DATA COLLECTION AND REPORTING FOR HUD'S

CONTINUUM OF CARE (COC)

CHECK-UP TOOL

OMB PAPERWORK REDUCTION ACT SUBMISSION

April 2011

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Part A Justification

A1 Need and Legal Basis

Why is this information necessary? Identify any legal or administrative requirements that necessitate the collection.

This request is for clearance of an assessment tool, called the CoC Check-up that will be self-administered by members of each Continuums of Care (CoC). CoCs are planning groups comprised of representatives from local, state and federal government, nonprofit and faith based-organizations that serve homeless persons, homeless and formerly homeless persons, housing developers, public housing agencies, and health care providers that coordinate the system of care (e.g. housing and services) for persons experiencing homelessness or at risk of homelessness. The need and legal basis for these reporting requirements are presented below.

In 1987, Congress passed the Stewart B. McKinney Homeless Assistance Act of 1987 (later renamed the McKinney-Vento Homeless Assistance Act), which was the first federal law specifically addressing homelessness. The McKinney-Vento Act provides federal financial support for a variety of programs to meet the many needs of individuals and families who are homeless. The housing programs it authorizes are administered by HUD's Office of Special Needs Assistance Programs.

Initially, HUD did not require systemic planning of homeless services at the local level, allowing individual organizations throughout the country to submit applications for HUD's annual national funding competitions. In 1994, through the annual Notice of Funding Availability (NOFA), HUD began to require that each community form a Continuum of Care (CoC) and submit a single comprehensive application that includes many of the organizations in the community that provide services to homeless persons. Each CoC uses its competitively-awarded HUD funds to address the problems of homelessness in a comprehensive manner and in coordination with other federal funding. HUD's intent in creating this structured application process was to stimulate community-wide planning and coordination of programs for individuals and families who are homeless.

The Homeless Emergency and Rapid Transition to Housing (HEARTH) Act of 2009 (S. 896), signed by President Obama on May 20, 2009, amends and reauthorizes the McKinney-Vento Homeless Assistance Act and enacts major changes to McKinney-Vento, including:

- Codification of the Continuum of Care process, including lead entity role and responsibilities;
- Consolidation of HUD's competitive Homeless Assistance programs into one Continuum of Care program;
- Creation of a Rural Housing Stability Program;

- A change in HUD's definition of homelessness;
- A simplified match requirement;
- An increase in authorized resources dedicated to preventing homelessness;
- An increase in the emphasis on local program performance;
- Authorized funding for Continuum of Care "Collaborative Applicants" and "Unified Funding Agencies" to support CoC management, project selection, and monitoring requirements.

The changes introduced by the HEARTH Act amendments allow for increased flexibility for CoCs to determine who may be served and what activities may be carried out with McKinney-Vento funds as well as increased responsibilities for project review and performance measurement. Through simplified requirements, broader and more applicable definitions, and new financial and data management tools, HUD believes that this flexibility will lead to better service provision and better monitoring of progress in ending and preventing homelessness. However, each CoC will have the significant challenge of conducting a targeted self-assessment of their functional capacity to adapt their strategies and programs to HEARTH Act requirements. HUD believes this challenge provides a great opportunity for CoCs to identify areas of improvement consistent with national performance objectives and the federal plan to prevent and end homelessness recently adopted by the U.S. Interagency Council on Homelessness. HUD also recognizes that CoCs will need significant support and assistance in the transition to HEARTH Act implementation.

In an effort to ensure that each CoC and HUD are able to assess to what degree each CoC has the functional capacity needed to assume the new responsibilities outlined in the McKinney-Vento Act, as amended by the HEARTH Act, HUD is launching the CoC Check-up Tool.   The Check-up tool will allow various stakeholders in the CoC to self-identify and prioritize areas where CoC capacity improvement is needed. Once the CoC has submitted the Check-up tool, TA providers will review the CoC's responses in addition to data points, such as participation in the Annual Homeless Assessment Report (AHAR), data in the CoC's Point-in-Time Count and Housing Inventory Count and HUD field office assessment and prepare a summary report for each CoC. Each CoC that requests HUD technical assistance (TA) will receive an individualized TA Action Plan (TAAP). The TAAP will detail roles, responsibilities, action steps, schedule and anticipated outcomes. In addition, HUD plans to use aggregate information from the CoC Check-Up process to target technical assistance resources where needed most including development of toolkits, templates, guidebooks, white papers, webinars, etc. to help CoCs and grantees plan the transition to HEARTH Act requirements.

A2   Information Users

How is the information collected and how is the information to be used?

The data collected through the CoC Check-up tool will be used by CoCs to self-assess their present capacity and identify areas for improvement. Completed assessments will be reviewed by HUD-contracted technical assistance providers to determine whether a given CoC has needs which may warrant technical assistance and/or has identified an appropriate plan of action based on self-identified functional capacities and deficits. HUD will examine aggregated data to understand functional capacities and deficits across all CoCs and use such information for directing technical assistance resources and training.

The assessment tool has four domains (listed below), each of which also includes a series of elements and indicators with scales that allow for assessment on the degree of a CoC's adherence, development, or functionality relative to each element and indicator. For example, indicator 1.4.1. states: "The CoC primary decision-making group has a process for ensuring stakeholders have an opportunity to provide input into the decision-making process." Respondents are then asked to identify the degree to which they agree or disagree with this statement on a scale of 1 (disagree) to 5 (agree).

Item-by-Item Justification for CoC Check-up

Attachment A lists each domain and related data element required for the CoC Check-Up along with the justification for including each data element. The four domains covered in the CoC Check-Up are:

- *CoC Governance and Structure* – includes an assessment of a CoC's direction and purpose; governing structure for planning and infrastructure; diversity of decision-making group; governing and decision-making process; and use of data (PIT, HMIS, other) to make informed decisions.
- *CoC Plan and Planning Process* – includes an assessment of a CoC's process for the development of a strategic plan and an assessment of the CoC's strategic plan itself.
- *CoC Infrastructure and Administrative Capacity* – includes an assessment of CoC administrative capacity, fiscal capacity, and information management capacity.
- *CoC Housing and Services* – includes an assessment of CoC's housing and services with respect to adequacy, accessibility, and effectiveness; the degree to which services and housing are integrated; the accessibility of mainstream resources for homeless persons; and the knowledge and capacity of the system of care.

Report Submission

The CoC Check-up tool will be completed online by CoC stakeholders via HUD's Homelessness Resource Exchange (HRE). At a minimum, respondents will include representatives of the CoC lead agency, the Homeless Management Information System lead agency, the Homelessness Prevention and Rapid Re-Housing or Emergency Shelter Grant grantee, as well as housing and service providers and consumers. The CoC Check-up tool results will be aggregated across respondents in each community in order to calculate an overall CoC response.

A3   Improved Information Technologies

Describe whether, and to what extent, the collection of information is automated (item 13b1 of OMB form 83-i). If it is not automated, explain why not. Also describe any other efforts to reduce burden.

The Homelessness Resource Exchange (HRE) is HUD's single web portal for information about homelessness, including a resource library, e-learning modules, Frequently Asked Questions, and Virtual Help Desk for asking questions and requesting technical assistance.

While the CoC Check-up tool will be hosted on the HRE, data entered by CoCs in HUD's Homeless Data Exchange (HDX) will be used in the assessment of each CoC's capacity and identify potential TA needs. The HDX is used for the submission of the following data reports, for which data collection has already been approved by OMB. The control numbers for these packages are 2506-0145 and 2506-0112. These information collections include:

- The annual Housing Inventory Chart (HIC);
- The annual Point-in-Time (PIT) Count of Homeless Populations and Subpopulations;
- Quarterly Homeless Counts through the Homelessness Pulse Project; and,
- The Annual Homeless Assessment Report (AHAR).

The HDX includes many features that streamline the annual reporting process and help communities to understand and clean their data. Additionally, CoCs will not have to enter any information about HIC, PIT or AHAR data into the CoC Check-up tool since the data will be exported from the HDX for the CoC Check-up, preventing redundancy and saving time.

A4   Duplication of Similar Information

Is this information collected elsewhere? If so, why cannot any similar information already available be used or modified?

The CoC Check-up tool is the only assessment that HUD requests CoCs to complete and submit to determine the system-wide governance capacity, structure and operation of the CoC and the need for technical assistance. Some relevant information is collected in the annual CoC funding application (OMB Control No. 2506-0112), and HUD has used information from the application in the Department's analysis of CoC capacity. However, since the CoC application is a competitive process and HUD wants CoCs to use the CoC Check-up as an honest assessment of capacity and needs, to maximize the quality improvement value of the assessment, it must be separate from the competitive funding process.

A5   Small Businesses

Does the collection of information impact small businesses or other small entities (item 5 of OMB form 83-i)? Describe any methods used to minimize burden.

No small businesses are involved as respondents to this data collection effort. Respondents to the CoC Check-up tool are representatives from local and state governments and non-profit organizations as well as consumers.

A6   Less Frequent Data Collection

Describe the consequence to Federal program or policy activities if the collection is not conducted or is conducted less frequently, as well as any technical or legal obstacles to reducing burden.

This data will be requested and collected annually, however each CoC will have the option of completing the tool on a more frequent basis to benchmark their progress in achieving desired outcomes. Less frequent data collection would significantly reduce the ability of individual CoCs and HUD to assess capacity for increasing CoC capacity for governance, data collection, reporting and ending homelessness.

A7   Special Circumstances
The proposed data collection activities are consistent with the guidelines set forth in 5 CFR 1320.6 (Controlling Paperwork Burden on the Public–General Information Collection Guidelines). There are no special circumstances that require deviation from these guidelines.

A8   Federal Register Notice/Outside Consultation

Identify the date and page number of the Federal Register notice (and provide a copy) soliciting comments on the information. Summarize public comments and describe actions taken by the agency in response to these comments. Describe all efforts to consult with persons outside the agency.

In accordance with the Paperwork Reduction Act of 1995, the Department of Housing and Urban Development published a notice in the Federal Register on June 14, 2011 (Vol. 76, No. 114, pp. 34744-45) announcing the agency's intention to request an OMB review of data collection activities for the CoC Check-up tool. The notice provided a 14-day period for public comments. A copy of the Notice is in Attachment B.

 No comments were received.

A9   Payment/Gift to Respondents

Explain any payments or gifts to respondents, other than remuneration of contractors or grantees.

HUD does not provide remuneration to grantees for completion and submission of the CoC Check-up tool.

A10   Confidentiality

Describe any assurance of confidentiality provided to respondents and the basis for assurance in statute, regulation or agency policy.

These reports do not collect any protected personal information.

A11   Sensitive Questions

Justify any questions of a sensitive nature, such as sexual, religious beliefs, and other matters that are commonly considered private.

The CoC Check-up Tool does not include questions of a sensitive nature for HUD, CoC's, grantees or subgrantees.

A12   Burden Estimate (Total Hours and Wages)

Estimate public burden: number of respondents, frequency of response, annual hour burden. Explain how the burden was estimated.

Exhibits A-2 and A-3 below demonstrate how the public burden for the CoC Check-up tool was calculated based on estimated time and expenditures required to complete the assessment. The total burden for data collection from all CoCs over a one-year period is estimated at 5,400 hours. The average annual burden for a single CoC to complete and submit the assessment is 12 hours (i.e., 90 minutes for each of eight respondents) at a cost of $29.74 per respondent or $356.88 per CoC.

Exhibit A-2: Estimated Annual Burden Hours for CoC Check-up

A	B	C	D	E
	Number of CoC Respondents	Grantee or Subgrantee Burden per Assessment (Minutes)	Total Burden (Minutes)	Total Burden (Hours)*
		8 respondents per CoC*90 min	B*C	D/60
Continuums of Care	450	720	324,000	5,400

*Based on 1.5 hours per respondent, 8 respondents per CoC (12 hours total/CoC), in 450 CoCs

Exhibit A-3: Estimated Annualized Cost Per CoC Respondent for CoC Check-up

A	B	C	D
	Total Burden Hours Per CoC for Assessment	Hourly Wage Rate*	Total Respondent Costs
			B*C
Continuums of Care	12	$29.74	$356.88

*Hourly wage rates are based on the 2009 Occupational Employment and Wages for State Governments published by the Department of Labor (May 2009). The hourly wage rate in Exhibit 3 represents the average of "Business Operations Specialists, All Others" ($27.89/hr) and "Data Base Administrators" ($31.59), assuming an equal proportion of hours required to complete the CoC Check-up per occupational type.

A13 Capital Costs

Estimate the annual capital cost to respondents or record keepers.

There are no capital costs for respondents beyond customary or usual business practices or that are not otherwise required to achieve regulatory compliance not associated with the collection of information for purposes of completing the CoC Check-up tool.

A14 Cost to the Federal Government

Estimate annualized costs to the Federal government.

The federal costs associated with the review of all completed CoC Check-up tools are estimated to be $74,250, based on 1.5 hours to review each CoC Check-up, 450 times, at an average hourly rate of $110 for HUD-funded technical assistance providers.

A15   Program or Burden Changes

Explain any program changes or adjustments in burden.

This is a new information collection package.

A16   Publication and Tabulation Dates

If the information will be published, outline plans for tabulation and publication.

This information will not be published. CoC Check-up tool responses will be entered and stored in the HDX system. HUD-funded technical assistance (TA) providers will review and assess each assessment to determine TA needs. This information will be used by HUD to help direct utilization of TA resources. Aggregate data will be made available to authorized members of the CoC for planning and evaluation purposes.

A17   Expiration Date

Explain any request to not display the expiration date.

The OMB expiration date will be displayed on all data collection instruments. No exceptions are requested.

A18   Certification Statement

Explain each exception to the certification statement identified in item 19.

There are no exceptions to the certification.

Part B: Statistical Methods

Since all HUD-funded Continuums of Care are required to complete the CoC Check-up tool, there are no statistical methods used or required for this information collection.

Attachment A

CoC Check-up Tool:

Data Domains, Elements, Indicators, and Justification

Attachment A

CoC Check-up Tool: Data Domains, Elements, Indicators, and Justification

CoC Respondent Information:
- Name (first/last)
- Title (if applicable)
- Organization (if applicable)
- CoC/ESG/HPRP Jurisdiction Code
- Contact information (daytime phone, email)
- Respondent type (CoC lead, HMIS lead, ESG/HPRP representative, CoC provider representative, CoC consumer, CoC other stakeholder)

ID	Element, Indicator, Sub-indicator	Justification
Domain I: CoC Governance and Structure		
1.1	**Element: The CoC has a clear direction and purpose.**	Allows CoC and HUD Technical Assistance providers to assess CoC mission and purpose and identify areas for improvement.
1.1.1	The CoC has a written vision, mission and/or purpose statement.	
	If you answered yes to (1.1.1), please answer the following:	
1.1.1.1	The vision/mission/purpose statement clearly states the purpose of the CoC.	
1.1.1.2	The vision/mission/purpose statement is understood and supported by CoC stakeholders.	
1.1.1.3	The vision/mission/purpose is periodically reviewed and updated.	
1.2	**Element: The CoC has a governing structure to oversee the CoC, including CoC planning, infrastructure, and CoC projects.**	Allows CoC and HUD Technical Assistance providers to assess CoC governing structure and identify areas for improvement.
1.2.1	The CoC has a written document describing the roles and responsibilities of the primary decision-making group.	
1.2.2	The CoC primary decision-making group has a fair and transparent process for selecting CoC administrative agent, fiscal agent and/or UFA (as applicable), and HMIS lead.	
1.2.3	The CoC primary decision-making group provides adequate oversight of CoC administration and infrastructure, including CoC staff (administrative and fiscal) and HMIS.	
1.2.4	The CoC primary decision-making group has a written agreement with administrative agent/entity employing CoC administrative staff outlining roles and responsibilities of CoC administrative staff.	
1.2.5	The CoC primary decision-making group has a written agreement with HMIS lead agency outlining roles and responsibilities of HMIS lead agency.	
1.2.6	The CoC has a fair and transparent process for selecting members of the primary decision-making group.	
1.2.7	The CoC has committees, sub-committees, and/or working groups to accomplish CoC goals and management.	
	If you answered yes to (1.2.7), please answer the following:	
1.2.7.1	Committee/sub-committee/working group roles and responsibilities are well-defined and understood by CoC stakeholders.	

Attachment A

CoC Check-up Tool: Data Domains, Elements, Indicators, and Justification

1.3	**Element: The CoC primary decision-making group and related committees/subcommittees/working groups have active and diverse membership**	Allows CoC and HUD Technical Assistance providers to assess CoC primary decision-making group membership structure and identify areas for improvement.
1.3.1	Stakeholders participating in CoC governance include representatives from:	
1.3.1.1	CoC housing and service providers	
1.3.1.2	Mental health service providers	
1.3.1.3	Substance abuse service providers	
1.3.1.4	Physical health service providers	
1.3.1.5	Justice/Corrections	
1.3.1.6	Education (K-12)	
1.3.1.7	U.S. Department of Veterans Affairs (VA)	
1.3.1.8	Workforce development/employment assistance providers	
1.3.1.9	Youth/foster-care providers	
1.3.1.10	Domestic violence providers	
1.3.1.11	Consumers (persons who are homeless and/or formerly homeless)	
1.3.1.12	Local government(s)	
1.3.1.13	Private businesses	
1.3.1.14	Landlords	
1.3.1.15	Public Housing Authority(ies)	
1.3.1.16	ESG/HPRP Grantee(s)	
1.3.1.17	Legal service providers	
1.3.1.18	Faith-based community	
1.3.1.19	Academic/research community	
1.3.1.20	Philanthropic community	
1.3.1.21	Other public and private service providers	
1.4	**Element: The CoC primary decision-making group has a formal, fair, and transparent process for governing the CoC and making decisions.**	Allows CoC and HUD Technical Assistance providers to assess CoC decision-making processes and identify areas for improvement.
1.4.1	The CoC primary decision-making group has a process for ensuring stakeholders have an opportunity to provide input into the decision-making process	
1.4.2	The CoC decision-making process is understood by all stakeholders	
1.4.3	The CoC has a written conflict of interest policy	
1.4.4	The CoC primary decision-making group actively seeks to prevent/address conflicts of interest	
1.4.5	The CoC has a clear process for communicating decisions	
1.4.6	The CoC primary decision-making group has a process for evaluating and selecting projects for inclusion in the annual CoC application for federal funding	
	If you answered yes to (1.4.6), please answer the following:	
1.4.6.1	The process has been approved by the CoC primary decision-making group.	
1.4.6.2	The process and rating/ranking criteria are described in writing.	
1.4.6.3	Rating/ranking criteria reflect clear linkages to CoC strategic plan and goals.	
1.4.6.4	The process is conducted in a fair and impartial manner	

1.4.6.5		The process includes a formal opportunity to appeal decisions.	
1.4.7	The CoC primary decision-making group sets annual performance goals/targets for *HUD-funded CoC projects*.		
1.4.8	The CoC primary decision-making group has a process for periodically monitoring and evaluating the performance of *HUD funded CoC projects* (apart from evaluation conducted during HUD application process).		
1.4.9	The CoC primary decision-making group sets annual performance goals/targets for *other non-HUD funded CoC projects*.		
1.4.10	The CoC primary decision-making group has a process for periodically monitoring and evaluating the performance of *other non-HUD funded CoC projects*.		
1.4.11	The CoC primary decision-making group sets annual performance goals/targets for *overall CoC* performance.		
1.4.12	The CoC primary decision-making group has a process for monitoring and evaluating *overall CoC* performance.		
	If you answered yes to (1.4.12), please answer the following:		
1.4.12.1		The process has been approved by the CoC primary decision-making group	
1.4.12.2		The process is described in writing.	
1.4.12.3		The process is conducted in a fair and impartial manner	
1.5	**Element: The CoC primary decision-making group uses data (PIT, HMIS, other) in a systematic manner to make informed decisions**		Allows CoC and HUD Technical Assistance providers to assess CoC decision-making data sources and uses and identify areas for improvement.
1.5.1	The CoC primary decision-making group uses performance data in the annual CoC application review process to evaluate projects and allocate resources		
1.5.2	The CoC primary decision-making group uses data to inform other CoC decision-making (e.g., system design, project funding, provision of technical assistance, etc.)		
1.5.3	The CoC primary decision-making group uses the following data sources to make decisions:		
1.5.3.1		Housing Inventory Data	
1.5.3.2		Annual/Biennial Point In Time Data	
1.5.3.3		Performance data generated from HMIS	
Domain II: CoC Plan and Planning Process			
2.1	**Element: The CoC has a strategic plan to prevent and end homelessness in the CoC and the plan provides direction for the CoC.**		Allows CoC and HUD Technical Assistance providers to assess whether the CoC has a plan and whether the plan provides
2.1.1	The CoC has a written strategic plan to prevent and end homelessness.		
	If you answered yes to (2.1.1), please answer the following:		
2.1.1.1		The CoC strategic plan is also the community's "Ten Year Plan" or other community-wide plan to prevent/end homelessness.	
	If you answered no to (2.1.1.1), please answer the following:		
2.1.1.1.1			The CoC strategic plan and the "Ten Year Plan" or other community-wide plan to prevent/end homelessness are consistent

			with one another and do not have conflicting goals/objectives, etc.	sufficient direction for the CoC and identify areas for improvement.
2.1.1.2			The CoC strategic plan is consistent with CoC mission/vision	
2.1.1.3			The plan covers all subpopulations, rather than just certain subpopulations	
		If you answered between 1 and 3 to (2.1.1.3), please answer the following:		
2.1.1.3.1			If the plan does not cover all subpopulations, which subpopulation(s) are excluded? (check all that apply)	
2.1.1.4			The plan is informed by review of local HMIS, PIT, and other data.	
2.1.1.5			The plan incorporates best practices or evidence-based practices that successfully prevent and end homelessness	
2.1.1.6			The plan is consistent with the Federal Strategic Plan to prevent and end homelessness ("Opening Doors")	
2.1.1.7			The plan incorporates local ESG/HPRP resources to accomplish CoC goals/objectives	
2.1.1.8			The plan includes leveraging/coordination with other HUD resources accounted for in local Consolidated Plan(s) (i.e., HOME, CDBG, NSP, and HOPWA) to accomplish CoC goals/objectives. (check all that are included in the plan)	
2.1.1.9			The plan includes leveraging/coordination with other mainstream systems and resources (e.g. PHA, TANF, job training) to accomplish CoC goals/objectives. (check all that are included in the plan)	
2.1.1.10			Local discharge plans/policies established by **foster care** system are consistent with CoC strategic plan.	
2.1.1.11			Local discharge plans/policies established by **healthcare** system are consistent with CoC strategic plan.	
2.1.1.12			Local discharge plans/policies established by **mental health** system are consistent with CoC strategic plan.	
2.1.1.13			Local discharge plans/policies established by **corrections** system are consistent with CoC strategic plan.	
2.1.1.14			The plan includes measurable goals, performance indicators and targets toward achieving identified goals.	
		If you answered yes to (2.1.1.14), please answer the following:		
2.1.1.14.1			Performance targets meet or exceed HUD's national goals/objectives for HUD funded CoC projects	
2.1.1.14.2			Performance indicators/targets include outcome-based targets reflecting client, project, and system change vs. activities/outputs	
2.1.1.14.3			Performance targets are measurable	
2.1.1.14.4			Goals and performance indicators/targets are set for the following: (check all that apply)	
2.2.1.15			The plan is recognized and supported by CoC stakeholders.	
2.2.1.16			The plan is recognized and supported by local government and political leadership in the CoC.	
2.2.1.17			The plan includes public relations and communications strategy (i.e., strategy to produce and disseminate annual report or other public information on plan progress for education and advocacy purposes).	
2.2			**Element: The CoC has an inclusive and transparent process**	Allows CoC

	for development of and/or periodic updating of the CoC strategic plan	and HUD Technical Assistance providers to assess the CoC plan development process and identify areas for improvement.
2.2.1	The CoC primary decision-making group has a process for developing and/or reviewing and updating the strategic plan	
	If you answered yes to (2.2.1), please answer the following:	
2.2.1.1	The planning process is inclusive and involves key CoC and community stakeholders, including government representatives, business leaders, the philanthropic community, etc.	
2.3	**Element: The CoC has a formal process in place to support implementation of the strategic plan.**	Allows CoC and HUD Technical Assistance providers to assess CoC plan implementation process and identify areas for improvement.
2.3.1	The CoC primary decision-making group has tasked a specific committee or other body with overseeing implementation of the plan.	
2.3.2	There is a written action plan to support implementation of the strategic plan.	
	If you answered yes to (2.3.2), please answer the following:	
2.3.2.1	The action plan includes specific steps and timelines.	
2.3.2.2	The action plan identifies responsible entities.	
2.3.2.3	Actions taken to date are having a positive impact on achievement of CoC goals identified in the CoC strategic plan.	
2.3.2.4	The action plan is reviewed and updated at least annually.	
2.3.2.5	On what date was the action plan last reviewed and updated?	
Domain III: CoC Infrastructure and Administrative Capacity		
3.1	**Element: Administrative Capacity: The CoC has adequate capacity to manage the administrative responsibilities of the CoC.**	Allows CoC and HUD Technical Assistance providers to assess CoC administrative capacity and identify areas for improvement.
3.1.1	Approximate number of CoC staff (paid or volunteer) responsible for regular administrative tasks of the CoC (estimated full-time equivalent (FTE)).	
3.1.2	The CoC has sufficient staffing (paid or volunteer) to manage the regular administrative tasks of the CoC, relative to the scope and scale of CoC funding and commitments.	
3.1.3	CoC staff is knowledgeable of technical assistance resources and opportunities.	
3.1.4	The CoC has capacity, policies, and procedures in place to monitor and ensure that HUD-funded projects are operating in accordance with HUD provisions and the project design set forth in the application.	
3.1.5	The CoC has policies and procedures in place to ensure that HUD-funded project sponsors provide individuals and families experiencing homelessness with opportunities for participation in project governance, employment and/or volunteering.	
3.1.6	The CoC has a policy and monitoring process in place to ensure that CoC	

	projects are protecting individuals and families fleeing or attempting to flee domestic violence by maintaining client record confidentiality and ensuring the secrecy of domestic violence service delivery locations.	
3.1.7	The CoC has policies and procedures in place to ensure that CoC projects serving families with children and unaccompanied youth experiencing homelessness designate a staff person to ensure children are enrolled in school, connected to appropriate services, and placed near their school of origin (or provided transportation to school of origin) to minimize disruption of education.	
3.1.8	The CoC primary decision-making group is aware of and understands fair housing laws.	
3.1.9	The CoC seeks to affirmatively further fair housing by periodically reviewing project policies and protocols implemented by CoC projects.	
3.1.10	CoC projects seek to affirmatively further fair housing through dissemination of fair housing information to CoC projects and project participants.	
3.2	**Element: Fiscal Capacity: The CoC has adequate capacity to manage the fiscal responsibilities of the CoC.**	Allows CoC and HUD Technical Assistance providers to assess the CoC's fiscal capacity and identify areas for improvement.
3.2.1	The CoC has a method for ensuring HUD-funded project sponsors have developed, implemented, and are adhering to appropriate internal fiscal control and fund accounting procedures (e.g., requests audit reports with project applications, self-certification of adequate accounting practices).	
3.2.2	The CoC helps support a diverse range of funding and cash/in-kind match opportunities for HUD-funded project sponsors.	
3.2.3	The CoC has a procedure in place to review and verify cash/in-kind match for HUD-funded projects.	
3.2.4	In the last three years HUD-funded project sponsors have been able to obligate/expend funds and complete projects within specified timelines (i.e., no funds have been recaptured).	
3.2.5	Based on your current level of understanding, is your CoC considering asking HUD to become a Unified Funding Agency (UFA)?	
	If you answered yes to (3.2.5), please answer the following:	
3.2.5.1	The CoC has or is working to identify a capable agent, consensually-agreeable to key community partners, to serve as CoC fiduciary for all projects.	
3.2.5.2	The CoC has adequate capacity (staffing and other resources) to monitor HUD-funded project sponsor compliance with HUD fiscal regulations, including auditing of financial management and fund accounting procedures.	
3.3	**Element: Information Management Capacity: The CoC has adequate capacity to manage the HMIS responsibilities of the CoC.**	Allows CoC and HUD Technical Assistance providers to assess if the CoC's
3.3.1	The CoC has policies and procedures in place to ensure the HMIS adheres to the HUD 2004 HMIS Technical Standards.	
3.3.2	The CoC has policies and procedures in place to ensure the HMIS is in compliance with the 2010 HMIS Data Standards.	

Attachment A

CoC Check-up Tool: Data Domains, Elements, Indicators, and Justification

3.3.3	The CoC has written HMIS participation agreements with organizations that enter client-level data into HMIS.	information management capacity and HMIS and identify areas for improvement.
3.3.4	The CoC has policies and procedures in place to monitor and assure data quality and compliance with data standards.	
3.3.5	The HMIS lead agency generates regular data quality reports.	
	If you answered yes to (3.3.5), please answer the following:	
3.3.5.1	Which types of data quality checks are performed? (check all that apply)	
3.3.5.2	Data quality reports are generated…	
3.3.5.3	The HMIS lead agency reports or otherwise informs the CoC lead decision-making group of data quality concerns.	
3.3.6	The CoC primary decision-making group provides ongoing management of and guidance to the HMIS lead agency through a data subcommittee or other formal mechanism.	
3.3.7	The HMIS lead agency has adequate funding and resources (excluding staffing) to fulfill its responsibilities related to HMIS software vendor management, end user training and technical assistance, data quality, report generation, and other responsibilities.	
3.3.8	The HMIS lead agency has adequate staffing to fulfill its responsibilities.	
	If you answered between 1 and 3 to (3.3.7 or 3.3.8), please answer the following:	
3.3.8.1	In which area(s) does the HMIS lack adequate capacity (funding and/or staffing)? (check all that apply)	
3.3.9	CoC participating projects *understand* the data collection requirements of the **2010** HMIS Data Standards.	
3.3.10	CoC participating projects are *compliant* with the data collection requirements of the **2010** HMIS Data Standards.	
3.3.11	CoC participating projects *understand* the Privacy and Security standards in the 2004 HMIS Technical Standards.	
3.3.12	CoC participating projects *adhere* to the Privacy and Security standards of the 2004 HMIS Technical Standards.	
3.3.13	The CoC lead *understands* HUD reporting requirements related to APR's.	
3.3.14	The CoC lead *understands* HUD reporting requirements related to the AHAR.	
3.3.15	The CoC lead *understands* HUD reporting requirements related to the Homeless Pulse Report.	
3.3.16	HUD-funded CoC projects *understand* HUD reporting requirements related to APRs.	
3.3.17	Data from the HMIS is generally useful and reliable for the CoC and participating agencies.	
3.3.18	The HMIS can generate reports for use in monitoring and evaluating system and project performance.	
3.3.19	The HMIS can generate project-level HUD APRs, per HUD reporting requirements and specifications.	
3.3.20	The HMIS can generate system level data for the AHAR, per HUD reporting specifications.	
3.3.21	The HMIS can generate system level data for the Homeless Pulse Report, per HUD reporting specifications.	

3.3.22	The HMIS can generate reports that meaningfully support CoC planning and project development.	
3.3.23	The CoC has 75% or more bed coverage in the HMIS for each established AHAR category (i.e., emergency shelter, transitional housing, and permanent supportive housing).	
	If you answered No to (3.3.23), please answer the following:	
3.3.23.1	Which categories have less than 75% bed coverage in HMIS (presently or as of last bed coverage analysis)? (check all that apply)	
3.3.23.1	Which categories have less than 75% bed coverage in HMIS (presently or as of last bed coverage analysis)? (check all that apply)	
3.3.24	Which data were accepted for inclusion in the AHAR in the most recent AHAR data collection process?	
3.3.25	The CoC has maintained the same HMIS software since initial HMIS implementation or two years (which ever is longer).	
3.3.26	The CoC currently has no plans to change HMIS software.	
3.3.27	The CoC has utilized the same HMIS lead agency since initial HMIS implementation or two years (which ever is longer).	
3.3.28	The CoC currently has no plans to change the HMIS lead agency.	

Domain IV: CoC Housing and Services

4.1	**Element: The housing and services available in the community(ies) served by the CoC are accessible by persons who are homeless or at-risk of homelessness and are sufficient and effective at preventing and ending homelessness.**	Allows CoC and HUD Technical Assistance providers to assess the accessibility and sufficiency of the community's housing and service resources for persons who are homeless or at-risk of homelessness and identify areas for improvement.
4.1.1	***Targeted homelessness prevention assistance*** is available across the CoC for persons at-risk of literal homelessness.	
	If you answered 1, 2, 3 or 4 to (4.1.1), please answer the following:	
4.1.1.1	Additional targeted homelessness prevention resources are:	
	If you answered 2, 3, 4, or 5 to (4.1.1), please answer the following:	
4.1.1.2	Homelessness prevention resources are targeted to persons most at-risk of literal homelessness.	
4.1.1.3	Persons most at-risk of literal homelessness can easily navigate and access homelessness prevention assistance across the CoC.	
4.1.1.4	Homelessness prevention assistance providers are effective at linking persons to community-based and mainstream resources.	
4.1.1.5	Homelessness prevention assistance providers are effective at helping persons to maintain or obtain permanent housing.	
4.1.1.6	Homelessness prevention assistance providers are effective at preventing literal homelessness for persons served.	
4.1.2	Local discharge practices of the **foster care** system do not result in direct discharge to homelessness.	
4.1.3	Local discharge practices of the **healthcare** system do not result in direct discharge to homelessness.	
4.1.4	Local discharge practices of the **mental health** system do not result in direct	

	discharge to homelessness.		
4.1.5	Local discharge practices of the **corrections** system do not result in direct discharge to homelessness.		
4.1.6	***Temporary shelter (i.e., emergency shelter and facility-based transitional housing)*** is available within the CoC for persons with no other appropriate temporary or permanent housing options.		
	If you answered 1, 2, 3 or 4 to (4.1.6), please answer the following:		
4.1.6.1		Additional temporary shelter is:	
	If you answered 2, 3, 4, or 5 to (4.1.6), please answer the following:		
4.1.6.2			Persons experiencing homelessness can easily navigate and access temporary shelter across the CoC.
4.1.6.3			Temporary shelter providers assess persons requesting shelter to first determine whether other appropriate temporary or permanent housing options are available.
4.1.6.4			Temporary shelter providers divert persons with other appropriate temporary/permanent housing options to homelessness prevention and/or other community resources.
4.1.6.5			Temporary shelter is decent, safe and sanitary.
4.1.6.6			Temporary shelter providers ensure all persons assisted have a housing goal plan as soon as possible after admission.
4.1.6.7			Temporary shelter providers seek to move assisted persons to permanent housing as quickly as possible.
4.1.6.8			Temporary shelter providers are effective at linking persons who are homeless to permanent housing options and resources (either directly or via a housing search/placement provider).
4.1.6.9			Transitional housing (facility-based) providers only serve persons who cannot otherwise be more appropriately assisted with transitional services in permanent housing.
4.1.7	***Re-housing and housing stabilization assistance*** is available within the CoC for persons experiencing homelessness.		
	If you answered 1, 2, 3 or 4 to (4.1.7), please answer the following:		
4.1.7.1		Additional re-housing and stabilization resources are:	
	If you answered 2, 3, 4, or 5 to (4.1.7), please answer the following:		
4.1.7.2			Persons experiencing homelessness can easily navigate and access a range of re-housing and housing stabilization assistance across the CoC.
4.1.7.3			Re-housing and housing stabilization assistance providers are effective at linking persons to community-based services and mainstream resources.
4.1.7.4			Re-housing and stabilization providers are effective at linking persons to permanent housing options.
4.1.7.5			Re-housing and stabilization providers are effective at ending homelessness for persons served.
4.1.8	***Permanent supportive housing (PSH)*** is available within the CoC for persons who are homeless, disabled and for whom PSH is the most appropriate housing option.		
	If you answered 1, 2, 3 or 4 to (4.1.8), please answer the following:		
4.1.8.1		Additional permanent supportive housing for persons who are homeless	

		and disabled is:	
	If you answered 2, 3, 4, or 5 to (4.1.8), please answer the following:		
4.1.8.2		Persons who are homeless and disabled can easily navigate and access permanent supportive housing across the CoC.	
4.1.8.3		PSH providers are effective at linking persons to community-based services and mainstream resources.	
4.1.8.4		PSH providers utilize Medicaid to pay for Medicaid eligible services for residents receiving Medicaid benefits.	
4.1.8.5		PSH providers partner with local PHA(s) around specific PSH projects (e.g., providing preferences and/or subsidy set-asides for homeless persons, allocating public housing units for PSH use, etc.).	
4.1.8.6		PSH providers are effective at assisting PSH residents to move to more independent housing, when desired and appropriate.	
4.1.9	*Street outreach* is available within the CoC for persons who are homeless and have difficulty accessing services and housing.		
	If you answered 1, 2, 3 or 4 to (4.1.9), please answer the following:		
4.1.9.1		Additional or improved street outreach services are:	
	If you answered 2, 3, 4, or 5 to (4.1.9), please answer the following:		
4.1.9.2		Street outreach providers are effective at finding and engaging persons who are literally homeless.	
4.1.9.3		Street outreach providers ensure all persons assisted have a housing goal plan as soon as possible after contact and engagement.	
4.1.9.4		Street outreach providers are effective at linking persons to community-based services and mainstream resources.	
4.1.9.5		Street outreach providers are effective at linking persons to temporary and permanent housing options in the community.	
4.1.9.6		Street outreach providers are effective at ending homelessness for persons served.	
4.2	**Element: The CoC functions as an integrated system of housing and services.**		Allows CoC and HUD Technical Assistance providers to assess system of care integration and identify areas for improvement.
4.2.1	CoC projects have written interagency procedures for making streamlined, effective referrals and documenting the referrals in case files.		
4.2.2	CoC projects have written procedures for sharing client-level information and coordinating case management and/or client-level services across projects, services, and funding streams.		
4.2.3	CoC projects effectively coordinate with mainstream systems and resources (e.g., TANF agency, school system, etc.) to identify and link persons/families experiencing a housing crisis to emergency housing assistance (i.e., homelessness prevention assistance or temporary shelter, as appropriate).		
	If you answered 1, 2, 3, or 4 to (4.2.3), please answer the following:		
4.2.3.1		Which mainstream systems and resources are the CoC not coordinating with effectively to identify and link persons/families experiencing a housing crisis to emergency housing assistance (i.e., homelessness prevention assistance or temporary shelter, as appropriate).? (check all that apply)	
4.2.3.2	The CoC has a central point of contact/triage for persons experiencing a housing		

	crisis.	
4.2.3.3	The CoC uses a vulnerability assessment or similar assessment tool/process to identify and prioritize persons who are homeless and disabled for permanent supportive housing and/or other appropriate assistance.	
4.2.4	The CoC has an affordable housing database and/or housing locator staff to assist persons across CoC projects with housing search and placement, landlord/tenant mediation, etc.,	
4.3	**Element: People who are homeless or at risk of homelessness in the community have access to relevant community-based services and mainstream resources in the community.**	Allows CoC and HUD Technical Assistance providers to assess access to mainstream resources for persons who are homeless or at-risk of homelessness and identify areas for improvement.
4.3.1	CoC projects systematically assess persons who are homeless or at-risk of homelessness for potential referral to community-based services and mainstream resources.	
4.3.2	Persons who are homeless or at-risk of homelessness can easily navigate and access (as needed and appropriate):	
4.3.2.1	Employment training/work supports	
4.3.2.2	TANF assistance	
4.3.2.3	Food Stamps/Supplemental Nutritional Assistance Program (SNAP)	
4.3.2.4	Medicaid	
4.3.2.5	Social Security Administration assistance (SSI, SSDI, etc.)	
4.3.2.6	Veterans Affairs (VA) general assistance (Medical Benefits, Cash Assistance)	
4.3.2.7	VA targeted assistance for the homeless (VASH, VA Per Diem)	
4.3.2.8	Other state/locally funded services for Veterans	
4.3.2.9	Local Housing Authority(ies) rental assistance (Housing Choice Vouchers, Public Housing, etc.)	
4.3.2.10	Other permanent affordable housing (subsidized or unsubsidized)	
4.3.2.11	Healthcare for the homeless services	
4.3.2.12	Other healthcare services	
4.3.2.13	Mental health services	
4.3.2.14	Substance abuse treatment services	
4.3.2.15	Youth services	
4.3.2.16	Domestic violence services	
4.4	**Element: The CoC as a whole has sufficient knowledge and capacity to provide housing and services.**	Allows CoC and HUD Technical Assistance providers to assess the CoC's knowledge and capacity to develop and provide
4.4.1	Agencies in the community have sufficient knowledge and capacity to develop and operate services and housing for homeless persons.	
4.4.2	CoC projects use nationally recognized best practice models and evidence-based practices to provide effective services and housing for homeless persons or persons at-risk of homelessness.	

		housing and services and identify areas for improvement.
4.4.3	CoC projects typically meet or exceed HUD's national performance goals/objectives and local goals/objectives.	

Identify the three (max five) most critical indicators that the CoC is working to improve or plans to work on to improve. Include key planned action step(s) and related timeline for each action step.

Indicator (drop-down)	**Key Action Step(s):** _____ _____ **Timeline:** _____
Indicator (drop-down)	**Key Action Step(s):** _____ _____ **Timeline:** _____
Indicator (drop-down)	**Key Action Step(s):** _____ _____ **Timeline:** _____
Indicator (drop-down)	**Key Action Step(s):** _____ _____ **Timeline:** _____
Indicator (drop-down)	**Key Action Step(s):** _____ _____ **Timeline:** _____

Attachment B

Federal Register Notice for OMB Clearance

and Indian Housing, Community Planning and Development, Sustainable Housing and Communities, Fair Housing and Equal Opportunity, Policy Development and Research, Housing, and Healthy Homes and Lead Hazard Control. For additional information, refer to the User's Guide to HUD Programs at: https://archives.hud.gov/funding/2009/nsuserguide.pdf. LEP communities are groups of LEP individuals sharing a common language that are located within the intended area to be served and comprise part of the community intended to be served by HUD grantees. The objectives of the LEP NOFA are to: (1) Identify and meet the needs of the targeted LEP communities; (2) improve the participation of LEP individuals in HUD programs, services, and activities beyond the 12 month grant period; and (3) enhance the dissemination and communication of HUD programs, services, and activities in languages targeted to meet the needs of local communities.

This Notice also lists the following information:

Title of Proposal: Notice of Funding Availability (NOFA) for Fiscal Year 2010 Limited English Proficiency Initiative (LEPI) Program.

Description of Information Collection: The purpose of the LEPI NOFA is to provide direct services to LEP individuals by providing information on accessing HUD programs, services, and activities in languages native to the targeted LEP communities, in coordination with local HUD grantees.

OMB Control Number: 2528–Pending.

Agency Form Numbers: HUD forms have been identified in the Department's General Section.

Members of Affected Public: Qualified non-profit or faith-based community organizations that have engaged in providing LEP services to diverse populations and communities.

Estimation of the Total Numbers of Hours Needed to Prepare the Information Collection Including Number of Respondents, Frequency of Responses, and Hours of Response: Estimation of the total number of hours needed to prepare the information collection is 30. On an annual basis approximately 30 respondents (applicants) will submit one (1) Application to HUD with a burden hour per response of 70 hours. It is estimated that 2 hours for the quarterly reporting period will be required of the recipients to fulfill HUD reporting requirements, for a total of 2,132 burden hours.

Status of the Proposed Information Collection: Proposed new collection.

Authority: The Paperwork Reduction Act of 1995, 44 U.S.C. chapter 35, as amended.

Dated: June 7, 2011.

Colette Pollard,

Departmental Reports Management Officer, Office of the Chief Information Officer.

[FR Doc. 2011–14801 Filed 6–13–11; 8:45 am]

BILLING CODE 4210–67–P

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

[Docket No. FR–5481–N–06]

Notice of Proposed Information Collection for Public Comment; Continuum of Care Check-up Assessment Tool

AGENCY: U.S. Department of Housing and Urban Development (HUD), Office of the Assistant Secretary for Community Planning and Development.

ACTION: Notice of proposed information collection.

SUMMARY: The proposed information collection requirement described below will be submitted to the Office of Management and Budget (OMB) for review, as required by the Paperwork Reduction Act. The Department is soliciting public comments on the subject proposal.

DATES: *Comments Due Date:* August 15, 2011.

ADDRESSES: Interested persons are invited to submit comments regarding this proposal. Comments should refer to the proposal by name/or OMB Control number and should be sent to: Colette Pollard, Departmental Reports Management Officer, QDAM, Department of Housing and Urban Development, 451 7th Street, SW., Room 4160, Washington, DC 20410–5000; telephone (202) 402–3400, (this is not a toll-free number) or e-mail Ms. Pollard at Colette.Pollard@hud.gov for a copy of proposed forms, or other available information. Persons with hearing or speech impairments may access this number through TTY by calling the toll-free Federal Information Relay Service at (800) 877–8339.

FOR FURTHER INFORMATION CONTACT: Ann Marie Oliva, Director, Office of Special Needs Assistance Programs, Office of Community Planning and Development, Department of Housing and Urban Development, 451 7th Street, SW., Room 7262, Washington, DC 20410; telephone (202) 708–1590 (This is not a toll-free number).

SUPPLEMENTARY INFORMATION: The Department will submit the proposed information collection to OMB for

review, as required by the Paperwork Reduction Act of 1995 (44 U.S.C. chapter 35, as amended). This Notice is soliciting comments from members of the public and affected agencies concerning the proposed collection of information to: (1) Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility; (2) evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information; (3) enhance the quality, utility, and clarity of the information to be collected; and (4) minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated collection techniques or other forms of information technology; e.g., permitting electronic submission of responses.

This Notice also lists the following information:

Title of Proposal: Continuum of Care Check-up Assessment Tool.

Description of the need for the information proposed: The CoC Check-up Tool will enhance CoCs awareness of their functional capacity to assume the new responsibilities outlined in the McKinney-Vento Act, as amended by HEARTH. Communities will self-identify and prioritize areas where capacity improvement is needed. HUD will garner information to assess and direct technical assistance needs, prepare for training conferences, develop sample tools and templates, guidebooks, white papers, webinars, FAQs, and staff the Virtual Help Desk to best help communities plan their transition.

Agency Form Numbers

Members of the affected public: Continuum of Care lead persons, HMIS administrators, ESG grantee lead persons, and select grantees under the current CoC competitive grants (The Supportive Housing Program [SHP], Shelter Plus Care [S+C], and the Section 8 Moderate Rehabilitation for the Single Room Occupancy [SRO] Program), ESG grants, and HPRP grants.

Estimation of the total number of hours needed to prepare the information collection including number of respondents, frequency of response, and hours of response: 450 CoC respondents × 8 respondents per CoC = 3,600 respondents. 3,600 respondents × 90 minutes per response = 324,000 total minutes or 5,400 hours.

Status of proposed information collection: New Collection