
2007 DRAFT Exhibit 1: Continuum of Care (CoC) Application

**U.S. Department of Housing
and Urban Development**
Office of Community Planning and Development

OMB Approval No. 2506-0112
(exp. _____)

The information collection requirements contained in this application have been submitted to the Office of Management and Budget (OMB) for review under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

Information is submitted in accordance with the regulatory authority contained in each program rule. The information will be used to rate applications, determine eligibility, and establish grant amounts.

Selection of applications for funding under the Continuum of Care Homeless Assistance are based on rating factors listed in the Notice of Fund Availability (NOFA), which is published each year to announce the Continuum of Care Homeless Assistance funding round. The information collected in the application form will only be collected for specific funding competitions.

Public reporting burden for this collection of information is estimated to average 170 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

To the extent that any information collected is of a confidential nature, there will be compliance with Privacy Act requirements. However, the Continuum of Care Homeless Assistance application does not request the submission of such information.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties (U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802).

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2007 Continuum of Care Application: Exhibit 1

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Instructions for *Selected Sections* of the 2007 Exhibit 1: Continuum of Care Application

Additional instructions for selected charts in Exhibit 1 are included in this section before the application. Not all sections will have separate instructions. The instructions below provide additional direction for CoC Charts A, I, K, M, N, O, Q, R, T, V, and X.

A: CoC Lead Organization Chart

Please note that by providing your email address, you agree to be placed on the HUD homeless assistance programs listserv. If you do not want to receive any emails, you will be able to unsubscribe once you receive the first email.

I. CoC Housing Inventory Charts Instructions

This chart consists of three housing inventory charts—for emergency shelter, transitional housing, and permanent supportive housing. Please provide information on each project (Current, New Inventory, and Under Development) as of a point-in-time during last week in January 2007. For each chart, list beds that are HUD-funded as well as those that do not receive any funds from HUD. Enter them under the appropriate category based on the date that they became reliably available for occupancy for the first time (regardless of HUD funding). Do not list beds in more than one row per chart—for example, an emergency shelter that opened for occupancy on February 15th, 2006 should be listed under “New Inventory in Place in 2006” and **not also** under “Current Inventory.” Finally, if you do not have any beds in a certain category, enter “N/A” or “0” in the subtotal rows.

HUD will use the HMIS participation indicated on these charts to assess appropriateness for participation in the Annual Homeless Assessment Report (AHAR) for each CoC. CoCs indicating 65 percent or greater bed coverage on the Housing Inventory charts for Emergency Shelter and/or Transitional Housing will be contacted to participate in the next AHAR.

Please provide information on each project as of the date of your point-in-time Housing Inventory Survey. Add rows as needed.

- **Provider Name:** Enter the name of the provider organization.
- **Facility Name:** Enter the name of the facility. *New in 2007, add an asterisk after each facility that receives any HUD McKinney-Vento dollars.*
- **HMIS Participation Code:** Enter one of the following codes that most accurately reflects the client level data submitted to the HMIS, either via direct data entry or data integration conducted at least annually.
 - PA** – Client level data in HMIS on at least 75% of the homeless persons served.
 - PS** – Client level data in HMIS on less than 75% of the homeless persons served (0-74%).
 - N** – Not yet providing client level data to HMIS but will begin providing data by September 1, 2007.
 - D** – Declined participation in HMIS.
- **Number of Year-Round Beds in HMIS:** Enter the number of year-round individual beds (Ind.) and number of year-round family beds (Fam.) that are covered by the HMIS. A bed is “covered” if the provider is entering data about the clients served by that bed. If an agency is only reporting data for clients staying in a portion of its beds, then only that portion of the beds should be counted as “covered” by HMIS. These numbers should be consistent with the participation code and should not exceed the total number of beds provided in each project, as reported in the subsequent columns in this table. *In the column for “family beds,” include beds for households with children.*
- **Geo Code:** Indicate the 6-digit Geographic Area Code (Geo Code) for the project, found on HUD’s web site at <http://www.hud.gov/offices/adm/grants/fundsavail.cfm>. Where there is only one geographic code for the Continuum, check the box and indicate that code in the row for the first project only. If the project is

located in multiple jurisdictions, select the jurisdiction where the majority of the provider's inventory is located.

- **Facility Target Population A:** Select the code that best represents your project: **SM**=only Single Males (18 years and older); **SF**=only Single Females (18 years and older); **SMF**=only Single Males and Females (18 years and older with no children); **FC**=only Families with Children; **YM**=only unaccompanied Young Males (under 18 years); **YF**=only unaccompanied Young Females (under 18 years); **YMF**=only unaccompanied Young Males and Females (under 18 years); **M**=mixed populations. Only one code should be used per facility. If more than one group is served, use the **M**=mixed populations code.
- **Facility Target Population B:** Indicate whether the project serves these additional characteristics: **DV**=only Domestic Violence victims; **VET**=only Veterans, and **HIV**=only persons with HIV/AIDS.
- **Year-Round Family Units:** Enter the number of units that the project set aside for serving families.
- **Year-Round Family Beds:** Enter the number of beds that are contained in family units.
- **Year-Round Individual Beds:** Enter the number of beds that are serving individuals. In this column on

the Permanent Supportive Housing Chart only, indicate first the total number of individual beds, then the estimated number of those beds designated for chronically homeless (CH) individuals or occupied by persons who met the definition of chronic homelessness at the time of placement into permanent supportive housing (PSH) beds. For example: 115/5 indicates that there are a total of 115 PSH beds for individuals in the COC, 5 of which are designated for or occupied by a CH person.

- **Total Year-Round Beds:** The number of family beds in (column "Family Beds") **plus** the number of beds for individuals (column "Individual Beds").
- **Other Beds (Emergency Shelters Chart Only):** Emergency shelters are usually structures with year-round beds, but there are structures with seasonal beds that are made available to homeless persons during particularly high-demand seasons of the year, usually wintertime. In addition, projects may have overflow capacity that includes cots or mats in addition to permanent bed capacity that is not ordinarily available but can be marshaled when demand is especially great, for example, on the coldest nights of the year. Vouchers (hotel/motel arrangements) are to be identified as overflow beds. The total number of year-round, seasonal and overflow beds would provide a point-in-time snapshot of the housing inventory for homeless people at its highest point in the year.
 - **Seasonal Beds:** The number of beds made available to individuals and families on a seasonal basis.
 - **Overflow and Voucher Beds:** The number of beds, mats or spaces or vouchers that are made available on a very temporary basis.
- **Current Inventory:** List all Provider Organization Names and Facility Names (Project Names), including voucher programs, that had beds available for occupancy on or before January 31st, 2006. Add rows as needed, and complete each column for all projects. **Do not include any inventory that you are also listing in "New Inventory in Place in 2006" or "Inventory Under Development" rows.**
- **New Inventory in Place in 2006:** List all Provider Organization Names and Facility Names (Project Names) in which new beds became available for the first time between February 1st, 2006 and January 31st, 2007. Add rows as needed, and complete each column for all projects. **Do not include any inventory that you have already listed in the "Current Inventory" or "Inventory Under Development" rows.**
- **Under Development:** List all the projects that are fully funded but are not yet available for occupancy as of January 31, 2007. Indicate the anticipated occupancy date for project. Add rows as needed, and complete each column for all projects. **Do not include any inventory that you have already listed in the "Current Inventory" or "New Inventory in Place in 2006" rows.**
- **Unmet Need:** Use the HUD Unmet Need Formula to calculate the values in this row. **Do not enter negative values in this section: if there is no unmet need, enter zeroes.** This formula can be found on the "Worksheet for Calculating Unmet Need," provided on the HUD web site at: <http://www.hud.gov/offices/adm/grants/fundsavail.cfm>.
- **Year Round beds and bed coverage calculations (items 1-10):**
Items 1 and 6: Add up the total number of year-round beds from the Housing Inventory Chart, for individuals and families and enter this number in the space provided. Be sure to include all beds reliably available for homeless persons, regardless of funding source.

Items 2 and 7: Enter the total number of beds provided by domestic violence (DV) victim service providers, for individuals and families. DV victim service providers are those providers whose primary mission is serving victims of domestic violence.

Items 3 and 8: Subtract the number of individual DV year-round beds from the total individual year-round beds and enter this number in the space given for item 3. Do the same for family beds in item 8.

Items 4 and 9: Enter the total number of beds in the HMIS as listed in the Housing Inventory Chart, for individuals and families. NOTE: Beds in the HMIS are those where client level data is included in the HMIS either through direct data entry or data integration that occurs at least annually.

Items 5 and 10: Divide the total year-round beds in HMIS by the subtotal of non-DV beds. Multiply this number by 100, round it to a whole number, and enter this number in the space given. Do this for individual and family beds. For example, if you entered 35 for the subtotal for non-DV year-round individual beds (line 3) and entered 26 for the number of individual emergency shelter beds in the HMIS (line 4), your computation would be: $(26/35) \times 100\% = 73\%$.

K: CoC Homeless Population and Subpopulations Chart Instructions

Part 1 and Part 2 must be completed using statistically reliable, unduplicated counts or estimates of homeless persons in sheltered and unsheltered locations at a one-day point in time. The data entered in this chart must be for a point-in-time count during the last week in January 2007. In Part 1, note that the chart now requires a count for the number of households without children, as well as the number of people in these households. The persons counted for these rows include single adults, unaccompanied minors, couples without children, and any other households without children. For Part 2 (Homeless Subpopulations), only adults should be included, except under g. Unaccompanied Youth (those under age 18).

Also new for 2007, this chart is embedded in this Word document as a Microsoft Excel spreadsheet. In order to enter data in the table, **double-click** anywhere on the chart to open Excel and enter the data. The spreadsheet will automatically calculate the “Total Persons” row in Part 1 and the “Total” column for Parts 1 and 2, so those cells are locked. When finished entering data in the chart, click once anywhere on the page outside of the chart and continue using Word as usual.

Sheltered Homeless. Count adults, children and unaccompanied youth residing in shelters for the homeless. “Shelters” include all emergency shelters and transitional shelters for the homeless, including domestic violence shelters, residential programs for runaway/homeless youth, and any hotel/motel/apartment voucher arrangements paid by a public/private agency because the person or family is homeless. Do **not** count: (1) persons who are living doubled up in conventional housing; (2) formerly homeless persons who are residing in Section 8 SRO, Shelter Plus Care, SHP permanent housing or other permanent housing units; (3) children or youth, who because of their own or a parent’s homelessness or abandonment, now reside temporarily and for a short anticipated duration in hospitals, residential treatment facilities, emergency foster care, detention facilities and the like; and (4) adults living in mental health facilities, chemical dependency facilities, or criminal justice facilities.

Unsheltered Homeless. Count adults, children and youth sleeping in places not meant for human habitation. Places not meant for human habitation include streets, parks, alleys, parking ramps, parts of the highway system, transportation depots and other parts of transportation systems (e.g. subway tunnels, railroad car), all-night commercial establishments (e.g. movie theaters, laundromats, restaurants), abandoned buildings, building roofs or stairwells, chicken coops and other farm outbuildings, caves, campgrounds, vehicles, and other similar places. For more information on unsheltered enumeration techniques please refer to ‘A Guide to Counting Unsheltered Homeless People’ available at: www.hud.gov/offices/cpd/homeless/library/countinghomeless/index.cfm

M: CoC Homeless Management Information System (HMIS) Charts Instructions**Instructions for Chart M-4: Client Records**

If providers share basic client identifiers with each other (for example, in order to search for existing client records during initial intake), the duplicated and unduplicated counts may be the same. If basic client identifiers are not shared with other providers during the client search process, then the **duplicated count** represents the sum of all client records entered by each provider, and the **unduplicated count** represents the total number of clients served within the CoC after duplicates between agencies are eliminated.

Instructions for Chart M-5: Data Collection/Completeness and Coverage

Answer all parts of this question as of the date of application submission. The information for this chart should be provided by the HMIS Administrator or other authorized person.

Note: A bed is “covered” if the provider is entering data about the clients served by that bed. If an agency is only reporting data for clients staying in a portion of its beds, then only that portion of the beds should be counted as “covered.” Bed coverage is calculated by dividing the number of “covered” beds by the total number of beds in that category. For example, if a CoC has two programs that each operate 50 emergency shelter beds and only one of the providers enters client data, then the current emergency shelter bed coverage is 50%.

Chart M no longer collects information about program participation in HMIS. HUD will use the HMIS participation indicated on the Housing Inventory Charts to assess appropriateness for participation in the Annual Homeless Assessment Report (AHAR) for each CoC. CoCs indicating 65% or greater bed coverage on the Housing Inventory charts for Emergency Shelter and/or Transitional Housing will be contacted to participate in the next AHAR.

N: CoC 10-Year Plan, Objectives, and Action Steps Chart Instructions

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing. The percentages listed in these national objectives are goals and are based on national averages. Your CoC should aim for these targets as a minimum. HUD expects all CoCs to be meeting or exceeding these standards, as these standards will be modestly increasing over time. Annual modest increases aim to ensure that CoCs continue to work to serve the hardest-to-serve homeless populations. You may list your CoC’s other objectives in the space provided, but you must respond to these five HUD objectives.

Local Action Steps. Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals to permanent housing. Do **not** simply restate the objective. There is no set number of action steps needed, but action steps should be as specific as possible, and should be directly linked to the corresponding objective. If your CoC is already meeting the objective, list the action steps that you will take to maintain and improve on it.

Lead Person. In this column, please list the name and title or organization of one individual that is responsible for ensuring that the objective is met.

Baseline Achievement. For each objective, enter the current level (number of beds, percentage, or percent bed coverage, as appropriate) that your CoC has attained. For Objective 1, enter the number of permanent housing beds for the chronically homeless that are available for occupancy, as of the

date of your point-in-time count. This number should come from the Housing Inventory Chart. For Objectives 2, 3, and 4, use data from the APRs that were most recently submitted to HUD. For Objective 5, enter the most recently available data on HMIS bed coverage.

Numeric Achievements. For each objective (**not** for each action step), you must enter a numeric response for your total target achievement in the next 12 months, 5 years, and 10 years, using beds, percentage or percent bed coverage as appropriate. For Objective 1, enter the **total, cumulative** number of new PH beds that will be in place and available for occupancy by the chronically homeless by 2008 (for 12 months), 2012 (for 5 years), and 2017 (for 10 years). For Objective 3, if you do not have any transitional housing projects in the CoC, please enter N/A. For Objective 5 (HMIS), enter the percent bed coverage you expect to attain in 1, 5, and 10 years for non-DV providers. For a definition of bed coverage, please see above (under instructions for Chart M).

See the example below for further instruction on completing the chart. Do not leave the numeric achievements blank, even if you are already meeting or exceeding the numeric goal given in the corresponding objective. If this is the case, show how you will increase it in the future. Also, the 5- and 10-year numeric achievements do not need to change each year that you submit a CoC application; adjust them as your achievements change.

Barriers. If your CoC will not be able to meet one or more national objectives, please describe the barriers to doing so in the space provided.

Please note that your Continuum will be reporting on your achievements with respect to each of these objectives in the 2008 application. The chart below provides examples of acceptable responses for Chart N.

Example of Chart N: CoC 10-Year Plan, Objectives, and Action Steps Chart

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing	2007 Local Action Steps How are you going to do it? List action steps to be completed within the next 12 months.	Lead Person List name and title or organization of one person responsible for accomplishing each action step.	Numeric Achievements			
			Baseline (Current Level)	Num. Achievement in 12 months	Num. Achievement in 5 years	Num. Achievement in 10 years
1. Create new PH beds for chronically homeless persons.	1. Expand New Hope Housing Project with 5 new TRA S+C beds for chronically homeless persons.	Jim Green: Executive Director, New Hope Housing Project	20 beds	31 beds	51 beds	75 beds
	2. Secure new site for Project ABC for chronically homeless persons; construction of 20 beds for the CH planned for 2008 using CoC hold harmless funds.	Carol Smith: Chair, CoC Housing Committee				
	3. Apply for funding through the State Department of Mental Health. Once funding is obtained, these funds will be used to add 6 beds to an existing permanent housing project.	Roger Johnson: Director, River County Mental Health Department				
2. Increase percentage of	1. Hire 2 additional case managers at New Hope Housing Project, which	Jim Green: Executive Director, New Hope	72%	78%	81%	85%

homeless persons staying in PH over 6 months to at least 71%.	<i>will allow for improved service provision. Evaluate care provided on a regular basis.</i>	<i>Housing Project</i>				
	<i>2. Provide eviction prevention and personal finance training to all persons in PH.</i>	<i>Carol Smith: Chair, CoC Housing Committee</i>				
	<i>3. Implement APR tracking of all PH projects; monitor results quarterly.</i>	<i>Carol Smith: Chair, CoC Housing Committee</i>				
3. Increase percentage of homeless persons moving from TH to PH to at least 61.5%.	<i>1. Hire an additional case manager at Project ABC in order to help increase participants' use of mainstream resources that provide income needed to sustain permanent housing.</i>	<i>Bob White: Executive Director, Project ABC</i>	60%	62%	65%	70%
	<i>2. Identify and address specific barriers to transition from TH to PH for participants.</i>	<i>Carol Smith: Chair, CoC Housing Committee</i>				
4. Increase percentage of homeless persons employed at exit to at least 18%.	<i>1. Coordinate with WIA Board to advertise jobs and establish van service as transportation to job fairs and other job opportunities.</i>	<i>Linda Rose, CoC Chair</i>	18%	19%	23%	25%
	<i>2. Establish a CoC Employment Committee to focus on employment issues, research best practices, and meet this goal of increasing employment to 18%</i>	<i>Linda Rose, CoC Chair</i>				
5. Ensure that the CoC has a functional HMIS system.	<i>1. Monitor compliance with HMIS data and technical standards.</i>	<i>Stephanie Brown: County Manager in charge of HMIS</i>	80% Bed Cover -age	85% Bed Cover -age	100% Bed Cover -age	100% Bed Cover -age
	<i>2. Evaluate HMIS data collection practices periodically for accuracy. Train staff to provide ongoing evaluation as needed.</i>	<i>Stephanie Brown: County Manager in charge of HMIS</i>				
	<i>3. Purchase additional computers for participating agencies.</i>	<i>Stephanie Brown: County Manager in charge of HMIS</i>				

O: CoC Discharge Planning Policy Chart Instructions

To the maximum extent practicable, persons discharged from publicly funded institutions or systems of care should not be discharged to the streets or to HUD McKinney-Vento funded homeless projects. This means that a CoC’s discharge planning policy should describe guidelines established to prevent the discharge of persons into homelessness, including the streets, emergency shelters, transitional housing or permanent housing funded with HUD McKinney-Vento funds.

For each of the four categories of publicly funded institutions or systems of care in your CoC, check only **one box per row** to indicate the highest level of development or implementation of your discharge planning policies. Please note that the “Corrections” category refers to local jails and state or federal prisons. In the space provided, include a brief narrative according to the instructions below:

- **Formal Protocol Implemented**—Check this box if the agreed upon protocol is in place and is being actively carried out by the CoC and the publicly funded institution or system of care. Include a brief summary of the formal and specific protocol, plan, process or policy for each category, as applicable. In order to receive full credit for this section, your text should indicate that the protocol is understood and agreed to by your CoC and the publicly funded institutions or systems of care in your CoC geographic area.
- **Formal Protocol Finalized**—Check this box if he protocol has been agreed upon but has not yet been implemented or activated. Include a brief summary of the formal and specific protocol, plan, process or policy for each category, as applicable. In order to receive full credit for this section, your text should indicate that the protocol is understood and agreed to by your CoC and the publicly funded institutions or systems of care in your CoC geographic area.
- **Protocol in Development**—Check this box if the protocol is in the process of being developed, accepted and agreed upon. Include a brief summary of the status of protocol development.

For Formal Protocol Implemented, Formal Protocol Finalized, or Protocol in Development: The text should contain information about the housing programs to which the institution is routinely discharging persons and should state that these housing programs are not HUD McKinney-Vento funded. A protocol may indicate that homeless individuals are occasionally referred to a HUD McKinney-Vento program when a discharge assessment has indicated that the person has no other housing resources and the institution has tried, to the maximum extent possible, to prevent discharge into HUD McKinney-Vento funded homeless programs. If the protocol varies in different geographic areas of your CoC, describe the protocol that is most developed, for each category. If your CoC’s discharge planning policy is written, you may restate or quote parts of it here.

- **Initial Discussion**—Check this box if preliminary meetings have occurred. Use the space provided to identify the stakeholders who have been involved in these discussions.
- **None**—Check this box if no formal steps have been taken to initiate a discharge planning policy in your CoC. If none is checked for any of the four systems of care, use the space provided to describe obstacles or challenges preventing a discharge plan from being developed. If your CoC does not have one or more of these systems of care, check the “none” box and provide an explanation in the text area.

The following chart provides examples of acceptable responses for Chart O: Discharge Planning Policy Chart.

Example of Chart O: Discharge Planning Policy Chart

Publicly Funded Institution(s) or System(s) of Care in CoC Geographic Area	None	Initial Discussion	Protocol in Development	Formal Protocol Finalized	Formal Protocol Implemented
Foster Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Health Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Corrections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Foster Care:

Designated case managers at the County Social Services Agency are responsible for creating an individual plan for each youth leaving the foster care system, including a housing plan. They are responsible for carrying out the policy that children and youth in foster care are returned to their families or settings other than HUD McKinney-Vento funded beds and hospitals. In addition, the State Child Welfare Agency has aftercare social workers that connect youth aging out of the foster care system to mainstream services such as educational and vocational opportunities, financial services, and mental health and substance abuse services, which will ultimately help them stay housed.

Health Care:

The local health care facilities have developed and agreed upon a policy requiring that all persons exiting health care facilities shall receive assistance finding housing. This policy states that persons leaving these institutions shall not be released into homelessness. The health care facilities are currently implementing three specific protocols to ensure that these individuals do not go to the streets or to HUD McKinney-Vento funded emergency shelters, transitional, or permanent housing units. Members of the CoC Discharge Planning Committee hold regular meetings with hospital personnel to educate them on discharge planning and options for preventing discharge to homelessness. This CoC maintains regular contact to minimize disruption from staff turnover at local health care institutions, and distributes a helpful tip sheet during meetings to help train staff.

Mental Health:

The state has policies in place to ensure that patients are not discharged into homelessness, including the streets, shelters, or other HUD McKinney-Vento funded programs. The state contracts with XYZ company to confirm and/or locate appropriate housing for clients prior to exiting state-funded institutions. XYZ has a discharge planning team that involves the patient, family, and state-funded community agencies. This team develops a plan for a living situation, medications, educational and vocational opportunities and follow-up. The team looks for nursing homes, basic care facilities, adult foster care, independent living opportunities, or other supportive environments if the individual is incapable of independent living. The policy states that clients shall not be discharged to homelessness, unless it is the expressed wish of the client, and unless the client refuses offered placement options. In these cases, the reasons shall be documented in the client's charts. Locally, a system of "quick access" beds within apartments has been developed to support the state's discharge planning policy. Funding for these beds comes from a County housing fund stream.

Corrections:

The State Corrections Homeless Task Force has established a policy not to release prisoners to homelessness, including the streets, shelters, or other HUD McKinney-Vento funded programs. This task force has worked with local CoCs and specific institutions to develop options for persons exiting corrections facilities. As part of this policy, the following measures are in place:

- If a prisoner can be released but has no place to go, s/he will be held until a housing plan is in place. In most cases, a state-funded group home is available for placement.
- Full-time housing and employment coordinator positions exist at every correctional facility in the state. These officials carefully evaluate a person's risk of becoming homeless upon release. They also thoroughly investigate prisoners' potential housing options to ensure that they are appropriate, and that those living there understand the responsibilities of living with a person just released from prison.
- Six months prior to being released, offenders are offered classes to help train them on job skills, housing, and health care resources.
- Locally, there are two designated parole officers that serve on a "homelessness prevention team" and work closely with local organizations to implement the state policy.
- The local CoC has a discharge planning committee that meets regularly with the State Corrections Agency and local jails to answer questions and keep each other updated on issues and information about discharge planning in the area.

Q: CoC Project Priorities Chart Instructions

A CoC should enter all projects to be included for consideration of Continuum of Care competitive funding. There should be only one project per line. The projects that the CoC ranks as higher priorities will receive the most points under the “Need” criterion. If you do not provide a Project Priorities Chart in Exhibit 1, all proposed projects may lose up to 30 points of the 40-point Need total. Projects submitted in response to the 2007 NOFA should fill unmet needs identified as priorities for funding as determined by your CoC’s unmet need analysis. Please place all Shelter Plus Care renewal projects in the bottom section of the chart (section 9), continuing the same numbering sequence. Shelter Plus Care renewals are not “prioritized” with the other projects because they are being funded non-competitively and therefore do not count against the CoC’s pre-determined pro rata need.

- Line 1:** Enter the HUD-defined CoC Name and CoC Number. HUD-defined CoC names & numbers are available at: www.hud.gov/offices/adm/grants/fundsavail.cfm
- Column (1):** [New this year, check the box if the first project listed is a proposed Samaritan Bonus Project.](#) Enter the legal name of the Applicant as listed on the SF-424. The Applicant is the organization that submits the SF-424 and becomes the grantee if the project is selected for funding. The Applicant is responsible for the overall management of the grant.
- Column (2):** Enter the name of the organization that will carry out the project. Repeat the name of the Applicant if it is the same organization. This organization is the Project Sponsor.
- Column (3):** Enter the name of the project. This name should be unique enough as not to confuse it with other projects in the CoC.
- Column (4):** This column contains the numeric priority that the CoC has assigned to each project. This column has been pre-filled, with number 1 as the highest priority and number 10 as lowest. Expand this chart and add numbers as needed. Place all Shelter Plus Care renewal projects in the bottom section of the CoC Priorities Chart (section 9), continuing the same priority numbering sequence (do not restart from 1).
- Column (5):** Enter the amount being requested for each project. The requested project amount **must not** exceed the amount entered in the project summary budget in Exhibit 2. If the project summary budget exceeds the amount shown on this priority list, the **project budget will be reduced** to the amount shown on the CoC Project Priorities Chart. For all Shelter Plus Care and SRO projects enter the most current fair market rents (FMRs) available at the time the NOFA is released. The requested subsidy cannot exceed current FMR unless a PHA Letter or Exception Rent approval letter is submitted with the application. Unless otherwise noted in Exhibit 2 for the project, the actual FMRs used in calculating your grant will be those in effect at the time the grants are approved, which may be higher or lower than FMRs previously entered.
- Column (6):** Enter the requested term of your project in years.
- Column (7):** Enter the program type and component of each project. Codes for program type and project components are: **SHP new and renewal:** Transitional Housing (**TH**), Permanent Housing for Homeless Persons with Disabilities (**PH**), Supportive Services Only (**SSO**), Safe Haven/transitional (**SH-TH**), Safe Haven/permanent (**SH-PH**), Homeless Management Information Systems (**HMIS**). **Shelter Plus Care new and renewal**—Tenant-based Rental Assistance (**TRA**), Sponsor-based Rental Assistance (**SRA**), Project-based Rental Assistance (**PRA**), Project-based Rental Assistance with Rehabilitation (**PRAR**), and Section 8 Moderate Rehabilitation Single Room Occupancy (**SRO**).
- Subtotal (8):** Fill in the subtotal of the requested amounts for all the competitively-funded projects in the chart above—SHP new, SHP renewal, S+C new, and SRO.
- Shelter Plus Care Renewals (9):** [Enter the Applicant, Project Sponsor, and Project Name](#) for Shelter Plus Care (S+C) Renewals only. They are not prioritized with the other projects because they are funded non-competitively. For the Shelter Plus Care Renewals priority number, please continue project

numbering from the top portion of the chart – please do not restart S+C project priority numbering from 1.

- Subtotal (10):** Fill in the subtotal of the requested project amounts for all Shelter Plus Care Renewal projects.
Total (11): Add up Subtotals (8) and (10) and enter this number in row (11), the total requested amount. (If multiple pages are being submitted, provide only a grand total at the end of the last page.)

R: CoC Pro Rata Need (PRN) Reallocation Chart Instructions (Only for Eligible Hold Harmless CoCs)

CoCs that receive the Hold Harmless PRN amount may choose to reduce or eliminate one or more of the SHP grants eligible for renewal in the 2007 CoC competition. CoCs may reallocate the funds made available through this process to create new permanent housing project(s). These new project(s) may be for SHP (1, 2, or 3 years), S+C (5 years), and Section 8 SRO (10 years) projects and their respective eligible activities.

***Reallocation projects WILL be funded if all of the following apply:**

1. Reallocation project is for permanent supportive housing (SHP-PH, SHP-Safe Haven PH, S+C, Section 8 SRO).
2. Reallocation project is not rejected by HUD (meets all “threshold” requirements)
3. CoC scores at least 65 points in the CoC competition.
4. Reallocation project is **not** the Samaritan bonus project.

Reallocation projects may have a 1-year grant term when they are SHP-PH or SHP-Safe Haven PH projects.

NOTE: Reallocated funds placed in the Samaritan bonus project will lose their reallocation status. Therefore, if the CoC scores below the funding line, the CoC will lose the reallocated funds included in the Samaritan bonus project.

The purpose of this chart is to assist Continuums eligible for Hold Harmless PRN to identify: 1) the PRN funds the CoC is making available for reallocation through the reduction or elimination of project(s) eligible for renewal; and 2) the amount transferred to the new permanent housing project(s) created for the 2007 competition.

Questions 1, 2, and 3: Self-explanatory.

Questions 4 and 5:

Column (1): Enter the project number of each expiring SHP grant that will be reduced or eliminated.

Column (2): Enter the program code of the grant to be reallocated.

Column (3): Enter the component of the grant to be reallocated.

Column (4): Enter each grant’s Annual Renewal Amount. Verify these amounts with your HUD Field Office. **Note:** Annual Renewal Amounts include the previously awarded administration funds; therefore no additional administration funds may be requested.

Column (5): Enter the amount that will be reduced from each grant’s one-year amount.

Column (6): Enter any retained amount from the existing grant by subtracting the amount in Column (5) from the amount in Column (4). Any remaining amount in Column (6) can be renewed in the 2007 competition.

Total (7): Total the amounts in Columns (4), (5) and (6).

Column (8): Enter the 2007 priority number given to each new project being created.

Column (9): Enter the program code of the newly created permanent housing project (SHP, S+C or Section 8 SRO).

Column (10): Enter the component of the newly created project (PH, SH-PH, SRA, TRA, PRA, PRAR, SRO).

Column (11): Enter the amount(s) being transferred from Column (5) for the respective project(s) identified in Column (5). **Note:** To insure that the CoC has completed this process correctly, the Total of Column (11) cannot exceed the total of Column (5).

T: CoC Current Funding and Renewal Projections Chart Instructions

Supportive Housing Program (SHP) Projects:

All SHP Funds Requested (Current Year)

Complete this chart for new and renewal competitive SHP Projects. The CoC must enter the **total** amount of new and renewal funds sought for 2007 in the row for each type of Supportive Housing Project—all transitional housing projects, all Safe Haven-TH projects, etc. These are the projects that the CoC has ranked within the higher of (1) Initial Pro Rata or (2) the Hold Harmless Renewal Amount, and therefore will receive 40 need points.

SHP Renewal Projections (2007 – 2012)

The CoC must estimate the total dollars for renewal projects that it expects to fund in each of the years from 2007 to 2012, based upon CoC estimates of when existing projects in 2007 and earlier will come due for renewal. This exercise asks that your CoC assume the following conditions:

- That the rules and amount applicable to Initial Pro Rata Need for the 2007 competition will stay the same for the next five years;
- That the rules applicable to Hold Harmless Renewal for the 2007 competition will stay the same for the next five years;
- That no new funding will be added in the next five years to fund any new SHP projects.
- That the initial pro-rata need will remain constant until 2011;
- That your renewal projects will be fully funded (i.e. if it is a two-year renewal project that has been funded at two-year renewals in the past, it will continue to do so); and
- Do not include bonus projects in the calculations.

Shelter Plus Care (S+C):

All S+C Funds Requested (Current Year)

Complete this chart for competitive S+C projects and non-competitive 1-year S+C renewals. The CoC must add up the number of units and the amount of funding sought for 2007 for each apartment type, for all new and 1-year renewal S+C projects. That is, the CoC should tally the total anticipated funding for all new and renewal S+C-SRO units (**not** Section 8 SRO), 0-bedroom units, 1-bedroom units, etc. that it seeks to have funded in 2007.

S+C Renewal Projections

The CoC must obtain, from grantees, information on S+C grants expiring or those extended and running out of funds, in each applicable year between 2007 and 2012. For each year, the renewal projection chart requires the total number of S+C units to be renewed by bedroom size and corresponding Fair Market Rent (FMR). The CoC should start with the base year of the 2007 actual renewal amounts. It should complete the 2007 projection by counting the units expiring or estimated to run out of funds by 2008. For each succeeding year from 2007 to 2012, the CoC should continue to list the expiring units by bedroom size, using the applicable FMR from 2007 to complete the amount of funding anticipated in each year.

For 2007-2012, the CoC shall estimate that first time expirations are those grants that were awarded initial funds six years prior. For example, for 2008 projections, the CoC should enter projects with an initial five-year term effective in 2004 and expiring in 2009, which were awarded funds in 2003. It should also report future bedroom size distribution based on the current distribution. For CoCs with multiple FMR area amounts, use the highest FMR for each bedroom size.

V: CoC Chronic Homeless (CH) Progress Chart Instructions

HUD must track each CoC's progress made toward the Administration's goal of ending chronic homelessness. A chronically homeless person is defined as an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more **OR** has had at least four episodes of homelessness in the past three years. To be considered chronically homeless, persons must have been sleeping in a place not meant for human habitation (e.g., living on the streets) and/or in an emergency shelter during that time. An episode is a separate, distinct, and sustained stay on the streets and/or in an emergency homeless shelter.

The CoC Chronic Homeless (CH) Progress Chart asks your Continuum to track changes in the number of chronically homeless and beds available, and to identify the cost of new beds for the chronically homeless. A point-in-time count of sheltered and unsheltered persons is required in 2007.

(1) For the "Number of chronically homeless (CH) persons," indicate, for each year, the total unduplicated point-in-time count of the chronically homeless. Use the data provided in your 2005 through 2007 Homeless Population and Subpopulations Charts. For the "Number of permanent housing (PH) beds for the chronically homeless (CH)," enter the total number of existing and new permanent beds, from **all** funding sources, that are **readily available and** targeted to house the chronically homeless. The number you enter here should represent the total number of permanent housing beds in the CoC, should come from the January 2007 count, and should reflect numbers given in the Housing Inventory Chart. Finally, describe, using less than one-half page, the reasons for increases in the total number of chronically homeless persons in the CoC.

(2) Indicate the total number of **new** permanent housing beds that became available for occupancy for the chronically homeless between February 1, 2006 and January 31, 2007.

(3) Identify the cost of the new beds for the chronically homeless from each funding source, and by the cost type (Development or Operations). Sources should be designated based on the appropriation level. For example, federally appropriated funds, such as HOME, CDBG, ESG, etc. should be identified as Federal even though they may pass through a state or local government. For programs such as Medicaid, which are funded by federal *and* state governments, identify the amount from each source. Enter the totals in the row provided. Only the following programs should be included in the "HUD McKinney-Vento" column: SHP, Shelter Plus Care, and SRO. Funds from all other federal programs should be included in the "Other Federal" column. For step-by-step assistance in calculating these costs, see the "Chronic Homeless Progress Worksheet" posted on the HUD web site at: <http://www.hud.gov/offices/adm/grants/fundsavail.cfm>

X: Mainstream Programs and Employment Project Performance Chart Instructions

HUD will be assessing the percentage of clients in all your renewal projects who gained access to mainstream services and, especially, to those who gained employment. This includes all S+C

renewals and all SHP renewals, excluding HMIS projects. Based on responses to APR Question 11 for each of the renewal projects included on your CoC Priority Chart complete the following:

- Column (1): Number of Adults Who Left.** For each SHP and S+C renewal being submitted in this year's competition, use APR **Question 2C** (Number who left the program during the operating year). For **each** APR, add the Number of Singles Not in Families and the Number of Adults in Families. The total represents the number of adults who exited the project during the operating year. Add the totals from each renewal's APR to get the total number of adults in the CoC who left these projects during the operating year.
- Column (2): Income Source.** Income sources are from the APR Question 11.
- Column (3): Number of Exiting Adults with Source of Income.** Using the information in each project's APR Question 11D (Income Sources at Exit), add the total number of adults who, upon exiting the project, had each source of income.
- Column (4): Percent with Income at Exit.** Divide Column 3 by Column 1, then multiply by 100 and round to the nearest first decimal place (e.g. 38.1%).

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Part I: CoC Organizational Structure

HUD-Defined CoC Name:*	CoC Number*
*HUD-defined CoC names and numbers are available at: www.hud.gov/offices/adm/grants/fundsavail.cfm . If you do not have a HUD-defined CoC name and number, enter the name of your CoC and HUD will assign you a number.	

A: CoC Lead Organization Chart

CoC Lead Organization:		
CoC Contact Person:		
Contact Person's Organization Name:		
Street Address:		
City:	State:	Zip:
Phone Number:	Fax Number:	
Email Address:		

B: CoC Geography Chart

Using the Geographic Area Guide found on HUD's website at <http://www.hud.gov/offices/adm/grants/fundsavail.cfm>. List the name and the six-digit geographic code number for **every** city and/or county participating within your CoC. Because the geography covered by your CoC will affect your pro rata need amount, it is important to be accurate. Leaving out a jurisdiction will reduce your pro rata need amount. For further clarification, please read the guidance in Section III.C.3.a of this NOFA regarding geographically overlapping CoC systems.

Geographic Area Name	6-digit Code

Geographic Area Name	6-digit Code

CoC Structure and Decision-Making Processes

C: CoC Groups and Meetings Chart

The purpose of the CoC Groups and Meetings Chart is to help HUD understand the current structure and decision-making processes of your CoC. List the name and role (function served) of each group in the CoC planning process. Under “CoC Primary Decision-Making Group,” identify only one group that acts as the primary leadership or decision-making group for the CoC. Indicate the frequency of meetings and the number of organizations participating in each group. Under “Other CoC Committees, Sub-Committees, Workgroups, etc.” you should include any established group that is part of your CoC’s organizational structure *and which is involved in CoC planning* (add rows to the chart as needed). Please limit your description of each group’s role to 3 lines or less.

		Meeting Frequency (check only one column)				Enter the number of organizations/entities that are members of each CoC planning group listed on this chart.
		At Least Monthly	At Least Quarterly	At Least Biannually	Annually	
CoC Planning Groups						
Example: CoC Primary Decision-Making Group						
Name:	River County Continuum of Care Executive Committee	X				5
Role:	<i>This group sets agendas for full Continuum of Care meetings, oversees project monitoring, determines project priorities, provides final approval for the CoC application, and oversees application submission.</i>					
CoC Primary Decision-Making Group (list only one group)						
Name:						
Role:						
Other CoC Committees, Sub-Committees, Workgroups, etc.						
Name:						
Role:						
Name:						
Role:						
Name:						
Role:						

D: CoC Planning Process Organizations Chart

List the names of all organizations involved in the CoC under the appropriate category. If more than one geographic area is claimed on the 2007 Geography Chart (Chart B), you must indicate which geographic area(s) each organization represents in your CoC planning process. In the last columns, identify no more than two subpopulation(s) whose interests the organization is specifically focused on representing in the CoC planning process. For “Homeless Persons,” identify at least 2 homeless or formerly homeless individuals. **Do not enter the real names of domestic violence survivors.**

	Specific Names of All CoC Organizations	Geographic Area Represented	Subpopulations Represented, if any* (no more than 2 per organization)	
PUBLIC SECTOR	STATE GOVERNMENT AGENCIES			
	LOCAL GOVERNMENT AGENCIES			
	PUBLIC HOUSING AGENCIES			
	SCHOOL SYSTEMS / UNIVERSITIES			
	LAW ENFORCEMENT / CORRECTIONS			
	LOCAL WORKFORCE INVESTMENT ACT (WIA) BOARDS			
OTHER				
PRIVATE SECTOR	NON-PROFIT ORGANIZATIONS			
	FAITH-BASED ORGANIZATIONS			
	FUNDERS / ADVOCACY GROUPS			
	BUSINESSES (BANKS, DEVELOPERS, BUSINESS ASSOCIATIONS, ETC.)			
	HOSPITALS / MEDICAL REPRESENTATIVES			
HOMELESS / FORMERLY HOMELESS PERSONS				
OTHER				

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***Subpopulations Key:** Seriously Mentally Ill (SMI), Substance Abuse (SA), Veterans (VET), HIV/AIDS (HIV), Domestic Violence (DV), and Youth (Y).

E: CoC Governing Structure Chart

HUD is considering establishing standards for the governing process and structure of Continuums of Care. As part of this consideration, HUD is gathering information on existing governing structures and processes in CoCs. Specifically, this chart asks for information about the primary decision-making group that you identified in Chart C: CoC Groups and Meetings Chart. No requirements are in place yet; however, the information that you enter will inform HUD’s decisions about how to move forward with standards in the future. **Please note:** a response to each question will earn full credit for this chart.

<p>1. Is the CoC’s primary decision-making body a legally recognized organization (check one)?</p> <p><input type="checkbox"/> Yes, a 501(c)(3)</p> <p><input type="checkbox"/> Yes, a 501(c)(4)</p> <p><input type="checkbox"/> Yes, other – specify: _____</p> <p><input type="checkbox"/> No, not legally recognized</p>	
<p>2. If your CoC were provided with additional financial resources from HUD, would you be able to establish a legal entity that would be responsible for activities such as applying for HUD funding and serving as the grantee, project oversight, and monitoring? If your CoC’s primary decision-making body is already legally recognized, would it be able to accomplish these activities? Explain.</p>	
<p>3. What percentage of the decision-making body membership represents the private sector, including non-profit providers, homeless or formerly homeless persons, advocates and consumer interests, etc.?</p>	<p>____%</p>
<p>4a. Indicate how the members of the primary decision-making body are selected (check all that apply):</p> <p><input type="checkbox"/> Elected <input type="checkbox"/> Assigned/Volunteer</p> <p><input type="checkbox"/> Appointed <input type="checkbox"/> Other – specify: _____</p>	
<p>4b. Briefly explain the selection process. (For example, if 5 members are appointed and 6 are elected, explain why this process was established and describe how it works.)</p>	
<p>5. Indicate how the leaders of the primary decision-making body are selected (check all that apply):</p>	

<input type="checkbox"/> Elected	<input type="checkbox"/> Assigned/Volunteer
<input type="checkbox"/> Appointed	<input type="checkbox"/> Other – specify: _____

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F: CoC Project Review and Selection Chart

The CoC solicitation of projects and project selection should be conducted in a fair and impartial manner. Please mark all appropriate boxes to indicate all of the methods and processes the CoC used in the past year to assess project(s) performance, effectiveness, and quality, particularly with respect to the Project Priorities Chart (CoC-Q). This applies to new and renewal projects. Check all that apply:

1. Open Solicitation	
a. Newspapers <input type="checkbox"/>	d. Outreach to Faith-Based Groups <input type="checkbox"/>
b. Letters/ Emails to CoC Membership <input type="checkbox"/>	e. Announcements at CoC Meetings <input type="checkbox"/>
c. Responsive to Public Inquiries <input type="checkbox"/>	f. Announcements at Other Meetings <input type="checkbox"/>
2. Objective Rating Measures and Performance Assessment	
a. CoC Rating & Review Committee Exists <input type="checkbox"/>	j. Assess Spending (fast or slow) <input type="checkbox"/>
b. Review CoC Monitoring Findings <input type="checkbox"/>	k. Assess Cost Effectiveness <input type="checkbox"/>
c. Review HUD Monitoring Findings <input type="checkbox"/>	l. Assess Provider Organization Experience <input type="checkbox"/>
d. Review Independent Audit <input type="checkbox"/>	m. Assess Provider Organization Capacity <input type="checkbox"/>
e. Review HUD APR for Performance Results <input type="checkbox"/>	n. Evaluate Project Presentation <input type="checkbox"/>
f. Review Unexecuted Grants <input type="checkbox"/>	o. Review CoC Membership Involvement <input type="checkbox"/>
g. Site Visit(s) <input type="checkbox"/>	p. Review Match <input type="checkbox"/>
h. Survey Clients <input type="checkbox"/>	q. Review All Leveraging Letters (to ensure that they meet HUD requirements) <input type="checkbox"/>
i. Evaluate Project Readiness <input type="checkbox"/>	
3. Voting/Decision System	
a. Unbiased Panel / Review Committee <input type="checkbox"/>	d. One Vote per Organization <input type="checkbox"/>
b. Consumer Representative Has a Vote <input type="checkbox"/>	e. Consensus (general agreement) <input type="checkbox"/>
c. All CoC Members Present Can Vote <input type="checkbox"/>	f. Voting Members Abstain if Conflict of Interest <input type="checkbox"/>

G: CoC Written Complaints Chart

Were there any written complaints received by the CoC regarding any CoC matter in the last 12 months?	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
If Yes, briefly describe the complaints and how they were resolved.	

Part II: CoC Housing and Service Needs

H: CoC Services Inventory Chart

Using the format below, list the provider organizations and identify the service components currently being provided within your CoC. Place the name of each provider organization only once in the first column (add rows to the chart as needed), followed by an “X” in the appropriate column(s) corresponding to the service(s) provided by the organization. CoCs will only need to update this chart every other year.

(1) Provider Organizations	(2) Prevention					(3) Outreach			(4) Supportive Services									
	Mortgage Assistance	Rental Assistance	Utilities Assistance	Counseling/Advocacy	Legal Assistance	Street Outreach	Mobile Clinic	Law Enforcement	Case Management	Life Skills	Alcohol & Drug Abuse	Mental Health Counseling	Healthcare	HIV/AIDS	Education	Employment	Child Care	Transportation

CoC Housing Inventory and Unmet Needs

I: CoC Housing Inventory Charts

This section includes three housing inventory charts—for emergency shelter, transitional housing, and permanent housing. Note that the information in these charts should reflect a point-in-time count. For the Permanent Housing Inventory Chart, the beds listed under “new inventory” should indicate beds that became available for occupancy for the first time between February 1, 2006 and January 31, 2007. For complete instructions in filling out this section, see the Instructions section at the beginning of the application.

I: CoC Housing Inventory Charts

Emergency Shelter: Fundamental Components in CoC System – Housing Inventory Chart													
Provider Name	Facility Name* <small>*Place an asterisk after the facility name if it receives HUD McKinney-Vento dollars.</small>	HMIS Part. Code	Number of Year-Round Beds in HMIS		Geo Code <input type="checkbox"/>	Target Pop		Year-Round			Total Year-Round Beds	Other Beds	
			Ind.	Fam.		A	B	Fam. Units	Fam. Beds	Indiv. Beds		Seasonal	O/V*
Current Inventory <small>(Available for Occupancy on or before Jan. 31, 2006)</small>			Ind.	Fam.									
SUBTOTALS:					SUBTOTAL CURRENT INVENTORY:								
New Inventory in Place in 2006 <small>(Available for Occupancy Feb. 1, 2006 – Jan. 31, 2007)</small>			Ind.	Fam.									
SUBTOTALS:					SUBTOTAL NEW INVENTORY:								
Inventory Under Development <small>(Available for Occupancy after January 31, 2007)</small>			Anticipated Occupancy Date										
SUBTOTAL INVENTORY UNDER DEVELOPMENT:													
Unmet Need			UNMET NEED TOTALS:										
Total Year-Round Beds—Individuals					Total Year-Round Beds—Families								
1. Total Year-Round Individual Emergency Shelter (ES) Beds:			6. Total Year-Round Family Emergency Shelter (ES) Beds:										
2. Number of DV Year-Round Individual ES Beds:			7. Number of DV Year-Round Family ES Beds:										
3. Subtotal, non-DV Year-Round Individual ES Beds (Line 1 minus Line 2):			8. Subtotal, non-DV Year-Round Individual ES Beds (Line 6 minus Line 7):										
4. Total Year-Round Individual ES Beds in HMIS:			9. Total Year-Round Family ES Beds in HMIS										
5. HMIS Coverage—Individual ES Beds (Divide Line 4 by Line 3 and multiply by 100. Round to a whole number):			%			10. HMIS Coverage—Family ES Beds (Divide Line 9 by Line 8 and multiply by 100. Round to a whole number):			%				

*In the column labeled "O/V," enter the number of Overflow and Voucher Beds

I: CoC Housing Inventory Charts

Transitional Housing: Fundamental Components in CoC System – Housing Inventory Chart											
Provider Name	Facility Name* <small>*Place an asterisk after the facility name if it receives HUD McKinney-Vento dollars.</small>	HMIS Part. Code	Number of Year-Round Beds in HMIS		Geo Code <input type="checkbox"/>	Target Pop		Year-Round			Total Year-Round Beds
			Ind.	Fam.		A	B	Fam. Units	Fam. Beds	Indiv. Beds	
Current Inventory <small>(Available for Occupancy on or before January 31, 2006)</small>			Ind.	Fam.							
SUBTOTALS:					SUBTOTAL CURRENT INVENTORY:						
New Inventory in Place in 2006 <small>(Available for Occupancy Feb. 1, 2006 – Jan. 31, 2007)</small>			Ind.	Fam.							
SUBTOTALS:					SUBTOTAL NEW INVENTORY:						
Inventory Under Development <small>(Available for Occupancy after January 31, 2007)</small>			Anticipated Occupancy Date								
SUBTOTAL INVENTORY UNDER DEVELOPMENT:											
Unmet Need						UNMET NEED TOTALS:					
Total Year-Round Beds—Individuals					Total Year-Round Beds—Families						
1. Total Year-Round Individual Transitional Housing Beds: _			6. Total Year-Round Family Transitional Housing Beds: _								
2. Number of DV Year-Round Individual TH Beds:			7. Number of DV Year-Round Family TH Beds:								
3. Subtotal, non-DV Year-Round Individual TH Beds (Line 1 minus Line 2):			8. Subtotal, non-DV Year-Round Individual TH Beds (Line 6 minus Line 7):								
4. Total Year-Round Individual TH Beds in HMIS:			9. Total Year-Round Family TH Beds in HMIS								
5. HMIS Coverage—Individual TH Beds (Divide Line 4 by Line 3 and multiply by 100. Round to a whole number):			%	10. HMIS Coverage—Family TH Beds (Divide Line 9 by Line 8 and multiply by 100. Round to a whole number):						%	

I: CoC Housing Inventory Charts

Permanent Supportive Housing*: Fundamental Components in CoC System – Housing Inventory Chart											
Provider Name	Facility Name <i>*Place an asterisk after the facility name if it receives HUD McKinney-Vento dollars.</i>	HMIS Part. Code	Number of Year-Round Beds in HMIS		Geo Code <input type="checkbox"/>	Target Pop.		Year-Round			Total Year-Round Beds
						A	B	Fam. Units	Fam. Beds	Indiv./CH Beds	
Current Inventory <i>(Available for Occupancy on or before January 31, 2006)</i>			Ind.	Fam.							
SUBTOTALS:					SUBTOTAL CURRENT INVENTORY:						
New Inventory in Place in 2006 <i>(Available for Occupancy Feb. 1, 2006 – Jan. 31, 2007)</i>			Ind.	Fam.							
SUBTOTALS:					SUBTOTAL NEW INVENTORY:						
Inventory Under Development <i>(Available for Occupancy after January 31, 2007)</i>			Anticipated Occupancy Date								
SUBTOTAL INVENTORY UNDER DEVELOPMENT:											
Unmet Need						UNMET NEED TOTALS:					
Total Year-Round Beds—Individuals						Total Year-Round Beds—Families					
1. Total Year-Round Individual Permanent Housing Beds: _			6. Total Year-Round Family Permanent Housing Beds: _								
2. Number of DV Year-Round Individual PH Beds:			7. Number of DV Year-Round Family PH Beds:								
3. Subtotal, non-DV Year-Round Individual PH Beds (Line 1 minus Line 2):			8. Subtotal, non-DV Year-Round Individual PH Beds (Line 6 minus Line 7):								
4. Total Year-Round Individual PH Beds in HMIS:			9. Total Year-Round Family PH Beds in HMIS								
5. HMIS Coverage—Individual PH Beds (Divide Line 4 by Line 3 and multiply by 100. Round to a whole number):			%	10. HMIS Coverage—Family PH Beds (Divide Line 9 by Line 8 and multiply by 100. Round to a whole number):			%				

J: CoC Housing Inventory Data Sources and Methods Chart

Complete the following charts based on data collection methods and reporting for the Housing Inventory Chart, including Unmet Need determination. The survey must be for a 24-hour point-in-time (PIT) count during the last week of January 2007.

(1) Indicate date on which Housing Inventory count was completed: _____ (mm/dd/yyyy)	
(2) Identify the method(s) used to complete the Housing Inventory Chart (check all that apply):	
<input type="checkbox"/>	Housing inventory survey – CoC conducted a housing inventory survey (via mail, fax, e-mail, web-based, phone or on-site) of homeless programs/providers to update current bed inventories, target populations for programs, beds under development, etc.
<input type="checkbox"/>	HMIS – Used HMIS data to complete the Housing Inventory Chart
<input type="checkbox"/>	HMIS plus housing inventory – Used HMIS data supplemented by a survey of providers NOT participating in the HMIS
(3) Indicate the percentage of providers completing the housing inventory survey:	
_____ %	Emergency shelter providers
_____ %	Transitional housing providers
_____ %	Permanent supportive housing providers
(4) Indicate steps to ensure data accuracy for 2007 Housing Inventory Chart (check all that apply):	
<input type="checkbox"/>	Instructions – Provided written instructions for completing the housing inventory survey.
<input type="checkbox"/>	Training – Trained providers on completing the housing inventory survey.
<input type="checkbox"/>	Updated prior housing inventory information – Providers submitted updated 2006 housing inventory to reflect 2007 inventory.
<input type="checkbox"/>	Follow-up – CoC followed-up with providers to ensure the maximum possible response rate and accuracy of the housing inventory survey.
<input type="checkbox"/>	Confirmation – Providers or other independent entity reviewed and confirmed information in 2007 Housing Inventory Chart after it was completed.
<input type="checkbox"/>	HMIS – Compared HMIS and housing inventory survey data to check for consistency.
<input type="checkbox"/>	Other – specify:
Unmet Need:	
(5) Indicate type of data that was used to determine unmet need (check all that apply):	
<input type="checkbox"/>	Sheltered count (point-in-time)
<input type="checkbox"/>	Unsheltered count (point-in-time)
<input type="checkbox"/>	Housing inventory (number of beds available)
<input type="checkbox"/>	Local studies or data sources – specify:
<input type="checkbox"/>	National studies or data sources – specify:
<input type="checkbox"/>	Provider opinion through discussions or survey forms
<input type="checkbox"/>	Other – specify:
(6a) Indicate the method(s) used to calculate or determine unmet need (check one):	
<input type="checkbox"/>	Stakeholder discussion – CoC stakeholders met and reviewed data to determine CoC’s unmet need
<input type="checkbox"/>	Locally-determined formula – Used locally-determined formula based on local point-in-time (PIT) count data and housing inventory to calculate unmet need
<input type="checkbox"/>	Applied statistics – Used local PIT enumeration data and applied national or other local statistics
<input type="checkbox"/>	HUD unmet need formula – Used HUD’s unmet need formula*
<input type="checkbox"/>	Other – specify:
(6b) If more than one method was used in 6a, please describe how these methods were used.	

CoC Homeless Population and Subpopulations

K: CoC Point-in-Time Homeless Population and Subpopulations Chart

Complete the following chart based on the most recent point-in-time count conducted. Your CoC must have completed a point-in-time count of sheltered and unsheltered homeless persons during the last week in January 2007. Part 1 and Part 2 must be completed using statistically reliable, unduplicated counts or estimates of homeless persons in sheltered and unsheltered locations at a one-day point in time. [Please note: this chart is embedded as an Excel spreadsheet within this Word document.](#) **To enter data, double-click anywhere on the chart.** For further instructions for filling out this section, see the Instructions section.

Indicate date of last point-in-time count:		(mm/dd/yyyy)		
Part 1: Homeless Population	Sheltered		Unsheltered	Total
	Emergency	Transitional		
1. Number of Households <u>with</u> Dependent Children:				0
1a. Total Number of Persons in these Households (adults and children)				0
2. Number of Households <u>without</u> Dependent Children**				0
2a. Total Number of Persons in these Households				0
Total Persons (Add Lines 1a and 2a):	0	0	0	0
Part 2: Homeless Subpopulations (Adults only, except g. below)	Sheltered		Unsheltered	Total
a. Chronically Homeless				0
b. Severely Mentally Ill			*	0
c. Chronic Substance Abuse			*	0
d. Veterans			*	0
e. Persons with HIV/AIDS			*	0
f. Victims of Domestic Violence			*	0
g. Unaccompanied Youth (Under 18)			*	0

*Optional for unsheltered homeless subpopulations

** Includes single individuals, unaccompanied youth, and other adults (such as a married couple without children)

L: CoC Homeless Population and Subpopulations Data Sources & Methods Chart

Complete the following charts based on the most recent point-in-time (PIT) count conducted.

L-1: Sheltered Homeless Population and Subpopulations

(1a) Check method(s) used to count sheltered homeless persons in the CoC (check all that apply):	
<input type="checkbox"/>	Survey – Providers count the total number of clients residing in their programs during the PIT count.
<input type="checkbox"/>	HMIS – CoC used HMIS to complete the PIT sheltered count and subpopulation information.
<input type="checkbox"/>	Other – specify:
(1b) If multiple methods are checked, briefly describe how data collected using the methods were combined to produce the count.	
(2a) Check the method(s) used to gather the subpopulation information on sheltered homeless persons reported in Part 2: Homeless Subpopulations (check all that apply):	
<input type="checkbox"/>	Point-in-time (PIT) interviews with each adult and unaccompanied youth – All sheltered adults and unaccompanied youth were interviewed to gather subpopulation information.
<input type="checkbox"/>	Sample of PIT interviews plus extrapolation – A sample of sheltered adults and unaccompanied youth were interviewed to gather subpopulation information, and extrapolation techniques were applied to produce the total sheltered homeless population.
<input type="checkbox"/>	Non-HMIS client-level information - Providers used individual client records (e.g., case management files) to provide subpopulation data for each adult and unaccompanied youth.
<input type="checkbox"/>	Provider expertise – Providers estimated the percentage of clients belonging to each subpopulation based on their knowledge of their client population as a whole.
<input type="checkbox"/>	HMIS – CoC used HMIS to gather subpopulation information on sheltered homeless persons.
<input type="checkbox"/>	Other –specify:
(2b) If multiple methods are checked, briefly describe how the methods were combined to produce the subpopulation information.	
(3) Indicate CoC’s steps to ensure data quality of the sheltered count (check all that apply):	
<input type="checkbox"/>	Instructions – Provided written instructions to providers for completing the sheltered PIT count.
<input type="checkbox"/>	Training – Trained providers on completing the sheltered PIT count.
<input type="checkbox"/>	Remind and Follow-up – Reminded providers about the count and followed up with providers to ensure the maximum possible response rate and accuracy.
<input type="checkbox"/>	HMIS – Used HMIS to verify data collected from providers for the sheltered PIT count.
<input type="checkbox"/>	Other –specify:
(4) How often will sheltered counts of sheltered homeless people take place in the future?	
<input type="checkbox"/>	Biennial (every two years)
<input type="checkbox"/>	Annual
<input type="checkbox"/>	Semi-annual
<input type="checkbox"/>	Other – specify:
(5) Month and Year when next count of sheltered homeless persons will occur: _____	
(6) Indicate the percentage of providers providing populations and subpopulations data collected via survey, interview and/or HMIS:	
_____ %	Emergency shelter providers
_____ %	Transitional housing providers

*Please refer to ‘A Guide to Counting Sheltered Homeless People’ for more information on unsheltered enumeration techniques.

L-2: Unsheltered Homeless Population and Subpopulations*

(1) Check the CoC's method(s) used to count unsheltered homeless persons (check all that apply):	
<input type="checkbox"/>	Public places count – CoC conducted a point-in-time (PIT) count <u>without</u> client interviews.
<input type="checkbox"/>	Public places count with interviews – CoC conducted a PIT count and interviewed unsheltered homeless persons encountered during the public places count: <input type="checkbox"/> ALL persons were interviewed OR <input type="checkbox"/> Sample of persons were interviewed
<input type="checkbox"/>	Public places count using probability sampling – High and low probabilities assigned to designated geographic areas based on the number of homeless people expected to be found in each area. The CoC selected a statistically valid sample of each type of area to include in the point-in-time count and extrapolated results to estimate the entire homeless population.
<input type="checkbox"/>	Service-based count – Interviewed people using non-shelter services, such as soup kitchens and drop-in centers, and counted those that self-identified as unsheltered homeless persons.
<input type="checkbox"/>	HMIS – Used HMIS for the count of unsheltered homeless people or for subpopulation information.
<input type="checkbox"/>	Other – specify:
(2) Indicate the level of coverage of the PIT count of unsheltered homeless people:	
<input type="checkbox"/>	Complete coverage – The CoC counted every block of the jurisdiction.
<input type="checkbox"/>	Known locations – The CoC counted in areas where unsheltered homeless people are known to congregate or live.
<input type="checkbox"/>	Combination – CoC combined complete coverage with known locations by conducting counts for every block in a portion of the jurisdiction (e.g. central city) AND conducting counts in other portions of the jurisdiction where unsheltered persons are known to live.
<input type="checkbox"/>	Used service-based or probability sampling (coverage is not applicable)
<input type="checkbox"/>	Other –specify:
(3) Indicate community partners involved in PIT unsheltered count (check all that apply):	
<input type="checkbox"/>	Outreach teams
<input type="checkbox"/>	Law Enforcement
<input type="checkbox"/>	Service Providers
<input type="checkbox"/>	Community volunteers
<input type="checkbox"/>	Homeless and/or formerly homeless persons
<input type="checkbox"/>	Other – specify:
(4) Indicate CoC's steps to ensure data quality of the unsheltered count (check all that apply):	
<input type="checkbox"/>	Training – Conducted training(s) for PIT enumerators.
<input type="checkbox"/>	HMIS – Used HMIS to check for duplicate information.
<input type="checkbox"/>	Other – specify:
(5) How often will CoC conduct PIT counts of unsheltered homeless people in the future?	
<input type="checkbox"/>	Biennial (every two years)
<input type="checkbox"/>	Annual
<input type="checkbox"/>	Semi-annual
<input type="checkbox"/>	Quarterly
<input type="checkbox"/>	Other – specify:
(6) Month and Year when next PIT count of unsheltered homeless persons will occur: _____	

*Please refer to 'A Guide to Counting Unsheltered Homeless People' for more information on unsheltered enumeration techniques.

CoC Homeless Management Information System (HMIS)

M: CoC HMIS Charts

CoCs should complete this section in conjunction with the lead agency responsible for the HMIS. All information is to be as of the date of application submission.

M-1: HMIS Lead Organization Information

Organization Name:	Contact Person:
Phone:	Email:
Organization Type: State/local government <input type="checkbox"/>	Non-profit/homeless provider <input type="checkbox"/> Other <input type="checkbox"/>

M-2: List HUD-defined CoC Name(s) and Number(s) for every CoC in HMIS Implementation:

HUD-Defined CoC Name*	CoC #	HUD-Defined CoC Name*	CoC #

*Find HUD-defined CoC names & numbers at: <http://www.hud.gov/offices/adm/grants/fundsavail.cfm>

M-3: HMIS Implementation Status

HMIS Data Entry Start Date for your CoC OR Anticipated Date Entry Start Date for your CoC (mm/yyyy)	If no data entry date, indicate reason: <input type="checkbox"/> New CoC in 2007 <input type="checkbox"/> Still in planning/software selection process <input type="checkbox"/> Initial implementation
Briefly describe significant challenges/barriers the CoC has experienced in: 1. HMIS implementation: 2. HMIS Data and Technical Standards Final Notice requirements:	

M-4: CoC Client Records

Calendar Year	Number of Client Records Entered in HMIS / Analytical Database (Duplicated) for CoC	Number of Unduplicated Clients Entered in HMIS / Analytical Database for CoC
2004		
2005		
2006		

Please provide a brief explanation of the reason(s) for any decreases in the number of records (duplicated or unduplicated) from year to year.

M-5: Data Collection/Completeness and Coverage

(a) Indicate the percentage of unduplicated client records with null or missing values.

Universal Data Element	% Null/Missing Values	Universal Data Element	% Null/Missing Values
Name	%	Veteran Status	%
Social Security Number	%	Disabling Condition	%
Date of Birth	%	Residence Prior to Program Entry	%
Ethnicity and Race	%	Zip Code of Last Permanent Address	%
Gender	%		

Briefly describe how the CoC ensures that valid program entry and exit dates are being recorded in the HMIS for persons served.

(b) Indicate current OR anticipated HMIS bed coverage of 75% for each housing type.

	75% bed coverage	Anticipate 75% bed coverage	Date anticipate achieving
Emergency Shelter	Y/N	Y/N	
Transitional Housing	Y/N	Y/N	
Permanent Supportive Housing	Y/N	Y/N	

(c) If CoC has not yet achieved or does not anticipate achieving 75% bed coverage for all beds (including DV beds), please explain why.

M-6: Training, Data Quality and Implementation of HMIS Data & Technical Standards

For each item listed below, place an “X” in the appropriate box to indicate your response: Yes (Y), No (N) or Planned/In Progress (P). Check **only one column** per item.

	Y	N	P
1. Training Provided:			
Basic computer training			
HMIS software training			
Privacy / Ethics training			
Security Training			
System Administrator training			
2. CoC Process/Role:			
Is the CoC able to aggregate all data to a central location at least annually?			
Does the CoC monitor compliance with HMIS Data & Technical Standards Final Notice?			
3. Security—Participating agencies have:			
Unique username and password access?			
Secure location?			
Locking screen savers?			
Virus protection with auto update?			
Individual or network firewalls?			
Restrictions on access to HMIS via public forums (e.g. PKI digital certificates or IP filtering)?			
4. Security—Agency responsible for centralized HMIS data collection and storage has:			
Procedures for off-site storage of HMIS data?			
Disaster recovery plan that has been <u>tested</u> ?			
5. Privacy Requirements:			
If your state has additional confidentiality provisions, have they been implemented? <input type="checkbox"/> Check here if there are no additional state confidentiality provisions.			
Is there a “Purpose for data collection” sign at each intake desk for all participating agencies?			
Has each participating agency adopted a written privacy policy, including the uses and disclosures of client information?			
6. Data Quality—CoC has process to review and improve:			
Does each participating agency have a privacy policy posted on its website (if applicable)?			
Client level data quality (i.e. missing birth dates etc.)?			
Program level data quality (i.e. data not entered by agency in over 14 days)?			
CoC bed coverage (i.e. percent of beds)?			
7. Unduplication of Client Records—the CoC:			
Uses data in the HMIS exclusively to generate unduplicated count?			
Uses data integration or data warehouse to generate unduplicated count?			
8. OPTIONAL: Uses of HMIS Data—CoC uses HMIS data for:			
Point-in-Time Count			
Project/Program performance monitoring			
Program purposes (e.g. case management, bed management, program eligibility screening)			
Statewide data aggregation (e.g. data warehouse)			

Part III: CoC Strategic Planning

N: CoC 10-Year Plan, Objectives, and Action Steps Chart

Please provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals to permanent housing. The percentages listed in these national objectives are the national averages. Your CoC should aim for these targets as a minimum. HUD expects all CoCs to be meeting or exceeding these standards, as these standards will be modestly increasing over time. This is to ensure that CoCs continue to work to serve the hardest-to-serve homeless populations.

If your CoC will not be able to meet one or more objectives, please describe barriers in the space provided. You may list additional CoC objectives as needed. Please note that your Continuum will be reporting on your achievements with respect to each of these objectives in the 2008 application.

For further, [detailed](#) instructions for filling out this section, see the Instructions section.

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N: CoC 10-Year Plan, Objectives, and Action Steps Chart

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing	2007 Local Action Steps How are you going to do it? List action steps to be completed within the next 12 months.	Lead Person List name and title or organization of one person responsible for accomplishing each action step.	Baseline (Current Level)	Numeric Achievement in 12 months	Numeric Achievement in 5 years	Numeric Achievement in 10 years
1. Create new PH beds for chronically homeless persons.			Beds	Beds	Beds	Beds
2. Increase percentage of homeless persons staying in PH over 6 months to at least 71%.			%	%	%	%
3. Increase percentage of homeless persons moving from TH to PH to at least 61.5%.			%	%	%	%
4. Increase percentage of homeless persons employed at exit to at least 18%.			%	%	%	%
5. Ensure that the CoC has a functional HMIS system.			% Bed Cover-age	% Bed Cover-age	% Bed Cover-age	% Bed Cover-age
Barriers: If your CoC will not meet one or more of the above objectives, briefly describe why not (use less than two paragraphs).						
Other CoC Objectives in 2007						
1.						
2.						

O: CoC Discharge Planning Policy Chart

For each category of publicly funded institution or system of care in your CoC, check a box to indicate the level of development of a discharge planning policy. Check **only one** box per category. Use the space provided to describe the discharge planning policy for each category, or the status of development. For detailed instructions for filling out this section, see the Instructions section.

Publicly Funded Institution(s) or System(s) of Care in CoC Geographic Area	None	Initial Discussion	Protocol in Development	Formal Protocol Finalized	Formal Protocol Implemented
Foster Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corrections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster Care:					
DRAFT					
Health Care:					
Mental Health:					
Corrections:*					

*Please note that “corrections” category refers to local jails and state or federal prisons.

P: CoC Coordination Chart

A CoC should regularly assess the local homeless system and identify shortcomings and unmet needs. One of the keys to improving a CoC is to use long-term strategic planning to establish specific goals and then implement short-term/medium-term action steps. Because of the complexity of the existing homeless system and the need to coordinate multiple funding sources, there are often multiple long-term strategic planning groups. It is imperative for CoCs to coordinate, as appropriate, with each of these existing strategic planning groups to meet the local CoC shortcomings and unmet needs. Answer each question in the checkbox provided, using an X to indicate Yes or No for each.

1. Consolidated Plan Coordination	YES	NO
a. Do Con Plan planners, authors and other Con Plan stakeholders participate in CoC general planning meetings?	<input type="checkbox"/>	<input type="checkbox"/>
b. Do CoC members participate in Con Plan planning meetings, focus groups, or public forums?	<input type="checkbox"/>	<input type="checkbox"/>
c. Were CoC strategic plan goals addressing homelessness and chronic homelessness used in the development of the Con Plan?	<input type="checkbox"/>	<input type="checkbox"/>
2. Jurisdictional 10-year Plan Coordination		
a. Is there one or more formal jurisdictional 10-year Plan(s) being developed and/or being implemented within your CoC geography that are separate from the CoC 10-year plan? (If No, you may skip to Question 3a.)	<input type="checkbox"/>	<input type="checkbox"/>
b. Do 10-year Plan conveners, authors and other stakeholders participate in CoC general planning meetings?	<input type="checkbox"/>	<input type="checkbox"/>
c. Have 10-year Plan participants taken steps to align their planning process with the local CoC plan?	<input type="checkbox"/>	<input type="checkbox"/>
d. Were CoC strategic plan goals used in the development of the 10-year Plan(s)?	<input type="checkbox"/>	<input type="checkbox"/>
e. Provide the number of jurisdictions within your CoC geography that have formally implemented a 10-year plan(s).		
3. Public Housing Agency Coordination		
a. Do CoC members meet with CoC area PHAs to improve coordination with and access to mainstream housing resources?	<input type="checkbox"/>	<input type="checkbox"/>

CoC 2007 Funding Priorities

Q: CoC Project Priorities Chart

For further instructions for filling out this section, see the Instructions section.

HUD-defined CoC Name: ¹						CoC #:			
(1) SF-424 Applicant Name (Please Remove Examples)	(2) Project Sponsor Name	(3) Project Name	(4) Priority	(5) Requested Project Amount ³	(6) Term	(7) Program and Component Type ²			
						SHP New	SHP Renewal	S+C New	SRO New
<i>Example: ABC Nonprofit</i>	ABC Nonprofit	Annie's House	1	\$451,026	3	PH			
<i>Example: XYZ County</i>	AJAY Nonprofit	Pierce's Place	2	\$80,000	5			TRA	
			1 ⁴ <input type="checkbox"/>						
			2						
			3						
			4						
			5						
			6						
(8) Subtotal: Requested Amount for CoC Competitive Projects:³				\$					
(9) Shelter Plus Care Renewals:⁵						S+C Component Type**			
			7		1				
			8		1				
			9		1				
(10) Subtotal: Requested Amount for S+C Renewal Projects:				\$					
(11) Total CoC Requested Amount:				\$					

¹ HUD-defined CoC names & numbers are available at: <http://www.hud.gov/offices/adm/grants/fundsavail.cfm>

² Place the component type under the appropriate program for each project in column 7. Acceptable entries include PH, TH, SH-PH, SH-TH, SRO, SSO, HMIS, TRA, SRA, PRA, or PRAR. Do not simply enter an X in the box provided.

³ The requested project amount **must not** exceed the amount entered in the project summary budget in Exhibit 2. If the project summary budget exceeds the amount shown on this priorities list, the **project budget will be reduced** to the amount shown on the CoC Project Priorities Chart.

⁴ Check this box if this is a #1 priority Samaritan Bonus Project.

⁵ For the Shelter Plus Care Renewals priority number, please continue project numbering from the top portion of the chart – please **do not** restart S+C project priority numbering from 1.

**R: CoC Pro Rata Need (PRN) Reallocation Chart
(Only for Eligible Hold Harmless CoCs)**

CoCs that receive the 1-year Hold Harmless PRN amount may reduce or eliminate one or more of the SHP grants eligible for renewal in the 2007 CoC competition. CoCs may reallocate the funds made available through this process to create new permanent housing project(s). These reallocation project(s) may be for SHP (1, 2, or 3 years), S+C (5 years), and Section 8 SRO (10 years) projects and their respective eligible activities.

***Reallocation projects WILL be funded if all of the following apply:**

1. Reallocation project is for permanent supportive housing (SHP-PH, SHP-Safe Haven PH, S+C, Section 8 SRO).
2. Reallocation project is not rejected by HUD (meets all “threshold” requirements)
3. CoC scores at least 65 points in the CoC competition.
4. Reallocation project is **not** the Samaritan bonus project.

Reallocation projects may have a 1-year grant term when they are SHP-PH or SHP-Safe Haven PH projects.

NOTE: Reallocated funds placed in the Samaritan bonus project will lose their reallocation status. Therefore, if the CoC scores below the funding line, the CoC will lose the reallocated funds included in the Samaritan bonus project.

1a. Will your CoC be using the PRN reallocation process? <input type="checkbox"/> Yes <input type="checkbox"/> No					
1b. If Yes, explain the open decision making process the CoC used to reduce and/or eliminate projects (use no more than one-half page).					
2. Enter the total 1-year amount of <i>all</i> SHP projects that are eligible for renewal in 2007, which amount you have verified with your field office:				Example : \$530,000	\$
3. Starting with the total entered above for question 2, subtract the amount your CoC proposes to use for new permanent housing project, and enter the remaining amount: <i>(In this example, the amount proposed for new PH project is \$140,000)</i>				Example : \$390,000	\$
4. Enter the Reduced or Eliminated Grant(s) in the 2007 Competition					
(1) Expiring Grants	(2) Program Code	(3) Component	(4) Annual Renewal Amount	(5) Reduced Amount	(6) Retained Amount from Existing Grant
<i>Ex: MA01B300002</i>	<i>SHP</i>	<i>TH</i>	<i>\$100,000</i>	<i>\$60,000</i>	<i>\$40,000</i>
<i>Ex: MA01B400003</i>	<i>SHP</i>	<i>SSO</i>	<i>\$80,000</i>	<i>\$80,000</i>	<i>\$0</i>
(7) TOTAL:					
5. Newly Proposed Permanent Housing Projects in the 2007 Competition*					
(8) 2007 Project Priority Number	(9) Program Code	(10) Component	(11) Transferred Amounts		
<i>Example: #5</i>	<i>SHP</i>	<i>PH</i>	<i>\$90,000</i>		
<i>Example: #12</i>	<i>S+C</i>	<i>TRA</i>	<i>\$50,000</i>		

	(12) TOTAL:
--	--------------------

*No project listed here can be a #1 priority Samaritan Bonus project

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S: CoC Project Leveraging Summary Chart

HUD homeless program funding is limited and can provide only a portion of the resources needed to successfully address the needs of homeless families and individuals. HUD encourages applicants to use supplemental resources, including State and local appropriated funds, to address homeless needs.

Enter the name of your Continuum and list the total amount of leveraged resources available. To get this number, find the total at the bottom of the Project Leveraging Chart for all Exhibit 2 project applications, add up all of these the totals, and enter this single number in the chart below. Complete only one chart for the entire CoC (do **not** add any rows). Provide information **only** for contributions for which you have a **written commitment in hand at the time of application**.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Continuum	Total Value of Written Commitment
<i>Example:</i> River County CoC	\$10,253,000

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T: CoC Current Funding and Renewal Projections Chart

Congress has asked HUD to provide estimates of expected renewal amounts over the next five years. Please complete the chart below to help HUD arrive at the most accurate estimate possible. For further instructions in filling out this chart, see the Instructions section.

T: CoC Current Funding and Renewal Projections

Supportive Housing Program (SHP) Projects:						
Type of Housing	All SHP Funds Requested (Current Year)		Renewal Projections			
	2007	2008	2009	2010	2011	2012
Transitional Housing (TH)						
Safe Havens-TH						
Permanent Housing (PH)						
Safe Havens-PH						
SSO						
HMIS						
Totals						

Shelter Plus Care (S+C) Projects:												
Number of S+C Bedrooms	All S+C Funds Requested (Current Year)		Renewal Projections									
	2007		2008		2009		2010		2011		2012	
	Units	\$	Units	\$	Units	\$	Units	\$	Units	\$	Units	\$
SRO												
0												
1												
2												
3												
4												
5												
Totals												

Part IV: CoC Performance

U: CoC Achievements Chart

For the five HUD national objectives in the 2006 CoC application, enter the 12-month measurable achievements that you provided in Exhibit 1, Chart N of the 2006 CoC application. Under “Accomplishments,” enter the *numeric* achievement that your CoC attained within the past 12 months that is *directly related* to the measurable achievement proposed in 2006. Below, if your CoC did not meet one or more of your proposed achievements, please describe the reasons for this.

2006 Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing	12-month Measurable Achievement Proposed in 2006 (from Chart N of your 2006 CoC application)	Accomplishments (Enter the numeric achievement attained during past 12 months)
Example: 1. Create new PH beds for chronically homeless persons.	1. Create 5 new TRA S+C beds for chronically homeless persons through New Hope Housing Project. 2. Create 12 new PH beds through the River County PH project.	1. Created 5 new PH beds. 2. Created 8 out of the 12 new beds proposed in 2006.
2. Increase percentage of homeless persons staying in PH over 6 months to 71%.	1. Hire 2 additional case managers at New Hope Housing Project, which will allow for improved service provision. 2. Complete assessment of barriers to staying in PH and implement 5 key findings from this assessment.	73% of homeless persons stayed in PH over 6 months.
1. Create new PH beds for chronically homeless persons.		
2. Increase percentage of homeless persons staying in PH over 6 months to 71%.		
3. Increase percentage of homeless persons moving from TH to PH to 61.5%.		
4. Increase percentage of homeless persons becoming employed by 11%.		
5. Ensure that the CoC has a functional HMIS system.		
Briefly explain the reasons for not meeting one or more of your proposed measurable achievements.		

OPTIONAL: If desired, you may use this space to describe your CoC’s most significant accomplishments over the past 12 months.

V: CoC Chronic Homeless (CH) Progress Chart

The data in this chart should come from point-in-time counts also used for Chart K: Populations and Subpopulations Chart and Chart I: Housing Inventory Chart. For further instructions in filling out this chart, please see the Instructions section.

<p>1. Enter the total number of chronically homeless persons in your CoC and the total number of permanent housing beds designated for the chronically homeless in your CoC for each year.</p>					
Year	Number of CH Persons	Number of PH beds for the CH			
2005					
2006					
2007					
<p>Briefly describe the reason(s) for any increases in the total number of chronically homeless persons between 2006 and 2007:</p>					
<p>2. Indicate the number of new PH beds in place and made available for occupancy for the chronically homeless between February 1, 2006 and January 31, 2007:</p>					_____
<p>3. Identify the amount of funds from each funding source for the development and operations costs of the new CH beds created between February 1, 2006 and January 31, 2007.</p>					
Cost Type	Public/Government				Private
	HUD McKinney- Vento	Other Federal	State	Local	
Development	\$	\$	\$	\$	\$
Operations	\$	\$	\$	\$	\$
TOTAL	\$	\$	\$	\$	\$

W: CoC Housing Performance Chart

The following chart will assess your CoC’s progress in reducing homelessness by helping clients move to and stabilize in permanent housing, access mainstream services and gain employment. Both housing and supportive services projects in your CoC will be examined. Provide information from the most recently submitted APR for the appropriate RENEWAL project(s) on your CoC Project Priorities Chart. **Note:** If you are not submitting any renewals in this year’s competition for the applicable areas presented below, check the appropriate “No applicable renewals” box in the chart.

1. Participants in Permanent Housing (PH)		
HUD will be assessing the percentage of all participants who remain in S+C or SHP permanent housing (PH) for more than six months. SHP projects include both SHP-PH and SHP-Safe Haven PH renewals. Complete the following chart using data based on the most recently submitted APR for Question 12(a) and 12(b) for PH projects included on your CoC Priority Chart:		
<input type="checkbox"/>	No applicable PH renewals are on the CoC Project Priorities Chart	APR Data
<input type="checkbox"/>	<u>All</u> PH renewal projects with APRs submitted are included in calculating the responses below	
a.	Number of participants who exited PH project(s)—APR Question 12(a)	
b.	Number of participants who did not leave the project(s)—APR Question 12(b)	
c.	Number who exited after staying 7 months or longer in PH—APR Question 12(a)	
d.	Number who did not leave after staying 7 months or longer in PH—APR question 12(b)	
e.	Percentage of all participants in PH projects staying 7 months or longer (c. + d. divided by a. + b., multiplied by 100 = e.)	%
2. Participants in Transitional Housing (TH)		
HUD will be assessing the percentage of all TH clients who moved to a permanent housing situation. TH projects include SHP-TH and SHP-Safe Haven/TH <i>not</i> identified as permanent housing. Complete the following chart using data based on the most recently submitted APR Question 14 for TH renewal projects included on your CoC Priorities Chart.		
<input type="checkbox"/>	No applicable TH renewals are on the CoC Project Priorities Chart	APR Data
<input type="checkbox"/>	<u>All</u> TH renewal projects with APRs submitted are included in calculating the responses below	
a.	Number of participants who exited TH project(s)—including unknown destination	
b.	Number of participants who moved to PH	
c.	Percent of participants in TH projects who moved to PH (b. divided by a., multiplied by 100 = c.)	%

X: Mainstream Programs and Employment Project Performance Chart

HUD will be assessing the percentage of clients in all your renewal projects who gained access to mainstream services, especially those who gained employment. This includes all S+C renewals and all SHP renewals, excluding HMIS projects. Complete the following charts based on responses to APR Question 11 for each of the renewal projects included on your CoC Priority Chart. For further instructions for filling out this section, see the Instructions section at the beginning of the application.

<input type="checkbox"/>	No applicable renewal projects for the Mainstream Programs and Employment Chart are included in the CoC Priorities Chart.
<input type="checkbox"/>	All renewal projects on the CoC Priorities Chart that are not exempted from reporting in the APR are included in calculating the responses below.

(1) Number of Adults Who Left (Use same number in each cell)	(2) Income Source	(3) Number of Exiting Adults with Each Source of Income	(4) Percent with Income at Exit (Col 3÷Col 1 x 100)
<i>Example:</i> 105	a. SSI	40	38.1%
<i>Example:</i> 105	b. SSDI	35	33.3%
	a. SSI		
	b. SSDI		
	c. Social Security		
	d. General Public Assistance		
	e. TANF		
	f. SCHIP		
	g. Veterans Benefits		
	h. Employment Income		
	i. Unemployment Benefits		
	j. Veterans Health Care		
	k. Medicaid		
	l. Food Stamps		
	m. Other (please specify)		
	n. No Financial Resources		

Y: Enrollment and Participation in Mainstream Programs Chart

It is fundamental that your CoC *systematically* helps homeless persons identify, apply for and follow-up to receive benefits under **SSI, SSDI, TANF, Medicaid, Food Stamps, SCHIP, WIA, and Veterans Health Care as well as any other State or Local program that may be applicable.** Which policies are currently in place in your CoC to help clients secure these mainstream benefits for which they are eligible?

Check those activities implemented by a majority of your CoC’s homeless assistance providers (check all that apply):	
<input type="checkbox"/>	A majority of homeless assistance providers have case managers systematically assist clients in completing applications for mainstream benefit programs.
<input type="checkbox"/>	The CoC systematically analyzes its projects’ APRs to assess and improve access to mainstream programs.
<input type="checkbox"/>	The CoC has an active planning committee that meets at least three times a year to improve CoC-wide participation in mainstream programs.
<input type="checkbox"/>	A majority of homeless assistance providers use a single application form for four or more of the above mainstream programs.
<input type="checkbox"/>	The CoC systematically provides outreach and intake staff specific, ongoing training on how to identify eligibility and program changes for mainstream programs.
<input type="checkbox"/>	The CoC or any of its projects has specialized staff whose primary responsibility is to identify, enroll, and follow-up with homeless persons on participation in mainstream programs.
<input type="checkbox"/>	A majority of homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.
<input type="checkbox"/>	A majority of homeless assistance providers have staff systematically follow-up to ensure that mainstream benefits are received.
<input type="checkbox"/>	The CoC coordinates with the State Interagency Council(s) on Homelessness to reduce or remove barriers to accessing mainstream services.

Z: Unexecuted Grants Awarded Prior to the 2006 CoC Competition Chart

Provide a list of <u>all</u> HUD McKinney-Vento Act awards made prior to the 2005 competition that are not yet under contract (i.e., signed grant agreement or executed ACC).			
Project Number	Applicant Name	Project Name	Grant Amount
Example: MI23B901002	Michiana Homes, Inc.	TH for Homeless	\$514,000
		Total:	

AA: CoC Participation in Energy Star Chart

HUD promotes energy-efficient housing. All McKinney-Vento funded projects are encouraged to promote energy efficiency, and are specifically encouraged to purchase and use Energy Star labeled products. For information on the Energy Star initiative go to: http://www.energystar.gov .
Have you notified CoC members of the Energy Star initiative? <input type="checkbox"/> Yes <input type="checkbox"/> No
Percentage of CoC projects on CoC Priority Chart using Energy Star appliances: ____%

AB: Section 3 Employment Policy Chart

	YES	NO
1. Is any project in your CoC requesting HUD funds for housing rehabilitation or new construction?	<input type="checkbox"/>	<input type="checkbox"/>
2. If you answered yes to Question 1: Is the project requesting \$200,000 or more?	<input type="checkbox"/>	<input type="checkbox"/>
<p>3. If you answered yes to Question 2: What activities will the project undertake to ensure that employment and other economic opportunities are directed to low- and very low-income persons, per the Housing and Urban Development Act of 1968 (known as “Section 3”)? Check all that apply:</p> <p><input type="checkbox"/> The project will have a preference policy for hiring low- and very low-income persons residing in the service area or neighborhood where the project is located, and for hiring Youthbuild participants/graduates.</p> <p><input type="checkbox"/> The project will advertise at social service agencies, employment and training centers, community centers, or other organizations that have frequent contact with low- and very low-income individuals, as well as local newspapers, shopping centers, radio, etc.</p> <p><input type="checkbox"/> The project will notify any area Youthbuild programs of job opportunities.</p> <p><input type="checkbox"/> If the project will be awarding competitive contracts of more than \$100,000, it will establish a preference policy for “Section 3 business concerns”* that provide economic opportunities and will include the “Section 3 clause”** in all solicitations and contracts.</p> <p><input type="checkbox"/> The project has hired low- or very low-income persons.</p>		
<p>*A “Section 3 business concern” is one in which: 51% or more of the owners are section 3 residents of the area of service; <u>or</u> at least 30% of its permanent full-time employees are currently section 3 residents of the area of service, or within three years of their date of hire with the business concern were section 3 residents; <u>or</u> evidence of a commitment to subcontract greater than 25% of the dollar award of all subcontracts to businesses that meet the qualifications in the above categories is provided.</p> <p>**The “Section 3 clause” can be found at 24 CFR Part 135.</p>		