

## 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 2021 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2021 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 2021 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

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

**1A-1. CoC Name and Number:** ID-500 - Boise/Ada County CoC

**1A-2. Collaborative Applicant Name:** Boise Clty

**1A-3. CoC Designation:** CA

**1A-4. HMIS Lead:** Institute for Community Alliances

## 1B. Coordination and Engagement–Inclusive Structure and Participation

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

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

In the chart below for the period from May 1, 2020 to April 30, 2021:

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

19.	Mental Illness Advocates	Yes	Yes	Yes
20.	Non-CoC Funded Youth Homeless Organizations	Yes	No	Yes
21.	Non-CoC-Funded Victim Service Providers	Yes	Yes	Yes
22.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	No	No	No
23.	Organizations led by and serving LGBT persons	No	No	No
24.	Organizations led by and serving people with disabilities	No	No	No
25.	Other homeless subpopulation advocates	Yes	Yes	Yes
26.	Public Housing Authorities	Yes	Yes	Yes
27.	School Administrators/Homeless Liaisons	Yes	Yes	Yes
28.	Street Outreach Team(s)	Yes	No	Yes
29.	Substance Abuse Advocates	Yes	Yes	Yes
30.	Substance Abuse Service Organizations	Yes	Yes	Yes
31.	Youth Advocates	Yes	No	Yes
32.	Youth Service Providers	Yes	No	Yes
	Other:(limit 50 characters)			
33.				
34.				

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

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

	Describe in the field below how your CoC:
1.	communicated the invitation process annually to solicit new members to join the CoC;
2.	ensured effective communication with individuals with disabilities, including the availability of accessible electronic formats;
3.	conducted outreach to ensure persons experiencing homelessness or formerly homeless persons are encouraged to join your CoC; and
4.	invited organizations serving culturally specific communities experiencing homelessness in the geographic area to address equity (e.g., Black, Latino, Indigenous, persons with disabilities).

**(limit 2,000 characters)**

1. The process to become a new CoC member is outlined in our CoC's Governance Charter which is posted on our website. The CoC solicits new members on an on-going basis by using public forums & meetings to extend invitations, a standing invitation in our monthly newsletters & a standing invitation on our website. The CoC Mgr & Coordinated Entry Program Dir are specifically tasked by the governing board to recruit new members in our interactions w/ the community during presentations, meetings, & events. 2. The CoC continues to offer ways by which members can join & participate in the CoC by posting all membership materials & registration forms in an accessible electronic format & offering meetings remotely, particularly for individuals with disabilities & those experiencing or formerly experiencing homelessness who may not otherwise have a means of transportation to attend & participate. 3. The CoC has a peer specialist who provides special outreach to persons currently or formerly experiencing homelessness. The CoC's Governance Charter includes a sub-committee comprised exclusively of individuals with lived



experience to engage with the CoC & are working with a consultant to host focus groups with persons currently or formerly experiencing homelessness to inform the development of that committee's culture & charge within the CoC. 4. The CoC continues to engage with & invite organizations, including those serving culturally specific communities experiencing homelessness, to participate in CoC activities & register as members as part of our ongoing outreach. The newest Governance Charter also established an engagement committee that is charged with developing annual outreach plans that include setting specific targets for outreach to organizations & individuals led by & servicing underserved & underrepresented communities.

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

	Describe in the field below how your CoC:
1.	solicited and considered opinions from a broad array of organizations and individuals that have knowledge of homelessness, or an interest in preventing and ending homelessness;
2.	communicated information during public meetings or other forums your CoC uses to solicit public information; and
3.	took into consideration information gathered in public meetings or forums to address improvements or new approaches to preventing and ending homelessness.

**(limit 2,000 characters)**

1. Our CoC considers opinions from orgs &/or persons that have knowledge of homelessness, including those who may not yet recognize their role. Our Housing Mgr & CoC Mgr cultivate relationships w/ citizens & orgs who may otherwise remain disengaged to move them toward understanding of where they can best be part of solutions & their responsibility to do so. Our Dir. of Community Partnerships & CoC Mgr coalesce funders to solicit & consider opinions & build consensus on how best to pool & leverage resources. The CoC established a leadership cabinet of diverse, highly influential community members to advise our campaign to end family homelessness that helped launch a new program to dedicate units to our CoC & raise millions in philanthropic dollars. The CoC also partnered on a shelter task force over 8 weeks that brought 21 community stakeholders to advise on shelter best practices. 2. The shelter task force meetings were open to the public & readily accepted public questions & comment; all meeting recordings & support materials remain accessible online. The CoC hosted community conversations on homelessness & solutions to our affordable housing crisis where we shared & disseminated key findings from our data monitoring tool, our 2021 housing needs analysis & received feedback on the CoC's strategic initiatives. We hosted dozens of site-based tours for the public & funders focused on coordinated entry, street outreach & our initiative to end family homelessness. Finally, CoC board meetings are open to the public. 3. Attendees of the conversations, task force, leadership meetings, & tours help the CoC set priorities & goals, including how individuals & orgs envision contributing to strategic initiatives. The task force included interviews with 20+ different stakeholder groups that formed part of the final recommendation report. Consultations w/ the public also occurs through the Con Plan development & its public input process & an annual comprehensive citizen survey.

1B-4.	Public Notification for Proposals from Organizations Not Previously Funded.	
	NOFO Section VII.B.1.a.(4)	

	Describe in the field below how your CoC notified the public:
1.	that your CoC's local competition was open and accepting project applications;
2.	that your CoC will consider project applications from organizations that have not previously received CoC Program funding;
3.	about how project applicants must submit their project applications;
4.	about how your CoC would determine which project applications it would submit to HUD for funding; and
5.	how your CoC effectively communicated with individuals with disabilities, including making information accessible in electronic formats.

**(limit 2,000 characters)**

1. We notified all CoC members via email that our CoC was accepting applications for new & renewal projects, including those that have never received CoC funds. This email included the method to submit proposals. The solicitation for project applications & the method to submit was publicly posted on our website. Given the size of our CoC & the number of qualified service providers, compared to the size of our CoC membership distribution list, any potential applicants that would qualify to apply & meet threshold criteria for CoC funds were successfully contacted via email. 2. To determine if project applications will be included in the competition, our CoC follows its review, rate, & rank policies & procedures (P&Ps). These P&Ps outline the initial review process, including the criteria potential applicants (both new & renewal) must meet, the CoC's local funding priorities, & the types of projects the CoC will accept to be included in the competition. 3. In the notice email & online, all applicants were invited to contact the CoC Manager for grant technical assistance & to submit their project applications using the tools online to the CoC Manager via email. 4. For FY21, the CoC accepted RRH & PH project applications only. To be included in the competition process, applicants had to meet not only the threshold criteria outlined in the NOFO but also the threshold criteria outlined in our CoC's rating tool, including, for example, participation in coordinated entry, commitment to Housing First, active CoC member, >90% data quality in HMIS, unit utilization >90%, etc. To avoid being ranked below new projects or having funds reallocated, renewal applicants had to score >70% on the rating tool. 5. The CoC ensures effective communication w/ people w/ disabilities by using accessible electronic formats in our email, e-newsletter, & our website at 6th grade reading level.

## 1C. Coordination and Engagement–Coordination with Federal, State, Local, Private, and Other Organiza

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

In the chart below:

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

	Entities or Organizations Your CoC Coordinates with for Planning or Operations of Projects	Coordinates with 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)	Nonexistent
11.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	No
12.	Organizations led by and serving LGBT persons	No
13.	Organizations led by and serving people with disabilities	No
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.		
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1C-2.	CoC Consultation with ESG Program Recipients.	
	NOFO Section VII.B.1.b.	

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

**(limit 2,000 characters)**

1. Only two CoCs operate in Idaho: ours & the Balance of State. The Balance of State's lead agency, IHFA, also serves as the single ESG and ESG-CV recipient in the state. Between the 2 CoCs, we share homeless service providers. By serving on each other's boards (and other committees & work groups) & by aligning our Written Standards, we collaborate regularly, stay up-to-date of each other's progress on key issues, & make informed decisions when one CoC's policy or process does not directly reflect the other's. 2. Additionally, our CoC consults with the ESG recipient in planning & allocating ESG funds & in evaluating & reporting performance by reviewing the ESG solicitation for applications to provide feedback to the ESG recipient about inclusions/revisions our CoC would like for the recipient to consider, especially regarding performance of ESG sub-recipients but also the priorities our CoC has identified for ESG funds to best leverage our other fund sources. We also consult with IHFA regarding additional funding sources we use to bolster & support both CoCs – for example, tax credits, HOME & CDBG funds. 3&4. We provide comprehensive homelessness data – including PIT/HIC data - from our CoC's HMIS to IHFA & ConPlan jurisdictions with our geographic area for inclusion in the ConPlan, annual action plans, & a statewide annual report IHFA publishes that is disseminated to state policymakers.

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

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

1.	Conducted mandatory training for all CoC- and ESG-funded service providers to ensure families are not separated.	Yes
2.	Conducted optional training for all CoC- and ESG-funded service providers to ensure families are not separated.	Yes
3.	Worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.	Yes
4.	Worked with ESG recipient(s) to identify both CoC- and ESG-funded facilities within your CoC's geographic area that might be out of compliance and took steps to work directly with those facilities to bring them into compliance.	Yes

5.	Sought assistance from HUD by submitting AAQs or requesting technical assistance to resolve noncompliance of service providers.	No
6.	Other. (limit 150 characters)	

1C-4.	CoC Collaboration Related to Children and Youth–SEAs, LEAs, Local Liaisons & State Coordinators.	
	NOFO Section VII.B.1.d.	

Describe in the field below:

1.	how your CoC collaborates with youth education providers;
2.	your CoC's formal partnerships with youth education providers;
3.	how your CoC collaborates with State Education Agency (SEA) and Local Education Agency (LEA);
4.	your CoC's formal partnerships with SEAs and LEAs;
5.	how your CoC collaborates with school districts; and
6.	your CoC's formal partnerships with school districts.

**(limit 2,000 characters)**

1-4. The CoC's formal partnerships embody the collaboration we have with youth education providers, McKinney-Vento education authorities, and the school districts. We include McKinney-Vento local education authorities (i.e., the 2 school districts in our CoC) thru membership of the homeless liaison on the CoC's governing board, by both districts' participation in committees and work groups of the CoC, by formal MOUs with coordinated entry, and by including representatives in our planning and development meetings for the campaign to end family homelessness. Our CoC is involved with the SEA by way of our participation in the Balance of State CoC. An SEA rep sits on the Balance of State's governing board as does our CoC's Manager, enabling collaboration. 5. Both districts refer families to the coordinated entry system & coordinated entry staff ask youth-specific questions during the pre-screen to immediately link families to other available resources through the school district or foster care systems if they are not already connected. A school district representative attends weekly case conferencing and participates in our campaign to end family homelessness initiative, providing critical feedback for how families interface with the CoC. Social workers from both school districts attended the CoC's sponsored diversion training led by NAEH and, finally, the City of Boise is the lead agency for our CoC and, in consultation with the CoC on highest and best use of local funds, directs local funds to the schools' social work teams to deploy to keep families stably housed in an effort to divert families from the homeless services system.

1C-4a.	CoC Collaboration Related to Children and Youth–Educational Services–Informing Individuals and Families Experiencing Homelessness about Eligibility.	
	NOFO Section VII.B.1.d.	

Describe in the field below written policies and procedures your CoC adopted to inform individuals and families who become homeless of their eligibility for educational services.

**(limit 2,000 characters)**

Our CoC has MOUs with both school districts to formally partner with the coordinated entry system to ensure families are informed of their rights to

education services for their children. Both districts also work closely with the shelters to coordinate services, such as making arrangements for transportation. Both districts refer families to the coordinated entry system & coordinated entry staff, per our coordinated entry system policies and procedures, ask youth-specific questions during the pre-screen to immediately link families to other available resources through the school district or foster care systems if they are not already connected.

1C-4b.	CoC Collaboration Related to Children and Youth–Educational Services–Written/Formal Agreements or Partnerships with Early Childhood Services Providers.	
	NOFO Section VII.B.1.d.	

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

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

1C-5.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors–Annual Training–Best Practices.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC coordinates to provide training for:

1.	Project staff that addresses safety and best practices (e.g., trauma-informed, victim-centered) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually); and
2.	Coordinated Entry staff that addresses safety and best practices (e.g., trauma informed care) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually).

**(limit 2,000 characters)**

1&2. CoC providers (project staff) & coordinated entry (CE) staff receive regular, on-going training in best practices to address the needs of those fleeing DV; for example, training is regularly conducted on trauma-informed care, conscience trauma language, positive response to trauma, the science of trauma, & the Strengthening Families framework. Because of COVID-19, we put our newly instituted quarterly CoC case manager forums on hold but plan to

restart these training opportunities in the first quarter of 2022. Training has continued through onboarding practices, case conferencing, one-of trainings, & space at our regular meetings to revisit safety & best practices concepts. Our CoC hosted a CoC-wide (& also invited the Balance of State CoC) to an online diversion training by NAEH that included the importance of safety & best practices in diversion. To that end, our annual system wide training conducted in January 2020 focused solely on victim-centered, trauma-informed care for DV survivors. This is an in-depth training on practical, trauma-informed approaches to working with DV clients & other victims, including safety & planning protocols in serving survivors. Otherwise, CE staff are regularly trained on these protocols because of the formal partnership (& MOU) that exists between CE & our CoC's only DV provider. One of the benefits of having DV provider staff attend weekly case conferencing with CoC project staff & our case managers is that it has elevated the level, expertise, capacity & awareness of case management across our CoC, regardless of whether a provider specializes in DV.

1C-5a.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors–Using De-identified Aggregate Data.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC uses de-identified aggregate data from a comparable database to assess the special needs related to domestic violence, dating violence, sexual assault, and stalking survivors.

**(limit 2,000 characters)**

DV data is reported by program, thru our DV hotline, & thru our DV comparable database. CE's phased assessment process screens for DV, determines how many qualify as Category 4 &, likewise, how many referrals come from our DV provider. We pull de-identified data monthly to review DV trends & assess needs & patterns. Trends demonstrate that 50% of referrals to RRH are actively fleeing DV & 74% have experienced it in their lifetime. By triangulating this data with data from our DV provider's comparable database & a data element from CE that we added specifically to assess the scope of the need, we continue to follow the demonstrated trend that DV is a primary reason for homelessness in our CoC. When we implemented the CE system in May 2017, we added a data element to HMIS to ask about the primary reason for homelessness. In 2020, this data indicates that DV was the leading cause of homelessness for single parents (moms) with children: 60% of all families with children assessed by CE are single moms & 50% of them identify DV as the primary reason they are seeking assistance. We are using this data to assess the special needs of DV survivors by prioritizing ending family homelessness & by providing an increased level of DV-specific training opportunities. We have named ending family homelessness as a strategic initiative, developed a model to end the experience of homelessness for all the families on our queue (plus those we estimate will enter the system), & formally launched a campaign to raise \$8.6M to scale up our capacity to provide the rental & case management assistance needed for prevention, rapid response, & supportive housing interventions to reach functional zero for families over the next five years. Furthermore, because we can report on the high % of clients fleeing DV or experiencing it in their lifetime, we have provided additional training that focuses on trauma & victimization.

1C-5b.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors—Coordinated Assessment—Safety, Planning, and Confidentiality Protocols.	
	NOFO Section VII.B.1.e.	

	Describe in the field below how your CoC's coordinated entry system protocols incorporate trauma-informed, victim-centered approaches while maximizing client choice for housing and services that:
1.	prioritize safety;
2.	use emergency transfer plan; and
3.	ensure confidentiality.

**(limit 2,000 characters)**

1-3. Our CoC's DV provider, the Women's and Children's Alliance (WCA) formally partners with coordinated entry (CE) thru an MOU & serves as the primary entry point for households (individuals & families) fleeing domestic violence. The CE phased assessment process pre-screens clients for DV & clients have a choice to be immediately referred to the WCA & their host of trauma-informed, victim-centered services. The WCA offers safety planning to all households & maximizes safety, choice, & control with all interactions. The WCA staff participate in case conferencing & serve on the CE system's evaluation committee and advisory board. The WCA provides secure shelter & services for up to 8 months that provides emotional, physical, financial, and educational support. The WCA services include case management, counseling (adult & child), licensed childcare, court advocacy, & basic needs at no cost. For those who may choose not to work with the WCA, the WCA staff have trained the CE staff & other CoC, ESG, DOJ, CDBG, & HHS-funded programs in trauma-informed & victim-centered approaches. Confidentiality is protected & safety planning is part of the CE assessment & housing search process; meetings are held confidentially & providers offer a victim-centered approach that allows survivors to choose the housing & services best suited for their family given their unique circumstances. Client choice maximizes safety & confidentiality; information is only shared if a release of information is completed by the household. Providers have implemented the VAWA Final Rule provisions. Our CoC's trends continue to show that 50% of referrals to our RRH provider are actively fleeing DV & 74% have experienced it in their lifetime. Therefore, safety planning is a critical part of the housing search process & services focus on trauma-informed care & the Strengthening Families framework.

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

1.	Did your CoC implement a written CoC-wide anti-discrimination policy ensuring that LGBT 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 to Housing in HUD Programs in Accordance with an Individual's Gender Identity (Gender Identity Final Rule)?	Yes



1C-7.	Public Housing Agencies within Your CoC's Geographic Area--New Admissions--General/Limited Preference--Moving On Strategy. You Must Upload an Attachment(s) to the 4B. Attachments Screen.	
	NOFO Section VII.B.1.g.	

Enter information in the chart below for the two largest PHAs highlighted in gray on the CoC-PHA Crosswalk Report at <https://files.hudexchange.info/resources/documents/FY-2020-CoC-PHA-Crosswalk-Report.pdf> or the two PHAs your CoC has a working relationship with--if there is only one PHA in your CoC's geographic area, provide information on the one:

Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing and Housing Choice Voucher Program During FY 2020 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?
Boise City Housing Authority	37%	Yes-Both	Yes
Ada County Housing Authority	33%	Yes-Both	

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

Describe in the field below:

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

**(limit 2,000 characters)**

1. Our PHA (2 operating as one agency within geo area) is a central partner to placing clients into & retaining permanent housing. The PHA serves on our governing board, coordinated entry (CE) committee, and PSH steering committee, in addition to partnering on our campaign to end family homelessness. As delineated in the MOU between CE & the PHA, the PHA has a preference for non-elderly persons w/ disabilities who are transitioning out of institutions or who are experiencing homelessness or at risk of homelessness. The PHA also has a preference for TH & RRH clients. As such, we can bridge TH & RRH clients to HCV programs for those who may no longer require the services available in a TH or RRH program but would still benefit from a rental subsidy to maintain housing. We also work with the PHA to transfer participants who no longer require the services provided within a PSH project but may still need rental assistance. Because our PHA administers our CoC's PSH projects, we collaborate with the PHA when the PHA opens its HCV wait list; PSH service providers help PSH participants apply, & if these clients are selected in the lottery, they have the option of transferring programs. The decision to transfer programs is made between the case manager & client; together, they determine whether the services offered thru the PSH program are still needed, or if it is appropriate to transfer to an HCV program that does not offer such services. The PHA, in effect, functions as one of our CoC's prevention providers. Because of the rental subsidies offered by the HCV program, we keep more people housed who may otherwise enter the homeless services

system. The PHA provided project-based Section 8 and VASH vouchers making our 1st two site-based PSH projects possible; now, we're in the final steps of defining a multi-year voucher agreement for the PHA to provide ~250 project-based vouchers for our PSH project pipeline to bring on 250+ PSH units over the next 5 years.

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	No
2.	PHA	Yes
3.	Low Income Tax Credit (LIHTC) developments	No
4.	Local low-income housing programs	No
	Other (limit 150 characters)	
5.		

1C-7c.	Including PHA-Funded Units in Your CoC's Coordinated Entry System.	
	NOFO Section VII.B.1.g.	

Does your CoC include PHA-funded units in the CoC's coordinated entry process?	No
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1C-7c.1.	Method for Including PHA-Funded Units in Your CoC's Coordinated Entry System.	
	NOFO Section VII.B.1.g.	

If you selected yes in question 1C-7c., describe in the field below:

1.	how your CoC includes the units in its Coordinated Entry process; and
2.	whether your CoC's practices are formalized in written agreements with the PHA, e.g., MOUs.

(limit 2,000 characters)

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

Did your CoC coordinate with a PHA(s) to submit a joint application(s) for funding of projects serving families experiencing homelessness (e.g., applications for mainstream vouchers, Family Unification Program (FUP), other non-federal programs)?	Yes
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1C-7d.1.	CoC and PHA Joint Application—Experience—Benefits.	
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NOFO Section VII.B.1.g.

If you selected yes to question 1C-7d, describe in the field below:

1.	the type of joint project applied for;
2.	whether the application was approved; and
3.	how your CoC and families experiencing homelessness benefited from the coordination.

**(limit 2,000 characters)**

1&2. The CoC and PHA applied together for Section 811 Mainstream Vouchers; this application was approved. 3. Although not a requirement for the funding, the PHA implemented a preference to assist non-elderly persons with disabilities who are transitioning out of institutional or other segregated settings, at serious risk of institutionalization, currently experiencing homelessness, previously experienced homelessness and currently a client in a permanent supportive housing or rapid rehousing program. Providing housing assistance and supportive services to eligible persons with disabilities and their families who are transitioning out of institutional or other segregated settings or at serious risk of institutionalization helps further the goals of the Americans with Disabilities Act. Targeting resources to assist eligible persons with disabilities and their families who are currently experiencing homelessness, have previously experienced homelessness, or at risk of experiencing homelessness supports the goals of Home Together: The Federal Strategic Plan to Prevent and End Homelessness. Our CoC & the families experiencing homelessness have benefitted from this coordination in that it has brought another resource forward that can help families move out of homelessness quickly & stay stably housed. It offers another resource the CoC can use to leverage other, more limited resources. Furthermore, it has demonstrated another way by which the CoC & our PHA can partner to create greater impact, together. Section 811 Mainstream Vouchers will help our CoC make progress on our campaign to end family homelessness & do so in a sustainable way to reach & maintain functional zero.

1C-7e.	Coordinating with PHA(s) to Apply for or Implement HCV Dedicated to Homelessness Including American Rescue Plan Vouchers.	
	NOFO Section VII.B.1.g.	

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

Did your CoC enter into a Memorandum of Understanding (MOU) with any PHA to administer the EHV Program?	Yes
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If you select yes, you must use the list feature below to enter the name of every PHA your CoC has entered into a MOU with to administer the Emergency Housing Voucher Program.

PHA
This list contains no items

## 1C. Coordination and Engagement–Coordination with Federal, State, Local, Private, and Other Organiza

1C-8.	Discharge Planning Coordination.	
	NOFO Section VII.B.1.h.	

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

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

1C-9.	Housing First–Lowering Barriers to Entry.	
	NOFO Section VII.B.1.i.	

1.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2021 CoC Program Competition.	5
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 2021 CoC Program Competition that have adopted the Housing First approach.	5
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-Coordinated Entry projects the CoC has ranked in its CoC Priority Listing in the FY 2021 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

1C-9a.	Housing First–Project Evaluation.	
	NOFO Section VII.B.1.i.	

Describe in the field below how your CoC regularly evaluates projects to ensure those that commit to using a Housing First approach are prioritizing rapid placement and stabilization in permanent housing and are not requiring service participation or preconditions of program participants.

**(limit 2,000 characters)**

Our CoC has adopted the Housing First approach as a framework that we engage all partners in, requires a commitment to Housing First for membership on the Executive Committee, and includes Housing First concepts in the guiding principles outlined in our coordinated entry (CE) operating procedures. Our CoC

monitoring plan requires that all staff and volunteers involved in the intake/assessment process receive Housing First training, in addition to other mandatory trainings. CE operating procedures outline that every household that comes through CE receives an intake assessment and, together with staff, develop housing plan. All referrals from CE into programs must be accepted. This requirement is in alignment with the standard and core belief that everyone is ready for housing. The only exception to this requirement is a documented, exceptional situation for which a referral can be rejected, in which case the program staff must contact the CE Director to document the occurrence and bring the issue to the committee that oversees CE for review and resolution. This procedure helps monitor program compliance with partners. Additionally, we engage with all our client facing staff from system partners – including providers leading shelter, RRH, PSH – in weekly case conferencing, where staff work together on housing specific clients quickly and without preconditions as soon as housing is available. Progress Reports are issued to the community on coordinated entry and homelessness assistance system outcomes regularly, with data and analysis for CE performance. The CoC's first PSH project, New Path, undergoes an annual evaluation from a neutral third party that, among other things, has annually demonstrated the program's fidelity to Housing First in its policies and its contribution to successful participant outcomes and community benefits.

1C-9b.	Housing First–Veterans.	
	Not Scored–For Information Only	

Does your CoC have sufficient resources to ensure each Veteran experiencing homelessness is assisted to quickly move into permanent housing using a Housing First approach?	No
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1C-10.	Street Outreach–Scope.	
	NOFO Section VII.B.1.j.	

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

**(limit 2,000 characters)**

1. The CoC's street outreach is a team of 6 full-time staff serving primarily unsheltered individuals. The team works in non-traditional, community-based settings to connect those who are otherwise underserved & may be reluctant to engage. They conduct outreach where people experiencing homelessness are often found (encampments, streets, cars, by river paths, empty parking lots, day shelters, parks, libraries, and underpasses) & respond to referrals from community partners, such as crisis teams, police units, businesses, & residents. They prioritize those who are unsheltered, experiencing chronic homelessness and those who cope with serious mental illnesses. The street outreach team holds monthly meetings with cross-sector teams from different organizations

that interface with unengaged, unsheltered individuals to ensure all entities are coordinating efforts to identify every individual & connect them to resources. 2&3. Outreach covers 100% of our geographic area & is conducted Monday thru Friday. 4. Outreach adheres to trauma-informed, person-first, harm reduction principles of engagement by establishing trusting relationships. They help individuals articulate their own priorities & needs, & work to help them problem solve their most important issues. One way the outreach team builds trust is by providing immediate assistance for any basic needs such as water, food, & warm clothing & by showing up consistently. The outreach team partners w/ interpreters' agencies for LEP persons, provide transportation to doctor appts, mental health services, interviews; obtain phones & accompany persons to places w/ free internet (e.g., the library or Dept. of Labor). All outreach staff have smartphones & laptops w/ internet to research resources, housing, & jobs. Finally, our emergency shelters continue to partner w/ our outreach team in a concerted effort to provide case mgmt. to our unsheltered population to help resolve the real & perceived barriers to accessing shelter.

1C-11.	<b>Criminalization of Homelessness.</b>	
	NOFO Section VII.B.1.k.	

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

1.	Engaged/educated local policymakers	Yes
2.	Engaged/educated law enforcement	Yes
3.	Engaged/educated local business leaders	Yes
4.	Implemented communitywide plans	Yes
5.	Other:(limit 500 characters)	

1C-12.	<b>Rapid Rehousing–RRH Beds as Reported in the Housing Inventory Count (HIC).</b>	
	NOFO Section VII.B.1.l.	

	2020	2021
Enter the total number of RRH beds available to serve all populations as reported in the HIC–only enter bed data for projects that have an inventory type of “Current.”	135	152

1C-13.	<b>Mainstream Benefits and Other Assistance–Healthcare–Enrollment/Effective Utilization.</b>	
	NOFO Section VII.B.1.m.	

Indicate in the chart below whether your CoC assists persons experiencing homelessness with enrolling in health insurance and effectively using Medicaid and other benefits.

	Type of Health Care	Assist with Enrollment?	Assist with Utilization of Benefits?
1.	Public Health Care Benefits (State or Federal benefits, Medicaid, Indian Health Services)	Yes	Yes
2.	Private Insurers	Yes	Yes
3.	Nonprofit, Philanthropic	Yes	Yes
4.	Other (limit 150 characters)		

1C-13a.	Mainstream Benefits and Other Assistance—Information and Training.	
	NOFO Section VII.B.1.m	

	Describe in the field below how your CoC provides information and training to CoC Program-funded projects by:
1.	systemically providing up to date information on mainstream resources available for program participants (e.g., Food Stamps, SSI, TANF, substance abuse programs) within your CoC's geographic area;
2.	communicating information about available mainstream resources and other assistance and how often your CoC communicates this information;
3.	working with projects to collaborate with healthcare organizations to assist program participants with enrolling in health insurance; and
4.	providing assistance with the effective use of Medicaid and other benefits.

(limit 2,000 characters)

1. Mainstream providers are at every point of interaction the 1st referral & access to mainstream benefits are facilitated thru the shelter case managers, the CoC's housing crisis hotline wherein staff screen for eligibility for all resource types, weekly case conferencing to facilitate warm hand-offs, & case mgmt once participants are referred to a program. To the degree that coordinated entry can refer clients to a mainstream program to end their homelessness, that referral occurs; since the inception of CE, 2,359 households have exited & 11.8% of those were due to mainstream resources. Another 22.1% self-resolved after a light touch interaction (which was very likely facilitated by a connection made to a mainstream benefit). 2. The CoC systemically and regularly distributes resources to projects, providers, partners, & clients. The CE Director provides updates on mainstream resources by disseminating info to all partners at weekly case conferencing, monthly committee meetings, & thru regular partners updates via email (2-3 times per week) & a partner wide email thread where anyone can provide info/ask questions about resources. The CoC Mgr provides similar updates to partners at the CoC governing board meeting that is open to the public, in the monthly CoC newsletter to all members, & emails w/ time sensitive updates. 3&4. CE staff connect clients w/ our healthcare for the homeless provider & shelter & outreach staff also work to connect clients to health insurance. Our CoC's healthcare for the homeless provider's patient navigators enroll participants in our state health insurance exchange & Medicaid & also work w/ any patient referred from CoC projects to provide services. PATH, shelter providers, and CHOIS case managers help clients access Medicaid benefits. The CoC also links clients w/ Medicaid benefits to services they are eligible for, conserving other resources for those w/o it.



1C-14.	Centralized or Coordinated Entry System–Assessment Tool. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.1.n.	

	Describe in the field below how your CoC's coordinated entry system:
1.	covers 100 percent of your CoC's geographic area;
2.	reaches people who are least likely to apply for homeless assistance in the absence of special outreach;
3.	prioritizes people most in need of assistance; and
4.	ensures people most in need of assistance receive assistance in a timely manner.

**(limit 2,000 characters)**

1. 30+ agencies partner w/ our coordinated entry system (CES) to serve countywide & actively make referrals to the access point, working closely w/ the shelters, outreach staff, dept of health & welfare, school districts, hospitals, etc to ensure case workers make appropriate referrals. 2. Several facets of the CES demonstrate that we reach those least likely to apply: partner agencies include those that work w/ refugees & LEP populations; the CES provides translation services as needed; CE travels to complete assessments when clients are unable to come to the office (or will conduct over the phone); & outreach staff continue to engage unsheltered individuals. The CES also has an affirmative marketing plan that details advertising & listings, media & press releases, printed materials, website marketing, events & outreach. 3. To ensure we prioritize people most in need, we revised our assessment. Instead of the VI-SPDAT, we now use a custom formula that combines the WHO-QOL w/ factors we know we need to respond to as a CoC. As part of phased assessment, CE completes a housing plan w/ clients to move them into PH as quickly as possible. This plan looks different for every client & depends on the client's needs, including strengths & resources. The CE committee reviews the CES monthly. We are continuing to evolve our approach to use our CES as the strategic lens thru which we evaluate how fast we move people into PH. Our prioritization formula incorporates the score from the QOL plus LOT experiencing homelessness, age, presence of children, DV status, fragility/functionality, mental health & substance misuse, victimization, & emergency services use to improve upon how quickly those w/ the longest LOT homeless & highest severity of service need receive assistance. 4. Operating procedures dictate that when there is a program opening, CE makes a referral within 48 hours, followed by initial program to client contact within 24 hours to ensure timely service delivery.

1C-15.	Promoting Racial Equity in Homelessness–Assessing Racial Disparities.	
	NOFO Section VII.B.1.o.	

Did your CoC conduct an assessment of whether disparities in the provision or outcome of homeless assistance exists within the last 3 years?	Yes
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1C-15a.	Racial Disparities Assessment Results.	
	NOFO Section VII.B.1.o.	

Select yes or no in the chart below to indicate the findings from your CoC's most recent racial disparities assessment.

1.	People of different races or ethnicities are more likely to receive homeless assistance.	No
2.	People of different races or ethnicities are less likely to receive homeless assistance.	No
3.	People of different races or ethnicities are more likely to receive a positive outcome from homeless assistance.	No
4.	People of different races or ethnicities are less likely to receive a positive outcome from homeless assistance.	No
5.	There are no racial or ethnic disparities in the provision or outcome of homeless assistance.	Yes
6.	The results are inconclusive for racial or ethnic disparities in the provision or outcome of homeless assistance.	No

1C-15b.	Strategies to Address Racial Disparities.	
	NOFO Section VII.B.1.o.	

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

1.	The CoC's board and decisionmaking bodies are representative of the population served in the CoC.	No
2.	The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.	Yes
3.	The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.	Yes
4.	The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups.	No
5.	The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.	Yes
6.	The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.	Yes
7.	The CoC has staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness.	Yes
8.	The CoC is educating organizations, stakeholders, boards of directors for local and national nonprofit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.	Yes
9.	The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.	Yes
10.	The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.	Yes
11.	The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.	Yes
	Other:(limit 500 characters)	
12.		

1C-15c.	Promoting Racial Equity in Homelessness Beyond Areas Identified in Racial Disparity Assessment.	
	NOFO Section VII.B.1.o.	

Describe in the field below the steps your CoC and homeless providers have taken to improve racial equity in the provision and outcomes of assistance beyond just those areas identified in the racial disparity assessment.

**(limit 2,000 characters)**

The CoC has spent time developing relationships with communities/organizations led by and serving Black, Indigenous, & People of Color as a first step towards learning from & partnering on ways to address racial equity & dismantle systemic racism as it interfaces with the work of solving homelessness. The CE Director and CE committee have been revisiting the prioritization formula to see if there are other factors that could be included (such as frequent arrests/incarcerations) that also disproportionality impact BIPOC communities/individuals for ways we might address those intersectional factors among households impacted by structural racism. In addition to the Racial Disparities Analysis conducted with our CE committee and our HMIS lead agency, the CoC is working with a third-party evaluator to identify if there are any ways to build upon this evaluation work to aid the CoC in identifying data-informed opportunities to address vulnerability factors which we can add to the CE assessment that would provide opportunities to address racial equity. We include discussion of race and equity in our system wide trainings and are preparing to implement more actionable trainings related to equity to partners and members when we resume our quarterly CoC forums in 2022 that were postponed due to COVID-19.

1C-16.	Persons with Lived Experience–Active CoC Participation.	
	NOFO Section VII.B.1.p.	

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

	Level of Active Participation	Number of People with Lived Experience Within the Last 7 Years or Current Program Participant	Number of People with Lived Experience Coming from Unsheltered Situations
1.	Included and provide input that is incorporated in the local planning process.	11	0
2.	Review and recommend revisions to local policies addressing homelessness related to coordinated entry, services, and housing.	4	0
3.	Participate on CoC committees, subcommittees, or workgroups.	1	0
4.	Included in the decisionmaking processes related to addressing homelessness.	4	0
5.	Included in the development or revision of your CoC's local competition rating factors.	1	0

1C-17.	Promoting Volunteerism and Community Service.	
	NOFO Section VII.B.1.r.	

Select yes or no in the chart below to indicate steps your CoC has taken to promote and support community engagement among people experiencing homelessness in the CoC's geographic area:

1.	The CoC trains provider organization staff on connecting program participants and people experiencing homelessness with education and job training opportunities.	Yes
2.	The CoC trains provider organization staff on facilitating informal employment opportunities for program participants and people experiencing homelessness (e.g., babysitting, housekeeping, food delivery, data entry).	Yes
3.	The CoC works with organizations to create volunteer opportunities for program participants.	Yes
4.	The CoC works with community organizations to create opportunities for civic participation for people experiencing homelessness (e.g., townhall forums, meeting with public officials).	Yes
5.	Provider organizations within the CoC have incentives for employment and/or volunteerism.	Yes
6.	Other:(limit 500 characters)	

## 1D. Addressing COVID-19 in the CoC's Geographic Area

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

1D-1.	Safety Protocols Implemented to Address Immediate Needs of People Experiencing Unsheltered, Congregate Emergency Shelter, Transitional Housing Homelessness.	
NOFO Section VII.B.1.q.		
Describe in the field below protocols your CoC implemented during the COVID-19 pandemic to address immediate safety needs for individuals and families living in:		
1.	unsheltered situations;	
2.	congregate emergency shelters; and	
3.	transitional housing.	

(limit 2,000 characters)

Our CoC worked closely w/ the City of Boise's emergency management team, street outreach, emergency shelters, hospitals, our FQHCs, & Central District Health to create a COVID-19 emergency response plan. This plan instituted safety protocols in alignment w/ CDC guidelines & provided the roadmap to provide adequate & socially distanced shelter facilities (including non-congregate), PPE, run mobile vaccination clinics & provide access to symptom checks/rapid testing for people experiencing unsheltered & sheltered homelessness. This plan was shared w/ a HUD TA provider, by request, as an example for other communities. The CoC Manager led coordination efforts wherein street outreach, shelter providers & health partners disseminated info to combat misinformation & encourage adherence to safety protocols & vaccines. Congregate shelters screened guests daily w/ a medical provider on-site & symptomatic guests were tested. This medical provider also performed daily medically rounding at the congregate & non-congregate shelters. The CoC, in partnership w/ the City, hospitals & health partners created non-congregate space for people experiencing homelessness to self-isolate in instances of symptom development, CV-19 positivity, or the need for preventative isolation based on vulnerability factors. Space was acquired through temporarily leased non-congregate shelter spaces in hotels that were funded through FEMA and ESG-CV & operated by an emergency shelter provider w/ support from medical staff. Intake & quarantine protocol for CV-19 pending and positive individuals were defined while the preventative isolation was prioritized for unsheltered and sheltered folks that were medically fragile or in families. Through the pandemic, partners have worked to open, operate, & phase down or up CV-19 positive non-congregate spaces based on metrics

outlined in our emergency response plan.

1D-2.	Improving Readiness for Future Public Health Emergencies.	
	NOFO Section VII.B.1.q.	

Describe in the field below how your CoC improved readiness for future public health emergencies.

**(limit 2,000 characters)**

The CoC is significantly more prepared for future public health emergencies through the emergency response plan created which tightened processes developed for response work in partnership with our hospitals, health partners, local governments, emergency service providers and emergency response agencies. We better understand the landscape of actors, how to quickly weave together resources urgently and efficiently, what policies and procedures need to be defined/implemented based on available guidance, and how to communicate information to our provider network and service population effectively. As the CoC continues work with health systems and outreach/shelter teams continue to work on vaccine campaigns, we have expanded the campaign to include flu shots – signaling the ability to take these partnerships to non-CV-19 specific public health activities. Our providers all have demonstrated the ability to pivot digitally, quickly without sacrificing service of clients and are more skilled at implementing and rapidly adapting public health safety protocols based on issued guidance. Additionally, our shelter system is preparing to be better equipped for future public health emergencies as one of our shelter's is seeking to move into a new, larger building that provides more non-congregate setting beds and includes space within the shelter for medically fragile beds and a medical service provider.

1D-3.	CoC Coordination to Distribute ESG Cares Act (ESG-CV) Funds.	
	NOFO Section VII.B.1.q	

Describe in the field below how your CoC coordinated with ESG-CV recipients to distribute funds to address:

1.	safety measures;
2.	housing assistance;
3.	eviction prevention;
4.	healthcare supplies; and
5.	sanitary supplies.

**(limit 2,000 characters)**

1-5. The Balance of State's lead agency, IHFA, also serves as the single ESG-CV recipient in the state. We collaborated with IHFA to determine the funding allocation of ESG-CV dollars in our geographic area based on how our CoC was also leveraging other fund sources & partner resources used to respond to COVID-19 comprehensively. Specifically, we used ESG-CV to expand our non-congregate shelter space (including operational needs for healthcare and sanitary supplies), provide a socially distanced winter day shelter, increase housing assistance through monies to our RRH provider, including landlord

incentives, expand the number of staff on our street outreach team to effectively reach those experiencing unsheltered homelessness, and increase funding for eviction prevention through our lead prevention partner. Healthcare supplies have been & continue to be provided through other resources.

1D-4.	CoC Coordination with Mainstream Health.	
	NOFO Section VII.B.1.q.	

Describe in the field below how your CoC coordinated with mainstream health (e.g., local and state health agencies, hospitals) during the COVID-19 pandemic to:

1.	decrease the spread of COVID-19; and
2.	ensure safety measures were implemented (e.g., social distancing, hand washing/sanitizing, masks).

**(limit 2,000 characters)**

1. The CoC collaborated w/ mainstream health partners on response strategies to decrease the spread of CV-19 w/in the population experiencing homelessness. Partners include our two major hospital systems, the public health district, several partner clinics, & emergency medical transport services. With these partners, our CoC developed an emergency response plan w/ phased protocol for responding to the infection rates/community spread trends, where implementation heavily relied on health partners. The plan included safety protocols for all partners that interface w/ clients. While most programs were able to implement these & pivot digitally, shelter operations were essential & included a vulnerable population in a congregate setting. Therefore, shelter coordinated closely & immediately w/ health care providers to implement screening & quarantining protocol for staff/guests to limit the spread of CV-19 in shelter settings & expanded operations by immediately leasing hotel rooms to provide non-congregate shelter. The CoC held weekly calls w/ these partners that focused on info sharing, local restrictions & safety guidance, monitoring of CV-19 infection trends/community spread, discharge strategies for hospital patients exp. homelessness, vaccine implementation, & more. 2. Calls concluded w/ action plans & next steps to take the info shared into action – delivery of needed PPE supplies for staff/persons experiencing homelessness, medical rounding support for our unsheltered & sheltered populations, vaccination clinics, medical protocol & safety protocols implemented for facilities (including social distancing, hand washing/sanitizing, masking, etc), support for training for homelessness staff, etc. Through our collaborative efforts we were able to manage the spread of CV-19 within the population throughout the pandemic with relatively low infection rates & only a few small surges that occurred in mirrored fashion with infection rates in the general population.

1D-5.	Communicating Information to Homeless Service Providers.	
	NOFO Section VII.B.1.q.	

Describe in the field below how your CoC communicated information to homeless service providers during the COVID-19 pandemic on:

1.	safety measures;
2.	changing local restrictions; and
3.	vaccine implementation.

**(limit 2,000 characters)**

1-3. The CoC communicated safety measures, local restrictions & vaccine implementation information to homeless service providers through all normal means – including emails, newsletters, & at all regular CoC meetings. Any new information for safety measures, local restrictions, & vaccine updates were prioritized for urgent/far reaching communication. Additionally, several CV-19 specific meetings were added to the regular rotation that kept critical partners in closer contact, so information distribution was provided in real time to reflect on the-ground conditions. This included a weekly CoC/shelter operator/hotel operator meeting for hotel function status; a weekly CoC/shelter operator/hospital & health clinic partners/emergency response team meeting to communicate CV-19 community spread, health system response trends, safety measures, & vaccine implementation; and a weekly homeless prevention providers meeting bi-weekly. Finally, our CoC leaned on its relationship with the City of Boise to publicly disseminate key info.

1D-6.	Identifying Eligible Persons Experiencing Homelessness for COVID-19 Vaccination.	
	NOFO Section VII.B.1.q.	

Describe in the field below how your CoC identified eligible individuals and families experiencing homelessness for COVID-19 vaccination based on local protocol.

**(limit 2,000 characters)**

As vaccines became available, the outreach team, CE partners, and emergency/day shelter operators collaborated with health partners to provide both one-time and ongoing vaccine clinics in various settings (i.e, shelters, hotels, clinics, mobile) for both unsheltered and sheltered populations to encourage vaccination. These robust vaccination efforts continue as the CoC focuses on identifying eligible persons for both the vaccine (including newly expanded age groups) and now the booster. Most recently, our CoC partners hosted a vaccine block party that resulted in an additional 28 vaccinated persons experiencing homelessness getting their first vaccine. The next planned vaccine event is scheduled to occur the second week of November. The shelter operator also recently updated their temporary non-congregate shelter policy to require eligible guests to be vaccinated to stay at the shelter, while continuing to encourage vaccination at the congregate setting. Our CoC has had success vaccinating our populations experiencing homeless at least in part because, since the beginning of the pandemic, we have had a medical partner on-site at our day and overnight shelters who has, in turn, created trust and rapport. The medical staff and our shelter and outreach team staff have been able to keep our homeless population informed re: vaccine timelines and dissemination. We also enlisted peer ambassadors to help educate and encourage vaccines.

1D-7.	Addressing Possible Increases in Domestic Violence.	
	NOFO Section VII.B.1.e.	



Describe in the field below how your CoC addressed possible increases in domestic violence calls for assistance due to requirements to stay at home, increased unemployment, etc. during the COVID-19 pandemic.

**(limit 2,000 characters)**

Our CoC responded immediately to increases in DV calls and addressed increases in requests for assistance during COVID-19 by working directly with the City of Boise to grant CDBG-CV funds to our CoC's DV provider. In 2020, DV calls increased over 85% from the previous year. Our DV provider conducted 19 emergency intakes vs a previous average of only 4 per year. The grant funds enabled our DV provider to hire two additional case managers and one crisis counselor and fully fund the crisis hotline. The crisis case managers staff the hotline and provide resources, referrals and crisis intervention. The crisis counselor provides individual counseling, facilitates support groups and works collaboratively with CoC service providers to ensure safety plans are in place.

1D-8.	Adjusting Centralized or Coordinated Entry System.	
	NOFO Section VII.B.1.n.	

Describe in the field below how your CoC adjusted its coordinated entry system to account for rapid changes related to the onset and continuation of the COVID-19 pandemic.

**(limit 2,000 characters)**

The CoC adjusted CE immediately by switching from primarily in person to phone appointments for safety and increased accessibility. CE also collaborated more closely with shelter system to make sure populations vulnerable to CV-19 were assessed as quickly as possible when checking into the non-congregate hotel setting. For CV-19 positive households, CE working to assess the household as soon as they were feeling well enough to ensure data capture but adapt to the reality of pandemic impact among our population. At early stages when funding was still uncertain, CE created a concerted effort to initiate "hotel to housing" to fast track this medically fragile population for housing so they did not have to re-enter a congregate shelter that put them at significant health risk. Finally, CE added CV-19 related questions to the CE assessment to streamline effective use of CV-19 related resources – such as ERAP – or to get them to the healthcare resources they needed when presenting symptoms.

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

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

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- 24 CFR part 578

1E-1.	Announcement of 30-Day Local Competition Deadline–Advance Public Notice of How Your CoC Would Review, Rank, and Select Projects. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.2.a. and 2.g.	

1.	Enter the date your CoC published the 30-day submission deadline for project applications for your CoC's local competition.	09/13/2021
2.	Enter the date your CoC publicly posted its local scoring and rating criteria, including point values, in advance of the local review and ranking process.	09/13/2021

1E-2.	Project Review and Ranking Process Your CoC Used in Its Local Competition. You Must Upload an Attachment to the 4B. Attachments Screen. We use the response to this question as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria listed below.	
	NOFO Section VII.B.2.a., 2.b., 2.c., and 2.d.	

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.	Used data from a comparable database to score projects submitted by victim service providers.	Yes
5.	Used objective criteria to evaluate how projects submitted by victim service providers improved safety for the population they serve.	Yes
6.	Used a specific method for evaluating projects based on the CoC's analysis of rapid returns to permanent housing.	Yes

1E-2a.	Project Review and Ranking Process–Addressing Severity of Needs and Vulnerabilities.	
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NOFO Section VII.B.2.d.

Describe in the field below how your CoC reviewed, scored, and selected projects based on:

1.	the specific severity of needs and vulnerabilities your CoC considered when ranking and selecting projects; and
2.	considerations your CoC gave to projects that provide housing and services to the hardest to serve populations that could result in lower performance levels but are projects your CoC needs in its geographic area.

(limit 2,000 characters)

1. The specific severity of needs & vulnerabilities considered when reviewing & ranking projects are little to no income, chronicity, & disability; we also consider whether the projects fill 100% of their vacancies thru CE & our CE formula ensures that projects serve those w/ the highest severity of need, as locally defined. We revised our prioritization formula to include age, presence of children in the home (& their ages), LOT exp. homelessness, DV status, medical fragility, & a quality of life assessment. Because our rating tool's threshold criteria & point values include a requirement to fill all vacancies thru our access point, we also consider the needs & vulnerabilities accounted for in our CE formula. 2. Our CoC takes these needs & vulnerabilities into account when reviewing & ranking projects by prioritizing PH projects. Because our CoC can & does supplement our RRH projects thru other fund sources such as ESG & philanthropy, our CoC also prioritizes PSH over RRH to leverage each fund source to its highest & best use & ensure we are able to house the most vulnerable. Because we use our RRH projects to take the 1st off the list regardless of whether their assessment indicates they may need PSH, our RRH's project's outcomes are not as high as we've seen in years past before CE was implemented. Furthermore, this year's new PSH project that partners with our hospital systems takes the hardest to serve population in our CoC. The Score & Rank Committee took this reality into consideration when ranking this year's projects, knowing that every project rated & ranked is critical to our CoC's continued success in serving the hardest to serve, we need a robust RRH program as we cannot predict which households will succeed using this intervention, our CoC has many households who are experiencing homelessness b/c of DV, & our CoC now has a PSH plan & project pipeline designed in concert with the Corporation for Supportive Housing to augment our current efforts.

1E-3. Promoting Racial Equity in the Local Review and Ranking Process.

NOFO Section VII.B.2.e.

Describe in the field below how your CoC:

1.	obtained input and included persons of different races, particularly those over-represented in the local homelessness population, when determining the rating factors used to review project applications;
2.	included persons of different races, particularly those over-represented in the local homelessness population, in the review, selection, and ranking process;
3.	rated and ranked projects based on the degree to which their program participants mirror the homeless population demographics (e.g., considers how a project promotes racial equity where individuals and families of different races are over-represented).

(limit 2,000 characters)

1&2. The process for determining our rating factors focuses on objective criteria, including our system performance measures and participation in our

coordination entry system. Such participation is critical because of the racial equity lens through which our CoC has implemented coordinated entry. Our CoC retired the VI-SPDAT after using it for 1 year and built our own prioritization formula based on vulnerability factors experienced by individuals and families in our community experiencing homelessness. These include factors such as touches in the criminal justice system where research shows that BIPOC individuals are over-represented. Although we did not have persons of different races able to serve on our Score and Rank Committee, our processes are formed as part of a Continuous Quality Improvement engagement that includes input on a consistent basis from people experiencing homelessness and their experience with our homeless services system, including those who represent races that are over-represented in our population of people experiencing homelessness. 3. Because our annual Racial Disparities Analysis has demonstrated consistently that our program participation demographics mirror the population demographics of those experiencing homelessness, all projects that were rated and ranked perform the same in this instance and therefore it was a non-factor.

1E-4.	Reallocation—Reviewing Performance of Existing Projects. We use the response to this question as a factor when determining your CoC’s eligibility for bonus funds and for other NOFO criterion below.	
	NOFO Section VII.B.2.f.	

Describe in the field below:

1.	your CoC’s reallocation process, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed;
2.	whether your CoC identified any projects through this process during your local competition this year;
3.	whether your CoC reallocated any low performing or less needed projects during its local competition this year;
4.	why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable; and
5.	how your CoC communicated the reallocation process to project applicants.

**(limit 2,000 characters)**

1. Our CoC’s reallocation process has been codified by our governing board. Our rating tool for our local competition measures performance & outcome data from HMIS. As part of this process, renewal project funds are automatically eligible for reallocation if the project fails to meet threshold criteria outlined in the rating tool or if the project fails to meet the minimum score on the rating tool. Any unspent funds are also eligible for reallocation. Our CoC may reallocate funds not only if a project underperforms or underspends, but also if the CoC & the impacted project collaboratively determine that funds are better spent in another way; funds may be voluntarily reallocated to create a new project that allocates funds to their highest & best use & better serves the greatest local need. In addition to during the competition, the process by which our CoC identified projects that were low-performing or for which there is less need occurs throughout the year: a) on-site monitoring: occurs annually, conducted by our CoC Program Monitor, uses the CoC Wellness Checklists published by HUD as the primary guide; b) CoC Program Manager review of the projects’ submitted APRs; c) active participation of CoC-funded projects in the CoC, including in monthly committees & workgroups. These groups provide continual opportunity to identify & work thru various, performance-related pain points or opportunities. All CoC-funded projects participate in the coordinated entry

committee. This committee, among other roles, focuses on resolving strategic challenges that emerge that impact how quickly a household can access housing. 2&3&4. No projects in this year's competition were identified as low performing or less needed using the above-described process, so we did not reallocate any funds. 5. This process was posted on our website & sent via email.

1E-4a.	Reallocation Between FY 2016 and FY 2021. We use the response to this question as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criterion below.	
	NOFO Section VII.B.2.f.	

Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2016 and FY 2021?	No
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1E-5.	Projects Rejected/Reduced–Public Posting. You Must Upload an Attachment to the 4B. Attachments Screen if You Select Yes.	
	NOFO Section VII.B.2.g.	

1.	Did your CoC reject or reduce any project application(s)?	No
2.	If you selected yes, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps.	10/11/2021

1E-5a.	Projects Accepted–Public Posting. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.2.g.	

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.	10/11/2021
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1E-6.	Web Posting of CoC-Approved Consolidated Application. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.2.g.	

Enter the date your CoC's Consolidated Application was posted on the CoC's website or affiliate's website—which included: 1. the CoC Application; 2. Priority Listings; and 3. all projects accepted, ranked where required, or rejected.	11/08/2021
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## 2A. Homeless Management Information System (HMIS) Implementation

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

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- 24 CFR part 578

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

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

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

Enter the date your CoC submitted its 2021 HIC data into HDX.	05/07/2021
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2A-4.	HMIS Implementation—Comparable Database for DV.	
	NOFO Section VII.B.3.b.	

Describe in the field below actions your CoC and HMIS Lead have taken to ensure DV housing and service providers in your CoC:

1.	have a comparable database that collects the same data elements required in the HUD-published 2020 HMIS Data Standards; and
2.	submit de-identified aggregated system performance measures data for each project in the comparable database to your CoC and HMIS lead.

(limit 2,000 characters)

1&2. Our CoC currently has two DV service provider projects that are not allowed to enter data into HMIS according to the HMIS decision tree and, therefore, use a comparable database. One of the two projects is administrated by the HMIS Lead and funded by our CoC. Both comparable databases collect the same data elements required in the HUD-published 2020 HMIS Data Standards. Both projects submit aggregated data on system performance measures as requested by the CoC and participate in the PIT/HIC.

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

Enter 2021 HIC and HMIS data in the chart below by project type:

Project Type	Total Beds 2021 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
1. Emergency Shelter (ES) beds	814	59	755	100.00%
2. Safe Haven (SH) beds	0	0	0	
3. Transitional Housing (TH) beds	148	62	86	100.00%
4. Rapid Re-Housing (RRH) beds	152	25	152	119.69%
5. Permanent Supportive Housing	431	0	431	100.00%
6. Other Permanent Housing (OPH)	0	0	0	

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

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

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

(limit 2,000 characters)

2A-5b.	Bed Coverage Rate in Comparable Databases.	
	NOFO Section VII.B.3.c.	

Enter the percentage of beds covered in comparable databases in your CoC's geographic area.	100.00%
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2A-5b.1.	Partial Credit for Bed Coverage Rates at or Below 84.99 for Question 2A-5b.	
	NOFO Section VII.B.3.c.	

If the bed coverage rate entered in question 2A-5b. is 84.99 percent or less, describe in the field below:

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

**(limit 2,000 characters)**

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

Did your CoC submit LSA data to HUD in HDX 2.0 by January 15, 2021, 8 p.m. EST?	Yes
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## 2B. Continuum of Care (CoC) Point-in-Time (PIT) Count

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

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2B-1.	Sheltered and Unsheltered PIT Count—Commitment for Calendar Year 2022	
	NOFO Section VII.B.4.b.	

Does your CoC commit to conducting a sheltered and unsheltered PIT count in Calendar Year 2022?	Yes
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2B-2.	Unsheltered Youth PIT Count—Commitment for Calendar Year 2022.	
	NOFO Section VII.B.4.b.	

Does your CoC commit to implementing an unsheltered youth PIT count in Calendar Year 2022 that includes consultation and participation from youth serving organizations and youth with lived experience?	Yes
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## 2C. System Performance

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

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2C-1.	<b>Reduction in the Number of First Time Homeless—Risk Factors.</b>	
	NOFO Section VII.B.5.b.	

Describe in the field below:	
1.	how your CoC determined which risk factors your CoC uses to identify persons becoming homeless for the first time;
2.	how your CoC addresses 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 or to end homelessness for individuals and families.

**(limit 2,000 characters)**

1. In 2020, 75% of clients served by the CoC were persons becoming homeless for the 1st time which is very likely associated with the unprecedented rise in the cost of housing in our CoC. Fair market rents far exceed the affordable rent for low-income households & vacancy rates hover at ~1%. Homes in our area appreciated nearly 32% & Boise ranks highest in the nation for rising rents, seeing a 33% increase over last year. Owners can sell for huge profit or raise rents by large margins, forcing people out. This is a primary risk factor identified at our access point, emergency shelters & our prevention provider. 2. This year, the CoC launched a hotline to connect households w/ needed resources, including those at risk of 1st time homelessness who need diversion/prevention support. The hotline receives ~2,000 calls/month; most result in prevention referrals. The CoC continues to leverage non-CoC resources to fund prevention (school district, health&welfare & city funds; CDBG, & ESG/CV, ERAP) while we focus on efforts to expand the number of units available in a tight market by bringing together a coalition of property owners to dedicate units. ERA1 dollars are providing universal prevention & are almost fully expended in our CoC & our lead prevention provider is conducting targeted prevention by prioritizing those most at risk for entering homelessness for the 1st time. This provider attends eviction court weekly to provide immediate resources, runs a legal clinic, receives referrals from the hotline, and proactively connects w/ anyone who has received an eviction notice. Our RRH & prevention providers have formed an MOU to bridge resources between prevention & RRH using non-CoC dollars. 3. The CoC Manager and Prevention Sub-committee which includes our PHA, health&welfare, school districts, & our lead private prevention provider are charged w/ overseeing the strategies to reduce the # of individuals & families experiencing homelessness for the 1st time.

2C-2.	<b>Length of Time Homeless–Strategy to Reduce.</b>	
	<b>NOFO Section VII.B.5.c.</b>	
	Describe in the field below:	
1.	your CoC's strategy to reduce the length of time individuals and persons in families remain homeless;	
2.	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 2,000 characters)**

1.The median length of time (LOT) homeless in 2020 was 365 days, an increase from the prior year. Our CoC's strategy to reduce LOT is to prioritize, thru coordinated entry (CE), those w/ the longest LOT & use our comprehensive data monitoring tool to review & address those points at which the system presents bottlenecks. CoC case managers work w/ households (HH) at the top of our CE queue to remove as many barriers to housing as possible (e.g., back utilities) to ensure the housing search & placement process can occur as quickly as possible. One of our emergency shelter also continues to help reduce barriers to housing by hosting weekly meet-ups that offer court services, probation check-in, veteran services, GED sign-ups, life skills classes, treatment for substance use, & ID replacement among other services. Our most concerning bottleneck continues to be HH receiving a referral to s housing program but cannot find a unit. We continue to invest in creating housing stock dedicated to our CoC, including finalizing a PSH pipeline that aims to bring 5 new site-based PSH projects online over the next 5 years w/ 250+ units. We have partnered w/ housing developers to launch an expanded dedicated unit program; developers sign MOUs to dedicate units, including those that are otherwise market-rate, to our housing programs. Our goal is to reach 300 dedicated units by October 2023; 50 have been secured so far. 2.The CoC identifies & houses households w/ the longest LOT homeless thru our CE prioritization. A critical piece of the CE system includes our partnerships w/ street outreach providers (including bike patrol) to help document homeless histories & conduct outreach to hard-to-find & engage individuals. To this end, we've experienced success in engaging & housing those who are unsheltered 3. The CoC & CES Managers & House Committee & PSH Sub-Committee are responsible for overseeing these strategies.

2C-3.	<b>Exits to Permanent Housing Destinations/Retention of Permanent Housing.</b>	
	<b>NOFO Section VII.B.5.d.</b>	
	Describe in the field below how your CoC will increase the rate that individuals and persons in families residing in:	
1.	emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations; and	
2.	permanent housing projects retain their permanent housing or exit to permanent housing destinations.	

**(limit 2,000 characters)**

1.Our primary strategies to increase the rate households in ES, TH, & RRH exit to PH destinations is to increase the rate at which households served in ES and

TH (we have no safe havens) are connected to the coordinated entry (CE) access point to be prioritized for RRH and PSH and to continue to provide intensive TA to the staff responsible for HMIS ES data entry. CE meets at least weekly w/ our shelters to ensure quick connections from the shelter to CE for those households that are not likely to self-resolve. Further, the ES continues to hold a weekly time that brings court services, probation check-in, GED, life-skills, & substance use treatment classes, ID replacement, & our local health & welfare dept to the shelter to provide these services & overcome barriers to PH. SSI also attends & then clients are taken to the DMV & SS offices to complete paperwork. We have also strengthened the CoC's relationship w/ our Rescue Mission &, as a result, the Mission enters shelter beds into our HMIS. 2. Our strategy to increase the rate at which households in PH projects other than RRH retain their housing or exit to PH is to continue to educate providers on effective progressive engagement, continue to provide trauma-informed care, & to scale the amount of RRH and PSH we have available by constructing new units & by creating partnerships with developers to secure units dedicated to households experiencing homelessness. Additionally, our RRH provider has loosened their restrictions on the amount of rental assistance allowed to accommodate households w/ higher vulnerabilities who may need longer time in the program or to be bridged to PSH. Finally, the lead agency for our CoC (the City of Boise) is dedicating units to our CoC in every affordable housing project the City invests in & ensuring those units are supported by case managers to help households retain their housing.

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

(limit 2,000 characters)

1. Our CoC's strategy to identify households who return to homelessness is to a) use our data monitoring tool in combination with Stella to determine who is returning by exploring the prior living situation of clients who enter the system (front end) & who is returning (back end) & understand the pathway by which those households were served in our system to ascertain which pathways are re-housing clients the fastest & which pathways keep clients housed after they exist the system & b) leverage the relationships we have at our coordinated entry (CE) access point to quickly re-serve anyone who may fall back into homelessness & who was previously or recently served by our system. The nature of the CE's partnership with the emergency shelter & our prevention provider is such that if a household returns, the CE access point is notified right away to re-create a housing stability plan to get that household back into PH immediately, if possible. 2. Our strategy to reduce the rate at which households return to homelessness is to continue to deepen our case managers' knowledge base & expertise in progressive engagement & to create bridge funding (& associated policies & procedures) with non-CoC dollars between housing intervention types (i.e., prevention to RRH or RRH to PSH) for those households that may need additional resources to prevent a return to

homelessness & stay stably housed. 3.The CoC Manager, CE Committee, House Committee are responsible to oversee efforts to reduce these rates and, in our case, keep them as low as they are.

2C-5.	Increasing Employment Cash Income-Strategy.	
	NOFO Section VII.B.5.f.	

Describe in the field below:

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

**(limit 2,000 characters)**

1. The primary strategies used to increase employment income & access to employment is to work with mainstream employment organizations to increase cash income & facilitation of access to employment opportunities thru a) weekly meet-ups at the emergency shelter where clients can sign up for various types of benefits & a work program run as a partnership between the shelter & city, b) as part of the housing plan created with coordinated entry staff at the time of assessment, & c) thru case management after the individual or household is referred to a program. 2. Employment goals are part of the housing & service plans; barriers & tasks to overcome them are defined. Examples of employment resources are: Voc Rehab, Dept of Labor, Experience Works, Create Common Good, Maximus, Deseret Industries, & the City of Boise. Case management links clients with these employment organizations to help clients increase income & self-sufficiency. Case managers also help w/ job searches, applications, resumes, interview skills, clothes, grooming & transportation. Coordination of & access to employment income & opportunities has improved thru coordinated entry and case conferencing. Partner agencies are comfortable receiving warm hand offs & other referrals, & Dept of Labor staff participate in weekly case conferencing & are active CoC members. 3.The CoC & CE Program Managers & Executive Committee are responsible for these strategies.

2C-5a.	Increasing Employment Cash Income–Workforce Development–Education–Training.	
	NOFO Section VII.B.5.f.	

Describe in the field below how your CoC:

1.	promoted partnerships and access to employment opportunities with private employers and private employment organizations, such as holding job fairs, outreach to employers, and partnering with staffing agencies; and
2.	is working with public and private organizations to provide meaningful education and training, on-the-job training, internships, and employment opportunities for program participants.

**(limit 2,000 characters)**

1&2. Case mgmt. for clients, including those in PSH, includes job search assistance & referral to community resources, transportation to & from employment opportunities, employment screening, assessment, or testing, structured job skills & job-seeking skills, special training & tutoring, including literacy & prevocational training; books & instructional material, & counseling or

job coaching. All clients participate in an employment assessment at least annually. The results of this assessment are used to inform household goals. In each CoC partner office, community job leads, flyers from partner employment agencies, & info about job fairs & training resources are posted. Computers & a phone for job search are also available. Our case mgmt. office also hosts low-income Title V work placements & Voc Rehab work trainees. CE staff conduct outreach to employers w/ a history of hiring our clients & connects clients to their job fairs. Specifically, at our site-based PSH project, residents are employed by the property mgmt. company to do maintenance/janitorial & another resident serves on the medical care provider's board (as a volunteer) but is learning job-related skills thru that opportunity.

2C-5b.	Increasing Non-employment Cash Income.	
	NOFO Section VII.B.5.f.	

	Describe in the field below:
1.	your CoC's strategy to increase non-employment cash income;
2.	your CoC's strategy to increase access to non-employment cash sources; and
3.	provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase non-employment cash income.

**(limit 2,000 characters)**

1&2. The primary strategies used to increase non-employment cash income & to increase access to non-employment cash sources in some ways mirror the strategies used to increase employment income & opportunities: a) weekly meet-ups at the emergency shelter where clients can sign up for various types of non-employment benefits, b) as part of the housing plan created with coordinated entry staff at the time of assessment, & c) thru case management after the individual or household is referred to a program. Coordination of & access to mainstream benefits are part of the housing & service plans developed with case managers; barriers & tasks to overcome them are defined. Case managers facilitate access to mainstream benefits including, for example, food stamps, Medicaid, SSI/SSDI, unemployment, WIC, BPA, & ICCP. Income assessments performed after a referral is made to a program help identify any benefits for which the program participant may still be eligible but has not yet accessed. 3.The CoC Program Manager & Executive Committee are responsible for these strategies.

## 3A. Coordination with Housing and Healthcare Bonus Points

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

3A-1.	New PH-PSH/PH-RRH Project—Leveraging Housing Resources.	
	NOFO Section VII.B.6.a.	

Is your CoC applying for a new PSH or RRH project(s) 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-1a.	New PH-PSH/PH-RRH Project—Leveraging Housing Commitment. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.6.a.	

Select yes or no in the chart below to indicate the organization(s) that provided the subsidies or subsidized housing units for the proposed new PH-PSH or PH-RRH project(s).

1.	Private organizations	Yes
2.	State or local government	Yes
3.	Public Housing Agencies, including use of a set aside or limited preference	Yes
4.	Faith-based organizations	No
5.	Federal programs other than the CoC or ESG Programs	Yes

3A-2.	New PSH/RRH Project—Leveraging Healthcare Resources.	
	NOFO Section VII.B.6.b.	

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

3A-2a.	Formal Written Agreements–Value of Commitment–Project Restrictions. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.6.b.	

1.	Did your CoC obtain a formal written agreement that includes: (a) the project name; (b) value of the commitment; and (c) specific dates that healthcare resources will be provided (e.g., 1-year, term of grant, etc.)?	Yes
2.	Is project eligibility for program participants in the new PH-PSH or PH-RRH project based on CoC Program fair housing requirements and not restricted by the health care service provider?	Yes

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

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

Project Name	Project Type	Rank Number	Leverage Type
New Path Communit...	PSH	4	Both



### **3A-3. List of Projects.**

**1. What is the name of the new project?** New Path Community Housing

**2. Select the new project type:** PSH

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

**4. Select the type of leverage:** Both

## 3B. New Projects With Rehabilitation/New Construction Costs

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

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

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

(limit 2,000 characters)

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

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

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

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

3C-2.	Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.C.	

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 2,000 characters)

## 4A. DV Bonus Application

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

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

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

4A-1a.	DV Bonus Project Types.	
	NOFO Section II.B.11.	

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 2021 Priority Listing.

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

**You must click “Save” after selecting Yes for element 1 SSO Coordinated Entry to view questions 4A-3 and 4A-3a.**

4A-2.	Number of Domestic Violence Survivors in Your CoC's Geographic Area.	
	NOFO Section II.B.11.	

1.	Enter the number of survivors that need housing or services:	680
2.	Enter the number of survivors your CoC is currently serving:	158
3.	Unmet Need:	522

4A-2a.	Calculating Local Need for New DV Projects.	
	NOFO Section II.B.11.	

Describe in the field below:

1.	how your CoC calculated the number of DV survivors needing housing or services in question 4A-2 element 1 and element 2; and
2.	the data source (e.g. comparable database, 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 2,000 characters)**

1. We calculated the number of DV survivors needing housing or services by including (i.e., counting) all DV survivors currently active in emergency shelter or our coordinated entry (CE) queue. To calculate the number the CoC is currently serving, we conducted a de-duplicated of those DV survivors being served currently in any project type (i.e., prevention, ES, TH, RRH, PSH, and our CE queue). 2. The data source we used was HMIS. 3. We currently cannot meet full need of survivors due to limited resources to provide housing and/or services to these households.

4A-4.	New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects–Project Applicant Information.	
	NOFO Section II.B.11.	

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
CATCH

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

4A-4.	New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects–Project Applicant Information–Rate of Housing Placement and Rate of Housing Retention–Project Applicant Experience.	
	NOFO Section II.B.11.	

Enter information in the chart below on the project applicant applying for one or more New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects included on your CoC's FY 2021 Priority Listing:

1.	Applicant Name	CATCH
2.	Rate of Housing Placement of DV Survivors–Percentage	67.00%
3.	Rate of Housing Retention of DV Survivors–Percentage	93.00%

4A-4a.	Calculating the Rate of Housing Placement and the Rate of Housing Retention–Project Applicant Experience.	
	NOFO Section II.B.11.	

Describe in the field below:

1.	how the project applicant calculated the rate of housing placement and rate of housing retention reported in question 4A-4; and
2.	the data source (e.g. comparable database, other administrative data, external data source, HMIS for non-DV projects).

(limit 1,000 characters)

1. We calculated the rate of housing placement as the percentage of total households served by CATCH in FY2021 that identified as DV survivors. We calculated the rate of housing retention as the percentage of households who identified as DV survivors who are either still actively served by CATCH or exited to a permanent destination. 2. The data source we used was HMIS.

4A-4b.	Providing Housing to DV Survivor–Project Applicant Experience.	
	NOFO Section II.B.11.	

Describe in the field below how the project applicant:

1.	ensured DV survivors experiencing homelessness were assisted to quickly move 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, etc.;
3.	connected survivors to supportive services; and
4.	moved clients from assisted housing to housing they could sustain—address housing stability after the housing subsidy ends.

(limit 2,000 characters)

1&2&3&4. The project applicant (our RRH provider) has a formal partnership with our DV provider that ensures DV survivors experiencing homelessness are

assisted to quickly move into PH. We are able to capture additional efficiencies as a result of this partnership b/c our RRH provider is co-located with our coordinated entry (CE) access point. CE initially collects DV status as part of the phased assessment process pre-screen & connects the survivor with the DV provider if they are not already accessing support services there. If, for some reason, the survivor does not want to access services thru the DV provider, the DV provider has trained CE and RRH staff to provide safety plans and assess DV risk. For those survivors already working with the DV provider, CE receives referrals directly from our DV provider that qualify as Category 4. The DV provider also connects the survivor to the Financial Empowerment Educator to begin work immediately on financial barriers to housing. CE then provides a warm handoff to the RRH provider once there is an RRH program opening. The RRH housing support specialist & the DV provider's case managers work directly with the survivor to secure PH and provide other needed services to maintain housing once it is re-gained.

4A-4c.	Ensuring DV Survivor Safety–Project Applicant Experience.	
	NOFO Section II.B.11.	

Describe in the field below examples of how the project applicant ensured the safety of DV survivors experiencing homelessness by:

1.	training staff on safety planning;
2.	adjusting intake space to better ensure a private conversation;
3.	conducting separate interviews/intake with each member of a couple;
4.	working with survivors to have them identify what is safe for them as it relates to scattered site units and/or rental assistance;
5.	maintaining bars on windows, fixing lights in the hallways, etc. for congregate living spaces operated by the applicant; and
6.	keeping the location confidential for dedicated units and/or congregate living spaces set-aside solely for use by survivors.

**(limit 5,000 characters)**

1. The project applicant has been and will continue to be trained annually by our DV provider on safety planning, including when to refer the survivor to the DV provider for additional &/or more complex support. 2,5&6. Intakes occur in a private room at the coordinated entry access point, at the DV shelter, &/or in a safe location identified by the survivor. All of these spaces are confidential, secure, and safe (i.e., adequate lighting, locked, nondisclosed locations). 3. In the case where a couple is referred for an intake, interviews are conducted separately. 4. All clients are treated with respect and autonomy to make their own decisions for their family and the housing support specialist talks thru with the survivor risks and preferences before looking for housing. The survivor always chooses where they want to live.

4A-4c.1.	Evaluating Ability to Ensure DV Survivor Safety–Project Applicant Experience.	
	NOFO Section II.B.11.	

Describe in the field below how the project evaluated its ability to ensure the safety of DV survivors the project served.

**(limit 2,000 characters)**

Participant feedback is solicited continually and sought in a trauma-informed manner. Formally, feedback is received at intake and at 3 months after graduation from the RRH program. We also track the program's safety outcomes through PH placement and retention rates, drawing the conclusion that PH will not or cannot be maintained if the safety of the survivor is not ensured.

4A-4d.	Trauma-Informed, Victim-Centered Approaches--Project Applicant Experience.	
	NOFO Section II.B.11.	

Describe in the field below examples of the project applicant's experience in using trauma-informed, victim-centered approaches to meet needs of DV survivors in each of the following areas:

1.	prioritizing program participant choice and rapid placement and stabilization in permanent housing consistent with participants' preferences;
2.	establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
3.	providing program participants access to information on trauma, e.g., training staff on providing program participants with information on trauma;
4.	emphasizing program participants' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;
5.	centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;
6.	providing opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
7.	offering support for parenting, e.g., parenting classes, childcare.

**(limit 5,000 characters)**

1. The project applicant (our RRH provider) has served DV survivors since opening in 2006. A cornerstone of the RRH provider (and the CoC) is trauma-informed care and nearly 2/3 of the clients served by our RRH provider are DV survivors. All RRH staff understand trauma & the impacts of trauma on the survivor & family unit, how trauma impacts victims' responses & behavior, & how victims of trauma may respond to staff; additionally, all RRH staff receive at least annual training on trauma-informed, victim-centered best practices. If funded, the project will continue to emphasize and create opportunities for client choice & focus on the family unit's strengths. The participant will always choose where they want to live & staff will educate, advocate, & empower the participant to make the choice they feel is best for their family & meets their safety needs to maximize their ability and opportunity to stabilize in permanent housing. 2. Expectations for staff include that all participants are treated with respect & dignity, using trauma-informed care to help rebuild positive attachments & neural pathways that empower the participant and build safety, choice, empowerment, collaboration, & trust. Staff will be transparent and communicate clearly so participants don't experience unexpected change. Punitive interventions are not part of the program's curriculum or philosophy. 3&6&7. Program participants will receive access to information on trauma by being offered a wide range of trauma-specific treatment services such as parenting supports & child care, support groups, educational groups, peer support, court advocacy, child care, traditional & non-traditional therapies, case management services, and spiritual services. 4. Emphasis on the participant's



strengths, including strengths-based coaching & assessment tools are based upon the Strengthening Families Framework & deployed thru a trauma-informed lens. Case plans & goals focus on strengths & avoid focusing on perceived deficits. 5. Staff receive cultural responsiveness & inclusivity training at hire & annually thereafter to understand cultural aspects of trauma, how culture may affect resiliency, how/why a participant may choose to engage or disengage, and how they may feel about accessing community resources. The project will provide training on cultural competency, equal access and non-discrimination practices. The project has a non-discrimination and equal access policy.

4A-4e.	Meeting Service Needs of DV Survivors–Project Applicant Experience.	
	NOFO Section II.B.11.	

Describe in the field below:

1.	supportive services the project applicant provided to domestic violence survivors experiencing homelessness while quickly moving them into permanent housing and addressing their safety needs; and
2.	provide examples of how the project applicant provided the supportive services to domestic violence survivors.

**(limit 5,000 characters)**

1&2. Our DV provider quickly identifies & assesses clients to ensure they qualify as Category 4 & makes a referral to coordinated entry (CE) immediately. The DV provider continues to work with the DV client on safety needs & barriers to housing and, once a referral to RRH is made by CE, the DV provider & RRH provider partner to find PH. Our DV provider operates an emergency shelter & TH units for those fleeing DV. Both programs provide wrap-around, comprehensive programming & services for clients to make & reach goals & move on. The shelter offers a licensed childcare program for clients free of charge. This service allows moms to have a safe location on site for their kids to go while they work towards their goals, go to work or school, & work towards stability for their families. Case management addresses barriers to housing, transportation, & education, & provides legal assistance, medical & mental healthcare, & other basic needs. A life skills class provides sessions on women's health, safety planning w/ technology, landlord-tenant rights, resume building & job searching, GED &/or higher education, transportation, health insurance, & addressing housing & rentals. An evidence-based financial empowerment class assists clients with their financial needs, budgeting, credit, outstanding bills, evictions, taxes, etc. & also offers 1-on-1 support to clients for an in-depth look at their financial plan. A court advocacy program assists clients w/ civil legal matters such as divorce, custody, protection orders & safety planning. The court advocacy team collaborates w/ Idaho Legal Aid & Idaho Volunteer Attorneys to refer clients for services. A counseling program provides adult & child counseling to DV clients & 2 support groups. Licensed clinicians provide drug & alcohol counseling & treatment.

4A-4f.	Trauma-Informed, Victim-Centered Approaches–New Project Implementation.	
	NOFO Section II.B.11.	

Provide examples in the field below of how the new project will:

1.	prioritize program participant choice and rapid placement and stabilization in permanent housing consistent with participants' preferences;
----	---

2.	establish and maintain an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
3.	provide program participants access to information on trauma, e.g., training staff on providing program participants with information on trauma;
4.	place emphasis on program participants' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;
5.	center on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;
6.	provide opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
7.	offer support for parenting, e.g., parenting classes, childcare.

**(limit 5,000 characters)**

1. The project applicant (our RRH provider) has served DV survivors since opening in 2006. A cornerstone of the RRH provider (and the CoC) is trauma-informed care and nearly 2/3 of the clients served by our RRH provider are DV survivors. All RRH staff understand trauma & the impacts of trauma on the survivor & family unit, how trauma impacts victims' responses & behavior, & how victims of trauma may respond to staff; additionally, all RRH staff receive at least annual training on trauma-informed, victim-centered best practices. If funded, the project will continue to emphasize and create opportunities for client choice & focus on the family unit's strengths. The participant will always choose where they want to live & staff will educate, advocate, & empower the participant to make the choice they feel is best for their family & meets their safety needs to maximize their ability and opportunity to stabilize in permanent housing. 2. Expectations for staff include that all participants are treated with respect & dignity, using trauma-informed care to help rebuild positive attachments & neural pathways that empower the participant and build safety, choice, empowerment, collaboration, & trust. Staff will be transparent and communicate clearly so participants don't experience unexpected change. Punitive interventions are not part of the program's curriculum or philosophy. 3&6&7. Program participants will receive access to information on trauma by being offered a wide range of trauma-specific treatment services such as parenting supports & child care, support groups, educational groups, peer support, court advocacy, child care, traditional & non-traditional therapies, case management services, and spiritual services. 4. Emphasis on the participant's strengths, including strengths-based coaching & assessment tools are based upon the Strengthening Families Framework & deployed thru a trauma-informed lens. Case plans & goals focus on strengths & avoid focusing on perceived deficits. 5. Staff receive cultural responsiveness & inclusivity training at hire & annually thereafter to understand cultural aspects of trauma, how culture may affect resiliency, how/why a participant may choose to engage or disengage, and how they may feel about accessing community resources. The project will provide training on cultural competency, equal access and non-discrimination practices. The project has a non-discrimination and equal access policy.

## 4B. Attachments Screen For All Application Questions

We prefer that you use PDF files, though other file types are supported. Please only use zip files if necessary.

Attachments must match the questions they are associated with.

Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process.

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).

Document Type	Required?	Document Description	Date Attached
1C-14. CE Assessment Tool	Yes	CE Assessment Tool	11/08/2021
1C-7. PHA Homeless Preference	No	PHA Homeless Pref...	11/08/2021
1C-7. PHA Moving On Preference	No	PHA Moving on Pre...	11/08/2021
1E-1. Local Competition Announcement	Yes	Local Competition...	11/08/2021
1E-2. Project Review and Selection Process	Yes	Project Review an...	11/08/2021
1E-5. Public Posting—Projects Rejected-Reduced	Yes	Public Posting - ...	11/08/2021
1E-5a. Public Posting—Projects Accepted	Yes	Public Posting - ...	11/08/2021
1E-6. Web Posting—CoC-Approved Consolidated Application	Yes	Web Posting—CoC-A...	11/08/2021
3A-1a. Housing Leveraging Commitments	No	Housing Leveragin...	11/08/2021
3A-2a. Healthcare Formal Agreements	No	Healthcare Formal...	11/08/2021
3C-2. Project List for Other Federal Statutes	No		

## Attachment Details

**Document Description:** CE Assessment Tool

## Attachment Details

**Document Description:** PHA Homeless Preference

## Attachment Details

**Document Description:** PHA Moving on Preference

## Attachment Details

**Document Description:** Local Competition Annoucement

## Attachment Details

**Document Description:** Project Review and Selection Process

## Attachment Details

**Document Description:** Public Posting - Projects Rejected-Reduced

## **Attachment Details**

**Document Description:** Public Posting - Projects Accepted

## **Attachment Details**

**Document Description:** Web Posting–CoC-Approved Consolidated Application

## **Attachment Details**

**Document Description:** Housing Leveraging Commitments

## **Attachment Details**

**Document Description:** Healthcare Formal Agreements

## **Attachment Details**

**Document Description:**

## Submission Summary

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

Page	Last Updated
1A. CoC Identification	11/08/2021
1B. Inclusive Structure	11/08/2021
1C. Coordination	11/12/2021
1C. Coordination continued	11/08/2021
1D. Addressing COVID-19	11/08/2021
1E. Project Review/Ranking	11/08/2021
2A. HMIS Implementation	11/08/2021
2B. Point-in-Time (PIT) Count	11/08/2021
2C. System Performance	11/08/2021
3A. Housing/Healthcare Bonus Points	11/10/2021
3B. Rehabilitation/New Construction Costs	11/08/2021

FY2021 CoC Application	Page 58	11/12/2021
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<b>3C. Serving Homeless Under Other Federal Statutes</b>	11/08/2021
<b>4A. DV Bonus Application</b>	11/10/2021
<b>4B. Attachments Screen</b>	11/08/2021
<b>Submission Summary</b>	No Input Required

## Boise City/Ada County Continuum of Care Coordinated Entry Prioritization Formula

Our CoC's assessment tool (the WHO-QOL) starts on page 2 of this document. Highlighted yellow portion on page 1 shows where the prioritization formula accounts for the assessment score within the formula.

1. Composite score is the first prioritization and is made up of the following items:
  - a. [SCORE Age]
    - i. 1 point for Head of Household (Hoh) clients age 50-59
    - ii. 2 points for Hoh clients 60+
  - b. [SCORE Children]
    - i. 2 points if any number of children in family under 5  
OR
    - ii. 1 point if any number of minor children in family
  - c. [SCORE LoT] à LoT is the Hoh's sum of months on list and the most recent answer to total number of months experiencing homelessness (FYI: this may be duplicating months homeless if that question is being updated at interim review)
    - i. 1 point for each month homeless rounded to two decimal places for partial months  
OR
    - ii. 12 points if LoT homeless greater than 12 months  
AND
    - iii. Total LoT divided by 12 with a max of 10 additional points
  - d. [SCORE DV]
    - i. 2 points if Hoh is a DV victim/survivor and is currently fleeing
  - e. [SCORE Service FUSE]
    - i. 1 point if family total of emergency services accessed in last 6 months is 5+
  - f. [SCORE Police FUSE]
    - i. 1 point if family total of arrests/incarcerations/police run-ins is 3+
  - g. [SCORE QOL Aggregate] The QOL score is based on the scoring criteria attached.
    - i. 4 points if Hoh's QOL is 1 or more standard deviations below the mean
    - ii. 2 points if Hoh's QOL is less than the mean, but not 1 standard deviation below
    - iii. 1 point if the Hoh's QOL is less than 1 standard deviation above the mean
2. Cumulative LoT is the second prioritization after the composite score
  - a. LoT is the Hoh's sum of months on list and the most recent answer to total number of months experiencing homelessness



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# WHOQOL-BREF

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June 1997

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U.S. Version



University of Washington

Seattle, Washington

United States of America

Emblem...Soul Catcher: a Northwest Coast Indian symbol of physical and mental well-being. Artist: Marvin Oliver

# WHOQOL-BREF

## About You

Before you begin we would like to ask you to answer a few general questions about yourself by circling the correct answer or by filling in the space provided.

- |   |   |                                  |
|---|---|----------------------------------|
| 1. What is your gender  | Male  | Female                           |
| 2. What is your date of birth?                                      | <div><div></div><div>Day</div></div> / <div><div></div><div>Month</div></div> / <div><div></div><div>Year</div></div> |                                  |
| 3. What is the highest education you received?                      | None at all<br><br>Elementary School<br>High School<br>College  |                                  |
| 4. What is your marital status?                                     | Single<br>Married<br>Living as Married  | Separated<br>Divorced<br>Widowed |
| 5. Are you currently ill?   | Yes   | No                               |
| 6. If something is wrong with your health, what do you think it is? |   | illness/problem                  |

## Instructions

This questionnaire asks how you feel about your quality of life, health, or other areas of your life. Please answer all the questions. If you are unsure about which response to give to a question, please choose the one that appears most appropriate. This can often be your first response.

Please keep in mind your standards, hopes, pleasures and concerns. We ask that you think about your life in the last two weeks. For example, thinking about the last two weeks, a question might ask:

For office use	(Please circle the number)				
	Not at all	A little	Moderately	Mostly	Completely
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
	Do you get the kind of support from others that you need?				

You should circle the number that best fits how much support you got from others over the last two weeks. So you would circle the number 4 if you got a great deal of support from others. o

For office use	(Please circle the number)				
	Not at all	A little	Moderately	Mostly	Completely
	<b>1</b>	<b>2</b>	<b>3</b>	<b>④</b>	<b>5</b>
	Do you get the kind of support from others that you need?				

You would circle number 1 if you did not get any of the support that you needed from others in the last two weeks. o

For office use	(Please circle the number)				
	Not at all	A little	Moderately	Mostly	Completely
	<b>①</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
	Do you get the kind of support from others that you need?				

Please read each question, assess your feelings, and circle the number on the scale that gives the best answer for you for each question.

		(Please circle the number)				
For office use		Very poor	Poor	Neither poor nor good	Good	Very Good
G1 / G1.1	1. How would you rate your quality of life?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

		(Please circle the number)				
For office use		Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
G4 / G2.3	2. How satisfied are you with your health?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

The following questions ask about **how much** you have experienced certain things in the last two weeks.

		(Please circle the number)				
For office use		Not at all	A little	A moderate amount	Very much	An extreme amount
F1.4 / F1.2.5	3. To what extent do you feel that physical pain prevents you from doing what you need to do?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
F11.3 / F13.1.4	4. How much do you need any medical treatment to function in your daily life?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
F4.1 / F6.1.2	5. How much do you enjoy life?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

		(Please circle the number)				
		Not at all	A little	A moderate amount	Very much	An extreme amount
For office use						
F24.2 / F29.1.3	6. To what extent do you feel your life to be meaningful?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

		(Please circle the number)				
		Not at all	Slightly	A Moderate amount	Very much	Extremely
For office use						
F5.2 / F7.1.6	7. How well are you able to concentrate?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
F16.1 / F20.1.2	8. How safe do you feel in your daily life?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
F22.1 / F27.1.2	9. How healthy is your physical environment?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

The following questions ask about **how completely** you experience or were able to do certain things in the last two weeks.

		(Please circle the number)				
		Not at all	A little	Moderately	Mostly	Completely
For office use						
F2.1 / F2.1.1	10. Do you have enough energy for everyday life?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
F7.1 / F9.1.2	11. Are you able to accept your bodily appearance?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
F18.1 / F23.1.1	12. Have you enough money to meet your needs?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

		(Please circle the number)				
		Not at all	A little	Moderately	Mostly	Completely
For office use						
F20.1 / F25.1.1	13. How available to you is the information that you need in your day-to-day life?	1	2	3	4	5
F21.1 / F26.1.2	14. To what extent do you have the opportunity for leisure activities?	1	2	3	4	5

		(Please circle the number)				
		Very poor	Poor	Neither poor nor well	Well	Very well
For office use						
F9.1 / F11.1.1	15. How well are you able to get around?	1	2	3	4	5

The following questions ask you to say how **good** or **satisfied** you have felt about various aspects of your life over the last two weeks.

		(Please circle the number)				
		Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
For office use						
F3.3 / F4.2.2	16. How satisfied are you with your sleep?	1	2	3	4	5
F10.3 / F12.2.3	17. How satisfied are you with your ability to perform your daily living activities?	1	2	3	4	5
F12.4 / F16.2.1	18. How satisfied are you with your capacity for work?	1	2	3	4	5

<i>For office use</i>		<i>(Please circle the number)</i>				
		Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
F6.4 / F8.2.2	19. How satisfied are you with yourself?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
F13.3 / F17.2.3	20. How satisfied are you with your personal relationships?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
F15.3 / F3.2.1	21. How satisfied are you with your sex life?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
F14.4 / F18.2.5	22. How satisfied are you with the support you get from your friends?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
F17.3 / F21.2.2	23. How satisfied are you with the conditions of your living place?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
F19.3 / F24.2.1	24. How satisfied are you with your access to health services?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
F.23.3 / F28.2.2	25. How satisfied are you with your mode of transportation?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

The follow question refers to **how often** you have felt or experienced certain things in the last two weeks.

		(Please circle the number)				
		Never	Seldom	Quite often	Very often	Always
F8.1 / F10.1.2	26. How often do you have negative feelings, such as blue mood, despair, anxiety, depression?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

Did someone help you to fill out this form? (Please circle Yes or No)

Yes

No

How long did it take to fill out this form?

## THANK YOU FOR YOUR HELP



## ***DOMAIN SCORES***

Domains	WHOQOL-100 Facets	Raw domain score	Raw score range
Domain 1: Physical	Facet 1 + Facet 2 + Facet 3	12 - 60	48
Domain 2: Psychological	Facet 4 + Facet 5 + Facet 6 + Facet 7 + Facet 8	20 – 100	80
Domain 3: Level of Independence	Facet 9 + Facet 10 + Facet 11 + Facet 12	16 – 80	64
Domain 4: Social relationships	Facet 13 + Facet 14 + Facet 15	12 – 60	48
Domain 5: Environment	Facet 16 + Facet 17 + Facet 18 + Facet 19 + Facet 20 + Facet 21 + Facet 22 + Facet 23	32 – 160	128
Domain 6: Spirituality / Religion / Personal beliefs	Facet 24	4 – 20	16

## ***TRANSFORMATION OF SCALE SCORES***

The next step involves transforming each raw scale score to a 0-100 scale using the formula shown below:

$$\text{Transformed Scale} = \left[ \frac{(\text{Actual raw score} - \text{lowest possible raw score})}{\text{Possible raw score range}} \right] \times 100$$

where “Actual raw score” is the values achieved through summation, “lowest possible raw score” is the lowest possible value that could occur through summation (this value would be 4 for all facets), and “Possible raw score range” is the difference between the maximum possible raw score and the lowest possible raw score (this value would be 16 for all facets: 20 minus 4).

This transformation converts the lowest and highest possible scores to zero and 100, respectively. Scores between these values represent the percentage of the total possible score achieved. The WHOQOL-100 scores from other Centers may not be transformed to the 0-100 scale. The U.S.WHOQOL instruments and scoring programs have used this transformation to provide comparative data for interpretation.

*Example: A Facet 1 “Pain and discomfort” raw score of 15 would be transformed as follows:*

$$\text{Transformed Scale} = \left[ \frac{(15 - 4)}{16} \right] \times 100 = 68.75$$

## WHOQOL-BREF Scoring

The WHOQOL-Bref, still in field trials, is a subset of 26 items taken from the WHOQOL-100. The same steps for the scoring WHOQOL-100 should be followed to achieve scores for the Bref. Although scoring the Bref is identical to scoring the WHOQOL-100, there are some differences that need to be addressed:

- The WHOQOL-Bref does not have facet scores
- Mean substitutions are recommended for Domain 1 *Physical Health* and Domain 4 *Environment* if no more than one item is coded missing
- Only three items need to be reversed before scoring

The WHOQOL-Bref (Field Trial Version) produces a profile with four domain scores and two individually scored items about an individual's overall perception of quality of life and health. The four domain scores are scaled in a positive direction with higher scores indicating a higher quality of life. Three items of the Bref must be reversed before scoring. They can be seen in Table 9, indicated by the “- (reverse)” denotation in the *Direction of scaling* column.

**TABLE 9. Scoring Domains of the WHOQOL-BREF**

Domains and questions 236/BREF		Direction of scaling	Raw domain score	Raw item score
<b>Overall Quality of Life and General Health</b>			....(2-10)	
G1.1/B1	How would you rate your quality of life?	+		....(1-5)
G2.3/B2	How satisfied are you with your health?	+		....(1-5)
<b>Domain 1 Physical Health</b>			....(7-35)	
F1.2.5/B3	To what extent do you feel that physical pain prevents you from doing what you need to do?	-(reverse)		....(1-5)
F13.1.4/B4	How much do you need any medical treatment to function in your daily life?	-(reverse)		....(1-5)
F2.1.1/B10	Do you have enough energy for everyday life?	+		....(1-5)
F11.1.1/B15	How well are you able to get around?	+		....(1-5)
F4.1.1/B16	How satisfied are you with your sleep	+		....(1-5)
F12.2.3/B17	How satisfied are you with your ability to perform your daily living activities?	+		....(1-5)
F16.2.1/B18	How satisfied are you with your capacity for work?	+		....(1-5)
<b>Domain 2 Psychological</b>			....(6-30)	
F6.1.2/B5	How much do you enjoy life?	+		....(1-5)
F29.1.3/B6	To what extent do you feel your life to be meaningful?	+		....(1-5)
F7.1.6/B7	How well are you able to concentrate?	+		....(1-5)
F9.1.2/B11	Are you able to accept your bodily appearance?	+		....(1-5)
F8.2.1/B19	How satisfied are you with yourself?	+		....(1-5)
F10.1.2/B26	How often do you have negative feelings such as blue mood, despair, anxiety, depression?	- (reverse)		....(1-5)
<b>Domain 3 Social relationships</b>			....(3-15)	
F17.1.3/B20	How satisfied are you with your personal relationships?	+		....(1-5)
F3.2.1/B21	How satisfied are you with your sex life?	+		....(1-5)
F18.2.5/B22	How satisfied are with the support you get from your friends?	+		....(1-5)

Domains and questions 236/BREF		Direction of scaling	Raw domain score	Raw item score
<b>Domain 4</b>	<b>Environment</b>		....(8-40)	
F20.1.2/B8	How safe do you feel in your daily life?	+		....(1-5)
F27.1.2/B9	How healthy is your physical environment?	+		....(1-5)
F23.1.1/B12	Have you enough money to meet your needs?	+		....(1-5)
F25.1.1/B13	How available to you is the information that you need in your daily-to-day life?	+		....(1-5)
F26.1.2/B14	To what extent do you have the opportunity for leisure activities?	+		....(1-5)
F21.2.2/B23	How satisfied are you with the condition of your living place?	+		....(1-5)
F24.2.1/B24	How satisfied are you with your access to health services?	+		....(1-5)
F28.2.2/B25	How satisfied are you with your transport?	+		....(1-5)

If no more than one item from the *Physical Health* or *Environment* domains has been coded as missing, we recommend that a domain score be calculated by substituting a person-specific average across the completed items in the same scale. For example, if a respondent does not have a value for item B16 *How satisfied are you with your sleep?* in the Physical Health domain, but has answered all of the other items in that domain, then the value for item B16 would be the average of the remaining 6 items. If two or more items are coded missing in these two domains, the domain score should not be calculated, likewise if any items are coded missing in the *Psychological* and *Social Relationships* domains, a domain score for that respondent would not be calculated.

After item recoding and handling of missing data, a raw score is computed by a simple algebraic sum of each item in each of the four domains. Once complete, check the frequencies of each domain to be sure that the scores are within the correct range indicated in Table 9 *Raw domain score* column. The next step is to transform each raw scale score using the formula on page 32. The possible raw score ranges for each domain are as follows: *Physical Health*=28, *Psychological*=24, *Social Relationships*=12, and *Environment*=32.

#### ***SCORING EXERCISE AND TEST DATASET FOR THE WHOQOL-BREF INSTRUMENT***

The purpose of this scoring exercise is to help WHOQOL-Bref users to evaluate results from each step in the process of calculating the Domain summary scores of the instrument. This exercise was created for SPSS users, but with minor modifications, can be adapted for other computer programs or can be useful for those scoring the survey manually.

A test dataset and SPSS code for scoring the WHOQOL-Bref a computer disk in this packet. The test dataset, which is called “**WQ\_BREF.TXT**” on the disk, contains data from 64 administrations of the WHOQOL-BREF. The data can be seen in *Appendix F*. The enclosed diskette also provides the user with the SPSS syntax used to:

- import raw data into SPSS format [**WQ\_B\_DL.SPS**]
- derive the WHOQOL-BREF domain summaries [**WQ\_BREF.SPS**]

The SPSS code (called “**WQ\_BREF.SPS**”) on the disk begins by labeling all items and checking for out-of-range values. It then recodes the 3 negatively stated items so that a higher score indicates better health. The 4 domains are then scored, labeled, and transformed to a 0 to 100 scale used to interpret and compare to other validated instrument tools such as the WHOQOL-100. A copy of the SPSS syntax is reproduced in Appendix F.

Table 10 presents statistics for the transformed domains for the WHOQOL-Bref. After scoring the test dataset, the means, standard deviations, and minimum and maximum observed values should agree with those presented in Table 10

**TABLE 10. Test Dataset Descriptive Statistics: WHOQOL-BREF**

<b>Descriptive Statistics</b>					
	N	Minimum	Maximum	Mean	Std. Deviation
Physical (TRANSFORMED)	64	32.14	92.86	66.7969	14.5480
Psychological (TRANSFORMED)	64	37.50	95.83	73.5026	13.7165
Social Relations (TRANSFORMED)	64	25.00	100.00	73.1771	17.0891
Environment (TRANSFORMED)	64	28.13	100.00	72.8027	14.1592
Valid N (listwise)	64				

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October 20, 2021

Boise City/Ada County Continuum of Care  
Attn: Maureen Brewer  
PO Box 500  
Boise, ID 83701-0500

Dear Boise City/Ada County Continuum of Care,

The Boise City & Ada County Housing Authorities (BCACHA) have established admission preferences under the Housing Choice Voucher Program to give priority to serving individuals and families experiencing homelessness. The following homeless preferences apply:

- **Section 811 Mainstream Vouchers:** Non-elderly persons with disabilities who are transitioning out of institutional settings, at serious risk of institutionalization, currently experiencing homelessness, or at risk of homelessness.
- **Transitional Housing / Rapid Re-Housing Preference:** Families who are exiting a transitional housing or rapid re-housing program designed to provide housing and supportive services to homeless persons to facilitate movement to independent living.
- **Emergency Housing Vouchers:** Individuals and families who are (1) homeless, (2) at risk of homelessness, (3) fleeing, or attempting to flee domestic violence, dating violence, sexual assault, stalking, or human trafficking, or (4) recently homeless.

We are committed to the goal of ending homelessness by quickly re-housing homeless individuals, offering services and housing advocacy, utilizing mainstream programs, and working with local service providers to address barriers that are preventing those experiencing homelessness from attaining a higher level of self-sufficiency. We value our partnership with our Continuum of Care and will continue to collaborate on current and future projects designed to reduce homelessness in our community.

Please feel free to contact me if you have any questions. Thank you.

Sincerely,



Jillian Patterson  
Deputy Director  
Phone: (208) 287-1051  
Email: [jpatterson@bcacha.org](mailto:jpatterson@bcacha.org)

# PHA Admin Plans, Moving On Preference components highlighted in yellow

<b>Streamlined Annual PHA Plan (High Performer PHAs)</b>	<b>U.S. Department of Housing and Urban Development Office of Public and Indian Housing</b>	<b>OMB No. 2577-0226 Expires: 02/29/2016</b>
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**Purpose.** The 5-Year and Annual PHA Plans provide a ready source for interested parties to locate basic PHA policies, rules, and requirements concerning the PHA's operations, programs, and services, and informs HUD, families served by the PHA, and members of the public of the PHA's mission, goals and objectives for serving the needs of low- income, very low- income, and extremely low- income families

**Applicability.** Form HUD-50075-HP is to be completed annually by **High Performing PHAs**. PHAs that meet the definition of a Standard PHA, Troubled PHA, HCV-Only PHA, Small PHA, or Qualified PHA do not need to submit this form.

## Definitions.

- (1) **High-Performer PHA** – A PHA that owns or manages more than 550 combined public housing units and housing choice vouchers, and was designated as a high performer on both of the most recent Public Housing Assessment System (PHAS) and Section Eight Management Assessment Program (SEMAP) assessments.
- (2) **Small PHA** - A PHA that is not designated as PHAS or SEMAP troubled, or at risk of being designated as troubled, and that owns or manages less than 250 public housing units and any number of vouchers where the total combined units exceeds 550.
- (3) **Housing Choice Voucher (HCV) Only PHA** - A PHA that administers more than 550 HCVs, was not designated as troubled in its most recent SEMAP assessment, and does not own or manage public housing.
- (4) **Standard PHA** - A PHA that owns or manages 250 or more public housing units and any number of vouchers where the total combined units exceeds 550, and that was designated as a standard performer in the most recent PHAS or SEMAP assessments.
- (5) **Troubled PHA** - A PHA that achieves an overall PHAS or SEMAP score of less than 60 percent.
- (6) **Qualified PHA** - A PHA with 550 or fewer public housing dwelling units and/or housing choice vouchers combined, and is not PHAS or SEMAP troubled.

A. PHA Information.					
<b>A.1</b> PHA Name: <u>Ada County Housing Authority</u> PHA Code: <u>ID021</u> PHA Type: <input type="checkbox"/> Small <input checked="" type="checkbox"/> High Performer PHA Plan for Fiscal Year Beginning: (MM/YYYY): <u>10/2020</u> PHA Inventory (Based on Annual Contributions Contract (ACC) units at time of FY beginning, above) Number of Public Housing (PH) Units <u>10</u> Number of Housing Choice Vouchers (HCVs) <u>796</u> Total Combined <u>806</u> PHA Plan Submission Type: <input checked="" type="checkbox"/> Annual Submission <input type="checkbox"/> Revised Annual Submission					
<b>Availability of Information.</b> In addition to the items listed in this form, PHAs must have the elements listed below readily available to the public. A PHA must identify the specific location(s) where the proposed PHA Plan, PHA Plan Elements, and all information relevant to the public hearing and proposed PHA Plan are available for inspection by the public. Additionally, the PHA must provide information on how the public may reasonably obtain additional information of the PHA policies contained in the standard Annual Plan, but excluded from their streamlined submissions. At a minimum, PHAs must post PHA Plans, including updates, at each Asset Management Project (AMP) and main office or central office of the PHA. PHAs are strongly encouraged to post complete PHA Plans on their official website. PHAs are also encouraged to provide each resident council a copy of their PHA Plans.  The PHA Annual Plan and policy documents may be obtained on the Ada County Housing Authority's website at <a href="http://www.bcacha.org">www.bcacha.org</a> , at the Administrative Office located at 1001 S. Orchard St. Boise, ID 83705, and at all Public Housing properties.					
<input type="checkbox"/> <b>PHA Consortia:</b> (Check box if submitting a Joint PHA Plan and complete table below)					
Participating PHAs	PHA Code	Program(s) in the Consortia	Program(s) not in the Consortia	No. of Units in Each Program	
				PH	HCV
Lead PHA:					

<b>B.</b>	<b>Annual Plan Elements</b>
<b>B.1</b>	<p><b>Revision of PHA Plan Elements.</b></p> <p>(a) Have the following PHA Plan elements been revised by the PHA since its last <b>Annual PHA Plan</b> submission?  Y   N</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Statement of Housing Needs and Strategy for Addressing Housing Needs.  <input checked="" type="checkbox"/> <input type="checkbox"/> Deconcentration and Other Policies that Govern Eligibility, Selection, and Admissions.  <input type="checkbox"/> <input checked="" type="checkbox"/> Financial Resources.  <input type="checkbox"/> <input checked="" type="checkbox"/> Rent Determination.  <input type="checkbox"/> <input checked="" type="checkbox"/> Homeownership Programs.  <input type="checkbox"/> <input checked="" type="checkbox"/> Safety and Crime Prevention.  <input checked="" type="checkbox"/> <input type="checkbox"/> Pet Policy.  <input type="checkbox"/> <input checked="" type="checkbox"/> Substantial Deviation.  <input checked="" type="checkbox"/> <input type="checkbox"/> Significant Amendment/Modification</p> <p>(b) The PHA must submit its Deconcentration Policy for Field Office Review.    <b>See Attachment B</b></p> <p>(c) If the PHA answered yes for any element, describe the revisions for each element below:</p> <p><b>Significant Amendment(s) are defined as discretionary changes in the plans or policies of the ACHA that fundamentally change the mission, goals, objectives, or plans of the agency and which require approval of the ACHA Board of Commissioners. See Attachment A for a complete list of revisions under the ACHA Administrative Plan and Admissions and Continued Occupancy Plan.</b></p>
<b>B.2</b>	<p><b>New Activities.</b></p> <p>(a) Does the PHA intend to undertake any new activities related to the following in the PHA's current Fiscal Year?  Y   N</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Hope VI or Choice Neighborhoods.  <input type="checkbox"/> <input checked="" type="checkbox"/> Mixed Finance Modernization or Development.  <input type="checkbox"/> <input checked="" type="checkbox"/> Demolition and/or Disposition.  <input type="checkbox"/> <input checked="" type="checkbox"/> Conversion of Public Housing to Tenant Based Assistance.  <input type="checkbox"/> <input checked="" type="checkbox"/> Conversion of Public Housing to Project-Based Assistance under RAD.  <input type="checkbox"/> <input checked="" type="checkbox"/> Project Based Vouchers.  <input checked="" type="checkbox"/> <input type="checkbox"/> Units with Approved Vacancies for Modernization.  <input checked="" type="checkbox"/> <input type="checkbox"/> Other Capital Grant Programs (i.e., Capital Fund Community Facilities Grants or Emergency Safety and Security Grants).</p> <p>(b) If any of these activities are planned for the current Fiscal Year, describe the activities. For new demolition activities, describe any public housing development or portion thereof, owned by the PHA for which the PHA has applied or will apply for demolition and/or disposition approval under section 18 of the 1937 Act under the separate demolition/disposition approval process. If using Project-Based Vouchers (PBVs), provide the projected number of project based units and general locations, and describe how project basing would be consistent with the PHA Plan.</p>
<b>B.3</b>	<p><b>Progress Report.</b></p> <p>Provide a description of the PHA's progress in meeting its Mission and Goals described in the PHA 5-Year Plan.</p> <p><b>See attachment C</b></p>

<b>B.4.</b>	<p><b>Most Recent Fiscal Year Audit.</b></p> <p>(a) Were there any findings in the most recent FY Audit?</p> <p>Y   N  <input type="checkbox"/> <input checked="" type="checkbox"/></p> <p>(b) If yes, please describe:</p>
<p><b>Other Document and/or Certification Requirements.</b></p>	
<b>C.1</b>	<p><b>Certification Listing Policies and Programs that the PHA has Revised since Submission of its Last Annual Plan</b></p> <p><u>Form 50077-ST-HCV-HP</u>, <i>Certification of Compliance with PHA Plans and Related Regulations</i>, must be submitted by the PHA as an electronic attachment to the PHA Plan.</p>
<b>C.2</b>	<p><b>Civil Rights Certification.</b></p> <p><u>Form 50077-ST-HCV-HP</u>, <i>Certification of Compliance with PHA Plans and Related Regulations</i>, must be submitted by the PHA as an electronic attachment to the PHA Plan.</p>
<b>C.3</b>	<p><b>Resident Advisory Board (RAB) Comments.</b></p> <p>(a) Did the RAB(s) provide comments to the PHA Plan?</p> <p>Y   N  <input type="checkbox"/> <input checked="" type="checkbox"/></p> <p>If yes, comments must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the RAB recommendations and the decisions made on these recommendations.</p> <p>See Attachment D</p>
<b>C.4</b>	<p><b>Certification by State or Local Officials.</b></p> <p><u>Form HUD 50077-SL</u>, <i>Certification by State or Local Officials of PHA Plans Consistency with the Consolidated Plan</i>, must be submitted by the PHA as an electronic attachment to the PHA Plan.</p>
<p><b>D      Statement of Capital Improvements.</b> Required in all years for all PHAs completing this form that administer public housing and receive funding from the Capital Fund Program (CFP).</p>	
<b>D.1</b>	<p><b>Capital Improvements.</b> Include a reference here to the most recent HUD-approved 5-Year Action Plan (HUD-50075.2) and the date that it was approved by HUD.</p> <p>See attachment E- HUD form 50075.2 approved by HUD on 9/26/2019</p>



# Ada County Housing Authority

## Progress Report

---

The PHA continues to provide quality housing that is affordable to the low, very low, and extremely low-income households. Strategies pursued by the PHA as outlined in the 5 year PHA plan continue to be successful and allows the authority to meet our Mission to promote adequate and affordable housing, economic opportunities, and a suitable living environment free from discrimination.

### Goal #1: Expand the Supply of Assisted Housing

- HUD awarded ACHA an additional 8 Mainstream Vouchers, bringing the total to 33. These vouchers will focus on delivering affordable housing to non-elderly disabled persons who are institutionalized, in danger of being institutionalized, homeless, in danger of becoming homeless, or for clients in a permanent supportive housing or rapid re-housing project (funded through the Continuum of Care).
- ACHA applied for and received annual renewal funding under the Continuum of Care to provide Permanent Supportive Housing for a minimum of 118 homeless individuals and families;
- ACHA conducted outreach to local landlords to develop and enhance relationships in order to increase the number of participating landlords. ACHA attended local property management meetings to promote the program to existing property management companies and local owners. ACHA initiated a Landlord Advisory Council and hosted meetings with a group of participating landlords on various program topics related to landlord participation in rental assistance programs administered by ACHA.
- ACHA acquired two duplexes to be used as Permanent Supportive Housing for chronically homeless individuals and families. Families will receive housing assistance and supportive services which include case management, mental health counseling, food, transportation, and medical care.

### Goal #2: Improve the Quality of Assisted Housing

- ACHA Housing Choice Voucher program has exceeded high quality standards and maintained a HUD “High Performer” status under HUD’s Section 8 Management Assessment Program (SEMAP);
- ACHA’s non-HUD financed/supported housing have maintained affordable rents for both low income households that have rental assistance, and those without assistance.
- ACHA staff is in the process of gathering information to determine whether or not the Rental Assistance Demonstration (RAD) program would be beneficial to the agency and residents. Staff has attended multiple trainings and conferences over the last year that focus on RAD and the planning process. ACHA will continue to analyze the appropriateness of RAD.

### Goal #3: Operate at a High Level of Efficiency

- ACHA continues to explore software systems and technologies that will better serve our needs and goals of providing better customer service and program functionality and performance. Over the last year, multiple software companies have conducted demos for ACHA, which has allowed staff to identify options and opportunities to improve workflow and customer service.

### Goal #4: Promote Self-Sufficiency and Asset Development of Assisted Households

- ♦ ACHA actively marketed the Family Self-Sufficiency (FSS) program to existing voucher holders through quarterly newsletters, attending the annual recertification meetings for voucher holders to explain the programs, and regular outreach. HUD requires ACHA’s FSS program to serve a minimum of 42 families. ACHA served a total of 95 families over the last year, 21 of them being new enrollments.
- ♦ The FSS program provided quarterly workshops for all participants that included topics such as debt reduction, job search and training, budgeting, and homeownership;
- ♦ ACHA successfully graduated 9 families from the FSS program after working with them to increase their earned income. The average amount of escrow that was disbursed to graduates was \$5,908.
- ♦ Out of the 95 families that were served, 44% have escrow balances that were accrued by increasing their earned income.
- ♦ FSS Coordinators connected families to partnering agencies in order to improve families’ employability. Partnering agencies include Dress for Success, Idaho Department of Labor, Small Business Administration, Deseret Industries, Disability Rights of Idaho, and Create Common Good.

### Goal #5: Promote Homeownership Opportunities

- ACHA referred 7 families who were interested in homeownership to first-time homebuyer workshops covering the following topics: benefits of and preparation for homeownership, credit analysis, FICO scoring methodology, mortgage types and requirements, private mortgage insurance, loan to value ratio, down payment assistance programs, escrow and title process, property taxes, home maintenance and homeowner responsibilities.
- ACHA’s Homeownership Coordinator facilitated a homeownership workshop and provided one-on-one meetings with current FSS participants to determine short and long term goals in obtaining homeownership, and to make a plan to reduce any barriers that need to be addressed.

- ACHA was able to collaborate with the following local agencies to provide services that will prepare interested participants for future homeownership: NeighborWorks Boise, Idaho Independent Bank, Debt Reduction Services, Vocational Rehabilitation, Finally Home, IHFA, Love Inc, Dress for Success, Idaho Department of Labor, TRIO, and Idaho Department of Health and Welfare.
- ACHA actively promoted the Homeownership program to all existing voucher holders through quarterly newsletters and by attending weekly voucher briefings meetings for new households.

**Goal #6: Ensure Equal Opportunity and Affirmatively Further Fair Housing**

- ACHA was able to improve the availability of Limited English Proficiency (LEP) resources for applicants and participants, by expanding our comprehensive list of interpreters, translators, and Language Line capabilities. ACHA also utilized additional HUD pamphlets, flyers, and posters in varying languages.
- Training of employees is an essential element to ensure compliance to regulations, consistency in the provision of services, and improvement in the quality of program management. All 45 employees participated in webinars or in-person training including:
  - ✓ Fair Housing and Reasonable Accommodation
  - ✓ FMLA Compliance
  - ✓ LEP Plan Requirements and Processes
  - ✓ Preventing Fraud in Housing: Effective Interviewing for Program Integrity
  - ✓ Homeless Management and Information Services
  - ✓ Voluntary Services for Victims of Domestic Violence, Sexual Assault, Stalking, and Dating Violence

<b>Annual PHA Plan</b> <i>(Standard PHAs and Troubled PHAs)</i>	<b>U.S. Department of Housing and Urban Development</b> <b>Office of Public and Indian Housing</b>	<b>OMB No. 2577-0226</b> <b>Expires: 02/29/2016</b>
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**Purpose.** The 5-Year and Annual PHA Plans provide a ready source for interested parties to locate basic PHA policies, rules, and requirements concerning the PHA's operations, programs, and services, and informs HUD, families served by the PHA, and members of the public of the PHA's mission, goals and objectives for serving the needs of low- income, very low- income, and extremely low- income families.

**Applicability.** Form HUD-50075-ST is to be completed annually by **STANDARD PHAs or TROUBLED PHAs**. PHAs that meet the definition of a High Performer PHA, Small PHA, HCV-Only PHA or Qualified PHA do not need to submit this form.

**Definitions.**

- (1) **High-Performer PHA** – A PHA that owns or manages more than 550 combined public housing units and housing choice vouchers, and was designated as a high performer on both of the most recent Public Housing Assessment System (PHAS) and Section Eight Management Assessment Program (SEMAP) assessments if administering both programs, or PHAS if only administering public housing.
- (2) **Small PHA** - A PHA that is not designated as PHAS or SEMAP troubled, or at risk of being designated as troubled, that owns or manages less than 250 public housing units and any number of vouchers where the total combined units exceeds 550.
- (3) **Housing Choice Voucher (HCV) Only PHA** - A PHA that administers more than 550 HCVs, was not designated as troubled in its most recent SEMAP assessment and does not own or manage public housing.
- (4) **Standard PHA** - A PHA that owns or manages 250 or more public housing units and any number of vouchers where the total combined units exceeds 550, and that was designated as a standard performer in the most recent PHAS or SEMAP assessments.
- (5) **Troubled PHA** - A PHA that achieves an overall PHAS or SEMAP score of less than 60 percent.
- (6) **Qualified PHA** - A PHA with 550 or fewer public housing dwelling units and/or housing choice vouchers combined, and is not PHAS or SEMAP troubled.

A.	PHA Information.																																
A.1	<p> <b>PHA Name:</b> <u>Boise City Housing Authority</u> <b>PHA Code:</b> <u>ID013</u>  <b>PHA Type:</b> <input checked="" type="checkbox"/> Standard PHA <input type="checkbox"/> Troubled PHA  <b>PHA Plan for Fiscal Year Beginning:</b> (MM/YYYY): <u>10/2020</u>  <b>PHA Inventory</b> (Based on Annual Contributions Contract (ACC) units at time of FY beginning, above)  <b>Number of Public Housing (PH) Units</b> <u>160</u> <b>Number of Housing Choice Vouchers (HCVs)</b> <u>1,393</u> <b>Total Combined Units/Vouchers</b> <u>1,553</u>  <b>PHA Plan Submission Type:</b> <input checked="" type="checkbox"/> Annual Submission <input type="checkbox"/> Revised Annual Submission </p> <p> <b>Availability of Information.</b> PHAs must have the elements listed below in sections B and C readily available to the public. A PHA must identify the specific location(s) where the proposed PHA Plan, PHA Plan Elements, and all information relevant to the public hearing and proposed PHA Plan are available for inspection by the public. At a minimum, PHAs must post PHA Plans, including updates, at each Asset Management Project (AMP) and main office or central office of the PHA. PHAs are strongly encouraged to post complete PHA Plans on their official website. PHAs are also encouraged to provide each resident council a copy of their PHA Plans. </p> <p> The PHA Annual Plan and policy documents may be obtained on the Boise City Housing Authority's website at <a href="http://www.bcacha.org">www.bcacha.org</a>, at the Administrative Office located at 1001 S. Orchard St. Boise, ID 83705, and at all Public Housing properties. </p> <p> <input type="checkbox"/> <b>PHA Consortia:</b> (Check box if submitting a Joint PHA Plan and complete table below) </p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="width: 25%;">Participating PHAs</th> <th rowspan="2" style="width: 10%;">PHA Code</th> <th rowspan="2" style="width: 20%;">Program(s) in the Consortia</th> <th rowspan="2" style="width: 20%;">Program(s) not in the Consortia</th> <th colspan="2" style="width: 25%;">No. of Units in Each Program</th> </tr> <tr> <th style="width: 12.5%;">PH</th> <th style="width: 12.5%;">HCV</th> </tr> </thead> <tbody> <tr> <td>Lead PHA:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Participating PHAs	PHA Code	Program(s) in the Consortia	Program(s) not in the Consortia	No. of Units in Each Program		PH	HCV	Lead PHA:																							
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		PH	HCV																														
Lead PHA:																																	

<b>B.</b>	<b>Annual Plan Elements</b>
<b>B.1</b>	<p><b>Revision of PHA Plan Elements.</b></p> <p>(a) Have the following PHA Plan elements been revised by the PHA?</p> <p>Y   N</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Statement of Housing Needs and Strategy for Addressing Housing Needs</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> Deconcentration and Other Policies that Govern Eligibility, Selection, and Admissions.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Financial Resources.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Rent Determination.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Operation and Management.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Grievance Procedures.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Homeownership Programs.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Community Service and Self-Sufficiency Programs.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Safety and Crime Prevention.</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> Pet Policy.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Asset Management.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Substantial Deviation.</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> Significant Amendment/Modification</p> <p>(b) If the PHA answered yes for any element, describe the revisions for each revised element(s):</p> <p>Significant Amendment(s) are defined as discretionary changes in the plans or policies of the Boise Coty Housing Authority that fundamentally change the mission, goals, objectives, or plans of the agency and which require approval of the Boise City Housing Authority Board of Commissioners. See Attachment A for a complete list of revisions under the BCHA Admissions and Continued Occupancy Plan.</p> <p>(c) The PHA must submit its Deconcentration Policy for Field Office review.</p> <p><b>For the Deconcentration Policy, see Attachment B</b></p>
<b>B.2</b>	<p><b>New Activities</b></p> <p>(a) Does the PHA intend to undertake any new activities related to the following in the PHA's current Fiscal Year?</p> <p>Y   N</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Hope VI or Choice Neighborhoods.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Mixed Finance Modernization or Development.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Demolition and/or Disposition.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Designated Housing for Elderly and/or Disabled Families.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Conversion of Public Housing to Tenant-Based Assistance.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Conversion of Public Housing to Project-Based Assistance under RAD.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Occupancy by Over-Income Families.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Occupancy by Police Officers.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Non-Smoking Policies.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Project-Based Vouchers.</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> Units with Approved Vacancies for Modernization.</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> Other Capital Grant Programs (i.e., Capital Fund Community Facilities Grants or Emergency Safety and Security Grants).</p> <p>(b) If any of these activities are planned for the current Fiscal Year, describe the activities. For new demolition activities, describe any public housing development or portion thereof, owned by the PHA for which the PHA has applied or will apply for demolition and/or disposition approval under section 18 of the 1937 Act under the separate demolition/disposition approval process. If using Project-Based Vouchers (PBVs), provide the projected number of project based units and general locations, and describe how project basing would be consistent with the PHA Plan.</p>
<b>B.3</b>	<p><b>Civil Rights Certification.</b></p> <p>Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i>, must be submitted by the PHA as an electronic attachment to the PHA Plan.</p>
<b>B.4</b>	<p><b>Most Recent Fiscal Year Audit.</b></p> <p>(a) Were there any findings in the most recent FY Audit?</p> <p>Y   N</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/></p> <p>(b) If yes, please describe:</p>

<b>B.5</b>	<p><b>Progress Report.</b></p> <p>Provide a description of the PHA's progress in meeting its Mission and Goals described in the PHA 5-Year and Annual Plan.</p> <p>See Attachment C</p>
<b>B.6</b>	<p><b>Resident Advisory Board (RAB) Comments.</b></p> <p>(a) Did the RAB(s) provide comments to the PHA Plan?</p> <p>Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>(c) If yes, comments must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the RAB recommendations and the decisions made on these recommendations.</p> <p>See Attachment D</p>
<b>B.7</b>	<p><b>Certification by State or Local Officials.</b></p> <p><a href="#">Form HUD 50077-SL</a>, <i>Certification by State or Local Officials of PHA Plans Consistency with the Consolidated Plan</i>, must be submitted by the PHA as an electronic attachment to the PHA Plan.</p>
<b>B.8</b>	<p><b>Troubled PHA.</b></p> <p>(a) Does the PHA have any current Memorandum of Agreement, Performance Improvement Plan, or Recovery Plan in place?</p> <p>Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input checked="" type="checkbox"/></p> <p>(b) If yes, please describe:</p>
<b>C.</b>	<p><b>Statement of Capital Improvements.</b> Required for all PHAs completing this form that administer public housing and receive funding from the Capital Fund Program (CFP).</p>
<b>C.1</b>	<p><b>Capital Improvements.</b> Include a reference here to the most recent HUD-approved 5-Year Action Plan (HUD-50075.2) and the date that it was approved by HUD.</p> <p>See Attachment E- HUD form 50075.2 approved by HUD on 10/2/2019</p>

# Boise City Housing Authority

## Progress Report

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The PHA continues to provide quality housing that is affordable to the low, very low, and extremely low-income households. Strategies pursued by the PHA as outlined in the 5 year PHA plan continue to be successful and allows the authority to meet our Mission to promote adequate and affordable housing, economic opportunities, and a suitable living environment free from discrimination.

### Goal #1: Expand the Supply of Assisted Housing

- BCHA has created a new project-based voucher program utilizing vouchers awarded under the Veterans Affairs Supportive Housing (VASH) Program. Valor Pointe will provide housing and supportive services for 26 veteran families coming out of homelessness;
- HUD awarded BCHA an additional 14 Mainstream Vouchers. This brings the total Mainstream vouchers to 59 for BCHA. These vouchers will be used to focus on delivering affordable housing to non-elderly disabled persons who are institutionalized, in danger of being institutionalized, homeless, in danger of becoming homeless, or for clients in a permanent supportive housing or rapid re-housing project (funded through the Continuum of Care).
- BCHA conducted outreach to local landlords to develop and enhance relationships in order to increase the number of participating landlords. BCHA attended local property management meetings to promote the program to existing property management companies and local owners. BCHA initiated a Landlord Advisory Council and hosted meetings with a group of participating landlords on various program topics related to landlord participation in rental assistance programs administered by BCHA.

### Goal #2: Improve the Quality of Assisted Housing

- BCHA Low Rent Public Housing program has maintained a HUD “High Performer” status under the Public Housing Management Assessment (PHAS) score;
- BCHA’s non-HUD financed/supported housing have maintained affordable rents for both low income households that have rental assistance, and those without assistance.

### Goal #3: Operate at a High Level of Efficiency

- BCHA continues to explore software systems and technologies that will better serve our needs and goals of providing better customer service and program functionality and performance. Over the last year, multiple software companies have conducted demos for BCHA, which has allowed staff to identify options and opportunities to improve workflow and customer service.
- BCHA staff is in the process of gathering information to determine whether or not the Rental Assistance Demonstration (RAD) program would be beneficial to the agency and residents. Staff has attended multiple trainings and conferences over the last year that focus on RAD and the planning process. BCHA will continue to analyze the appropriateness of RAD.
- BCHA has sustained staff performance and satisfaction by providing the following trainings: Fair Housing, HCV Rent Calculations, Motivational Interviewing, Service Coordinator Assessments, Fire Preparedness, Urban Land-Mixing Incomes, Front Desk Security, Operating Fund, RAD Toolkit, FMLA Compliance, Cultural Awareness, and Active Shooter Training.

### Goal #4: Promote Self-Sufficiency and Asset Development of Assisted Households

- BCHA actively marketed the Family Self-Sufficiency (FSS) program to existing voucher holders through quarterly newsletters, attending the annual recertification meetings for voucher holders to explain the programs, and regular outreach. BCHA served a total of 136 families over the last year, 35 of them being new enrollments.
- The FSS program provided quarterly workshops for all participants that included topics such as debt reduction, job search and training, budgeting, and homeownership;
- BCHA successfully graduated 11 families from the FSS program after working with them to increase their earned income. The average amount of escrow that was disbursed to graduates was \$6,560.
- Out of the 136 families that were served, 43% have escrow balances that were accrued by increasing their earned income.
- FSS Coordinators connected families to partnering agencies in order to improve families’ employability. Partnering agencies include Dress for Success, Idaho Department of Labor, Small Business Administration, Deseret Industries, Disability Rights of Idaho, and Create Common Good.

### Goal #5: Promote Homeownership Opportunities

- BCHA referred 10 families who were interested in homeownership to first-time homebuyer workshops covering the following topics: benefits of and preparation for homeownership, credit analysis, FICO scoring methodology, mortgage types and requirements, private mortgage insurance, loan to value ratio, down payment assistance programs, escrow and title process, property taxes, home maintenance and homeowner responsibilities.

- BCHA's Homeownership Coordinator facilitated a homeownership workshop and provided one-on-one meetings with current FSS participants to determine short and long term goals in obtaining homeownership, and to make a plan to reduce any barriers that need to be addressed.
- BCHA was able to collaborate with the following local agencies to provide services that will prepare interested participants for future homeownership: NeighborWorks Boise, Washington Trust Bank, Debt Reduction Services, Vocational Rehabilitation, Finally Home, IHFA, Love Inc, Dress for Success, Idaho Department of Labor, TRIO, and Idaho Department of Health and Welfare.
- BCHA actively promoted the Homeownership program to all existing voucher holders through quarterly newsletters and by attending weekly voucher briefings meetings for new households.

**Goal #6: Ensure Equal Opportunity and Affirmatively Further Fair Housing**

- BCHA was able to improve the availability of Limited English Proficiency (LEP) resources for applicants and participants, by expanding our comprehensive list of interpreters, translators, and Language Line capabilities. BCHA also utilized additional HUD pamphlets, flyers, and posters in varying languages.
- Training of employees is an essential element to ensure compliance to regulations, consistency in the provision of services, and improvement in the quality of program management. All 45 employees participated in webinars or in-person training including:
  - ✓ Fair Housing and Reasonable Accommodation
  - ✓ FMLA Compliance
  - ✓ LEP Plan Requirements and Processes
  - ✓ Preventing Fraud in Housing: Effective Interviewing for Program Integrity
  - ✓ Homeless Management and Information Services
  - ✓ Voluntary Services for Victims of Domestic Violence, Sexual Assault, Stalking, and Dating Violence





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Partners Initiatives Learn More FY21 CoC Competition

## FY21 COC COMPETITION

Home



### 2021 CoC Competition is Now Open

Our Path Home, the Boise City/Ada County Continuum of Care (CoC), is requesting project applications for the Fiscal Year 2021 (FY21) CoC Program competition.

The CoC is eligible to submit a Collaborative Application for funding to support housing and services for households experiencing homelessness. For FY21, the CoC is accepting and soliciting project applications for permanent housing projects only.

The CoC's estimated annual renewal demand is \$1,255,113. Additionally, the CoC is eligible to apply for a CoC Bonus project in the amount of \$62,756 and a Domestic Violence (DV) bonus project in the amount of \$119,928.



### Policies and Procedures

[FY21 Review Score Rank PP](#)

#### PSH Renewal Scoring Tool

[Download PDF](#)

#### RRH Renewal Scoring Tool

[Download PDF](#)

#### New Projects Scoring Tool

[Download PDF](#)

### FY 21 CoC NOFO Local Competition Timeline

#### August

- August 18:** FY21 CoC NOFO made available

#### September

- September 13:** Announce local competition for FY21 CoC NOFO via email and publicly post how our CoC will review, rank and select projects on Our Path Home's FY21 CoC NOFO webpage.
- September 13 - October 4:** New and renewal project applications should contact the Our Path Home Manager via email ([cmattoon@cityofboise.org](mailto:cmattoon@cityofboise.org)) to request CoC Program grant technical assistance should it be needed.
- September 27:** No later than September 27, the Our Path Home Manager will provide the final scoring report to renewal project applicants.

#### October



## October

- **October 4:** Project applications due. Submit to Our Path Home Manager via email ([cmattoon@cityofboise.org](mailto:cmattoon@cityofboise.org)).
- **October 8:** The Score and Rank Committee will meet no later than October 8 to review all project applications and make a project ranking recommendation to the Our Path Home Executive Committee.
- **October 11:** The Our Path Home Executive Committee will vote on the Score and Rank Committee's recommendation and approve the final ranking and priority listing.
- **October 11:** The Our Path Home Manager will notify project applicants via email whether applications are accepted, reduced, or rejected and publicly post accepted projects on Our Path Home's FY21 CoC NOFO webpage.
- **October 21:** Project applicants finalize all project applications accepted and ranked in the priority listing in e-snaps.

## November

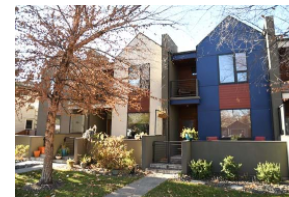
- **November 8:** Our Path Home Executive Committee Approval to Submit FY21 CoC NOFO
- **November 8:** Publicly post the final version of the Consolidated Application on Our Path Home's FY21 CoC NOFO webpage
- **November 12:** Submit FY21 CoC NOFO
- **November 16:** FY21 CoC NOFO DUE – 8:00PM EST

## Funding Priorities

To best reflect the CoC's policy priorities and position the CoC to meet its highest needs, Our Path Home has operationalized its local funding priorities in the following order:

- Permanent housing projects that have, with CoC support, voluntarily reallocated to better serve a local need reflected in the CoC's suite of data monitoring tools
- Permanent supportive housing projects that serve persons meeting the eligibility criteria of DedicatedPLUS or chronic homelessness at the time of entry
- Rapid re-housing projects

Please note: new projects will only be funded through reallocation of renewal projects that the CoC evaluates and ranks as part of its local competition or through the bonus project processes.




## Competition Resources

[NOFA and Notices](#)

[Supporting Documents](#)

[Grant Inventory Worksheet](#)

  
**Our Path Home**  
150 N. Capitol Blvd, Boise ID 83702  
Email: [ourpathhome@cityofboise.org](mailto:ourpathhome@cityofboise.org)

[Terms of Use and Privacy Policy](#) | [Translation](#)



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**Maureen Brewer**

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**From:** Maureen <ourpathhome@cityofboise.org>  
**Sent:** Monday, September 13, 2021 10:42 AM  
**To:** Maureen Brewer  
**Subject:** [External] FY21 CoC Program NOFO - Call for Applications



# Our Path Home

---

*Together we can end homelessness in Ada County.*

## FY21 CoC Program NOFO

### Call for Applications

Our Path Home is now accepting applications for permanent housing projects for the FY21 CoC Program NOFO local competition. The application invitation, process and instructions are publicly available on our [website](#). The competition timeline is also included below for your reference.

For questions and/or technical assistance, please contact Casey Mattoon at [cmattoon@cityofboise.org](mailto:cmattoon@cityofboise.org).

### FY 21 CoC NOFO Local Competition Timeline

**August 18:** FY21 CoC NOFO made available

**September 13:** Announce local competition for FY21 CoC NOFO via email and publicly post how our CoC will review, rank and select projects on Our Path Home's FY21 CoC NOFO webpage

**September 13 - October 4:** New and renewal project applications should contact the Our Path Home Manager via email ([cmattoon@cityofboise.org](mailto:cmattoon@cityofboise.org)) to request CoC Program grant technical assistance should it be needed.

**September 27:** No later than September 27, the Our Path Home Manager will provide the final scoring report to renewal project applicants.

**October 4:** Project applications due. Submit to Our Path Home Manager via email ([cmattoon@cityofboise.org](mailto:cmattoon@cityofboise.org)).

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**October 11:** The Our Path Home Executive Committee will vote on the Score and Rank Committee's recommendation and approve the final ranking and priority listing.

**October 11:** The Our Path Home Manager will notify project applicants via email whether applications are accepted, reduced, or rejected and publicly post accepted projects on Our Path Home's FY21 CoC NOFO webpage.

**October 21:** Project applicants finalize all project applications accepted and ranked in the priority listing in *e-snaps*.

**November 8:** Our Path Home Executive Committee Approval to Submit FY21 CoC NOFO

**November 8:** Publicly post the final version of the Consolidated Application on Our Path Home's FY21 CoC NOFO webpage

**November 12:** Submit FY21 CoC NOFO

**November 16:** FY21 CoC NOFO DUE - 8:00PM EST

The City of Boise serves as the lead public agency for Our Path Home. Contact [Casey Mattoon](#) with any questions or concerns, including membership information. For more information, visit: [ourpathhome.org](http://ourpathhome.org)

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Our Path Home · 150 N Capitol Blvd · Boise, ID 83702-5920 · USA



Our Path Home, the public-private partnership working to end homelessness in Ada County, is requesting project applications for federal Continuum of Care program funds. Applications are specifically focused on permanent housing for persons experiencing homelessness.

5:04 PM · 9/13/21 · [Twitter Web App](#)



**City of Boise**  @CityOfBo... · 27s ...

Replying to [@CityOfBoise](#)

Our Path Home's local competition for these funds closes on October 4. For more information, please visit [ourpathhome.org/fy21-coc-compe...](https://ourpathhome.org/fy21-coc-compe...)

2021 Scoring Tool - Permanent Supportive Housing (PSH) RENEWAL	
<b>NOTICE: Use HMIS (Homeless Management Information System) Data or Data from a Comparable Database, if a Victim Service Provider Jan 1, 2019 - Dec 31, 2020 (2-year timeframe to reflect COVID-19 impact)</b>	
Orange cells are input cells. Green cells are populated by HMIS or comparable database data for the specific project. Other cells populate from formulas or provide information about the measurement.	

AGENCY: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> PROJECT NAME: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> RENEWAL GRANT #: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="text-align: right;">           Total Number Served            Total Number of Households            Total Number of Adults         </div> <div style="border: 1px solid black; height: 20px; width: 100%; background-color: #d9ead3;"></div> <div style="border: 1px solid black; height: 20px; width: 100%; background-color: #d9ead3;"></div> <div style="border: 1px solid black; height: 20px; width: 100%; background-color: #d9ead3;"></div>
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<b>TOTAL POINTS POSSIBLE</b>	Points Earned:	<b>0</b>	Potential:	<b>100</b>
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Section I: Threshold Criteria			
Formally partners with and participates in coordinated entry	MOU w/ CES; Our Path Home CONNECT Director	SELECT YES OR NO	
Commitment to Housing First	Project application; review of project eligibility requirements	SELECT YES OR NO	
Acceptable HUD or CoC monitoring results (any findings have been resolved)	Most recent monitoring results	SELECT YES OR NO	
Documented, secured minimum match	Project application	SELECT YES OR NO	
Financially feasible project	Project application	SELECT YES OR NO	
Active CoC participant	Our Path Home Manager	SELECT YES OR NO	
Complete project application	Our Path Home Manager	SELECT YES OR NO	
Data quality at or above 90%	HMIS System Administrator	SELECT YES OR NO	
Bed/unit utilization rate at or above 90%	PIT-HIC 2020	SELECT YES OR NO	
Project staff trained in trauma-informed care techniques	Project application	SELECT YES OR NO	
Projects that serve DV clients engage in ongoing safety planning	Project application	SELECT YES OR NO	

Section II: Project Performance & Outcomes			Section Points Earned:	0	Potential:	70
Input	Source	Raw Data	Measurement Intervals	Points Earned	Corresponding Points	
#1 - Housing Stability Measure						
#1a - Percent households who remained in PSH 6 months or more, OR who had an exit to other permanent housing			Earned: 0	Potential:	30	
Total # households			0% - 74%		0	
Total # leavers to institutional settings			75% - 79%		15	
Total # leavers deceased			80% - 84%		20	
Total # households included in measure			85% - 89%		25	
Total # households who accomplished measure			90% + Above		30	

Percent remained in PSH for 6 months or more OR exited to other permanent housing	#DIV/0!
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#1b - Percent exited households that return to homelessness within 12 months			Earned: 0	Potential: 20
Total # households			25% + Above	0
Total # leavers			21% - 25%	5
Total # leavers to institutional settings			16% - 20%	10
Total # leavers deceased			15% - 11%	15
Total # households included in this measure			10% + Below	20
Total # households returned to homelessness within 12 months				
Percent exited that return to homelessness within 12 months		#DIV/0!		

#2 - Total Income Measure					
#2a - Earned Income - Adult Project Stayers			Earned: 0	Potential: 5	
Minimum new or increased earned income for project stayers	APR Q19a1 - includes all adults		0% - 3%		0
Total # adult project stayers	APR Q5a9		4% - 7%		2.5
Percent adults achieving measure			8% + Above		5

#2b - Earned Income - Adult Project Leavers			Earned: 0	Potential: 5	
Minimum new or increased earned income for project stayers	APR Q19a2 - includes all adults		0% - 3%		0
Total # adult project leavers	APR Q5a6		4% - 7%		2.5
Percent adults achieving measure			8% + Above		5

#2c - Non-employment Income - Adult Project Stayers			Earned: 0	Potential: 5	
Minimum new or increased earned income for project stayers	APR Q19a1 - includes all adults		0% - 4%		0
Total # adult project stayers	APR Q5a9		5% - 9%		2.5
Percent adults achieving measure			10% + Above		5

#2d - Non-employment Income - Adult Project Leavers			Earned: 0	Potential: 5	
Minimum new or increased earned income for project stayers	APR Q19a2 - includes all adults		0% - 4%		0
Total # adult project leavers	APR Q5a6		5% - 9%		2.5

Percent adults achieving measure			10% + Above		5
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<b>Section III: Resource Utilization</b>	<b>Section Points Earned:</b>	<b>0</b>	<b>Potential:</b>	<b>20</b>
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Input	Source	Raw Data	Measurement Intervals	Points Earned	Corresponding Points
<b>#3 - Grant Expenditure</b>					
<b>#3a - Grant Spend Out (for most recent grant year completed)</b>			<b>Earned: 0</b>	<b>Potential:</b>	<b>2.5</b>
Total grant			0% - 94%		0
Total expenditure			95% + Above		3
Percent spend out		#DIV/0!			

<b>#3b - Have any funds been recaptured by HUD? (for most recent grant year completed)</b>			<b>Earned: 0</b>	<b>Potential:</b>	<b>2.5</b>
If yes, please indicate the total amount recaptured: <a href="#">HERE</a>		SELECT YES OR NO	Yes		0
If yes, in the program narrative please explain the circumstances that led to the recapture.			No		2.5

<b>#4 - Reasonable Cost Per Unit</b>			<b>Earned:</b>	<b>Potential:</b>	<b>5</b>
Total # units					
Total CoC Program funds request					
Total budget					
Cost per unit		#DIV/0!			
<b>FY19 competition cost</b>	<b>\$6511.60 per household</b>				

<b>#5 - Serve High Need Populations</b>			<b>Earned:</b>	<b>Potential:</b>	<b>10</b>
Extremely low to no income	30% or more				2.5
Chronicity	50% or more				2.5
Disability (e.g., physical or mental health, substance use, etc)	50% or more				2.5
Project vacancies filled by coordinated entry referral	100%				10

<b>Section IV: Applicant Narrative</b>	<b>Section Points Earned:</b>		<b>Potential:</b>	<b>10</b>
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The narrative should minimally explain: 1) the proposed scope of the project, including the target population; 2) how the project interfaces with coordinated entry to re-house the most vulnerable, high need populations as quickly as possible, 3) how the project maintains and provides cost-effective, trauma-informed support services, 4) how the project identifies barriers to participation faced by persons of different races or ethnicities, particularly Black, Native American, Native Alaskan, Native Hawaiian/Pacific Islanders who are overrepresented in the CoC's homeless population, and 5) any other information the applicant deems pertinent for the Score and Rank Committee to know and understand. Please limit the narrative to four, double-spaced pages.



## 2021 Scoring Tool - Rapid Re-Housing (RRH) RENEWAL

**NOTICE: Use HMIS (Homeless Management Information System) Data or Data from a Comparable Database, if a Victim Service Provider  
Jan 1, 2019 - Dec 31, 2020 (2-year timeframe to reflect COVID-19 impact)**

Orange cells are input cells. Green cells are populated by HMIS data for the specific project. Other cells populate from formulas or provide information about the measurement.

AGENCY:

PROJECT NAME:

RENEWAL GRANT #:

Last Updated: Sept 2021	
Total Number Served	
Total Number of Households	
Total Number of Adults	

TOTAL POINTS POSSIBLE	Points Earned:	0	Potential:	100
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Section I: Threshold Criteria			
Formally partners with and participates in coordinated entry	MOU w/ CES; CES Director	SELECT YES OR NO	
Commitment to Housing First principles	Project application; review of project eligibility requirements	SELECT YES OR NO	
Acceptable HUD or CoC monitoring results (any findings have been resolved)	Most recent monitoring results	SELECT YES OR NO	
Documented, secured minimum match	Project application	SELECT YES OR NO	
Financially feasible project	Project application	SELECT YES OR NO	
Active CoC participant	CoC Program Manager	SELECT YES OR NO	
Complete project application	CoC Program Manager	SELECT YES OR NO	
Data quality at or above 90%	HMIS System Administrator	SELECT YES OR NO	
<del>Bed/unit utilization rate at or above 90%</del>	<del>PIT HIC 2020</del>	<del>SELECT YES OR NO</del>	NA for RRH
Project staff trained in trauma-informed care techniques	Project application	SELECT YES OR NO	
Projects that serve DV clients engage in ongoing safety planning	Project application	SELECT YES OR NO	

Section II: Project Performance & Outcomes		Section Points Earned:	0	Potential:	70
Input	Source	Raw Data	Measurement Intervals	Points Earned	Corresponding Points
#1 - Housing Stability Measure					
#1a - Percent households who exited to permanent housing			Earned: 0	Potential:	25
Total # households			0% - 49%		0
Total # leavers to institutional settings			50% - 59%		10
Total # leavers deceased			60% - 69%		15
Total # households included in measure			70% - 79%		20
Total # households who accomplished measure			80% + Above		25

Percent who exited to permanent housing	#DIV/0!
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#1b - Percent exited households that return to homelessness within 12 months			Earned: 0	Potential: 25
Total # households			25% + Above	0
Total # leavers			21% - 25%	10
Total # leavers to institutional settings			16% - 20%	15
Total # leavers deceased			15% - 11%	20
Total # households included in this measure			10% + Below	25
Total # households returned to homelessness within 12 months				
Percent exited that return to homelessness within 12 months		#DIV/0!		

#2 - Total Income Measure					
#2a - Earned Income - Adult Project Stayers			Earned: 0	Potential: 5	
Minimum new or increased earned income for project stayers	APR Q19a1 - includes all adults		0% - 3%		0
Total # adult project stayers	APR Q5a9		4% - 7%		2.5
Percent adults achieving measure			8% + Above		5

#2b - Earned Income - Adult Project Leavers			Earned: 0	Potential: 5	
Minimum new or increased earned income for project stayers	APR Q19a2 - includes all adults		0% - 3%		0
Total # adult project leavers	APR Q5a6		4% - 7%		2.5
Percent adults achieving measure			8% + Above		5

#2c - Non-employment Income - Adult Project Stayers			Earned: 0	Potential: 5	
Minimum new or increased earned income for project stayers	APR Q19a1 - includes all adults		0% - 4%		0
Total # adult project stayers	APR Q5a9		5% - 9%		2.5
Percent adults achieving measure			10% + Above		5

#2d - Non-employment Income - Adult Project Leavers			Earned: 0	Potential: 5	
Minimum new or increased earned income for project stayers	APR Q19a2 - includes all adults		0% - 4%		0
Total # adult project leavers	APR Q5a6		5% - 9%		2.5
Percent adults achieving measure			10% + Above		5

<b>Section III: Resource Utilization</b>	<b>Section Points Earned:</b>	<b>0</b>	<b>Potential:</b>	<b>20</b>
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Input	Source	Raw Data	Measurement Intervals	Points Earned	Corresponding Points
<b>#3 - Grant Expenditure</b>					
<b>#3a - Grant Spend Out (for most recent grant year completed)</b>			<b>Earned: 0</b>	<b>Potential:</b>	<b>2.5</b>
Total grant			0% - 94%		0
Total expenditure			95% + Above		3
Percent spend out		#DIV/0!			

<b>#3b - Have any funds been recaptured by HUD? (for most recent grant year completed)</b>			<b>Earned: 0</b>	<b>Potential:</b>	<b>2.5</b>
If yes, please indicate the total amount recaptured: <b>HERE</b>	SELECT YES OR NO	Yes			0
If yes, in the program narrative please explain the circumstances that led to the recapture.		No			2.5

<b>#4 - Reasonable Cost Per Household</b>			<b>Earned: 0</b>	<b>Potential:</b>	<b>5</b>
Total # households served					
Total # households exited to permanent housing					
Total CoC Program funds request					
Total budget					
Cost per permanent housing exit		#DIV/0!			
<b>FY19 competition cost</b>	<b>\$4815.70 per household</b>				

<b>#5 - Serve High Need Populations</b>			<b>Earned: 0</b>	<b>Potential:</b>	<b>10</b>
Extremely low to no income	30% or more				2.5
Chronicity	30% or more				2.5
Disability (e.g., physical or mental health, substance use, etc)	30% or more				2.5
Project vacancies filled by coordinated entry referral	100%				10

<b>Section IV: Applicant Narrative</b>	<b>Section Points Earned:</b>	<b>0</b>	<b>Potential:</b>	<b>10</b>
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The narrative should minimally explain: 1) the proposed scope of the project, including the target population; 2) how the project interfaces with coordinated entry to re-house the most vulnerable, high need populations as quickly as possible, 3) how the project maintains and provides cost-effective, trauma-informed support services, 4) how the project identifies barriers to participation faced by persons of different races or ethnicities, particularly Black, Native American, Native Alaskan, Native Hawaiian/Pacific Islanders who are overrepresented in the CoC's homeless population, and 5) any other information the applicant deems pertinent for the Score and Rank Committee to know and understand. Please limit the narrative to four, double-spaced pages.

2019 Scoring Tool - New Permanent Housing Projects			
NOTICE: use HMIS (Homeless Management Information System) Data or Data from a Comparable Database, if a Victim Services Provider			
Jan 1, 2019 - Dec 31, 2020 (2-year timeframe to reflect COVID-19 impact)			
AGENCY:			
PROJECT NAME:			
TOTAL POINTS POSSIBLE			100
Points Earned			0
			Possible      Earned
<b>Section I: Experience</b>			
A. Describe experience of the applicant and any sub-recipients in working with the proposed population and in providing housing similar to that proposed in the application. Please also describe the agency's participation in the CoC.		10	
B. Describe experience with using a Housing First approach. Include 1) eligibility criteria; 2) process for accepting new clients; 3) process and criteria for exiting clients. New project applicants must demonstrate: (10 points total)	-		
a. There are no preconditions to entry, allowing entry regardless of current or past substance use, income, criminal records (except wherein federal, state, or local law or ordinance imposes restrictions), marital or familial status, actual or perceived sexual orientation, or gender identity.		7	
b. There is a process to address situations that may jeopardize housing or project assistance to ensure that participation is terminated in only the most severe cases.		3	
C. Describe experience in effectively utilizing federal funds including HUD grants and other public funding, including satisfactory drawdowns and performance for existing grants as evidenced by timely reimbursement of any sub-recipients, regular drawdowns, timely resolution of monitoring findings, and timely submission of required reporting on existing grants.		5	
<b>Section II: Design of Housing &amp; Supportive Services</b>			
A. Extent to which the applicant demonstrates: (10 points total)	-		
a. Understanding of the needs of the clients to be served, including the needs of survivors of domestic violence, dating violence, sexual assault, stalking, or human trafficking		6	
b. The type, scale, and location of the housing fit the needs of the clients to be served		2	
c. The type and scale of all of the supportive services, regardless of funding source, are trauma-informed and meet the needs of the clients to be served		2	
B. Describe the plan to assist clients to rapidly secure and maintain permanent housing that is safe, affordable, accessible, and acceptable to their needs.		5	
C. Describe how clients will be assisted to increase employment and/or income and to maximize their ability to live independently.		5	
<b>Section III: Timeliness</b>			
A. Describe the plan for rapid implementation of the project, documenting how the project will be ready to begin housing the first program participant. Provide a detailed schedule of proposed activities for 60, 120, and 180 days after grant award.		5	
<b>Section IV: Financial</b>			
A. Project costs are comparable to other project applicants (including new and renewal)		5	
B. Applicant's most recent audit found: (10 points total)	-		
a. No exceptions to standard practices		3	
b. Identified agency as "low risk"		3	
c. Indicates no findings		4	
C. Documented match amount meets HUD threshold requirements		5	
D. Budgeted costs are reasonable, allocable, and allowable		15	
<b>Section V: Effectiveness</b>			
A. Applicant must demonstrate: (15 points total)	-		
a. Commitment to receive referrals from the coordinated entry access point to fill project vacancies		5	
b. Commitment to enter data into HMIS or comparable database (for victim service providers)		5	
c. That performance measures for housing and income are objective, measurable, trackable and meet or exceed established HUD and CoC benchmarks		5	
			100

## 2021 Scoring Tool - Rapid Re-Housing (RRH) RENEWAL

**NOTICE: Use HMIS (Homeless Management Information System) Data or Data from a Comparable Database, if a Victim Service Provider  
Jan 1, 2019 - Dec 31, 2020 (2-year timeframe to reflect COVID-19 impact)**

Orange cells are input cells. Green cells are populated by HMIS data for the specific project. Other cells populate from formulas or provide information about the measurement.

AGENCY: **CATCH**  
PROJECT NAME: **Taking Root**  
RENEWAL GRANT #: **ID0070L0E001803**

Total Number Served  
Total Number of Households  
Total Number of Adults

Last Updated: Sept 2021
381
114
150

<b>TOTAL POINTS POSSIBLE</b>	<b>Points Earned:</b>	<b>94.6</b>	<b>Potential:</b>	<b>100</b>
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### Section I: Threshold Criteria

Formally partners with and participates in coordinated entry	MOU w/ CES; CES Director	YES	
Commitment to Housing First principles	Project application; review of project eligibility requirements	YES	
Acceptable HUD or CoC monitoring results (any findings have been resolved)	Most recent monitoring results	YES	
Documented, secured minimum match	Project application	YES	
Financially feasible project	Project application	YES	
Active CoC participant	CoC Program Manager	YES	
Complete project application	CoC Program Manager	YES	
Data quality at or above 90%	HMIS System Administrator	YES	
Bed/unit utilization rate at or above 90%	PIT-HIC 2020	SELECT YES OR NO	NA for RRH
Project staff trained in trauma-informed care techniques	Project application	YES	
Projects that serve DV clients engage in ongoing safety planning	Project application	YES	

### Section II: Project Performance & Outcomes

<b>Section Points Earned:</b>	<b>65</b>	<b>Potential:</b>	<b>70</b>
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Input	Source	Raw Data	Measurement Intervals	Points Earned	Corresponding Points
<b>#1 - Housing Stability Measure</b>					
<b>#1a - Percent households who exited to permanent housing</b>			<b>Earned: 25</b>	<b>Potential: 25</b>	
Total # households		70	0% - 49%		0
Total # leavers to institutional settings		3	50% - 59%		10
Total # leavers deceased		0	60% - 69%		15

Total # households included in measure		67	70% - 79%		20
Total # households who accomplished measure		56	80% + Above	25	25
Percent who exited to permanent housing		84%			

#1b - Percent exited households that return to homelessness within 12 months			Earned: 25	Potential: 25	
Total # households		NA	25% + Above		0
Total # leavers		NA	21% - 25%		10
Total # leavers to institutional settings		NA	16% - 20%		15
Total # leavers deceased		NA	15% - 11%		20
Total # households included in this measure		93	10% + Below	25	25
Total # households returned to homelessness within 12 months		3			
Percent exited that return to homelessness within 12 months		3%			

#2 - Total Income Measure					
#2a - Earned Income - Adult Project Stayers			Earned: 5	Potential: 5	
Minimum new or increased earned income for project stayers	APR Q19a1 - includes all adults	4	0% - 3%		0
Total # adult project stayers	APR Q5a9	48	4% - 7%		2.5
Percent adults achieving measure		8.33%	8% + Above	5	5

#2b - Earned Income - Adult Project Leavers			Earned: 5	Potential: 5	
Minimum new or increased earned income for project stayers	APR Q19a2 - includes all adults	34	0% - 3%		0
Total # adult project leavers	APR Q5a6	102	4% - 7%		2.5
Percent adults achieving measure		33.33%	8% + Above	5	5

#2c - Non-employment Income - Adult Project Stayers			Earned: 0	Potential: 5	
Minimum new or increased earned income for project stayers	APR Q19a1 - includes all adults	1	0% - 4%	0	0
Total # adult project stayers	APR Q5a9	48	5% - 9%		2.5
Percent adults achieving measure		2.08%	10% + Above		5

#2d - Non-employment Income - Adult Project Leavers			Earned: 5	Potential: 5
Minimum new or increased earned income for project stayers	APR Q19a2 - includes all adults	18	0% - 4%	0
Total # adult project leavers	APR Q5a6	102	5% - 9%	2.5
Percent adults achieving measure		17.65%	10% + Above	5

Section III: Resource Utilization	Section Points Earned: 20	Potential: 20
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Input	Source	Raw Data	Measurement Intervals	Points Earned	Corresponding Points
#3 - Grant Expenditure					
#3a - Grant Spend Out (for most recent grant year completed)			Earned: 2.5	Potential: 2.5	
Total grant		151,859	0% - 94%		0
Total expenditure		151,859	95% + Above	2.5	2.5
Percent spend out		100%			

#3b - Have any funds been recaptured by HUD? (for most recent grant year completed)			Earned: 2.5	Potential: 2.5
If yes, please indicate the total amount recaptured: <a href="#">HERE</a>	NO	Yes		0
If yes, in the program narrative please explain the circumstances that led to the recapture.		No	2.5	2.5

#4 - Reasonable Cost Per Household			Earned: 5	Potential: 5
Total # households served		117		
Total # households exited to permanent housing		56		
Total CoC Program funds request		\$151,859		
Total budget		\$642,314		
Cost per permanent housing exit		\$5,489.86		
FY19 competition cost	\$4815.70 per household			

#5 - Serve High Need Populations			Earned: 10.0	Potential: 10
Extremely low to no income	30% or more	92%		2.5
Chronicity	30% or more	90%		2.5
Disability (e.g., physical or mental health, substance use, etc)	30% or more	100%		2.5
Project vacancies filled by coordinated entry referral	100%	100%		2.5

<b>Section IV: Applicant Narrative</b>	<b>Section Points Earned:</b>	<b>9.6</b>	<b>Potential:</b>	<b>10</b>
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The narrative should minimally explain: 1) the proposed scope of the project, including the target population; 2) how the project interfaces with coordinated entry to re-house the most vulnerable, high need populations as quickly as possible, 3) how the project maintains and provides cost-effective, trauma-informed support services, 4) how the project identifies barriers to participation faced by persons of different races or ethnicities, particularly Black, Native American, Native Alaskan, Native Hawaiian/Pacific Islanders who are overrepresented in the CoC's homeless population, and 5) any other information the applicant deems pertinent for the Score and Rank Committee to know and understand. Please limit the narrative to four, double-spaced pages.



## FY2021 Project Ranking

				Threshold					
Project	Agency	Project Type	Requested	Criteria	Rating	Rank	Recommendation	Tier	
CHOIS Renewal	BCACHA	PSH-renewal	\$ 936,561.00	Y	97	1	\$ 936,561.00	Tier 1	
CATCH RRH Renewal	CATCH	RRH-renewal	\$ 169,547.00	Y	94.6	2	\$ 169,547.00	Tier 1 + 2	
CATCH DV Renewal	CATCH	RRH-renewal	\$ 149,005.00	Y	79.6	3	\$ 149,005.00	Tier 2	
New Path Bonus	TRHS	PSH-new bonus	\$ 62,576.00	Y	76.8	4	\$ 62,576.00	Regular Bonus	
CATCH DV Bonus-Expansion	CATCH	RRH-new bonus	\$ 119,928.00	Y	79.6	5	\$ 119,928.00	DV Bonus + Regular Bonus	
Total Requested		\$ 1,437,617.00	\$ 1,255,113.00	\$ 1,437,617.00					
Total Recommended									
Total ARD		\$ 1,255,113.00							
Total Tier 1		\$ 1,072,429.00							
Total Tier 2		\$ 182,684.00							
DV Bonus		\$ 119,928.00							
Bonus Project		\$ 62,576.00							
CoC Planning Grant		\$ 37,653.00							

1. All projects listed will be recommended to HUD for funding in the CoC's Priority Listing
2. The CoC planning grant is not ranked but will be submitted to HUD for funding
3. The CoC, per its policies and procedures, ranks renewal projects that meet threshold above new projects.

We did not reject or reduce any projects in this year's competition. All project applicants that were reviewed, rated, and ranked were notified that their applications were accepted and ranked.

## 2021 CoC Competition Final Project Ranking Now Posted

The final project ranking that will be submitted for CoC Program funding in the Priority Listing is posted here. The CoC's Score and Rank Committee met on October 7, 2021 to review and rank the applications, guided by the CoC's funding priorities and policies and procedures, and submitted to those to the Executive Committee for approval on October 8, 2021.

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Tier 1: \$1,072,429.00

Tier 2: \$182,684.00

CoC Bonus: \$62,576.00

DV Bonus: \$119,928.00

CoC Planning: \$37,650.00

REVIEW PROJECTS (PDF)

## Policies and Procedures

FY21 Review Score Rank PP







**Threshold**

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<b>Total Requested</b>	<b>\$ 1,437,617.00</b>	<b>\$ 1,255,113.00</b>	<b>\$ 1,437,617.00</b>
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**To:** [Jillian Patterson](#)  
**Subject:** 2021 CoC Competition Notification  
**Date:** Friday, October 8, 2021 1:41:00 PM  
**Attachments:** [BCACHA\\_FY21\\_CoC\\_Project\\_Accepted\\_Notification.pdf](#)  
[image005.png](#)

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Casey Mattoon  
***Our Path Home Manager***  
*any gender pronouns*  
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*Creating a city for everyone.*



Date: 10/08/2021

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Casey Mattoon

Our Path Home Manager

City of Boise



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City of Boise

[External] October 2021 Newsletter: Our Path Home

Casey <ourpathhome@cityofboise.org> (Casey via mailchimpapp.net)  
To: Sandi Rutland

Retention Policy Empty Trash (2 weeks)

This item will expire in 8 days. To keep this item longer apply a different Retention Policy.  
If there are problems with how this message is displayed, click here to view it in a web browser.  
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Expires 10/27/2021

Reply Reply All Forward ...

Mon 10/11/2021 1:39 PM

# Our Path Home

Together we can end homelessness in Ada County.

## October 2021 Newsletter

### FY2021 COC PROGRAM FUND COMPETITION UPDATE

The Our Path Home Executive Committee voted to approve the recommendation of the Score and Rank Committee for this year's project applications. The approved projects will be ranked in our CoC's priority listing and the final ranking will be posted on [our website](#). We are set to apply for more than \$1.4 million this year - the most in our organization's history!

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# FY21 COC COMPETITION

Home



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City of Boise

[External] October 2021 Newsletter: Our Path Home

Casey <ourpathhome@cityofboise.org> (Casey via mailchimpapp.net)  
To Sandi Rutland

Retention Policy Empty Trash (2 weeks)

This item will expire in 8 days. To keep this item longer apply a different Retention Policy.  
If there are problems with how this message is displayed, click here to view it in a web browser.  
We could not verify the identity of the sender. Click here to learn more.  
The actual sender of this message is different than the normal sender. Click here to learn more.

Expires 10/27/2021

Reply Reply All Forward ...

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Donate

# FY21 COC COMPETITION

Home



## 2021 CoC Competition Final Project Ranking Now Posted

The final draft of the Collaborative Application & Priority Listing are now posted. We plan to submit the final application no later than this Friday, November 12th, 2021.

COLLABORATIVE APPLICATION (PDF)

PRIORITY LISTING (PDF)

Tier 1: \$1,072,429.00

Tier 2: \$182,684.00

CoC Bonus: \$62,576.00

DV Bonus: \$119,928.00

CoC Planning: \$37,650.00

REVIEW PROJECTS (PDF)



## Policies and Procedures

FY21 Review Score Rank PP







FY21 CoC Competition | Our Path Home

coc-priority-listing-2021.pdf

ourpathhome.org/media/1037/coc-priority-listing-2021.pdf

☆ ⚙ C ⋮

Apps Hiring Resources CEFH Dropbox Smartsheet 365 Support HUD Trainings Calendar CV19 OPH Sharepoint FY21 NOFO ConnectBoise

Reading list

coc-priority-listing-2021.pdf

1 / 13 100%

Download Print ⋮

1

2

3

4

Before Starting the Project Listings for the CoC Priority Listing

Applicant: Boise/Ada County CoC

Project: ID-500 CoC Registration FY 2021

ID-500

COC\_REG\_2021\_182104

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 create new projects or if a project applicant will transition from an existing component to an eligible new component.
- Project Listings:

- New;
- Renewal;
- UFA Costs;
- CoC Planning;
- YHPD Renewal; and
- YHDP Replacement.
- Attachment Requirement

- HUD-2991, Certification of Consistency with the Consolidated Plan – Collaborative Applicants must attach an accurately completed, signed, and dated HUD-2991.

Things to Remember:

- New and Renewal Project Listings – all project applications must be reviewed, approved and ranked, or rejected based on the local CoC competition process.
- Project applications on the following Project Listings must be approved, they are not ranked per the FY 2021 CoC Program Competition NOFO:

- UFA Costs Project Listing;
- CoC planning Project Listing;
- YHPD Renewal Project Listing; and
- YHDP Replacement Project Listing.

- Collaborative Applicants are responsible for ensuring all project applications accurately appear on the Project Listings and there are no project applications missing from one or more Project Listings.

- For each project application rejected by the CoC the Collaborative Applicant must select the reason for the rejection from the dropdown provided.
- If the Collaborative Applicant needs to amend a project application for any reason, the Collaborative Applicant MUST ensure the amended project is returned to the applicable Project Listing AND ranked BEFORE submitting the CoC Priority Listing to HUD in e-snaps.

Additional training resources are available online on HUD's website.  
[https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition)

Open in Acrobat

Windows Taskbar

50°F Sunny 5:23 PM 11/8/2021

OMB Approval No. 2577-0169  
(exp. 04/30/2018)

**U.S. Department Of Housing and Urban Development  
Office of Public and Indian Housing**

**SECTION 8 PROJECT-BASED VOUCHER PROGRAM**

**PBV HOUSING ASSISTANCE PAYMENTS CONTRACT  
NEW CONSTRUCTION OR REHABILITATION**

**PART 1 OF HAP CONTRACT**

This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number. Assurances of confidentiality are not provided under this collection.

**1. CONTRACT INFORMATION**

**a. Parties**

This housing assistance payments (HAP) contract is entered into between:

Boise City Housing Authority, an independent public body corporate and politic (PHA) and

Boise Pacific NIHC Associates, an Idaho Limited Partnership (owner).

**b. Contents of contract**

The HAP contract consists of Part 1, Part 2 and the contract exhibits listed in paragraph c.

**c. Contract exhibits**

The HAP contract includes the following exhibits:

EXHIBIT A: TOTAL NUMBER OF UNITS IN PROJECT COVERED BY THIS HAP CONTRACT; INITIAL RENT TO OWNER; AND THE NUMBER AND DESCRIPTION OF THE CONTRACT UNITS. (See 24 CFR 983.203 for required items.) If this is a multi-stage project, this exhibit must include a description of the units in each completed phase.

Previous editions are obsolete

**Project-based Voucher Program  
HAP Contract for New Construction or Rehabilitation**

**HUD 52530A Page - 1 -  
of Part 1  
(04/2015)**

EXHIBIT B: SERVICES, MAINTENANCE AND EQUIPMENT TO BE PROVIDED BY THE OWNER WITHOUT CHARGES IN ADDITION TO RENT TO OWNER

EXHIBIT C: UTILITIES AVAILABLE IN THE CONTRACT UNITS, INCLUDING A LISTING OF UTILITY SERVICES TO BE PAID BY THE OWNER (WITHOUT CHARGES IN ADDITION TO RENT TO OWNER) AND UTILITIES TO BE PAID BY THE TENANTS

EXHIBIT D: FEATURES PROVIDED TO COMPLY WITH PROGRAM ACCESSIBILITY FEATURES OF SECTION 504 OF THE REHABILITATION ACT OF 1973

ADDITIONAL EXHIBITS

**d. Single-Stage and Multi-Stage Contracts (Check the applicable box.)**

1. ☒ **Single-Stage Project**

This is a single-stage project.

For all contract units, the effective date of the HAP contract is:

12/21/2018

The PHA enters the effective date, and executes the HAP contract, after completion and PHA acceptance of all units in the single stage project.

2. ☐ **Multi-Stage Project**

This is a multi-stage project. The units in each completed stage are designated in Exhibit A.

The PHA enters the effective date for each stage after completion and PHA acceptance of all units in that stage. The PHA enters the effective date for each stage in the "Execution of HAP contract for contract units completed in stages" (starting on page 8).

The annual anniversary date of the HAP contract for all contract units in this multi-stage project is the anniversary of the effective date of the HAP contract for the contract units included in the first stage. The expiration date of the HAP contract for all of the contract units completed in stages must be concurrent with the end of the HAP contract term for the units included in the first stage. (See 24 CFR 983.206(c).)

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**Project-based Voucher Program**  
**HAP Contract for New Construction or Rehabilitation**

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**e. Term of the HAP contract**

**1. Beginning of Term**

The PHA may not enter into a HAP contract for any contract unit until the PHA has determined that the unit complies with the housing quality standards. The term of the HAP contract for any unit begins on the effective date of the HAP contract.

**2. Length of initial term**

- a. Subject to paragraph 2.b, the initial term of the HAP contract for any contract units is: 15 years.

- b. The initial term of the HAP contract for any unit may not be less than one year, nor more than fifteen years.

**3. Extension of term**

The PHA and owner may agree to enter into an extension of the HAP contract at the time of initial HAP contract execution or any time prior to expiration of the contract. Any extension, including the term of such extension, must be in accordance with HUD requirements.

A PHA must determine that any extension is appropriate to achieve long-term affordability of the housing or expand housing opportunities.

**4. Requirement for sufficient appropriated funding**

- a. The length of the initial term and any extension term shall be subject to availability, as determined by HUD, or by the PHA in accordance with HUD requirements, of sufficient appropriated funding (budget authority), as provided in appropriations acts and in the PHA's annual contributions contract (ACC) with HUD, to make full payment of housing assistance payments due to the owner for any contract year in accordance with the HAP contract.

- b. The availability of sufficient funding must be determined by HUD or by the PHA in accordance with HUD requirements. If it is determined that there may not be sufficient funding to continue housing assistance payments for all contract units and for the full term of the HAP contract, the PHA has the right to terminate the HAP contract by notice to the owner for all or any of the contract units. Such action by the PHA shall be implemented in accordance with HUD requirements.

**f. Occupancy and payment**

**1. Payment for occupied unit**

During the term of the HAP contract, the PHA shall make housing assistance payments to the owner for the months during which a contract unit is leased to and occupied by an eligible family. If an assisted family moves out of a contract unit, the owner may keep the housing assistance payment for the calendar month when the family moves out ("move-out month"). However, the owner may not keep the payment if the PHA determines that the vacancy is the owner's fault.

**2. Vacancy payment**

THE PHA HAS DISCRETION WHETHER TO INCLUDE THE VACANCY PAYMENT PROVISION (PARAGRAPH f.2), OR TO STRIKE THIS PROVISION FROM THE HAP CONTRACT FORM.

- a. If an assisted family moves out of a contract unit, the PHA may provide vacancy payments to the owner for a PHA-determined vacancy period extending from the beginning of the first calendar month after the move-out month for a period not exceeding two full months following the move-out month.
- b. The vacancy payment to the owner for each month of the maximum two-month period will be determined by the PHA, and cannot exceed the monthly rent to owner under the assisted lease, minus any portion of the rental payment received by the owner (including amounts available from the tenant's security deposit). Any vacancy payment may only cover the period the unit remains vacant.
- c. The PHA may only make vacancy payments to the owner if:
  1. The owner gives the PHA prompt, written notice certifying that the family has vacated the unit and the date when the family moved out (to the best of the owner's knowledge and belief);
  2. The owner certifies that the vacancy is not the fault of the owner and that the unit was vacant during the period for which payment is claimed;
  3. The owner certifies that it has taken every reasonable action to minimize the likelihood and length of vacancy; and

4. The owner provides any additional information required and requested by the PHA to verify that the owner is entitled to the vacancy payment.
- d. The PHA must take every reasonable action to minimize the likelihood and length of vacancy.
- e. The owner may refer families to the PHA, and recommend selection of such families from the PHA waiting list for occupancy of vacant units.
- f. The owner must submit a request for vacancy payments in the form and manner required by the PHA and must provide any information or substantiation required by the PHA to determine the amount of any vacancy payments.
3. **PHA is not responsible for family damage or debt to owner**

Except as provided in this paragraph f (Occupancy and Payment), the PHA will not make any other payment to the owner under the HAP contract. The PHA will not make any payment to owner for any damages to the unit, or for any other amounts owed by a family under the family's lease.
- g. **Income-mixing requirement**
  1. Except as provided in paragraphs g.2 and 3, the PHA will not make housing assistance payments under the HAP contract for more than 25 percent of the total number of dwelling units (assisted or unassisted) in any project. The term "project" means a single building, multiple contiguous buildings, or multiple buildings on contiguous parcels of land assisted under this HAP contract.
  2. The limitation in paragraph g.1 does not apply to single-family buildings.
  3. In referring eligible families to the owner for admission to the number of contract units in any project exceeding the 25 percent limitation under paragraph g.1, the PHA shall give preference to elderly or disabled families, or to families receiving supportive services, for the number of contract units designated for occupancy by such families. The owner shall rent the designated number of contract units to such families referred by the PHA from the PHA waiting list.
  4. The PHA and owner must comply with all HUD requirements regarding income mixing.

5. The following specifies the number of contract units (if any):

- a. Designated for occupancy by disabled families;
- b. Designated for occupancy by elderly families;
- c. Designated for occupancy by elderly or disabled families; or
- d. Designated for occupancy by families receiving supportive services.

☒ Check this box if any contract units are designated for disabled families.

The following number of contract units shall be rented to disabled families: 40.

☐ Check this box if any contract units are designated for elderly families.

The following number of contract units shall be rented to elderly families: \_\_\_\_\_.


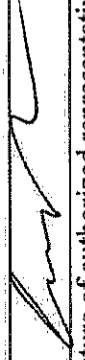
☐ Check this box if any contract units are designated for elderly or disabled families.

The following number of contract units shall be rented to elderly or disabled families: \_\_\_\_\_.

☐ Check this box if any contract units are designated for families receiving supportive services.

The following number of contract units shall be rented to families receiving supportive services: \_\_\_\_\_.

**EXECUTION OF HAP CONTRACT FOR SINGLE-STAGE PROJECT**

<b>PUBLIC HOUSING AGENCY (PHA)</b>	
<b>Name of PHA (Print)</b>	Boise City Housing Authority
<b>By:</b>	
Signature of authorized representative	
Deanna L. Watson, Executive Director	
Name and official title (Print)	
6-18-2019	
Date	
<b>OWNER</b>	
<b>Name of Owner (Print)</b>	
Boise Pacific NIHC Associates, an Idaho Limited Partnership	
<b>By:</b>	
Signature of authorized representative	
Caleb Roope, Manager of the Administrative General Partner	
Name and title (Print)	
6-14-19	
Date	

**U.S. Department Of Housing and Urban Development  
Office of Public and Indian Housing**

**SECTION 8 PROJECT-BASED VOUCHER PROGRAM**

**PBV HOUSING ASSISTANCE PAYMENTS CONTRACT  
NEW CONSTRUCTION OR REHABILITATION**

**PART 2 OF HAP CONTRACT**

This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number. Assurances of confidentiality are not provided under this collection.

**2. DEFINITIONS**

**Agreement.** Agreement to enter into HAP Contract between the owner and the PHA. The HAP contract was entered into following new construction or rehabilitation of the contract units by the owner pursuant to an Agreement.

**Contract units.** The housing units covered by this HAP contract. The contract units are described in Exhibit A.

**Family.** The persons approved by the PHA to reside in a contract unit with assistance under the program.

**HAP contract.** This housing assistance payments contract between the PHA and the owner. The contract consists of Part 1, Part 2, and the contract exhibits (listed in section 1.c of the HAP contract).

**Housing assistance payment.** The monthly assistance payment by the PHA for a contract unit, which includes: (1) a payment to the owner for rent to the owner under the family's lease minus the tenant rent; and (2) an additional payment to or on behalf of the family if the utility allowance exceeds total tenant payment.

**Household.** The family and any PHA-approved live-in aide.

**Housing quality standards (HQS).** The HUD minimum quality standards for dwelling units occupied by families receiving project-based voucher program assistance.

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**HUD.** U.S. Department of Housing and Urban Development.

**HUD requirements.** HUD requirements which apply to the project-based voucher program. HUD requirements are issued by HUD headquarters, as regulations, Federal Register notices or other binding program directives.

**Newly constructed housing.** Housing units that do not exist on the proposal selection date and are developed after the date of selection pursuant to an Agreement between the PHA and owner for use under the project-based voucher program.

**Owner.** Any person or entity who has the legal right to lease or sublease a unit to a participant.

**Premises.** The building or complex in which a contract unit is located, including common areas or grounds.

**Principal or interested party.** This term includes a management agent and other persons or entities participating in project management, and the officers and principal members, shareholders, investors, and other parties having a substantial interest in the HAP contract, or in any proceeds or benefits arising from the HAP contract.

**Program.** The project-based voucher program (see authorization for project-based assistance at 42 U.S.C. 1437f(o)(13)).

**PHA.** Public Housing Agency. The agency that has entered into the HAP contract with the owner. The agency is a public housing agency as defined in the United States Housing Act of 1937 (42 U.S.C. 1437a(b)(6)).

**Proposal selection date.** The date the PHA gives written notice of proposal selection to the owner whose proposal is selected in accordance with the criteria established in the PHA's administrative plan.

**Rehabilitated housing.** Housing units that exist on the proposal selection date, but do not substantially comply with the HQS at that date, and are developed, pursuant to an Agreement between the PHA and owner, for use under the project-based voucher program.

**Rent to owner.** The total monthly rent payable to the owner under the lease for a contract unit. Rent to owner includes payment for any housing services, maintenance and utilities to be provided by the owner in accordance with the lease.

**Tenant.** The person or persons (other than a live-in aide) who executes the lease as a lessee of the dwelling unit.

**Tenant rent.** The portion of the rent to owner payable by the family, as determined by the PHA in accordance with HUD requirements. The PHA is not responsible for paying any part of the tenant rent.

**3. PURPOSE**

- a. This is a HAP contract between the PHA and the owner.
- b. The purpose of the HAP contract is to provide housing assistance payments for eligible families who lease contract units that comply with the HUD HQS from the owner.
- c. The PHA must make housing assistance payments to the owner in accordance with the HAP contract for contract units leased and occupied by eligible families during the HAP contract term. HUD provides funds to the PHA to make housing assistance payments to owners for eligible families.

**4. RENT TO OWNER; HOUSING ASSISTANCE PAYMENTS**

**a. Amount of initial rent to owner**

The initial rent to owner for each contract unit is stated in Exhibit A, which is attached to and made a part of the HAP contract. At the beginning of the HAP contract term, and until rent to owner is adjusted in accordance with section 5 of the HAP contract, the rent to owner for each bedroom size (number of bedrooms) shall be the initial rent to owner amount listed in Exhibit A.

**b. HUD rent requirements**

Notwithstanding any other provision of the HAP contract, the rent to owner may in no event exceed the amount authorized in accordance with HUD requirements. The PHA has the right to reduce the rent to owner, at any time, to correct any errors in establishing or adjusting the rent to owner in accordance with HUD requirements. The PHA may recover any overpayment from the owner.

**c. PHA payment to owner**

1. Each month the PHA must make a housing assistance payment to the owner for a unit under lease to and occupied by an eligible family in



accordance with the HAP contract.

2. The monthly housing assistance payment to the owner for a contract unit is equal to the amount by which the rent to owner exceeds the tenant rent.
3. Payment of the tenant rent is the responsibility of the family. The PHA is not responsible for paying any part of the tenant rent, or for paying any other claim by the owner against a family. The PHA is only responsible for making housing assistance payments to the owner on behalf of a family in accordance with the HAP contract.
4. The owner will be paid the housing assistance payment under the HAP contract on or about the first day of the month for which payment is due, unless the owner and the PHA agree on a later date.
5. To receive housing assistance payments in accordance with the HAP contract, the owner must comply with all the provisions of the HAP contract. Unless the owner complies with all the provisions of the HAP contract, the owner does not have a right to receive housing assistance payments.
6. If the PHA determines that the owner is not entitled to the payment or any part of it, the PHA, in addition to other remedies, may deduct the amount of the overpayment from any amounts due the owner, including amounts due under any other housing assistance payments contract.
7. The owner will notify the PHA promptly of any change of circumstances that would affect the amount of the monthly housing assistance payment, and will return any payment that does not conform to the changed circumstances.

**d. Termination of assistance for family**

The PHA may terminate housing assistance for a family under the HAP contract in accordance with HUD requirements. The PHA must notify the owner in writing of its decision to terminate housing assistance for the family in such case.

**5. ADJUSTMENT OF RENT TO OWNER**

**a. PHA determination of adjusted rent**

1. At each annual anniversary during the term of the HAP contract, the PHA

shall adjust the amount of rent to owner, upon request to the PHA by the owner, in accordance with law and HUD requirements. In addition, the PHA shall adjust the rent to owner when there is a five percent or greater decrease in the published, applicable Fair Market Rent in accordance with 24 CFR 983.302.

2. The adjustment of rent to owner shall always be determined in accordance with all HUD requirements. The amount of the rent to owner may be adjusted up or down, in the amount defined by the PHA in accordance with HUD requirements.

**b. Reasonable rent**

The rent to owner for each contract unit, as adjusted by the PHA in accordance with 24 CFR 983.303, may at no time exceed the reasonable rent charged for comparable units in the private unassisted market. The reasonable rent shall be determined by the PHA in accordance with HUD requirements.

**c. No special adjustments**

The PHA will not make any special adjustments of the rent to owner.

**d. Owner compliance with HAP contract**

The PHA shall not approve, and the owner shall not receive, any increase of rent to owner unless all contract units are in accordance with the HQS, and the owner has complied with the terms of the assisted leases and the HAP contract.

**e. Notice of rent adjustment**

Rent to owner shall be adjusted by written notice by the PHA to the owner in accordance with this section. Such notice constitutes an amendment of the rents specified in Exhibit A.

**6. OWNER RESPONSIBILITY**

The owner is responsible for:

- a. Performing all management and rental functions for the contract units.
- b. Maintaining the units in accordance with HQS.

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- c. Complying with equal opportunity requirements.
- d. Enforcing tenant obligations under the lease.
- e. Paying for utilities and housing services (unless paid by the family under the lease).
- f. Collecting from the tenant:
  - 1. Any security deposit;
  - 2. The tenant rent; and
  - 3. Any charge for unit damage by the family.

**7. OWNER CERTIFICATION**

The owner certifies that at all times during the term of the HAP contract:

- a. All contract units are in good and tenable condition. The owner is maintaining the premises and all contract units in accordance with the HQS.
- b. The owner is providing all the services, maintenance and utilities as agreed to under the HAP contract and the leases with assisted families.
- c. Each contract unit for which the owner is receiving housing assistance payments is leased to an eligible family referred by the PHA, and the lease is in accordance with the HAP contract and HUD requirements.
- d. To the best of the owner's knowledge, the members of the family reside in each contract unit for which the owner is receiving housing assistance payments, and the unit is the family's only residence.
- e. The owner (including a principal or other interested party) is not the parent, child, grandparent, grandchild, sister, or brother of any member of a family residing in a contract unit.
- f. The amount of the housing assistance payment is the correct amount due under the HAP contract.
- g. The rent to owner for each contract unit does not exceed rents charged by the owner for other comparable unassisted units.

- h. Except for the housing assistance payment and the tenant rent as provided under the HAP contract, the owner has not received and will not receive any payments or other consideration (from the family, the PHA, HUD, or any other public or private source) for rental of the contract unit.
- i. The family does not own, or have any interest in the contract unit. If the owner is a cooperative, the family may be a member of the cooperative.

## **8. CONDITION OF UNITS**

### **a. Owner maintenance and operation**

The owner must maintain and operate the contract units and premises to provide decent, safe and sanitary housing in accordance with the HQS, including performance of ordinary and extraordinary maintenance. The owner must provide all the services, maintenance and utilities set forth in Exhibits B and C, and in the lease with each assisted family.

### **b. PHA inspections**

1. The PHA must inspect each contract unit before execution of the HAP contract. The PHA may not enter into a HAP contract covering a unit until the unit fully complies with the HQS.
2. Before providing assistance to a new family in a contract unit, the PHA must inspect the unit. The PHA may not provide assistance on behalf of the family until the unit fully complies with the HQS.
3. At least annually during the term of the HAP contract, the PHA must inspect a random sample, consisting of at least 20 percent of the contract units in each building, to determine if the contract units and the premises are maintained in accordance with the HQS. Turnover inspections pursuant to paragraph 2 of this section are not counted towards meeting this annual inspection requirement.
4. If more than 20 percent of the annual sample of inspected contract units in a building fail the initial inspection, the PHA must reinspect 100 percent of the contract units in the building.
5. The PHA must inspect contract units whenever needed to determine that the contract units comply with the HQS and that the owner is providing

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maintenance, utilities, and other services in accordance with the HAP contract. The PHA must take into account complaints and any other information that comes to its attention in scheduling inspections.

**c. Violation of the housing quality standards**

1. If the PHA determines a contract unit is not in accordance with the HQS, the PHA may exercise any of its remedies under the HAP contract for all or any contract units. Such remedies include termination, suspension or reduction of housing assistance payments, and termination of the HAP contract.
2. The PHA may exercise any such contractual remedy respecting a contract unit even if the family continues to occupy the unit.
3. The PHA shall not make any housing assistance for a dwelling unit that fails to meet the HQS, unless the owner corrects the defect within the period specified by the PHA and the PHA verifies the correction. If a defect is life threatening, the owner must correct the defect within no more than 24 hours. For other defects, the owner must correct the defect within no more than 30 calendar days (or any PHA-approved extension).

**d. Maintenance and replacement—owner's standard practice**

Maintenance and replacement (including redecoration) must be in accordance with the standard practice for the building concerned as established by the owner.

**9. LEASING CONTRACT UNITS**

**a. Selection of tenants**

1. During the term of the HAP contract, the owner must lease all contract units to eligible families selected and referred by the PHA from the PHA waiting list. (See 24 CFR 983.251.)
2. The owner is responsible for adopting written tenant selection procedures that are consistent with the purpose of improving housing opportunities for very low-income families and reasonably related to program eligibility and an applicant's ability to perform the lease obligations.
3. Consistent with HUD requirements, the owner may apply its own admission procedures in determining whether to admit a family referred

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by the PHA for occupancy of a contract unit. The owner may refer families to the PHA, and recommend selection of such families from the PHA waiting list for occupancy of vacant units.

4. The owner must promptly notify in writing any rejected applicant of the grounds for rejection.
5. The PHA must determine family eligibility in accordance with HUD requirements.
6. The contract unit leased to each family must be appropriate for the size of the family under the PHA's subsidy standards.
7. If a contract unit was occupied by an eligible family at the time the unit was selected by the PHA, or is so occupied on the effective date of the HAP contract, the owner must offer the family the opportunity to lease the same or another appropriately-sized contract unit with assistance under the HAP contract.
8. The owner is responsible for screening and selecting tenants from the families referred by the PHA from its waiting list.

**b. Vacancies**

1. The owner must promptly notify the PHA of any vacancy in a contract unit. After receiving the owner notice, the PHA shall make every reasonable effort to refer a sufficient number of families for owner to fill the vacancy.
2. The owner must rent vacant contract units to eligible families on the PHA waiting list referred by the PHA.
3. The PHA and the owner must make reasonable good faith efforts to minimize the likelihood and length of any vacancy.
4. If any contract units have been vacant for a period of 120 or more days since owner notice of vacancy (and notwithstanding the reasonable good faith efforts of the PHA to fill such vacancies), the PHA may give notice to the owner amending the HAP contract to reduce the number of contract units by subtracting the number of contract units (by number of bedrooms) that have been vacant for such period.

## **10. TENANCY**

### **a. Lease**

The lease between the owner and each assisted family must be in accordance with HUD requirements. In all cases, the lease must include the HUD-required tenancy addendum. The tenancy addendum must include, word-for-word, all provisions required by HUD.

### **b. Termination of tenancy**

1. The owner may only terminate a tenancy in accordance with the lease and HUD requirements.
2. The owner must give the PHA a copy of any owner eviction notice to the tenant at the same time that the owner gives notice to the tenant. Owner eviction notice means a notice to vacate, or a complaint or other initial pleading used to commence an eviction action under State or local law.

### **c. Family payment**

1. The portion of the monthly rent to owner payable by the family ("tenant rent") will be determined by the PHA in accordance with HUD requirements. The amount of the tenant rent is subject to change during the term of the HAP contract. Any changes in the amount of the tenant rent will be effective on the date stated in a notice by the PHA to the family and the owner.
2. The amount of the tenant rent as determined by the PHA is the maximum amount the owner may charge the family for rent of a contract unit, including all housing services, maintenance and utilities to be provided by the owner in accordance with the HAP contract and the lease.
3. The owner may not demand or accept any rent payment from the tenant in excess of the tenant rent as determined by the PHA. The owner must immediately return any excess rent payment to the tenant.
4. The family is not responsible for payment of the portion of the contract rent covered by the housing assistance payment under the HAP contract. The owner may not terminate the tenancy of an assisted family for nonpayment of the PHA housing assistance payment.

5. The PHA is only responsible for making the housing assistance payments to the owner on behalf of the family in accordance with the HAP contract. The PHA is not responsible for paying the tenant rent, or any other claim by the owner.

**d. Other owner charges**

1. Except as provided in paragraph 2, the owner may not require the tenant or family members to pay charges for meals or supportive services. Nonpayment of such charges is not grounds for termination of tenancy.
2. In assisted living developments receiving project-based voucher assistance, owners may charge tenants, family members, or both for meals or supportive services. These charges may not be included in the rent to owner, nor may the value of meals and supportive services be included in the calculation of reasonable rent. Non-payment of such charges is grounds for termination of the lease by the owner in an assisted living development.
3. The owner may not charge the tenant or family members extra amounts for items customarily included in rent in the locality or provided at no additional cost to the unsubsidized tenant in the premises.

**e. Security deposit**

1. The owner may collect a security deposit from the family.
2. The owner must comply with HUD and PHA requirements, which may change from time to time, regarding security deposits from a tenant.
3. The PHA may prohibit security deposits in excess of private market practice, or in excess of amounts charged by the owner to unassisted families.
4. When the family moves out of the contract unit, the owner, subject to State and local law, may use the security deposit, including any interest on the deposit, in accordance with the lease, as reimbursement for any unpaid tenant rent, damages to the unit or other amounts which the family owes under the lease. The owner must give the family a written list of all items charged against the security deposit and the amount of each item. After deducting the amount used as reimbursement to the owner, the owner must



promptly refund the full amount of the balance to the family.

5. If the security deposit is not sufficient to cover amounts the family owes under the lease, the owner may seek to collect the balance from the family. However, the PHA has no liability or responsibility for payment of any amount owed by the family to the owner.

#### **11. FAMILY RIGHT TO MOVE**

- a. The family may terminate its lease at any time after the first year of occupancy. The family must give the owner advance written notice of intent to vacate (with a copy to the PHA) in accordance with the lease. If the family has elected to terminate the lease in this manner, the PHA must offer the family the opportunity for tenant-based rental assistance in accordance with HUD requirements.

- b. Before providing notice to terminate the lease under paragraph a, the family must first contact the PHA to request tenant-based rental assistance if the family wishes to move with continued assistance. If tenant-based rental assistance is not immediately available upon lease termination, the PHA shall give the family priority to receive the next available opportunity for tenant-based rental assistance.

#### **12. OVERCROWDED, UNDER-OCCUPIED, AND ACCESSIBLE UNITS**

The PHA subsidy standards determine the appropriate unit size for the family size and composition. The PHA and owner must comply with the requirements in 24 CFR 983.259.

#### **13. PROHIBITION OF DISCRIMINATION**

- a. The owner may not refuse to lease contract units to, or otherwise discriminate against any person or family in leasing of a contract unit, because of race, color, religion, sex, national origin, disability, age or familial status.
- b. The owner must comply with the following requirements: The Fair Housing Act (42 U.S.C. 3601-19) and implementing regulations at 24 CFR part 100 *et seq.* ; Executive Order 11063, as amended by Executive Order 12259 (3 CFR, 1959-1963 Comp., p. 652 and 3 CFR, 1980 Comp., p. 307) (Equal Opportunity in Housing Programs) and implementing regulations at 24 CFR part 107; title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d-2000d-4) (Nondiscrimination in Federally Assisted Programs) and implementing regulations at 24 CFR part 1; the

Age Discrimination Act of 1975 (42 U.S.C. 6101–6107) and implementing regulations at 24 CFR part 146; section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794) and implementing regulations at part 8 of this title; title II of the Americans with Disabilities Act, 42 U.S.C. 12101 *et seq.*; 24 CFR part 8; section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u) and implementing regulations at 24 CFR part 135; Executive Order 11246, as amended by Executive Orders 11375, 11478, 12086, and 12107 (3 CFR, 1964–1965 Comp., p. 339; 3 CFR, 1966–1970 Comp., p. 684; 3 CFR, 1966–1970 Comp., p. 803; 3 CFR, 1978 Comp., p. 230; and 3 CFR, 1978 Comp., p. 264, respectively) (Equal Employment Opportunity Programs) and implementing regulations at 41 CFR chapter 60; Executive Order 11625, as amended by Executive Order 12007 (3 CFR, 1971–1975 Comp., p. 616 and 3 CFR, 1977 Comp., p. 139) (Minority Business Enterprises); Executive Order 12432 (3 CFR, 1983 Comp., p. 198) (Minority Business Enterprise Development); and Executive Order 12138, as amended by Executive Order 12608 (3 CFR, 1977 Comp., p. 393 and 3 CFR, 1987 Comp., p. 245) (Women's Business Enterprise).

- c. The PHA and the owner must cooperate with HUD in the conducting of compliance reviews and complaint investigations pursuant to all applicable civil rights statutes, Executive Orders, and all related rules and regulations.

#### **14. PHA DEFAULT AND HUD REMEDIES**

If HUD determines that the PHA has failed to comply with the HAP contract, or has failed to take appropriate action to HUD's satisfaction or as directed by HUD, for enforcement of the PHA's rights under the HAP contract, HUD may assume the PHA's rights and obligations under the HAP contract, and may perform the obligations and enforce the rights of the PHA under the HAP contract.

#### **15. OWNER DEFAULT AND PHA REMEDIES**

##### **a. Owner default**

Any of the following is a default by the owner under the HAP contract:

1. The owner has failed to comply with any obligation under the HAP contract, including the owner's obligations to maintain all contract units in accordance with the housing quality standards.
2. The owner has violated any obligation under any other housing assistance payments contract under Section 8 of the United States Housing Act of 1937 (42 U.S.C. 1437f).

3. The owner has committed any fraud or made any false statement to the PHA or HUD in connection with the HAP contract.
4. The owner has committed fraud, bribery or any other corrupt or criminal act in connection with any Federal housing assistance program.
5. If the property where the contract units are located is subject to a lien or security interest securing a HUD loan or a mortgage insured by HUD and:
  - A. The owner has failed to comply with the regulations for the applicable mortgage insurance or loan program, with the mortgage or mortgage note, or with the regulatory agreement; or
  - B. The owner has committed fraud, bribery or any other corrupt or criminal act in connection with the HUD loan or HUD-insured mortgage.
6. The owner has engaged in any drug-related criminal activity or any violent criminal activity.

**b. PHA remedies**

1. If the PHA determines that a breach has occurred, the PHA may exercise any of its rights or remedies under the HAP contract.
2. The PHA must notify the owner in writing of such determination. The notice by the PHA to the owner may require the owner to take corrective action (as verified by the PHA) by a time prescribed in the notice.
3. The PHA's rights and remedies under the HAP contract include recovery of overpayments, termination or reduction of housing assistance payments, and termination of the HAP contract.

**c. PHA remedy is not waived**

The PHA's exercise or non-exercise of any remedy for owner breach of the HAP contract is not a waiver of the right to exercise that remedy or any other right or remedy at any time.

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Previous editions are obsolete

Project-based Voucher Program  
HAP Contract for New Construction or Rehabilitation

HUD 52530A Page - 14 -  
of Part 2  
(04/2015)

**16. OWNER DUTY TO PROVIDE INFORMATION AND ACCESS  
REQUIRED BY HUD OR PHA**

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**a. Required information**

The owner must prepare and furnish any information pertinent to the HAP contract as may reasonably be required from time to time by the PHA or HUD. The owner shall furnish such information in the form and manner required by the PHA or HUD.

**b. PHA and HUD access to premises**

The owner must permit the PHA or HUD or any of their authorized representatives to have access to the premises during normal business hours and, for the purpose of audit and examination, to have access to any books, documents, papers and records of the owner to the extent necessary to determine compliance with the HAP contract, including the verification of information pertinent to the housing assistance payments or the HAP contract.

**17. PHA AND OWNER RELATION TO THIRD PARTIES**

**a. Injury because of owner action or failure to act**

The PHA has no responsibility for or liability to any person injured as a result of the owner's action or failure to act in connection with the implementation of the HAP contract, or as a result of any other action or failure to act by the owner.

**b. Legal relationship**

The owner is not the agent of the PHA. The HAP contract does not create or affect any relationship between the PHA and any lender to the owner or any suppliers, employees, contractors or subcontractors used by the owner in connection with the implementation of the HAP contract.

**c. Exclusion of third party claims**

Nothing in the HAP contract shall be construed as creating any right of a family or other third party (other than HUD) to enforce any provision of the HAP contract, or to assert any claim against HUD, the PHA or the owner under the HAP contract.

**d. Exclusion of owner claims against HUD**

Nothing in the HAP contract shall be construed as creating any right of the owner to assert any claim against HUD.

**18. PHA-OWNED UNITS**

Notwithstanding Section 17 of this HAP contract, a PHA may own units assisted under the project-based voucher program, subject to the special requirements in 24 CFR 983.59 regarding PHA-owned units.

**19. CONFLICT OF INTEREST**

**a. Interest of members, officers, or employees of PHA, members of local governing body, or other public officials**

1. No present or former member or officer of the PHA (except tenant-commissioners), no employee of the PHA who formulates policy or influences decisions with respect to the housing choice voucher program or project-based voucher program, and no public official or member of a governing body or State or local legislator who exercises functions or responsibilities with respect to these programs, shall have any direct or indirect interest, during his or her tenure or for one year thereafter, or in the HAP contract.

2. HUD may waive this provision for good cause.

**b. Disclosure**

The owner has disclosed to the PHA any interest that would be a violation of the HAP contract. The owner must fully and promptly update such disclosures.

**c. Interest of member of or delegate to Congress**

No member of or delegate to the Congress of the United States of America or resident-commissioner shall be admitted to any share or part of this HAP contract or to any benefits arising from the contract.

## **20. EXCLUSION FROM FEDERAL PROGRAMS**

### **a. Federal requirements**

The owner must comply with and is subject to requirements of 2 CFR part 2424.

### **b. Disclosure**

The owner certifies that:

1. The owner has disclosed to the PHA the identity of the owner and any principal or interested party.
2. Neither the owner nor any principal or interested party is listed on the U.S. General Services Administration list of parties excluded from Federal procurement and nonprocurement programs; and none of such parties are debarred, suspended, subject to a limited denial of participation or otherwise excluded under 2 CFR part 2424.

## **21. TRANSFER OF THE CONTRACT OR PROPERTY**

### **a. When consent is required**

1. The owner agrees that neither the HAP contract nor the property may be transferred without the advance written consent of the PHA in accordance with HUD requirements.
2. "Transfer" includes:
  - A. Any sale or assignment or other transfer of ownership, in any form, of the HAP contract or the property;
  - B. The transfer of any right to receive housing assistance payments that may be payable pursuant to the HAP contract;
  - C. The creation of a security interest in the HAP contract or the property;
  - D. Foreclosure or other execution on a security interest; or
  - E. A creditor's lien, or transfer in bankruptcy.

3. If the owner is a corporation, partnership, trust or joint venture, the owner is not required to obtain advance consent of the PHA pursuant to paragraph a for transfer of a passive and non-controlling interest in the ownership entity (such as a stock transfer or transfer of the interest of a limited partner), if any interests so transferred cumulatively represent less than half the beneficial interest in the HAP contract or the property. The owner must obtain advance consent pursuant to paragraph a for transfer of any interest of a general partner.

**b Transferee assumption of HAP contract**

No transferee (including the holder of a security interest, the security holder's transferee or successor in interest, or the transferee upon exercise of a security interest) shall have any right to receive any payment of housing assistance payments pursuant to the HAP contract, or to exercise any rights or remedies under the HAP contract, unless the PHA has consented in advance, in writing to such transfer, and the transferee has agreed in writing, in a form acceptable to the PHA in accordance with HUD requirements, to assume the obligations of the owner under the HAP contract, and to comply with all the terms of the HAP contract.

**c. Effect of consent to transfer**

1. The creation or transfer of any security interest in the HAP contract is limited to amounts payable under the HAP contract in accordance with the terms of the HAP contract.
2. The PHA's consent to transfer of the HAP contract or the property does not to change the terms of the HAP contract in any way, and does not change the rights or obligations of the PHA or the owner under the HAP contract.
3. The PHA's consent to transfer of the HAP contract or the property to any transferee does not constitute consent to any further transfers of the HAP contract or the property, including further transfers to any successors or assigns of an approved transferee.

**d. When transfer is prohibited**

The PHA will not consent to the transfer if any transferee, or any principal or interested party is debarred, suspended subject to a limited denial of participation, or otherwise excluded under 2 CFR part 2424, or is listed on the

U.S. General Services Administration list of parties excluded from Federal procurement or nonprocurement programs.

## **22. SUBSIDY LAYERING**

### **a. Owner disclosure**

The owner must disclose to the PHA, in accordance with HUD requirements, information regarding any related assistance from the Federal Government, a State, or a unit of general local government, or any agency or instrumentality thereof, that is made available or is expected to be made available with respect to the contract units. Such related assistance includes, but is not limited to, any loan, grant, guarantee, insurance, payment, rebate, subsidy, credit, tax benefit, or any other form of direct or indirect assistance.

### **b. Limit of payments**

Housing assistance payments under the HAP contract must not be more than is necessary, as determined in accordance with HUD requirements, to provide affordable housing after taking account of such related assistance. The PHA will adjust in accordance with HUD requirements the amount of the housing assistance payments to the owner to compensate in whole or in part for such related assistance.

## **23. OWNER LOBBYING CERTIFICATIONS**

a. The owner certifies, to the best of owner's knowledge and belief, that:

1. No Federally appropriated funds have been paid or will be paid, by or on behalf of the owner, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of the HAP contract, or the extension, continuation, renewal, amendment, or modification of the HAP contract.
2. If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the HAP contract, the owner must complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in



accordance with its instructions.

- b. This certification by the owner is a prerequisite for making or entering into this transaction imposed by 31 U.S.C. 1352.

**24. COMPLETION AND ACCEPTANCE OF CONTRACT UNITS**

The owner certifies that the contract units have been completed in accordance with the Agreement. Completion and acceptance of the units is subject to the provisions of the Agreement.

**25. TERMINATION OF HAP CONTRACT FOR WRONGFUL SELECTION OF CONTRACT UNITS**

The HAP contract may be terminated upon at least 30 days notice to the owner by the PHA or HUD if the PHA or HUD determines that the contract units were not eligible for selection in conformity with HUD requirements.

**26. NOTICES AND OWNER CERTIFICATIONS**

- a. Where the owner is required to give any notice to the PHA pursuant to the HAP contract or any other provision of law, such notice must be in writing and must be given in the form and manner required by the PHA.
- b. Any certification or warranty by the owner pursuant to the HAP contract shall be deemed a material representation of fact upon which reliance was placed when this transaction was made or entered into.

**27. ENTIRE AGREEMENT; INTERPRETATION**

- a. The Agreement and the HAP contract, including the exhibits, is the entire agreement between the PHA and the owner.
- b. The Agreement and the HAP contract must be interpreted and implemented in accordance with all statutory requirements, and with all HUD requirements, including amendments or changes in HUD requirements during the term of the HAP contract. The owner agrees to comply with all such laws and HUD requirements.

# EXHIBIT A

Total Number of Units in the Project: 41

Total Contract Units: 40 (36 studio units and 4 one bedroom units)

Initial Rent to Owner: Studio units- \$538; One Bedroom Units- \$592

Description of Contract Units:

<u>Unit #</u>	<u>Sq Ft.</u>	<u>Bedrooms</u>	<u>Baths</u>	<u>ADA</u>	<u>Unit #</u>	<u>Sq Ft.</u>	<u>Bedrooms</u>	<u>Baths</u>	<u>ADA</u>
101	460	1	1		409	460	Studio	1	
103	460	Studio	1		411	460	Studio	1	
105	460	Studio	1		412	460	Studio	1	
107	460	Studio	1	X	414	460	Studio	1	
201	460	1	1		416	460	Studio	1	
203	460	Studio	1	X	418	460	Studio	1	
205	460	Studio	1		420	460	Studio	1	X
207	460	Studio	1		422	460	Studio	1	
209	460	Studio	1						
211	460	Studio	1						
212	460	Studio	1						
214	460	Studio	1						
216	460	Studio	1						
218	460	Studio	1						
220	460	Studio	1						
222	460	Studio	1						
301	460	1	1						
303	460	Studio	1						
305	460	Studio	1						
307	460	Studio	1						
309	460	Studio	1						
311	460	Studio	1						
312	460	Studio	1						
314	460	Studio	1						
316	460	Studio	1						
318	460	Studio	1						
320	460	Studio	1	X					
322	460	Studio	1						
401	460	1	1						
403	460	Studio	1	X					
405	460	Studio	1						
407	460	Studio	1						

## **EXHIBIT B**

Services, maintenance, and equipment to be provided by the owner without charges in addition to the rent to owner:

- ♦ Parking
- ♦ Shared laundry facilities on the 2<sup>nd</sup>, 3<sup>rd</sup>, and 4<sup>th</sup> floors
- ♦ Shared community room with a full kitchen for use by the residents and service providers
- ♦ Two private meeting rooms for service providers to work with residents
- ♦ Multi-purpose indoor recreational room that will be utilized for exercise classes, including fitness equipment
- ♦ ~~24-hour~~ surveillance system with controlled entry
- ♦ Computers with internet, word processing, spreadsheet software, and printers
- ♦ All residential units will be full~~y~~ furnished including a bed, couch, and kitchen table.
- ♦ Doorbell and videophone system for each unit

**EXHIBIT C**

Utilities available in the contract units, including a listing of utility services to be paid by the owner (without charges in addition to the rent to owner) and utilities to be paid by the tenants

Water, Sewer, Trash, and Gas Water Heating will be paid by the Owner

Tenant will be responsible for paying for all electric utilities including cooking and heating.

Row	House/Garden Apt	Tenant	Owner
Heating- Electric		X	
Cooking- Electric		X	
Other Electricity		X	
Water Heating- Natural Gas			X
Water			X
Sewer			X
Trash			X
Range			X
Refrigerator			X

## **EXHIBIT D**

**Features provided to comply with program accessibility features of Section 504 of the Rehabilitation Act of 1973:**

There are 5 units designed to comply with ADA standards.

The following items throughout the building comply with Universal Design Standards:

All interior doors are 36 inches

Front loading washers and dryers

Automatic door openers at main entrance of building

Handrails on both sides of common hallways

Additional accessibility features are located throughout the building for persons who are deaf, and/or hard of hearing including:

## **EXHIBIT E**

The owner must provide the following supportive services to residents living at New Path. A Memorandum of Understanding (MOU) governing the relationship between the Developer/Owner, property management, supportive service partner, and the Housing Authority, and the Supportive Services Plan is part of this Exhibit. In the event that a supportive service partner rescinds their commitment, or is unable to fulfill the responsibilities of a service provider, the Developer/Applicant must be able to secure a replacement supportive service partner.

The owner must ensure the property management and service providers disclose any information that BCHA or HUD determines to be necessary in the administration of the program.

1. **Case Management/Service Coordination/Tenant Advocacy-** The case manager assesses service needs and makes recommendations as to the types of services from which the tenant could benefit. They then assist in connecting the tenant with the service. Should the tenant deny participation, the Case Manager/Service Coordinator will continuously encourage the tenant to participate. This role is also responsible for assisting the tenant in meeting their tenancy and mainstream resources obligations. This includes assisting tenants with annual and interim recertification paperwork, reporting changes in income and household composition, addressing Housing Quality Standards breach caused by the tenant or guests, and any other requirements the tenant must adhere to under the lease, tenancy addendum, or other Housing Choice Voucher Family Obligations.
2. **Mental Health Services-** The offering of this service will assist in improving the tenants' mental health, resulting in improved stability, living skills, and social accountability. This may include psychosocial assessments, counseling, and peer support, among other interventions.
3. **Health/Medical Services-** The offering of this service will assist in access to health care, including preventative treatment is crucial to the improved health and stability of this population as many illnesses and conditions go untreated when experiencing homelessness. This may include routine care/check-ups, medication management, and nutrition counseling, among other forms of health/medical care.
4. **Independent Living Skills-** The offering of this service will assist individuals with mental illnesses and/or those that have lived without modern amenities for an extended period of time may need assistance in regaining life skills and independence. This may include self care, budgeting, paying rent, meal preparation, renter education, personal hygiene, and housekeeping, among other skills.
5. **Education-** PSH is designed to be permanent housing. However, some individuals will regain a level of independent functioning above the level of support provided in the PSH project. Access to increased education or technical proficiency is one way to assist tenants in graduating from the project and remaining independently and stably housed elsewhere.
6. **Employment Services-** If a tenant achieves improved independence and stability, and aspires to a more independent living environment, increased income is one way to prepare the tenant for

alternative stable housing. Services may include vocational counseling, job placement, and being a liaison between the tenant and employer.

7. **Substance Use and Addiction Services-** Many chronically homeless individuals live with co-occurring disorders, including substance abuse. Treatment may include relapse prevention, recovery planning, counseling, harm reduction, and inpatient treatment, among services.
8. **Transportation Services,** whenever possible, should be delivered on-site; however, other responsibilities and obligations must be met that require off-site travel and/or coordination. These may include program/benefit recertifications, employment, and grocery shopping, among other activities. Transportation resources should be made available to project residents.

## **EXHIBIT F**

### **Boise City Housing Authority**

#### **ADDENDUM TO SECTION 8 PROJECT-BASED VOUCHER PROGRAM PBV HOUSING ASSISTANCE PAYMENTS CONTRACT NEW CONSTRUCTION OR REHABILITATION BETWEEN BOISE CITY HOUSING AUTHORITY AND BOISE PACIFIC NIHC ASSOCIATES, AN IDAHO LIMITED PARTNERSHIP**

This Addendum to Section 8 Project-Based Voucher Program PBV Housing Assistance Payments Contract New Construction or Rehabilitation is entered into by and between the Boise City Housing Authority, an independent public body corporate and politic (PHA), and Boise Pacific NIHC associates, an Idaho Limited Partnership (owner). This Addendum is entered into contemporaneously with the U.S. Department Of Housing and Urban Development (HUD) Section 8 Project-Based Voucher Program PBV Housing Assistance Payments Contract for New Construction or Rehabilitation between the PHA and the owner (HAP Contract), and is intended to modify and supplement the HAP Contract as set forth below.

In consideration of the covenants, conditions and terms contained in the HAP Contract and herein, the PHA and owner agree that the HAP Contract is modified and supplemented as follows:

##### **Part 1, Section 1.f.2.c.1: Vacancy payment**

- The written notice to the PHA required of owner by Part 1, Section 1.f.2.c.1 of the HAP Contract for purposes of vacancy payments must be submitted to the PHA as soon as possible, but in no event later than three (3) business days after the date the family vacated the unit.

##### **Part 2, Section 4.c.7: PHA payment to owner**

- The notification to the PHA required of owner by Part 2, Section 4.c.7 of the HAP Contract when there has been a change in circumstances that would affect the amount of the monthly housing assistance payment must be given as soon as possible, but in no event later than three (3) business days following the change of circumstances that would affect the amount of monthly assistance.

##### **Part 2, Section 5.a: PHA determination of adjusted rent**

- Any rent adjustments requested by the owner under Part 2, Section 5.a of the HAP Contract will be reviewed and analyzed by the PHA to determine the appropriateness of the request. The PHA will rely on applicable law, HUD regulations and requirements, PHA rules, and supporting documentation, including, but not limited to, rent rolls, financial statements, operating costs, and other funding sources, to perform its review and analysis.



- Any rent adjustments requested by the owner under Part 2, Section 5.a of the HAP Contract must be submitted, in writing, to the PHA at least sixty (60) calendar days prior to the annual anniversary of the HAP Contract.

#### **Part 2, Section 8.b: PHA Inspections**

- In addition to the minimum inspection requirements found in Part 2, Section 8.b of the HAP Contract, the PHA reserves the right, in its sole discretion, to inspect any or all contract units at any time with prior written notice to determine that the contract units comply with the HUD housing quality standards and that the owner is complying with the terms of the HAP Contract, including the provision of maintenance, utilities, and other services in accordance with the HAP Contract. The PHA intends to conduct inspections of all contract units on an annual basis initially, and reserves the right to adjust the percentage of contract units the PHA will inspect thereafter based on inspection results and in accordance with the inspection requirements of Part 2, Section 8.b of the HAP Contract. The owner shall cooperate with the PHA to facilitate such inspection of the contract units.

#### **Owner documents**

The owner shall provide or make available the following documentation to the PHA within the applicable timeframes set forth below:

- The owner must submit to the PHA its year-end financial statements within ninety (90) calendar days after the end of owner's fiscal year, and other financial statements as requested by the PHA.
- The owner must make rent rolls available for review, as needed or requested by the PHA.
- The owner must submit to the PHA all Idaho Housing and Finance Association (IHFA) compliance inspection results for contract units within sixty (60) calendar days of completion of the IHFA inspection.

#### **Quality assurance**

The owner acknowledges that the PHA will conduct an annual Quality Assurance review of the contract units. The following areas will be reviewed for each contract unit: inspections, tenant files, owner's policies and procedures, reasonable accommodation requests, and any other terms listed in the HAP Contract the PHA deems necessary.

Except as identified and modified herein, this Addendum shall not alter, modify or change the HAP Contract in any other respect and all of the terms and conditions of the HAP Contract shall remain in full force and effect.

**PUBLIC HOUSING AGENCY (PHA)**


**Name of PHA**  
Boise City Housing Authority

By:   
Deanna Watson, Executive Director

Date: 6-18-2019

**OWNER**

**Name of Owner**  
Boise Pacific NIHC Associates, an Idaho Limited Partnership

By:   
Caleb Roope, Manager of the Administrative General Partner

Date: 6-14-19



## PLANNING AND DEVELOPMENT SERVICES

### CITY OF BOISE HOUSING AND COMMUNITY DEVELOPMENT

City of Boise  
Housing & Community Development  
150 N Capitol Blvd  
Boise, ID 83702

11/09/2021

Dear Boise City/Ada County Continuum of Care,

The City of Boise is committed to the continued success of New Path in partnership with Our Path Home, the Boise City & Ada County Housing Authorities, our hospital partners, and the building owners. We have taken the following steps towards finalizing the funding and contract for supportive services and anticipate producing the final contract on November 16, 2021.

- **Memo – New Path Supportive Services Contract:** The Mayor and Council approved moving forward holding a contract between the City of Boise and Terry Reilly Health Services for the continuation of supportive services at New Path on September 16<sup>th</sup>, 2021.
- **Saint Alphonsus & Saint Luke Support Letters:** Both hospital partners have committed to ongoing support and increased their funding level, pledging \$120,000 each over the contract period for a total of \$240,000.
- **Interim Budget Change – City Funds:** Today, the City of Boise approved an interim budget change to allocate \$335,000 from general funds to fulfil the total budget for Terry Reilly Health Services for the next year of supportive services at New Path.
- **Final Contract Approval:** The City of Boise has drafted an updated contract that is set to move through City Council for final approval on November 16<sup>th</sup>.

Respectfully,

Maureen Brewer  
Housing & Community Development Senior Manager  
City of Boise  
(208)570-6845  
mbrewer@cityofboise.org

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BOISE CITY HALL: ATTN: Housing and Community Development | 150 N. Capitol Boulevard | MAIL: P.O. Box 500, Boise, Idaho 83701-0500  
P: 208-570-6830 | F: 208-384-4195 | TDD/TTY: 800-377-3529



Upon request, this document will be provided in a format that is accessible to persons with disabilities and/or persons with limited-English proficiency. The City of Boise prohibits discrimination in housing on the basis of race, color, sex, sexual orientation, gender identity/expression, national origin, religion, familial status, disability and age.

[CITYOFBOISE.ORG/HCD](http://CITYOFBOISE.ORG/HCD)



## DEPARTMENT OF FINANCE AND ADMINISTRATION

MAYOR: Lauren McLean | DIRECTOR: Lynda Lowry

# MEMO

**TO:** Mayor McLean and City Council Members  
**FROM:** Maureen Brewer, Casey Mattoon  
**CC:** Courtney Washburn, Kristine Miller  
**DATE:** September 16, 2021  
**RE:** New Path Supportive Services Contract

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### BACKGROUND

New Path Community Housing is a 40-unit, single-site, Permanent Supportive Housing program in Boise. New Path follows a Housing First approach – a model with a remarkably strong national evidence-base for its effectiveness. Housing First programs are designed to address specific issues related to chronic homelessness including high utilization of emergency medical and substance dependence services, frequent contact with the criminal justice system, and compromised overall personal well-being.

The second annual evaluation, which was released earlier this summer, continues to highlight the success of Housing First projects and demonstrate the community benefit (via cost avoidance and savings) afforded to Boise residents by not only housing the most vulnerable but also providing the services they need to maintain their housing and increase their well-being. The evaluation indicates the program is meeting the needs of the majority of residents and creating significant cost savings for the community. Key achievements in New Path's first two years include:

- A reduction in emergency services by 60% or 1,372 fewer days in service
- Total savings/cost avoidance of \$2,659,021
- An increase in overall resident well-being

As noted in the evaluation, the successful outcomes produced in New Path's first two years may only continue if fidelity to the Housing First model is maintained. Any changes in the program's design will impact continuity of program outcomes.

### FUNDING CHALLENGE

Since January 2021, Ada County leadership has consistently communicated their lack of support in the Housing First model and, therefore, their intent to make substantive changes to any supportive services contract the County is a party to – changes that move away from the Housing First model that has been critical to New Path's success. Last year's contract for supportive services at New Path was held by Ada County and because all project funding partners only make annual commitments, the process to reconfirm funding results in annual uncertainty and risk.

For the upcoming year (October 1, 2021 – September 30, 2022), New Path faces a funding shortfall. Although Saint Alphonsus and St. Luke's have committed to maintain their annual funding level of \$100,000 each, Ada County has reduced its funding level to \$200,000 and suggested that those dollars will be provided to Terry Reilly Health Services generally rather than for Terry Reilly to continue to provide on-site supportive services at New Path that follow the Housing First model.

### **FY22 BUDGET & PROPOSED FUNDING**

The total budget request from Terry Reilly Health Services to cover support services at New Path for Fiscal Year 2022 is \$575,000. Housing and Community Development plans to contribute \$375,000 of HOME-ARP dollars which are eligible to cover "Supportive Services, including services defined at [24 CFR 578.53\(e\)](#), homeless prevention services, and housing counseling." Hospital partners will give the remaining \$200,000, with each contributing \$100,000.

### **NEXT STEPS**

City staff will draft a contract to enable New Path to continue to be supported by on-site services and staff will continue to work alongside Our Path Home partners on the New Path Advisory Committee – Terry Reilly Health Services, Saint Alphonsus, St. Luke's, Boise City/Ada County Housing Authorities – to support program success.





September 27, 2021

City of Boise- Our Path Home  
150 N. Capitol Blvd  
Boise, ID 83702

Dear Mr. Mattoon and Ms. Brewer:

I am writing this letter to demonstrate Saint Alphonsus Regional Medical Center's (SARMC) commitment to supportive services at New Path Community Housing in Boise as provided by Terry Reilly Health Services. Saint Alphonsus has been a long-standing partner in providing funding and organizational support for a variety of initiatives and agencies seeking to prevent and mitigate homelessness in our service area. Additionally, Saint Alphonsus identified housing and homelessness as the leading social influencer of health in our service area in 2020 and have committed to a platform of housing as healthcare to address these issues at both the patient and community level. As such, our leaders have participated in New Path planning and operational leadership teams since its inception to continue our legacy of support.

Our organization pledges \$120,000 over the next year to support services provided by Terry Reilly Health Services as contracted by the City of Boise and Our Path Home.

We look forward to continued partnership with the New Path operational leadership team, Our Path Home, and others toward continuing the work of providing stable housing for our community's most vulnerable citizens.

Sincerely,

*Rebecca Lemmons*

Rebecca Lemmons, MHS  
Regional Director, Community Health & Well-Being  
Saint Alphonsus Health System  
1055 N. Curtis Rd., Boise, ID 83706  
[Rebecca.Lemmons@saintalphonsus.org](mailto:Rebecca.Lemmons@saintalphonsus.org)



**Better  
Together**

October 1, 2021

City of Boise – Our Path Home  
150 N. Capitol Blvd  
Boise, ID 83702

Dear Maureen and Casey:

I am writing this letter to demonstrate St. Luke's Health System's commitment to supportive services at New Path Community Housing in Boise, as provided by Terry Reilly Health Services. Our organization pledges \$120,000 over the next year to support services provided by Terry Reilly Health Services as contracted by the City of Boise and Our Path Home.

St. Luke's understands the challenges of tackling transformational issues for the betterment of our entire community – especially issues that include our most vulnerable populations. Housing and health are inextricably linked; we know that safe and stable housing is foundational to optimal health outcomes. As a partner in New Path since its inception, St. Luke's remains committed to New Path's evidence-based approach to housing first and its demonstration of positive outcomes within our community.

We look forward to continued partnership with the New Path operational leadership team, Our Path Home, and others toward continuing the work of providing stable housing for our community's most vulnerable citizens.

Thank you,

A handwritten signature in blue ink, appearing to read "Theresa".

Theresa McLeod  
Administrator, Community Health & Engagement  
St. Luke's Health System  
[mcleodt@slhs.org](mailto:mcleodt@slhs.org)

# SUPPORTIVE SERVICES PROJECT BUDGET

	PERSONNEL	Rate	Indirects @ 18.1%	Fringe @ 28.82%	Total per Hour	FTE	Budget
1	PERSONNEL TOTAL		\$62,493	\$ 99,506		7.50	\$507,267
	OPERATIONS						
2	Cleaning						\$13,000
3	Training						\$6,000
4	Bus passes/Patient Transportation						\$7,507
5	Contractual Services						\$13,000
6	PM/EMR support costs						\$9,000
7	General Office supplies						\$1,000
8	Life Skills						\$7,500
9	Medical Supplies						\$2,000
10	Cell phones						\$1,500
11	Equipment						\$2,000
12	Insurance						\$5,000
13	OPERATIONS TOTAL						\$67,507
14	PROJECT TOTAL						\$574,774
15	Variance						\$0



## New Path Financial Management Report

	2020/2021	October	November	December	January	February	March	April	May	June	Actual YTD	Budget YTD	YTD Variance
<b>Revenues</b>													
1	Private Grants & Contracts	42,667	42,667	42,667	42,667	42,667	42,667	42,667	42,667	42,667	384,003	384,003	0
2	Federal Grants & Contracts	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	0	40,000	40,000	0
3	Service Revenue	2,292	0	2,502	0	0	0	0	0	1,162	5,956	5,956	0
4	Allowances & Write Offs	1,321	0	-4,532	0	0	0	0	0	167	-3,043	-3,043	0
5	<b>Total Collected</b>	<b>47,667</b>	<b>47,667</b>	<b>47,667</b>	<b>47,667</b>	<b>47,667</b>	<b>47,667</b>	<b>47,667</b>	<b>47,667</b>	<b>42,667</b>	<b>384,003</b>	<b>384,003</b>	<b>0</b>
<b>Expenses</b>													
6	Salary	26,358	25,526	26,548	25,682	25,661	28,416	27,405	23,633	23,798	233,027	258,404	25,377
7	Fringe	9,192	7,925	6,366	12,464	6,444	11,902	11,316	8,010	9,923	83,541	68,786	-14,754
8	Training	140	930	375	900	295	220	232	210	146	3,450	4,500	1,050
9	Transporation	65	0	105	0	0	0	180	30	47	427	1,216	789
10	Shredding	0	30	316	0	0	1,255	189	0	0	0	450	450
11	Support Cost	1,147	853	911	3,450	1,171	1,319	1,313	1,338	1,313	12,814	6,980	-5,835
12	Supplies	42	0	308	272	187	931	114	29	522	2,407	3,113	706
13	Cell Phones	161	161	161	161	161	161	161	161	161	1,449	1,080	-369
14	Equipment	254	688	969	0	1,601	0	0	0	419	3,931	1,575	-2,356
15	Insurance	325	325	325	325	325	325	325	325	325	2,925	3,000	75
16	Indirect	2,998	3,050	4,006	4,119	3,816	4,343	4,984	4,591	4,527	36,434	39,535	3,101
17	<b>Total Expenses</b>	<b>40,683</b>	<b>39,488</b>	<b>40,390</b>	<b>47,373</b>	<b>39,662</b>	<b>48,872</b>	<b>46,220</b>	<b>38,326</b>	<b>41,180</b>	<b>380,405</b>	<b>388,638</b>	<b>8,234</b>
18	<b>Surplus/Deficit (Revenue)</b>	<b>6,984</b>	<b>8,179</b>	<b>7,277</b>	<b>294</b>	<b>8,005</b>	<b>-1,205</b>	<b>1,447</b>	<b>9,341</b>	<b>1,487</b>	<b>3,598</b>	<b>-4,635</b>	<b>8,234</b>

## New Path Financial Management Report

2019/2020	October	November	December	January	February	March	April	May	June	July	August	September	Actual YTD	Budget YTD	/TD Variance
<b>Revenues</b>															
1 Private Grants & Contracts	42,667	42,667	42,667	42,667	42,667	42,667	42,667	42,667	42,667	42,667	42,667	43,437	512,774	512,774	0
2 Federal Grants & Contracts	0	0	0	0	0	0	0	5,000	5,000	5,000	5,000	5,000	25,000	25,000	0
3 Service Revenue	3,826	4,596	2,502	7,490	7,490	5,412	2,265	2,286	1,162	1,287	0	0	38,316	38,316	0
4 Allowances & Write Offs	-957	1,477	-4,532	-3,657	-1,096	2,184	-3,111	-568	167	-681	-799	39	-11,534	-11,534	0
5 <b>Total Collected</b>	<b>42,667</b>	<b>42,667</b>	<b>42,667</b>	<b>42,667</b>	<b>42,667</b>	<b>42,667</b>	<b>42,667</b>	<b>47,667</b>	<b>47,667</b>	<b>47,667</b>	<b>47,667</b>	<b>48,437</b>	<b>512,774</b>	<b>512,774</b>	<b>0</b>
<b>Expenses</b>															
6 Salary	19,855	20,198	26,527	27,279	25,274	28,760	33,007	30,404	29,982	28,434	25,698	26,039	321,458	339,128	17,670
7 Fringe	6,147	5,495	7,866	5,586	6,364	6,963	9,732	10,532	11,248	11,634	9,334	21,338	112,236	91,715	-20,521
8 Training	178	67	375	1,949	289	144	105	212	220	160	-493	168	3,375	6,000	2,625
9 Transportation	104	42	0	0	289	29	94	126	160	132	0	0	976	1,621	645
10 Shredding	186	186	211	161	98	121	0	62	10	0	55	60	1,150	600	-550
11 Support Cost	723	723	697	748	811	788	909	847	899	909	854	849	9,753	9,306	-447
12 Supplies	104	135	308	20	29	373	68	437	522	235	45	65	2,342	4,150	1,808
13 Cell Phones	161	161	161	161	161	161	161	161	161	161	161	161	1,932	1,440	-492
14 Equipment	0	0	969	0	0	1,884	0	101	0	-776	81	0	2,259	2,100	-159
15 Insurance	325	325	325	325	325	325	325	325	325	325	325	325	3,900	4,000	100
16 Indirect	2,998	3,050	4,006	4,119	3,816	4,343	4,984	4,591	4,527	4,294	3,880	3,932	48,540	52,714	4,174
17 <b>Total Expenses</b>	<b>30,781</b>	<b>30,383</b>	<b>41,446</b>	<b>40,347</b>	<b>37,455</b>	<b>43,891</b>	<b>49,385</b>	<b>47,797</b>	<b>48,054</b>	<b>45,507</b>	<b>39,940</b>	<b>52,937</b>	<b>507,922</b>	<b>512,774</b>	<b>4,852</b>
18 <b>Surplus/Deficit (Revenue)</b>	<b>11,886</b>	<b>12,284</b>	<b>1,221</b>	<b>2,320</b>	<b>5,212</b>	<b>-1,224</b>	<b>-6,718</b>	<b>-130</b>	<b>-387</b>	<b>2,160</b>	<b>7,727</b>	<b>-4,500</b>	<b>4,852</b>	<b>0</b>	<b>4,852</b>

**AGREEMENT FOR HOUSING FIRST CLINICAL SUPPORTIVE SERVICES  
AT NEW PATH COMMUNITY HOUSING  
BETWEEN THE CITY OF BOISE CITY AND TERRY REILLY HEALTH SERVICES**

**THIS AGREEMENT** is made and entered into effective upon its mutual acceptance (“Effective Date”) by and between the city of Boise City, an Idaho municipal corporation, by and through its Department of Planning and Development Services, (“the City”), and Community Health Clinics, Inc., an Idaho non-profit corporation d/b/a Terry Reilly Health Services (“Provider”).

**WHEREAS**, New Path Community Housing (New Path) is a 40-unit, single- site, Permanent Supportive Housing program in Boise that follows a Housing First approach – an effective evidence-based model; and state and local governments across the country are exploring and utilizing Housing First initiatives as a means through which to invest in preventive, evidence-based interventions for vulnerable populations; and

**WHEREAS**, New Path is owned by Boise Pacific NIHC Associates, an Idaho Limited Partnership, and the property is locked in for 40 years with 100% tax credit and 100% rent control units that take referrals from Our Path Home CONNECT, where Boise City is the lead public agency for the partnership; and

**WHEREAS**, Housing First programs are designed to address specific issues related to chronic homelessness including high utilization of emergency medical and substance dependence services, frequent contact with the criminal justice system, and compromised overall personal well-being; and

**WHEREAS**, with its partners, St. Alphonsus Regional Medical Center, St. Luke's Regional Medical Center, and Ada County launched the first "Housing First" initiative in the State of Idaho through creation of Housing First at New Path Community Housing, which addresses the

housing needs and improves the health and well-being of chronically homeless individuals within the City; and

**WHEREAS**, the second annual outcome evaluation of New Path strongly indicates the program is meeting the needs of the majority of residents and creating significant cost savings for the community; and

**WHEREAS**, the successful outcomes produced in New Path's first two years may only continue if fidelity to the Housing First model is maintained and any changes in the program's design will impact continuity of program outcomes

**WHEREAS**, in November 2016, Ada County selected Provider as the agency to deliver all needed services described in **Exhibit A**; and, despite Saint Alphonsus Regional Medical Center and St. Luke's Health System renewed and increased financial commitment for on-site support services at New Path, a \$335,000 funding gap currently exists for supportive services at New Path for fiscal year 2022; and

**WHEREAS**, Provider, through the Project, will develop outpatient mental health, primary medical care, and counseling programs that further the goals of the Project provide on-site supportive services for New Path that adhere to a Housing First model; and

**NOW, THEREFORE**, The City and Provider, Terry Reilly Health Services, agree that Provider will provide services pursuant to this Agreement and in accordance with the purpose and goals of New Path as follows:

1. **Scope of Services.** The Provider shall provide clinical supportive services primarily at New Path in accordance with the Program as outlined in **Exhibit A**, ("Services") attached hereto. The Provider shall be responsible for hiring any necessary sub-

contractors and shall provide all materials, labor, equipment, and any and all expenses related to the administration of services.

2. **Budget.** The budget for all clinical supportive services at New Path for fiscal year 2022 shall be as outlined in **Exhibit B**, of which the City shall contribute no more than \$335,000.00 (Three hundred thirty-five thousand dollars and zero cents). Remaining program costs shall be covered by partner contributions. Invoices will be sent to and processed by the City's fiscal sponsor for this project, the Home Partnership Foundation at Idaho Housing and Finance Association, in accordance with **Exhibit B**.
3. **Term.** The Term of this agreement shall include the initial term and any renewal terms. The initial term shall begin on the effective date and will continue until September 30, 2022.
4. **Renewal.** The City may, at its sole option, and when and if it duly budgets and appropriates funds legally available for the ensuing fiscal year and receives financial commitments of sufficient partner contributions to cover remaining program costs, may renew this agreement. Notice of renewal shall be sent in writing from the City to the Provider as soon as is practicable and no later than five (5) days prior to the expiration of the current term of this agreement.
5. **Provider's Responsibilities and Compliance Obligations**
  - a. **Subcontracting.** Provider may not subcontract for any services under this Agreement without the prior written approval of City. Provider shall retain all obligations and responsibilities to the City under this agreement during the Term of an approved subcontract. Provider shall notify the City of any

termination of approved subcontracts within 15 days of the effective date of termination.

- b. **Privacy.** The Provider must comply with all state and federal laws regarding the privacy of medical information, including but not limited to the following:
  - i. The Health Insurance Portability and Accountability Act, 45 C.F.R parts 160, 162 and 164 ("HIPAA").
  - ii. The Health Information Technology for Economic and Clinical Health Act ("HITECH Act"), Pub. L. 111-5, Div. A, Title XJII, § 130001 et seq., Div. B, Title IV, § 4001 et seq., Feb. 17, 2009, 123 Stat. 226, 467, 42 U.S.C.A. § 300ii, et seq., and 4 U.S.C.A. § 17901, et seq.
- c. **Licensure.** The Provider certifies that all persons performing Services pursuant to this shall meet all applicable licensing, certification, and other federal, state, and local laws and regulations. All work shall be performed in a professional manner and in strict compliance with all terms and conditions in this Agreement.
- d. **HMIS.** Provider shall compile and enter all necessary, requested and/or appropriate data into the Homeless Management Information System (HMIS) and shall be an active participant in the Continuum of Care. Provider shall abide by all confidentiality provisions in federal, State or local law governing the use of the HMIS, as they shall be amended from time to time. Provider shall cooperate with the Evaluator and furnish the Evaluator any data in the possession of Provider required by Evaluator to prepare reports on goal attainment.

- e. **Authorizations/Releases.** Provider is responsible for ensuring that all required authorizations, consent forms, and releases are obtained and in place for all patient health information, including mental health and drug and alcohol information, that is or has been provided in connection with the HMIS program, and for taking all appropriate actions with respect to any privacy breaches that may result or may have resulted from the failure to obtain appropriate authorizations or comply with federal and state laws. Provider shall use a HIPAA-compliant authorization as it shall be amended from time to time to remain in compliance with governing rules and regulations.
- f. **Conflict of Interest.** Provider shall comply, and require its Sub-Providers to comply, with all applicable (i) requirements governing avoidance of impermissible conflicts; and (ii) federal, state, and local conflict of interest laws and regulations including, without limitation, CFR Title 2 § 200.318, the Ethics in Government Act, the Self Interest in Contracts Act, and the Bribery and Corrupt Influences Act. Failure to do so constitutes a material breach of this Agreement and is grounds for immediate termination of this Agreement by the City. Provider certifies that neither it, nor any of its employees, officers or agents in a governance or leadership position, or responsible for or benefitted by this Agreement, nor any of its Sub-Providers, nor any of their employees, officers or agents in a governance or leadership position, or responsible for or benefitted by this Agreement shall be related within the second degree of consanguinity to any officer, employee or agent of City.

**g. Certifications/Background Checks.**

- i. Provider certifies that no Service Providers will be employed who have been convicted of a criminal offense that prevents them from being licensed or certified in the State of Idaho to deliver care in their respective field or discipline
- ii. Provider certifies that it has performed, or will perform prior to hiring, at a minimum, an appropriate background check meeting Idaho Department of Health and Welfare standards of any Service Providers.
- iii. Provider will screen on a regular basis, and not less than annually, all Service Providers to determine whether they are excluded or otherwise ineligible for participation in federal or state funded health care programs. Provider further agrees to screen all new Service Providers. At a minimum, Provider will screen each person against the List of Excluded Individuals/Entities.
- iv. Provider certifies that the licenses of all Service Providers are in good standing and are not subject to any pending license investigations or citations.
- v. Provider will defend, indemnify and hold harmless City for any loss or damage resulting from any conviction, debarment, or any exclusion of Provider or its employees, directors, board members, Sub-Providers or agents.

**h. Non-Discrimination.**



- i. City and Provider are committed to compliance with all applicable Federal and State civil rights laws, including without limitation, the Civil Rights Act of 1964, the Rehabilitation Act of 1973, the American with Disabilities Act of 1990, and all related regulations and directives. Provider affirms that Provider will not discriminate in its services, treatments, programs, activities or employment with regard to race, color, national origin, familial status, sex, age, veteran status, or disability. Provider is responsible and shall assure that no person will be excluded from participation in, denied the benefits of, or otherwise be subjected to discrimination in services, programs, or activities offered by Service Providers pursuant to this Agreement on the basis of race, color, national origin, familial status, sex, age, veteran status, or disability.
  - ii. Notice of any complaint, accusation, or allegation of a failure to comply with any Federal or State civil rights laws by any Service Provider acting under this Agreement, or discovery by the Service Provider of any potential failure to comply with Federal civil rights laws shall be provided to City within twenty-four (24) hours of discovery pursuant to the notice provisions of the Agreement.
  - iii. Provider will include the nondiscrimination and compliance provisions of this Agreement in all subcontracts for the provision of services pursuant to this Agreement.
- i. **Maintenance, Retention, and Confidentiality of Client Records.**

- i. Maintenance of Client Records. Provider must maintain Client Records as required by all applicable laws based on program type and funding source. Provider will maintain Client Records determined or approved by federal, state, and City laws, rules, and regulations. Client Records will be in sufficient detail to facilitate evaluation of the Services provided pursuant to this Agreement and will contain all data necessary to prepare any required reports.
- ii. Record Retention. Provider will retain Client Records as required by Idaho Statutes or any other applicable laws. At a minimum, records will be retained for a period of seven (7) years from the date of discharge. If the client is a minor, the Provider must retain Client Records for not less than seven years following the patient's 18<sup>th</sup> birthday.
- iii. Confidentiality. Provider will maintain the confidentiality of medical and psychiatric records of clients as required by applicable state and federal laws including, but not limited to those referenced in Section 5(b), of this Agreement ("Privacy"). Provider shall cooperate with City in gathering data for research purposes and to determine whether or not New Path is meeting its goal
- iv. Access to Client records at Conclusion of Agreement. So that continued client care can be maintained, within fifteen (15) working days of the date of expiration or termination of this Agreement, Provider will deliver copies of all client records to: (i) a new service provider designated by City if the

Project will continue after termination of this Agreement, or (ii) a new provider selected by the client if the Project will not be continued.

v. Fiscal records related to funding received under this Agreement are not confidential and shall be delivered to City within thirty (30) days after termination of this Agreement.

vi. If Provider is required to retain records pursuant to this Agreement, Provider will supply copies of the records to City, at Provider's expense, and will allow inspection of the original records by City upon request during the duration of the applicable retention period.

j. **Insurance.** Provider shall keep and maintain at all times during the Term of this Agreement the insurance policy shown in Exhibit C.

k. **Other Applicable Laws.** Provider will provide services under this Agreement in accordance with all other applicable federal, state, and local laws, rules, regulations, and codes effective at the inception of this Agreement and that become effective during the Term of this Agreement.

#### 6. **City's Responsibilities.**

a. City will monitor all services provided under this Agreement on a regular basis through reports from an Evaluator. The information gathered through the use of the data collection reports and performance outcome measurements, and reports from the Evaluator, will be used to monitor the progress and success of programs included in this Agreement. If it is determined that a corrective plan is needed in order to ensure compliance, City and Provider will meet to mutually discuss the corrective actions needed.

- b. The City shall perform all obligations in strict compliance with all terms and conditions in this Agreement.

**7. Grant Opportunities.**

- a. In cooperation with the City, the Provider may apply for federal, state, local and/or philanthropic funding contracts, under which Provider is a Grantee, that support the services performed under this Agreement and said grant provisions will become a part of this Agreement as if fully set forth herein. Provider shall include City in the decision making process relative to any potential funding to assure the ability of City to comply with the terms and conditions of the funding. City may request a copy of any pertinent grant agreement.
- b. The provider shall comply with the terms of any federal, state, local and/or philanthropic funding contracts under which the City is a grantee that apply to the services performed under this Agreement and said grant provisions will become a part of this Agreement as if fully set forth herein. The City shall include Provider in the decision-making process relative to any potential funding to assure the ability of Provider to comply with the terms and conditions of the funding. Provider may request a copy of any pertinent grant agreement.

**8. Captions.** The paragraph headings used in this Agreement are intended solely for convenience of reference and will not in any way or manner amplify, limit, modify or otherwise be used in the interpretation of any of the provisions of this Agreement.

**9. Merger.** This Agreement, including its exhibits, reflects the sole and entire Agreement between City and Provider with respect to the subject matter

hereof and shall supersede all prior agreements between the parties related to New Path supportive services as of the effective date hereof. The parties acknowledge and agree that they have not made any other representations with respect to the subject matter of this Agreement, or any representations inducing its execution and delivery except such representations as are specifically set forth herein.

10. **Waiver.** No delay or failure to require performance of any provision of this Agreement will constitute a waiver of that provision as to that or any other instance. Any waiver granted by a party must be in writing and will apply to the specific instance expressly stated.
11. **Counterparts.** This Agreement may be executed in one or more counterparts, each of which will be deemed to be an original, but all of which together will constitute one and the same instrument.
12. **Copyright.** No reports or other documents produced in whole or in part under this Agreement shall be subject to any application for copyright by or on behalf of the Provider with the exception of publications submitted for professional conferences and academic journals that are limited to non-identifying and non-confidential information
13. **Amendment.** Any proposed modifications or alterations to the terms of this Agreement shall be ineffective and void unless agreed to in a writing duly executed by the parties with signatures made under notary or attestation.
14. **Third Party Rights.** Nothing contained herein shall create any relationship, contractual or otherwise, with, or any rights in favor of, any third party.

**15. Force Majeure.** Neither Boise City nor Provider shall be considered in default in the performance of their obligations hereunder to the extent that performance of such obligations is delayed, hindered, or prevented by force majeure. Force majeure shall be any cause beyond the control of the parties hereto which they could not reasonably have foreseen and guarded against. Force majeure shall include, without limitation, pandemic, epidemic, acts of God, strikes, lockouts, fires, riots, civil commotion or civil unrest, incendiarism, interference by civil or military authorities, compliance with the regulations or orders of any governmental authorities which were not in effect at the time.

The City shall grant the Provider a reasonable extension of time in the event that conditions beyond the Provider's control render timely performance of the Provider's services impossible or unduly burdensome. All such performance obligations shall be suspended for the duration of the condition. Both parties shall take all reasonable steps during the existence of the condition to assure performance of their contractual obligations when the condition no longer exists. Failure to fulfill contractual obligations due to conditions beyond either Party's reasonable control will not be considered a breach of contract, provided that such obligations shall be suspended only for the duration of such conditions.

**16. Indemnification.** The Provider shall indemnify, save, defend, release, and hold harmless the City, its elected officials, officers, employees, agents, and volunteers, from and for any and all liability, losses, claims, actions, judgments for damages, or injury to persons or property and losses and expenses, including reasonable attorney

fees, arising from all acts or omissions to act of the Provider or his/her servants, officers, agents employees, guests, and business invitees in rendering services under this contract or otherwise caused or incurred by the Provider, his/her servants, officers, agents employees, guests, and business invitees, and not caused by or arising out of the tortious conduct of the City or its employees. The limits of insurance will not be deemed a limitation of the covenants to indemnify, save, defend, release, and hold harmless the City, its elected officials, officers, employees, agents, and volunteers. If the City becomes liable for an amount in excess of the Provider's insurance limits, the Provider covenants and agrees to indemnify, save, defend, release, and hold harmless the City, its elected officials, officers, employees, agents, and volunteers, from and for any and all liability, losses, claims, actions, judgments for damages, or injury to persons or property and losses and expenses, including reasonable attorney fees, to the extent permitted by law.

**17. Independent Contractor.** The Parties intend that this Agreement create only an independent contractor relationship and that the Provider is not an employee, agent, joint-venturer or partner of the City. Nothing in this Agreement shall be interpreted or construed as creating or establishing the relationship of employer and employee between the Provider and the City or between Provider and any official, agent or employee of the City. The Provider shall retain the right to perform services for others during the term of this Agreement.

**18. Attorney's Fees.** If either party brings any action or proceeding to enforce, protect or establish any right or remedy under the terms and conditions of this Agreement, in addition to any other relief awarded, the prevailing party shall be entitled to

recover reasonable attorney's fees, as determined by a court of competent jurisdiction.

19. **Agreement Made in Idaho.** The laws of the State of Idaho shall govern the validity, interpretation, performance and enforcement of this Agreement. In the event of a dispute, venue shall be in the courts in Ada County, Idaho.

20. **Cumulative Rights and Remedies.** All rights and remedies here enumerated shall be cumulative and none shall exclude any other right or remedy allowed by law. Likewise, the exercise of any remedy provided for herein or allowed by law shall not be to the exclusion of any other remedy.

21. **Agreement Made in Writing.** This Agreement contains all of the agreements and conditions made between the Parties hereto and may not be modified orally or in any manner other than by agreement in writing signed by the Parties hereto or their respective successors in interest.

22. **Termination for Cause.** If either Party willfully or negligently fails to fulfill its obligations under this Agreement, the other Party shall have the right to terminate the agreement by giving written notice to the defaulting Party of its intent to terminate and specify the grounds for termination. The defaulting Party shall have thirty (30) days after receipt of the notice to cure the default. If the defaulting Party does not cure the default, this Agreement shall terminate. In the event of termination for non-performance by the City, it shall compensate the Provider for all phases of the Scope of Services the Provider has successfully completed and any additional services and materials performed or supplied prior to termination, provided



however, that such payment shall be limited to the amount of compensation set forth herein.

23. **Termination for Convenience of City.** The City may terminate this Agreement for any reason at any time by giving at least fifteen (15) days' notice in writing to the Provider. If the Agreement is terminated by the City as provided herein, the City shall compensate the Provider for all phases of the Scope of Services the Provider has completed up to the date of written notice of termination and any additional services performed or supplied prior to termination, less payments of compensation the City has previously made. If payments the City has previously made exceed the amount of compensation due hereunder, the Provider shall immediately refund the unearned balance to the City.
24. **Severability.** If any provision of this Agreement or application thereof is held invalid, such invalidity will not affect other provisions or applications of this Agreement which can be given effect without the invalid provision or application, and to that end, the provisions hereof are declared to be severable.
25. **Assignment.** This is a personal services contract and the identity of those rendering Services to clients pursuant to this Agreement was a consideration in the selection of Provider. This Agreement may, therefore, not be assigned without the written permission of the City. When permissibly assigned this Agreement will be binding upon the successors, assigns, heirs, and beneficiaries of the parties hereto.
26. **Anti-Boycott.** Pursuant to Idaho Code § 67-2346, Provider affirmatively states that it does not boycott Israel and will not boycott Israel during the term of this

Agreement. In this paragraph, the term “boycott Israel” shall have the meanings described in Idaho Code § 67-2346.

27. **Effective Date.** The effective date of this Agreement shall be upon the Parties mutual acceptance of this Agreement.

28. **Notices.** Written notices to the Parties shall be given by registered or certified mail, postage prepaid, and addressed to said Parties at the addresses below, unless otherwise designated by written notice to the other parties:

Terry Reilly Health Services	City of Boise
Heidi Hart	Maureen Brewer
Chief Financial Officer	Director Housing and Community Development
P.O. Box 9	150 N. Capitol Blvd
Nampa, ID 83653	Boise, ID 83702

All such notices, except as otherwise provided, may either be delivered personally deposited in the United States mail, properly addressed with postage fully prepaid by certified or registered mail, return receipt requested, and shall be effective five (5) days after deposit in the mail.

IN WITNESS WHEREOF, the City and the Provider have executed this Agreement as of the date first above written.

**City of Boise**

Approved by:

**Provider**

Community Health Clinics Inc.

d/b/a Terry Reilly Health Services

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Mayor, Lauren McLean

Date

Signature

Date

Attest:

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Print Name

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City Clerk, Lynda Lowry

Date

---

Department Signature

Date

---

Legal Department

Date