



## FY2017 CONTINUUM OF CARE HOMELESS ASSISTANCE COMPETITION APPLICATION FOR NEW PROJECT FUNDING

### **New Bedford Continuum of Care Request for Proposals (RFP): New Permanent Supportive Housing and Rapid Re-housing projects FY2017 HUD NOFA Application**

This is the application for New Bedford Continuum of Care (CoC) Program Competition new permanent housing projects, including both Permanent Supportive Housing and Rapid Re-Housing through the U.S. Department of Housing and Urban Development (HUD) Federal Fiscal Year 2017 CoC Program Competition. Based on previous funding, the New Bedford CoC expects that all CoCs may apply for new projects through the Permanent Housing Bonus at up to 5 percent of the CoC's Final Pro Rata Need (FPRN). This amounts to approximately \$1,684,939 in New Bedford.

Additional funds may also be available through the reallocation process as determined by the Performance Review Committee (PRC). Housing Bonus and reallocation funds will be available for the following types of new projects through the FY17 CoC Program Competition Notice of Funding Available (NOFA) (Please note: the following are projects that HUD will accept in the FY17 Application, (they do not necessarily reflect New Bedford CoC priority):

- New Permanent Supportive Housing (PSH) projects that will serve 100 percent chronically homeless individuals and families (including youth/young adults 1 experiencing chronic homelessness).
- New Rapid Re-Housing (RRH) projects that will serve homeless individuals and families (including youth) coming directly from the streets or emergency shelters, or meeting the criteria of paragraph (4) of the HUD definition of homeless.
- Joint Transitional Housing (TH) and Rapid Re-Housing component projects that will combine the TH and RRH components into a single project to serve individuals and families experiencing homelessness. Joint TH and RRH projects will provide low-barrier, temporary housing while individuals and families quickly move to permanent housing with a seamless program design. Projects must have the capacity to provide both kinds of assistance to each participant.

The PRC Committee will recommend new projects to be put forward with the New Bedford CoC FY17 Application to HUD. Recommended projects will go through the PRC committee ranking process and be subject to final approval by the governing board of the CoC, the Homeless Service Provider Network (HSPN).

HUD will make final decisions regarding awards via the national competition. Please note that this application is based on the best information that is currently available and the PRC Committee may need to revise the requirements described below and/or request additional information after the NOFA is released.

**The deadline for submission of this application is Friday June 16, 2017 by 3:00 PM**

Steps to apply:

All information is required. The CoC reserves the right not to review:

- Incomplete applications;
- Projects that do not meet all eligibility requirements; and
- Projects that do not meet threshold requirements.

There will be a project review meeting for applicants to present project proposals to the PRC committee, and the city of New Bedford. These meetings will be held at the Department of Planning, Housing and Community Development (DPHCD), located at 608 Pleasant Street, New Bedford, MA.

Only emailed proposal packets will be accepted. NO EXTENSIONS WILL BE GRANTED.

### **Project Requirement and Priorities**

#### **Eligible activities/projects for the Funds:**

- All projects must be Permanent Supportive Housing, Rapid Re-Housing, or joint Transitional Housing and Rapid Re-Housing component projects.
- Projects can request funds for:
  - PSH: rental assistance, leasing, operating, construction, acquisition, rehabilitation;
  - RRH: rental assistance (must be tenant-based –TBRA);
  - Joint TH and RRH: construction, rehabilitation, acquisition, leasing, operating, rental assistance (must be tenant-based – TBRA); and
  - All Projects may request funds for the following line items: Supportive Services, HMIS, and Administration.
- Term – Projects may request up to 1 year of funding for rental assistance, operating, or supportive services and capital funds. The New Bedford CoC reserves the right to change the maximum allowable term for final applications submitted to HUD based on NOFA requirements and/or strategic priorities such as those aimed at maximizing federal funding.
- PSH projects cannot combine the following types of assistance in a single structure or housing unit:
  - Leasing and acquisition, rehabilitation, or new construction;
  - Tenant-based rental assistance and acquisition, rehabilitation, or new construction;
  - Short or medium-term rental assistance and acquisition, rehabilitation, or new construction;
  - Rental assistance and leasing; and
  - Rental assistance and operating.
- Recipients and subrecipients of HUD CoC funds must comply with HUD and New Bedford CoC Conflict of Interest requirements, including:
  - Projects cannot use leasing funds in buildings owned by the recipient, subrecipient, their parent organization(s), a staff or board member relative or business associate;
  - The owner of a unit or his/her subordinate may not conduct Housing Quality Standard, Rent Reasonableness or lead-based paint visual inspection; and
  - Staff, persons with whom staff has immediate family or business ties and board members are prohibited from accruing any financial interest/benefit from CoC assisted activities during their tenure with the organization and for one year following tenure.

Applications must demonstrate:

- A plan for rapid implementation of the program; the project narrative must document when the project will be ready to begin housing the first program participant, when the project will achieve full occupancy, and a detailed plan for how the project will ensure timely implementation.
- A connection to mainstream service systems, specifically:
  - That activities are in place to identify and enroll all Medicaid-eligible program participants; AND
  - Whenever possible, that the project includes Medicaid-financed services, including case management, tenancy supports, behavioral health services, or other services important to supporting housing stability. Project applicants may include Medicaid-financed services either by the recipient receiving Medicaid coverage payments for services provided to project participants or through formal partnerships with one or more Medicaid billable providers (e.g., Federally Qualified Health Centers). Medicaid- financed health services provided in a hospital setting do not qualify. Where projects can demonstrate that there are barriers to including Medicaid-financed services in the project, they must demonstrate that the project leveraged non-Medicaid resources available in the CoC's geographic area, including mainstream behavioral health system resources such as mental health or substance abuse prevention and treatment block grants or state behavioral health system funding.

**Eligible populations:**

**Permanent Supportive Housing (PSH):**

- All projects must dedicate 100% of units to chronically homeless individuals and/or families, as defined by HUD.
- Project applicants must demonstrate that they will first serve the chronically homeless according to the order of priority established in Notice CPD-14-012: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons.
- Disabilities: All projects must serve exclusively disabled households as defined by HUD.

**Rapid Re-Housing (RRH):**

- All projects must serve 100% literally homeless families and/or single adults coming from emergency shelters and/or unsheltered locations or meeting the criteria of paragraph (4) of the HUD definition of homeless.
- Persons in transitional housing are not eligible for either project type, even if they met the criteria described above prior to entering the Transitional Housing (TH) Program, unless they meet the criteria of category 4 definition of homelessness. A household would meet category 4 of the definition of homeless if they are fleeing or attempting to flee from domestic violence and meet all other requirements, **regardless of where they are residing.**

**Joint Transitional Housing (TH) and Rapid Re-Housing (RRH) Component Projects:**

- Individuals and families experiencing homelessness (more details will be available subsequent to the release of the FY2017 CoC NOFA).

**Instructions:**

Each agency participating in the FY2017 competition is expected to complete and submit one application for each project they wish to create. This Application for New Project Funding must include:

**DEADLINE - Agencies desiring to submit a new projects must submit a completed application packet including required attachments to the city by 3:00pm on June 16, 2017.** Submit all documents in PDF electronic format (preferably by email) to the City of New Bedford’s Department of Planning, Housing and Community Development, (DPHCD) attention Jennifer Clarke, Deputy Director, either via e-mail [jennifer.clarke@newbedford-ma.gov](mailto:jennifer.clarke@newbedford-ma.gov) or in person at the Department of Planning, Housing and Community Development, 608 Pleasant Street, New Bedford, Massachusetts.

Projects selected for submission with the New Bedford CoC FY17 Application to HUD will be required to submit an application electronically via e-snaps. Details regarding those requirements will be announced subsequent to the release of the NOFA.

The project will be scored using the criteria as detailed within the RFP.

**I. AGENCY AND PROJECT INFORMATION**

|   |  |  |  |
|---|--|--|--|
| <b>Name of Applicant Agency:</b>  |  |  |  |
| <b>Project Name:</b>  |  |  |  |
| <b>Project Location:</b><br><i>(Physical address of the project; if project is scattered site, write "scattered site.")</i> |  |  |  |
| <b>HUD Component Type:</b>  | <input type="checkbox"/> Permanent Housing | <input type="checkbox"/> Rapid Re-Housing    |  |
| <b>Total Amount Requested:</b>  |  |  |  |
| <b>Agency DUNS Number:</b>  |  | <b>Tax ID or EIN</b><br>(format: 12-3456789) |  |

**Project Contact Information:**

|                                     |  |                    |  |
|-------------------------------------|--|--------------------|--|
| <b>Project Contact Person:</b>      |  |                    |  |
| <b>Job Title of Contact Person:</b> |  |                    |  |
| <b>Agency Mailing Address:</b>      |  |                    |  |
| <b>Contact Phone Number:</b>        |  | <b>Fax number:</b> |  |
| <b>Email Address:</b>               |  |                    |  |

|                             |  |
|-----------------------------|--|
| <b># of Units Proposed:</b> |  |
|-----------------------------|--|

|                            |  |
|----------------------------|--|
| <b># of Beds Proposed:</b> |  |
|----------------------------|--|

## II. PROJECT APPLICATION SUMMARY BUDGET

| Eligible Costs                            |  |  | Total Assistance Requested for Grant Term (Applicant) |
|---|--|--|---|
| 1a. Leased Units                          |  |  | \$  |
| 1b. Leased Structures                     |  |  | \$  |
| 2. Housing Relocation and Stabilization   |  |  | \$  |
| 3. Short-term/Medium-term Assistance      |  |  | \$  |
| 4. Long-term Rental Assistance            |  |  | \$  |
| 5. Supportive Services                    |  |  | \$  |
| 6. Operating                              |  |  | \$  |
| 7. HMIS                                   |  |  | \$  |
| 8. Sub-Total Costs Requested              |  |  | \$  |
| 9. Admin (Up to 10%)                      |  |  | \$  |
| 10. Total Assistance plus Admin Requested |  |  | \$  |
| 11. Cash Match                            |  |  | \$  |
| 12. In-Kind Match                         |  |  | \$  |
| 13. Total Match                           |  |  | \$  |
| 14. Total Budget                          |  |  | \$  |

### III. PROJECT NARRATIVE

1. **SUMMARY:** Please provide a brief summary of your project. What data/evidence do you have as to the need within this CoC and how does your project meet that need? *[Character limit 1500]*

- 1a. Describe how your project aligns with Opening Doors - the Federal Strategies to End Homelessness. [www.usich.gov/opening\\_doors/](http://www.usich.gov/opening_doors/).

| Objective 1: Increase Progress towards Ending Chronic Homelessness                                   | YES                      | NO                       |
|--|--------------------------|--------------------------|
| a. Does the project prioritize client selection based on duration of homelessness and vulnerability? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Does the project accept all clients regardless of substance use history, or current use?          | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Does the project accept clients who are diagnosed with, or show symptoms of, a mental illness?    | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Does the project accept clients regardless of criminal history?                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Does the project accept clients regardless of income or financial resources?                      | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Does the project use a harm-reduction model for drugs and/or alcohol use?                         | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Does the project include mandatory case management as a condition of remaining in the program?    | <input type="checkbox"/> | <input type="checkbox"/> |

Briefly explain any “no” answers for a-f, and “yes” answer for item g.

**1b. TARGET POPULATION: Describe the target population(s) served by this project. Why do they need the proposed assistance provided by this project? (Include age, gender, special needs, etc.).**  
*[Character limit 1500]*

**2. PRIORITIZING HIGHEST NEED: Project applicant must demonstrate that the proposed program will first serve the chronically homeless according to the order of priority established in Section III.A. of Notice CPD-14-012: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status. To receive full points, the applicant must clearly describe the system it currently uses to determine severity of need for the chronically homeless, its process for prioritizing persons with the most severe needs, and the outreach process used to engage chronically homeless persons living on the streets and in shelter. [Character limit 1500]**

3. **HOUSING FIRST APPROACH:** *[Character limit 1500]*

a. Please check any of the following situations in which a tenant in your proposed housing would NOT be terminated:

|  |                          |
|--|--------------------------|
| Failure to participate in supportive services                | <input type="checkbox"/> |
| Failure to make progress on a service plan                   | <input type="checkbox"/> |
| Loss of income or failure to improve income                  | <input type="checkbox"/> |
| Being a victim of domestic violence                          | <input type="checkbox"/> |
| Other activity <u>not</u> covered in typical lease agreement | <input type="checkbox"/> |
| None of the above  | <input type="checkbox"/> |

b. Demonstrate the agency's understanding of the Housing First approach and the extent to which a Housing First model will be used in operating the proposed housing. To receive full points in this section, the applicant must also demonstrate it has experience in operating a successful Housing First Program, clearly describe the proposed program design and identify how it meets the definition of Housing First as described in Section III.A.3.d. of the FY 2016 CoC Funding Notice.



4. **MAINSTREAM SERVICES:** Applicants must demonstrate the extent to which the project is fully leveraging mainstream resources for supportive services. To receive full points, applicants must demonstrate the leveraging of available Medicaid resources. Applicants should demonstrate that specific activities are in place to identify and enroll all Medicaid-eligible program participants regardless of whether the project applicant's state is participating in Medicaid expansion under the Affordable Care Act; and that the project includes Medicaid-financed services, including case management, tenancy supports, behavioral health services, or other services important to supporting housing stability. *[Character limit 1500]*

5. **LEVERAGING:** Applicants will receive points based on the extent to which the project will leverage additional resources to develop a comprehensive project that meets the needs of the chronically homeless and ensure successful program outcomes. To receive full points, applicants must demonstrate on the chart that the cash or in-kind value of leveraged commitments is at least 150 percent of the total request to HUD. Describe how the proposed program will meet or exceed this threshold. *[Character limit 1500]*

6. **AGENCY EXPERIENCE and CAPACITY:** In ten sentences or less, tell how your organization has the capacity and resources to continue the proposed program and achieve/exceed your performance goals, noting deficiencies, if any.

#### IV. PROJECT ELIGIBILITY TYPE

**Eligible Types for NEW CoC Projects-Permanent Housing Bonus** (Pick one main category and answer questions specific to that selection):

**Permanent Housing - Permanent Supportive Housing** (100% Chronic Homelessness)

- Tenant-Based Rental Assistance[RA]       Sponsor-Based RA       Project-Based RA  
 Project-Based/Leasing [leases building/units]       Project-Based/Operations [owns building]

Rental Assistance Administrator:

- Local PHA       Unit of Local Government       State

Pick one or more:  Individuals       Families       Unaccompanied Youth (18-24)

Pick one or more:  Severe/Persistent Mental Health  
 Chronic Substance Abuse Disorder  
 Other:

**Permanent Housing - Rapid Re-housing** (Tenant Based Rental Assistance only/Literally Homeless)

Pick one or more:  Individuals       Families       Unaccompanied Youth (18-24)  
 Fleeing Domestic Violence

**Joint Transitional Housing & Rapid Re-Housing** (Individuals and families experiencing homelessness - more details will be available subsequent to the release of the FY2017 CoC NOFA).

Pick one or more:  Individuals       Families       Unaccompanied Youth (18-24)  
 Fleeing Domestic Violence

Rental Assistance Administrator:

- Local PHA       Unit of Local Government       State

All proposals, regardless of selections above, must complete the following: [check all appropriate boxes]

Low Barrier- Are participants screened based upon any of the following?

- Too Little or No Income  
 Active or History of Substance Abuse  
 Criminal record with exceptions for state-mandated restrictions  
 History of domestic violence (e.g. lack of a protective order, period of separation from abuser, or law enforcement involvement)  
 None of the Above

| If your program is selected will it....  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| Quickly move participants into Permanent Housing (PH)?                         | <input type="checkbox"/> | <input type="checkbox"/> |
| Require participants to live in a particular structure/unit/locality?          | <input type="checkbox"/> | <input type="checkbox"/> |
| Use an existing homeless facility or activities?                               | <input type="checkbox"/> | <input type="checkbox"/> |
| Have at least 80% of CoC PH participants remain in or exit to PH destinations? | <input type="checkbox"/> | <input type="checkbox"/> |
| Actively participate in New Bedford's Coordinated Entry?                       | <input type="checkbox"/> | <input type="checkbox"/> |
| Actively participate in New Bedford's HMIS?                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| Ensure that a 25% match requirement is met?                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| Ensure that the project will leverage at least 200% of the requested funding?  | <input type="checkbox"/> | <input type="checkbox"/> |

## V. FISCAL INFORMATION

1. Has your agency had unexpended HUD funds at the expiration of grant terms in the past two (2) years for any HUD-funded program?

Yes

No

If yes, how much was unexpended?

2015 \$\_\_\_\_\_

2016 \$\_\_\_\_\_

2. Have you completed the attached budget worksheet/s for your project as provided and included that as Section II (Project Application Summary Budget) of your application packet?

Yes

No

3. Have you provided a signed letter(s) by your agency or provided other documentation of public/private, and/or mainstream program funding that will, in aggregate, provide at least 150% leverage of the CoC grant award?

Yes

No

## VI. MATCH and LEVERAGED RESOURCES

### PLEASE NOTE:

**Final match and leverage letters are not due with this application. However, final letters will be required at the time of your e-snaps Application and must be dated in accordance with HUD requirements.**

### MATCH

You will be required to provide a SIGNED LETTER(s) on agency letterhead detailing the source and amount of the required 25% match. Match can include in-kind components that are exclusively and directly part of the project and may be cash or non-cash (in-kind) resources provided by the recipient toward the actual costs of operating the project. Cash can come from other grant funding, unrestricted general funds, fundraising activities, private donations, etc. Enter the Source, amount of your match and when the funds will be available for one year. All grant funds must be matched with an amount no less than 25% of the awarded grant amount (excluding the amount awarded to the leasing budget line item) with cash or in-kind resources. Cash and In-Kind Match entered into the budget must qualify as eligible program expenses under the CoC Program interim rule.

### LEVERAGE

It is a priority of the New Bedford CoC and HUD that all projects leverage both cash and in-kind resources. HUD scores continuums across the country based on the leveraged resources brought to each project; therefore, it is in the New Bedford's CoC's best interest to account for and provide information on all leveraged resources for all projects.

Once guidance is provided regarding the specifics concerning the date needed on leveraging letters, you will be required to scan and attach signed agreements, letters, MOU or other documented evidence of each contribution with an email to the city’s Department of Planning, Housing & Community Development. Commitment letters must be on letterhead, signed and dated by an authorized representative and will, at a minimum, be required to contain the following elements:

1. Type of contribution (e.g. cash, child care, case management, etc.);
2. Name of organization providing the contribution;
3. Amount/ Cash Value of contributions.

**VII. AGENCY QUESTIONNAIRE**

Please check either yes or no to the questions below:

|  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| In the past ten (10) years, has your organization ever had its nonprofit status revoked or withheld by the IRS, the Secretary of State, or the State Attorney General? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you completed the annual update to your organization’s registration with the federal government at <a href="http://www.sam.gov">www.sam.gov</a>                   | <input type="checkbox"/> | <input type="checkbox"/> |
| Have all due IRS 990 filings been submitted to the IRS?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Does your organization currently have any unresolved fiscal reporting, or program issues with any of its funding sources?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you attached all of the materials required on page 1 of this application?   | <input type="checkbox"/> | <input type="checkbox"/> |

## VIII. ASSURANCES

To the best of my knowledge and belief, all information in this application is true and correct. The governing body of the applicant has duly authorized this document and the applicant will comply with the following:

- Applicant agrees to complete the HUD Project Application forms with the same information as contained in this application unless the Application Review Committee has made adjustments during the rating/ranking process. Those adjustments would supersede this document and are included in the Project Ranking Letter sent to each applicant.
- Applicant agrees to participate fully in the New Bedford Continuum of Care's Homeless Management Information System (HMIS) and coordinated entry system.
- Applicant understands that HUD CoC funded homeless projects are monitored by City of New Bedford as the CoC lead. This can include an annual site visit and submission annually of the applicant's most recent Annual Performance Reports (APR) submitted to HUD and most recent audited financial statement.

If awarded funding, the applicant agrees to inform the City of New Bedford when the following occurs:

- Organization has staff vacancies that are of a duration that could affect the projected number of participants served or result in HUD funds not being fully expended;
- Changes to an existing project that are significantly different than what the funds were originally approved for, including any budget amendments/modifications submitted to HUD and agrees to bring these to the city's DPHCD for approval prior to the final 30 days of the grant year;
- Any increase/decrease in match or leveraged funding for the project that could affect the projected number of participants served, services provided, ability to meet matching and/or leveraging requirements, etc. and
- Significant delays in the start-up or operation of a project.

|   |  |
|---|--|
| <b>Name:</b>  |  |
| <b>Title:</b>   |  |
| <b>Phone:</b>   |  |
| <b>Email:</b>   |  |
| Signature of Authorized Representative:                               |  |
| <input type="checkbox"/> "X" indicates electronic signature submitted |  |
| <b>Date:</b>  |  |

***Do not forget to include a completed Housing First Checklist as presented in the RFP.***

## **Match Guidance:**

- Per the HEARTH Interim Rule (24 CFR 578.73), match must equal at least **25 percent of the total grant request including admin costs but excluding leasing costs** (i.e., any funds identified for Leased Units and Leased Structures). For example, if the ‘total assistance requested’ is \$100,000, and the project applicant did not request costs for Leased Units or Leased Structures, then the project applicant must secure commitments for match funds equal to no less than \$25,000. For example, if the ‘total assistance requested’ is \$100,000, of which \$50,000 is for Leased Units or Leased Structures, then the project applicant must secure commitments for match funds equal to no less than \$12,500 (i.e., (\$100,000 Total Assistance - \$50,000 Leasing)\*.25).
- HUD expects that the full match amount committed in the application is met and would monitor based on that amount. Match that exceeds the minimum requirement should be used to meet the leverage requirements described below.
- The total match requirement can be met through **cash, in-kind, or a combination** of the two.
- Match must be used for **eligible costs** for the program component you are applying for, as set forth in the HEARTH Interim Rule (Subpart D of 24 CFR part 578).
- **Cash sources.** A recipient or subrecipient may use funds from any source, including any other federal sources (excluding Continuum of Care program funds), as well as State, local, and private sources, provided that funds from the source are not statutorily prohibited to be used as a match. The recipient must ensure that any funds used to satisfy the matching requirements of this section are eligible under the laws governing the funds in order to be used as matching funds for a grant awarded under this program.
- The recipient may use the value of any real property, equipment, goods, or services contributed to the project as match, provided that if the recipient had to pay for them with grant funds, the costs would have been eligible. Any such value previously used as match, may not be used again.
- If match is provided through **in-kind sources** from a third party, it must be documented by an **MOU** between the recipient or subrecipient and the third party that will provide the services. Services provided by individuals must be **valued at rates consistent** with those ordinarily paid for similar work in the recipient’s or subrecipient’s organization. If the recipient or subrecipient does not have employees performing similar work, the rates must be consistent with those ordinarily paid by other employers for similar work in the same labor market. The MOU must establish the **unconditional commitment**, except for selection to receive a grant, by the third party to provide the services, the **specific service** to be provided, the **profession** of the persons providing the service, and the **hourly cost** of the service to be provided.
- During the term of the grant, the recipient or subrecipient must keep and make available, for inspection, **records documenting the service hours provided**.



- **To qualify as match, funds must come to and be disbursed by the grantee.** If benefits are paid directly to program participants, the funding is not going through the agency's books and it cannot be counted as match.
- Tenant rent payments or public benefits participants receive **may not be used as match**. When the rents are paid directly to the sponsor agency, it is considered to be 'program income' and program income cannot be used as match. Similarly, rent paid directly to a private landlord does not come to the grantee and so cannot qualify as match. Benefits received by tenants such as SSI, do not go to the grantee and cannot be used as match.

**Written Standards:**

As required by HUD, the New Bedford CoC has adopted written standards. All CoC Program funded projects must comply in full with the applicable standards. The current written standards are available at <http://www.nbhspn.com/nbhspn/wp-content/uploads/2016/10/COC-WRITTEN-STANDARDS-2016-FINAL.pdf>.

All CoC Program funded projects must also comply with all HUD regulations and NOFA requirements established for the CoC Program. The current HUD regulations the govern the CoC Program may be found at: <https://www.hudexchange.info/resources/documents/CoCProgramInterimRule.pdf>

CoC Program funded projects may also be subject to additional criteria as set forth in annual competitive application processes administered by the New Bedford CoC in conjunction with HUD's annual CoC program competitions. All applicants are responsible for reviewing our written standards in their entirety.