

METROPOLITAN NASHVILLE-DAVIDSON COUNTY, TENNESSEE

**2025-2026 ANNUAL UPDATE
FOR
PROGRAM YEAR THREE
TO THE
2023-2028 CONSOLIDATED
PLAN
FOR
HOUSING AND COMMUNITY
DEVELOPMENT
For the period June 1, 2025 – May 31, 2026**

Prepared by:

Metropolitan Development and Housing Agency
701 South Sixth Street
Nashville, Tennessee 37206



On Behalf of:

The Metropolitan Government of
Nashville and Davidson County



The 2025-2026 Annual Update to the 2023-2028 Consolidated Plan

(2025 Action Plan) Program Year Three

Executive Summary **ES1**

Action Plan **AP1**

Appendices:

Appendix A – Home Resale/Recapture Provisions

Appendix B – Data to establish 95% of the Median Area Purchase Price for Single Family housing in Metropolitan Nashville-Davidson County

Appendix C – Summary of consultation survey comments and responses

Appendix D – Public Notice

Appendix E – Summary of Public Comments and MDHA Responses

Exhibits:

Exhibit 1 – Notice of 2025 Allocations

Exhibit 2 – HUD Approval to Extended Submission Deadline for 2025 Action Plan

Executive Summary

AP-05 Executive Summary - 24 CFR 91.200(c), 91.220(b)

1. Introduction

The Metropolitan Government of Nashville-Davidson County (County) is an entitlement community eligible to receive direct assistance under the U.S. Department of Housing and Urban Development's (HUD's) Community Development Block Grant (CDBG) program. The County is a participating jurisdiction under the HOME Investment Partnerships Program (HOME). It is a formula grantee under the Emergency Solutions Grant (ESG) and the Housing Opportunities for Persons with AIDS (HOPWA) program.

Every five years, the County must prepare a Consolidated Plan to describe how these funds will address housing and community development needs. CDBG, HOME, and ESG funds must be expended within Nashville-Davidson County to benefit participants who meet the eligibility criteria for eligible activities as outlined in program regulations and each year's Action Plan. HOPWA funds target the needs of persons living with HIV/AIDS and their families in the Nashville-Davidson—Murfreesboro-Franklin Metropolitan Statistical Area (MSA). All programs must benefit low-income individuals or households (earning $\leq 80\%$ of the area median income) or low-income areas.

The Metropolitan Development and Housing Agency (MDHA) is designated as the lead agency for developing and administering the Consolidated Plan and its related programs. Within MDHA, the Community Development Department performs these functions. To ensure the Consolidated Plan reflects the City's priorities, aligns with its initiatives, and incorporates local plans and reports, MDHA collaborated with several community stakeholders and Metro agencies throughout the planning process for the 2023 to 2028 Consolidated Plan.

The Five-Year Consolidated Plan covers June 1, 2023, through May 31, 2028. The Consolidated Plan is updated each year (Annual Update) to reflect proposed activities and goals for the program year (Action Plan). Annual Updates/Action Plans serve as Nashville's application for federal funds each year. This Action Plan is for the Program Year (PY) 3 (2025-2026) for the period June 1, 2025, through May 31, 2026, and allocates regular formula grants for CDBG Entitlement, HOME, ESG, and HOPWA to eligible projects/activities based on the goals and priorities established in the original Five-Year Plan.

Allocations and project budgets in the draft 2025-2026 Action Plan reflect allocations for the PY based on 2025 PY funding as of May 15, 2025. Once HUD releases the PY 2025 allocations, budgets will be updated. In addition, approximately \$255,951 in CDBG program income and \$83,498 in HOME program income are expected to be received during the 2025-2026 Program Year. Additionally, the PY 3 Action Plan allocates \$2,046,992 of program income received from

the repayment of loans for the repair of flood-damaged homes made with 2010 CDBG-Disaster Recovery (CDBG-DR) funds to be used for eligible CDBG Entitlement Activities. Therefore, anticipated resources are as follows:

PROGRAM YEAR 3 ANTICIPATED RESOURCES				
	Annual Allocation	Estimated Program Income	Prior Year Resources	Total
CDBG	\$ 5,431,624.00	\$2,302,943.00	\$ 0.00	\$7,734,567 .00
ESG	\$ 445,977.00	\$ 0.00	\$ 0.00	\$ 445,977.00
HOME	\$ 2,396,677.86	\$83,498.00	\$ 0.00	\$ 2,480,175.86
HOPWA	\$ 2,429,461.00	\$ 0.00	\$ 0.00	\$ 2,429,461.00
TOTAL	\$ 10,703,739.86	\$ 2,386,441.00	\$ 0.00	\$ 13,090,180.86

Table A - PROGRAM YEAR 3 ANTICIPATED RESOURCES

The Annual Update is due to HUD forty-five (45) days before the beginning of the PY, which, for Metro Nashville, is by April 14 of each year. Once final numbers are received, the Plan must be approved by the MDHA Board of Commissioners and the Metropolitan Council before it is submitted to HUD. Therefore, a request for an extension for submission of the final Action Plan to August 16, 2025, was approved by the HUD office on April 11, 2025. The final allocations for 2025 ESG and HOPWA activities – other than those directly undertaken by MDHA staff – will be determined via the Request for Application (RFA) process and demand for funding for projects, subject to regulatory caps.

2. Summary of the objectives and outcomes identified in the Plan Needs Assessment Overview

The Strategic Plan was formed from the Needs Assessment, Market Analysis, and input from community stakeholders and members of the public. Where possible, HUD default data was updated with more current data from the American Community Survey (ACS) and HUD's Comprehensive Housing Affordability Strategy (CHAS). The format of the Consolidated Plan and 2025-2026 Annual Action Plan are consistent with HUD's Consolidated Plan Template.

Priorities of the Consolidated Plan are to:

1. Increase the number of decent, safe, affordable housing units and help low-and moderate-income (LMI) households access affordable housing.
2. Preserve existing affordable housing stock for LMI homeowners and tenants.
3. Support facilities and services for the homeless and persons with HIV/AIDS.
4. Provide essential services to LMI and vulnerable populations.
5. Revitalize distressed neighborhoods and underserved areas through public facility and infrastructure improvements.

6. Undertake grant management, planning, and other eligible administrative tasks authorized under CDBG, HOME, ESG, and HOPWA.

Activities proposed to be undertaken this program year are intended to address the Consolidated Plan priorities and the primary objective of the four Consolidated Plan programs: to develop viable urban communities by providing decent housing and a suitable living environment and expanding economic opportunities principally for low- and moderate-income persons. Related outcomes are increasing availability and accessibility, improving affordability, and promoting the sustainability of communities. The primary means toward this end is to extend and strengthen partnerships at all levels of government and the private sector, including for-profit and nonprofit organizations, in the production and operation of affordable housing and maximizing federal resources.

The table in AP-35 of the Annual Plan summarizes the proposed activities for addressing Consolidated Plan priorities.

3. Evaluation of past performance

Each year, MDHA reports its progress in meeting the five-year and annual goals in the Consolidated Annual Performance and Evaluation Report (CAPER). This report is required to be submitted to HUD within 90 days after the program year ends. Previous years' CAPERs are available on MDHA's website: <http://www.nashville-mdha.org/?p=1857>. MDHA has consistently satisfied program mandates and has successfully targeted funds to benefit low- and moderate-income persons and neighborhoods. In its most recent letter approving the 2023 CAPER, HUD determined that MDHA's overall progress is excellent and that activities appear to be in accordance with program requirements.

While the accomplishments reported in the CAPER are used to measure the success of meeting the goals for a program year, the evaluation of past performance is a continual process. For example, the quantity and quality of responses to funding opportunities indicate the demand for a particular activity, the capacity needs of an organization, and whether the expectations of MDHA and program requirements were communicated clearly. Results of audit/monitoring activities are used as management tools to strengthen MDHA and funding partners. Regular participation of MDHA staff in local forums, community meetings, and neighborhood events provides partners and citizens the opportunity to communicate needs, concerns, and ideas.

4. Summary of citizen participation process and consultation process

To ensure the 2025 Action Plan truly addresses the needs in Metro Nashville, the citizen participation and consultation processes were designed to garner considerable public input on the development of the Action Plan, as well as on the Draft. Throughout the 2024 PY, MDHA staff consulted with stakeholders, non-profits, project sponsors, and the Mayor's office for suggestions to improve or expand programs for PY 2025. Additional input on the development of the draft Plan was obtained through four virtual consultation sessions with local stakeholders, private consultations with various departments of the Mayor's office, and an on-line survey

which had 14 responses. Comments on the draft Action Plan were obtained during the 30-day public comment period (May 1 through May 30, 2025) and an in-person and virtual public hearing held via Zoom on May 15, 2025. Details about the public hearing and how the public can submit comments are provided in the Public Notice (Appendix D).

Information on how persons with disabilities or sensory impairments or those in need of translation services can request accommodation is provided in all Public Notices, in emails advertising community meetings/public input sessions, and posted on the Consolidated Plan webpage in Spanish, Chinese, Vietnamese, Arabic, and Somali. MDHA will make every effort to accommodate reasonable requests if they are made not later than five (5) business days prior to any meeting. Public Notices are translated to Spanish.

Following the conclusion of the Public Comment Period, the 2025 Action Plan will be presented to the MDHA Board of Commissioners and the Metropolitan Council for approval, prior to its submittal to HUD.

The County's 2023 Citizen Participation Plan is included as Appendix A of the 2023-2028 Consolidated Plan.

5. Summary of public comments

A summary of the comments received is included in Appendix E.

6. Summary of comments or views not accepted and the reasons for not accepting them

A summary of public comments or views received during any public hearing that were not accepted and the reasons for not accepting them is included in summaries of public comments in Appendix E.

7. Summary

Nashville is a growing city with rising housing prices that are significantly affecting opportunities for low-moderate-income residents. Housing cost burden has been the most common housing problem experienced by Nashvillians of all income ranges for many years, but those pressures have intensified in recent times. This problem is particularly acute for households with income less than 50% of the area median income (AMI). This housing crisis and strategies for addressing it were identified in the 2021 Affordable Housing Task Force Report, which noted that nearly half of Nashville's renters are cost-burdened, meaning they spend more than 30% of their income on housing costs.

Further, Nashville's growth has not occurred equally across the county – the landscape of some neighborhoods has been changed dramatically by new development and the loss or potential loss of precious affordable housing, while investment and new development have yet to make

it to other areas. The goals and priorities of this Action Plan seek to create new affordable housing and incentivize this development in areas of opportunity; to preserve existing affordable housing to stabilize the fabric of neighborhoods and allow homeowners to age in their homes; and to address the service needs of the community.

The Process

PR-05 Lead & Responsible Agencies 24 CFR 91.200(b)

1. Describe agency/entity responsible for preparing the Consolidated Plan and those responsible for administration of each grant program and funding source

The following are the agencies/entities responsible for preparing the Consolidated Plan and those responsible for administration of each grant program and funding source.

Agency Role	Name	Department/Agency
CDBG Administrator	NASHVILLE-DAVIDSON	MDHA Community Development Department
HOPWA Administrator	NASHVILLE-DAVIDSON	MDHA Community Development Department
HOME Administrator	NASHVILLE-DAVIDSON	MDHA Community Development Department
ESG Administrator	NASHVILLE-DAVIDSON	MDHA Community Development Department

Table 1 – Responsible Agencies

Narrative

Consolidated Plan Public Contact Information

Emel Alexander, Deputy Chief Operating Officer

Metropolitan Development and Housing Agency

712 South 6th Street

Nashville, Tennessee 37206

(Phone) 615-252-8507

(Fax) 615-252-8533

(Email) ealexander@nashville-mdha.org

Treva Gilligan, Assistant Director of Community Development

712 South 6th Street

Nashville, Tennessee 37206

(Phone) 615-252-6732

(Fax) 615-252-8533

(Email) tgilligan@nashville-mdha.org

For comments and general inquiries:

consolidatedplan@nashville-mdha.org

AP-10 Consultation – 91.100, 91.110, 91.200(b), 91.300(b), 91.215(I) and 91.315(I)

1. Introduction

Provide a concise summary of the jurisdiction’s activities to enhance coordination between public and assisted housing providers and private and governmental health, mental health and service agencies (91.215(I)).

As part of the consolidated planning process, the lead agency, MDHA, must consult with a wide variety of organizations in order to gain understanding of housing and community development needs. To ensure this Consolidated Plan truly addresses these needs in Metropolitan Nashville, citizen participation and stakeholder consultation activities were designed to help:

- Validate the accuracy of data;
- Determine priority needs;
- Increase coordination among partners;
- Expand outreach efforts; and
- Build support for Consolidated Plan activities.

Through four virtual stakeholder consultations for which invitations were sent to dozens of community stakeholders, a variety of organizations were consulted in order to gain an understanding of housing and community development needs. Additional input prior to the development of the draft Plan was obtained through a countywide survey that generated 14 responses. Comments on the draft Action Plan were obtained during the 30-day public comment period and at a public hearing held during this time. The final Action Plan reflects comments obtained through these efforts.

The focused format of the consultations was aimed at coordinating with housing and service providers. This method resulted in several housing and service providers contributing to the Plan. Additional coordination efforts are described below.

Public Housing Authority

MDHA is the public housing authority (PHA) in Metro Nashville and provides public/affordable housing through its Affordable Housing Department and rental assistance (i.e., Section 8 Vouchers) through the Rental Assistance Department and undertakes redevelopment of its properties through the Planning and Development Department. These functions are guided by the Five Year PHA Plan and are separate and distinct from the Community Development Department, which administers the Consolidated Plan and its related programs. Input on the needs of public/affordable housing residents and voucher-holders and how to address these needs was obtained through consultation with the leadership from these MDHA departments. Further, department directors participate in frequent staff meetings with MDHA executive leadership to review projects and coordinate efforts.

MDHA's Five Year Strategic Plan, the Five Year PHA Plan, the Envision Cayce Master Plan, and the Envision Napier and Sudekum Transformation Plan are among the other planning efforts considered when developing this Plan.

Partnership between MDHA and the Metropolitan Office of Homeless Services (OHS)

Staff at MDHA and the Metro Office of Homeless Services (OHS) have a long history of partnership, both since OHS became an independent department within Metro, and in prior years when they operated as the Metro Homeless Impact Division under Metropolitan Social Services. After more than a year of planning and coordination, in March, MDHA completed its transition of duties as the Collaborative Applicant for the Nashville-Davidson County Continuum of Care (CoC) to OHS. MDHA & OHS staff have been meeting regularly for well over a year to discuss logistics, prepare and submit the FY2024 CoC application to HUD, release local renewal and new project application formats, update the CoC Governance Charter, complete Point-in-Time Count tasks and other items as OHS assumes the mantle of Collaborative Applicant. MDHA is committed to continue providing technical assistance as needed over the coming months.

OHS is Nashville's homelessness data manager and city lead in reducing Nashville's homelessness, serving as a central hub that collaborates with multiple community partners to help provide safe and stable living options and supportive services for those experiencing homelessness. OHS also coordinates a community response to street homelessness through its homeless outreach team and management of the city's Cold Weather Shelter and leads efforts to improve the city's Coordinated Entry system.

The main goals of OHS are to:

- Offer expertise and support to the work of the Nashville-Davidson County Continuum of Care Homelessness Planning Council;
- Serve as the Continuum of Care's (CoC) Homeless Management Information System (HMIS) Lead;
- Lead and co-lead local community efforts by serving as the city's backbone organization to further collaborative goals;
- Provide expertise and training to implement a community-wide Coordinated Entry System as required of the CoC by the federal Department of Housing and Urban Development (HUD); and
- Coordinate Metro departments in the city's response to homelessness.

Another partnership between MDHA and OHS dedicates up to 18 Housing Choice Vouchers per month to house people experiencing literal homelessness. MDHA and OHS staff have been meeting for months to assure optimal utilization of these and other rental subsidies dedicated to persons experiencing homelessness, including Emergency Housing Vouchers, CoC Shelter Plus Care, VA Supportive Housing (VASH), Family Unification Program (FUP), and Mainstream Non-elderly with a Disability.

Coordination with Private and Governmental Health, Mental Health, and Service Agencies

Interaction is routine among private nonprofit service providers, health, mental health and

government agencies in Nashville. OHS constantly interfaces with other Metro departments, such as Planning, Police, Health, Public Works, Social Services, Schools, Transportation, Parks and the Office of the Mayor. Frequent meetings of bodies like the Homelessness Planning Council, CoC General Membership, the Nashville Coalition for the Homeless, various care coordination meetings and CoC Committee meetings help keep players updated on key activities. Via the CoC listserv, over 1,000 individuals are informed about items ranging from housing waitlist openings to job opportunities to updates of documents such as the CoC Charter, Strategic Plan and HMIS Policies and Procedures. A prime example of coordination is the Community Mental Health Systems Improvement (CMHSI) collective impact effort led by the Metro Health Department. Formed in 2017, the CMHSI focuses on the most vulnerable people who experience behavioral health issues and who touch the health, mental health, criminal justice, and social sectors. The group's initial effort resulted in the establishment of a 30-bed Crisis Treatment Center, a program of the Mental Health Cooperative that offers 24/7 free Crisis Assessment and a therapeutic alternative to Emergency Rooms and/or jails for individuals in a psychiatric crisis.

In addition, CMHSI launched a Supportive Housing Task Force that is seeking to improve coordination between agencies that provide health, mental health, and substance abuse treatment services, especially as those agencies' clients are at risk of entering, or are already involved with, the criminal justice systems. The group explores all funding and programmatic options to assist in getting people who have been living on Nashville's streets for years off the streets and into permanent housing options.

Steps to enhance coordination detailed later in this Action Plan include: meetings of CoC committee chairs; training conferences covering best practices; transparent reporting of local performance metrics and progress with activities funded by the city, using reports at meetings and public-facing dashboards; data imports from the Nashville Rescue Mission into HMIS; and regularly educating and updating key stakeholders regarding access to housing and services.

Describe coordination with the Continuum of Care and efforts to address the needs of homeless persons (particularly chronically homeless individuals and families, families with children, veterans, and unaccompanied youth) and persons at risk of homelessness

Along with myriad community partners, the Nashville-Davidson County CoC and the Metropolitan Government have worked in tandem to address these needs, and look forward during the next year to partnering in efforts to: prioritize Permanent Supportive Housing funding for adult-only households, particularly people who are chronically homeless; increase expertise in housing search and removing barriers to entry; access employment and related supports; via tax incentives, grant funds and other vehicles, increasing permanent housing units that are affordable to persons experiencing homelessness making 0-30% AMI; identifying and addressing inequities in the city's system of housing and services.

Capitalizing on a huge influx of CARES Act HUD ESG-CV funds, the city embarked on a Housing Surge designed to connect people sleeping outdoors and in shelters with permanent housing and rental assistance. Through September 2023, 1,022 people have been housed with ESG-CV RRH funds, according to HMIS records maintained by the OHS.

Describe consultation with the Continuum(s) of Care that serves the jurisdiction's area in determining how to allocate ESG funds, develop performance standards and evaluate outcomes, and develop funding, policies and procedures for the administration of HMIS

CoC committees work to streamline performance standards across multiple funding sources. These efforts help create, revise and align the policies and procedures for Coordinated Entry, HMIS and the Performance Evaluation processes. In efforts to further align ESG with CoC priorities, there has been increased coordination between the CoC and ESG performance standards. The Data & HMIS Oversight Committee serves as the advisory body to the CoC and HMIS Lead. Its primary purpose is to provide guidance to the CoC and HMIS Lead on data planning; policy development; and systems improvement, including regular data quality review. In addition, the Committee ensures the administration of HMIS in accordance with HUD guidelines. The goals and duties of the Committee include:

- Informing the vision for HMIS and setting priorities to align with goals established by the CoC.
- Reviewing and monitoring strategic initiatives for HMIS.
- Developing and recommending approval of policies to the CoC Planning Council for local HMIS and the HMIS Lead and staff, including MOUs and data sharing agreements.
- Assuring appropriate data privacy mechanisms are in place and informing the process to manage data breaches as needed.
- Providing a platform to resolve provider concerns or issues.

In coordination with OHS's HMIS team, committee members continuously work with provider agencies to improve data quality, onboard new participating agencies, shape policies and procedures of HMIS, and implement data quality and privacy plans, etc. The HMIS Lead team is also implementing an educational push and, with the assistance from CoC committees and the Homelessness Planning Council, is actively encouraging street outreach workers to increase their efforts to collect key information about people living outdoors into HMIS. The Committee also provides a set of recommendations to the CoC each year to address what they see as the most urgent service needs in Nashville. For the past two years, they have recommended that the CoC fund projects that provide Permanent Supportive Housing to single individuals and the Performance Evaluation Committee and Homelessness Planning Council have agreed to prioritize those projects.

2. Describe Agencies, groups, organizations, and others who participated in the process and describe the jurisdictions consultations with housing, social service agencies and other entities

Table 2 – Agencies, groups, organizations who participated

1	Agency/Group/Organization	Trent Development Group
---	---------------------------	-------------------------

	Agency/Group/Organization Type	Housing Developer
	What section of the Plan was addressed by Consultation?	Housing Need Assessment Public Housing Needs Anti-Poverty Strategy
	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	Agency participated in a stakeholder meeting.
2	Agency/Group/Organization	Metro Office of Homeless Services
	Agency/Group/Organization Type	Continuum of Care
	What section of the Plan was addressed by Consultation?	Non-housing community Development Needs Homeless needs-chronically homeless, families with children, veterans, unaccompanied youth. Homelessness strategy
	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	Agency participated in a Homeless and Non-Housing stakeholder meeting.
3	Agency/Group/Organization	Rebecca James Company
	Agency/Group/Organization Type	Housing Developer
	What section of the Plan was addressed by Consultation?	Housing Need Assessment Public Housing Needs

		Anti-poverty strategy
	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	Agency participated in stakeholder meeting.
4	Agency/Group/Organization	Bethlehem Center
	Agency/Group/Organization Type	Services-Children Services-Education
	What section of the Plan was addressed by Consultation?	Homelessness Strategy Homeless Needs
	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	Agency participated in a stakeholder meeting.
5	Agency/Group/Organization	Metropolitan Government of Nashville-Davidson County
	Agency/Group/Organization Type	Metro Nashville Housing Division Metro Office of Homeless Services Metro Planning Department
	What section of the Plan was addressed by Consultation?	Housing Need Assessment Homelessness Strategy Homeless Needs - Chronically homeless Homeless Needs - Families with children Homelessness Needs - Veterans Homelessness Needs - Unaccompanied youth Non-Homeless Special Needs

		HOPWA Strategy Anti-Poverty Strategy
	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	Representatives from a number of Metro Agencies participated in stakeholder meetings and private consultations to help align Consolidated Plan priorities with City initiatives.
6	Agency/Group/Organization	METROPOLITAN DEV & HOUSING AGENCY
	Agency/Group/Organization Type	PHA Development
	What section of the Plan was addressed by Consultation?	Public Housing Needs Strategic Plan
	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	Representatives from the following MDHA Departments were consulted to assess public housing and development needs: Affordable Housing, Planning and Development, Rental Assistance, and Urban Development.
7	Agency/Group/Organization	NASHVILLE CARES
	Agency/Group/Organization Type	Services-Persons with HIV/AIDS
	What section of the Plan was addressed by Consultation?	Housing Needs Assessment Public Housing Needs HOPWA Strategy
	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	Agency participated in HOPWA and Affordable Housing stakeholder meeting..
8	Agency/Group/Organization	The Contributor

	Agency/Group/Organization Type	Services-homeless
	What section of the Plan was addressed by Consultation?	Non-housing community development needs
	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	Agency participated in stakeholder meeting.
9	Agency/Group/Organization	Boys and Girls Clubs of Middle TN
	Agency/Group/Organization Type	Services-Children
	What section of the Plan was addressed by Consultation?	Non-housing community development needs
	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	Agency participated in stakeholder consultation.
10	Agency/Group/Organization	Big Brothers and Big Sisters of Middle TN
	Agency/Group/Organization Type	Services-children
	What section of the Plan was addressed by Consultation?	–Non-housing community development needs
	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	Agency participated in a stakeholder consultation.
11	Agency/Group/Organization	Be a Helping Hand

	Agency/Group/Organization Type	Housing
	What section of the Plan was addressed by Consultation?	Homelessness Strategy Homeless Needs - Chronically homeless Homeless Needs - Families with children Homelessness Needs - Veterans Homelessness Needs - Unaccompanied youth
	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	Agency participated in a stakeholder meeting.
12	Agency/Group/Organization	Urban Housing Solutions
	Agency/Group/Organization Type	Services-Persons with HIV/AIDS Housing Services-Homeless
	What section of the Plan was addressed by Consultation?	Non-Homeless Special Needs HOPWA Strategy Homelessness Needs Housing Needs Assessment Public Housing Needs
	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	Agency participated in a stakeholder meeting.
13	Agency/Group/Organization	Vanderbilt University
	Agency/Group/Organization Type	Housing Services -Education
	What section of the Plan was addressed by Consultation?	Housing Need Assessment

		Public Housing Needs
	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	Agency participated in a stakeholder meeting..
14	Agency/Group/Organization	Commit Solutions by Design LLC
	Agency/Group/Organization Type	Services-Children
	What section of the Plan was addressed by Consultation?	Non-housing community development needs
	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	Agency participated in stakeholder meeting.
15	Agency/Group/Organization	Metro Nashville Public Schools
	Agency/Group/Organization Type	Services-children Services-education
	What section of the Plan was addressed by Consultation?	Homeless needs-families with children, unaccompanied youth
	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	Agency participate in a stakeholder consultation meeting.

	Agency/Group/Organization Type	Housing Services-homeless
16	Agency/Group/Organization	Meharry Community Wellness Center
	Agency/Group/Organization Type	Health Organization
	What section of the Plan was addressed by Consultation?	HOPWA Strategy
	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	Agency participated in a stakeholder meeting.
20	Agency/Group/Organization	Metro Criminal County Clerk Office
	Agency/Group/Organization Type	Other-Local Government
	What section of the Plan was addressed by Consultation?	Homelessness Needs Homeless Strategy
	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	Agency participated in a stakeholder meeting..

Identify any Agency Types not consulted and provide rationale for not consulting

MDHA attempted to engage as many stakeholders as possible for input into the Plan through stakeholder consultations or community meetings/public input meetings. Stakeholders who could not attend a meeting but wanted to provide input were invited to schedule an appointment with MDHA staff. Agencies were also invited to complete the Stakeholder Survey.

Other local/regional/state/federal planning efforts considered when preparing the Plan

Name of Plan	Lead Organization	How do the goals of your Strategic Plan overlap with the goals of each plan?
MDHA Five-Year Strategic Plan June 2023	MDHA	This plan establishes strategic goals for MDHA's next five years.
2023 Community Needs Evaluation (2023) Metro Social Services	Metro Social Services	The CNE provides an overview of social service needs and resources available to meet these needs. The CNE is used as a supplement for the needs assessments and market analyses undertaken through this Plan.
Affordable Housing Primer, Part 1 (January 2018), Part 2 (October 2018) and Part 3 (2019)	Metro Human Relations Commission	This Primer explains the concepts of affordable housing and analyzes gaps between incomes and housing costs and was used as a supplemental resource for this Plan.
Envision Cayce Master Plan (July 2014) and draft Envision Napier and Sudekum Transformation Plan (July 2018)	MDHA	These plans reflect MDHA's commitment to transform areas of distressed public housing into neighborhoods of opportunity.
Metro Government of Nashville And Davidson County Homelessness Planning Council (HPC) Strategic Community Plan (July 2023 – June 2026)	CoC – Metro Office of Homeless Services (OHS) and MDHA	The HPC's Strategic Plan is the community's action-oriented endeavor to build an effective Housing Crisis Resolution System for Nashville-Davidson County. The 3-year plan focuses on the top priorities for the HPC to implement.
NashvilleNext (Amended August 2017)	Metro Planning Department	NashvilleNext is the City's General Plan to guide growth through 2040. Proposed Consolidated Plan activities are consistent with NashvilleNext.
PHA Annual Plan (October 1, 2024– September 30, 2025)	MDHA	The PHA Annual Plan sets forth MDHA's vision to address the needs of public and affordable housing residents. Activities identified in the Consolidated Plan to support these needs align with the PHA Plan.

An Analysis of Investor Purchases Davidson County 2018 – 2022 Housing Market at a Glance 2023 THDA Issue Brief Fair Housing - 2021 Housing Indicators: Comparing Tennessee’s Largest Cities (November 2022)	Tennessee Housing Development Agency	Various report providing information related to Davidson County.
State of Tennessee 2025-2029 Consolidated & FY 2025-2026 Annual Action Plan Summary	Tennessee Housing Development Agency	The Consolidated Plan is an assessment of the affordable housing and community development needs and market conditions in the State of Tennessee.
Affordable Housing Task Force Report, June 8, 2021	Mayor’s Office Affordable Housing Task Force	9 priority recommendations to make significant progress on affordable housing between 2021 - 2024
Nashville Performance Study of Homelessness and Affordable Housing, May 2022	Mayor’s Office	Strengths and recommendations provided based on an assessment of the Continuum of Care.
How Nashville Moves – November 21, 2023 How Nashville Works – November 21, 2023 How Nashville Grows – November 21, 2023	Mayor’s Office	Policy Briefs – Recommendations to Mayor O’Connell
Housing & Infrastructure Study – Initial Findings & Preliminary Recommendations – March 2025	Metro Nashville Planning Department	Recommendations on Infrastructure needed to support housing needs.
Imagine East Bank Vision Plan – October 2022	Metro Nashville Planning Department	Plan to guide decisions about future development on the East Bank.
Plan to Play: The Nashville Parks & Greenways Master Plan 2017-2027	Metro Board of Parks and Recreation	Recommendation of funding needed to build and sustain the Metro Parks systems.
2024 Human Trafficking Report	Tennessee Bureau of Investigations	Data and information on steps to be taken to curb Human Trafficking
2023 Domestic Violence in Tennessee	Tennessee Bureau of Investigations	This report provide information on domestic violence reports by number and type.

2021 Comprehensive Economic Development Strategy for Northern Middle Tennessee	Greater Nashville Regional Council	This plan provide goals and action steps for economic development.
Unified Transportation Planning Work Program Fiscal Years – 2024-2025	Greater Nashville Regional Council	This document provides information on Regional Transportation Planning
Metro Nashville Digital Inclusion Roadmap for FY 24-26	Metro Department of Information Technology	Information on Metro Nashville’s plan to ensure access to technology for the entire population.

Table 3 – Other local / regional / federal planning efforts

Describe cooperation and coordination with other public entities, including the State and any adjacent units of general local government, in the implementation of the Consolidated Plan (91.215(I))

Although MDHA is the administrator of the Consolidated Plan, it is not a department of the Metropolitan Government. To ensure the plan reflects the City’s priorities and aligns with its initiatives, representatives from the following Metro Offices participated in stakeholder interviews or completed a stakeholder survey:

- Metro Housing Division
- Metro Office of Homeless Services
- Metro Human Relations Commission
- Metro Planning Department
- Metro Parks and Recreation

Narrative (optional):

AP-12 Citizen Participation – 91.105, 91.115, 91.200(c) and 91.300(c)

1. Summary of citizen participation process/Efforts made to broaden citizen participation Summarize citizen participation process and how it impacted goal-setting

The County utilized a variety of citizen participation tools throughout the process to allow input on the planning process. This included a survey, and stakeholder meetings, and public input sessions. The comments received from these forums were integrated into the development of the Plan in selecting priority needs and establishing goals. A summary of comments is included as Appendix C. Notices are included as Appendix D.

Citizen Participation Outreach

Sort Order	Mode of Outreach	Target of Outreach	Summary of response/attendance	Summary of comments received	Summary of comments not accepted and reasons	URL (If applicable)
1	Internet Outreach	Non targeted/broad community	The 2025 Action Plan Survey asked respondents various questions about the needs of housing and community development throughout the county. A total of 14 responses were received.	Outcomes of the survey results are presented throughout this document.	All comments were accepted.	
2	Stakeholder Meetings	Community Stakeholders	Four virtual stakeholders meetings were held on: -February 18, 2025 -February 20, 2025 -February 25, 2025 -February 26, 2025. These four focus groups covered affordable housing, facilities and	Participants included community stakeholders. Comments focused on the need for more affordable housing and assistance with supportive services for those experiencing homelessness and those at risk of homelessness, including housing navigators. The need for more reliable transportation and sidewalk and	All comments were accepted.	

			infrastructure, community services, and general resident perspectives.	flood/drainage improvements were also discussed.		
3	Public Comment Period	Non targeted/broad community	A public comment period on the draft Action Plan was held from May 1 – May 30, 2025.	A public comment period on the draft Action Plan was held from May 1 – May 30, 2025.		
4	Interviews	Targeted stakeholders were interviewed to collect expertise on housing and community development topics.	Targeted stakeholders were interviewed to collect expertise on housing and community development topics.	5 interviews were conducted.	All comments were accepted.	
5	Newspaper Advertisements	Non-targeted/broad community	Ad posted in the Tennessee Tribune on May 2, 2025. An ad was posted in Azul 615, a Spanish language publication May 8, 2025	There were no comments received.	N/A	

			and in the Tennessean on May 1, 2025.			
7	Social Media	Non-targeted/broad community	Posts made on the MDHA Facebook and X pages.	There were no comments received.	N/A	

Table 4 – Citizen Participation Outreach

Survey Results:

Results from the 2025 Action Plan Survey showed that the availability of housing is the biggest barrier to finding decent housing in Nashville-Davidson County, followed by the cost of building and funding affordable housing options and background checks/history, personal income, funding opportunities and regulations regarding the building of affordable housing were also discussed. The survey showed that addressing homelessness, low-income housing and wrap around supportive services were high on the priorities to address subgroups. Transportation and housing close to transit areas were high on all the survey topics. Increased education, landlord incentives, communication with the local population, better understanding on differing voucher programs and collaboration with other agencies were included as areas to improve effectiveness and awareness for community needs. The need for services was also noted. Some of these included mental health services, family services, services for victims of domestic violence, services for those who are chronically homeless. For those that are experiencing homelessness, the survey indicates that emergency shelters and homelessness outreach activities were the highest priority. Barriers for the homeless community included lack of affordable housing inventory and rent prices, background checks/history, lack of income, lack of transportation, and lack of supportive services for housing stability. Additionally, discharge programs create difficulties for those exiting correctional, mental, health and youth facilities need better communication and coordination. For persons with HIV/AIDS, permanent housing options and STRMU were the highest priority for housing options, though tenant based rental assistance and transitional/emergency housing were also needed. Top barriers for persons with HIV/AIDS included background checks/history, stigma, NIMBYISM and discrimination, health concerns, lack of affordable units, and lack of income due to low or unstable employment opportunities. The need for childcare centers and support for youth, including summer enrichment and summer work programs, generally was also highly noted by survey respondents across several topics. Sidewalks were high on the list for the need for public improvements. Parks and additional greenspaces were also mentioned. Business technical assistance, microenterprise assistance and other types of job training or other financial empowerment programs were also mentioned as potential economic development activities.

Expected Resources

AP-15 Expected Resources – 91.220(c)(1,2)

Introduction

Anticipated Resources and proposed Project Budgets are based on 2025 Allocations released on May 15, 2025. CDBG Program Income (PI) is estimated and is the average amount of PI collected for the program plus what will be received from the closeout of the 2010 CDBG-DR grant. HOME PI reflects PI as of April 2025.

Anticipated Resources

Program	Source of Funds	Uses of Funds	Expected Amount Available Year 3				Expected Amount Available Remainder of ConPlan \$	Narrative Description
			Annual Allocation: \$	Program Income: \$	Prior Year Resources: \$	Total: \$		
CDBG	public - federal	Acquisition Admin and Planning Economic Development Housing Public Improvements Public Services	5,431,624	\$2,302,943	0	\$7,734,567	\$10,863,248	Expected amounts reflect funding based on 2025 allocations.

Program	Source of Funds	Uses of Funds	Expected Amount Available Year 3				Expected Amount Available Remainder of ConPlan \$	Narrative Description
			Annual Allocation: \$	Program Income: \$	Prior Year Resources: \$	Total: \$		
HOME	public - federal	Acquisition Homebuyer assistance Homeowner rehab Multifamily rental new construction Multifamily rental rehab New construction for ownership TBRA	\$2,396,678	\$83,498	0	\$2,480,176	\$4,793,356	Expected amounts reflect funding based on 2025 allocations.
HOPWA	public - federal	Permanent housing in facilities Permanent housing placement Short term or transitional housing facilities STRMU Supportive services TBRA	\$2,429,461	0	0	\$2,429,461	\$4,858,922	Expected amounts reflect funding based on 2025 allocations.

Program	Source of Funds	Uses of Funds	Expected Amount Available Year 3				Expected Amount Available Remainder of ConPlan \$	Narrative Description
			Annual Allocation: \$	Program Income: \$	Prior Year Resources: \$	Total: \$		
ESG	public - federal	Conversion and rehab for transitional housing Financial Assistance Overnight shelter Rapid re-housing (rental assistance) Rental Assistance Services Transitional housing	\$ 445,977	0	0	\$ 445,977	\$891,954	Expected amounts reflect funding based on 2025 allocations.

Table 47 - Expected Resources – Priority Table

Explain how federal funds will leverage those additional resources (private, state and local funds), including a description of how matching requirements will be satisfied

In addition to the Consolidated Plan formula grants, funding from other Federal programs and local funds will be used to address local needs and Consolidated Plan priorities: Continuum of Care (CoC) funds, Neighborhood Stabilization Program (NSP) I and II Program Income, CDBG Disaster Recovery (CDBG-DR) from a recently awarded 2021 & 2022 grant and HOME ARP funding in the amount of \$9,298,780 to be used to provide support services for individuals experiencing/formerly experiencing homelessness and other qualifying populations in danger of becoming homeless to increase housing stability. FY 2024 CoC funds awarded to the Nashville-Davidson County CoC totaled \$11,846,313 will sustain existing homeless assistance programs at MDHA and other nonprofit organizations.

MDHA has approximately \$836,352.56 in NSP PI and \$307,836.84 in NSP2 PI on hand from rental income from two multifamily projects previously acquired and constructed under the NSP programs. Once additional NSP PI is accumulated, MDHA plans to use it to fund housing activities that will benefit persons with incomes of up to 120% AMI to fill the gap for housing units for persons with incomes between 80 – 120% AMI as identified in the Mayor's Housing Report Needs and Gap Analysis as other programs are limited to providing units for persons whose income does not exceed 60 to 80% AMI. NSP1 PI funds will be targeted to provide units countywide, while NSP2 PI funds will be targeted to the 17 census tracts identified in the NSP2 application. It is possible that some projects will be able to use PI from both sources. The funds will be loaned or granted as gap financing to nonprofit and for-profit developers for eligible NSP activities through a Request for Application (RFA) process. The minimum affordability period will be consistent with the HOME program requirements, where the affordability period ranges from 5 to 20 years based on the amount of the per-unit investment. Any PI generated from loans to developers will be used to fund additional projects.

This Action Plan includes \$2,046,992.42 in CDBG-DR PI generated through housing activities undertaken by The Housing Fund (THF) with 2010 CDBG-DR funds. It is expected that the 2010 CDBG-DR grant will be closed out in late 2025. Substantial amendment 7 to the 2010 CDBG-DR Action Plan has been prepared for HUD approval to transfer this program income to the CDBG Entitlement Program. Once transferred to IDIS the funds will be used to administer CDBG eligible activities for the benefit of low and moderate-income renters and homeowners.

MDHA receives pass through funding from the Tennessee Housing Development Agency (THDA) for the U.S. Department of Energy Weatherization Assistance Program (WAP) and for the U.S. Department of Health and Human Services Low Income Home Energy Assistance Program (LIHEAP), which are used jointly to install weatherization measures for very low-income households.

The Metropolitan Government also funds affordable housing and homeless assistance programs. The Barnes Fund Commission has supported 6,028 total units as of November 2024.

Leverage

MDHA attempts to use federal funds to leverage additional resources in several ways. Except for homeowner rehab assistance, funding applications should demonstrate the ability to leverage funds. This is part of the Financial Capacity evaluation criteria for requests for proposals/applications. MDHA's grant writer researches federal, state, local, and private funding opportunities to apply for funds that

further MDHA's mission based on the priorities established in the Consolidated Plan and Public Housing Plan. To leverage HOME dollars, MDHA continues efforts to fund projects that leverage other resources for affordable housing development. For example, funded projects typically leverage funds from U.S. HUD/SHOP Grant, Federal Home Loan Bank AHP funds, private funds from corporations, foundations, churches, and individuals. Additionally, the Barnes Fund, Metro's local Housing Trust Fund, makes funds available that are used to leverage HOME dollars. Another opportunity to leverage HOME funds is with Low Income Housing Tax Credits (LIHTC). MDHA actively pursues other funding opportunities to leverage HOME and CDBG funds to create affordable housing through the Community Reinvestment Act (CRA), HUD-insured loans, and the State Housing Trust Fund (HFT). Where appropriate, leverage may be achieved through supportive services provided by partners.

Match Requirements

The HOME program requires a 25% match of the total HOME funds drawn down for project costs. This match is different than leverage, and this requirement will be met by match credit from prior HOME projects, Barnes Trust fund projects that meet the requirements of the HOME program, by the value of donated land or improvements, or by other eligible methods as provided in the HOME regulations. Amounts above the 25% match are considered leverage.

To meet the ESG match requirement, all organizations applying for funding must provide a 100% match of the funds they are seeking. This and the MDHA administration match requirements may be satisfied by cash, the value of time and services provided, or other eligible methods as provided by the ESG regulations.

CoC funds must be matched 25% by funding from other eligible sources. An array of sources are expected to be leveraged to meet this match, depending on the project and the administering agency – from the value of primary care and pharmacy services to residents living in permanent supportive housing, to private donations that assist with operating costs, to federal and state funds that help further CoC planning activities.

If appropriate, describe publicly owned land or property located within the jurisdiction that may be used to address the needs identified in the plan

Metro has established a Community Land Trust (CLT) to acquire property and preserve it for long-term affordability. Along with seed funding to launch it, the Barnes Housing Trust Fund donated 15 properties to The Housing Fund for the CLT. The Housing Fund owns the property and is responsible for developing single-family homes on the land. The homes are then sold at an affordable price to qualifying buyers at or below 80% of the area median income. The Housing Fund retains the title to the land and leases it to the new homeowner. This helps ensure that the home and the land remain affordable once sold. The primary objective of the CLT program is to build permanent, affordable housing, serving as the permanent place for a community's land and serving as the permanent steward for any residential or commercial buildings located upon its land. The Housing Fund has completed two CLT homes to date.

Additionally, Metro has made properties available to nonprofit partners to be utilized in conjunction with affordable housing projects utilizing Barnes Housing Trust funds. A total of 129 Metro-owned lots have been awarded through the Spring 2024 funding cycle. Metro's Housing Division is currently

evaluating all potentially surplus Metro properties to determine if they can be used for affordable housing.

Annual Goals and Objectives

AP-20 Annual Goals and Objectives

Goals Summary Information

Sort Order	Goal Name	Start Year	End Year	Category	Geographic Area	Needs Addressed	Funding	Goal Outcome Indicator
1	New Affordable Housing Opportunities	2025	2026	Affordable Housing Non-Housing Community Development	N/A	Construct New Affordable Housing Address Housing Barriers	*HOME: 2,480,176	Rental units constructed: 20 Household Housing Units Homeowner Housing Added: 8 Household Housing Units
2	Affordable Housing Preservation	2025	2026	Affordable Housing Public Housing Non-Housing Community Development	N/A	Retain Affordable Housing Stock Maintain Housing Stability	CDBG: \$3,456,264	Rental units rehabilitated: 1 Household Housing Unit Homeowner Housing Rehabilitated: 80 Household Housing Units

Sort Order	Goal Name	Start Year	End Year	Category	Geographic Area	Needs Addressed	Funding	Goal Outcome Indicator
3	Support for Homeless & Persons with HIV/AIDS	2025	2026	Homeless Non-Homeless Special Needs	N/A	Assist Homeless Persons & Persons with HIV/AIDS	*HOPWA: \$2,429,461 *ESG: \$445,977	Tenant-based rental assistance / Rapid Rehousing: 225 Households Assisted (ESG) Homeless Person Overnight Shelter: 2000 Persons Assisted (ESG) Homelessness Prevention: 175 Persons Assisted (ESG- includes outreach) HIV/AIDS Housing: 270 Household Housing Unit (HOPWA) Other: 2105 Other (HOPWA)

Sort Order	Goal Name	Start Year	End Year	Category	Geographic Area	Needs Addressed	Funding	Goal Outcome Indicator
4	Essential Services for LMI and Vulnerable People	2025	2026	Public Housing Non-Housing Community Development	N/A	Create Economic Opportunities for LMI Persons Support Youth Programs	**CDBG: \$2,707,098	Public service activities other than Low/Moderate Income Housing Benefit: 1700 Persons Assisted
5	Neighborhood Revitalization	2025	2026	Non-Housing Community Development	N/A	Invest in Underserved Areas	CDBG: \$1,571,205	Other: 2 Other

Table 48 – Goals Summary

*Totals include \$248,018 for HOME admin - \$2,232,158 is the actual amount of funds available for HOME projects; \$72,883 for HOPWA MDHA Admin - \$2,356,578 is the actual amount of funds available for HOPWA activities; \$33,448 for ESG MDHA Admin - \$412,529 is the actual amount of funds available for ESG activities.

**Total includes \$1,546,913 for CDBG Admin/Planning - \$1,160,185 is the actual amount of funds available for public services

Goal Descriptions

1	Goal Name	New Affordable Housing Opportunities
	Goal Description	Increase the number of decent, safe affordable units and help LMI households access affordable housing.
2	Goal Name	Affordable Housing Preservation
	Goal Description	Preserve existing affordable housing units and help LMI tenants and homeowners retain housing.
3	Goal Name	Support for Homeless & Persons with HIV/AIDS
	Goal Description	Support facilities and services for homeless persons and persons with HIV/AIDS.
4	Goal Name	Essential Services for LMI and Vulnerable People
	Goal Description	Provide services that support basic needs and expansion of opportunity for low-moderate income and vulnerable people.
5	Goal Name	Neighborhood Revitalization
	Goal Description	Revitalize distressed neighborhoods and underserved areas.

Projects

AP-35 Projects – 91.220(d)

Introduction

The following are proposed projects to be undertaken during the 2025 program year utilizing 2025 allocations.

Projects

#	Project Name
1	CDBG Administration and Planning
2	CDBG Homeowner / Rental Rehab
3	CDBG Public Facilities and Infrastructure
4	CDBG Public Services
5	HOME Administration
6	HOME New Construction – Rental
7	HOME New Construction – Homeownership
8	HOPWA Housing and Supportive Services
9	ESG Programs and Services

Table 491 – Project Information

Describe the reasons for allocation priorities and any obstacles to addressing underserved needs

Funding priorities for the 2025-2026 Action Plan are the same as those in the Five-Year Plan.

Funding priorities are intended to address underserved needs as identified in the needs assessment and through public input, and they are designed for feasible and effective implementation.

AP-38 Project Summary

Project Summary Information

1	Project Name	CDBG Administration & Planning
	Target Area	N/A
	Goals Supported	Administration and Planning
	Needs Addressed	Construct New Affordable Housing Address Housing Barriers Retain Affordable Housing Stock Maintain Housing Stability Support Youth Programs Invest in Underserved Areas
	Funding	CDBG: \$ 1,546,913
	Description	Funding to be used for oversight and administration of CDBG programs, including monitoring, reporting, program evaluation, fair housing activities, and the development of the Consolidated Plan and annual updates and amendments. Planning includes studies, analysis, data gathering, and preparation of plans.
	Target Date	5/31/2026
	Estimate the number and type of families that will benefit from the proposed activities	N/A
	Location Description	N/A

	Planned Activities	Funds to be used by MDHA as the lead agency for the development and administration of the Consolidated Plan. Administrative activities include grant management, monitoring, budgeting, and planning and executing CDBG-eligible activities. MDHA may choose to partner with another entity to undertake eligible planning activities. Funding for this activity is capped at 20% of the annual CDBG allocation plus 20% of program income.
2	Project Name	CDBG Homeowner/Rental Rehab
	Target Area	N/A
	Goals Supported	Affordable Housing Preservation
	Needs Addressed	Retain Affordable Housing Stock Maintain Housing Stability
	Funding	CDBG: \$ 3,456,264
	Description	Rehabilitation of owner-occupied and rental homes to allow residents to maintain stable affordable housing and project delivery.
	Target Date	5/31/2026
	Estimate the number and type of families that will benefit from the proposed activities	80 owner/occupied units; 1 rental/occupied unit
	Location Description	Countywide

	Planned Activities	Assistance will be provided in the form of forgivable loans for elderly (age 62+) homeowners. Assistance to other homeowners will be provided in the form of deferred (due on sale) loans. Repairs or improvements will be limited to items that address health and safety needs, such as heat/air, roof repair, plumbing, electrical, and accessibility. Priority will be given to homeowners whose incomes are at or below 50% AMI, persons with disabilities, and the elderly (age 62+). This program will be administered directly by MDHA and/or contracted out. Homeowners may apply during the open application period, and funds will be allocated on a first-come, first-served basis to eligible households until funding is exhausted.
3	Project Name	CDBG Public Facilities and Improvements
	Target Area	N/A
	Goals Supported	Neighborhood Revitalization
	Needs Addressed	Invest in Underserved Areas
	Funding	CDBG: \$1,571,205
	Description	Construction or expansion of a neighborhood facility owned by a nonprofit or public agency or installation of infrastructure improvements (such as sidewalks or drainage) in areas where at least 51% of the residents are LMI.
	Target Date	5/31/2026
	Estimate the number and type of families that will benefit from the proposed activities	Residents in low-moderate income areas, as well as those in areas of urgent need, in the event funds are needed to address urgent circumstances.
	Location Description	Projects must be located in and serve residents in an area where at least 51% of the residents are considered LMI

	Planned Activities	Costs include hard and soft costs, A&E costs. Maintenance/operations costs are not eligible. Projects may be identified through collaboration with Metro. Funds for public facilities may be used for Metro or MDHA-owned projects or awarded to qualified nonprofits. MDHA may use a portion of funds for activity delivery costs.
4	Project Name	CDBG Public Services
	Target Area	N/A
	Goals Supported	Essential Services for LMI and Vulnerable People
	Needs Addressed	CDBG Services that Provide Stability
	Funding	CDBG: \$1,160,185
	Description	Included are new or enhanced programs undertaken by nonprofit or public agencies that serve youth ages 6-18 from LMI families during the Summer of 2025; fair housing counseling, outreach, education and other activities; and limited assistance of one-time emergency payments for rent and utility needs for homeless persons obtaining housing through the Metro Office of Homeless Services or utilizing MDHA Voucher programs (i.e., Shelter Plus Care, VASH).
	Target Date	5/31/2026
	Estimate the number and type of families that will benefit from the proposed activities	1700 LMI persons
	Location Description	Countywide

	Planned Activities	Programs must provide new or enhanced activities that will further participants’ academic, artistic, and athletic interests, as well as promote job skills development and/or healthy lifestyles, to help prepare youth to become successful adults. Youth work programs in collaboration with the Mayor’s office are also included. Programs must operate between June 1 and July 31, 2025. Funding is awarded through a competitive process. Funding will be awarded to a qualified nonprofit through a competitive process. Fair housing activities include speaking with aggrieved individuals to inform them of their rights about Fair Housing and interacting with a potentially aggrieved individual’s housing provider to determine the housing provider’s version of the facts (i.e., investigation.); interacting with a housing provider to inform the housing provider of his or her obligations under applicable law, to bring relief to the aggrieved individual; providing legal representation to an aggrieved individual, either as a defendant or plaintiff in housing-related litigation; providing general education information to individuals to inform them of their rights in conjunction with the Fair Housing Laws. A portion of the funds may be used by MDHA to pay for activity delivery costs. One-time emergency payments up to \$2000 per client to pay first month’s rent and security, and utility deposits for homeless persons obtaining housing through the Metro Office of Homeless Services or utilizing MDHA Voucher programs (i.e., Shelter Plus Care, VASH). Payments are made directly to landlords and utility companies. Funds can also be used for costs associated with program delivery.
5	Project Name	HOME Administration
	Target Area	N/A
	Goals Supported	Administration and Planning
	Needs Addressed	Construct New Affordable Housing
	Funding	HOME: \$248,018
	Description	Provide grant management, compliance, and oversight of Home-funded activities.
	Target Date	5/31/2026

	Estimate the number and type of families that will benefit from the proposed activities	N/A
	Location Description	N/A
	Planned Activities	Administrative costs include staff and related requirements for overall program management, coordination, monitoring, reporting, and evaluation. Administrative activities will be undertaken by MDHA.
6	Project Name	HOME New Construction - Rental
	Target Area	N/A
	Goals Supported	New Affordable Housing Opportunities
	Needs Addressed	Construct New Affordable Housing
	Funding	HOME: \$1,732,158
	Description	Funding for the construction of new units for rent to households with incomes at or below 60% AMI.
	Target Date	5/31/2026
	Estimate the number and type of families that will benefit from the proposed activities	20 units ($\leq$ 60% AMI)
	Location Description	Countywide

	Planned Activities	A minimum of 15% of the 2025 HOME allocation, estimated to be 372,026, will be set-aside for eligible CHDO projects. The tenure of the CHDO projects will be based on developer demand and can come from the homeowner or rental project budgets. Additionally, MDHA may aside a minimum of \$500,000 for the redevelopment of MDHA-owned properties converted under RAD. For remaining funds, MDHA may award funds on a first-come, first-served basis through an open application cycle or on a competitive basis via a Request for Applications (RFA) seeking proposals for project development. Depending on project demand, financial assistance to developers may be in the form of construction loans and permanent financing. Eligible uses of funds include acquisition, site preparation, construction, and soft costs. All new construction projects will be subject to underwriting by MDHA and must meet HOME Site and Neighborhood Standards. Units must be occupied by tenants with incomes at or below 60% AMI. In projects with 5 or more HOME-assisted units, at least 20% of the units must serve households at or below 50% AMI. Projects that would require the permanent displacement of existing residents will not be eligible for funding.
7	Project Name	HOME New Construction - Ownership
	Target Area	N/A
	Goals Supported	New Affordable Housing Opportunities
	Needs Addressed	Construct New Affordable Housing
	Funding	HOME: \$500,000
	Description	New home construction and downpayment assistance in conjunction with the purchase of homes for LMI households with incomes at or below 80% AMI.
	Target Date	5/31/2026

	Estimate the number and type of families that will benefit from the proposed activities	8 homes (with incomes at or below 80% AMI), with priority given to projects that benefit large families.
	Location Description	Countywide
	Planned Activities	A minimum of 15% of the 2025 HOME allocation, estimated to be \$372,026, will be set-aside for eligible CHDO projects. The tenure of the CHDO projects will be based on developer demand and can come from the homeowner or rental project budgets. Funding for the construction of new homes (which may include property acquisition costs, predevelopment loans, and downpayment assistance for eligible homebuyers to purchase these homes.) All purchasers must receive/complete homebuyer education through a HUD approved education provider. MDHA may award funds on a competitive basis via a Request for Applications (RFA) or on a first-come, first-served basis through an open application cycle/RFA or undertake development in house. Projects that would require the permanent displacement of existing residents will not be eligible for funding.
	Project Name	HOPWA Housing and Supportive Services
	Target Area	N/A
	Goals Supported	Support for Homeless & Persons with HIV/AIDS
	Needs Addressed	Assist Homeless Persons & Persons with HIV/AIDS
	Funding	HOPWA: \$2,429,461
	Description	Housing; short-term rent, mortgage, and utility assistance (STRMU); supportive services for persons with HIV/AIDS and their families; program administrative costs incurred by MDHA and Sponsor agencies
	Target Date	5/31/2028

	Estimate the number and type of families that will benefit from the proposed activities	-Housing Assistance (PBRA, TBRA, Short-term/transitional: 70 persons -STRMU: 200 persons -Supportive Services: 2,105 persons
	Location Description	Countywide

Planned Activities	• \$242,945 for <u>Administration</u> – \$72,883 retained by MDHA and \$170,062 to be awarded to Sponsor agencies • \$2,186,516 for the following eligible activities: • <u>Facility Based Rental/Housing Assistance</u>– costs associated with the rental subsidy assistance of clients in project-based rental units OR facility-based housing assistance costs for leasing a transitional/short-term housing facility/unit (ex-hotels/motels) • <u>STRMU</u> – reasonable rent and mortgage assistance payments that represent actual housing costs; assistance varies per client depending on funds available, tenant need, and program guidelines • <u>Tenant Based Rental Assistance</u> – costs associated with the placement of clients in permanent housing in the private rental housing market; assistance covers a portion of the rent based upon Fair Market Rent or “reasonable rent” and operates similar to the Section 8 Housing Choice Voucher Program. • <u>Supportive Services</u> - services including, but are not limited to, health, mental health assessments, permanent housing placement, drug and alcohol abuse treatment and counseling, day care, transportation assistance, employment assistance, personal assistance, nutritional services, intensive care when required, and assistance in gaining access to local, State, and Federal government benefits and services, except that health services may only be provided to individuals with acquired immunodeficiency syndrome or related diseases and not to family members of these individuals. Permanent Housing Placement assistance is also covered under Supportive Services. All funds will be awarded to Sponsors selected for funding through an RFA to be issued in 2025. Proposals will be evaluated by a Review Committee comprised of MDHA staff, representatives of programs that serve persons living with HIV/AIDS, or individuals that are knowledgeable about various aspects of housing services in accordance with the evaluation criteria contained in the RFA and ranked from highest to lowest. Funding will be awarded for projects according to their overall rank until funding is exhausted.
----------------------------------	--

9	Project Name	ESG Programs and Services
	Target Area	Countywide
	Goals Supported	Support for Homeless & Persons with HIV/AIDS
	Needs Addressed	Assist Homeless Persons & Persons with HIV/AIDS
	Funding	ESG: \$ 445,977
	Description	Activities to support homeless persons - rapid re-housing and homeless prevention assistance, shelter operations/essential services, and outreach; program and HMIS administration
	Target Date	5/31/2027
	Estimate the number and type of families that will benefit from the proposed activities	-Rapid Re-housing: 225 persons -Homeless Prevention: 75 persons -Shelter Operations/Essential Services: 2,000 -Outreach: 100 persons
	Location Description	Countywide

Planned Activities	• \$33,448 for <u>Administration</u> – retained by MDHA for general management, oversight, and coordination of ESG programs • \$ 412,529 for the following eligible activities: <u>Rapid Re-housing Assistance</u> – includes, but is not limited to, utilities, rental application fees, security deposits, etc. and other eligible activities as defined in the ESG regulations at 24 CFR, §576.104; §576.105 (Housing relocation and stabilization services) and §576.106 (Short term and medium-term rental assistance) <u>Homeless Prevention</u> includes, but is not limited to, rental assistance (such as arrears) and housing relocation and stabilization services, etc., and other eligible activities as defined in the ESG regulation at 24CFR, §576.103 <u>Shelter Operations*</u> - include, but are not limited to, maintenance, rent, repair, etc., and other eligible activities as defined in ESG regulations at 24 CFR §576.102(3) <u>Essential Services*</u> – include, but are not limited to, case management, childcare, education services, etc., and other eligible activities as defined in ESG regulations at 24 CFR, §576.102(1) <u>Street Outreach*</u> – includes, but is not limited to, the cost of engagement, case management, emergency health and mental health, etc. and other eligible actives as defined in the ESG regulation at 24 CFR, §576-101 *The total amount awarded for Shelter Operations, Essential Services, and Street Outreach cannot exceed \$267,586 (60% of the 2025 ESG Allocation). Funding for all activities, except Administration, will be awarded to qualified nonprofits through a competitive process to be announced Summer 2025. Proposals will be evaluated by a Review Committee comprised of MDHA staff, representatives of programs that serve homeless persons, homeless or formerly homeless individuals or individuals that are knowledgeable about various aspects of the ESG program. Proposals will be evaluated in accordance with the evaluation criteria contained in the RFA and ranked from highest to lowest. Funding will be awarded for projects according to their overall rank until funding is exhausted.
--------------------	---

AP-50 Geographic Distribution – 91.220(f)

Description of the geographic areas of the entitlement (including areas of low-income and minority concentration) where assistance will be directed

No geographic target areas have been identified. Funds will be distributed throughout the County based on need and per program regulatory requirements.

Rationale for the priorities for allocating investments geographically

N/A

Affordable Housing

AP-55 Affordable Housing – 91.220(g)

Introduction

One Year Goals for the Number of Households to be Supported	
Homeless (ESG)	225
Non-Homeless (HOME + CDBG)	109
Special-Needs (HOPWA)	270
Total	604

Table 50 - One Year Goals for Affordable Housing by Support Requirement

One Year Goals for the Number of Households Supported Through	
Rental Assistance (ESG+HOPWA)	495
The Production of New Units	28
Rehab of Existing Units	81
Acquisition of Existing Units	0
Total	604

Table 51 - One Year Goals for Affordable Housing by Support Type

AP-60 Public Housing – 91.220(h)

Introduction

MDHA will continue to undertake the redevelopment of its oldest former public housing into mixed-use, mixed-income communities.

Actions planned during the next year to address the needs to public housing

To support MDHA's redevelopment efforts, approximately \$500,000 of HOME funds may be used for new construction of mixed-income housing as part of an "Transformation" initiative. The HOME-assisted units will be restricted to households with incomes ≤60% AMI.

The redevelopment at Napier-Sudekum includes a rebranded client one-stop referral, information, and service destination, now named the VOICE Center, which represents (Valuing Opportunity, Inclusion, and Connectivity for Everyone). This service center serves the broader Metropolitan Development & Housing Agency housing portfolio. The VOICE Center focuses on services related to job training, HiSET/college education, wellness/health, and youth engagement. All visitors are helped with assessing needs and offered guidance and referrals to match services with the client's needs. The rebranded and repurposed VOICE Center is operated by the Resident Services department. The center offers a multipronged resource to help adults identify job opportunities, train for specific skills and receive job interviews, VOICE center partners include the TN Department of Labor and Workforce Development and the Urban League to provide these services. Additionally, health education and insurance enrollment services are offered to pregnant mothers through Nashville Strong Babies, and after-school drop-in services are offered to school children through the Oasis Center. ALL visitors are welcome and able to participate in an integrated service delivery model of ongoing classes and programs. Other available services include HiSET/GED classes, financial literacy, homebuyer education, and digital literacy lap-top computer centers.

Actions to encourage public housing residents to become more involved in management and participate in homeownership

MDHA provides several opportunities for residents to become more involved in management and to participate in homeownership programs:

- Two public housing residents are appointed to the 7-member MDHA Board of Commissioners. • Each property has a resident association that actively engages the residents and coordinates activities with property management. The president of each resident association meets with MDHA leadership annually to review the PHA Annual Plan.
- MDHA's "Transformation" process encourages residents to participate in the master planning process for their sites, and specific meetings are held to obtain their input.
- MDHA's Resident Services and Rental Assistance Department offer self-sufficiency programs that create pathways to homeownership. In 2024 the Resident Services Department assisted with five (5) house purchases and helped two (2) make purchasing a home more affordable by sponsoring the MDHA Interest By-Down Program in which homebuyers were able to reduce their 30-year mortgage rate by one (1) percentage point.
- The Family Self-Sufficiency (FSS) Grant Program is a long-term initiative that encourages and assist residents in achieving individualized goals, attain financial independence and home ownership, for those who seek to become homeowners. Intensive goal-driven case management and making linkages for wrap-around services are fundamental components of this initiative. Some of the hallmarks of all of MDHA's services and self-sufficiency programming include but are not limited to: helping families increase household income; techniques for reducing

and/or eliminating the need for government assistance; improving credit scores; expunging charges; achieving higher levels of education; enhancing job training and employability skills; improving overall health/wellbeing; improving money management/financial literacy; homeownership classes; increasing savings and In reducing/eliminating debt etc.

- The Resident Services Department partnered with Dominion Financial Services in 2024 to administer portfolio wide homebuyer education and homebuyer education classes. Additionally, the department was awarded a HUD Resident Opportunity Self-Sufficiency grant in 2024, in which 50 families will receive personalized case management from a ROSS- Coordinator to help increase education, obtain new employment and increase wellness activities for the program participant and every resident of their household.

If the PHA is designated as troubled, describe the manner in which financial assistance will be provided or other assistance

Not applicable. As of the last assessment, MDHA is considered a high performer.

AP-65 Homeless and Other Special Needs Activities – 91.220(i)

Introduction

This section describes the one-year goals and activities for the Nashville-Davidson County area to strengthen its housing crisis resolution system. Nashville-Davidson County's Continuum of Care Homelessness Planning Council is empowered to make decisions and recommendations as the governance board for the Nashville-Davidson County Continuum of Care, as required by 24 CFR Part 578.

The Homelessness Planning Council has the following duties and responsibilities:

1. To implement a coordinated and focused approach to ending homelessness and to develop measurable objectives via the creation of a strategic plan
2. To fulfill all duties and responsibilities as the governance board for the Nashville-Davidson County Continuum of Care, including compliance with 24 CFR Part 578
3. To hold regular meetings open to the public with published agendas
4. To assure participation of all stakeholders, including persons experiencing homelessness
5. To maintain accurate, current data on homeless populations and
6. To educate the public, service providers, and other interested parties on issues related to homelessness. For information on specific homeless initiatives, visit the Office of Homeless Services (OHS) web page: www.nashville.gov/homeless

The July 2023 – June 2026 Homelessness Planning Council Strategic Plan cites two primary goals:

- *employ evidence-based, data-driven decisions to serve and empower individuals experiencing homelessness; and*
- *align resources that close the resource gap and have clear lines of accountability.*

The Plan outlines 8 primary objectives:

Objective 1.1 Reexamine and strengthen collaborative infrastructure and roles played by key stakeholders, including individuals with lived experience, governance, committees, and members.
Objective 1.2 Identify inventory.
Objective 1.3 Outline a plan to improve data collection, analysis, and presentation for all populations.

Objective 1.4 Establish effective goals and metrics to report on strategic homelessness initiatives.
Objective 2.1 Mobilize community partners and maximize funding to serve all populations.
Objective 2.2 Work towards ending all homelessness.
Objective 2.3 Maximize community-wide HMIS data collection, sharing, and use.
Objective 2.4 Develop an ongoing, robust, and transparent communications strategy to advance collaborative efforts to end homelessness.

Describe the jurisdiction’s one-year goals and actions for reducing and ending homelessness including

Reaching out to homeless persons (especially unsheltered persons) and assessing their individual needs

The Metro Office of Homeless Services (OHS) has a homeless outreach team that coordinates within and outside Metro government to reach people who live outdoors. The team has helped move Metro government response from an enforcement-only approach to an engagement approach with a heavy emphasis on supportive services. Nashville has created a single portal called Hub Nashville in which government agencies, elected officials, and members of the public may report any concerns or complaints they may have with the unhoused population to be addressed by the OHS outreach team. OHS outreach then coordinates with other outreach teams and focuses on linking people with needed services, health care, and housing to address and de-escalate potential situations and avoid arrests.

Outreach teams meet monthly to discuss urgent issues and coordinate efforts. They are all trained in entering people into Coordinated Entry (CE) and participate in weekly care coordination meetings to advocate for their most vulnerable clients.

Despite these efforts, the lack of affordable housing in all neighborhoods and a continuing loss of low-income housing stock remains a barrier. In addition, landlords have tightened their eligibility requirements (criminal background, deposit requirements, etc.), which increasingly prohibit people from acquiring housing, even when they have the necessary income. Nashville's critical need for new Permanent Supportive Housing is exacerbated by the passage of Tennessee law SB1610, which expands the Equal Access to Public Property Act of 2012 to

include city and county public property. Camping on any public property not designated for camping use is now a Class E felony in Tennessee.

OHS's Landlord Engagement team has created an effort to encourage landlords to lower barriers and accept tenants who are unsheltered. The Low Barrier Housing Collective has hundreds of landlord members that have all agreed to lower barriers for unhoused clients, including eschewing criminal background checks, credit history, and other factors that may exclude someone from housing. They offer sign-on bonuses, furniture, and other incentives to encourage landlords to join the Collective. As a result, voucher utilization has significantly increased engagement in the CoC by landlords, property owners, and developers has grown.

Through HUD's Special NOFO in FY2022, Nashville sought funding to expand services to persons experiencing unsheltered homelessness and access to housing via Stability Vouchers. To prepare an application for these funds, the Shelter, Weather, Outreach, and Prevention (SWOP) Committee of the CoC worked through much of 2022 honing the city's Outdoor Homelessness Strategy, which encompasses a system-wide approach to prevent and end homelessness for people living in large encampments and other unsheltered locations. The methodology provides a road map for incorporating the Housing First model for Permanent Supportive Housing (PSH) and decommissioning encampments. The Outdoor Homelessness plan contains solutions proposed by unsheltered and recently sheltered people, Metro government committees, and public comments from meetings regarding the budgeting of funds received from the American Rescue Plan. Although Nashville was not selected for an award, the foundations laid in 2022 forged strong partnerships that have set the stage for reducing unsheltered homelessness. This plan was refreshed in the fall of 2024 and approved by the Homelessness Planning Council.

Starting in the fall of 2022, outreach workers, Metro agencies and an array of community partners embarked on a concerted effort focused on an encampment on the edge of Brookmeade Park, working with residents to move from the park into various housing options. Work began in February 2023 with residents of a second camp in Wentworth Park, and in October 2023 in the Truckstops of America (TA) encampment. According to information provided through OHS, a total of 147 persons living in these areas were assisted with housing placement, and 79% of these people entered either interim or permanent housing. An additional estimated 36 residents of Hermitage Camp were engaged in late January 2024 with housing navigation as the Encampment Housing Surge efforts continued. Goals and actions for the next year include the following:

- Increase system capacity in outreach and housing navigation services.
- Adopt minimum standards for street outreach and improve the coordination between different street outreach groups.
- Support extension of health care to encampments and the streets, via Neighborhood Health's team and the Street Medicine Team at Vanderbilt.

Planning

- In mid-late 2023, Nashville's strategic plan for 2022-2025 was updated and action steps streamlined. In the next year, responsible parties will be identified to accomplish goals, and an accountability plan will be created. The steps will align with the USICH (US Interagency Council on Homelessness)/federal government's [All In: The Federal Strategic Plan to Prevent](#)

[and End Homelessness](#) to get people off the streets, out of shelters, and into homes.

The primary aim of this plan is to set forth goals and objectives that can be used to drive the implementation of an effective Housing Crisis Resolution System for the Nashville area. In such a system, the community will work together to ensure that homelessness is a rare occurrence, lasts only briefly when it does occur, and does not recur for those individuals who have been housed. This system incorporates Coordinated Entry and prioritizes households with the highest needs for assistance, uses data to assess system and project performance, and assures that all the components, programs, and services are oriented toward a common goal: rapidly moving people who are homeless into housing. Emphasis will be placed on elevating the voice of the community in line with our person-centered values, particularly those voices that have been historically marginalized.

All metrics to track progress are already being collected via HMIS. This data is reported to the Homelessness Planning Council, CoC General Membership, Performance Evaluation Committee, Data/HMIS Committee, and other stakeholders regularly, and shared online in dashboards and infographics.

Accountability

- Support the Metro Council's Public Health and Safety Committee in its monitoring of activities funded through the Mayor's \$50 million in American Rescue Plan funding, and development of a data dashboard on those activities created by the HMIS team at OHS.
- Work to assess and improve the community's system for addressing homelessness by increasing the efficiency and effectiveness of Nashville's housing crisis resolution system.
- Evaluate local strategic plan on a regular basis with annual and/or quarterly reports provided to the Homelessness Planning Council and the Continuum of Care General Membership. The intention is to update the plan during an annual review process, and ensure the objectives are measurable and time bound.
- Engage members of the Homelessness Planning Council to serve on CoC committees of interest & assure that they become members of the CoC.

Foster Collaboration and Training

- Build on the successful March 2024 Housing First Community Conference by holding such educational conferences regularly.
- Support Park Center in its SSI/SSDI Outreach, Access, and Recovery (SOAR) training and partnerships with Vanderbilt University Medical Center, Neighborhood Health, The Village at Glenclyff, Safe Haven Family Shelter, HCA and service providers who use Coordinated Entry, so that people who are eligible for SSI/SSDI receive these supports as quickly as possible and enhance stability in their lives. Metro is providing funding to The Contributor to provide additional SOAR services, and they have partnered with two local hospitals to more adequately serve heavy users of the Emergency Departments that are experiencing homelessness.
- Build on local partnerships strengthened by work during the last 3 years combatting

COVID and utilizing a huge influx of CV-CARES funding, by formalizing collaborations and assuring clear and regular communications.

- Equip providers/CoC partners with training and updates on how to access services for homeless persons. This will be done at the monthly Coalition for the Homeless meetings and should cover services that are homeless-specific as well as mainstream services that can stabilize the broader community. This will require more work at the state level, since that is where many of these programs (TANF, Medicaid) are located.
- Continue to educate service providers so they know how to link and partner with trained housing navigators.
- Support the continued work of Coordinated Entry (CE), specifically for victims of domestic violence, as well as the Rapid Rehousing resources for this subpopulation, made possible via CoC bonus project funding awarded by HUD to The Mary Parrish Center, Safe Haven Family Shelter and The Salvation Army.
- Continue partnering with Regional Overdose Prevention Specialists (ROPS) to offer Nashville providers free training designed to increase awareness of the dangers of opioids and stimulants, and how to recognize and respond to an overdose, including how to use the life-saving drug naloxone. This training is incorporated as part of the annual Point-in-Time (PIT) Count team member orientation. ROPS also provides free Narcan to many providers for the PIT Count, Cold Weather Shelter, and outreach teams that may have a need to utilize it.
- Continue education & advocacy efforts like the 2023 Day on the Hill, where scores of people from across the state met with state legislators to increase their awareness of issues such as the need for more affordable housing for extremely low-income individuals, and the negative impact of bills that criminalize homelessness.
- Ensure staff at key agencies consistently transmit critical information and updates to all relevant stakeholders.

Focus on Data

- Improve coordination efforts among service providers through increased investment in the city's Homeless Management Information System (HMIS). Continue regular imports of data from the Nashville Rescue Mission, Nashville's largest emergency shelter, into HMIS to increase HMIS bed coverage desired by HUD and get a more accurate picture of homelessness in Nashville.
- Enhance data entry into HMIS by street outreach staff, to better understand Nashville's unsheltered population and evaluate that data regularly to gauge trends.

Effectively use current housing resources, and expand using new ones

- Invest in activities that lead people experiencing homelessness to permanent housing as quickly as possible while offering a variety of interventions to address people's unique needs.
- Use ESG funds to assist approximately 225 people with rapid rehousing and 75 households with homeless prevention services; serve approximately 2,000 individuals via shelters and essential services; and, with ESG-funded and other community partners, engage a minimum of 100 individuals via street outreach efforts with the goal

of linking them through our Coordinated Entry (CE) process with housing opportunities.

- Enhance support to individuals housed using HUD ESG funds.
- Effectively utilize subsidies such as: the 100 mainstream housing vouchers awarded to MDHA in December 2020, effective 3/1/2021; Shelter Plus Care vouchers for homeless persons with disabilities; a monthly set-aside by MDHA of 18 Housing Choice Vouchers; VASH subsidies for veterans; 198 Emergency Housing Vouchers awarded to the city in 2020; and Family Unification Program (FUP) vouchers for youth with histories of, or who are at risk of placement into, foster care.
- Expand the inventory of available housing units for persons served with Rapid Rehousing assistance when their rental assistance ends, via housing search and access to more landlords.
- Streamline access to Shelter Plus Care and other vouchers to ensure we prioritize people according to their needs and link them through CE to the right resources.
- Continue to expand efforts to connect people who were experiencing homelessness when they entered institutions (hospitals, jail, mental health facilities, etc.) with housing navigators as part of their discharge planning to avoid the release of people to the streets or shelters.
- Support further developments within the Homeless Court in Nashville.

Addressing the emergency shelter and transitional housing needs of homeless persons

The Office of Homeless Services (OHS) is dedicated to continual improvement of Coordinated Entry (CE) to ensure people experiencing literal homelessness have immediate access to emergency shelter and, when appropriate, to transitional housing programs. The CoC Shelter, Weather, Prevention, and Outreach (SWOP) Committee is discussing access to shelter, how to remove barriers to shelter, and with OHS and \$4.5 million from the city to Community Care Fellowship (CCF), created alternative shelter options with a Housing First approach. These “Mobile Housing Navigation Centers” are scattered throughout the community and accommodate much smaller numbers than the Nashville Rescue Mission and the seasonal Room in the Inn. They are prioritized for people living unsheltered and those with conditions not suited for high barrier emergency shelters; for example, those who use substances, people with behavioral health issues not stable on meds, women in the third trimester of pregnancy, single fathers with children, unsheltered families, and families with disabling conditions. The funding comes as part of former Mayor John Cooper’s \$50 million plan to combat homelessness, which capitalizes on funds from the American Rescue Plan set aside for long-term housing. During the next year, CCF will continue using Metro’s funding to operate mobile housing navigation centers (MHNCs), which will serve more than 500 individuals and provide a bridge between encampment and permanent housing. In early 2025, OHS signed contracts with Hospitality Hub to provide interim gap housing primarily for those exiting encampments, and Launchpad, a local emergency shelter for youth experiencing homelessness.

The following strategies will help evaluate appropriate referrals to fill beds with people with the highest needs:

- Analyze city funds budgeted and spent on overflow shelter costs, occupancy rates at all shelters in Nashville, and develop a recommendation to the city about how best to

allocate resources in a new way that saves lives and reduces duplication of tax dollars and private donations.

- Analyze current shelter occupancy numbers to see if emergency and transitional beds are utilized at a high capacity.
- Develop a solid prevention and diversion effort.
- Quickly link people to emergency beds.
- Coordinate exit strategies that allow newly identified low-income affordable housing units to be filled with people who experience literal homelessness;
- Continue an in-reach team to assist shelter providers with housing navigation and enter people into CE.
- Improve data sharing in HMIS to know how long people stay in shelter beds and where they go when they exit.
- Educate providers across the CoC on eligibility requirements for various transitional housing options to promote appropriate referrals (ideally through CE);
- Assist transitional housing providers to coordinate with other agencies when people leave their programs, so that they do not return to literal homelessness.
- Develop warm hand-off protocols to support people as they exit shelter and transitional housing beds.
- Link housing navigators with transitional housing providers to assist in the housing search coordination if needed.
- Share housing resources/destination information and eligibility criteria to provide people in emergency shelters and transitional housing with options.
- Continue to evaluate innovative approaches such as developing bridge housing, navigation centers, safe havens, service centers, night centers, etc. to address the needs of people who identify themselves as shelter resistant.

Helping homeless persons (especially chronically homeless individuals and families, families with children, veterans and their families, and unaccompanied youth) make the transition to permanent housing and independent living, including shortening the period of time that individuals and families experience homelessness, facilitating access for homeless individuals and families to affordable housing units, and preventing individuals and families who were recently homeless from becoming homeless again

According to local HMIS data from October 1, 2021, through September 30, 2022, a far lower percentage of “adult only” households move into permanent housing compared to households with children. 80% of households experiencing homelessness in Nashville are adult-only households. Adult-only households are far more likely to experience chronic homelessness than households with children. A full 1/3 of adult-only households in Nashville are experiencing chronic homelessness and another 37% have disabling conditions and will soon meet the chronic definition if they are not housed.

HUD’s definition of chronically homeless is a person or household having experienced homelessness for at least 365 consecutive days OR having experienced 4 episodes of homelessness in 3 years that add up to at least 365 days. Additionally, the individual or someone in the household must have a disabling condition. People experiencing chronic homelessness are highly vulnerable and are identified as a priority population for housing in our community’s strategic plan.

The HMIS data above are among key statistics highlighted in a report created by the Nashville CoC Data and HMIS Oversight Committee, in which the committee recommends that this data be used as a foundation of strategic data-driven decisions for CoC and other funding. In FY2024, the data was used by the Performance Evaluation Committee to help prioritize new local projects submitted for the annual competition for HUD CoC funding.

The report concluded that Nashville has a high percentage of chronically homeless individuals needing permanent supportive housing. These individuals are least likely to be housed in the city and if housed, they wait longer than others before they are housed - and then are often not housed with the support they need for housing retention. Nashville's stock of resources does not match the needs of the community.

The Data and HMIS Oversight Committees recommended that local data be used as the foundation for strategic funding decisions so that funding more effectively meets the needs of people experiencing homelessness in Nashville. Data shows that to fill the gap, Nashville should target projects that create new Permanent Supportive Housing (PSH) units to serve people experiencing chronic homelessness and prioritize these projects for funding.

Further recommendations from the Data and HMIS Oversight Committees include:

1. Data and HMIS Oversight Committees should further investigate disparities in outcomes, particularly for families with children.
2. Performance Evaluation Committee should ensure all CoC-funded PSH projects are appropriately accepting eligible persons experiencing chronic homelessness.
3. Coordinated Entry should establish referral processes for all PSH projects that prioritize people experiencing chronic homelessness.

Other actions steps to help homeless persons make the transition to permanent housing and independent living are listed below:

- Increase permanent housing opportunities, linked to appropriate support, for homeless veterans, chronic/vulnerable homeless persons, families and youth, as well as other persons experiencing homelessness who do not fit into these categories (living in encampments).
- Link people with available housing opportunities as quickly as possible and support them in accessing subsidies and increasing their income to help them sustain their housing long-term.
- Train and evaluate staff at CoC-funded agencies on fidelity to the Housing First model.
- Reinstate preference in public housing and housing vouchers administered by MDHA for persons experiencing homelessness, with literal homelessness verified by Coordinated Entry.
- Continue to use CDBG funds to cover one-time move-in costs (security and utility deposits and first month's rent) for households experiencing literal homelessness.
- Identify flex funding to assist with other move-in costs, including arrears that keep people out of housing, including but not limited to, pet deposits, application fees, prorated rent,

furniture, etc.

- Continue the work of the Low Barrier Housing Collective, which incentivizes landlords to work with providers on a Housing First approach.
- Explore funding opportunities to increase placement, life skills and housing retention services for people transitioning from literal homelessness to permanent housing and deploy a progressive engagement approach to start with the least intervention level and increase it as needed. Metro is funding several capacity-building agreements, including one with Mending Hearts to increase education around life skills for the newly housed.
- Enhance services & housing placement in Nashville by exploring resource opportunities to add 24-hour care coordination, psychiatric support and medication management for chronically homeless persons as they move to permanent supportive housing.
- Enhance community understanding of Housing First by offering training and learning opportunities.
- Work with public agencies, private and nonprofit developers to explore opportunities to build affordable housing for persons with 0-30% AMI and permanent supportive housing units.
- Support the continued partnership between MDHA and the Metropolitan Office of Homeless Services that dedicates up to 18 Housing Choice Vouchers per month to households experiencing literal homelessness.
- Strengthen the Low Barrier Housing Collective by improving coordination between the city and service providers who search for housing opportunities for their clients. Include the use of the Tennessee Housing Development Agency's TNHousingSearch.org <http://www.tnhousingsearch.org>.
- Continue refining By Name Lists for families, Veterans, Youth & Young Adults, and single individuals with prioritization for housing for people experiencing literal homelessness who are most vulnerable.
- Through a written agreement and regular collaboration between homeless service providers and employment service providers, increase access to employment and employment support. This includes a minimum of quarterly meetings to focus on mitigating a wide variety of barriers to employment such as criminal records, English as a second language, access to childcare, and internet access. Additionally, it includes building direct contacts and relationships between service providers for individual trouble shooting when someone has difficulty obtaining and/or maintaining employment.
- Launch an Individualized Placement and Support (IPS) model at OHS, which is funded by the state of Tennessee.
- Continue the Community Mental Health Systems Improvement (CMHSI) efforts to bring together partners from the health, mental health, criminal justice and homeless systems to improve coordination for the most vulnerable populations and link them with stable housing by ensuring all partners are aware of available local, state and government funding sources to support the housing needs of this population.
- Assure that ESG- & CoC-funded agencies take referrals via CE & abide by the CE Policies and Procedures.
- Design a prioritization tool to replace the VI-SPDAT.

Helping low-income individuals and families avoid becoming homeless, especially extremely low-income individuals and families and those who are: being discharged from publicly funded institutions and systems of care (such as health care facilities, mental health facilities, foster care and other youth facilities, and corrections programs and

institutions); or, receiving assistance from public or private agencies that address housing, health, social services, employment, education, or youth needs

Primarily via Community Mental Health Systems Improvement (CMHSI) efforts:

- Increase systems coordination and education of discharge personnel at different institutions with discharge procedures in place to prevent homelessness upon discharge, i.e., Foster Care, Mental health, Physical health and Criminal Justice and Correctional systems to identify people at risk of homelessness and link them with supports.
- Improve cross-sector approaches and coordination between hospital and health care providers and our local criminal justice system, starting with a focus on people with mental health diagnoses. A prime example is the Metro Public Health Department's Community Mental Health Systems Improvement (CMHSI) workgroup, which identified high utilizers of hospitals, jails, & shelters, & created a 30-bed psychiatric ER/Crisis Treatment Center to divert people from the criminal justice system & prevent homelessness. Another product of the CMHSI is Partners in Care, pairing a police officer with a mental health counselor to assess & de-escalate situations that formerly ended in the arrest of individuals having a behavioral health crisis. Since June 2021, teams have responded to more than 1,000 events & only 10 resulted in an arrest. The Metro Council authorized expanding the program to additional precincts in its FY 2023 budget. CMHSI's Supportive Housing Task Force works to improve coordination between health, mental/behavioral health, and substance abuse treatment services, as their clients are at risk of entering, or are already involved with, the criminal justice systems.
- Support partnerships with area hospitals to design effective discharge planning to avoid homelessness, including the current Metro-funded program run by The Contributor, which provides services to heavy users of Emergency Departments at two hospitals to link them to services, including SOAR.
- Increase benefits planning for group homes or skilled long-term care.
- Build a diversion program with resources to identify and work with individuals and families who were recently homeless to prevent them from becoming homeless again.
- Provide homelessness prevention and diversion services to those who are still housed.
- Prioritize ESG prevention funds to assist persons with histories of homelessness.
- Attempt to avoid homelessness among youth via:
 - ✚ Improved coordination with the state Department of Children Services and support of their effort to expand services for youth exiting foster care with a focus on prevention efforts; and
 - ✚ Support of diversion programs such as the YHDP project operating at Oasis Center.

AP-70 HOPWA Goals - 91.220 (I)(3)

One year goals for the number of households to be provided housing through the use of HOPWA for:	
Short term rent, mortgage, and utility assistance payments	200
Tenant-Based Rental Assistance	5
Units provided in permanent housing facilities developed, leased, or operated with HOPWA	50
Units provided in transitional short-term housing facilities developed, leased, or operated with HOPWA funds	15
TOTAL	270

AP-75 Barriers to affordable housing – 91.220(j)

Introduction:

In April 2024, Metro Nashville's Housing Division kicked off the development of the Unified Housing Strategy with the support of its partners. Since April, the Unified Housing Strategy team has participated in meaningful community and stakeholder engagement and conducted robust analyses. While the Division initially aimed to release the strategy by the end of 2024, more time is needed to complete additional analysis to produce a comprehensive and effective strategy for our city. The Unified Housing Strategy is now expected to be released in Spring 2025 and will provide a detailed roadmap for how to address Nashville's housing challenges.

This strategy will include goals, action items, and resource needs to advance housing security in Nashville. In addition to these broad strategies, the plan will offer in-depth program analyses that highlight necessary programmatic adjustments to enhance efficiency and impact. By examining existing programs and assessing where improvements or new approaches are needed, the strategy will ensure that each initiative is optimized to meet the city's housing needs. The document will serve as both a strategic guide and a practical tool for aligning resources, policy, and action across multiple sectors to make meaningful progress in solving the city's housing crisis.

These initiatives are further supported through the Five-Year Consolidated Plan and Annual Action Plan's emphasis on funding for housing initiatives.

Actions it planned to remove or ameliorate the negative effects of public policies that serve as barriers to affordable housing such as land use controls, tax policies affecting land, zoning ordinances, building codes, fees and charges, growth limitations, and policies affecting the return on residential investment

More specifically, actions to address policy concerns follow:

BARRIER: Availability and Cost of Land

ACTIONS: Evaluate utilizing public land for affordable housing development; continue to allow acquisition as an eligible expense of HOME and Barnes Funds; Community Land Trust to continue to acquire and preserve property.

BARRIER: Lack of mandatory inclusionary zoning

ACTIONS: Encourage private developers to construct affordable housing in the urban core and along major corridors through incentives, such as the Mixed-Income PILOT.

BARRIER: Zoning/density requirements

ACTIONS: Continue to provide density bonuses for affordable housing.

BARRIER: Scarcity of Funding

ACTIONS: Continue to leverage public funds to create more units; Continue to fund the Barnes Fund; Explore

public/private partnerships.

BARRIER: Prohibition on Local Hire Requirements

ACTIONS: Increase Section 3 participation in HUD-funded construction projects through outreach and job training programs.

BARRIER: NIMBYism

ACTIONS: Develop a public awareness campaign to combat NIMBYism.

BARRIER: Housing Discrimination

ACTIONS: Educate residents as well as the industry on fair housing rights and responsibilities.

BARRIER: Criminal History

ACTIONS: Encourage landlords to establish flexible admission policies for persons with a criminal history; Consider actual conviction history rather than criminal affidavits or arrest records; Support re-entry and diversion programs.

BARRIER: Credit Challenges

ACTIONS: Promote financial counseling/literacy programs.

BARRIER: Source of Income

ACTIONS: Work with landlords through outreach to development relationships and educate on housing subsidy programs and landlord incentive programs.

AP-85 Other Actions – 91.220(k)

Actions planned to address obstacles to meeting underserved needs

- Give priority points in RFAs/RFPs to award CDBG funds for public facilities and improvements to projects located in areas with high concentrations of poverty.
- Continue to offer CDBG assistance for rental rehab as a grant to landlords who agree to rent to voucher-holders to facilitate more inventory.
- Using CDBG funds to provide grants to LMI homeowners for the installation of accessibility improvements for disabled households.
- Continue to generate interest and involvement in the Promise Zone.

Actions planned to foster and maintain affordable housing

- Help the very low income and formerly homeless maintain housing stability by:
 - Continuing to work to develop and maintain a listing of landlords who have accepted subsidies and have worked with service providers who assist people with behavioral issues;
 - Continue to work on creating a training plan for housing navigators and other service providers on

how to engage positively with landlords and speak the same language (business-oriented approaches);

- Continue to inform residents they can access the following free services locally through HUD

Approved Housing Counseling Agencies:

- Delinquency and Default Resolution Counseling
 - Pre-Purchase Counseling
 - Pre-Purchase Homebuyer Education Workshops
 - Financial Management/Budget Counseling
 - Financial, Budgeting, and Credit Workshops
 - Fair Housing Pre-Purchase Education Workshops
 - Services for Homeless Counseling
 - Predatory Lending Education Workshops
 - Rental Housing Counseling
 - Rental Housing Workshops
 - Reverse Mortgage Counseling
 - Non-Delinquency Post Purchase Workshops
 - Home Improvement and Rehabilitation Counseling
 - Resolving/Preventing Mortgage Delinquency Workshops
- Partner with District Council members and neighborhood groups to reach out to homeowners in need of rehabilitation assistance.
 - Actively pursue other funding mechanisms and partnerships for the development of affordable housing to leverage limited public dollars.
 - Continue to participate in PolicyLink's All-in Cities Anti-Displacement Policy Network so Nashville will be equipped with data, policy ideas and best practices that will lead to the strategic development and tracking of solutions to displacement to ensure that Nashville's neighborhoods continue to thrive.

Actions planned to reduce lead-based paint hazards

- Implement housing related activities in accordance with all applicable HUD, EPA, and State of Tennessee regulations.
- Provide all rehab clients and potential clients with the "Lead- Based Paint" pamphlet that describes hazards of lead-based paint. Pursuant to 24 CFR Part 35, all rental and homeowner dwelling were built prior to 1978 are tested for lead-based paint. (These tests consist of visual inspections, lead screens, and full assessments. Additionally, when properties test positive for LPB hazards, interim controls are performed and LBP clearances are provided.)
- Address lead- based paint hazards as part of the home rehab programs and rehab of shelters and community centers.

Actions planned to reduce the number of poverty-level families

- Provide empowerment and enrichment opportunities to youth during the summer months that provide constructive outlets and illuminate paths out of generational poverty.
- Put people on pathways to sustainably maintained housing to stabilize them and allow them room to grow and succeed.
- The redevelopment at Napier-Sudekum includes a rebranded client one-stop referral, information, and service destination, now named the VOICE Center, which represents (Valuing Opportunity, Inclusion, and Connectivity

for Everyone). This service center serves the broader Metropolitan Development & Housing Agency housing portfolio. The VOICE Center focuses on services related to job training, HiSET/college education, wellness/health, and youth engagement. All visitors are helped with assessing needs and offered guidance and referrals to match services with the client's needs. The rebranded and repurposed VOICE Center is operated by the newly formalized Resident Services department, with Resident Service Coordinators that offer health insurance registration under Obama Care, crime reduction activities that promote resident and police partnership, Section 3 job training assistance and consultation for all MDHA-established Resident Associations. ALL visitors are welcome and able to participate in an integrated service delivery model for ongoing classes and programs. Other available services include HiSET classes, financial literacy, homebuyer education, and the ConnectHome program, which serves students in grades 3-12 with digital literacy and good digital citizen education at the VOICE Center.

Actions planned to develop institutional structure

- Provide training and technical assistance to subrecipients.
- Streamline procurement process.

Actions planned to enhance coordination between public and private housing and social service agencies

- Continue to work to develop and maintain a list of housing providers that serve low-income/homeless and their requirements and include them in forums and stakeholder meetings.
- Continue to encourage communication among providers using Information & Referral and/or Coordinated Entry.
- Continue to work to develop a Housing Crisis Resolution System.

Program Specific Requirements

AP-90 Program Specific Requirements – 91.220(I)(1,2,4)

Introduction:

In accordance with federal regulations, this Action Plan describes the CDBG, HOME, and ESG activities proposed to be undertaken with 2025 allocations. To the extent allowed by federal regulations, MDHA may claim costs incurred prior to the effective date of respective grant agreement. CDBG funds will be used to assist low- and moderate-income households and low- and moderate-income areas.

Community Development Block Grant Program (CDBG) Reference 24 CFR 91.220(I)(1)

Projects planned with all CDBG funds expected to be available during the year are identified in the Projects Table. The following identifies program income that is available for use that is included in projects to be carried out.

1. The total amount of program income that will have been received before the start of the next program year and that has not yet been reprogrammed	0
2. The amount of proceeds from section 108 loan guarantees that will be used during the year to address the priority needs and specific objectives identified in the grantee's strategic plan	0
3. The amount of surplus funds from urban renewal settlements	0
4. The amount of any grant funds returned to the line of credit for which the planned use has not been included in a prior statement or plan.	0
5. The amount of income from float-funded activities	0
Total Program Income	0

Other CDBG Requirements

1. The amount of urgent need activities	0
---	---

HOME Investment Partnership Program (HOME)

Reference 24 CFR 91.220(l)(2)

1. A description of other forms of investment being used beyond those identified in Section 92.205 is as follows:
N/A
2. A description of the guidelines that will be used for resale or recapture of HOME funds when used for homebuyer activities as required in 92.254, is as follows:

HOME Resale Guidelines are provided in Appendix D.

3. A description of the guidelines for resale that ensures the affordability of units acquired with HOME funds. See 24 CFR 92.254(a)(4) are as follows:

The HOME Resale/Recapture Guidelines in Appendix A include a description of affordability requirements.

The latest sales price limits published by HUD for HOME and Housing Trust Fund for Nashville-Davidson County became effective 9/1/2024, which are substantially lower than the true market. To ensure the values are realistic, as these limits will be applied to all homeownership transactions funded with HOME funds, MDHA will continue to use local housing sales data to establish the purchase price limits in accordance with the requirements outlined in 24 CFR Part 92.254. Appendix D of this Third Year Annual Action Plan provides the source data and methodology to establish these limits. Based on the data provided, 95% of the median purchase price limit will be \$507,933 for single-family existing construction and \$534,375 for single-family new construction. These are the value limits MDHA will utilize to ensure homes acquired with HOME funds comply with the modest housing requirements of 24 CFR 92.254. All Homes must be sold to households with incomes at or below 80% AMI.

4. Plans for using HOME funds to refinance existing debt secured by multifamily housing that is rehabilitated with HOME funds along with a description of the refinancing guidelines required that will be used under 24 CFR 92.206(b), are as follows:

N/A

**Emergency Solutions Grant (ESG)
Reference 91.220(l)(4)**

1. Metro Nashville's Homeless Planning Council CoC Standards of Care Committee updated the CoC Standards of Care in 2021 to reflect the tremendous influx of ESG-CV dollars for Rapid Rehousing. Those standards were approved in July 2021 by the Homelessness Planning Council. The document represents the completion of the first phase of the update process. The Standards of Care committee considered updating shelter standards that encompass best practices for more than just CoC and ESG-funded shelters. In addition, the following are critical topics to be further discussed during future phases:
 - Permanent Supportive Housing
 - Housing First policies, philosophy, and culture
 - Coordinated Entry (CE) Evaluation
 - CoC/ESG Program Evaluation (including finalizing benchmarks)
 - Prevention and Diversion Training
 - After hours care
 - Domestic Violence Planning
2. If the Continuum of Care has established a centralized or coordinated assessment system that meets HUD requirements, describe that centralized or coordinated assessment system.

The Nashville-Davidson County Coordinated Entry (CE) has a de-centralized access approach with designated entry points for different populations (individuals, families, youth, and Veterans). OHS has designated staff members to help the community coordinate and build CE. These individuals serve as the planning lead, staffing specific committees, and being the main contact points for approximately 45 agencies that participate actively in CE.

CE was created to identify and engage any person or family who is experiencing a housing crisis in order to enhance diversion and prevention efforts in the larger Housing Crisis Resolution System. To accomplish this objective, anyone who is experiencing a housing crisis, and has given consent, is entered into CE via the city's Homeless Management Information System (HMIS) and completes a preliminary assessment. (A person may still receive services even if they do not consent to HMIS.)

The CoC is in the process of strengthening its prioritization methods in Nashville-Davidson County, and will be moving from utilizing the VI-SPDAT as the community's housing triage assessment tool to a different system. Generally, priority will be given to households who are most vulnerable, with the length of homelessness and any extenuating circumstances raised during care coordination meetings also factored in.

The Nashville community holds four 4 different care coordination meetings where provider agencies

discuss households with the highest barriers to housing and consult on how to assist those households to move to permanent housing and link them with the right supports as quickly as possible. Meeting weekly or every other week, each care coordination group has a particular focus - Veterans, families with minor children, individuals and youth. The CoC receives grant funding for three CE intake specialists that conduct outreach and in-reach across Davidson County to identify people experiencing homelessness and link them to the best organization/agency that can provide services and housing as quickly as possible based on the client's needs. OHS trains and coordinates with housing navigators, who are the frontline staff, at 45 partner agencies that coordinate services and housing for people accessing CE.

Further investment in data collection through HMIS will help quantify the gaps where focus is needed, including but not limited to, serving single male-headed households, and couples who refuse to separate. In addition, the CoC has established and is in the process of strengthening a Consumer Advisory Board, to provide ongoing feedback on our overall Housing Crisis Resolution System.

3. Identify the process for making sub-awards and describe how the ESG allocation available to private nonprofit organizations (including community and faith-based organizations).

A Request for Applications is emailed to over 40 community- and faith-based entities and/or governmental agencies, advertised in several local papers and published on the MDHA website. Application responses are reviewed and rated by a four-to-five member review committee based on the following evaluation criteria: Project Quality; Need for Project; Operational Feasibility; Applicant Capacity, including HMIS data quality; and proven ability to stabilize homeless people with housing and income supports. Awards are made based on the highest ranked scores of the applications and recommendations of the review committee. The review committee typically includes staff from various funding agencies, program coordinators and a formerly homeless person. In 2023, a member of the CoC Performance Evaluation Committee (PEC) also served on the ESG evaluation committee. Discussions are underway to potentially merge the PEC and ESG review committees to allow them to review both programs to facilitate increased coordination between the funding sources.

4. If the jurisdiction is unable to meet the homeless participation requirement in 24 CFR 576.405(a), the jurisdiction must specify its plan for reaching out to and consulting with homeless or formerly homeless individuals in considering policies

and funding decisions regarding facilities and services funded under ESG.

Each year, MDHA recruits someone who has been, or who is currently, homeless to serve on the ESG Review Committee. A clause requiring homeless input is also included in all Agreements between MDHA and ESG subrecipient agencies.

5. Describe performance standards for evaluating ESG.

The CoC Written Standards of Care Committee updated Nashville’s standards of care to reflect the influx of ESG-CV dollars for RRH. Those standards were approved in July 2021 by the city’s Homelessness Planning Council.

This is a work in progress, as the Continuum increases its focus on data collected via HMIS (& comparable databases, in the case of domestic violence shelters), and intends to broaden the reach of the standards to projects that do not receive CoC or ESG funding.

The 2021 document contains the following performance benchmarks for ESG projects:

Emergency Shelter	Target
Exits to Permanent Housing	85% - Shelters – 90% - Prevention and Rapid Rehousing
Length of Stay	Average of 90 days - shelters

Agencies using ESG funds will continue to strive to assure that housing stability & incomes are increasing for persons served via ESG funds, as well as attempt to shorten stays in shelter and reduce recidivism.

Revisions of the standards are currently underway to update information, hone referral methods, and develop standards

METROPOLITAN NASHVILLE-DAVIDSON COUNTY,
TENNESSEE
**APPENDICES
TO
THE 2025-2026 ANNUAL UPDATE
FOR
PROGRAM YEAR THERE**

For the period June 1, 2025 – May 31, 2026

Prepared by:

Metropolitan Development and Housing Agency
701 South Sixth Street
Nashville, Tennessee 37206



On Behalf of:

The Metropolitan Government of
Nashville and Davidson County



The 2025-2026 Annual Update

(2025 Action Plan) Program Year Three

APPENDICES

Appendix A – HOME Resale/Recapture Provisions for Homeownership Projects

Appendix B – Data to establish 95% of the Median Area Purchase Price for Single Family housing in Metropolitan Nashville-Davidson County

Appendix C – Summary of Consultations Comments and Responses

Appendix D – Public Notices

Appendix E – Summary of Public Comments and MDHA Responses

APPENDIX A

HOME RESALE PROVISIONS

I. BACKGROUND

The HOME statute establishes specific requirements that all HOME-assisted homebuyer housing must meet to qualify as affordable housing. Specifically, all HOME-assisted homebuyer housing must have an initial purchase price that does not exceed 95 percent of the median purchase price for the area, be the principal residence of an owner whose family qualifies as low-income at the time of purchase, and be subject to either resale or recapture provisions. The HOME statute states that resale provisions must limit the subsequent purchase of the property to income-eligible families, provide the owner with a fair return on investment, including any capital improvements, and ensure that the housing will remain affordable to a reasonable range of low-income homebuyers. Metro Nashville-Davidson County, as the Participating Jurisdiction (PJ), utilizes the resale method for HOME homebuyer programs, as outlined in 24 CFR 92.254(a)(5). The Metropolitan Development and Housing Agency (MDHA) is the entity designated by the PJ as the administrator of the HOME program and is responsible for enforcing the HOME Resale provisions.

The HOME rule at §92.254(a)(5) establishes the resale requirements for homebuyer activities. These provisions are imposed for the duration of the period of affordability on all HOME-assisted homebuyer projects and enforced via deed restrictions or covenants running with the land. The resale provisions are triggered by any transfer of title, either voluntary or involuntary, during the established HOME period of affordability.

MDHA is submitting the Resale provisions outlined in this Appendix to its Program Yr. 2025 Annual Action for HUD Approval.

II. PERIOD OF AFFORDABILITY

The HOME rule at §92.254(a)(4) establishes the period of affordability for all homebuyer housing. The HOME-assisted housing must meet the affordability requirements for not less than the applicable period specified in the following table, beginning after recordation of the resale restrictions which occurs after the housing meets all Metro Nashville property standards in accordance with § 92.251(c)(3) and the property title is transferred to the homebuyer.

The period of affordability is based on the total amount of HOME funds invested in the housing, regardless of whether the funds are reflected in buyer financing. In other words,

the total HOME funds expended for the unit determines the applicable affordability period. Any HOME program income used to assist the project is included when determining the period of affordability under the resale provision. The following table outlines the required minimum affordability periods.

If the total HOME investment in the unit is:	The Period of Affordability is:
Under \$25,000	5 years
\$25,000 to \$50,000	10 years
Over \$50,000	15 years

The HOME rule at §92.254(a)(3) requires that all HOME-assisted homebuyer housing be acquired by an eligible low-income family (Qualified Household as defined below), and the housing be the principal residence of the family throughout the Period of Affordability.

Under Resale Provisions, if the housing is transferred, voluntarily or otherwise, during the Period of Affordability, it must be made available for subsequent purchase only to a Qualified Household that will use the property as its principal residence.

- **Qualified Household** - A household who 1) has an annual income that does not exceed eighty percent (80%) of the Area Median Income (AMI) for the Nashville-Davidson County Metropolitan Statistical Area (MSA) as determined by the U.S. Department of Housing and Urban Development (HUD) and adjusted for the household's size, and 2) will occupy the Property as their principal residence for the remainder of the Period of Affordability

III. Fair Return on Investment

Resale Provisions shall ensure that, if the property is sold during the period of affordability, the price at resale provides the original HOME-assisted homebuyer a fair return on investment. MDHA shall consider a Fair Return on Investment achieved when the Homeowner (now the seller) receives from the sale a 2% simple interest annual return on their investment based on the amount of market appreciation, if any, over the term of ownership as determined by an appraisal conducted by a State licensed or certified third-party appraiser who will certify they have performed a visual inspection of the property and that the value takes into consideration any capital improvements and delayed or deferred maintenance and that the final estimate of value is based on comparable properties not subject to Deed Restrictions.

The Fair Return on investment shall be calculated using the formula outlined below:

➤ **Fair Return on Investment = (Appraisal Value at the time of sale – Appraisal Value when purchased) x (2% simple interest x length of ownership)**

➤ **Example:**

- **Appraised Value at time of initial purchase = \$175,000**
- **Appraised Value at time of sale to new homebuyer = \$300,000**
- **Length of seller's ownership = 5 years**
- **Fair Return on Investment = (\$300,000 - \$175,000) x (2% x 5) = \$12,500**

IV. Fair Return Resale Price – Original Sales Price (may differ from appraised value when purchased) + Fair Return = Fair Return Resale Price

➤ **Example:**

➤ **\$175,000 + \$12,500 = \$187,500 – Fair Return Resale Price**

V. Affordable Resale Price Range

The range of sales prices that are within the maximum mortgage capacity of potential Qualified Households with incomes ranging from 65% to 80% of AMI for a household size equal to the number of bedrooms in the Property plus one (1). The Affordable Price Range shall be set such that a monthly amount for principal, interest, taxes, insurance, and homeowner's association fees (if applicable) (PITIA) would not exceed 30% of the new homeowner's annual income.

The seller must have the sales price approved by MDHA. Additionally, MDHA must verify that the new homebuyer is a Qualified Household. If the resale price necessary to provide a fair return to the seller is not affordable to the subsequent low-income homebuyer, MDHA may provide additional HOME assistance, if it's available, as an eligible activity in the Action Plan. If additional HOME assistance is provided, the affordability period will start over.

If the Fair Return Resale Price is higher than the Affordable Price Range, MDHA may provide additional HOME assistance if available, and require the previous HOME subsidy to remain with the unit. If additional HOME assistance is provided, the Affordability Period will start over.

If the Fair Return Resale Price is lower than the Affordable Price Range, the resale price

will be limited to the Affordable Price Range only. The seller may choose to sell at a price below the Affordable Price Range with MDHA approval. However, no additional subsidy will be provided to meet the Fair Return Resale Price.

If the market value of the Property is less than the Fair Return Resale Price, the fair return may not be realized in full. In this case, the Property may be sold for the lower of the fair market value or an amount within the Affordable Price Range.

VI. Resale Provisions

A clear, detailed written agreement, executed before or at the time of sale, ensures that all parties are aware of the specific HOME requirements applicable to the unit (i.e., period or affordability, principal residency requirement, terms and conditions of the resale requirements). The HOME written agreement must be a separate legal document from any loan instrument and must, at a minimum, comply with the requirements at §92.504(c)(5) of the HOME rule. If MDHA provides HOME funds to a Developer, subrecipient, or CHDO to develop and sell affordable housing, MDHA will prepare and execute the agreement with the buyer or be a party to the agreement along with the entity it funded.

Separately recorded deed restrictions, covenants running with the land, or other similar mechanisms will be used to impose the Resale Provisions (§92.254(a)(5)(i)(A)) in all MDHA HOME-assisted homebuyer projects. The purpose of these enforcement mechanisms is to secure and retain the affordable re-use of the property while providing a fair return to the seller

VII. Preserving Affordability of Housing Assisted with HOME Funds

When there is a termination event for affordability restrictions, MDHA may take the following actions to preserve the affordability of the property:

- Exercise purchase options, rights of first refusal, or other preemptive rights to obtain ownership of the housing before foreclosure to preserve affordability subject to the following requirements:
 - The housing must be sold to a qualified homebuyer within 12 months of the date MDHA obtains ownership;

- The period of affordability for the qualified homebuyer must be equal to the remaining period of affordability of the former homeowner unless additional HOME funds are used to directly assist the qualified homebuyer;
- If MDHA directly assists the qualified homebuyer with additional HOME funds, the period of affordability must be recalculated in accordance with the table in §92.254(a)(4) based on the total amount of additional HOME funds invested. The additional investment must be treated as a new project; and
- The total HOME funds for a project (original investment plus additional investment) must not exceed the per-unit subsidy limit in §92.250(a) in effect at the time the additional investment, subject to HUD approval.

VIII. Monitoring Resale Provisions

For HOME-assisted homebuyer projects, MDHA shall perform ongoing monitoring of the principal residency requirement during the period of affordability. Confirmation that the buyer is using the property as his or her principal residence may be accomplished by verifying that the buyer's name appears on utility company records or insurance company records for the home. In addition, postcard or letters mailed with "do not forward" instructions may demonstrate whether the buyer is receiving mail at the home.

Failure to comply with the resale requirements means that:

- the original HOME-assisted homebuyer no longer occupies the unit as his or her principal residence (i.e., unit is rented or vacant), or
- the home was sold during the period of affordability and the applicable resale provisions were not enforced.

In cases of noncompliance, MDHA must repay to its HOME Investment Trust Fund in accordance with §92.503(b), any remaining HOME funds invested in the housing. The amount subject to repayment is the total amount of HOME funds invested in the housing (i.e., any HOME development subsidy to the developer plus any HOME down-payment or other assistance (e.g., closing costs) provided to the homebuyer).

APPENDIX B

DATA TO ESTABLISH 95% OF THE MEDIAN AREA PURCHASE PRICE FOR SINGLE FAMILY HOUSING IN METROPOLITAN NASHVILLE-DAVIDSON COUNTY

Compilation of Single Family New Construction Real Estate Sales (defined as closed sales on units constructed in 2024 and 2025) for a 3-month period January 2025 – March 2025

Month	Unit Type	Sales Volume	Median Price Based on 95%
January 2025	Single Family - New Construction	35	\$428,441.00
February 2025	Single Family- New Construction	61	\$544,255.00
March 2025	Single Family – New Construction	92	\$513,133.00
	Average Volume & Median Sales Price for Months reviewed	188	\$495,276.00

Sales Volume for Single Family New Construction Units is less than 250 sales per month so 3 months' worth of sales data is required per HUD guidelines to establish a median sales price based on local data of **\$495,276.00**.

HUD New Home Construction Single Family Limit effective September 1, 2024 - \$390,000 – median prices listed above for each of 3 months reviewed exceed this limit.

Compilation of Single-Family Existing Real Estate Sales for 3-Month Period January 2025- March 2025

Month	Unit Type	Sales Volume	Median Price Based on 95%
January 2025	Single Family - Existing	202	\$365,750.00
February 2025	Single Family- Existing	209	\$423,700.00
March 2025	Single Family – Existing	427	\$441,750.00
	Average Volume & Median	838	\$410,400.00

Sales Volume for Single Family Existing Units is less than 250 sales per month so 3 months' worth of sales data is required per HUD guidelines to establish a median sales price based on local data of **\$410,400.00**.

HUD Existing Home Single Family Limit effective September 1, 2024 - \$390,000 – median prices listed for each of 3 months reviewed exceed this limit.

Average Median Sales price for New Construction and Existing Construction is \$452,838.

**Source data provided via - Realtracs, the local Multiple Listing Service for Nashville-Davidson County - Due to the volume of data, please contact the Community Development Department by phone at 615-252-8505 or by email at consolidatedplan@nashville-mdha.org to request to view the source data.*

APPENDIX C

SUMMARY OF CONSULTATIONS, COMMENTS AND RESPONSES

Introduction

The MDHA Consolidation Plan Meetings were held virtually via Zoom. A total of 20 stakeholders registered across the four meetings, representing a total of 15 organizations (excluding MDHA) and 2 individuals. Summaries of the transcripts of these consultations are included in this appendix, along with a list of attendees. The full transcripts will be made available upon request.

- Consultation - Affordable & Fair Housing – Tuesday, February 18, 2025 – 1:30 to 2:30 p.m.
- Consultation - HOPWA - Thursday, February 20, 2025– 1:30 – 2:30 p.m.
- Consultation – Homelessness – Tuesday, February 25, 2025 – 1:30 – 2:30 p.m.
- Consultation - Non-housing Community Development - Wednesday, February 26, 2025 – 1:30 – 2:30 p.m.

MDHA staff also developed an online survey using questions from the Consolidated Plan. The results were tallied via the Survey Monkey tool and results are included for each topic. During the virtual sessions, stakeholders were able to ask questions of the MDHA staff and gain clarity on survey questions.

AFFORDABLE HOUSING AND FAIR HOUSING CONSULTATION TRANSCRIPT SUMMARY

Tuesday, February 18, 2025 – 1:30 to 2:30 p.m.

Question 1- What are the top barriers to affordable housing in Nashville, Davidson County?

Response-Lower incomes. High barriers like credit and prior eviction, and criminal background.

First, land is very expensive right now. Second, many local banks are not interested in LITHC loans currently. It seems like they've kind of filled up their appetite, and it's hard to get an LITHC loan right now. Third, the cost of materials for construction.

There are zoning requirements, often for single-family housing on lots and for parking, so it would be good if we could zone everywhere near transit for multifamily housing without additional parking requirements.

Preserving existing, naturally occurring, affordable housing in addition to developing new projects. Both are vitally necessary.

Question 2 - When addressing affordable housing in Nashville, Davidson County, what do you think the priorities should be in terms of activities and subpopulations?

Response -People experiencing homelessness and people at risk of homelessness as subpopulations. Those are folks that really can't afford housing and, more generally, housing that's affordable below 30% of the Area median income and not just below 80%. I realize there's a bit of a problem below 80%. But the affordable housing task force a few years ago showed that the vast need was for folks below 30% of the area median.

Policies in place that formerly displaced low-income individuals due to gentrification. Developers come in, and they are building in low-income areas because the land is cheap, and then they're jacking up the prices. And so, the people who are living there can no longer afford to live there. So, policies should be put into place that would still allow people to come in and develop, but also make sure that the people who are living in these areas are still able to live there because they're being displaced because property values are going up and they're not able to pay property taxes. And so, they must move because somebody just built a Mini mansion next to their single-family home.

Resources, available grants, and low-interest loans for people who are going to develop affordable housing at lower income levels. The building permit process and how lengthy that can become. Taxes.

Question 3 - Which areas do you think funds should be targeted? Low density, high density, etc.

Response -Density has a couple of meanings here. Density is the number of people per square, mile acre, or whatever, and it's also the concentration of poverty. So, those are different. And you do want to deconcentrate poverty where you can. But that might sometimes mean building in high-density areas that are a little better off. But I think near transit is key. One way of thinking about housing affordability is the cost of rent, utilities, and transit to get to work. And if you're building where people need to travel by car, that increases people's costs for the housing and transportation bucket, that should be thought about together.

I assume that low-density residential areas are probably not zoned appropriately. The zoning there is probably more single-family, and unless you have family home ownership, affordable housing is kind of difficult to develop out there.

Development of abandoned or unused properties, repurposing properties with mixed-income and mixed uses.

Question 4 - What suggestions do you all have for improving knowledge about fair housing and removing barriers to housing opportunities in Nashville, Davidson County?

Response-We're working against headwinds in Washington on this, but housing discrimination remains illegal, and we really need to enforce it, and that involves both people knowing what their rights are, and some enforcement mechanism when those rights are violated, including ideally proactive paired testing kinds of strategies when it appears that rights are being violated, that is, you send out similarly situated. for example, white and black, prospective renters or

prospective buyers, and see if they're treated differently and if people are shown to discriminate. That's against the law, and remedies can include set asides of units for groups that have been discriminated against. So, I think we have been. I think the country has been too passive in securing fair housing rights, and you know I don't expect that affirmatively furthering fair housing is going to go anywhere in this administration, but I still would hope that MDHA would think about it.

Question 5 - How can MDHA increase the effectiveness of our housing programs besides increasing funding?

Response-MDHA should utilize alternative methods to examine and set fair market rents. Studies have shown that it doesn't cost more, but it allows you for vouchers to pay more in high-rent areas and to pay less in low-rent areas. There's some research that suggests that vouchers overpay in low rent areas. They underpay in high-rent areas that serve to kind of ghettoize people, to steer people into low-rent areas.

Some advocates are concerned with the levels of evictions from MDHA properties, and of course, you also have more people who are poor in MDHA. Properties. I don't know what you're doing now, and you may be doing a lot to try to intervene when people are having problems and see if you can prevent evictions from happening. I hope you're already doing that, but it would be great to beef up those efforts if you're not.

Question 6 – Any other thoughts or comments?

Response-Is there anything specifically for senior parents on home ownership? MDHA
Response – not currently.

**Attendee List - Affordable Housing Consultation/Stakeholder Meeting
February 18, 2025, at 1:30 PM**

Name	Organization	Email Address
Erik Trent	Trent Development Group	etrent@trentdevelopmentgroup.com
Maria Aboubaker	Nashville Cares	
Rusty Lawrence	Consultant	
Beth Shinn	Vanderbilt University	beth.shinn@vanderbilt.edu
James Crockett	The Rebecca James Company	james@rebeccajames.build
Angela Harrell	MDHA	aharrell@nashville-mdha.org
Shelley Fugitt	MDHA	sfugitt@nashville-mdha.org
Michael Evans	MDHA	mevans@nashville-mdha.org
Marchelle Perry	MDHA	mperry@nashville-mdha.org
Pam Dotson	MDHA	pdotson@nashville-mdha.org
Lynn Lassiter	MDHA	lassiter@nashville-mdha.org

HOPWA CONSULTATION TRANSCRIPTION SUMMARY

Thursday, February 20, 2025 at 1:30 pm

Question 1 - Prioritize the below activities to address homelessness with one being the highest priority, and 4 being the lowest - emergency shelters and or transitional housing; street outreach; prevention; and rapid rehousing.

Response – First - permanent housing. I meet with so many residents, well, future residents, who are homeless and need permanent housing, but I think there are barriers when it comes to. They get approved but don't have the money for the deposit or the money to get their electricity turned on, etc. They can get in, but it's like the upfront money or the things they need to pay before they receive permanent housing.

Response – Prevention (STRMU for HOPWA) or Rapid Rehousing (Permanent housing placement for HOPWA).

Question 2- Prioritize subpopulations to be served by homeless assistance programs with one being the highest priority and 6 being the lowest. Would that be families, people experiencing chronic homelessness, people discharged from correctional programs and institutions, people discharged from health, care and mental facilities, veterans or youth aging out of foster care or state custody.

Response – First - people facing chronic homelessness due to their history of mental illness, corrections, and poor financial education.

Question 3 - Prioritize activities to address homelessness for people who have HIV and Aids, with one being the highest priority and four being the lowest – permanent housing facilities, STRMU, TBRA, and transitional/short-term housing.

Response – First – permanent housing facilities; then STRMU; TBRA and Transitional

Response – STRMU; Permanent Housing Facilities; TBRA; and transitional.

Question 4 – List what you feel are the top 3 barriers to affordable housing for people and families who are experiencing homelessness at or at risk of experiencing homelessness.

Response - Getting their electricity turned on and paying for the deposit if they don't have any income, and if they do have income, paying for the deposit and the 1st month's rent or prorated rent that they struggle with as well. Also - Location. Our agency is only located within Davidson County, and some of the HOPWA residents may be working in like Laverne or Antioch, so having permanent housing closer to where they are employed can be good as well.

MDHA Response – To clarify, HOPWA funds can be spent in the HOPWA MSA, which includes 11 surrounding counties as well.

Response - Poor financial education, literacy, low income, and being really disconnected from society norms or barriers. Lack of available subsidized housing and lack of sustainable income.
Question 5 - List the top 3 barriers to affordable housing for people who have HIV and Aids and their families.

Response - Acceptance. I will say acceptance. A lot of my referrals have been coming from Music City, where clients don't want to go to certain entities like Nashville Cares, Street Works, or Meharry because they feel like people if they go there, people know what they are struggling with, so just barriers is really like acceptance. Because if they accept assistance, they are afraid of people knowing their afflictions due to knowing the type of assistance received. So, they don't go to the agencies to really get the help that they need because they feel like somebody knows that they're going there. Their information will be out there as well as people will know their status.

Response—The key barrier to sustainable income is healthy stability for some clients. Also, again, the fear of stigma goes along with what was said previously.

Question 6 - Select what you feel is the level of coordination for addressing homelessness. Among the following is our continuum of care and a strong level of coordination for addressing homelessness. Are our health and mental health agencies and service agencies strong or weak as far as helping housing providers? Are they strong or weak, and then our local and State government agencies?

Response - We see a lot in terms of our clients who go through Coordinated Entry. They're really great at getting them into housing but keeping them in housing is a lot harder. It's 1 thing when they're going to some of the low barrier places that are used to working with our folks who have been chronically unhoused, but especially the ones who are getting into some of the like Shelby House, or some of the other newer properties and stuff they get there, and then they don't really know how to live in that community properly, and so we do a lot of work with them, and a lot of negotiating with landlords to try to keep them there, but that's, I think, a really big challenge, and I don't know that I would call it strong or weak per se. But it is, it's a challenge when you're having folks who are moving into those sorts of communities. And those communities aren't really prepared to support them at the level that they need.

Response - I think the supporters may not be there picking back off what she's saying may not be there because they feel like they are a housing agency, and they are providing housing. They are not really providing like extra services. They probably feel that if a person is requesting to be housed, they once they go over the policy and the rules that they should be able to hear about it. So, I don't think it's that extra support a lot in housing and urban housing is unique because we do provide that extra support. But other housing facilities may not.

Question 7 – Provide recommendations for increasing coordination for the following groups: continuum of care; health, mental health, and services agencies; housing providers; and local and state government agencies.

Response - Potential case management type services; support in living skills and how to create another stable community and learning how to adhere to a new standard of rules and expectations along with having financial expectations. So maybe kind of a different understanding, maybe not even as it because, like the case managers, at least in our case, like they are going to continue to work with these people long term, but the like. The actual housing provider doesn't have a different expectation, I guess, of those clients than maybe other folks. And so, if you're coming in as part of the low barrier Housing collective, or if you're being referred to a property through that. Then, the way that I feel like it should work is not just a low barrier to entry but a low barrier to stay. Obviously, there are certain things that are mandated, like things you must do. You can't be putting people in without help. For example, we had a client who missed a community meeting that then it was sort of like, well, he's not come to the community meeting, and so we're considering, you know, removing him from the property and we're just like, Wait, what like? Of course, he didn't come to the meeting. And so those sorts of things like it needs to not just be low barrier to entry.

Response – Better education to help stay in housing for a longer term.

Question 8- Select what you feel is the level of coordination specifically for discharge procedures - discharged from correctional programs and institutions, from healthcare facilities, mental health facilities, or aging out of foster care.

Response – From the correctional programs, it's a little bit easier for our agency because we work with them like we have a corrections navigator through the State who kind of handles that. And so our folks tend to have a pretty good exit. But I know that that's not the norm. That is because that is like a program specific to our clients. But people who are not living with HIV don't have access to that. However, discharging from healthcare facilities in mental health facilities as well, especially healthcare facilities. Hospitals are often a nightmare, depending on where somebody is. We've got somebody that we got a call today, saying, hey, your client is being discharged from the hospital, she doesn't have anywhere to go. Can you come? Pick her up. Would you like us to take her? Well, I don't know, because she can't be on the street, she's got to have this kind of care. Well, why isn't she going to a place that provides that kind of medical care? Oh, well, nobody would take her so because her HIV Meds are too expensive. But we have skilled facilities all the time that refuse to take people because if they're in their care, they are required to pay for their medications, and their medications are expensive, so they can't get placement. And it's, you know, and they just sort of call us as, like, well, you're the case manager. Figure it out, and it's like, well, we don't. We can't refer somebody to a sniff like we don't have that. We don't. We don't have the ability to do that. You must do that. And they're like, well, just find another place for them to go so they can get sicker. And this is constant. We deal with this on a nearly daily basis for our clients, and we also get calls from hospitals on a

pretty regular basis for somebody we've never had contact with, saying, Hey, this person's HIV positive. We need you to figure out where they're going to go. Healthcare facilities in particular, and I know hospitals and psychiatric hospitals are stretched and have been for a long time at this point, but that level of just "Here you go", and then you're putting somebody with like open wounds out on the street.

Response - They don't. They refuse. The hospitals, refuse to take clients to skill, care, or physical rehab sites as well, and they also need a place to go for respite. But the HIV status of a vehicle for getting them out of the hospital with help, with funds. So it kind of feels like the system is working against agencies for sure, as far as helping with those discharges. Yeah, I mean they, for sure, just like, Oh, well, you have money. Put them in a hotel, and we're like, okay. But you're telling me they need care. I can't put them in a hotel without somebody to help provide care for them and they can only be there for a limited period of time, and then there's no plan for them, because they have no income, or they have, you know, limited income, and, as I think I have said every year that we have done this. When somebody is in a hotel, they don't get there at the bottom of the list for a referral from coordinated entry because they technically have a roof over their head. And so, I have to wait until that person is back out on the street before we're going to get the referral. If we have space at that point in time. It's all a big cluster for people with medical issues basically.

Question 9 – Provide one recommendation for increasing discharge coordination for each of the following groups: people discharged from correctional programs, people discharged from health care facilities, people discharged from mental health facilities, and youth aging from foster care/state custodians.

Response – When I worked in Chicago, which I did before I moved back here, there was it was a shelter, but it was a shelter that had medical capability. It wasn't like to a sniff level of care, but they had basic, you know, kind of like some CNAs, and maybe a nurse who could do some wound care and make sure people who needed like IV. Meds could get them. But it wasn't like a full-scale shelter. I mean, if we had something like that here, you know, we had sort of this vision of maybe the village at Glencliff was going to work a little like that. But then nobody could afford to go there. And so that because that was the original plan, right was that hospitals were going to discharge people who didn't quite meet sniff level could go there, except that didn't really work out that way. And so, having someplace like that that really would be able to provide some of the lower-level medical care for people. That also doesn't work because like the problem with the sniffs is that they won't cover HIV. Well, they must, but they don't want to cover HIV Meds, and so if somebody wasn't in a snp. If they're in a shelter that happens to have some medical support, then they can continue to get their meds through all the normal programs or insurance, or whatever it is, and so like. If something like that existed in the mid-state, that would be amazing, like the need for it is so high and so having some, and I'm not volunteering to do it, I would love someone else to do it, but I think that that would be such a huge help across the board, because so many people who are unhoused end up with medical needs and wounds and things like that that they're not really able to go back out on the street with. But they can't.

They also can't really go to a sniff. And so like having some in between. Something would be amazing.

Response - We have been educating hospitals and mental health facilities and requesting that their agency be part of their discharge procedures.

Many years ago, mercury courts had something very similar to what Erin just described. They couldn't maintain it because they didn't have the nursing care that could be rotated, and people were suffering from burnout. But those are some of the things that are so needed.

Question 10 - Any other comments or recommendations regarding our past use of ESG and HOPWA program grants?

Response - I think that this isn't necessarily how you use the funds so much as I'm going to say this every year until it happens to tweak the prioritization for Ce around people with medical needs because we continue to have issues with getting referrals for clients who are indeed on the street but are barely able to handle that while we have people in a hospital, or who we've had to put in a hotel because they cannot be on the street safely who just they don't ever get referred. And so, then we end up having to do either something that isn't wise in terms of getting them housed because they're not going to be able to sustain it, or they just end up having to become street homeless in a way that ends them up in the hospital again, and so they never can get through that process. And it just like, I think, somehow, recognizing that just because there is a roof over someone's head. If that roof is temporary and only related to a medical need, they should have the same priority as someone who is with those same medical conditions on the street because it's the same thing in a week, or whatever it might be.

The sustainability is also yes, with health and mental health. And then we also must keep in mind that a lot of our clients. When you look at that 50-forward movement, they're getting older, and they need sustainable and affordable housing. Some are in the process that I'm aware of now that I work with them; they're going to have to find another place to live because they can no longer afford the rent, and because of that, it provides a whole new dynamic of where do they go? Especially if they've lived in a particular zip code or city. Where? Where can they transition to that's going to be affordable. It's hard to still be able to get to their doctors as well as all their social service agencies that they work with that have become part of their community.

Attendee List - HOPWA Consultation/Stakeholder Meeting
Thursday, February 20, 2025 at 1:30 PM

Name	Organization	Email Address
Lynn Lassiter	MDHA	llassiter@nashville-mdha.org
Angela Harrell	MDHA	aharrell@nashville-mdha.org
Michael Evans	MDHA	mevans@nashville-mdha.org
Shelley Fugitt	MDHA	sfugitt@nashville-mdha.org
Ronda Jennings	Meharry Community Wellness Center	rjennings@mmc.edu
Suzie Tolmie	MDHA	stolmie@nashville-mdha.org
Erin Pickney	Nashville CARES	epickney@nashvillecares.org
Pam Dotson	MDHA	pdotson@nashville-mdha.org
Dr. Tiffany Davis	Urban Housing Solutions	tiffany@urbanhousingsolutions.org
Treva Gilligan	MDHA	tgilligan@nashville-mdha.org

HOMELESS CONSULTATION CONDENSED SUMMARY

Tuesday, February 25, 2025 at 1:30 PM

Prioritize the below activities to address homelessness with 1 being highest in priority and 4 being lowest:

- **Emergency shelter and transitional housing**
- **Outreach**
- **Prevention**
- **Rapid re-housing**

Response: Housing stability case managers are needed after homeless folks move into permanent housing to help work with them and make sure that they retain their housing. Some agencies have case management that continues after people cross the threshold. But a lot of agencies, like outreach workers or other agencies, work hard on the front end to connect people to housing, but after that (unless they're eligible for services through one of the community mental health centers or Nashville CARES), there tends to be a drop in any connection, and folks are at risk of losing that housing that they, and people in the community, worked so hard to get.

Response - 1 Prevention, 2 Emergency transitional housing, 3 Rapid Re-housing, and 4 outreach.

Prioritize subpopulations to be served by homeless assistance programs with 1 being highest in priority and 6 being lowest:

- **Families**
- **People experiencing chronic homelessness**
- **People discharged from correctional programs and institutions**
- **People discharged from health care or mental health facilities**
- **Veterans**
- **Youth aging out of foster care or state custody**

Response - Families and chronic homeless, tied for the 1st priority.

Response - Youth who age out of foster care and foster care services, school to adult transitions is another priority there.

Prioritize activities to address homelessness for people with HIV/AIDS with 1 being highest in priority and 4 being lowest:

- **Permanent housing facilities**
- **Short-term rent, mortgage and utility assistance program (STRMU)**
- **Tenant-based rental assistance (TBRA)**
- **Transitional short-term housing facilities**

No Responses from the group.

List what you feel are the top three barriers to affordable housing for people/families who are experiencing homelessness or at-risk of experiencing homelessness.

Response - Down payment for rent; backgrounds, including evictions, criminal history like sex offenses, etc.

List the top three barriers to affordable housing for people who have HIV/AIDS and their families.

Response - Stigma and concerns of confidentiality.

Select what you feel is the level of coordination for addressing homelessness among the following:

Strong Weak

- **Continuum of Care**
- **Health, mental health and services agencies**
- **Housing providers**
- **Local and state government agencies**

No responses from the group.

Provide one recommendation for increasing coordination for each of the following:

- **Continuum of Care**
- **Housing providers**
- **Health, mental health and service agencies**
- **Local and state government agencies**

Response - I'll start us off here, going back to a comment earlier about kind of the wraparound

services once people get into housing. I think one of the comments was for housing providers, say landlords. Once you get people in housing, landlords don't necessarily have help or understanding of how to provide case management or additional assistance to help them maintain that housing and not be evicted due to activities or not paying rent. So maybe more education for the landlords or housing providers to help them understand the needs of these individuals when they are put into housing could be worked on.

Response - More collaboration with community organizations.

Select what you feel is the level of coordination for discharge among the following:

Strong Weak

- **People discharged from correctional programs and institutions**
- **People discharged from health care facilities**
- **People discharged from mental health facilities**
- **Youth aging from foster care or state custody**

No response from the group.

Provide one recommendation for increasing discharge coordination for each of the following:

- **People discharged from correctional programs and institutions**
- **People discharged from health care facilities**
- **People discharged from mental health facilities**
- **Youth aging from foster care or state custody**

Response - Need a liaison between hospitals and providers to coordinate discharge planning at the point when people experiencing homelessness are admitted, coordinating with healthcare social workers responsible for discharge. There seems to be a disconnect between the healthcare facilities and those receiving those individuals at discharge.

Comments/recommendations regarding past Action Plan discussions of Emergency Solutions Grant (ESG) and Housing Opportunities for Persons with AIDS (HOPWA) programs.

Response – With a budget of only about \$400,000, you really don't have a lot of money, so you can't do much. And in my humble opinion, that's where the problem lies. You give a lot of entities a little bit, and they can only do a little bit, and you only get a little bit. But it is what it

is, I guess.

You know I'm sitting here now as a Criminal Court Clerk, and the homeless community is being criminalized daily, based on State laws and their inability to not be homeless, or their inability to have a home. And it seems like every turn they make is against the law, so it would be great to see some resources, some very intentional efforts around assisting the homeless community when they are incarcerated for being homeless, they find themselves in jail and just constantly in jail for walking, sitting, laying, using the bathroom whatever, and no real structured effort. There are efforts now. Don't get me wrong. People do care, but there's no real structured efforts to try to create a safety net around them when they're in these situations. I don't think that the police are preying on them as much as they're following the laws that were given.

They are an easy target, though, and so they find themselves in the system. And then just wallowing in the system. They're not getting notices to return to court because they're homeless, and so they get failure to appear. They get capias. They get arrested for not showing up. And it's just a cycle that if we had some of our agencies really focused on the criminal justice system, they might be able to have better outcomes, as relates to having had an experience in the courts. So that's a lot said. But in my world it's really not a lot it's just we have to be intentional about that. I know that we have agencies and people who care and that are trying to do all they can. But this coordinated effort could really do a lot to not just help the homeless themselves, but also alleviate the stress of the criminal justice system in having to house them and having to have them in in the jails when they really shouldn't be, or could be out of the jail or in the courts when they could be maybe doing all they could to not be homeless.

Homelessness Consultation / Stakeholder Meeting
Tuesday, February 25, 2025 at 1:30 PM

Name	Organization	Email Address
Angela Harrell	MDHA	aharrell@nashville-mdha.org
Shelly Payne	Bethlehem Centers of Nashville	spayne@bethlehemcenters.org
Rusty Lawrence	Consultant	
Jackie Cullom	Be a Helping Hand	jcullom@bahelpinghand.org
Dr. Michael Tarik Pratt	MNPS	
Howard Gentry	Metro Criminal County Clerk	hgentry@jnsnashville.gov
Lynn Lassiter	MDHA	lassiter@nashville-mdha.org
Michael Evans	MDHA	mevans@nashville-mdha.org
Pam Dotson	MDHA	pdotson@nashville-mdha.org
Conor O'Neal	MDHA	coneal@nashville-mdha.org
Shelley Fugitt	MDHA	sfugitt@nashville-mdha.org
Suzie Tolmie	MDHA	stolmie@nashvill

Treva Gilligan	MDHA	tgilligan@nashville-mdha.org
----------------	------	--

CDBG NON-HOUSING CONSULTATION SUMMARY

Wednesday, February 26, 2025 at 1:30 PM

Question 1 - What are the barriers to reducing poverty?

Response—Stigmas associated with poverty, lack of education on methods to break the poverty cycle, lack of opportunity, structural inequities leading to low education and attainment, low wages, the intergenerational nature of poverty, extremely difficult to get out once born into poverty, and then lack of phones.

Question 2 - Prioritize the top 3 barriers to reducing poverty that need to be addressed with the 1st being the highest and priority to address, and the 3rd being the lowest.

Response—This is the highest priority. We must ensure basic needs are met, and youth development programming, which helps with prevention and community improvements, public transit, sidewalks, etc. The essential priority needs would be basic human needs and medical and mental health needs.

Question 3 — Brainstorm non-housing community development needs in each of the following categories: economic development, public facilities and improvements and infrastructure, and public services.

Response: More affordable and accessible childcare would be a big enabler, as would affordable and accessible public transportation to more places at more times of the day. For public facilities—there are some communities that have public restrooms that are cleaned and maintained regularly. Maybe that would help with some of our outdoor, unhoused population, having places that they can go that are designated around the city. To utilize the restrooms. Also, public facilities. Our unhoused population often utilizes the library or community centers, so building into that, we have space where it can become like a hub. A hospitality hub where people can go to engage and utilize that space, whether it is case managers coming in, whether it's a safe place for them to meet their clients or having locations across Davidson County to plug in with outreach workers in a place for people to receive some of the services. We're looking to build that out with the library right now, but it's not like extra additional space that's added, it's trying to repurpose some of their space. For economic development creative solutions for that offer dignity to connect. For example, we were looking to connect with Metro Central Hr. to see if there is an opportunity to hire people to clean up in their encampments, and they would receive compensation by way of NDOT TDOT or a metro department that's responsible for that. So just thinking of some creative solutions that offer small wages and dignity. This could tie into public services such as waste cleanup, picking up, or helping across the city. Having more trash cans, like public trash cans, just around the city in general would be very helpful. I've heard from several people that that would be a good idea. Mental health support and programs for public services. College career training for high school and 1st generation college students. More sidewalks to address high-risk areas.

Question 4—In order of priority, what do you believe should be Nashville's top 3 non-housing development activities?

Response-First would be public health and safety concerns, whether it's sidewalks, public restrooms, cleanup opportunities, trash cans or employment opportunities. Second would be basic human needs and mental health and medical health of people here in Nashville. Expanding bus lines to 24 hours.

First-youth development, including out-of-school time and workforce readiness. Affordable and accessible childcare is number two. Three job-skill training, school development, and employment opportunities.

Not in order but infrastructure or safety improvements, including transit, bike paths, sidewalks, etc. Youth, development and college career programming and community centers, and services for adults related to professional development and education.

Question 5 - Select the locations where CDBG funds should be targeted. Should they be targeted in areas with extremely high concentrations of poverty, areas with relatively high concentrations of poverty, or any low to moderate-income area or other locations?

Response- Utilizing a tool like a heat map that shows more concentrated pockets of poverty and using a percentage so that it could be across Davidson County, but using a percentage or ratio of the number of people versus the number of funds that are deployed to that area.

You need to prioritize some of them depending on the needs. Also, you're going to have to overlay it with the needs that you're trying to solve. So, depending on the specific need, I think it might—it might vary—depending on what you're trying to solve for. Yeah.

Maybe any LMI area; I'm not sure how this is measured. But there's a lot of income inequality. So, there may be some extremely impoverished folks in our area of wealthy folks, so it could be skewed. We want to make sure we help all LMI individuals and families.

Question 6 - What in kind of general do you see that MDHA should be aspiring to with these funds and best serve Nashville and Davidson County regarding our non-housing community development funds?

Response: Holistic thinking in planning is necessary to fight gentrification and ensure neighborhoods retain a range of incomes and people who were originally part of a community. For example, how will an isolated sidewalk project impact the overall community? Again, a holistic approach to addresses the issues. There are many factors involved.

Community Development Consultation / Stakeholder Meeting
Wednesday, February 26, 2025 at 1:30 PM

Name	Organization	Email Address
Michael Evans	MDHA	mevans@nashville-mdha.org
Shelley Fugitt	MDHA	sfugitt@nashville-mdha.org
April Calvin	Office of Homeless Services	Director.calvin@nashville.gov
Erik Higgs	Boys and Girls Clubs of Middle TN	ehiggs@bgcmt.org
Treva Gilligan	MDHA	tgilligan@nashville-mdha.org
Pam Dotson	MDHA	pdotson@nashville-mdha.org
Caroline Lindner	The Contributor	caroline@thecontributor.org
Zero Mannino	The Contributor	zero@thecontributor.org
Angela Harrell	MDHA	aharrell@nashville-mdha.org
Suzie Tolmie	MDHA	stolmie@nashville-mdha.org
Amanda Jones	Big Brothers Big Sisters of Middle TN	Amanda.jones@mentorakid.org
La'Shaya Vinson	Community Solutions by Design LLC	lvinson@csbd9.com

MDHA 2025-2026 Action Plan Online Survey for Affordable Housing and Affirmatively

Furthering Fair Housing – Residents of Hadley Park Towers

Residents Attendance

1. Mary Brown
2. Chn Dotson
3. Paris King
4. Anita Johnson
5. Sha Williams
6. Joyce Lewis
7. Rose Tucker
8. Joyce Campbell
9. Connie Covington
10. Ora Day
11. Kimberly Simpson
12. Pamela Johnson
13. Jamie Villages
14. Michael Williamson
15. Valencia Bell
16. E Ooper
17. Patricia Harris

1. What do you believe are the top barriers to affordable housing in Davidson County and why?

The top barriers to affordable housing are affordability, location, transportation, and traffic. There is also an issue with density and houses being built so close together. Other factors include rising construction costs and zoning restrictions. These factors affect low to moderate income communities and lead to displacement and homelessness. Rising construction

costs make it expensive to build new affordable housing units. Regulatory restrictions including building codes and environmental regulations. The divide between housing costs and income is an issue. Affordability is out of reach for many low to moderate income families making it difficult to stable housing.

2. When addressing affordable housing in Davidson County, what should be the priorities in terms of activities and subpopulations?

The goal should be to focus on making housing affordable and equitable for all residents in Davidson County. The aim should be to create an inclusive stable affordable housing system in Davidson County and provide supportive services for the subpopulations. Residents of Davidson County should have options and be afforded housing stability. There should be a focus on creating more affordable housing and funds channeled to this initiative. There should be programs that provide supportive services to individuals once they obtain housing to make sure they are able to maintain and avoid being homeless in the future. The subpopulations include the elderly/disabled, Blacks and Hispanic families, homeless individuals, and working-class citizens.

3. In which areas do you think funds should be targeted (e.g., near transit, high-density residential areas, low-density residential areas)?

Transportation, improving parking, removing food deserts, green space and assistance with rents. There should be support services that offer long-term affordable housing. Efforts need to be made to address chronic homelessness including mental health and substance abuse treatment. Funds should be funneled to areas such as health care and homelessness prevention programs.

4. What suggestions do you have for increasing awareness about fair housing and removing barriers to housing opportunities in Davidson County?

Making sure residents of Davidson County are educated and aware of services regarding affordable housing and fair housing. People need to understand that they have rights and just because they don't have lots of money there is help if they are

being treated unfairly. Residents need to be made aware that they can receive assistance if they feel like their rights are being violated. Past violations on background checks can sometimes prevent individuals from accessing affordable housing.

5. How can MDHA increase the effectiveness of and access to its housing programs, other than an increase in funding?

Residents who are currently in MDHA housing programs need to feel that they are safe in their environments. Security and protection must be made a priority. People now feel unsafe and feel like they live in a danger zone. Efforts need to be made to alleviate this such as increasing security at night at MDHA properties. Also make housing accessible for the elderly and the disabled.

6. Please share any additional comments you have regarding affordable housing and fair housing in Nashville.
-

MDHA 2025-2026 Action Plan Online Survey for Affordable Housing and Affirmatively Furthering Fair Housing

Rental Assistance Department

Zoom Call

Date – April 4, 2025

Participants

Michael Evans

Norman Deep

Kristi Strickland

RaShondalyn Nixon

1. What do you believe are the top barriers to affordable housing in Davidson County and why?

The top barriers to affordable housing mentioned were background checks, credit reports, and past rental history. Income boundaries also have become a barrier. Wages are not keeping up with rising rents. Rents in Nashville have gone up 35-40% within the last 5 years. There is sometimes an availability of units, but they are not affordable to the low to moderate income population. There needs to be more landlords that accept Section 8 vouchers. Currently there is a lack of access to information. A listing of landlords who currently accept Section 8 is available, but this information needs to be available at locations where people can access it. Examples including DCS, local health department, schools, churches, recreation centers, etc.

2. When addressing affordable housing in Davidson County, what should be the priorities in terms of activities and subpopulations?

Build housing that is truly affordable for the low to moderate income population. Making sure education is available and individuals are aware of the resources that are available for assistance. A subpopulation that needs assistance is the aging and elderly. More facilities need to provide assisted living for these individuals.

3. In which areas do you think funds should be targeted (e.g., near transit, high-density residential areas, low-density residential areas)?

Funds should be channeled to transportation. Many low income to moderate income individuals need housing that is near bus lines. There are properties that cater to this population, but individuals turn them down due to their distance and lack of public transportation.

4. What suggestions do you have for increasing awareness about fair housing and removing the barriers to housing opportunities in Davidson County?

Educating tenants and landlords to gain understanding regarding fair housing. An effective way to increase awareness is to have community events like movie nights which focus on issues such as fair housing and then have open discussion. Another idea is to involve community advocacy groups and form partnerships.

5. How can MDHA increase the effectiveness of and access to its housing programs, other than an increase in funding?

Reduce the wait time for housing wait lists. There also needs to be more access to individuals who do not have access to technology or who lack skills to electronically fill out applications. Make individuals aware of what services are available and make sure the information is at locations such as homeless shelters, DHS, WIC offices, etc.

6. Please share any additional comments you have regarding affordable housing and fair housing in Nashville.

MDHA 2025-2026 Action Plan Survey for Affordable Housing and Affirmatively Furthering Fair Housing

Individual Interview with MDHA Assistant Director of Property Management Donald Jackson

1. What do you believe are the top barriers to affordable housing in Davidson County and why?

Rapid growth, gentrification, and high prices. There is also insufficient housing stock for low to moderate income households in addition to the rising cost of construction/material/labor cost. Second, there is a labor shortage. Third is evictions.

2. When addressing affordable housing in Davidson County, what should be the priorities in terms of activities and subpopulations?

There should be an effort to preserve current affordable housing and expand the inventory of affordable housing in Davidson County. The subpopulations that should be addressed include the homeless, seniors, & families with children.

3. In what areas do you think funds should be targeted (e.g., near transit, high-density residential areas, low-density residential areas)?

Funds should be targeted toward transit hubs and corridors to help low/moderate income households have transportation to employment opportunities. Funds should also be targeted toward families who are displaced out of neighborhoods due to gentrification. These individuals are facing displacement due to rents and rising property values and find it difficult to remain in certain neighborhoods.

4. What suggestions do you have for increasing awareness about fair housing and removing barriers to housing opportunities in Davidson County?

Public education about affordable housing, building partnerships with trusted community organizations. This education will include residents and landlords. There should be incentives to landlords to increase more participation in Section 8 voucher

programs.

5. How can MDHA increase the effectiveness of and access to its housing programs, other than an increase in funding?

Streamline the application/waitlist process to help applicants move in sooner. Increase awareness regarding social service programs to make individuals aware of what is available. Have programs available that help increase access to rental subsidies, homeownership support and other housing related services.

6. Please share any additional comments you have regarding affordable housing and fair housing in Nashville.

Nashville is growing and low to moderate income families are being pushed out and this is creating a widening divide with housing access and affordability. Efforts needs to be made in order to increase the availability of affordable housing to individuals who fall in this category.

Action Plan Consultation – Metro Housing Division (Zoom Meeting)

April 21, 2025

1. Treva Gilligan
2. Angela Harrell
3. Shelley Fugitt
4. Lynn Lassiter
5. Michael Evans
6. Angie Hubbard
7. Greg Claxton
8. Darryl Hill

Synopsis of Meeting

Metro will release the Unified Housing Strategy within the next couple of weeks. The Metro Housing Division is currently collaborating with the mayor's office to have an actual release date. A full draft has been given to Dr. Troy White, Jamie Berry, Curtis Thomas, and Emel Alexander. This is a preliminary draft, and these individuals have been asked not to share the information. Information included has uncertainties regarding the federal funding environment and meeting the needs of housing and the needs for philanthropic, corporate, and other resources.

Metro is currently working on strategies around rental housing with a focus on deeply affordable housing – 0-30%. There is a focus on increasing home ownership using public funds including Barnes & HOME. There will also be assistance from THDA.

The Unified Housing Structure is centered around preservation of long-term affordability, preserving existing structures, protections for residents, long-term deed restrictions, and long-term leases.

MDHA will be closing out 2010 CDBG grant. The program income from this grant is about 3 million dollars.

There is money available for public services, homeless deposits for VASH, and public facilities.

Metro Housing Division is working on a Section 108 loan for preservation activities for naturally or expiring affordable buildings. They are going to contract with someone regarding the underwriting.

Metro Housing Division had a question regarding the availability of funds for infrastructure. It was stated that a little bit under 1.4 million is available.

Greg Claxton with the Metro Housing Division spoke about the Housing Infrastructure Study. This is a common core of data that is shared with the UHS that is focused on market rate housing from a zoning perspective. The focus is on barriers in zoning of building code. There is a focus on growth of this sector within the next 10 years and on whether the infrastructure is adequate.

MDHA will be releasing RFP due to a substantial amendment to move dollars from new housing construction to support services including permanent housing and the homeless. There will be around 8 million dollars available for homeless services.

Action Plan Consultation – Metro Parks (Zoom meeting)
April 25, 2025

1. Treva Gilligan
2. Shelley Fuggit
3. Michael Evans
4. Lynn Lassiter
5. Tim Netsch
6. Cindy Harrison
7. Amerita Chatterjoe

Synopsis

The last project MDHA worked on with Metro Parks was the Cossie Gardner project.

Metro Parks is currently working on a design(The Whites Creek Greenway) by the Hartman Park area. This is located on West Hamilton Rd. between Tucker and Buena Vista. There is currently no funding available, but capital funds will be requested.

Previous funding was provided with 2010 flood money which is the grant that MDHA is currently trying to close out with HUD.

Metro Parks is currently working on the Charlotte Corridor Railway Project. They are currently trying to acquire the right of way and the project is in its early phases.

There were questions asked would there be funding available for this year and this was clarified that funding would be available due to the continuing resolution.

Metro Parks is currently working on a project with Habitat with Humanity in the Trinity Hills area. Some funding has been provided but there is a need for additional resources. The land is over 30 acres and is currently in the design phase. The project manager is Joe Stovall. MDHA needs to make sure that the project falls within the LMI requirements.

Metro Parks also spoke of upgrades at several playgrounds, but these also have to fall under the LMI requirements.

There was also a question about whether Metro Parks is involved in the William Edmondson project on which the soccer team owns the land. It was originally purposed for a soccer field, but the community wants a basketball court. There are questions surrounding the project, but Metro Parks isn't involved.

Action Plan Consultation with Metro Office of Homeless Services

Zoom Call

May 8, 2025

Attendees:

Treva Gilligan
Shelley Fugitt
Angela Harrell
Susie Tolmie
April Calvin
Daryl Hill
Allison Cantway

- Current ESG dollars are covering prevention, diversion, shelter outreach, rapid rehousing, with 2024 funds.
- Street outreach and shelter had the most response regarding the surveys.
- There was low participation with the surveys. There was a total of 14 responses. Lack of response this year couldn't be exactly pinpointed this year. It was mentioned by Susie Tolmie that at the COC General membership meeting that there was a total of 39 responses and look at different ways to gain more participation.
- April Calvin mentioned that wanted to make sure that street outreach was more than results driven, focusing more on outreach activities. The SAGE report that goes with the CAPER may have some of the data. (ex. How many people exited the street outreach programs to experiencing homelessness again)
- There was a question as to how the funds were used. The response was funding is given to how applicants are scored according to who applied and what they asked for. It was stated that outreach could be expanded to other agencies but there is no guarantee that they will apply due to federal regulations and restrictions.
- Treva advised that information can be provided as to who was awarded funds.
- Last year 63% of the street outreach received deposits for housing.
- Shelley will send a list to April of 2023 awarded grantees.

- HOME ARP (substantial amendment to allocate those funds to be used for supportive services. Policies and procedures and the RFA to get applications to agencies to provide supportive services. Prioritization is chronically homeless, homeless and domestic violence. Funds can't be provided directly to Strobel House but agencies working with Strobel House can assist with helping clients get the services they need.
- Treva had a question is there a way that Metro can track population as to who receive units going forward. April said that they will start tracking.

Action Plan Consultation Habitat for Humanity Homeownership Resale Restrictions

Microsoft Teams Meeting

May 19, 2025

Attendees:

Casey Hawkins – Habitat for Humanity
Treva Gilligan
Angela Harrell

Prior to the meeting Casey emailed her comments on the draft resale restrictions that was previously sent to her for comment via email. Her comments and MDHA's response to same are incorporated below. The agreed upon changes/edits to the resale restrictions have been incorporated in Appendix A.

APPENDIX A

HOME RESALE PROVISIONS

I. BACKGROUND

The HOME statute establishes specific requirements that all HOME-assisted homebuyer housing must meet to qualify as affordable housing. Specifically, all HOME-assisted homebuyer housing must have an initial purchase price that does not exceed 95 percent of the median purchase price for the area, be the principal residence of an owner whose family qualifies as low-income at the time of purchase, and be subject to either resale or recapture provisions. The HOME statute states that resale provisions must limit the subsequent purchase of the property to income-eligible families, provide the owner with a fair return on investment, including any capital improvements, and ensure that the housing will remain affordable to a reasonable range of low-income homebuyers. Metro Nashville-Davidson County, as the Participating Jurisdiction (PJ), utilizes the resale method for HOME homebuyer programs, as outlined in 24 CFR 92.254(a)(5). The Metropolitan Development and Housing Agency (MDHA) is the entity designated by the PJ as the administrator of the HOME program and is responsible for enforcing the HOME Resale provisions.

The HOME rule at §92.254(a)(5) establishes the resale requirements for homebuyer activities. These provisions are imposed for the duration of the period of affordability on all HOME-assisted homebuyer projects and enforced via deed restrictions or covenants running with the land. The resale provisions are triggered by any transfer of title, either voluntary or involuntary, during the established HOME period of affordability.

MDHA is submitting the Resale provisions outlined in this Appendix to its Program Yr. 2025 Annual Action for HUD Approval.

II. PERIOD OF AFFORDABILITY

The HOME rule at §92.254(a)(4) establishes the period of affordability for all homebuyer housing. The HOME-assisted housing must meet the affordability requirements for not less than the applicable period specified in the following table, beginning after recordation of the resale restrictions which occurs after the housing meets all Metro Nashville property standards in accordance with § 92.251(c)(3) and the property title is transferred to the homebuyer.

The period of affordability is based on the total amount of HOME funds invested in the housing, regardless of whether the funds are reflected in buyer financing. In other words, the total HOME funds expended for the unit determines the applicable affordability period. Any HOME program income used to assist the project is included when determining the period of affordability under the resale provision. The following table outlines the required minimum affordability periods.

If the total HOME investment in the unit is:

The Period of Affordability is:

Under \$25,000	5 years
\$25,000 to \$50,000	10 years
Over \$50,000	15 years

The HOME rule at §92.254(a)(3) requires that all HOME-assisted homebuyer housing be acquired by an eligible low-income family (Qualified Household as defined below), and the housing be the principal residence of the family throughout the Period of Affordability.

Commented [CH1]: What is the reason for this change? Starting with the purchase date of the initial buyer seems more appropriate.

Commented [TG2R1]: This language aligns with the language in the HOME rule at 92.254(a)(4).

Commented [CH3]: Is the intention to require only the minimum instead of aligning with Barnes?

Commented [TG4R3]: Yes.

Under Resale Provisions, if the housing is transferred, voluntarily or otherwise, during the Period of Affordability, it must be made available for subsequent purchase only to a Qualified Household that will use the property as its principal residence.

- Qualified Household - A household who 1) has an annual income that does not exceed eighty percent (80%) of the Area Median Income (AMI) for the Nashville-Davidson County Metropolitan Statistical Area (MSA) as determined by the U.S. Department of Housing and Urban Development (HUD) and adjusted for the household's size, and 2) will occupy the Property as their principal residence for the remainder of the Period of Affordability

Commented [CH5]: Does HOME allow you to use the standard median that is unadjusted (which is actually the household of 4)? This really helps smaller households qualify and expand the buyer pool while helping the fair return be where it needs to be.

Commented [TG6R5]: No.

III. Fair Return on Investment

Resale Provisions shall ensure that, if the property is sold during the period of affordability, the price at resale provides the original HOME-assisted homebuyer a fair return on investment. MDHA shall consider a Fair Return on Investment achieved when the Homeowner (now the seller) receives from the sale a 2% simple interest annual return on their investment based on the amount of market appreciation, if any, over the term of ownership as determined by an appraisal conducted by a State licensed or certified third-party appraiser who will certify they have performed a visual inspection of the property and that the value takes into consideration any capital improvements and delayed or deferred maintenance and that the final estimate of value is based on comparable properties not subject to Deed Restrictions. The Fair Return on investment shall be calculated using the formula outlined below:

Commented [CH7]: I would add specificity about the appraisal. Should the appraisal be EXCLUDING the impact of the deed restrictions? Also, does this sufficiently consider the property's condition?

Commented [TG8R7]: See added language pertaining to appraisal requirements.

- Fair Return on Investment = $(\text{Appraisal Value at the time of sale} - \text{Appraisal Value when purchased}) \times (2\% \text{ simple interest} \times \text{length of ownership})$
- Example:
 - Appraised Value at time of initial purchase = \$175,000
 - Appraised Value at time of sale to new homebuyer = \$300,000
 - Length of seller's ownership = 5 years

- Fair Return on Investment = $(\$300,000 - \$175,000) \times (2\% \times 5) = \$12,500$

IV. Fair Return Resale Price = Original Sales Price (which may differ from appraised value when purchased) + Fair Return on Investment |

- Example:
- $\$175,000 + \$12,500 = \$187,500$ = Fair Return Resale Price

III. Fair Return on Investment

Resale Provisions shall ensure that, if the property is sold during the period of affordability, the price at resale provides the original HOME-assisted homebuyer a fair return on investment. MDHA shall consider a Fair Return on Investment achieved when the Homeowner (now the seller) receives from the sale a 2% simple interest annual return on their investment based on the amount of market appreciation, if any, over the term of ownership as determined by an appraisal conducted by a State licensed or certified third-party appraiser who will certify they have performed a visual inspection of the property and that the value takes into consideration any capital improvements and delayed or deferred maintenance and that the final estimate of value is based on comparable properties not subject to Deed Restrictions. The Fair Return on investment shall be calculated using the formula outlined below:

- Fair Return on Investment = $(\text{Appraisal Value at the time of sale} - \text{Appraisal Value when purchased}) \times (2\% \text{ simple interest} \times \text{length of ownership})$
- Example:
 - Appraised Value at time of initial purchase = \$175,000
 - Appraised Value at time of sale to new homebuyer = \$300,000
 - Length of seller's ownership = 5 years
 - Fair Return on Investment = $(\$300,000 - \$175,000) \times (2\% \times 5) = \$12,500$

IV. Fair Return Resale Price = Original Sales Price (which may differ from appraised value when purchased) + Fair Return on Investment |

Commented [CH9]: I made some suggestions to format/clarity but so far, I think this is clear and a good change.

Commented [TG10R9]: Changes accepted.

Commented [CH11]: I would add specificity about the appraisal. Should the appraisal be EXCLUDING the impact of the deed restrictions? Also, does this sufficiently consider the property's condition?

Commented [TG12R11]: See added language pertaining to appraisal requirements.

Commented [CH13]: I made some suggestions to format/clarity but so far, I think this is clear and a good change.

Commented [TG14R13]: Changes accepted.

- Example:
- $\$175,000 + \$12,500 = \$187,500$ = Fair Return Resale Price

V. Affordable Resale Price Range

The range of sales prices that are within the maximum mortgage capacity of potential Qualified Households with incomes ranging from 65% to 80% of AMI for a household size equal to the number of bedrooms in the Property plus one (1). The Affordable Price Range shall be set such that a monthly amount for principal, interest, taxes, insurance, and homeowner's association fees (if applicable) (PITIA) would not exceed 33% of the new homeowner's annual income.

The seller must have the sales price approved by MDHA. Additionally, MDHA must verify that the new homebuyer is a Qualified Household. If the resale price necessary to provide a fair return to the seller is not affordable to the subsequent low-income homebuyer, MDHA may provide additional HOME assistance, if it's available, as an eligible activity in the Action Plan. If additional HOME assistance is provided, the affordability period will start over.

If the Fair Return Resale Price is higher than the Affordable Price Range, MDHA may provide additional HOME assistance if available, and require the previous HOME subsidy to remain with the unit. If additional HOME assistance is provided, the Affordability Period will start over.

If the Fair Return Resale Price is lower than the Affordable Price Range, the resale price will be limited to the Affordable Price Range only. The seller may choose to sell at a price below the Affordable Price Range with MDHA approval. However, no additional subsidy will be provided to meet the Fair Return Resale Price.

If the market value of the Property is less than the Fair Return Resale Price, the fair return may not be realized in full. In this case, the Property may be sold for the lower of the fair market value or an amount within the Affordable Price Range.

VI. Resale Provisions

Commented [CH15]: I like this. 😊

Commented [TG16R15]: After consultation with Barnes Fund staff this percentage will remain at 30% so it aligns with the Barnes Fund requirements.

Commented [CH17]: What happens in the same scenario if MDHA is not able to provide assistance? What are the sellers options and what happens to the fair return?

Commented [TG18R17]: We would have to look at each case individually at that given point in time and try to determine a mechanism to make the numbers work.

Commented [CH19]: How does this work?

Commented [TG20R19]: The initial investment of HOME funds in the unit would remain with the unit throughout the affordability period and in perpetuity.

A clear, detailed written agreement, executed before or at the time of sale, ensures that all parties are aware of the specific HOME requirements applicable to the unit (i.e., period or affordability, principal residency requirement, terms and conditions of the resale requirements). The HOME written agreement must be a separate legal document from any loan instrument and must, at a minimum, comply with the requirements at §92.504(c)(5) of the HOME rule. If MDHA provides HOME funds to a Developer, subrecipient, or CHDO to develop and sell affordable housing, MDHA will prepare and execute the agreement with the buyer or be a party to the agreement along with the entity it funded.

Commented [CH21]: I created a new sales contract addendum for our Barnes resales and it has been very helpful. I suggest using that as a clearer, upfront tool for buyers.

Commented [TG22R21]: Agree that something like this I needed as a sales contract addendum and will put this in place.

Separately recorded deed restrictions, covenants running with the land, or other similar mechanisms will be used to impose the Resale Provisions (§92.254(a)(5)(i)(A)) in all MDHA HOME-assisted homebuyer projects. The purpose of these enforcement mechanisms is to secure and retain the affordable re-use of the property while providing a fair return to the seller

VII. Preserving Affordability of Housing Assisted with HOME Funds

When there is a termination event for affordability restrictions, MDHA may take the following actions to preserve the affordability of the property:

Commented [CH23]: What does MDHA do in regards to the property's condition? Do you rehab these homes if not in appropriate condition for a low income buyer without means for major renovation?

Commented [TG24R23]: We have never had this happen, but if it did and the property was in need of repairs before it could be resold to another homebuyers, we would consider using CDBG funds to rehab the property assuming they were available.

- Exercise purchase options, rights of first refusal, or other preemptive rights to obtain ownership of the housing before foreclosure to preserve affordability subject to the following requirements:

- The housing must be sold to a qualified homebuyer within 12 months of the date MDHA obtains ownership.
- The period of affordability for the qualified homebuyer must be equal to the remaining period of affordability of the former homeowner unless additional HOME funds are used to directly assist the qualified homebuyer.
- If MDHA directly assists the qualified homebuyer with additional HOME funds, the period of affordability must be recalculated in accordance with the table in §92.254(a)(4) based on the total amount of additional HOME funds invested. The additional investment must be treated as a new project; and
- The total HOME funds for a project (original investment plus additional investment) must not exceed the per-unit subsidy limit in §92.250(a) in effect at the time the additional investment, subject to HUD approval.

VIII. Monitoring Resale Provisions

For HOME-assisted homebuyer projects, MDHA shall perform ongoing monitoring of the principal residency requirement during the period of affordability. Confirmation that the

buyer is using the property as his or her principal residence may be accomplished by verifying that the buyer's name appears on utility company records or insurance company records for the home. In addition, postcard or letters mailed with "do not forward" instructions may demonstrate whether the buyer is receiving mail at the home.

Failure to comply with the resale requirements means that:

- the original HOME-assisted homebuyer no longer occupies the unit as his or her principal residence (i.e., unit is rented or vacant), or
- the home was sold during the period of affordability and the applicable resale provisions were not enforced.

In cases of noncompliance, MDHA must repay to its HOME Investment Trust Fund in accordance with §92.503(b), any remaining HOME funds invested in the housing. The amount subject to repayment is the total amount of HOME funds invested in the housing (i.e., any HOME development subsidy to the developer plus any HOME down-payment or other assistance (e.g., closing costs) provided to the homebuyer).

[On-line survey results from general responses from non-registered firms/individuals – 14 Responses across three surveys](#)

APPENDIX D

REQUEST FOR PUBLIC COMMENT AND NOTICE OF PUBLIC HEARING 2025-2026 ANNUAL UPDATE FOR PROGRAM YEAR 3 (2025 ACTION PLAN) TO THE 2023-2028 CONSOLIDATED PLAN FOR HOUSING AND COMMUNITY DEVELOPMENT

The Metropolitan Development and Housing Agency (MDHA) will hold an in-person public hearing on this proposed amendment at 6:30 p.m. CDT May 15, 2025, at the MDHA Amenities Center at 620 Dew Street, Nashville, TN 37206. The hearing can also be attended virtually via the Zoom link below:

bit.ly/PublicHearingMay15

Public Comment Period: The draft 2025 Action Plan was made available for public examination and comment on May 1, 2025.

Members of the public may obtain copies in the following ways:

- Downloading copies from MDHA's website at bit.ly/ConPlan2023
- Requesting copies by calling the MDHA Community Development Department at 615-252-8505 or Telephone Device for the Deaf (TDD) at 615-252-8599
- Picking up copies in the lobby of MDHA's Community Development Department at 712 S. Sixth St., Nashville, TN 37206, between the hours of 7:30 a.m. and 4 p.m. Monday through Friday

MDHA will receive written comments through 4 p.m. CDT Friday, May 30, 2025. Comments may be:

- Submitted electronically by emailing consolidatedplan@nashville-mdha.org
- Faxed to 615-252-8533 (Attention: Consolidated Plan)
- Mailed to the MDHA Community Development Department, Attention: Consolidated Plan, P.O. Box 846, Nashville, TN 37202
- Hand-delivered to the MDHA Community Development Department, Attention: Consolidated Plan, 712 S. Sixth St., Nashville TN 37206

Purpose and Summary: MDHA has prepared for submittal to the U.S. Department of Housing and Urban Development (HUD) a draft 2025-2026 Annual Update for Program Year (PY) 3 (2025 Action Plan).

The 2025 Action Plan describes community needs and funding priorities for the 2025-2026 program year (June 1, 2025, through May 31, 2026) and serves as the Metropolitan Government of Nashville and Davidson County's application for receiving funds for the following programs: Community Development Block Grant (CDBG), HOME Investment Partnerships Program (HOME), Emergency Solutions Grants (ESG) and Housing Opportunities for Persons with Aids (HOPWA). Proposed funding allocations are intended to address the priority needs identified in the 2023-2028 Consolidated Plan, as amended, and to benefit low- and moderate-income (LMI) households and areas. Details regarding specific activities to be funded are provided in the 2025 Action Plan.

**Funding
Priorities:**

- Increase the number of decent, safe affordable units and help low-and-moderate income (LMI) households access affordable housing;
- Preserve existing affordable housing stock for LMI homeowners and tenants;

- Support facilities and services for people experiencing homelessness and people who have HIV/AIDS;
- Provide essential services to LMI and vulnerable populations;
- Revitalize distressed neighborhoods and underserved areas through public facility and infrastructure improvements;
- Undertake grant management, planning and other eligible administrative tasks authorized under CDBG, HOME, ESG and HOPWA.

Anticipated Resources: Estimated based on 2024 Allocations, to be adjusted proportionately upward or downward when 2025 Allocation Amounts are received from HUD, which is anticipated to be on or around May 13, 2025.

	CDBG	HOME	ESG	HOPWA
2024 Allocation	\$5,074,394.00	\$ 2,295,090.00	\$432,661.00	\$2,422,025.00
Estimated Program Income	\$2,290,610.00	\$ 83,498.00	\$ -	\$ -
TOTAL	\$7,365,004.00	\$ 2,378,588.00	\$432,661.00	\$2,422,025.00

2025-2026 Proposed Allocations:

CDBG	
Project Type	Proposed Budget
Administration & Planning	\$ 1,473,002.00
Public Services	\$ 1,104,750.00
Housing	\$ 3,291,120.00
Public Facilities & Infrastructure	\$ 1,496,132.00
TOTAL	\$ 7,365,004.00

HOME	
Project Type	Proposed Budget
Administration	\$ 237,858.00
New Construction Ownership Programs	\$ 500,000.00
New Construction Rental Programs	\$1,640,730.00
TOTAL	\$2,378,588.00

ESG	
Project Type	Proposed Budget
Administration	\$ 32,449.00
Emergency Shelter & Transitional Housing; Rapid Re-Housing; Street Outreach; Prevention; HMIS	\$ 400,212.00
TOTAL	\$ 432,661.00

HOPWA	
Project Type	Proposed Budget
Administration	\$ 242,201.00
Facility-Based Housing Assistance; Short-term Rent, Mortgage & Utilities; TBRA; Supportive Services; Emergency/Transitional Short-term Housing	\$2,179,824.00
TOTAL	\$2,422,025.00

Request for Accommodations: MDHA makes every effort to provide reasonable accommodations to assist persons with disabilities. Any person needing assistance in accessing this information or who has other needs that require special accommodations may contact 615-252-8562 or TDD at 615-252-8599.

Para asistencia en Español llame al 615-252-8505.

如果需要本通知的中文翻译，请打电话 615-252-8505

Để nhận một bản dịch Tiếng Việt của thông báo này, vui lòng gọi: 615-252-8505

لوصول إلى نسخة مترجمة من إشعارنا، يرجى الاتصال بـ: 615-252-8505

Haddii aad rabto qoraalkan oo af-Soomaali lagu tarjumay haddii aad doonayso fadlan naga soo wac: 615-252-8505

Statement of Non-Discrimination: MDHA does not discriminate on the basis of age, race, sex, sexual orientation, gender identity, genetic information, color, national origin, religion, disability or any other legally protected status in admission to, access to, or operations of its programs, services, or activities.



APPENDIX E
SUMMARY OF PUBLIC COMMENTS AND MDHA RESPONSES

Comments/Questions received at the
in-person and virtual Public Hearing May 15, 2025
and
during the Public Comment Period

Public Hearing Questions and Comments

No comments or questions were received during the in-person and virtual public hearing held on May 15, 2025.

Comments Received via email during the Public Comment Period

No comments or questions were received during the public comment period.

METROPOLITAN NASHVILLE-DAVIDSON COUNTY, TENNESSEE
EXHIBITS

**2025-2026 ANNUAL UPDATE
TO THE
2023-2028 CONSOLIDATED PLAN
FOR
HOUSING AND COMMUNITY DEVELOPMENT
PROGRAM YEAR THREE**

For the period June 1, 2025 – May 31, 2026

Prepared by:

Metropolitan Development and Housing Agency
701 South Sixth Street
Nashville, Tennessee 37206



2025-2026 Annual Update to the 2023-2028 Consolidated Plan

(2025 Action Plan) Program Year Three

EXHIBITS

Exhibit 1 – Notice of 2025 Allocations

Exhibit 2 - HUD Approval of 2025 Action Plan Extended Submission Date

EXHIBIT 1
HUD NOTIFICATION of 2025 ALLOCATIONS

FY 2025 Community Planning and Development Formula Program Allocations

NAME	CDBG	RHP	HOME	ESG	HOPWA	HTF
Nashville-DavidsonTN	\$5,431,624	\$0	\$2,396,677	\$445,977	\$2,429,461	\$0

EXHIBIT 2

HUD APPROVAL OF 2025 ACTION PLAN EXTENDED SUBMISSION DATE



U. S. Department of Housing and Urban Development

Knoxville Field Office, Region IV
John J. Duncan Federal Building
710 Locust Street, Suite 300
Knoxville, Tennessee 37902-2526

April 11, 2025

Troy D. White, Executive Director
Metropolitan Development and Housing Agency
P.O. Box 846
Nashville, Tennessee 37202

Dear Mr. White:

SUBJECT: Action Plan - Request to Extend Submittal Deadline of the 2025 Annual Action Plan to August 16, 2025

This letter is in response to the April 7, 2025, letter regarding the above subject matter. In the letter, the Metropolitan Development and Housing Agency (MDHA), as the lead agency of Nashville - Davidson County's Consolidated Planning programs, is in the process of completing the Metropolitan Government's Annual Action Plan. In accordance with Notice CPD-22-52, the Annual Action Plan is due within 60 days of the Department of Housing and Urban Development's (HUD) Notice of Allocations for 2025. The purpose of the extension request is to allow enough time for MDHA Board approval, Metro Council approval, and for the Mayor to sign the SF 424 and Certifications.

You stated that you anticipate obtaining Metro Council approval at one of its June 2025 meetings. After Metro Council approval, the Mayor will sign the SF 424 and Certifications, which will then be submitted to HUD for approval no later than August 16, 2025.

This Office has reviewed the justification provided to support the request and the request has been approved. Please keep in mind that the final deadline for receipt of any 2025 Annual Action Plan is August 16, 2025. As you know, this deadline cannot be waived.

If you have any questions, please contact Michelle Lewis, Senior Community Planning and Development Representative, at (865) 474-8229.

Very sincerely yours,

Erik Hoglund, Director
Office of Community Planning
and Development

cc: Emel Alexander, Deputy Chief Operating Officer
Treva Gilligan, Assistant Director
Shelley Fugitt, Senior CD Program Manager