procedures to respond to infectious disease (ID) outbreaks & other types of emergencies (e.g., COVID, Monkey Pox, TB, Measles). COADs prepare & mobilize a coordinated response, share lessons learned, & continuously build local capacity, including establishing & updating policies/procedures. COADs are re-activated as needed. Local CoCs (e.g., Helena & Great Falls) also work regularly with their City/County Health Departments to ensure that all policies/procedures to prevent & respond to infectious disease outbreaks, are current & appropriate per State/County guidance. For example, policies & procedures on quarantine, isolation & referral were established/updated & leveraged to respond to the Monkey Pox outbreak. The Butte-Silver Bow Health Department is an active member of the SWMT CoC, contacts homeless service providers when there is a potential ID outbreak & helps to develop/implement plans to prevent and respond to outbreaks (e.g., provides supplies & vaccination clinics). 2) Local CoCs also work with their COADs & City/County Health Departments to prevent infectious disease outbreaks among people experiencing homelessness (PEH). For example, SWMT CoC collaborates closely with state & local health departments ensure effective communication, resource sharing and coordinated efforts to prevent the spread of IDs, e.g., by sharing data on the homeless population (health conditions, vulnerabilities, and locations). This data assists the health department to assess ID risk, plan interventions, & provide ID prevention & control education/training to service providers, shelter staff, & outreach workers. Great Falls CoC receives timely updates on potential & ongoing ID outbreaks from state/local health departments. Shelter staff disseminate updates to residents, & outreach teams share information with people who are unsheltered.

ID-7a.	Collaboration With Public Health Agencies on Infectious Diseases.	
	NOFO Section V.B.1.n.	

		Describe in the field below how your CoC:
	1.	effectively shared information related to public health measures and homelessness; and
	2.	facilitated communication between public health agencies and homeless service providers to ensure street outreach providers and shelter and housing providers are equipped to prevent or limit infectious disease outbreaks among program participants.

(limit 2,500 characters)

Because needs & resources differ widely across urban, suburban, rural & frontier areas of Montana, strategies to most effectively share information & facilitate communication about infectious diseases are established & implemented at the local CoC level. 1) Local CoCs (e.g., Great Falls, Helena, Missoula, & SWMT) participated in Community Organizations Active in Disaster (COAD). COADs are comprised of dozens of public and private agencies across the state, including representatives from local CoCs, public health agencies and homeless services providers. COADs provided a structured way for local CoCs to obtain current and accurate information about public health measures and to ensure that those measures are responsive to the needs of people experiencing homelessness (PEH) & homeless services providers. COADs worked closely with Public Health & Emergency Management Public Information Officers to plan messaging & information sharing strategies, to equip homeless service providers to understand the impact of ID outbreaks on PEH & effectively implement public health measures. Local CoCs shared this information via general membership & committee meetings, case conferencing, email, Slack channels, social media, flyers, staff training, & word of mouth. This collaboration included Health Departments providing education, educational materials, & training to Local CoC members on public health measures to prevent & control ID outbreaks. 2) Local CoCs ensured that homeless services staff at all levels participated in COADs (healthcare professionals, nonprofit directors, outreach staff, case managers, etc.). This facilitated effective communication and the ability to identify client & provider needs & promote best practices related to preventing and limiting ID outbreaks. These efforts ensured communication & coordination structures were in place & quickly leveraged during ID outbreaks to: monitor and disseminate information from public health authorities; engage health departments to conduct outreach to homeless services providers during ID outbreaks; train staff in shelter, outreach, and housing programs on ID prevention and control strategies; promote ID precautions and vaccine confidence among staff and clients; & advertise convenient vaccine access for project staff and clients.

1D-8.	Coordinated Entry Standard Processes.	
	NOFO Section V.B.1.o.	

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

(limit 2,500 characters)

1)MT CoC Coordinated Entry System (CES) covers the entire state. People experiencing homelessness (PEH) can get assistance through access points in each population center. The CoC has widely published a Housing Crisis Hotline that covers the rural & frontier areas. Regardless of where they are located everyone can be served by MT's CES. People who live in encampments & other unsheltered settings have access to CES through outreach teams, which act as virtual Access Points, offering the same info & services as physical CES locations 2) The Matching to Appropriate Placement (MAP) standardized assessment, developed & used by the MT CoC is designed to achieve fair, equitable, & equal access to housing & services within the CoC by systematically evaluating the needs & vulnerabilities of PEH. By assessing various factors such as quality of life, violence exposure, and physical & mental health crisis, the MAP helps prioritize assistance based on objective criteria. This ensures that resources are allocated to those who need them most, regardless of personal biases or subjective judgments. The MAP uses evidence-based, research-proven questions that produce valid results across different age, race & household type populations. We analyze MAP results at least once/year to evaluate the instrument's effectiveness and to detect any emerging signs of bias or inequity. Questions were designed to ensure that people with special needs & challenges are appropriately served by the CES. 3) The assessment collects information in a trauma-informed way by considering the impact of trauma on an individual's life. For individuals with traumatic life histories, the assessment gathers relevant information without requiring them to re- experience that trauma. It helps assessors, case managers and navigators understand the role of trauma in their lives, and it informs rehousing objectives, goals, planning and referral decisions. 4) The MAP is updated at least annually through a process led by the CoC's CES Committee, which includes CES participating projects. Stakeholders, including people who have been served by CES in the past year, are surveyed to gather input on the assessment & ways it can be improved. The committee then works with researchers to update the assessment as appropriate. A robust CES evaluation is underway, including feedback from "secret shoppers" who are people with lived experience of homelessness, focus groups with PEH & feedback from participating projects.

	1D-8a.	Coordinated Entry–Program Participant-Centered Approach.	
		NOFO Section V.B.1.o.	

		Describe in the field below how your CoC's coordinated entry system:
	1.	reaches people who are least likely to apply for 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 needs and preferences; and
	4.	takes steps to reduce burdens on people seeking assistance.

(limit 2,500 characters)

1)MT includes large areas where people experiencing homelessness (PEH) can be hours away from the nearest provider. The CoC uses CES Referral Zones based on Community Action Program service areas. People in rural & frontier areas can also access the Rural CES hotline, which is advertised on the MT CoC website. This decentralized approach helps to ensure that vulnerable people, who are least likely to apply, have access regardless of location. Decentralization also enables local people who understand the demographics, barriers, and language needs in their area to determine the best approach to market CES to those least likely to apply & to develop a targeted outreach approach & materials that affirmatively further fair housing. Based on local assessments of the marketing needs, outreach teams in each zone focus on identifying & connecting the people least likely to seek assistance to the CES. When persons decline to engage (e.g., due to substance use, disabling mental illness, language barriers, etc.), the first person to make contact is responsible for maintaining & documenting contact, & for engagement, rapport building, & helping the person connect to services. 2)Each Referral Zone uses the MAP (Matching Appropriate Placement) tool to assess clients' current living situation, risk factors, and needs. Case conferencing is done a bit differently across local Referral Zones, but, in all cases, they prioritize those with the most significant needs. The information collected on the MAP assessment is used in conjunction with case notes collected while working with clients to make informed decisions during case conferencing about which clients should be prioritized for different types of housing. 3)The MAP tool explores participants' preferences, which are heavily weighted in referral decisions. Each local CoC monitors the by-name list to ensure that the highest need PEH are served promptly in accordance with their preferences. The CoC evaluates days from project entry to move-in date to ensure rapid housing placement subsequent to referral. Local CoCs monitor referrals & housing placements to ensure that eligible applicants are admitted, housed & stabilized promptly. 4)The CoC discontinued VI-SPDAT use & developed a local assessment tool (MAP), which uses a streamlined process, asks for the least amount of info necessary & minimizes invasiveness. For clients unable/unwilling to travel to designated access points, outreach workers assist in the CES process.

1D-8b.	Coordinated Entry–Informing Program Participants about Their Rights and Remedies–Reporting Violations.	
	NOFO Section V.B.1.o.	

		Describe in the field below how your CoC through its coordinated entry:
	1.	affirmatively markets housing and services provided within the CoC's geographic area and ensures it reaches all persons experiencing homelessness;
	2.	informs program participants of their rights and remedies available under federal, state, and local fair housing and civil rights laws; and
	3.	reports any conditions or actions that impede fair housing choice for current or prospective program participants to the jurisdiction(s) responsible for certifying consistency with the Consolidated Plan.

(limit 2,500 characters)

1)The CoC has several strategies to affirmatively market housing & services and ensure all persons experiencing housing instability regardless of race, color, national origin, etc. are aware of the assistance provided in areas across the state. Firstly, Partnering agencies and coordinated entry front doors make this information available on their websites. Secondly, flyers and brochures with information about coordinated entry are distributed and posted at locations frequently accessed by those experiencing homelessness. Lastly, coordinated entry leads are continually working to expand with partnering agencies in surrounding rural areas so that these services are accessible to anyone experiencing homelessness or housing instability. Information on the Fair Housing Act is included in brochures distributed at access points. 2) When a client first engages with any case manager or outreach worker & at project entry their rights and remedies under all applicable laws are explained to them. The CoC requires access points and all CoC/ESG projects to provide each applicant/participant with a Bill of Rights that informs them of their rights under federal, state, & local fair housing and civil rights laws in accessible language. The Bill of Rights includes information about how to report violations, and project staff assist participants to understand their rights and report violations. The CoC's monitoring program reviews client charts to assess compliance and requires submission of a follow up plan when projects have not provided the Bill of Rights as required. The CoC hosts annual Equal Access training covering fair housing and civil rights topics. 3) Case managers work with current or prospective program participants to detail any potential conditions or actions that impede fair housing choice. Any issues identified are immediately reported. The specific rules laid out by the Fair Housing Act are covered in initial staff member training. The topic of how to make these reports is frequently discussed in case conferencing, as well as unpacking whether or not discrimination has occurred due to the participant belonging to a protected class. Statewide CoC staff works with local CoCs to ensure that any conditions/actions that impede fair housing choice for CoC/ESG participants and applicants and are promptly reported to the jurisdiction responsible for certifying consistency with the Con Plan (e.g. during regular meetings between the CoC and DPHHS).

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

1.	Has your CoC conducted a racial disparities assessment in the last 3 years?	Yes
2.	Enter the date your CoC conducted its latest assessment for racial disparities.	10/04/2024

1D-9a.	Using Data to Determine if Racial Disparities Exist in Your CoC's Provision or Outcomes of CoC Program-Funded Homeless Assistance.	
	NOFO Section V.B.1.p.	

Describe in the field below:	

1.	the data your CoC used to analyze whether any racial disparities are present in your CoC's provision or outcomes of CoC Program-funded homeless assistance; and
2.	how your CoC analyzed the data to determine whether any racial disparities are present in your CoC's provision or outcomes of CoC Program-funded homeless assistance.

(limit 2,500 characters)

1)In October 2024, the CoC's HMIS Lead examined 2023 American Community Survey (ACS) Census data, 2024 PIT Count data & HMIS exit data for the period from Sept 2023 to Aug 2024 to detect racial disparities in the provision or outcomes of homeless assistance funded by the CoC & other sources. 2)To initiate the assessment process the HMIS lead drafted a written report, including graphic data representations, key findings & recommendations for next steps to address the identified disparities. Data used & disparities identified include those identifying as Hispanic/Latinx had the most positive outcomes at exit (41%) & those identifying as Native American/Indigenous had the lowest positive outcomes at exit (25%). Those who identified as White were 6% less likely to obtain permanent housing (PH) than those identifying as Hispanic/Latino, & Native American/Indigenous were 14% less likely to obtain PH than Hispanic/Latino clients. Those who identified as being multiple races had very similar outcome rates as Whites (i.e., 3% less likely to obtain PH). Households identifying as Hispanic/Latino took the least amount of time to obtain housing (median: 112 days). It took Blacks/African Americans 270 days longer to obtain PH than those identifying as Hispanic/Latino, followed by 169 days longer for Whites. Those identifying as Native American/Alaska Native fell somewhere in the middle (median: 260 days). Comparing PIT to ACS data revealed that those identifying as African American/Black & Native American are significantly overrepresented in the population experiencing homelessness. Next steps in the assessment process include: the CoC Board & Local CoCs will review & discuss the report to identify project or system level changes to advance equity. In addition, the CoC maintains a Data Dashboard with real-time, publicly accessible, web-based data analyzing the number of participants, percent of exits to permanent housing and average days from intake to housing by race. Data can be filtered by provider and by prior living situation. 2) The HMIS Lead reviewed 2023 ACS, 2024 PIT Count & HMIS exit data & used excel to analyze these data, create data visualizations & determine the disparities listed above. The HMIS lead then drafted a report describing these disparities for review by the CoC Board & Local CoCs.

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

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

1.	Are your CoC's board and decisionmaking bodies representative of the population served in the CoC?	No
2.	Did your CoC identify steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC?	Yes
3.	Is your CoC expanding outreach in your CoC's geographic areas with higher concentrations of underrepresented groups?	Yes
4.	Does your CoC have communication, such as flyers, websites, or other materials, inclusive of underrepresented groups?	Yes

5.	Is your CoC training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness?	Yes
6.	Is your CoC establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector?	Yes
7.	Does your CoC have staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness?	Yes
8.	Is your CoC educating organizations, stakeholders, boards of directors for local and national nonprofit organizations working on homelessness on the topic of creating greater racial and ethnic diversity?	Yes
9.	Did your CoC review its coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness?	Yes
10.	Is your CoC collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system?	Yes
11.	Is your CoC conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness?	Yes
	Other:(limit 500 characters)	
12.		

1D-9c.	Plan for Ongoing Evaluation of System-level Processes, Policies, and Procedures for Racial Equity.	
	NOFO Section V.B.1.p.	

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

(limit 2,500 characters)

MT-500's plan for ongoing evaluation of system-level processes, policies & procedures for racial equity: A) A Coordinated Entry System (CES) Evaluation is underway including identification of racial disparities in provision/outcomes of CES services. The CoC's Leadership Council - comprised of people with lived experience of homelessness (PWLE), including 3 (30%) BIPOC members- will play a leading role in the ongoing planning & implementation of the CES Evaluation; B) CoC staff will engage the Leadership Council in additional efforts to evaluate system-level processes, policies, &/or procedures for racial equity; C) The CoC implemented & will evaluate a new community level scoring criteria to measure how well projects are addressing the disparities in their communities (i.e., project enrollment is representative of those experiencing homelessness in the local community). D) The CoC will adopt additional scoring criteria to measure racial equity (RE) & will evaluate performance on those criteria at the project, local CoC and Statewide CoC levels. E) The CoC Board Executive Committee will evaluate success of recruitment efforts to diversify the CoC Board & all committees at least annually; to date, recruitment efforts have resulted in a significant increase in board members with lived experience of homelessness & housing instability (66%), those who are BIPOC (25%), & those who identify as non-binary or LGBTQIA2S (13%); F) CoC Board Executive Committee will evaluate the success of retention efforts to sustain diverse membership on the CoC Board at least annually; G) The HMIS lead will conduct a system-level Race Equity analysis of service provision & outcomes at a minimum every 3 years, which will be reviewed by the CoC Board; H) At its monthly Board meetings & all committee meeting, the CoC staff & Board will elevate the voices of BIPOC, LGBTQIA2S stakeholders & those with lived experience of homelessness, and ensure collaborative and respectful dialogue. The CoC will continue to actively invite & create a welcoming space for stakeholders to raise publicly or privately & work collaboratively to resolve system level RE issues; I) The CoC will analyze findings from its monitoring program to identify RE bright spots & system-level barriers to RE J) CoC Staff and the Board Executive Committee will use each of these strategies (A -I) to identify opportunities to improve system-level processes, policies, and procedures for racial equity.

1D-9d.	Plan for Using Data to Track Progress on Preventing or Eliminating Racial Disparities.	
	NOFO Section V.B.1.p.	

	Describe in the field below:	
1.	the measures your CoC plans to use to continuously track progress on preventing or eliminating racial disparities in the provision or outcomes of homeless assistance; and	
2.	the tools your CoC plans to use to continuously track progress on preventing or eliminating racial disparities in the provision or outcomes of homeless assistance.	

(limit 2,500 characters)

1)The CoC Data Dashboard provides real-time, publicly accessible, web-based data on multiple measures used to track progress on preventing and eliminating disparities in the provision and outcomes of homeless assistance. For example, the dashboard includes the number of participants, percent of exits to permanent housing and average days from intake to housing by race, gender (male, female, nonbinary, transgender, male transgender, female transgender, questioning), and sexual orientation (heterosexual, bisexual, gay questioning, lesbian). Data can be filtered by provider and by prior living situation. The Data Dashboard also provides inflow and outflow data for each local Coordinated Entry Zone by race, age, gender, and disabling condition. CoC staff will monitor data and compare to national statistics to identify strategies to prevent and eliminate disparities. In addition, the CoC updates its race equity analysis at a minimum every three years. This analysis, which includes graphic representations of the data, key findings and recommendations for next steps to address the identified disparities is a vital tool in tracking progress on preventing and eliminating disparities. Local CoCs will also use data to track progress on preventing or eliminating disparities. For example, as a partner in the Missoula Equity in Action initiative, the Missoula Coordinated Entry System's (MCES) is tracking and using graphic data representations to demonstrate: annual comparisons of race demographics for unhoused households compared to the general population; deaths by race among unhoused households compared to the general population; and life expectancy by race among unhoused households compared to the general population. The Bozeman Equity Indicators Report analyzes survey, focus group, and interview data by race on indicators, including: need for homeless support or programs; housing affordability; availability of living wage jobs; & access to mental health, SUD, & employment services, providing baseline data to measure progress. Data analysis will occur at a minimum yearly to track progress on preventing and eliminating disparities. 2) The CoC will use the following tools to track progress on preventing and eliminating disparities: a CoC-wide web-based data dashboard hosted by the HMIS Lead, a CoC-wide race equity analysis and equity reports in local CoCs. These tools rely primarily on HMIS data. The Bozeman Report uses survey, focus group, and interview data.

1D-10.	Involving Individuals with Lived Experience of Homelessness in Service Delivery and Decisionmaking–CoC's Outreach Efforts.	
	NOFO Section V.B.1.q.	

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

(limit 2,500 characters)

The CoC uses multiple strategies to engage, recruit, & train People w/Lived Experience of Homelessness (PLEH) to serve in leadership roles & participate in decision-making processes. Examples include: the statewide CoC actively recruits & currently has 5 PLEH on its Board; Local CoCs do the same & also have representation in their leadership (e.g., a PLEH serves as the chair of the NWMT CoC); the CoC's Leadership Council is comprised of PLEH who are compensated at $35/hr; the CoC's Youth Advisory Board (YAB) recruits PLEH, through pages on Facebook & the CoC website, & blog posts. Outreach efforts advertise compensation for YAB members ($25/hour), training opportunities, & a stipend of $250/year for leadership development. Local CoCs also use a range of outreach strategies. In the Missoula and Great Falls Local CoCs, multiple organizations actively recruit and employ people with lived expertise of being unhoused or housing insecure. Additionally, many of these agencies provide professional development and skill building on topics such as resume writing, financial skill building and resilience, and supervisor relationships. The SWMT CoC meets monthly at their local shelter to ensure that PLEH have easy access to CoC decision-making. Local CoC's (e.g., Missoula, Helena) member agencies recruit PLEH as staff who participate in their local CoCs, help to recruit other PWLEH, & help to inform & guide CoC decision-making. These strategies have resulted in successful recruitment of PLEH in multiple leadership roles (e.g., CoC Board members, Local CoC chair, YAB chair). PLEH participate in many of the CoC's decision-making. The Grants Review Panel is the committee responsible for scoring new projects. In 2024, 50% of Grants Review Panel members were PWLE.

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

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

	Level of Active Participation	Number of People with Lived Experience Within the Last 7 Years or Current Program Participant	Number of People with Lived Experience Coming from Unsheltered Situations
1.	Routinely included in the decisionmaking processes related to addressing homelessness.	9	4
2.	Participate on CoC committees, subcommittees, or workgroups.	9	9
3.	Included in the development or revision of your CoC's local competition rating factors.	4	2
4.	Included in the development or revision of your CoC's coordinated entry process.	9	4

1D-10b.	Professional Development and Employment Opportunities for Individuals with Lived Experience of Homelessness.	
	NOFO Section V.B.1.q.	

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

(limit 2,500 characters)

The CoC uses multiple strategies to provide professional development & employment opportunities to people with lived experience of homelessness (PLEH). YAB & Leadership Council members get paid experience as experts in homelessness & consult on a range of program and system level decisions. YAB members receive $250/year to attend a professional development opportunity. Other professional development strategies for PLEH utilized include leading training for human services staff, testifying at the state legislature & local government. These opportunities not only help PLEH to develop professional skills, but also provide critical exposure to potential employers. These opportunities have seen results with YAB members moving on to professional roles including one who is a community organizer at a statewide nonprofit, another has started their career at the Native American Development Corporation, & one member now sits on an advisory board for the Montana Women's Foundation. CoC member agencies across the state also provide professional development opportunities (e.g., Supportive Employment, Supportive Education, skills-based training, internships, and continuing education). Member agencies also hire staff with lived experience & provide mentorship opportunities for staff with lived expertise to partner with staff who have other types of expertise. Local CoCs also provide professional development opportunities to PLEH e.g., the Helena CoC invites PLEH to participate in CoC trainings.

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

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

(limit 2,500 characters)

1)The Statewide CoC gathers feedback from people w/lived experience of homelessness (PLEH) as follows: YAB members leverage their experience receiving homeless assistance to provide guidance & expertise to YHDP grantees. Surveys (e.g., PIT, outreach, & community needs) are administered in-person to gather feedback from PLEH. Local CoCs also routinely gather feedback & provide that feedback to the statewide CoC. Examples: Missoula currently has 5 people with lived expertise on a leadership group of 18 people total that's steering the creation of Missoula's new community strategy to address homelessness. In Great Falls, staff in shelters and other transitional housing settings ensure participants can share their experiences and suggestions in a supportive environment. Multiple agencies employ outreach workers who engage with individuals in encampments and on the streets, capturing real-time feedback and immediate needs. In Butte, representative from LEAP is now attending CoC monthly meetings to provide feedback and input. 2) The CoC regularly gathers feedback from PWLE 3) The CoC gathers feedback from participants in CoC/ESG in multiple ways. Examples: Helena CoC holds regular listening sessions with project participants; Missoula CoC conducted surveys, focus groups, and interviews with CoC/ESG project participants. 4) The CoC regularly gathers feedback from participants in CoC/ESG 5) Projects address employment challenges experienced by YAB members, the CoC provides a range of professional development opportunities (e.g., $250 annual stipend to attend a professional development opportunity, participation in facilitation training). Missoula created a new information-sharing tool to better communicate the housing resources that get directly referred through MCES. Partners are also collaborating to strengthen education and communication about MCES CoC have recently spent time conducting antiracist audit and making shifts in their own programs and practices in response to feedback received, the SWMT CoC created a local Furniture Bank, which is now a fully functioning non-profit providing furnishings to homeless people who are moving into a unit. In Great Falls, feedback from PWLE led to establishing local warming centers and cold weather services. To ensure broad awareness, marketing materials and posters about warming centers and available shelters during cold weather are widely distributed throughout the community.

1D-11.	Increasing Affordable Housing Supply.	
	NOFO Section V.B.1.s.	

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

(limit 2,500 characters)

1) Local CoCs engage City and County government officials to advance initiatives to reform zoning & land use policies. For example, the SWMT was participated on the Butte-Silver Bow Housing Task Force from which a 5-year Housing Plan was developed and approved by the local Commission in 2024. The plan includes land use policies that encourage affordable housing development and is now integrated into the County's Growth Policy. In Helena, the CoC actively engages with local officials regarding zoning policies and best practices for infill housing and affordable housing opportunities. This has resulted in forward thinking in Zoning for ADU's and also for multi-family units in Helena. 2) Local CoCs engage city and county government officials to advance initiatives to reduce regulatory barriers to housing development. For example, the Missoula CoC engaged both City and County staff to ensure that a major growth policy update, which will update regulations/code, integrates considerations for sheltering and housing unhoused neighbors. This involved many hours spent working with developers and creating incentives to integrate and increase the supply of affordable housing. In addition, local CoCs partnered with organizations around the state to engage State legislators to pass legislation that would include deed restriction regulations to ensure that homes developed through the MT Community Reinvestment Plan remain affordable into the future and to enable use of the Coal Trust Homes Program to develop mobile home parks.

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

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

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

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

1.	Enter the date your CoC published its submission deadline and scoring and rating criteria for New Project applicants to submit their project applications for your CoC's local competition.	04/30/2024
2.	Enter the date your CoC published its submission deadline and scoring and rating criteria for Renewal Project applicants to submit their project applications for your CoC's local competition.	08/30/2024

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 V.B.2.a., 2.b., 2.c., 2.d., and 2.e.	

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

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

	6.	Provided points for projects based on the degree the projects identified any barriers to participation (e.g., lack of outreach) faced by persons of different races and ethnicities, particularly those over-represented in the local homelessness population, and has taken or will take steps to eliminate the identified barriers.	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 V.B.2.a., 2.b., 2.c., and 2.d.	

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

	1.	What were the maximum number of points available for the renewal project form(s)?	152
	2.	How many renewal projects did your CoC submit?	16
	3.	What renewal project type did most applicants use?	PH-RRH

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

Describe in the field below:

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

(limit 2,500 characters)

1)% of exits to PH & % of persons remaining in or moving to PH are scored factors in renewal evaluation & ranking. Data are collected in HMIS & analyzed in Excel & the CoC data dashboard, which tracks, for example, exit destinations for all CoC funded projects by Coordinated Entry Zone, provider, Veteran and Chronic Status, gender, race, sexual orientation & prior living situation. Retention in PH is a scored factor in renewal evaluation & ranking. 2)Time from entry to move-in is a scored factor in renewal evaluation & ranking. Data are collected in HMIS & analyzed in Excel & the CoC data dashboard, which tracks median days to housing by exit destination, CES Zone, provider, & Veteran/ Chronic status & average days to housing by gender, race, sexual orientation, & prior living situation). 3)The CoC's process for reviewing, selecting, and ranking projects uses scoring criteria and assigns points to projects that authentically engage people with high needs and vulnerabilities: low or no income, >1 disability, escaping violence or history of victimization, criminal history and chronic homelessness (CH). Additional points are assigned to projects based on extent of Housing First implementation and efforts to reduce barriers for people with severe needs. 4)The CoC's process for reviewing, selecting, and ranking projects considers how project performance may be impacted by serving the highest need/most vulnerable populations by assigning points based on the local gaps and needs analysis, which local CoCs can use to identify particular types of projects that meet a local need for models targeted to specific vulnerable/high need populations and assigning points to how projects authentically engage clients. The Planning, Evaluation and Development Committee can also consider unique factors that impact performance that are not captured in the CoC's objective scoring criteria, such as, whether a project is the only one in its geographic area that serves particular high need/vulnerable populations.

1E-3.	Advancing Racial Equity through Participation of Over-Represented Populations in the Local Competition Review and Ranking Process.	
	NOFO Section V.B.2.e.	

	Describe in the field below:	
	1.	how your CoC used input from persons of different races and ethnicities, particularly those over-represented in the local homelessness population, to determine the rating factors used to review project applications;
	2.	how your CoC included persons of different races and ethnicities, particularly those over-represented in the local homelessness population in the review, selection, and ranking process; and
	3.	how your CoC rated and ranked projects based on the degree that proposed projects identified any barriers to participation (e.g., lack of outreach) faced by persons of different races and ethnicities, particularly those over-represented in the local homelessness population, and steps the projects took or will take to eliminate the identified barriers.

(limit 2,500 characters)

1) The CoC has identified which races are overrepresented in the local homelessness population & is working to bring them more fully into the process of determining the review the rating factors used to score project applications.The input from persons of different races, including those over-represented in the local homelessness population resulted in inclusion of race equity measures on the CoC Scorecard. For example, projects are scored on whether their enrollment is reflective of the those experiencing homelessness in their community, e.g. 27% percent of those experiencing homelessness in Missoula are BIPOC. 27% of project participants in Missoula should be BIPOC. 2)The Planning, Evaluation and Development Committee currently includes an Anishinaabe member. That committee sets the criteria used by the Grants Review Panel and the CoC Board to score and rank project applications. The CoC has also identified which races are over-represented in the local homelessness population & is working to bring them more fully into the process of reviewing, selecting, & ranking projects. The CoC has taken steps to strengthen efforts that promote race equity in its competition review and ranking process (e.g, by adding additional scoring criteria specific to issues of equity and by actively recruiting new members from the BIPOC and tribal communities to serve on the Grants Review Committee and CoC Board. 3) This year the Planning, Evaluation and Development Committee established new criteria to score projects on whether their enrollment is reflective of the those experiencing homelessness in their community, e.g. 42% percent of those experiencing homelessness in Billings are BIPOC. 42% of project participants in Billings should be BIPOC. The CoC Local New Project Application, includes a narrative used to assess the extent to which applicants have identified inequities in housing and service access in their area, taken actions to address those inequities, and/or have established plans to take such actions. This narrative is also used to assess the extent to which applicants have integrated culturally specific and responsive programming and/or have established plans to do so.

1E-4.	Reallocation–Reviewing Performance of Existing Projects.	
	NOFO Section V.B.2.f.	

	Describe in the field below:
1.	your CoC's reallocation process, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed;
2.	whether your CoC identified any low performing or less needed projects through the process described in element 1 of this question during your CoC's local competition this year;
3.	whether your CoC reallocated any low performing or less needed projects during its local competition this year; and
4.	why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable.

(limit 2,500 characters)

1)The CoC has a written reallocation policy it used to determine which projects are candidates for reallocation based on project performance and need among people experiencing homelessness within the CoC's geographic area. The CoC's reallocation process was originally adopted by the CoC in 2013. The CoC Board reviewed and revised the reallocation policy in 2023 & 2024. The reallocation process uses: project evaluation data, including factors that impact HUD System Performance Measures; spending data; unit utilization data; monitoring findings, including compliance with Housing First Requirements; and need data to determine whether to reallocate. Projects may opt to voluntarily reallocate funds or be required to reallocate all or a portion of their funds. The Planning, Evaluation, & Development Committee makes reallocation recommendations, & the Board makes final reallocation decisions via a vote by non-conflicted Board members. Projects identified for involuntary reallocation are notified of the opportunity to appeal. All reallocation recommendations & decisions are made by non-conflicted parties. All reallocated funds are awarded competitively through an RFP. 2) In 2024, all renewal projects were determined to be meeting a critical need in the CoC, & no projects were identified as lower performing. 3) No projects are reallocated in the 2024 competition. 4) The CoC evaluated all renewal projects based on performance benchmarks adopted by non-conflicted Board members. This included the factors cited above, which the CoC uses as the basis for reallocation decisions. Based on the CoC's written reallocation policy, the CoC did not identify any projects that met the performance threshold for reallocation or no longer met a prioritized need within the CoC.

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

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

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

1.	Did your CoC reject any project application(s) submitted for funding during its local competition?	Yes
2.	Did your CoC reduce funding for any project application(s) submitted for funding during its local competition?	No
3.	Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition?	Yes
4.	If you selected Yes for element 1 or element 2 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2024, 06/27/2024, and 06/28/2024, then you must enter 06/28/2024.	08/22/2024

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

	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 06/26/2024, 06/27/2024, and 06/28/2024, then you must enter 06/28/2024.	09/26/2024

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

	Does your attachment include: 1. Project Names; 2. Project Scores; 3. Project Status–Accepted, Rejected, Reduced Reallocated, Fully Reallocated; 4. Project Rank; 5. Amount Requested from HUD; and 6. Reallocated Funds +/-.	Yes

1E-5c.	Web Posting of CoC-Approved Consolidated Application 2 Days Before CoC Program Competition Application Submission Deadline.	
	NOFO Section V.B.2.g. and 24 CFR 578.95.	
	You must upload the Web Posting–CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	Enter the date your CoC posted the CoC-approved Consolidated Application on the CoC's website or partner's website–which included: 1. the CoC Application; and 2. Priority Listings for Reallocation forms and all New, Renewal, and Replacement Project Listings.	10/24/2024

1E-5d.	Notification to Community Members and Key Stakeholders by Email that the CoC-Approved Consolidated Application is Posted on Website.	
	NOFO Section V.B.2.g.	
	You must upload the Notification of CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application was posted on your CoC's website or partner's website.	10/24/2024

2A. Homeless Management Information System (HMIS) Implementation

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

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

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

	Enter the name of the HMIS Vendor your CoC is currently using.	Wellsky

2A-2.	HMIS Implementation Coverage Area.	
	Not Scored–For Information Only	

	Select from dropdown menu your CoC's HMIS coverage area.	Statewide

2A-3.	HIC Data Submission in HDX.	
	NOFO Section V.B.3.a.	

	Enter the date your CoC submitted its 2024 HIC data into HDX.	05/06/2024

2A-4.	Comparable Databases for DV Providers–CoC and HMIS Lead Supporting Data Collection and Data Submission by Victim Service Providers.	
	NOFO Section V.B.3.b.	

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

(limit 2,500 characters)

1)The CoC requires all Victim Service Provider (VSP) grantees and subgrantees to collect data in an HMIS comparable database and strongly encourages all other VSPs in the state to do the same. The CoC has selected and funded and oversees an HMIS Lead who is tasked with supporting and implementing these activities . The HMIS Lead has informed all VSPs in the state of comparable database requirements, and, as new projects are added, continues to offer a list of available comparable database systems to any providers that are not yet in compliance with the requirement. CoC policy requires that all VSPs submit Annual Performance Report summaries (with no client information) and System Performance Measures for each project from a comparable database to the CoC and HMIS Lead following the end of each Federal Fiscal Year. The HMIS Lead analyzes reports submitted to the Continuum of Care by VSPs for indications that a provider's system may not be in compliance with HUD's comparable database requirements. The HMIS Lead also provides information to providers to help them work with their vendors to resolve any compliance related issues that are found in comparable databases. 2) The HMIS Lead conducted a recent audit to update its determinations regarding if all VSPs are using a comparable database compliant with HUD's 2024 HMIS Data Standards. Audit results revealed a few very small VSPs not using a comparable database compliant with these standards. The remaining VSPs are using a comparable database that is compliant with HUD's 2024 HMIS Data Standards. The HMIS Lead, on behalf of the CoC, has made continued outreach efforts to VSPs not utilizing a HUD compliant database. Additional outreach efforts to occur in coming months include: development of a one-page document to be sent out to these non-compliant providers.

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

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

Project Type	Adjusted Total Year-Round, Current Non-VSP Beds [Column F of HDX Report]	Adjusted Total Year-Round, Current VSP Beds [Column K of HDX Report]	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS Comparable Database [Column M of HDX Report]	HMIS and Comparable Database Coverage Rate [Column O of HDX Report]
1. Emergency Shelter (ES) beds	1,194	232	960	67.32%
2. Safe Haven (SH) beds	0	0	0	0.00%
3. Transitional Housing (TH) beds	588	88	301	44.53%
4. Rapid Re-Housing (RRH) beds	226	0	226	100.00%
5. Permanent Supportive Housing (PSH) beds	708	0	619	87.43%
6. Other Permanent Housing (OPH) beds	26	0	0	0.00%

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

		For each project type with a bed coverage rate that is at or below 84.99 percent in question 2A-5, describe:
	1.	steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type; and
	2.	how your CoC will implement the steps described to increase bed coverage to at least 85 percent.

(limit 2,500 characters)

The CoC has no Safe Haven Beds. ES, TH, and OPH bed coverage rates are below 85%. 1) The CoC will leverage non-participating ES and TH provider relationships with HMIS participating organizations & local governments & private funders to persuade them to use HMIS. The CoC will also use HUD funds to waive certain HMIS costs. Most non-participating ES and TH providers, however, are privately funded, and/or rural and not located in proximity to HMIS participating organizations. To persuade these providers to join HMIS, the CoC will: First target providers with a direct relationship to a CoC member or HMIS user; Then build on existing relationships to educate nonparticipating ES and TH providers on the benefits of HMIS participation. For OPH, The CoC will work with the MT State Housing Authority (MTSHA) to ensure that all OPH is participating in HMIS. 2) Steps to reach an 85% ES and TH participation rate: First, identify CoC members who have relationship to leaders of non-participating ES and TH projects. Then, coordinate outreach to provide information about HMIS and begin a dialog; Lastly, set up meetings with ES and TH program staff and the HMIS Lead to identify and address barriers that prevent HMIS participation. Steps to reach an 85% OPH participation rate: the CoC will meet and communicate with MTSHA to ensure they understand what is required. The CoC will provide technical assistance to MTSHA to support their ability to meet the requirements. In addition, for all component types with HMIS bed coverage below 85% (ES/TH/OPH): the CoC & HMIS Leads will regularly monitor the number of beds added to assess progress, identify what is/is not working and adjust the strategy as needed.

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

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

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

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

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

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

	Enter the date your CoC conducted its 2024 PIT count.	01/25/2024

2B-2.	PIT Count Data–HDX Submission Date.	
	NOFO Section V.B.4.a	

	Enter the date your CoC submitted its 2024 PIT count data in HDX.	05/06/2024

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

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

(limit 2,500 characters)

1) Each local CoC worked with any agencies in their area that work with youth to devise strategies for locating and identifying homeless youth during the count. Several YHDP grantees were involved with planning and implementing the PIT. Unaccompanied youth serving on the YAB assisted regional planning groups with the PIT Count planning process. 2) YHDP grantees and youth volunteers with lived experience of homelessness helped local unsheltered PIT coordinators to identify places where homeless youth were most likely to be on the night of the count. Unaccompanied youth serving on the YAB assisted regional planning groups with the PIT Count planning process, which included selection of locations where homeless youth were most likely to be counted. In several local CoCs, students also assisted their local PIT coordinators with count planning, which included selection of locations where homeless youth were most likely to be counted. 3) No youth who were currently experiencing homelessness were used as survey collection volunteers for this year's Point in Time count, but the CoC and PIT leads are planning to push for organizations that serve homeless youth to identify youth in their communities that would be willing to volunteer as survey counters/collectors in 2025.

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

	In the field below:
1.	describe any changes your CoC made to your sheltered PIT count implementation, including methodology or data quality changes between 2023 and 2024, if applicable;
2.	describe any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2023 and 2024, if applicable;
3.	describe whether your CoC's PIT count was affected by people displaced either from a natural disaster or seeking short-term shelter or housing assistance who recently arrived in your CoCs' geographic; and
4.	describe how the changes affected your CoC's PIT count results; or
5.	state "Not Applicable" if there were no changes or if you did not conduct an unsheltered PIT count in 2024.

(limit 2,500 characters)

1)There were no methodology or data quality changes made to our sheltered PIT count implementation from 2023 to the 2024 count.2)There were no methodology or data quality changes made to our unsheltered PIT count implementation from 2023 to 2024.3)The PIT count was not affected by people displaced either from a natural disaster or seeking short-term shelter or housing assistance who recently arrived in the CoC's geographic area. 4/5) Not Applicable - The CoC conducted a 2024 unsheltered count and made no changes to the sheltered or unsheltered count implementation as described above.

2C. System Performance

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

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

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

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

(limit 2,500 characters)

1)Principal risk factors from national literature were compared to MT CES & PIT data to identify the following risk factors: lack of affordable housing, income, health, escaping violence & racial inequities. 2)The publicly accessible, web based CoC data dashboard ensures that relevant data are easily available & fully transparent. It tracks, for example, system inflow data & coordinated entry diversion outcomes by Local Coordinated Entry (CES) Zones. The CoC provides diversion training to CES stakeholders to support a problem-solving approach to assist those at risk of homelessness. CES connects at-risk households to affordable housing, workforce services, & other mainstream benefits & services. The CoC is working with MT Legal Services on strategies to provide more legal & landlord mediation services. The CoC is working to expand affordable housing options via a coalition promoting state funded tax credits & through advocacy for homeless set-asides/preferences when awarding federal tax credits. A participation agreement w/the MT Dept of Labor ensures that WIOA adopts "most vulnerable" policies that prioritize education, training and employment for the most vulnerable populations including those households most at-risk of becoming homeless. Community Action Agencies (CAAs) are frontline providers of bundled prevention services and the CoC is partnering with them to approach providers of Labor, Medicaid, Housing, Mental Health and others, to implement more systematic approaches to accessing mainstream services and adopting more common assessment and prioritization tools. With training and supports from the CoC in partnership with CSH, front door providers are offering new and more intense diversion services to help people at risk of becoming homeless to explore and secure alternative housing arrangements and access services to stabilize in housing. 3)David O'Leary, Director MT CoC.

2C-1a.	Impact of Displaced Persons on Number of First Time Homeless.	
	NOFO Section V.B.5.b	

	Was your CoC's Number of First Time Homeless [metric 5.2] affected by the number of persons seeking short-term shelter or housing assistance displaced due to:	

1.	natural disasters?	No
2.	having recently arrived in your CoC's geographic area?	No

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

	In the field below:	
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)Time from entry to move-in is a scored factor in renewal evaluation & ranking. The CoC data dashboard ensures that relevant data are easily available & fully transparent (tracks median days to housing by exit destination, CES Zone, provider, & Veteran/ Chronic status & average days to housing by gender, race, sexual orientation, & prior living situation). Other strategies used to reduce length of homelessness include a significant expansion of outreach to identify, assertively engage & rapidly assess the most vulnerable people. This expansion is enabling outreach workers to build rapport with clients reluctant to engage in services who would otherwise have remained homeless long-term. HMIS tracks the Length of Time from project entry to housing placement in all CES participating programs, & the CoC is using these data to identify opportunities to expedite the process. Through a Strategic Planning initiative funded by the MT Healthcare Foundation & facilitated by CSH, the CoC has expanded the use of housing navigators to reduce the time it takes to gather necessary documents & find viable units. That initiative is also advancing a CoC-wide Housing Problem- Solving Approach by providing ongoing training on rapid exit strategies for case managers. The training is helping them to use a strengths-based, housing-focused case management approach & to provide light touch services to house persons that will not likely be prioritized for RRH or PSH. 2)The CoC identifies & houses those with the longest lengths of homelessness as follows: the CES common assessment tool scores households based on length of time homeless, statewide CES standards & local prioritization policies establish people experiencing chronic homelessness as the highest priority. Housing Navigators & case managers are assigned to assist with housing search and move-in. 3)David O'Leary, Director MT CoC.

2C-3.	Successful Permanent Housing Placement or Retention –CoC's Strategy.	
	NOFO Section V.B.5.d.	

	In the field below:
1.	describe your CoC's strategy to increase the rate that individuals and persons in families residing in emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations;
2.	describe your CoC's strategy to increase the rate that individuals and persons in families residing in permanent housing projects retain their permanent housing or exit to permanent housing destinations; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to increase the rate that individuals and families exit to or retain permanent housing.

(limit 2,500 characters)

1)% of exits to Permanent Housing (PH) is a scored factor in renewal evaluation & ranking. This creates an incentive for projects to prioritize PH placement efforts. The web based CoC data dashboard ensures that relevant data are easily available & fully transparent. It tracks, for example, exit destinations by Coordinated Entry Zone, provider, Veteran and Chronic Status, gender, race, sexual orientation & prior living situation. The CoC's is increasing exits to PH from ES, TH, & RRH (CoC has no SH) by continually expanding the use of housing navigators (HNs) & providing HNs & case managers w/training & supports. This strategy advances the use of a strengths-based, housing-focused case management approach & an effective light-touch model to house persons not prioritized for RRH or PSH. 2) Retention in PH is a scored factor in renewal evaluation & ranking. To promote retention in & exits to PH the CoC is working with PHAs to secure "Moving-on" preferences & set asides. The CoC is also working to expand affordable housing, thereby increasing exit options, e.g., working w/state partners to: submit joint applications for subsidized housing; secure state affordable housing tax credits & obtain homeless set-asides/preferences when awarding federal tax credits. To increase PH retention, the CoC is: collaborating w/the MT Medicaid Waiver program to enhance tenancy supports; working w/PSH providers on a service model that builds client trust, improves engagement, increases retention & reduces exits to homelessness; working with Community Mental Health Centers to monitor clients for signs of change & expedite delivery of case management, clinical, & recovery services; & working with MT Legal Services to expand legal and landlord mediation services to prevent negative exits. 3)David O'Leary, Director MT CoC.

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

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

(limit 2,500 characters)

1)The CoC uses detailed reports from HMIS to identify returnees and monitor returns on a quarterly basis. These reports show high return rates from ESG and SSVF programs and provide useful information about client characteristics (e.g., rates of disability and chronic homelessness). Local Coordinated Entry (CES) zones also identify returning households and assess reasons for unstable exits. 2)To reduce returns, the CoC conducts Medicaid-HMIS data matches and looks specifically at returnees to ensure that they are enrolled in Medicaid and SSI. The CoC also provides returnee data to the 7 FUSE (Frequent Users Systems Engagement) communities to facilitate prioritization of high need returnees for supportive housing. The CoC also shares data on returns with its Innovative Accelerator Initiative team. This initiative is increasing housing, and tenancy supports by updating and expanding Medicaid waivers. In addition, through a Strategic Planning initiative funded by the MT Healthcare Foundation and facilitated by CSH, the CoC is establishing action steps to reduce returns from ESG and SSVF projects and among non-disabled people. In addition, the CoC provides diversion training to local CES stakeholders to support a problem-solving approach that assists returning households and prevents them from re-entering the system. The CoC data dashboard tracks system inflow data & coordinated entry diversion outcomes by Local Coordinated Entry (CES) Zones & cost. CES is working to reduce returns by connecting these households to affordable housing, workforce services, and other mainstream benefits & services. The CoC is also working with MT Legal Services on strategies to provide more legal and landlord mediation services to prevent returns. 3)David O'Leary, Director MT CoC.

2C-5.	Increasing Employment Cash Income—CoC's Strategy.	
	NOFO Section V.B.5.f.	

	In the field below:	
1.	describe your CoC's strategy to access employment cash sources;	
2.	describe how your CoC works with mainstream employment organizations to help individuals and families experiencing homelessness increase their employment cash income; and	
3.	provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase income from employment.	

(limit 2,500 characters)

1)The CoC uses an employment income metric to rate & rank projects thereby creating an incentive for projects to prioritize efforts to increase employment cash income . MT Dept of Labor (DOL) & CoC have a Participation Agreement to enhance coordination & increase incomes of persons experiencing homelessness (PEH) & RRH/PSH participants. The agreement includes data sharing, access to WIOA for youth, developing a cross-referral process, cross training between job services & local CoCs, & targeting employment services to PEH w/the highest needs. Via the Innovative Accelerator Program, the CoC is working w/State partners to broaden Medicaid tenancy supports to ensure enrollment in mainstream employment services. YAB provides opportunities for young PEH to build employment skills, e.g. training on & experience in facilitation & grant writing. 2)Mainstream employment organizations, such as Community Action Partnership, Opportunities Inc. and Kalispell/Flathead Job Services, are local CoC members & active participants in efforts to increase employment income. Local Coord Entry zones are assessing employment needs & connecting applicants quickly to mainstream employment organizations (e.g., Job Services of MT, Vocational Rehab, and Express Employment). The SWMT CoC Collaborates with local employment agencies (Job Service, Express Employment and Voc-Rehab), in order to create pathways for individuals experiencing homelessness to access employment opportunities and training programs. In Great Falls, partnerships with mainstream employment organizations (local businesses, staffing agencies, and workforce development programs) have been established to create pathways to employment for individuals experiencing homelessness. Local CoCs have implemented Family Self-Sufficiency & the Supported Employment & Education Program (SEP). SEP staff partner with local education, Job Service, Vocation Rehabilitation, university, etc. to identify hiring needs & connect clients to mainstream employment services. 3) David O'Leary, Director MT CoC.

2C-5a.	Increasing Non-employment Cash Income–CoC's Strategy	
	NOFO Section V.B.5.f.	

	In the field below:
1.	describe your CoC's strategy to access non-employment cash income; and
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 uses a non-employment cash income metric to rate & rank projects, thereby creating an incentive for projects to prioritize efforts to increase non-employment cash income . The CoC analyzes HMIS data to identify opportunities to increase nonemployment cash income among participants. To increase access and enrollment in TANF (in addition to SNAPS & WIC) the MT CoC has partnered with the MT DPHHS Division of Human and Community Services, which administers these three programs, to provide training specifically to CoC grantees on how to assist clients to use a single application for these programs. Local CoCs and Coordinated Entry zones provide training and information to CoC projects to help ensure receipt of cash benefits. Community Action Agencies (CAAs) in each community are very active in their local CoCs and assist other programs to increase participants' benefit income. Strategies to improve access to non-employment income include grantee surveys capturing # of referrals made, followed-up and enrolled & barriers to successful enrollments; coupled with HMIS data analysis on increases in these income categories at assessment and exit for the same reporting periods captured in the surveys. This information is used to shape action plans through the CoC's strategic planning process and inform discussions with DPHHS on resolving enrollment barriers.2) David O'Leary, Director MT CoC.

3A. Coordination with Housing and Healthcare

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

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

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

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

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

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

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

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

Project Name	Project Type	Rank Number	Leverage Type
Crow Tribe PSH	PH-PSH	18	Both

3A-3. List of Projects.

1. What is the name of the new project? Crow Tribe PSH

2. Enter the Unique Entity Identifier (UEI): L4FKBA5BXWK4

3. Select the new project type: PH-PSH

4. Enter the rank number of the project on your CoC's Priority Listing: 18

5. Select the type of leverage: Both

3B. New Projects With Rehabilitation/New Construction Costs

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

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

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

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

3B-2.	Rehabilitation/New Construction Costs–New Projects.	
	NOFO Section V.B.1.r.	

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

(limit 2,500 characters)

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) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
   - FY 2024 CoC Application Navigational Guide;
  - Section 3 Resources;
  - PHA Crosswalk; and
   - Frequently Asked Questions

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

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

3C-2.	Cost Effectiveness of Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.	
	NOFO Section V.F.	

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

(limit 2,500 characters)

Not applicable

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

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

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

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

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

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

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

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

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

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

1.	Enter the number of survivors that need housing or services:	342
2.	Enter the number of survivors your CoC is currently serving:	128
3.	Unmet Need:	214

4A-3a.	How Your CoC Calculated Local Need for New DV Bonus Housing Projects.	
	NOFO Section I.B.3.j.(1)(c)	

	Describe in the field below:	
1.	how your CoC calculated the number of DV survivors needing housing or services in question 4A-3 element 1 and element 2; and	
2.	the data source (e.g., comparable databases, other administrative data, external data source, HMIS for non-DV projects); or	
3.	if your CoC is unable to meet the needs of all survivors please explain in your response all barriers to meeting those needs.	

(limit 2,500 characters)

1) We estimated the PIT # of DV survivors needing housing &/or services (element 1) by totaling the # of people seeking housing and services and enrolled in Coordinated Entry (CE) in MT on the night of the PIT count (1/25/2024) who reported experiencing homelessness because of emotional, physical, psychological, sexual, or other type of abuse or trauma. This is an undercount; not all people who experience homelessness receive a CE assessment; a significant number of people who are fleeing DV in Montana are referred immediately to a Victim Services Provider and are not enrolled in Coordinated Entry. The number of persons served (element 2) is the total number of people housed by victim services providers on PIT night. 2)For #1 the data source for this estimate is the MT CoC's HMIS. We utilized CE enrollment and assessment records, which are contained within the HMIS. For #2, the data source is the Montana Statewide CoC's Housing Inventory, which lists the number of people each Domestic Violence program housed on PIT night. #2 includes de-identified data from DV comparable databases used by Victim Services Providers. 3) Lack of funding to support programs, limited shelter space, lack of affordable housing options, & landlord discrimination are barriers to meeting survivors' needs. These barriers are compounded by: the geography of the state, where vast areas have few shelter, housing, service & transportation options; program requirements (e.g., ID, income & asset documentation) that are difficult for survivors to meet, & program models that often fail to address the unique needs of survivors (i.e., some are not strengths-based, survivor-centered, or trauma-informed). In addition, the DV system does not have sufficient capacity to meet the needs, and non-DV specific systems often fail to respond appropriately to the urgency and potential lethality of the situations survivors face. Non-DV programs are also typically ill-equipped for safety planning.

4A-3b.	Information About Unique Project Applicant Requesting New DV Bonus Housing Project(s).	
	NOFO Section I.B.3.j.(1)	

Use the list feature icon to enter information on each unique project applicant applying for New PH-RRH and Joint TH and PH-RRH Component DV Bonus projects–only enter project applicant information once, regardless of how many DV Bonus projects that applicant is applying for.

Applicant Name
Mountain Home Mon...

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

4A-3b.	Information About Unique Project Applicant Requesting New DV Bonus Housing Project(s).	
	NOFO Section I.B.3.j.(1)	

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

1.	Applicant Name	Mountain Home Montana
2.	Rate of Housing Placement of DV Survivors–Percentage	100%
3.	Rate of Housing Retention of DV Survivors–Percentage	86%

4A-3b.1.	Applicant's Housing Placement and Retention Data Explanation.	
	NOFO Section I.B.3.j.(1)(d)	

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

(limit 1,500 characters)

1)The rate of housing placement of DV survivors was calculated based on Mountain Home MT's (MHM) most recent outcomes working with DV survivors. To calculate, MHM used the number of survivor households obtaining housing via their current supportive services & residential program (30) divided by the number of survivor households referred to MHM programs during FY24 (30). i.e., 30/30=100%. 2) The housing placement rate used exits to safe housing destinations only. 3) To calculate the Rate of Housing Retention of DV Survivors, the number of survivor households maintaining safe housing after exit or one year of MHM services (26) was divided by the total number of survivor households exiting, including those without secure housing or without secure housing after a year of MHM services in FY24 (30), i.e. 26/30=86%. MHM achieved these outcomes using its currently available programs, which only provide supportive services & limited emergency & transitional housing services. MHM expects that the addition of the proposed Joint TH/RRH program would significantly strengthen housing outcomes among survivors. 4) MHM used the following data fields from MHM's Apricot Social Solutions database to calculate these rates: all households enrolling/participating in Mountain Home services; entrance to safe housing destination; housing status at one year of Mountain Home services, housing status at exit from Mountain Home; & status of the head of household as having a history of domestic violence.

4A-3c.	Applicant's Experience Housing DV Survivors.	
	NOFO Section I.B.3.j.(1)(d)	

	Describe in the field below how the project applicant:
1.	ensured DV survivors experiencing homelessness were quickly moved into safe affordable housing;
2.	prioritized survivors–you must address the process the project applicant used, e.g., Coordinated Entry, prioritization list, CoC's emergency transfer plan;
3.	determined survivors' supportive services needs;
4.	connected survivors to supportive services; and
5.	moved survivors from assisted housing to housing they could sustain–address housing stability after the housing subsidy ends.

(limit 2,500 characters)

Mountain Home Montana (MHM) experience in FY24: 1) Case managers worked directly with survivors, landlords, & the Missoula Housing Authority to identify safe housing opportunities & increase survivor access to affordable units. Our Exec Director, Director of Community Enrichment, Residential Programs Director & Development Director worked with local partners & coalitions (Missoula Coordinated Entry System (CES) & At-Risk Housing Coalition) to remove housing barriers & link survivors to housing subsidies, utility/security deposits & housing location/stabilization services. 2) MHM received housing referrals from our network of partners, including CES, through an online referral system prioritizing factors, including assessment score, length of time homeless, safety, & other vulnerability factors. 3) Trained therapists used assessments to determine service needs in partnership with survivors (e.g., Adverse Childhood Experiences questionnaire, Life Skills Progression tool, Edinburgh Prenatal/Postnatal Depression Scale, & Danger Assessment). The assessment approach is survivor-centered & flexible (e.g., conducted in survivor homes, virtually, at extended or flexible times convenient to the survivor, or by providing transportation assistance). 4) MHM clients voluntarily elected supportive services that helped them gain stability & safety as they exited homelessness. Clients may opt to access: our licensed mental health center with individualized case management & therapeutic services for parents & their children; an evidence-based supportive education & employment program; a community center that connects clients to external resources (public benefits, legal, medical/dental services, food/clothing/furniture assistance); trauma-informed licensed childcare; & linkages to services offered by community partners. MHM's used Motivational Interviewing & trauma-informed best practices to foster trust & empower all clients, regardless of age, race, culture, language, or gender identity, to develop their own goals & be met where they are on their path to safety & stability. 5) MHM's team partnered with survivors to develop highly individualized, trauma-informed plans based on each household's strengths, needs, & situations. Plans include housing stabilization goals & concrete action steps to maintain safe, affordable, stable housing by exit from MHM services. MHM assisted clients to secure/increase income, comply with lease terms, & access mainstream affordable housing.

4A-3d.	Applicant's Experience in Ensuring DV Survivors' Safety.	
	NOFO Section I.B.3.j.(1)(d)	

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

(limit 2,500 characters)

Mountain Home Montana (MHM) experience in FY24: 1) As a licensed mental health center, clients were informed of confidentiality rights at intake and throughout services. Clients provided specific and time-limited consent for release of info only as needed. Staff shared info only with consent and signed release. Clients may terminate consent at any time. Staff followed HIPAA, comparable database, and HMIS confidentiality policies and procedures. Clients choose freely when/what to disclose. Client interviews occurred in private space to prevent inadvertent disclosure. 2) Clients met regularly with their case manager, therapist, and treatment team, and safety and danger assessments were conducted regularly to establish and update safety plans. When choosing housing and/or assessing risk in current housing, MHM case managers reviewed location of abuser, access to emergency services, security of the building, natural support networks in the area and other safety considerations. Treatment teams assisted in accessing safe housing. 3) Clients' addresses are strictly confidential. Clients were informed about the confidentiality policy upon project entry. Occasionally, clients choose to receive mail at MHM to further protect their security. All client records were kept in a locked file cabinet or virtually on our HIPAA-compliant database. Records were not removed from the office without approval and a plan to ensure confidentiality. All electronic records that link to specific clients were maintained on a secure password protected server. Safe drop off/pick up locations further protected survivor's confidentiality. MHM staff/volunteers signed to acknowledge understanding of confidentiality protocols. 4) Confidentiality policies were reviewed during onboarding/orientation and annually through staff training to ensure understanding and that staff received updates on emerging best practices. All staff participated in a core training curriculum that includes confidentiality within the first 90 days of employment. Staff received at least 20 hours of ongoing training annually. 5) In congregate and scattered site projects, confidentiality and safety planning were a core focus of treatment plans. Addresses were kept confidential. Staff and clients were required to adhere to the Confidentiality Policy. MHM case managers and support staff checked in with clients regarding safety frequently and updated safety plans as needed.

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

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

(limit 2,500 characters)

Mountain Home Montana (MHM) experience in FY24: MHM evaluated our services and care in several different ways to ensure program quality, identify areas for improvement. This included evaluating MHM's ability to ensure survivor safety. Mountain Home used the Life Skills Progression (LSP) validated assessment tool to track client outcomes. This tool measures 35+ areas of life functions. It is designed to collect comprehensive outcomes data for high-risk, low-income families with young children participating in home-visiting/wraparound support. This includes areas of housing, safety, relationships with others, etc. Mountain Home conducted annual quality improvement assessments with our youth and families, as well as our direct care staff. These annual assessments are anonymous and voluntary. For youth participants in particular, our HIPAA compliant database allows us to provide incentives to those that complete the assessment, without linking their answers to any personal identifiable information. This allows our clients to participate at their own level of comfort while still maintaining the accessibility of the assessment itself. For staff, many of whom are people with lived experience, there were multiple opportunities throughout the year in-person and anonymously through our human resource database and app to provide programmatic and organizational feedback. To continually evaluate & ensure the safety of DV survivors, MHM case managers and therapists also conducted regular safety assessments with survivors. MHM also contracted with Western Montana Mental Health Center (WMMHC) to operate a 24/7 Crisis Line staffed by behavioral health clinicians. This partnership enabled WMMHC to share confidential information with MHM when safety of families was a concern. MHM also tracked the programs clients participated in, and the frequency of participation via our online client tracking database. All of these assessments were formally compiled and disseminated within the leadership team and used to inform continuous quality improvement strategies, including making any necessary improvements to ensure survivor safety. Additionally, when any safety concerns for specific client households are identified by direct care staff, the Leadership Team meets to evaluate these concerns, implement individualized solutions, and adjust agency-level policies and practices as needed.

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

	Describe in the field below the project applicant's experience in:
1.	prioritizing placement and stabilization of survivors;
2.	placing survivors in permanent housing;
3.	placing and stabilizing survivors consistent with their preferences; and
4.	placing and stabilizing survivors consistent with their stated needs.

(limit 2,500 characters)

Mountain Home Montana (MHM) experience in FY24: 1) MHM's team is trained in safety planning & understands that placement in safe temporary & permanent housing is critical for survivors & their families & must be a focus of services. To ensure this remains a priority, MHM's intake procedures prioritize based on safety risks, &, once a survivor is connected to MHM, we provide a holistic model of care via a three-tiered network of stabilization. Tier 1: MHM prioritizes helping the survivor household to locate a safe, stable place to live. Tier 2: MHM responds to the emotional & physical needs of survivors through treatment & safety plans created & reviewed by mental health professionals in partnership with survivors. These plans connect survivors to community resources including mainstream housing, legal, financial, healthcare, parenting, etc. Tier 3: MHM assists survivors to stabilize after victimization through our evidence-based supported employment & education program. 2) MHM's goal for the families we serve is to help find them permanent housing (PH). Currently, MHM's primary avenue to do this is through our supportive programs & linkages to mainstream housing resources available through community partners. MHM works directly with the Missoula Housing Authority, the Missoula Coordinated Entry System and At-Risk Housing Coalition to immediately enroll survivors in government assistance & housing voucher programs that can help overcome immediate and long-term barriers to permanent housing. Through this combination of housing linkages, mental health supports and programs like our supportive education & employment program and trauma-informed childcare center, MHM assists survivors to access permanent housing & enhance their financial stability & independence. 3) Like all its services, MHM's housing placement & stabilization services center survivors' choice & preferences. MHM's team provides information, options & support to help survivors to define their housing & services preferences (e.g., location, cost, unit size, security features, compatibility w/service provider etc.) and to make the best choices for themselves and their children. 4) MHM case managers & clinicians use assessments to determine housing needs in partnership with survivors. MHM uses person-centered plans that honor clients' vision of their future & ability to define what their families need in the short & long-term to secure & stabilize in safe housing & to achieve their aspirations.

4A-3f.	Applicant's Experience in Trauma-Informed, Survivor-Centered Approaches.	
	NOFO Section I.B.3.j.(1)(d)	

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

| | 6. | offering support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services. |

(limit 5,000 characters)

Mountain Home Montana (MHM) experience in FY24: 1) MHM uses a trauma-informed approach that emphasizes mutual respect and prohibits use of punitive interventions across our services. MHM consistently communicates and demonstrates its values, including equity, empathy, respect, collaboration, empowerment, and integrity to staff and clients through policies, procedures, trainings, supervision, services, and dialogue grounded in mutual respect. Survivors lead and/or approve every step in their housing journey. Case managers are trained in motivational interviewing techniques to emphasize client choice and to partner with survivors to conduct needs assessments to identify survivor strengths, housing barriers, and key preferences (e.g., location, amenities, security, unit size, etc.). Case managers then focus on these preferences, transitioning survivors into safe, stable, permanent housing as quickly as possible. If significant housing barriers, such as low credit score, housing debt, or eviction history, are identified, case managers work closely with survivors to reduce barriers and minimize power imbalances (e.g., with landlords or financial institutions) to obtain housing. MHM also advocates for clients to receive respectful, equitable treatment from partnering programs & systems. 2) As a licensed mental health center, Mountain Home trains all of our direct care staff in trauma-informed best practices and provides information to individual survivors to help them understand & process trauma through individualized therapy and case management tailored to their families' needs & strengths. Staff partner with survivors on trauma-informed assessments and person-centered plans to help each client understand trauma impacts and promote resiliency. 3) Every direct care staff is trained to identify and build on survivors' strengths & to empower survivors to make healthy and positive choices for themselves and their families. MHM staff provide information, resources, & support to help survivors define & pursue their individual goals and aspirations through person-centered plans. Our supportive education and employment program is based on an evidence-based Individualized Placement and Support curriculum out of Dartmouth that offers a strengths-based approach to finding and maintaining employment. 4) MHM acknowledges the impacts of systemic racism within its organization & has partnered with organizations like Widerstand Consulting & All Nations Health Center to make changes to our organizational culture & advance equity & antiracism within our organization. In 2022, we completed a quality improvement project to increase Native enrollment when we learned that while 50% of our referrals were coming from Indigenous families, only 16% of our service population identified as Native. In response, we created a dedicated referral coordinator to improve our intake process, consulted with Indigenous-led groups to improve cultural competency, and worked to lessen geographic barriers to effectively meet tribal client needs. By 2023, 35% of our residents were Indigenous families. To further this work, we hired a Diversity, Equity, and Inclusion Specialist, Chelsea Bellon, a Native woman and MPH Candidate in the University of North Dakota's Indigenous Public Health graduate program. Chelsea has integrated a more Native-centric curriculum and practices into our programs. 5) As a licensed mental health center, Mountain Home has the capacity to offer a range of peer connections for survivors. We offer access to a peer support specialist, certified doula/health navigator, and a licensed addiction counselor on-site for additional support. We provide opportunities to connect with other survivors and peers through our community center with a range of activities, everything from health and wellness and financial literacy to therapist-led culturally-sensitive group therapy modalities to address and heal their trauma history. 6) MHM focuses on a two-generational approach to care. We offer individualized children's therapy and case management, and Montana's first trauma-informed childcare center is

for up to 12 children ages 0-3. When our enrollment is full or children age out of our childcare, we work with Ravalli County Head Start and Missoula's Zero to Five Coalition to find affordable, quality childcare options for families. We also offer a rotating set of evidence-based parenting classes (Circle of Security, Nurturing Parenting, and Seeking Safety) available to all clients, including survivors. Childcare, meals, and transportation are regularly provided to increase access to these opportunities. We also partner with Families First to offer expanded access to parenting support groups and classes that support child development and social and emotional competence; we also support parents and children in building social connections.

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

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

(limit 5,000 characters)

During FY2024, Mountain Home Montana (MHM) provided survivors with access to numerous internal and external supportive services that helped address their safety needs while moving them into permanent housing. Internally, our licensed mental health center provided families with individualized therapy and case management for both adults and children and safety planning. All case managers are trained in trauma-informed best practices and motivational interviewing. All therapists receive training in cognitive and dialectical behavioral therapies and infant-parent psychotherapy. We offered access to basic needs through our residential program, ensuring that families have adequate food and resources (diapers, wipes, sanitary products, etc.) and access to transportation options when appropriate. Our supportive education and employment program, which uses a strengths-based approach, matched survivors with education and employment of their interest and choice and helped families with benefits counseling to maximize financial resources. Our trauma-informed childcare center provided qualified and affordable daycare to the children of survivors ages 0-3 to ensure survivors can pursue education and employment while receiving necessary respite. Finally, our community center offered families 150+ events to build peer support and healthy relationships through activities that include baby showers, birthday parties, exercise classes, financial literacy, health and wellness, hobbies, cooking, and therapeutic and parenting support groups. Through our community center, we also provided a certified doula/health navigator to help facilitate family planning and preparation while ensuring clients never birth alone, reducing traumatic birth and postpartum experiences and outcomes. Our community center and case managers also helped connect families to external partnering agencies and resources. Our doula/health navigator helped families enroll in prenatal, postpartum, primary, and pediatric care at Partnership Health Center, Providence Health, and Community Medical Center. Our supportive education and employment program connected clients with over 700 local and state employment and educational partners to help survivors build stable financial futures. Our case managers and care teams worked closely with numerous partners to ensure survivor stability. We worked with Child and Family Services, Montana Legal Services, and local lawyers and attorneys to assist survivors in pursuing child custody. We worked with local financial institutions, Parkside Credit Union, First Interstate Bank, First Security Bank, and Homeword, to help survivors to repair and restore credit while building sustainable savings accounts. These institutions also provided clients resources on housing assistance, accessing loans, building credit, and first-time home buying. While MHM provided direct crisis intervention and therapy for survivors through our mental health center, we also partnered with the YWCA of Missoula, which offers additional support groups and individual crisis counseling. Our trauma-informed childcare center connected families with expanded childcare resources through Missoula's Zero to Five Coalition and local Head Start programs. Finally, MHM worked with our partners at Missoula Coordinated Entry System, Missoula Housing Authority, and At-Risk Housing Coalition to help eliminate barriers to housing for eligible survivors, helping connect them with housing assistance and vouchers to sustain permanent and supportive housing.

4A-3h.	Applicant's Plan for Placing and Stabilizing Survivors in Permanent Housing Using Trauma-Informed, Survivor-Centered Approaches in the New DV Bonus Housing Project(s).	
	NOFO Section I.B.3.j.(1)(e)	

	Describe in the field below how the project(s) will:
1.	prioritize placement and stabilization of program participants;
2.	place program participants in permanent housing;
3.	place and stabilize program participants consistent with their preferences; and
4.	place and stabilize program participants consistent with their stated needs.

(limit 2,500 characters)

Mountain Home Montana (MHM) plans for proposed project: 1) Project staff will be trained in safety planning & understand that placement in safe temporary & permanent housing is critical for survivors & their families & must be a focus of services. To ensure this remains a priority, intake procedures will prioritize based on safety risks, &, once a survivor is connected to the project MHM will provide a holistic model of care via a three-tiered network of stabilization. Tier 1: Will prioritize helping the survivor household to locate a safe, stable place to live. Tier 2: Will respond to survivors' emotional & physical needs through treatment & safety plans created & reviewed by mental health professionals in partnership with survivors. These plans will connect survivors to community resources including mainstream housing, legal, financial, healthcare, parenting, etc. Tier 3: Will assist survivors to stabilize through our evidence-based supported employment & education program. 2) The project's goal will be for participants to find stable, permanent housing (PH). The project will link participants to MHM programs & mainstream housing resources available through community partners. The project will work directly with the Missoula Housing Authority, the Missoula Coordinated Entry System & the At-Risk Housing Coalition to immediately enroll survivors in government assistance & housing voucher programs that can help overcome immediate & long-term barriers to permanent housing. Through this combination of housing linkages, mental health supports and programs like our supportive education & employment program and trauma-informed childcare center, the project will assist survivors to access permanent housing & enhance their financial stability & independence. 3) The project will offer housing placement & stabilization services that center survivors' choice & preferences. Project staff will provide info, options & support to help survivors define their housing & services preferences (e.g., location, cost, unit size, security features, compatibility w/service provider etc.) and to make the best choices for themselves & their children. 4) Project staff will use assessments to determine housing needs in partnership with survivors. The project will use person-centered plans that honor clients' vision of their future & ability to define what their families need in the short & long-term to secure & stabilize in safe housing & to achieve their aspirations.

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

	Describe in the field below examples of how the new project(s) will:
1.	establish and maintain an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant and staff interactions are based on equality, and minimize power differentials;
2.	provide program participants access to information on trauma, e.g., training staff on providing program participants with information on the effects of trauma;

	3.	emphasize program participants' strengths–for example, strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans work towards survivor-defined goals and aspirations;
	4.	center on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;
	5.	provide a variety of opportunities for program participants' connections, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
	6.	offer support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.

(limit 5,000 characters)

Mountain Home Montana (MHM) plans for proposed project: 1) Project will use a trauma-informed approach that emphasizes mutual respect & prohibits use of punitive interventions. MHM will consistently communicate & demonstrate its values, including equity, empathy, respect, collaboration, empowerment, & integrity to project staff & clients through policies, procedures, trainings, supervision, dialogue & services grounded in mutual respect. Survivors will lead and/or approve every step in their housing journey. Case managers will be trained in motivational interviewing, to emphasize client choice & to partner with survivors to conduct needs assessment to identify survivor strengths, housing barriers & preferences (e.g., location, amenities, security, unit size, etc.). Case managers will focus on these preferences, transitioning survivors into safe, stable, permanent housing as quickly as possible. If significant housing barriers (e.g., low credit score, housing debt, or eviction history) are identified, case managers will work closely with survivors to reduce barriers & minimize power imbalances (e.g., with landlords or financial institutions) to obtain housing. Project staff will advocate for clients to receive respectful, equitable treatment from partnering programs & systems. 2) MHM will train project direct care staff in trauma-informed best practices, & staff will provide information to individual survivors to help them to understand & process trauma through individualized therapy & case management tailored to their needs & strengths. Staff will partner with survivors on trauma-informed assessments & person-centered plans to help each client understand trauma impacts & promote resiliency. 3) Every direct care staff will be trained to identify & build on survivors' strengths & to empower survivors to make healthy, positive choices for themselves & their families. Project staff will provide info, resources, & support to help survivors define & pursue their individual goals & aspirations through person-centered plans. MHM's supportive education and employment program, which is based on an evidence-based Individualized Placement and Support curriculum out of Dartmouth, will offer project participants a strengths-based approach to finding/maintaining employment. 4) MHM acknowledges the impacts of systemic racism within its organization & will continue to partner with organizations like Widerstand Consulting & All Nations Health Center to make changes to our organizational culture & advance equity & antiracism within the proposed project & broader MHM organization. The proposed project will participate in an ongoing quality improvement effort to increase Native enrollment. For example, a dedicated referral coordinator will continuously focus on improvements to the intake process, consult with Indigenous-led groups to improve cultural competency, and work to lessen geographic barriers to effectively meet tribal client needs. A Diversity, Equity, and Inclusion Specialist, Chelsea Bellon, a Native woman and MPH Candidate in the University of North Dakota's Indigenous Public Health graduate program will help the project to integrate a more Native-centric practices. 5) As a licensed mental health center, MHM will offer project participants a range of peer connections. This includes access to a peer support specialist, certified doula/health navigator, and a licensed addiction counselor on-site for additional support. The project will provide opportunities to connect with other survivors and peers through our community center with a range of activities, everything from health and wellness and financial literacy to therapist-led culturally-sensitive group therapy modalities to address and heal trauma. The community center will offer project participants 150+ events annually to build peer support and healthy relationships through activities that include baby showers, birthday parties, exercise classes, financial literacy, health and wellness, hobbies, cooking, and therapeutic and parenting support groups. 6) The project will use a two-generational approach to care. MHM will offer project participants

individualized children's therapy and case management, and access to MHM's childcare center - Montana's first trauma-informed childcare center - for up to 12 children ages 0-3. When enrollment is full or children age out of our childcare, the project will work with Ravalli County Head Start and Missoula's Zero to Five Coalition to find affordable, quality childcare options for families. MHM will offer project participants a rotating set of evidence-based parenting classes (Circle of Security, Nurturing Parenting, and Seeking Safety). MHM will regularly provide Childcare, meals, and transportation to increase access to these opportunities. Through a partnership with Families First project participants will have access to parenting support groups & classes that support child development & social and emotional competence.

4A-3j.	Applicant's Plan for Involving Survivors in Policy and Program Development, Operations, and Evaluation in the New DV Bonus Housing Project(s).	
	NOFO Section I.B.3.j.(1)(f)	

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

(limit 2,500 characters)

Mountain Home Montana's (MHM) plans for the proposed project: 1) Survivors with a range of lived experience (e.g. youth, BIPOC, LGBTQ+ people, people with behavioral health needs, people with disabilities) will be invited to provide candid input regularly & regarding all MHM services, including the proposed project. This will include opportunities for individual & group feedback. Staff will work to keep former clients with a range of lived experiences (e.g., with homelessness, DV, economic insecurity, disability, racism, sexism, and homo/transphobia) engaged in informing policy and program development. Annually, MHM will conduct client satisfaction surveys to evaluate the effectiveness of all programs. These surveys are anonymous, collected through our HIPPA-compliant client database, and easily accessible to participants. Often, we provide small incentives (typically entry to win prizes like gas/grocery cards) upon completion of the survey. This recognizes and honors the time and perspectives of our clients. In addition to staff satisfaction surveys, our clients' annual outcomes are recorded in our life skills progression tool to inform our programming and approach. 2) To further build youth empowerment and ensure survivor involvement in the project's policy and program development, MHM's Community Center will hold a weekly peer leadership meeting known as CORE Team. CORE Team provides a formal opportunity for our youth to take action on the issues most impacting their lives and families. Recently, this engagement has been surrounding: the installation of an accessible crosswalk to connect MHM safely to a local hospital and public park system; and increased mental health support and safety policies driven by youth passionate about ending gun violence and mass shootings. MHM will work to engage project participants who are DV survivors & those with a range of other types of lived experience in the CORE Team. Based on CORE Team and project participant feedback, the project will implement new initiatives, such as flexible funds and partnerships to enable access to specific services clients have identified as gaps and needs. MHM staff will also engage CORE Team members and project participants in efforts by Missoula Coordinated Entry, the At-Risk Housing Coalition and the MT CoC to identify and correct issues in the broader housing & services systems.

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.
8.	Only use the "Other" attachment option to meet an attachment requirement that is not otherwise listed in these detailed instructions.

Document Type	Required?	Document Description	Date Attached
1C-7. PHA Homeless Preference	No	PHA HOMELESS PREF...	09/27/2024
1C-7. PHA Moving On Preference	No	PHA MOVING ON PRE...	09/27/2024
1D-10a. Lived Experience Support Letter	Yes	Lived Experience ...	10/28/2024
1D-2a. Housing First Evaluation	Yes	Housing First Eva...	10/01/2024
1E-2. Local Competition Scoring Tool	Yes	Local Competition...	10/28/2024
1E-2a. Scored Forms for One Project	Yes	Scored Forms for ...	10/28/2024
1E-5. Notification of Projects Rejected-Reduced	Yes	Notification of P...	10/28/2024
1E-5a. Notification of Projects Accepted	Yes	Notification of P...	10/28/2024
1E-5b. Local Competition Selection Results	Yes	Local Competition...	10/28/2024
1E-5c. Web Posting–CoC-Approved Consolidated Application	Yes	Web Posting CoC A...	10/28/2024
1E-5d. Notification of CoC-Approved Consolidated Application	Yes	Notification of C...	10/28/2024

2A-6. HUD's Homeless Data Exchange (HDX) Competition Report	Yes	HUD Competition R...	10/10/2024
3A-1a. Housing Leveraging Commitments	No	Housing Leverage ...	10/28/2024
3A-2a. Healthcare Formal Agreements	No	Healthcare Formal...	10/28/2024
3C-2. Project List for Other Federal Statutes	No		
Other	No		

Attachment Details

Document Description: PHA HOMELESS PREFERENCE

Attachment Details

Document Description: PHA MOVING ON PREFERENCE

Attachment Details

Document Description: Lived Experience Support Letter

Attachment Details

Document Description: Housing First Evaluation MT-500

Attachment Details

Document Description: Local Competition Scoring Tool

Attachment Details

Document Description: Scored Forms for One Project

Attachment Details

Document Description: Notification of Projects Rejected-Reduced

Attachment Details

Document Description: Notification of Projects Accepted

Attachment Details

Document Description: Local Competition Selection Results

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Document Description: HUD Competition Report

Attachment Details

Document Description: Housing Leverage Commitments

Attachment Details

Document Description: Healthcare Formal Agreements

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. CoC Identification	10/07/2024
1B. Inclusive Structure	10/25/2024
1C. Coordination and Engagement	10/28/2024
1D. Coordination and Engagement Cont'd	10/25/2024
1E. Project Review/Ranking	10/24/2024
2A. HMIS Implementation	10/08/2024
2B. Point-in-Time (PIT) Count	10/08/2024
2C. System Performance	10/10/2024
3A. Coordination with Housing and Healthcare	10/24/2024
3B. Rehabilitation/New Construction Costs	09/24/2024
3C. Serving Homeless Under Other Federal Statutes	09/24/2024

4A. DV Bonus Project Applicants	10/04/2024
4B. Attachments Screen	10/28/2024
Submission Summary	No Input Required

Missoula
Housing
AUTHORITY
Your way home.

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(406) 549-4113 • FAX: (406) 549-6406 TTY 771
MISSOULAHOUSING.ORG

EQUAL HOUSING OPPORTUNITY • EQUAL OPPORTUNITY EMPLOYER

September16, 2024

David O'Leary

Montana Continuum of Care

The Missoula Housing Authority has had a limited admission preference for homeless household since 2005 in the form of project-basing vouchers for those experiencing homelessness. MHA has project-based Section 8 vouchers into projects serving the homeless, including "FUSE" clients (homeless individuals that frequently use services), homeless veterans and homeless victims of domestic violence. Those separate project-based waiting lists each have site-specific preferences for those homeless populations. They also come through Coordinated Entry System.

MHA also has MOUs with the Continuum of Care to implement its Foster Youth Initiative (FYI) and Emergency Housing Voucher (EHV) programs. Those programs serve homeless and at risk clients. We also have a Move on preference for our Mainstream vouchers.

Last year, 22% of our new admissions into the Housing Choice Voucher program were homeless. 100% of admissions to the EHV program were homeless.

Sincerely,

Jim McGrath

Director of HUD Programs

HELENA
HOUSING AUTHORITY

September 12, 2024

David O'Leary
Executive Director
Montana Homeless Continuum of Care Coalition

RE: Helena Housing Authority Homeless preferences

Dear David:

Helena Housing Authority (HHA) maintains a "general" homeless preference in its selection among applicants on its waiting lists for both its Low-Income Public Housing and Housing Choice Voucher programs as defined below:

"Homeless Families":
Lack a fixed, regular and adequate nighttime residence; AND Have a primary nighttime residence that is a supervised public or private shelter providing temporary accommodations (including welfare hotels, congregate shelters and transitional housing), or an institution providing temporary residence for individuals intended to be institutionalized, or a public or private place not ordinarily used as a sleeping accommodation for human beings. ***Homeless families may maintain their place on the waiting list while completing a transitional housing program.**

Thirty-two percent of households admitted to HHA low rent public housing and HCV programs were homeless at time of new admission during the period September 1, 2023 through August 31, 2024.

HHA has also adopted as a "Move On" strategy in its HCV Admin plan- a Waiting list set-aside for eligible participants in its PSH programs who have stabilized on the PSH program to transition to using a HCV voucher rental assistance in place of PSH rental assistance. See below:

HHA HCV PSH "Stabilization" HCV Wait-list Set-Aside
Allocation for formerly homeless HHA Permanent Supportive Housing (PSH) voucher holders (Shelter Plus Care (S+C) and Samaritan Bonus programs) who have demonstrated that they have stabilized their housing and community living situation through the PSH program. HHA will allocate upwards of fifteen (15) Housing Choice Vouchers annually to assist eligible PSH voucher holders to transfer to the HCV program subject to voucher availability.

Please let me know if you have any questions. Thank you.

Sincerely,

Michael M. O'Neil
Executive Director

812 Abbey Street, Helena, MT 59601 (406) 442-7970 FAX: (406) 442-0574 TTY: 711

PUBLIC HOUSING AUTHORITY of BUTTE MONTANA

220 Curtis Street • Butte, MT 59701-1852
406-782-6461 • Fax 406-782-6473

Revonda Stordahl
Executive Director

Silverbow Homes 3-1
Rosalie Manor 3-2
Elm Street 3-3
Leggat Apts. 3-4

September 24, 2024

To: Montana Continuum of Care

The Public Housing Authority of Butte manages 4 apartment complexes and administers 114 tenant-based vouchers. The 4 apartment complexes have project-based rental assistance, totaling 342 units. Each property has its own waiting list.

The following is an excerpt from the Public Housing Authority's Administrative Plan that speaks to a limited preference for homeless households:

> Families will be selected from the waiting list based on preference. Among applicants with the same preference, families will be selected on a first-come, first served basis according to the date and time their complete application is received by the PHA. There is an exception for those individuals and families who qualify for the homeless preference. Applicants with the homeless preference will be offered every 5th unit available at the property for which the applicant applied.

During the period of September 1, 2023 to August 31, 2024, forty-four percent (44%) of new admissions to all of our units were households who were homeless. The admissions were to the project-based voucher (PBV) units and to the tenant-based housing choice voucher program.

Please contact me if you have any questions.

Sincerely,

Clarisa Hogart
Clarisa Hogart
Grants and Property Manager

Missoula Housing AUTHORITY

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Please contact me if you have any questions.

Sincerely,

Clarisa Hogart
Clarisa Hogart
Grants and Property Manager

October 23, 2024

To Whom It May Concern at the U.S. Department of Housing and Urban Development:

We are submitting this letter to show our support for the Montana Statewide Continuum of Care's (MT-500) priorities for serving people experiencing homelessness with severe service needs throughout Montana.

Through this letter of support, we are confirming that:

- we are people with lived experience of homelessness;
- based on our personal and/or professional experience we have current knowledge of the needs of people experiencing homelessness and of the system to serve them in one or more areas of the State of Montana;
- we have participated in a workgroup made up of people with lived experience of homelessness; and
- we support the Montana Statewide CoC's priorities for serving people experiencing homelessness with severe service needs, which are detailed below.

To meet the needs of people experiencing homelessness with severe service needs the Montana Statewide CoC prioritizes funding for the following types of projects:

- **Street Outreach Services** to: identify people experiencing unsheltered homelessness; assess their housing and service needs and preferences; assist them to quickly locate and move into a housing unit; and link them to ongoing supports to help them stabilize in housing.
- **Permanent Housing including both Permanent Supportive Housing (PSH) and Rapid Rehousing (RRH)** to: provide help with rent and flexible, person-centered supportive services to help participants to find a place to live, stabilize in housing and identify and achieve personal goals.
- **CoC Planning** to provide technical assistance and support to provider agencies to ensure that CoC projects: quickly house participants and help them to stabilize in housing & increase their income; treat participants with dignity and help them to achieve their personal goals; train staff appropriately; and achieve outcome standards established by the CoC's Board of Directors.

The new and renewal projects included in the Montana Statewide (MT-500) 2024 Continuum of Care Consolidated Application are critically needed to help end homelessness among people

with severe service needs. We urge HUD to award the funding requested by the Montana Statewide CoC for these important projects.

Sincerely,

[signatures – at least 3 signatures needed]

Marcus Cioffi

Housing First Assessment

Housing First projects are effective in assisting all subpopulations of people experiencing homelessness to access and sustain permanent stable housing. It has been demonstrated that projects can operate well and safely without requirements that prevent many people living on the streets and in the shelter system from entering and/or remaining in housing.

Applicant *(as it is listed in e-snaps)***:** Human Resources Council, District XII (Action Inc.)

Project(s) *(as it is listed in e-snaps)***:** Action Inc. Rapid Rehousing, Action Inc. YHDP Transitional Housing, Action Inc. YHDP System Navigation & Crises Response

If this form is being submitted for multiple projects, answer the following:

Do all the projects listed above implement Housing First in the same manner in regard to eligibility criteria and project rules?

Yes ☒   No ☐

If no, a separate assessment will need to be submitted for each project.

Housing First Questions (1 point each – 14 points total)

All projects must answer the following questions related to the project's eligibility criteria and project rules.

Assessments must be returned to submit@mtcoc.org by 5pm (MST) Friday, March 1, 2024.

Low Barrier Access:

a. Does the project require clients to pass a background screening prior to project entry (excluding sexual offender/predator check)?

 Yes ☐   No ☒   Correct: 1 pt

b. Does the project prohibit all persons with specified criminal convictions on a blanket basis to be excluded from admission (excluding registered sexual offenders)?

 Yes ☐   No ☒   Correct: 1 pt

c. Does the project require participants to be clean and sober for a specified period prior to project entry as a condition for admission?

 Yes ☐   No ☒   Correct: 1 pt

d. Does the project serve individuals and families regardless of sexual orientation, family composition, or marital status?

 Yes ☒   No ☐   Correct: 1 pt

e. Does the project serve and house transgender individuals according to the gender they identify?

       Yes ☒   No ☐   Correct: 1 pt

f. Does the project expedite the admission process including aiding in assembling necessary documents in order to support the application for admission and using person-centered and flexible processes for admission to the project?

       Yes ☒   No ☐   Correct: 1 pt

Retention:

a. Does the project terminate participants for failure to participate in treatment or support services including case management?

       Yes ☐   No ☒   Correct: 1 pt

b. Does the project terminate participants solely for engaging in substance use?

       Yes ☐   No ☒   Correct: 1 pt

c. Does the project require participants to obtain income as a condition of remaining in the project?

       Yes ☐   No ☒   Correct: 1 pt

d. Does the project make all efforts to avoid discharging participants into homelessness including referral back to coordinated entry for those who cannot remain in the project?

       Yes ☒   No ☐   Correct: 1 pt

e. Are project participants held to standards/behaviors not found in mainstream leases (such as not being allowed visitors, curfews, required to do chores, or not being allowed to have alcoholic beverages in their unit)?

       Yes ☐   No ☒   Correct: 1 pt

Engagement:

f. Does the project provide participant choice in accessing services and are efforts made to connect participants to community-based services?

       Yes ☒   No ☐   Correct: 1 pt

g. Does the project provide regular opportunities for program participants to provide input on project policies and operations

       Yes ☒   No ☐   Correct: 1 pt

h. Are project staff trained in clinical and non-clinical strategies to support participant engagement including harm reduction, motivational interviewing, and trauma informed approaches?

       Yes ☒   No ☐   Correct: 1 pt

2024 MT-500

LOCAL COMPETITION SCORING TOOL

FY2024 Renewal Project Scoring Criteria

Applicant:	Project:	Project Type:

APR data is from HMIS and Comparable Databases for Victim's Services Providers

System Performance Measures (PSH and RRH-60pts, TH-45pts)					
Criteria	Goal	Applies to	Data Source	Scoring Matrix	Maximum Points
Average # of days from project entry to move-In	30 days or less	PSH, RRH	APR Question 22c	30 days or less – 15pts 31-60 - 10pts 61-90 - 5pt More than 90 – 0pts	/15
Retention in or exits to Permanent Housing (PH)	90%	PSH, RRH, TH	APR Questions 23c	90% or more – 20pts 80-89% - 15pts 70-79% - 10pts 60-69% -5pts Less than 59% - 0pts	/20
New or increased earned income for stayers	10%	PSH, RRH, TH	APR Questions 19a.1 and 19a.2	10% or more – 5pts Less than 10% - 0pts	/5
New or increased non-employment income for stayers	15%	PSH,RRH, TH	APR Questions 19a.1 and 19a.2	15% or more –5pts Less than 15% - 0pts	/5
New or increased earned income for leavers	10%	PSH, RRH, TH	APR Questions 19a.1 and 19a.2	10% or more – 5pts Less than 10% - 0pts	/5
New or increased non-employment income for leavers	15%	PSH,RRH, TH	APR Questions 19a.1 and 19a.2	15% or more – 5pts Less than 15% - 0pts	/5
Participants that obtained or maintained health insurance at annual assessment or project exit.	50%	PSH, RRH, TH	APR Questions 5a and 21	50% or more - 5pts Less than 50% - 0pts	/5

Barriers to Housing and Services (35pts)

Criteria	Goal	Applies to	Data Source	Scoring Matrix	Maximum Points
Project serves one or more of the following subpopulations: Low or no income, Disabled > than 1, Domestic Violence, Criminal History, and Chronically homeless.	Project serves one (1) or more subpopulations	PSH, RRH, TH	APR: Questions 5a, 13a.1, 14a, 14b, 15 and 18	Project serves one (1) or more: Yes – 10pts No – 0pts	/10
Project serves one or more of the following subpopulations: Families w/children, Youth (under age 25), Youth w/children, Veterans, and Seniors (age 62 and over)	Project serves one (1) or more subpopulations	PSH, RRH, TH	APR: Questions 5a, 8a and 11	Project serves one (1) or more: Yes – 5pts No – 0pts	/5
Housing First	Project scores at least 12 out of 14 on the Housing First Assessment	PSH, RRH, TH	Housing First Assessment	Project Score is: 14 - 10pts 12-13 – 5pts 11 or less – 0pts	/10
Service Population (total served) is reflective of persons and ethnicities, particularly those over-represented in the local homeless population	Project meets or exceeds the % of participants that are Black, Indigenous or Persons of Color as compared to local PIT Population Data.	PSH, RRH, TH	APR Question 12a and 2023 Montana PIT Population Data (see table below)	Meets/exceeds – 10pts Within 10% - 5pts 11% or more – 0pts	/10

Operational Performance (57pts)					
Criteria	Goal	Applies to	Data Source	Scoring Matrix	Maximum Points
APR Compliance	**APR Submitted on time/accepted**	PSH, RRH, TH	Sage	Yes – 10pts No – 0pts	/10
Submission Compliance	**All required CoC (local) and *e-snaps* documents submitted on time**	PSH, RRH, TH	CoC and *e-snaps*	Yes – 5pts No – 0pts	/5
Unit utilization rate during performance period	**90% DV TH 90% DV RRH 75%**	PSH, RRH, TH	APR Unit Utilization Report	90% or more - 10pts 75% or more - 5pts Less than 75% - 0pts 75% or more - 10pts 60% or more - 5pts Less than 60% - 0pts	/10
Funding Management: Percentage of Funds Utilized	**95%**	PSH, RRH, TH	APR Question 28 and HUD Spending Report	95% or more =10 points 75% or more =5 points Less than 75% =0 points	/10
Project Cost Effectiveness	**100% of avg or less**	PSH, RRH, TH	APR Question 5a and 28: # served/total expenditures adjusted for local FMR	100% of avg or < - 5pts 101-120% - 3pts 121-140% - 1pts 141% or > - 0pts	/5
Staff are trained in best practices (e.g. Housing First, Harm Reduction, Trauma-Informed, Motivational Interviewing, De-Escalation, and Diversity, Equity, and Inclusion (DEI).	**Project staff attend 12 hours or more annually**	PSH, RRH, TH	Intent to Renew (w/documentation) and CoC Training Registration Log	Yes – 2pts No – 0pts	/2
Error rates for Universal Data Elements	**Error rates are 5% or less**	PSH, RRH, TH	APR Questions 6b	5% or less - 10pts 5.01% or more - 0pts	/10
Error rates for Personally Identifying Information and Income and Housing Data Elements	**Error rates are 5% or less on all Data Elements for APR Questions 6a and 6c**	PSH, RRH, TH	APR Questions 6a and 6c	5% or less - 5pts 5.01% or more - 0pts	/5

Total Points Earned	
Project Score (total points earned/maximum points available = Project Score)	

Scoring Information	PSH and RRH	TH
Maximum Points Available by Project Type	**152**	**137**
% of Points Scored on Objective Criteria	**100%**	**100%**
% of Points Scored on Systems Performance Measures	**39.5%**	**32.8%**
% of Points Scored on Barriers to Housing and Services	**23%**	**25.5%**

Sources of Scoring Criteria Information:

Renewal Projects will be scored on information from one or all of the following sources:

- Your project Intent to Renew submission
- Your project application submitted into *e-snaps*.
- Your most recently submitted APR.
- Data from HMIS, Sage, Comparable Data Bases (DV Projects), and CoC submissions (e.g. Housing First Assessment and Intent to Renew)

Project Score examples:

Project scores are determined by calculating the percentage of points received of the maximum points available.

Example:

- PH-PSH Project receives 81 points out of 152 available points: 81/152 = 0.532x100 = 53.2 – ***Project Score is 53.2***
- TH Project receives 106 points out of 137 available points: 106/137 = .773x100 = 77.3 – ***Project Score is 77.3***

Scoring of Joint TH/RRH Projects:

Many of the criteria for Joint TH/RRH are reported separately in the APR(s) by component type (e.g. Systems Performance Measures, Unit Utilization), scores for these criteria are pro-rated to align with enrollment of the two components.

Example:

- Total persons served in Joint TH/RRH – 85
  - Total persons served in TH - 50 (50/85 = .588 – ***59% of persons served***)
  - Total persons served in RRH – 35 (35/85 = .411 – ***41% of persons served***)
- Criterion: Retention in or exits to Permanent Housing (PH) – 90% threshold for maximum points
  - Total exiting to Permanent Housing for TH – 82% (15pts per scoring matrix)
  - Total exiting to Permanent Housing for RRH – 79% (10pts per scoring matrix)
- Total Score for Joint TH/RRH
  - (TH – 15x.59 = 8.85pts) + (RRH – 10x.41 = 4.1pts) = 12.95pts

Score for Criterion is: 12.9

Health Insurance:

Health Insurance percentage is determined as follows:

- PH-PSH - # Leavers with HI@exit + Stayers with HI@last assessment / total # leavers and stayers x 100 = % with Health Insurance
  - *e.g.* 2 leavers+6 stayers with HI/7 leavers+11 stayers – **8/18 = .444 x 100 = 44.4%**
- PH-RRH/TH - # Leavers with HI@exit / total # leavers x 100 = % with Health Insurance
  - *e.g.* 8 leavers with HI/15 leavers– **8/15 = .533 x 100 = .53.3%**

Project Cost Effectiveness:

Project cost effectiveness is calculated using the total number served and total expenditures and is adjusted for local FMR. ***Example:***

- **Total Contracted Amount $343,656 – Remaining Balance $16,486.18 = Total Expenditures $327,169.82**
- **Cost per Household = Total Expenditures / Total Number Served = $327,169.82/41 (total served) = 8955.36 per Household**
- **Cost per Household** x **FMR Scale for Region** *(from chart)* **8955.36 x .984829 = 8819.49 (FMR AVG)**
- **FMR AVG / Project Cost per Household 8819.49/8955.36 = .9848 x 100 = 98.48**

98.48% Project Cost Effectiveness

FMR SCALE							
Billings	**Bozeman**	**Butte**	**Helena**	**Missoula**	**Kalispell**	**Great Falls**	**Hamilton**
0.972534	0.871365	1.114449	0.984829	0.859823	1.015645	1.11127	1.160954

MONTANA 2023 PIT POPULATION DATA	WHITE	NATIVE AMERICAN	OTHER	PERCENT OF NATIVE AMERICAN AND OTHER
STATEWIDE	**1692**	**485**	**95**	**27%**
BILLINGS	**348**	**227**	**23**	**42%**
BOZEMAN/LIVINGSTON	**212**	**19**	**30**	**19%**
BUTTE	**153**	**29**	**5**	**18%**
GREAT FALLS	**130**	**80**	**7**	**40%**
HAMILTON	**106**	**11**	**3**	**12%**
HAVRE	**0**	**10**	**0**	**100%**
HELENA	**120**	**43**	**1**	**27%**
KALISPELL/RONAN	**179**	**76**	**8**	**32%**
LEWISTOWN	**2**	**0**	**0**	**0%**
MISSOULA	**268**	**70**	**18**	**25%**

MT Continuum
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FY2024 Renewal Project Scoring Criteria *APR Data for 9/1/2022 to 8/31/2023 (most recent APR submitted/accepted in Sage)*

Applicant: YWCA Missoula	Project: YWCA Missoula RRH Program	Project Type: PH-RRH

APR data is from HMIS and Comparable Databases (for Victim's Services Providers)

System Performance Measures (PSH and RRH-60pts, TH-45pts)					
Criteria	Goal	Applies to	Data Source	Scoring Matrix	Maximum Points
Average # of days from project entry to move-In	30 days or less **Avg = 0 days**	PSH, RRH	APR Question 22c	30 days or less – 15pts 31-60 - 10pts 61-90 - 5pt More than 90 – 0pts	**15**/15
Retention in or exits to Permanent Housing (PH)	90% **95%**	PSH, RRH, TH	APR Questions 23c	90% or more – 20pts 80-89% - 15pts 70-79% - 10pts 60-69% -5pts Less than 59% - 0pts	**20**/20
New or increased earned income for stayers	10% **38.46%**	PSH, RRH, TH	APR Questions 19a.1 and 19a.2	10% or more – 5pts Less than 10% - 0pts	**5**/5
New or increased non-employment income for stayers	15% **7.69%**	PSH,RRH, TH	APR Questions 19a.1 and 19a.2	15% or more –5pts Less than 15% - 0pts	**0**/5
New or increased earned income for leavers	10% **48.28%**	PSH, RRH, TH	APR Questions 19a.1 and 19a.2	10% or more – 5pts Less than 10% - 0pts	**5**/5
New or increased non-employment income for leavers	15% **0%**	PSH,RRH, TH	APR Questions 19a.1 and 19a.2	15% or more – 5pts Less than 15% - 0pts	**0**/5
Participants that obtained or maintained health insurance at annual assessment or project exit.	50% **81.18%**	PSH, RRH, TH	APR Questions 5a and 21	50% or more - 5pts Less than 50% - 0pts	**5**/5

Health Insurance: 46 leavers w/HI and 54 total leavers (46/54 = .8518 x 100 = 85.18%)

Barriers to Housing and Services (35pts)					
Criteria	**Goal**	**Applies to**	**Data Source**	**Scoring Matrix**	**Maximum Points**
Project serves one or more of the following subpopulations: Low or no income, Disabled > than 1, Domestic Violence, Criminal History, and **Chronically homeless.**	Project serves one (1) or more subpopulations	PSH, RRH, TH	APR: Questions 5a, 13a.1, 14a, 14b, 15 and 18	Project serves one (1) or more: **Yes – 10pts** No – 0pts	**10**/10
Project serves one or more of the following subpopulations: Families w/children, **Youth (under age 25),** Youth w/children, Veterans, and Seniors (age 62 and over)	Project serves one (1) or more subpopulations	PSH, RRH, TH	APR: Questions 5a, 8a and 11	Project serves one (1) or more: **Yes – 5pts** No – 0pts	**5**/5
Housing First **HFA Score = 14/14**	Project scores at least 12 out of 14 on the Housing First Assessment	PSH, RRH, TH	Housing First Assessment	Project Score is: **14 - 10pts** 12-13 – 5pts 11 or less – 0pts	**10**/10
Service Population (total served) is reflective of persons and ethnicities, particularly those over-represented in the local homeless population **See * below**	Project meets or exceeds the % of participants that are Black, Indigenous or Persons of Color as compared to local PIT Population Data.	PSH, RRH, TH	APR Question 12a and 2023 Montana PIT Population Data (see table below)	**Meets/exceeds – 10pts** Within 10% - 5pts 11% or more – 0pts **43.47%**	**10**/10

PIT Data for Missoula (Native American and Other) = 25%
YWCA Missoula (Native American and Other) = 43.47% (per APR 12a & 12b)

Operational Performance (57pts)

Criteria	Goal	Applies to	Data Source	Scoring Matrix	Maximum Points
APR Compliance	APR Submitted on time/accepted	PSH, RRH, TH	Sage	Yes – 10pts No – 0pts	10/10
Submission Compliance	All required CoC (local) and *e-snaps* documents submitted on time	PSH, RRH, TH	CoC and *e-snaps*	Yes – 5pts No – 0pts	5/5
Unit utilization rate during performance period	90% 144.74% DV TH 90% DV RRH 75%	PSH, RRH, TH	APR Unit Utilization Report	90% or more - 10pts 75% or more - 5pts Less than 75% - 0pts 75% or more - 10pts 60% or more - 5pts Less than 60% - 0pts	10/10
Funding Management: Percentage of Funds Utilized	95% 100%	PSH, RRH, TH	APR Question 28 and HUD Spending Report	95% or more =10 points 75% or more =5 points Less than 75% =0 points	10/10
Project Cost Effectiveness	100% of avg or less 85.98%	PSH, RRH, TH	APR Question 5a and 28: # served/total expenditures adjusted for local FMR	100% of avg or < - 5pts 101-120% - 3pts 121-140% - 1pts 141% or > - 0pts	5/5
Staff are trained in best practices (e.g. Housing First, Harm Reduction, Trauma-Informed, Motivational Interviewing, De-Escalation, and Diversity, Equity, and Inclusion (DEI).	Project staff attend 12 hours or more annually	PSH, RRH, TH	Intent to Renew (w/documentation) and CoC Training Registration Log	Yes – 2pts No – 0pts	0/2
Error rates for Universal Data Elements See *6b	Error rates are 5% or less	PSH, RRH, TH	APR Questions 6b	5% or less - 10pts 5.01% or more - 0pts	10/10
Error rates for Personally Identifying Information and Income and Housing Data Elements See *6a	Error rates are 5% or less on all Data Elements for APR Questions 6a and 6c	PSH, RRH, TH	APR Questions 6a and 6c	5% or less - 5pts 5.01% or more - 0pts	0/5

Total Points Earned	**135**
Project Score (total points earned/maximum points available = Project Score) *135/152=.8881x100=88.81*	**88.81**

*6a – Error rate for SSN @ 9.94%

Scoring Information	PSH and RRH	TH
Maximum Points Available by Project Type	**152**	**137**
% of Points Scored on Objective Criteria	**100%**	**100%**
% of Points Scored on Systems Performance Measures	**39.5%**	**32.8%**
% of Points Scored on Barriers to Housing and Services	**23%**	**25.5%**

Sources of Scoring Criteria Information:

Renewal Projects will be scored on information from one or all of the following sources:

- Your project Intent to Renew submission
- Your project application submitted into *e-snaps*.
- Your most recently submitted APR.
- Data from HMIS, Sage, Comparable Data Bases (DV Projects), and CoC submissions (e.g. Housing First Assessment and Intent to Renew)

Project Score examples:

Project scores are determined by calculating the percentage of points received of the maximum points available.

Example:

- PH-PSH Project receives 81 points out of 152 available points: 81/152 = 0.532x100 = 53.2 – ***Project Score is 53.2***
- TH Project receives 106 points out of 137 available points: 106/137 = .773x100 = 77.3 – ***Project Score is 77.3***

Scoring of Joint TH/RRH Projects:

Many of the criteria for Joint TH/RRH are reported separately in the APR(s) by component type (e.g. Systems Performance Measures, Unit Utilization), scores for these criteria are pro-rated to align with enrollment of the two components.

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    - e.g. 8 leavers with HI/15 leavers– ***8/15 = .533 x 100 = .53.3%***

Project Cost Effectiveness: *with YWCA Missoula Data*

Project cost effectiveness is calculated using the total number served and total expenditures, and is adjusted for local FMR:

- **Total Contracted Amount *$334,050* – Remaining Balance *$0* = *Total Expenditures $334,050***
- **Cost per Household = Total Expenditures / Total Number Served = *$334,050/161 (total served) = 2074.84 per Household***
- **Cost per Household** x **FMR Scale for Region** *(from chart)* *2074.84 x .859823 = 1783.99 (FMR AVG)*
- **FMR AVG / Project Cost per Household *1783.99/2074.84 = .8598 x 100 = 85.98%***

85.98% Project Cost Effectiveness

FMR SCALE							
Billings	**Bozeman**	**Butte**	**Helena**	**Missoula**	**Kalispell**	**Great Falls**	**Hamilton**
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MISSOULA	**268**	**70**	**18**	**25%**

STATEMENT
MT-500 PROJECTS REDUCED OR REJECTED

TWO COC BONUS PROJECTS WERE REJECTED:

APPLICANT: Northwest Montana Human Resources
PROJECT: CAPMN Transitioning to Home
PROJECT TYPE: Joint Th/RRH
PROJECT SCORE: 77.8

APPLICANT: United Way of Lewis and Clark Area
PROJECT: UWLCA Housing First PSH Project
PROJECT TYPE: PH-PSH
PROJECT SCORE: 35.5

**PROJECT REJECTION LETTERS SENT 08/22/2024
AND ON 10/10/2024**

Subject:	FY 2024 NOFO Project Selection
Date:	Thursday, August 22, 2024 at 2:09:36 PM Mountain Daylight Time
From:	David O'Leary
To:	Sean O'Neill
CC:	saczas@capnwmt.org, Jim McGrath
Attachments:	CAPNM Joint TH RRH.pdf

Sean,

Thank you for submitting a New Project Proposal for HUD's Notice of Funding Opportunity (NOFO) for Fiscal Year 2024 Continuum of Care Competition.

Unfortunately, I am writing to inform you that Northwest Montana Human Resources' proposal for *CAPNM Transitioning to Home* was not selected to move forward in the FY2024 Continuum of Care Competition. The total funding requested for new projects in the FY2024 Continuum of Care Competition exceeded the amount of Continuum of Care Bonus funding available to Montana. Unfortunately, the Montana Continuum of Care is not able to fund all projects submitted (*see attached letter*).

If you have any questions, please do not hesitate to contact us.

David O'Leary
Executive Director
Montana Continuum of Care Coalition
Phone: (406) 609-8990
david@mtcoc.org

August 22, 2024

Sean O'Neill
Northwest Montana Human Resources
214 S Main St.
Kalispell, MT 59901

Dear Mr. O'Neill,

Thank you for submitting a New Project Proposal for HUD's Notice of Funding Opportunity (NOFO) for
Fiscal Year 2024 Continuum of Care Competition.

Selecting projects to move forward in the Continuum of Care Competition is one of the most difficult
decisions the Montana Continuum of Care Board of Directors has to make. Decisions are based on many
factors including funding availability, review and scoring of proposals, and priorities set by the Montana
Continuum of Care.

I regret to inform you that Northwest Montana Human Resources' proposal for *CAPNM Transitioning to
Home* was not selected to move forward in the FY2024 Continuum of Care Competition. The total
funding requested for new projects in the FY2024 Continuum of Care Competition exceeded the amount
of Continuum of Care Bonus funding available to Montana. Unfortunately, the Montana Continuum of
Care is not able to fund all projects submitted.

Please feel free to contact David O'Leary, Executive Director of the Montana Continuum of Care Coalition
with any questions you may have.

The Montana Continuum of Care commends your organization's work and encourages it to continue to
strive for excellence in the fight to end homelessness.

Jim McGrath
President
Montana Continuum of Care

Subject: HUD Notice of Project Selection

Date: Thursday, October 10, 2024 at 9:49:15 AM Central Daylight Time

From: David O'Leary

To: Sean O'Neill

Attachments: CAPNM HUD Notice 2024.pdf

Sean.

HUD requires that Continua of Care notify all project applicants by October 15, 2024, of final project selection results. I regret to inform you that Northwest Montana Human Resources' proposal for *CAPNM Transitioning to Home* was not selected for inclusion in the FY2024 Continuum of Care Competition Project Priority Listing.

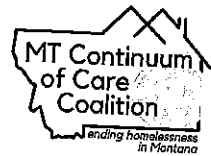Please see the attached letter, and feel free to contact me with any questions.

David O'Leary

Executive Director

Montana Continuum of Care Coalition

Phone: (406) 609-8990

david@mtcoc.org

October 10, 2024

Sean O'Neill
Northwest Montana Human Resources
214 S Main St.
Kalispell, MT 59901

Dear Mr. O'Neill,

Thank you for submitting a New Project Proposal for HUD's Notice of Funding Opportunity (NOFO) for Fiscal Year 2024 Continuum of Care Competition.

HUD requires that Continua of Care notify project applicants by October 15, 2024, of final project selection results. I regret to inform you that Northwest Montana Human Resources' proposal for *CAPNM Transitioning to Home* was not selected for inclusion in the FY2024 Continuum of Care Competition Project Priority Listing.

Northwest Montana Human Resources' proposal for *CAPNM Transitioning to Home* scored 77.8/100 points available and was ranked 4th by the Grants Review Panel of 5 proposals submitted. Scoring Criteria was approved by the Montana Continuum of Care Coalition Board of Directors on March 20, 2024. The total funding requested for new projects in the FY2024 Continuum of Care Competition exceeded the amount of Continuum of Care Bonus funding available to Montana. Unfortunately, the Montana Continuum of Care Coalition is not able to fund all proposals submitted.

Selecting projects to move forward in the Continuum of Care Competition is one of the most difficult decisions the Montana Continuum of Care Coalition Board of Directors has to make. Decisions are based on many factors including funding availability, review and scoring of proposals, and priorities set by the Montana Continuum of Care.

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The Montana Continuum of Care commends your organization's work and encourages it to continue to strive for excellence in the fight to end homelessness.

Jim McGrath
President
Montana Continuum of Care

Subject:	FY 2024 NOFO Project Selection
Date:	Thursday, August 22, 2024 at 2:13:01 PM Mountain Daylight Time
From:	David O'Leary
To:	Emily McVey
CC:	Clarity Knight Forbes, Jim McGrath
Priority:	High
Attachments:	UWLCA HF PSH.pdf

Emily,

Thank you for submitting a New Project Proposal for HUD's Notice of Funding Opportunity (NOFO) for Fiscal Year 2024 Continuum of Care Competition.

Unfortunately, I am writing to inform you that United Way of Lewis and Clark Area's proposal for *UWLCA Housing First PSH Project* was not selected to move forward in the FY2024 Continuum of Care Competition. The total funding requested for new projects in the FY2024 Continuum of Care Competition exceeded the amount of Continuum of Care Bonus funding available to Montana. Unfortunately, the Montana Continuum of Care is not able to fund all projects submitted (*see attached letter*).

If you have any questions, please do not hesitate to contact us.

David O'Leary

Executive Director

Montana Continuum of Care Coalition

Phone: (406) 609-8990

david@mtcoc.org

August 22, 2024

Emily McVey
United Way of Lewis and Clark Area
75 E. Lyndale Avenue
Helena, MT 59601

Dear Ms. McVey,

Thank you for submitting a New Project Proposal for HUD's Notice of Funding Opportunity (NOFO) for Fiscal Year 2024 Continuum of Care Competition.

Selecting projects to move forward in the Continuum of Care Competition is one of the most difficult decisions the Montana Continuum of Care Board of Directors has to make. Decisions are based on many factors including funding availability, review and scoring of proposals, and priorities set by the Montana Continuum of Care.

I regret to inform you that United Way of Lewis and Clark Area's proposal for *UWLCA Housing First PSH Project* was not selected to move forward in the FY2024 Continuum of Care Competition. The total funding requested for new projects in the FY2024 Continuum of Care Competition exceeded the amount of Continuum of Care Bonus funding available to Montana. Unfortunately, the Montana Continuum of Care is not able to fund all projects submitted.

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Jim McGrath
President
Montana Continuum of Care

Subject:	HUD Notice of Project Selection
Date:	Thursday, October 10, 2024 at 9:49:56 AM Central Daylight Time
From:	David O'Leary
To:	Emily McVey
Attachments:	UWLCA Helena HUD Notice 2024.pdf

Emily,

HUD requires that Continua of Care notify project applicants by October 15, 2024, of final project selection results. I regret to inform you that United Way of Lewis and Clark Area's proposal for *UWLCA Housing First PSH Project* was not selected for inclusion in the FY2024 Continuum of Care Competition Project Priority Listing.

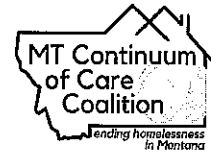Please see the attached letter, and feel free to contact me with any questions.

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Montana Continuum of Care Coalition
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MT Continuum
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October 10, 2024

Emily McVey
United Way of Lewis and Clark Area
75 E. Lyndale Avenue
Helena, MT 59601

Dear Ms. McVey,

Thank you for submitting a New Project Proposal for HUD's Notice of Funding Opportunity (NOFO) for Fiscal Year 2024 Continuum of Care Competition.

HUD requires that Continua of Care notify project applicants by October 15, 2024, of final project selection results. I regret to inform you that United Way of Lewis and Clark Area's proposal for *UWLCA Housing First PSH Project* was not selected for inclusion in the FY2024 Continuum of Care Competition Project Priority Listing.

United Way of Lewis and Clark Area's proposal for *UWLCA Housing First PSH Project* scored 35.5/100 points available and was ranked 5th by the Grants Review Panel of 5 proposals submitted. Scoring Criteria was approved by the Montana Continuum of Care Coalition Board of Directors on March 20, 2024. The total funding requested for new projects in the FY2024 Continuum of Care Competition exceeded the amount of Continuum of Care Bonus funding available to Montana. Unfortunately, the Montana Continuum of Care Coalition is not able to fund all proposals submitted.

Selecting projects to move forward in the Continuum of Care Competition is one of the most difficult decisions the Montana Continuum of Care Coalition Board of Directors has to make. Decisions are based on many factors including funding availability, review and scoring of proposals, and priorities set by the Montana Continuum of Care.

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Jim McGrath
President
Montana Continuum of Care

STATEMENT

MT-500 PROJECTS ACCEPTED

LOCAL COMPETITION SELECTION RESULTS: MT-500 FY2024 - APPROVED 09/18/2024

TIER 1

APPLICANT	PROJECT NAME	SCORE	RANK	REQUESTED FUNDING AMOUNT	STATUS
Missoula Housing Authority	MHA PSH Renewal 2024	95.4	1	$1,176,555	Accepted
Human Resource Development Council of District IX, Inc.	HRDC IX RRH	90.1	2	$130,393	Accepted
YWCA Missoula	YWCA Missoula Rapid Rehousing Program	88.8	3	$359,418	Accepted
YWCA Billings	YWCA Billings Rapid Re-Housing	79.8	4	$285,324	Accepted
Northwest Montana Human Resources, Inc.	CAPNM Shelter Plus PSH	75	5	$83,596	Accepted
Supporters of Abuse Free Environments (SAFE), Inc.	SAFE FY 24 TH-RRH	72.4	6	$158,796	Accepted
Public Housing Authority of Butte	PHA Butte Permanent Supportive Housing	72.36	7	$124,024	Accepted
Action Inc.	Action Inc. Rapid Rehousing	71.8	8	98,201	Accepted
Friendship Center of Helena Inc	Domestic Violence Housing Assitance	68.5	9	$186,226	Accepted
Northwest Montana Human Resources, Inc.	CAPNM RRH	68.4	10	$64,798	Accepted
Neighborhood Housing Services, Inc. of Great Falls	Baatz Block Apartments	N/A	11	$54,080	Accepted
Human Resource Development Council of District IX, Inc.	HRDC IX PSH-HFV	N/A	12	$104,674	Accepted
YWCA Helena	YWCA Helena Joint TH/RRH FY2024	N/A	13	$179,425	Accepted
Pathways Community Network, Inc.	HMIS Renewal FY2024	N/A	14	$157,332	Accepted
Helena Housing Authority	Helena Housing Authority PSH	63.2	15	$44,597	Accepted

TIER 2

APPLICANT	PROJECT NAME	SCORE	RANK	REQUESTED FUNDING AMOUNT	STATUS
Helena Housing Authority	Helena Housing Authority PSH	63.2	15	$322,819	Accepted
Northwest Montana Human Resources, Inc.	CAPNM PSH	46.9	16	$33,563	Accepted
Family Promise of Gallatin Valley	Family Promise RRH 2024	94.4	17	$134,015	Accepted
Crow Tribe	Crow Tribe PSH	74.4	18	$159,015	Accepted
Opportunies Inc.	Great Falls HFHub 2024	87.7	19	$339,526	Accepted
Northwest Montana Human Resources, Inc.	CAPNM Transitioning to Home	77.8	20	$201,545	Rejected
United Way of Lewis and Clark Area	UWLCA Housing First PSH Project	35.5	21	$259,707	Rejected

DV BONUS

APPLICANT	PROJECT NAME	SCORE	RANK	REQUESTED FUNDING AMOUNT	STATUS
Mountain Home Montana	Mountain Home Montana RRH 2024	81	N/A	$513,600	Accepted

GRANTS INCLUDED IN THE FY2024 CONSOLIDATED APPLICATION THAT ARE NOT REQUIRED TO BE RANKED

APPLICANT	PROJECT NAME	SCORE	RANK	REQUESTED FUNDING AMOUNT	STATUS
Montana Continuum of Care Coalition	MT-500 CoC Planning Grant 2024	N/A	N/A	$263,569	Accepted

YHDP RENEWALS - NON COMPETITIVE

APPLICANT	PROJECT NAME	SCORE	RANK	REQUESTED FUNDING AMOUNT	STATUS
Action Inc.	Action Inc. YHDP System Navigation & Crisis Response	N/A	N/A	$83,230	Accepted
Action Inc.	Action Inc. YHDP Transitional Housing	N/A	N/A	$112,990	Accepted
Alliance for Youth, Inc.	Alliance for Youth YHDP 2024	N/A	N/A	$100,000	Accepted
Browning School District #9	BPS aisspoommootsiiyop YHDP	N/A	N/A	$178,645	Accepted
Northwest Montana Human Resources, Inc.	CAPNM YHDP Renewal 2024	N/A	N/A	$56,081	Accepted
Dawson Community College	DCC - YHDP Reneal Application FY2024	N/A	N/A	$40,222	Accepted
Alliance for Youth, Inc.	Alliance for Youth YHDP II 2024	N/A	N/A	$102,870	Accepted
District 7 Human Resources Development Council	YHDP Renewal Project FY2024	N/A	N/A	106,402	Accepted
Human Resource Development Council of District IX, Inc.	HRDC IX YHDP Diversion	N/A	N/A	$60,321	Accepted
Human Resource Development Council of District IX, Inc.	HRDC IX SN	N/A	N/A	$110,005	Accepted
Human Resource Development Council of District IX, Inc.	HRDC IX YHDP PSH	N/A	N/A	$57,941	Accepted
Human Resource Development Council of District IX, Inc.	HRDC IX YHDP RRH	N/A	N/A	$39,371	Accepted
Human Resource Development Council of District IX, Inc.	HRDC IX YHDP TH/RRH	N/A	N/A	$135,088	Accepted
Human Resource Council District XI	DXI HRC YHDP 2024-2025	N/A	N/A	$245,680	Accepted
Montana Legal Services Association	YYA Legal Housing Project FY24	N/A	N/A	$100,000	Accepted
Tumbleweed	YHDP Renewal 2024	N/A	N/A	$104,685	Accepted
Kalispell Public Schools	Kalispell Public Schools YHDP renewal FY24	N/A	N/A	$74,030	Accepted

mtcoc.org

Housing Assistance   Youth Homelessness ⌄   Board Meetings   Latest Updates   Contact

UPDATES

2024 NOFO Montana Local Competition Selection Results
September 26, 2024

The Montana Continuum of Care Coalition Board of Directors met on 9/18/2024 and approved the final Project Selection and Rankings for the 2024 Montana HUD NOFO Competition.

Read More

Home Montana: Fall 2024
September 24, 2024

The Montana Continuum of Care Coalition is happy to share the Fall Issue of Home Montana, the coalition's newsletter.

Housing Assistance   Youth Homelessness ⌄   Board Meetings   Latest Updates   Contact

Posted on September 26, 2024 in NOFO (Grants)

2024 CoC Project Selection & Ranking

The Montana Continuum of Care Coalition Board of Directors met on 9/18/2024 and approved the final Project Selection and Rankings for the 2024 Montana HUD NOFO Competition. Three CoC Bonus Projects and one DV Bonus Project were selected for inclusion in the 2024 Project Selection and Ranking.

2024 Final Project Selection and Rankings are:

2024 Local Competition Selection Results   **Download**

Youth Homelessness Demonstration Program (YHDP) grants and the 2024 Planning Grant are included in the 2024 Project Selection and Ranking and are not required to be ranked.

Latest Updates

2024 NOFO Montana Local Competition Selection Results
September 26, 2024

Home Montana: Fall 2024
September 24, 2024

2024-2025 HUD Continuum of Care Notice of Funding Opportunity (NOFO) Renewal Project Scoring Criteria
August 15, 2024

2024-2025 HUD Continuum of Care Notice of Funding Opportunity (NOFO)
August 9, 2024

2024 CoC Builds NOFO
August 1, 2024

Topics

Membership

Newsletter

NOFO (Grants)

Training

Uncategorized

2024 CoC Project Selection and Ranking

David O'Leary <david@mtcoc.org>

Today at 1:40 PM

To: corrinag@bps.k12.mt.us; lrenea@bps.k12.mt.us; Gina.b@thefriendshipcenter.org; Kim.p@thefriendshipcenter.org; sumhey@safeinthebitterroot.org; rshea@safeinthebitterroot.org; moneil@hhamt.org; jsouthworth@hhamt.org; hgrenier@hrdc9.org; bguyer@thehrdc.org; haltman@thehrdc.org; rut@hrcxi.org; lms@hrcxi.org; kmarquardt@hrdc7.org; djordan@hrdc7.org; william.matson@pcni.org; chris.sage@pcni.org; soneill@capnwmt.org; saczas@capnwmt.org; rstordahl@buttehousing.org; sflink@buttehousing.org; dpeterson@dawson.edu; jvillmer@dawson.edu; mseccomb@action-inc.org; kchambers@action-inc.org; ⟳ Jim McGrath; grafuse@missoulahousing.org; apaul@mtlsa.org; kpartrid@mtlsa.org; sreiser@mtlsa.org; georgia.cady@tumbleweedprogram.org; adam.toland@tumbleweedprogram.org; erin.lambert@ywcabillings.org; renee.toscan@ywcabillings.org; jeuell@ywcaofmissoula.org; mrichards@ywcaofmissoula.org; kpontet-stroop@allianceforyouth.org; trisberg@allianceforyouth.org; fshortman@hlpschools.k12.mt.us; dshambo@hlpschools.k12.mt.us; tah@hrcxi.org; mandy.gerth@sd5.k12.mt.us; cmore@nwgf.org; sarey@nwgf.org; jenifer@ywcahelena.org; kmang406@gmail.com; Karla Seaman; Mathew Pea; Elliott Brown; Christel Chvilicek; Todd Wilson; Todd Wilson; Frank Whiteclay; Tracy Menuez; kelsie@mountainhomemt.org ⌃

📎 **2024 Local Competit...**
59.4 KB

Download · Preview

⚡ This message is high priority.

The Montana Continuum of Care Coalition Board of Directors met on 9/18/2024 and approved the final Project Selection and Rankings for the 2024 Montana HUD NOFO Competition. Three CoC Bonus Projects and one DV Bonus Project were selected for inclusion in the 2024 Project Selection and Ranking.

HUD requires the CoC notify project applicants of final project selection and ranking. This email serves as official notice to the projects listed on the attached PDF that they have been selected for inclusion in the Montana Continuum of Care FY2024 Consolidated Application (*see attached PDF for Project Selection and Ranking Results*). Youth Homelessness Demonstration Program (YHDP) projects and the 2024 Planning Grant are not required to be scored and ranked.

Project Selection and Ranking results can also be found here:
https://www.mtcoc.org/nofo-grants/2024-mtcoc-project-rankings/

David O'Leary
Executive Director
Montana Continuum of Care Coalition

August 22, 2024

Elliot Brown
Family Promise of Gallatin Valley
1603 Tschache Lane
Bozeman, MT 59715

Dear Ms. Brown,

Congratulations! I am delighted to inform that your project has been selected by the Montana Continuum of Care Board of Directors to move forward in HUD's Notice of Funding Opportunity (NOFO) for Fiscal Year FY2024 Continuum of Care Competition.

The Continuum of Care Program is an important part of HUD's mission. Continua of Care around the country improve the lives of men, women, and children through their local planning efforts and through the direct housing and service programs funded under the Continuum of Care Program Competition.

The next step is to complete a Project Application in *e-snaps*. Project Applications must be completed in *e-snaps* with a PDF copy emailed to the CoC at *submit@mtcoc.org* by 5pm (MDT) on August 30, 2024. Please note: DO NOT submit the application in *e-snaps* – the CoC will review the Project Application for accuracy and notify you when it is okay to submit. Instructions for setting up an *e-snaps* Applicant Profile and Project Application can be found here: https://files.hudexchange.info/resources/documents/Project-Applicant-Profile-Navigational-Guide.pdf

As part of the CoC review of your Project Application, there may be adjustments that will need to be made to project design and budget. Continuum of Care staff will contact you with more information concerning any needed adjustments and to provide technical support.

If you have any questions in the days ahead, please do not hesitate to contact David O'Leary, Executive Director of the Montana Continuum of Care Coalition at (406) 609-8990 or *david@mtcoc.org*

The Montana Continuum of Care commends your organization's work and encourages it to continue to strive for excellence in the fight to end homelessness.

Jim McGrath
President
Montana Continuum of Care

Subject:	FY 2024 NOFO Project Selection
Date:	Thursday, August 22, 2024 at 1:46:30 PM Mountain Daylight Time
From:	David O'Leary
To:	Elliott Brown
CC:	Christel Chvilicek, Jim McGrath
Priority:	High
Attachments:	Family Promise RRH.pdf

Elliott,

I am writing to let you know that Family Promise of Gallatin Valley's proposal for Housing First Rapid Rehousing Diversion was selected for inclusion in the FY 2024 NOFO Continuum of Care Competition. The Montana Continuum of Care Coalition Board of Directors voted to include your proposal with an allocation of **$134,015** (*see attached letter*).

The next step is to complete a Project Application in *e-snaps*. Project Applications must be completed in *e-snaps* with a PDF copy emailed to the CoC at *submit@mtcoc.org* by **5pm (MDT) on August 30, 2024**. Please note: *DO NOT* submit the application in *e-snaps* – the CoC will review the Project Application for accuracy and notify you when it is okay to submit. Instructions for setting up an *e-snaps* Applicant Profile and Project Application can be found here: https://files.hudexchange.info/resources/documents/Project-Applicant-Profile-Navigational-Guide.pdf

Before you begin the project application, I would like to suggest simplifying the project name as it will need to be used in perpetuity. Your proposal has "Family Promise Housing First Rapid Rehousing Diversion", and I would suggest simplifying to "Family Promise RRH" or "Family Promise RRH 2024". HUD does allow you to change the year in a project name (including the year can also help you navigate *e-snaps* year-to-year).

As always, please do not hesitate to contact us with any questions.

David O'Leary
Executive Director
Montana Continuum of Care Coalition
Phone: (406) 609-8990
david@mtcoc.org

August 22, 2024

Frank Whiteclay
Chairman
Crow Tribe of Indians
43 Heritage Lane
Crow Agency, MT 59002

Dear Chairman Whiteclay,

Congratulations! I am delighted to inform that your project has been selected by the Montana Continuum of Care Board of Directors to move forward in HUD's Notice of Funding Opportunity (NOFO) for Fiscal Year FY2024 Continuum of Care Competition.

The Continuum of Care Program is an important part of HUD's mission. Continua of Care around the country improve the lives of men, women, and children through their local planning efforts and through the direct housing and service programs funded under the Continuum of Care Program Competition.

The next step is to complete a Project Application in *e-snaps*. Project Applications must be completed in *e-snaps* with a PDF copy emailed to the CoC at *submit@mtcoc.org* by 5pm (MDT) on August 30, 2024. Please note: DO NOT submit the application in *e-snaps* – the CoC will review the Project Application for accuracy and notify you when it is okay to submit. Instructions for setting up an *e-snaps* Applicant Profile and Project Application can be found here:
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If you have any questions in the days ahead, please do not hesitate to contact David O'Leary, Executive Director of the Montana Continuum of Care Coalition at (406) 609-8990 or *david@mtcoc.org*

The Montana Continuum of Care commends your organization's work and encourages it to continue to strive for excellence in the fight to end homelessness.

Jim McGrath
President
Montana Continuum of Care

Cc:
Todd Wilson

Subject:	FY 2024 NOFO Project Selection
Date:	Thursday, August 22, 2024 at 1:54:07 PM Mountain Daylight Time
From:	David O'Leary
To:	frank.whiteclay@crow-nsn.gov
CC:	Todd Wilson, Todd Wilson, Jim McGrath, Tracy Menuez
Priority:	High

Attachments: Crow Tribe PSH.pdf

Chairman Whiteclay,

I am writing to let you know that the Crow Tribe of Indians' proposal for *Crow Tribe PSH* was selected for inclusion in the FY 2024 NOFO Continuum of Care Competition. The Montana Continuum of Care Coalition Board of Directors voted to include your proposal with an allocation of **$159,015** (*see attached letter*).

The next step is to complete a Project Application in *e-snaps*. Project Applications must be completed in *e-snaps* with a PDF copy emailed to the CoC at *submit@mtcoc.org* by **5pm (MDT) on August 30, 2024**. Please note: *DO NOT* submit the application in *e-snaps* – the CoC will review the Project Application for accuracy and notify you when it is okay to submit. Instructions for setting up an *e-snaps* Applicant Profile and Project Application can be found here:
https://files.hudexchange.info/resources/documents/Project-Applicant-Profile-Navigational-Guide.pdf

If you or your staff have any questions, please do not hesitate to contact us.

David O'Leary
Executive Director
Montana Continuum of Care Coalition
Phone: (406) 609-8990
david@mtcoc.org

August 22, 2024

Karla Seaman
Opportunities Inc.
905 1ˢᵗ Avenue N
Great Falls, MT 59401

Dear Ms. Seaman,

Congratulations! I am delighted to inform that your project has been selected by the Montana Continuum of Care Board of Directors to move forward in HUD's Notice of Funding Opportunity (NOFO) for Fiscal Year FY2024 Continuum of Care Competition.

The Continuum of Care Program is an important part of HUD's mission. Continua of Care around the country improve the lives of men, women, and children through their local planning efforts and through the direct housing and service programs funded under the Continuum of Care Program Competition.

The next step is to complete a Project Application in *e-snaps*. Project Applications must be completed in *e-snaps* with a PDF copy emailed to the CoC at *submit@mtcoc.org* by 5pm (MDT) on August 30, 2024. Please note: DO NOT submit the application in *e-snaps* – the CoC will review the Project Application for accuracy and notify you when it is okay to submit. Instructions for setting up an *e-snaps* Applicant Profile and Project Application can be found here: https://files.hudexchange.info/resources/documents/Project-Applicant-Profile-Navigational-Guide.pdf

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Jim McGrath
President
Montana Continuum of Care

Subject:	FY 2024 NOFO Project Selection
Date:	Thursday, August 22, 2024 at 1:39:37 PM Mountain Daylight Time
From:	David O'Leary
To:	Karla Seaman
CC:	Mathew Pea, Jim McGrath
Priority:	High
Attachments:	Opportunies Inc. HFHub.pdf

Karla,

I am writing to let you know that Opportunities Inc.'s proposal for The Great Falls Housing First Hub was selected for inclusion in the FY 2024 NOFO Continuum of Care Competition. The Montana Continuum of Care Coalition Board of Directors voted to include your proposal with an allocation of **$336,526** (*see attached letter*).

The next step is to complete a Project Application in *e-snaps*. Project Applications must be completed in *e-snaps* with a PDF copy emailed to the CoC at *submit@mtcoc.org* by **5pm (MDT) on August 30, 2024**. Please note: *DO NOT* submit the application in *e-snaps* – the CoC will review the Project Application for accuracy and notify you when it is okay to submit. Instructions for setting up an *e-snaps* Applicant Profile and Project Application can be found here: https://files.hudexchange.info/resources/documents/Project-Applicant-Profile-Navigational-Guide.pdf

Before you begin the project application, I would like to suggest simplifying the project name as it will be used in perpetuity. Your proposal lists the project name as "The Great Falls Housing First Hub", and I would suggest simplifying to "Great Falls HF Hub" or "Great Falls HF Hub 2024". HUD does allow you to change the year in a project name (including the year can also help you navigate *e-snaps* year-to-year).

As always, please do not hesitate to contact us with any questions.

David O'Leary
Executive Director
Montana Continuum of Care Coalition
Phone: (406) 609-8990
david@mtcoc.org

August 22, 2024

Kelsie Severson
Mountain Home Montana
2606 South Avenue W
Missoula, MT 59804

Dear Ms. Severson,

Congratulations! I am delighted to inform that your project has been selected by the Montana Continuum of Care Board of Directors to move forward in HUD's Notice of Funding Opportunity (NOFO) for Fiscal Year FY2024 Continuum of Care Competition.

The Continuum of Care Program is an important part of HUD's mission. Continua of Care around the country improve the lives of men, women, and children through their local planning efforts and through the direct housing and service programs funded under the Continuum of Care Program Competition.

The next step is to complete a Project Application in *e-snaps*. Project Applications must be completed in *e-snaps* with a PDF copy emailed to the CoC at *submit@mtcoc.org* by 5pm (MDT) on August 30, 2024. Please note: DO NOT submit the application in *e-snaps* – the CoC will review the Project Application for accuracy and notify you when it is okay to submit. Instructions for setting up an *e-snaps* Applicant Profile and Project Application can be found here:
https://files.hudexchange.info/resources/documents/Project-Applicant-Profile-Navigational-Guide.pdf

As part of the CoC review of your Project Application, there may be adjustments that will need to be made to project design and budget. Continuum of Care staff will contact you with more information concerning any needed adjustments and to provide technical support.

If you have any questions in the days ahead, please do not hesitate to contact David O'Leary, Executive Director of the Montana Continuum of Care Coalition at (406) 609-8990 or *david@mtcoc.org*

The Montana Continuum of Care commends your organization's work and encourages it to continue to strive for excellence in the fight to end homelessness.

Jim McGrath
President
Montana Continuum of Care

Subject: FY 2024 NOFO Project Selection
Date: Thursday, August 22, 2024 at 2:03:33 PM Mountain Daylight Time
From: David O'Leary
To: kelsie@mountainhomemt.org
CC: Alyssa@mountainhomemt.org, Jim McGrath
Priority: High

Kelsie,

I am writing to let you know that Mountain Home Montana's proposal for *Improving Outcomes for Young Unhoused Montana Families* was selected for inclusion in the FY 2024 NOFO Continuum of Care Competition. The Montana Continuum of Care Coalition Board of Directors voted to include your proposal for DV Bonus funds with an allocation of ***$427,904*** (*see attached letter*).

The next step is to complete a Project Application in *e-snaps*. Project Applications must be completed in *e-snaps* with a PDF copy emailed to the CoC at *submit@mtcoc.org* by ***5pm (MDT) on August 30, 2024***. Please note: *DO NOT* submit the application in *e-snaps* – the CoC will review the Project Application for accuracy and notify you when it is okay to submit. Instructions for setting up an *e-snaps* Applicant Profile and Project Application can be found here:
https://files.hudexchange.info/resources/documents/Project-Applicant-Profile-Navigational-Guide.pdf

Additionally, as a DV Bonus Project, CoC staff will be reaching out to you as there are portions of the Continuum's Consolidated Application specific to the DV Bonus that will require assistance from you and your staff to complete.

Lastly, before you begin the project application, I would like to suggest simplifying the project name as it will need be used in perpetuity. Your proposal has *Improving Outcomes for Young Unhoused Montana Families* and I would suggest simplifying to *Mountain Home Montana Joint TH RRH* or *Mountain Home Montana Joint TH RRH 2024*. HUD does allow you to change the year in a project name (including the year can also help you navigate *e-snaps* year-to-year).

As always, please do not hesitate to contact us with any questions.

David O'Leary
Executive Director
Montana Continuum of Care Coalition
Phone: (406) 609-8990
david@mtcoc.org

LOCAL COMPETITION SELECTION RESULTS: MT-500 FY2024 - APPROVED 09/18/2024

TIER 1

APPLICANT	PROJECT NAME	SCORE	RANK	REQUESTED FUNDING AMOUNT	STATUS	Notes
Missoula Housing Authority	MHA PSH Renewal 2024	95.4	1	$1,176,555	Accepted	
Human Resource Development Council of District IX, Inc.	HRDC IX RRH	90.1	2	$130,393	Accepted	
YWCA Missoula	YWCA Missoula Rapid Rehousing Program	88.8	3	$359,418	Accepted	
YWCA Billings	YWCA Billings Rapid Re-Housing	79.8	4	$285,324	Accepted	
Northwest Montana Human Resources, Inc.	CAPNM Shelter Plus PSH	75	5	$83,596	Accepted	
Supporters of Abuse Free Environments (SAFE), Inc.	SAFE FY 24 TH-RRH	72.4	6	$158,796	Accepted	
Public Housing Authority of Butte	PHA Butte Permanent Supportive Housing	72.36	7	$124,024	Accepted	
Action Inc.	Action Inc. Rapid Rehousing	71.8	8	98,201	Accepted	
Friendship Center of Helena Inc	Domestic Violence Housing Assitance	68.5	9	$186,226	Accepted	
Northwest Montana Human Resources, Inc.	CAPNM RRH	68.4	10	$64,798	Accepted	
Neighborhood Housing Services, Inc. of Great Falls	Baatz Block Apartments	N/A	11	$54,080	Accepted	Renewal without a completed grant cycle - not scored
Human Resource Development Council of District IX, Inc.	HRDC IX PSH-HFV	N/A	12	$104,674	Accepted	Renewal without a completed grant cycle - not scored
YWCA Helena	YWCA Helena Joint TH/RRH FY2024	N/A	13	$179,425	Accepted	Renewal without a completed grant cycle - not scored
Pathways Community Network, Inc.	HMIS Renewal FY2024	N/A	14	$157,332	Accepted	HMIS Lead - not scored
Helena Housing Authority	Helena Housing Authority PSH	63.2	15	$44,597	Accepted	PIP Required

TIER 2

APPLICANT	PROJECT NAME	SCORE	RANK	REQUESTED FUNDING AMOUNT	STATUS	Notes
Helena Housing Authority	Helena Housing Authority PSH	63.2	15	$322,819	Accepted	PIP Required
Northwest Montana Human Resources, Inc.	CAPNM PSH	46.9	16	$33,563	Accepted	PIP Required
Family Promise of Gallatin Valley	Family Promise RRH 2024	94.4	17	$134,015	Accepted	CoC Bonus New Project
Crow Tribe	Crow Tribe PSH	74.4	18	$159,015	Accepted	CoC Bonus New Project
Opportunies Inc.	Great Falls HFHub 2024	87.7	19	$339,526	Accepted	CoC Bonus New Project
Northwest Montana Human Resources, Inc.	CAPNM Transitioning to Home	77.8	N/A	$201,545	Rejected	Notifed 8/22/2024 and 10/10/2024
United Way of Lewis and Clark Area	UWLCA Housing First PSH Project	35.5	N/A	$259,707	Rejected	Notifed 8/22/2024 and 10/10/2024

DV BONUS

APPLICANT	PROJECT NAME	SCORE	RANK	REQUESTED FUNDING AMOUNT	STATUS	Notes
Mountain Home Montana	Mountain Home Montana RRH 2024	81	N/A	$513,600	Accepted	DV Bonus New Project

GRANTS INCLUDED IN THE FY2024 CONSOLIDATED APPLICATION THAT ARE NOT REQUIRED TO BE RANKED

APPLICANT	PROJECT NAME	SCORE	RANK	REQUESTED FUNDING AMOUNT	STATUS	Notes
Montana Continuum of Care Coalition	MT-500 CoC Planning Grant 2024	N/A	N/A	$263,569	Accepted	Not scored

YHDP RENEWALS - NON COMPETITIVE

APPLICANT	PROJECT NAME	SCORE	RANK	REQUESTED FUNDING AMOUNT	STATUS	Notes
Action Inc.	Action Inc. YHDP System Navigation & Crisis Response	N/A	N/A	$83,230	Accepted	
Action Inc.	Action Inc. YHDP Transitional Housing	N/A	N/A	$112,990	Accepted	
Alliance for Youth, Inc.	Alliance for Youth YHDP 2024	N/A	N/A	$100,000	Accepted	
Browning School District #9	BPS aisspoommootsiiyop YHDP	N/A	N/A	$178,645	Accepted	
Northwest Montana Human Resources, Inc.	CAPNM YHDP Renewal 2024	N/A	N/A	$56,081	Accepted	
Dawson Community College	DCC - YHDP Reneal Application FY2024	N/A	N/A	$40,222	Accepted	
Alliance for Youth, Inc.	Alliance for Youth YHDP II 2024	N/A	N/A	$102,870	Accepted	
District 7 Human Resources Development Council	YHDP Renewal Project FY2024	N/A	N/A	106,402	Accepted	
Human Resource Development Council of District IX, Inc.	HRDC IX YHDP Diversion	N/A	N/A	$60,321	Accepted	
Human Resource Development Council of District IX, Inc.	HRDC IX SN	N/A	N/A	$110,005	Accepted	
Human Resource Development Council of District IX, Inc.	HRDC IX YHDP PSH	N/A	N/A	$57,941	Accepted	
Human Resource Development Council of District IX, Inc.	HRDC IX YHDP RRH	N/A	N/A	$39,371	Accepted	
Human Resource Development Council of District IX, Inc.	HRDC IX YHDP TH/RRH	N/A	N/A	$135,088	Accepted	
Human Resource Council District XI	DXI HRC YHDP 2024-2025	N/A	N/A	$245,680	Accepted	
Montana Legal Services Association	YYA Legal Housing Project FY24	N/A	N/A	$100,000	Accepted	
Tumbleweed	YHDP Renewal 2024	N/A	N/A	$104,685	Accepted	
Kalispell Public Schools	Kalispell Public Schools YHDP renewal FY24	N/A	N/A	$74,030	Accepted	

UPDATES

Montana Continuum of Care FY2024 Approved Consolidated Application and Project Priority Listing
October 24, 2024

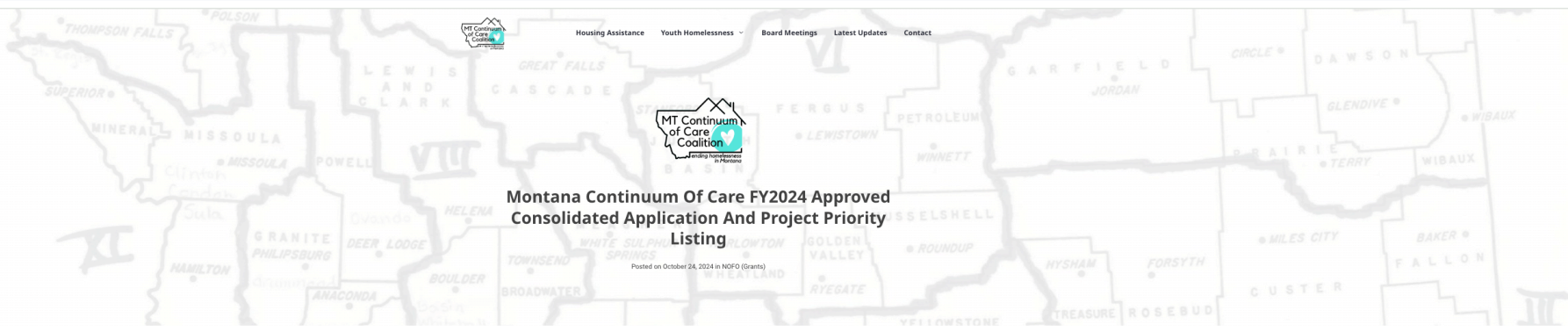The Montana Continuum of Care FY2024 Approved Consolidated Application and Project Priority Listing are now available.

Read More

2024 NOFO Montana Local Competition Selection Results
September 26, 2024

The Montana Continuum of Care Coalition Board of Directors met on 9/18/2024 and approved the final Project Selection and Rankings for the 2024 Montana HUD NOFO Competition.

Montana Continuum Of Care

mtcoc.org/nofo-grants/2024-mtcoc-consolidated-application-posted/

Housing Assistance   Youth Homelessness ⌄   Board Meetings   Latest Updates   Contact
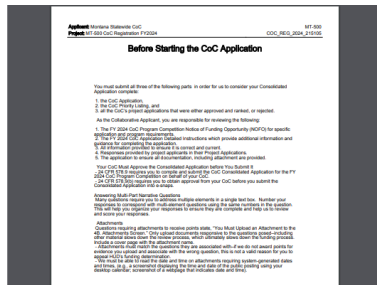
Montana Continuum Of Care FY2024 Approved Consolidated Application And Project Priority Listing

Posted on October 24, 2024 in NOFO (Grants)

The Montana Continuum of Care FY2024 Approved Consolidated Application and Project Priority Listing are now available. The Continuum will submit the Consolidated Application and Project Priority for the FY2024 CoC Program Competition before the HUD deadline of **Wednesday, October 30, 2024 by 8:00pm EDT**.

The Project Priority Listing includes all New, Renewal, and Replacement Projects Listings. There are no Reallocation Forms.

Applicant: Montana Statewide CoC
Project: MT-500 CoC Registration FY2024

MT-500
COC_REG_2024_215100

Before Starting the CoC Application

You must submit all three of the following parts, in order for us to consider your Consolidated Application complete:
1. the CoC Application,
2. the CoC Priority Listing, and
3. all the CoC's project applications that were either approved and ranked, or rejected.

As the Collaborative Applicant, you are responsible for reviewing the following:
1. The FY 2024 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2024 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.

Your CoC Must Approve the Consolidated Application before You Submit It
- 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2024 CoC Program Competition on behalf of your CoC.
- 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.

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

Attachments
- Questions requiring attachments to receive points state, "You Must Upload an Attachment to the #B. Attachments Screen." Only upload documents responsive to the questions posed--including other material listed 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).

2024 Consolidated Application   [Download]

Applicant: Montana Statewide CoC
Project: MT-500 CoC Registration FY2024

MT-500
COC_REG_2024_215105

Before Starting the Project Listings for the CoC Priority Listing

The CoC Consolidated Application requires TWO submissions. Both this Project Priority Listing AND the CoC Application MUST be completed and submitted prior to the CoC Program Competition submission deadline stated in the NOFO.

The CoC Priority Listing includes:
- Reallocation forms -- must be completed if the CoC is reallocating eligible renewal projects to

Latest Updates

Montana Continuum of Care FY2024 Approved Consolidated Application and Project Priority Listing
October 24, 2024

2024 NOFO Montana Local Competition Selection Results
September 26, 2024

Home Montana: Fall 2024
September 24, 2024

2024-2025 HUD Continuum of Care Notice of Funding Opportunity (NOFO) Renewal Project Scoring Criteria
August 15, 2024

2024-2025 HUD Continuum of Care Notice of Funding Opportunity (NOFO)
August 8, 2024

Topics

Membership

Newsletter

NOFO (Grants)

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Uncategorized

FY2024 Approved Consolidated Application and Project Priority Listing - Sent • david@mtcoc.org

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FY2024 Approved Consolidated Application and Project Priority Listing

DO   ⊗ **David O'Leary <david@mtcoc.org>**   Today at 9:20 PM

To: Georgia.Cady@tumbleweedprogram.org;   amy.riesinger@tumbleweedprogram.org;   adam.toland@tumbleweedprogram.org;   cmore@nwgf.org;   hgrenier@hrdc9.org;   haltman@thehrdc.org;   jhuey@thehrdc.org;   youth@thehrdc.org;   bguyer@thehrdc.org;   jkelly@thehrdc.org;   flatheadwarmingcenter@gmail.com;   ahall@mtlsa.org;   sreiser@mtlsa.org;   mpotts@mtlsa.org;   kpartrid@mtlsa.org;   erin@ywcabillings.org;   saczas@capnwmt.org;   dguffey@capnwmt.org;   soneill@capnwmt.org;   tdiaz@capnwmt.org;   frenchc@hrdc4.org;   cbd@hrcxi.org;   rut@hrcxi.org;   jpm@hrcxi.org;   kmj@hrcxi.org;   lms@hrcxi.org;   jbonny@thepoverellocenter.org;   sdolan@thepoverellocenter.org;   sdonoghue@thepoverellocenter.org;   mrichards@ywcaofmissoula.org;   pmurphy@ywcaofmissoula.org;   sumhey@safeinthebitterroot.org;   gina.b@thefriendshipcenter.org;   kim.p@thefriendshipcenter.org;   keegan@flahertyconsult.com;   kchambers@action-inc.org;   mseccomb@action-inc.org;   mjoyce@action-inc.org;   cstajcar@action-inc.org;   tmcarthur@action-inc.org;   vadams@hrdc6.org;   ewilson@hrdc6.org;   Kpontet-stroop@allianceforyouth.org;   kbowen@allianceforyouth.org;   lwren@allianceforyouth.org;   christa@openaidalliance.org;   cherriek@gfoppinc.org;   kseaman@gfoppinc.org;   dpeterson@dawson.edu;   jbeach@dawson.edu;   🕐 Jim McGrath;   ldavidson@missoulahousing.org;   carriek@florencecrittenton.org;   pattiw@homefrontmt.org;   valeried@billingsha.org;   tracy.menuez@mthcf.org;   shandy_petersen@gfps.k12.mt.us;   c.wynne@aemt.org;   irenea@bps.k12.mt.us;   corrinag@bps.k12.mt.us;   mariap.ywca@gmail.com;   moneil@hhamt.org;   chris_krager@yahoo.com;   sarah@mountainhomemt.org;   rstordahl@buttehousing.org;   mandy.gerth@sd5.k12.mt.us;   lladas@rmdc.net;   go@uwccmt.org;   Christa.Ziegler@voanr.org;   mkeller@voanr.org;   theresa@goodsamministries.org;   marilyn@parentingplace.net;   SLoewen@mt.gov;   Cheryl.Cohen@mt.gov;   Julie.Flynn@mt.gov;   justine.guthrie@mt.gov;   beckettb@ci.billings.mt.us;   mgordon@missoulacounty.us;   armstronge@ci.missoula.mt.us;   HilliardS@ci.missoula.mt.us;   barbashd@ci.missoula.mt.us;   kariboiter@gmail.com;   aensign@hrdc7.org;   jperez@skha.org;   maddie_alpert@tester.senate.gov;   lynne.staigmiller@gfrescuemission.org;   z.mcdonald@blackfeetnation.com;   k.monroe@blackfeetnation.com;   gsmith@evergreensd50.com;   mattl@billingslf.org;   kconway@mpqhf.org;   kelsie@mountainhomemt.org;   Todd Wilson;   Todd Wilson;   Elliott Brown;   Christel Chvilicek;   Abi Scherer   ⌃

The Montana Continuum of Care FY2024 Approved Consolidated Application and Project Priority Listing are now available. The Continuum will submit the Consolidated Application and Project Priority Listing for the FY2024 CoC Program Competition before the HUD deadline of *Wednesday, October 30, 2024, 8:00pm EDT*.

The Project Priority Listing includes all New, Renewal, and Replacement Project Listings. There are no Reallocation Forms.

The Approved Consolidated Application and Project Priority Listing can be found at:
https://www.mtcoc.org/nofo-grants/2024-mtcoc-consolidated-application-posted/

David O'Leary
Executive Director
Montana Continuum of Care Coalition
Phone: (406) 609-8990

Subject: FY2024 Approved Consolidated Application and Project Priority Listing

Date: Thursday, October 24, 2024 at 9:20:14 PM Central Daylight Time

From: David O'Leary

To: Georgia.Cady@tumbleweedprogram.org, amy.riesinger@tumbleweedprogram.org, adam.toland@tumbleweedprogram.org, cmore@nwgf.org, hgrenier@hrdc9.org, haltman@thehrdc.org, jhuey@thehrdc.org, youth@thehrdc.org, bguyer@thehrdc.org, jkelly@thehrdc.org, flatheadwarmingcenter@gmail.com, ahall@mtlsa.org, sreiser@mtlsa.org, mpotts@mtlsa.org, kpartrid@mtlsa.org, erin@ywcabillings.org, saczas@capnwmt.org, dguffey@capnwmt.org, soneill@capnwmt.org, tdiaz@capnwmt.org, frenchc@hrdc4.org, cbd@hrcxi.org, rut@hrcxi.org, jpm@hrcxi.org, kmj@hrcxi.org, lms@hrcxi.org, jbonny@thepoverellocenter.org, sdolan@thepoverellocenter.org, sdonoghue@thepoverellocenter.org, mrichards@ywcaofmissoula.org, pmurphy@ywcaofmissoula.org, sumhey@safeinthebitterroot.org, gina.b@thefriendshipcenter.org, kim.p@thefriendshipcenter.org, keegan@flahertyconsult.com, kchambers@action-inc.org, mseccomb@action-inc.org, mjoyce@action-inc.org, cstajcar@action-inc.org, tmcarthur@action-inc.org, vadams@hrdc6.org, ewilson@hrdc6.org, Kpontet-stroop@allianceforyouth.org, kbowen@allianceforyouth.org, lwren@allianceforyouth.org, christa@openaidalliance.org, cherriek@gfoppinc.org, kseaman@gfoppinc.org, dpeterson@dawson.edu, jbeach@dawson.edu, Jim McGrath, ldavidson@missoulahousing.org, carriek@florencecrittenton.org, pattiw@homefrontmt.org, valeried@billingsha.org, tracy.menuez@mthcf.org, shandy_petersen@gfps.k12.mt.us, c.wynne@aemt.org, irenea@bps.k12.mt.us, corrinag@bps.k12.mt.us, mariap.ywca@gmail.com, moneil@hhamt.org, chris_krager@yahoo.com, sarah@mountainhomemt.org, rstordahl@buttehousing.org, mandy.gerth@sd5.k12.mt.us, lladas@rmdc.net, go@uwccmt.org, Christa.Ziegler@voanr.org, mkeller@voanr.org, theresa@goodsamministries.org, marilyn@parentingplace.net, SLoewen@mt.gov, Cheryl.Cohen@mt.gov, Julie.Flynn@mt.gov, justine.guthrie@mt.gov, beckettb@ci.billings.mt.us, mgordon@missoulacounty.us, armstronge@ci.missoula.mt.us, HilliardS@ci.missoula.mt.us, barbashd@ci.missoula.mt.us, kariboiter@gmail.com, aensign@hrdc7.org, jperez@skha.org, maddie_alpert@tester.senate.gov, lynne.staigmiller@gfrescuemission.org, z.mcdonald@blackfeetnation.com, k.monroe@blackfeetnation.com, gsmith@evergreensd50.com, mattl@billingslf.org, kconway@mpqhf.org, kelsie@mountainhomemt.org, Todd Wilson, Todd Wilson, Elliott Brown, Christel Chvilicek, Abi Scherer

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David O'Leary
Executive Director
Montana Continuum of Care Coalition
Phone: (406) 609-8990
david@mtcoc.org

Frank White Clay, Chairman

Lawrence DeCrane, Vice Chairman

Levi Black Eagle, Secretary

Channis Whiteman, Vice Secretary

October 22, 2024

To Whom It May Concern:

This letter of commitment verifies that the Crow Tribe commits Tribal Resource Subsidies as detailed below. This commitment will subsidize 7 units (26% of total units) in the project application named Crow Tribe PSH, which the Crow Tribe has submitted as part of the Montana Statewide Continuum of Care (MT-500) 2024 Consolidated CoC Application.

These subsidies will be available for program participants beginning on the grant start date of the project if awarded through the 2024 CoC Competition. Assuming the project is awarded CoC funds and a grant agreement is executed, these subsidies will be available for program participants as of a presumed project start date of 3/1/25.

Sincerely,

Frank White Clay
Crow Tribe Chairman

CC: David O'Leary, Executive Director, Montana Continuum of Care Coalition

Frank White Clay, Chairman

Lawrence DeCrane, Vice Chairman

Levi Black Eagle, Secretary

Channis Whiteman, Vice Secretary

October 22, 2024

To Whom It May Concern:

This letter confirms a formal agreement between Crow Tribal Health and the Montana Statewide Continuum of Care (MT-500). Crow Tribal Health will provide health services, including treatment and recovery programming, for all program participants who qualify and choose those services in the proposed new project named Crow Tribe PSH, which the Crow Tribe has submitted as part of the MT COC 2024 Consolidated CoC Application. These services will be provided to participants in the housing portion of the project listed above, tailored to the needs of the project participants and provided by Crow Tribal Health. These services will be provided beginning on the grant start date of the project if awarded through the 2024 CoC Competition and for the full project operating year.

The annual value of these services estimates that 7 program participants qualify and choose to use these services at $2,876 per month per program participant (one appointment per week at $719), or $241,584 per year. This valuation is consistent with costs for comparable services provided by Crow Tribal Health and not supported by CoC grant funds.

If awarded by HUD, the project will serve only households who meet project eligibility criteria as defined by HUD and who are referred and prioritized by the local Coordinated Entry System in accordance with the written standards adopted by the Montana Statewide Continuum of Care. Participant eligibility for the project is based on HUD CoC Program fair housing requirements and is not restricted by Crow Tribal Health.

Sincerely,

Frank White Clay
Crow Tribe Chairman

CC: David O'Leary, Executive Director, Montana Continuum of Care Coalition