

CoC Application (Exhibit 1)

NOTE: This is a list of data elements to be included in the 2009 electronic application process. The order in which data elements appear on the screens in the electronic application process may differ from the order presented here.

1A. Continuum of Care Identification Data Element /Question	New in 2009 (Yes/No)	Response Categories/Type
CoC Name and Number	No	Information pulled from CoC Registration
CoC Lead Organization Name	No	Information pulled from CoC Registration

1B. Continuum of Care Primary Decision-Making Group Data Element /Question	New in 2009 (Yes/No)	Response Categories/Type
Name of primary decision-making group	No	Fill in the blank
Indicate the frequency of group meetings	No	Monthly or more, Bimonthly, Quarterly, Semiannually, Annually, Never
If less than Bimonthly, please describe the reasons that prevent more frequent meetings.	Yes	Fill in the blank
Indicate the legal status of the group	No	501(c)(3), 501(c)(4), Other, Not legally recognized
Specify "other" legal status	No	Fill in the blank
Indicate the percentage of group members that represent the private sector	No	Fill in the blank
Indicate the selection process of group members	No	Assigned, Appointed, Elected, Volunteer, Other
Specify "other" process(es)	No	Fill in the blank
Briefly describe the selection process including why this process was established and how it works.	No	Fill in the blank
Indicate the selection process of group leaders	No	Assigned, Appointed, Elected, Volunteer, Other
Specify "other" process(es)	No	Fill in the blank
If HUD could provide administrative funds to the CoC, would the primary decision-making body, or its designee, have the capacity to be responsible for activities such as applying for HUD funding and serving as the grantee, providing project oversight, and monitoring? Explain.	No	Fill in the blank

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1C. Continuum of Care Committees, Subcommittees and Work Groups Data Element /Question	New in 2009 (Yes/No)	Response Categories/Type
List the name and role of each CoC planning committee. To add committees to this list, click on the icon and enter requested information.		
Name of Committee/Sub-Committee/Work Group	No	Fill in the blank
Indicate the frequency of group meetings	No	Monthly or more, bimonthly, quarterly, semiannually, and annually
Describe community barriers, if applicable, that prevent the CoC planning committees from meeting more than bimonthly.	Yes	Fill in the blank
Describe the role of this group	No	Fill in the blank

1D. Continuum of Care Member Organization Data Element /Question	New in 2009 (Yes/No)	Response Categories/Type
Identify all organizations involved in the CoC planning process.		
Organization Name	No	Fill in the blank.
Membership Type	No	Private, Public, Individual
Organization Type	No	Select One from Drop Down: <ul style="list-style-type: none"> • State government • Local government • Public Housing Agency • School System/University • Law Enforcement • Local WIA Board • Faith-based org <ul style="list-style-type: none"> • Non-profit org • Funder • Advocacy group • Business • Hospital/med rep. • Homeless • Formerly homeless • Other
Specify if Other	Yes	Fill in the blank
Organization Role	No	<ul style="list-style-type: none"> • Select all that apply: • Authoring agency for Consolidated Plan • Attend Consolidated Plan planning meetings during past 12 months • Attend Consolidated Plan focus groups/public forms during past 12 months

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		<ul style="list-style-type: none"> • Lead agency for 10-year plan • Attend 10-year planning meetings during past 12 months • None 		
Is the organization a homeless service provider?	No	Yes, No		
Subpopulations represented by the organization	No	Select up to 2 subpopulations: <ul style="list-style-type: none"> • Severely Mentally Ill (SMI) • Substance Abuse (SA) • Veteran (VET) • HIV/AIDS (HIV) • Domestic Violence (DV) • Youth (Y) 		
Services Provided	No	Select all that apply: <table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top;"> <ul style="list-style-type: none"> • Mortgage Assistance • Rental Assistance • Utilities Assistance • Counseling/Advocacy • Legal Assistance • Street Outreach • Mobile Clinic • Law Enforcement • Case Management </td> <td style="vertical-align: top;"> <ul style="list-style-type: none"> • Life Skills • Alcohol/Drug Abuse • Mental Health Counseling • HIV/AIDS • Education • Employment • Child Care • Transportation • Soup kitchen/food pantry • Prescription assistance </td> </tr> </table>	<ul style="list-style-type: none"> • Mortgage Assistance • Rental Assistance • Utilities Assistance • Counseling/Advocacy • Legal Assistance • Street Outreach • Mobile Clinic • Law Enforcement • Case Management 	<ul style="list-style-type: none"> • Life Skills • Alcohol/Drug Abuse • Mental Health Counseling • HIV/AIDS • Education • Employment • Child Care • Transportation • Soup kitchen/food pantry • Prescription assistance
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1E. Continuum of Care Project Review and Selection Process		Response Categories/Type	
Data Element /Question	New in 2009 (Yes/No)		
Open Solicitation Methods	No	Select all that apply: <ul style="list-style-type: none"> • Newspapers • Letters/emails to CoC Membership • Responsive to Public inquiries 	<ul style="list-style-type: none"> • Outreach to Faith-based groups • Announcements at CoC meetings • Announcements at Other meetings • None

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Rating and Performance Assessment Measure(s)	No	Select all that apply: <ul style="list-style-type: none"> • Review CoC monitoring reports • Review HUD monitoring reports • Review independent financial audit • Review APR • Assess unexecuted grants • Conduct Site Visits • Survey Clients • Assess project Readiness • Assess spending • Assess Cost Effectiveness 	<ul style="list-style-type: none"> • Assess provider organization capacity • Evaluate project presentation • Review CoC involvement or participation • Review and assess cash match • Assess leveraging • Review project data from HMIS to assess project performance • Assess provider organization experience • Other (must specify)
Voting/Decision Method(s)	No	Select all that apply: <ul style="list-style-type: none"> • Unbiased panel/review committee • Consumer representative(s) vote • All CoC members present vote • One vote per CoC member organization 	<ul style="list-style-type: none"> • Consensus • Voting members abstain if conflict of interest • None of the above
Were there any written complaints received by the CoC regarding any matter in the last 12 months?	Yes	Yes, No	
If yes, briefly describe the complaint(s) and how it was resolved.	Yes	Fill in the blank	

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NOTE: This is a list of data elements to be included in the 2009 electronic application process. The order in which data elements appear on the screens in the electronic application process may differ from the order presented here.

1F. Continuum of Care Housing Inventory--Change in Beds Available Data Element /Question	New in 2009 (Yes/No)	Response Categories/Type
For each housing type, indicate if there was an increase or reduction in the total number of beds in the 2009 housing inventory as compared to the 2008 housing inventory		
Emergency Shelter	No	Yes, No
Transitional Housing	No	Yes, No
Safe Haven	No	Yes, No
Permanent Housing	No	Yes, No

1G. Continuum of Care Housing Inventory Chart Attachment Data Element /Question	New in 2009 (Yes/No)	Response Categories/Type																				
<p>CoC must submit HUD-designated 2009 Housing Inventory worksheet. Information collected on this worksheet include:</p> <ul style="list-style-type: none"> Program Information: Provider, Facility name, Geo Code, Inventory Type (Current, New, Under Development) Target Population: <table border="1" data-bbox="449 935 1661 1245"> <tr> <td colspan="2">KEY: Target Population A and B</td> </tr> <tr> <td>SM: single males</td> <td>YF: youth females</td> </tr> <tr> <td>SF: single females</td> <td>YMF: youth males and females</td> </tr> <tr> <td>SMF: single males and females</td> <td></td> </tr> <tr> <td>CO: couples only, no children</td> <td>SMF + HC: Single male and female plus households with children</td> </tr> <tr> <td>SMHC: single males and households with children</td> <td></td> </tr> <tr> <td>SFHC: single females and households with children</td> <td>DV - Domestic Violence victims only</td> </tr> <tr> <td>HC: households with children</td> <td>VET - Veterans only</td> </tr> <tr> <td>YM: youth males</td> <td>HIV - HIV/AIDS populations only</td> </tr> </table> Does this facility receive HUD McKinney-Vento funding? Information on year-round family beds, family units, individual beds (covered in HMIS and not covered in HMIS) Information on seasonal beds including total number of beds, number available in HMIS, availability start and end date, and O/V beds Point-in-Time count data Program utilization rate 			KEY: Target Population A and B		SM: single males	YF: youth females	SF: single females	YMF: youth males and females	SMF: single males and females		CO: couples only, no children	SMF + HC: Single male and female plus households with children	SMHC: single males and households with children		SFHC: single females and households with children	DV - Domestic Violence victims only	HC: households with children	VET - Veterans only	YM: youth males	HIV - HIV/AIDS populations only		
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1H. Continuum of Care Housing Inventory Chart (HIC) - Data Sources and Methods	New in 2009 (Yes/No)	Response Categories/Type		
Data Element /Question				
Date on which the housing inventory was completed:	No	Fill in the blank		
Indicate the type of data or methods used to complete the housing inventory count:	No	<ul style="list-style-type: none"> • Housing inventory survey • HMIS • HMIS plus housing inventory 		
Indicate steps to ensure data accuracy for 2009 Housing Inventory	No	<table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top;"> <ul style="list-style-type: none"> • Instructions • Training • Updated prior HIC data • Follow-up </td> <td style="vertical-align: top; padding-left: 20px;"> <ul style="list-style-type: none"> • Confirmation • HMIS • Other (specify) </td> </tr> </table>	<ul style="list-style-type: none"> • Instructions • Training • Updated prior HIC data • Follow-up 	<ul style="list-style-type: none"> • Confirmation • HMIS • Other (specify)
<ul style="list-style-type: none"> • Instructions • Training • Updated prior HIC data • Follow-up 	<ul style="list-style-type: none"> • Confirmation • HMIS • Other (specify) 			
Indicate the type of data or method(s) used to determine unmet need:	No	Fill in the blank		

2A. Homeless Management Information System (HMIS) Implementation	New in 2009 (Yes/No)	Response Categories/Type
Data Element /Question		
Indicate HMIS Implementation Type	No	<ul style="list-style-type: none"> • Single CoC • Regional (multiple CoCs) • Statewide
Select the CoC(s) covered by the HMIS:	No	CoC will make selection from a list of CoCs
Is HMIS Lead Organization the same as CoC Lead Organization	No	Yes, No
If no, is there a written agreement between the CoC Lead Organization and the HMIS Lead Organization?	No	Yes, No If yes, the agreement (e.g., contract, Memorandum of Understanding, etc.) must be submitted with the application.
Has CoC selected HMIS software product?	No	Yes, No
If "No" select reason	No	Select One: <ul style="list-style-type: none"> • New CoC in 2008 • Still in planning/software selection process
If "Yes" list the name of the product	No	Fill in the blank
What is the name of the HMIS software company?	No	Fill in the blank
Does the CoC plan to change HMIS software within the next 18 months?	No	<ul style="list-style-type: none"> • No • Unknown
Indicate the date on which HMIS data entry started (or will start): (format	No	Fill in the blank

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mm/dd/yyyy)		
Is this an actual or anticipated HMIS data entry start date?	No	Select One: <ul style="list-style-type: none"> • Actual Start Date • Anticipated Start Date
Indicate the challenges and barriers impacting the HMIS implementation:	No	Select all that apply: <ul style="list-style-type: none"> • Lack of MOU between CoC and HMIS administering agency • No or low participation of SHP funded providers • No or low participation of S+C funded providers • No or low participation of SRO funded providers <new> • No or low participation of ESG funded providers • No or low participation of non-HUD funded providers • Inadequate ongoing training and/or user groups • Poor data quality • No CoC formal data quality plan • HMIS unable to generate unduplicated count of homeless persons • HMIS unable to generate CoC wide data or reports • HMIS unable to generate data for PIT counts of sheltered persons • Inadequate bed coverage for AHAR participation • HMIS unable to generate AHAR table shells • HMIS unable to generate data quality reports • HMIS unable to generate APR data • Inadequate staffing • Inadequate resources • Inability to integrate data from providers with legacy data systems • Other • None
If "None" was selected, briefly describe why CoC had no challenges or how all barriers were overcome	No	Fill in the blank
Briefly describe the CoC's plans to overcome challenges and barriers, if applicable.	No	Fill in the blank

2B. Homeless Management Information System (HMIS) Lead Organization)	New in 2009 (Yes/No)	Response Categories/Type
Data Element /Question		

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Organization Name	No	Fill in the blank
Street Address 1	No	Fill in the blank
Street Address 2	No	Fill in the blank
City	No	Fill in the blank
State	No	Fill in the blank
Zip Code	No	Fill in the blank
Organization Type		Select One: <ul style="list-style-type: none"> • State or local government • Non-profit • For profit • Other (specify)
Is this organization the HMIS lead in more than one CoC?	Yes	Yes, No

2C. Homeless Management Information System (HMIS) Contact Person Data Element /Question	New in 2009 (Yes/No)	Response Categories/Type
Prefix	No	Fill in the blank
First Name	No	Fill in the blank
Middle Initial	No	Fill in the blank
Last Name	No	Fill in the blank
Suffix	No	Fill in the blank
Telephone Number	No	Fill in the blank
Extension	No	Fill in the blank
Fax Number	No	Fill in the blank
E-mail Address	No	Fill in the blank

2D. Homeless Management Information System (HMIS) Bed Coverage	New in 2009 (Yes/No)	Response Categories/Type
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Data Element /Question		
For each housing type, indicate the percentage of the CoC's total beds (bed coverage) in the HMIS.		
Emergency Shelter Transitional Housing Safe Haven Permanent Housing	No	For each housing type select one: <ul style="list-style-type: none"> • =/> 86% • 76-85% • 65-75% • 51-64% • =/<50%
How often does the CoC review or assess its HMIS bed coverage?	No	Select One: <ul style="list-style-type: none"> • Monthly • Quarterly • Semi-annually • Annually • Never
If bed coverage is 0-64%, describe the CoC's plan to increase this percentage during the next 12 months.	No	Fill in the blank

2E. Homeless Management Information System (HMIS) Data Quality Data Element /Question	New in 2009 (Yes/No)	Response Categories/Type
Indicate the percentage of unduplicated client records with null or missing values on a day during the last ten days of January 2008.		
Name Date of Birth Ethnicity Gender Veteran Status (adults only) Disabling Condition (adults only) Residence Prior to Program Entry Zip Code of Last Permanent Address	No	For each Data Element: <ul style="list-style-type: none"> • Records with no values (%)—1-100% • Records where value is refused or unknown (%)—1-100%
How frequently does the CoC review the quality of client level data?	No	Select One: Monthly or more, bimonthly, quarterly, semiannually, annually, or never
How frequently does the CoC review the quality of program level data?	No	Select One: Monthly or more, bimonthly, quarterly, semiannually, annually, or never

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Describe the process, extent of assistance, and tools used to improve data quality for participating agencies.	No	Fill in the blank
Describe the existing policies and procedures used to ensure that valid program entry and exit dates are recorded in the HMIS.	No	Fill in the blank
Did CoC participate in AHAR 4?	No	Yes, No
Will CoC participate in AHAR 5?	No	Yes, No

2F. Homeless Management Information System (HMIS) Data Usage Data Element /Question	New in 2009 (Yes/No)	Response Categories/Type
Indicate how often does CoC use HMIS to generate unduplicated counts	No	Select One: Monthly or more, bimonthly, quarterly, semiannually, annually, or never
Indicate how often does CoC use data integration or data warehousing to generate unduplicated counts	No	Select One: Monthly or more, bimonthly, quarterly, semiannually, annually, or never
Indicate how often does CoC use HMIS data for Point in Time count of sheltered persons	No	Select One: Monthly or more, bimonthly, quarterly, semiannually, annually, or never
Indicate how often does CoC use HMIS for Point in Time count of unsheltered persons	No	Select One: Monthly or more, bimonthly, quarterly, semiannually, annually, or never
Indicate how often does CoC use HMIS for Project and/or program performance assessment	No	Select One: Monthly or more, bimonthly, quarterly, semiannually, annually, or never
Indicate how often does CoC use HMIS for Program management purposes	No	Select One: Monthly or more, bimonthly, quarterly, semiannually, annually, or never
Indicate how often does Is HMIS data integrated with data from mainstream systems?	No	Select One: Monthly or more, bimonthly, quarterly, semiannually, annually, or never

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2G. Homeless Management Information System (HMIS) Data and Technical Standards Data Element /Question	New in 2009 (Yes/No)	Response Categories/Type
Indicate the frequency in which the CoC or HMIS Lead completes a compliance assessment for each of the following standards:		
Unique user name and password	No	Select One: Monthly or more, bimonthly, quarterly, semiannually, annually, or never
Secure location for equipment	No	Select One: Monthly or more, bimonthly, quarterly, semiannually, annually, or never
Locking screen savers	No	Select One: Monthly or more, bimonthly, quarterly, semiannually, annually, or never
Virus protection with auto update	No	Select One: Monthly or more, bimonthly, quarterly, semiannually, annually, or never
Individual or network firewalls	No	Select One: Monthly or more, bimonthly, quarterly, semiannually, annually, or never
Restrictions on access to HMIS via public forums	No	Select One: Monthly or more, bimonthly, quarterly, semiannually, annually, or never
Compliance with HMIS Policy and Procedures manual	No	Select One: Monthly or more, bimonthly, quarterly, semiannually, annually, or never
Validation of off-site storage of HMIS data	No	Select One: Monthly or more, bimonthly, quarterly, semiannually, annually, or never
How often does the CoC assess compliance with HMIS Data and Technical Standards?	No	Select One: Monthly or more, bimonthly, quarterly, semiannually, annually, or never
How often does the CoC aggregate data to a central location (HMIS database or analytical database)?	No	Select One: Monthly or more, bimonthly, quarterly, semiannually, annually, or never
Does the CoC have an HMIS Policy and Procedures manual?	No	Yes, No
If yes, indicate the date of last review or update by CoC If no, indicate when development of manual will be completed	No	Fill in the blank

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2H. Homeless Management Information System (HMIS) Training	New in 2009 (Yes/No)	Response Categories/Type
Data Element /Question		
Indicate the frequency in which the CoC or HMIS Lead offers each of the following training activities:		
Privacy/Ethics training	No	Select One: Monthly or more, bimonthly, quarterly, semiannually, annually, or never
Data Security Training	No	Select One: Monthly or more, bimonthly, quarterly, semiannually, annually, or never
Data Quality Training	No	Select One: Monthly or more, bimonthly, quarterly, semiannually, annually, or never
Using HMIS data locally	No	Select One: Monthly or more, bimonthly, quarterly, semiannually, annually, or never
Using HMIS data for assessing program performance	No	Select One: Monthly or more, bimonthly, quarterly, semiannually, annually, or never
Basic computer skills training	No	Select One: Monthly or more, bimonthly, quarterly, semiannually, annually, or never
HMIS software training	No	Select One: Monthly or more, bimonthly, quarterly, semiannually, annually, or never

2I. Continuum of Care (CoC) Point-in-Time Homeless Population	New in 2009 (Yes/No)	Response Categories/Type
Data Element /Question		
Indicate the date of the last point in time count (mm/dd/yyyy)	No	Fill in the blank
Indicate number of households with dependent children—Sheltered (Emergency/Transitional) and Unsheltered	No	Fill in the blank
Indicate the number of persons (adults and children) in households with dependent children—Sheltered (Emergency/Transitional) and Unsheltered	No	Fill in the blank
Indicate the number of households without dependent children—Sheltered (Emergency/Transitional) and Unsheltered	No	Fill in the blank
Indicate the number of persons (adults and unaccompanied youth) in households without dependent children—Sheltered (Emergency/Transitional) and Unsheltered	No	Fill in the blank

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2J. Continuum of Care (CoC) Point-in-Time Homeless Subpopulations	New in 2009 (Yes/No)	Response Categories/Type
Data Element /Question		
Indicate the number of sheltered and unsheltered homeless persons in each subpopulation category.		
Chronically homeless	No	Fill in the blank for sheltered and unsheltered
Severely Mentally Ill	No	Fill in the blank for sheltered and unsheltered
Chronic Substance Abuse	No	Fill in the blank for sheltered and unsheltered
Veterans	No	Fill in the blank for sheltered and unsheltered

2K. Continuum of Care (CoC) Sheltered Homeless Population & Subpopulation: Point-In-Time (PIT) Count	New in 2009 (Yes/No)	Response Categories/Type
Data Element /Question		
How often does the CoC conduct a Point in Time count	No	Annually, Biennially, or Semi-Annually
Enter the date in which the CoC plans to conduct its next Point in Time count	No	Fill in the blank (mm/dd/yyyy)
Indicate the percentage of providers supplying population and subpopulation data collected via survey, interview, and/or HMIS.	No	
Emergency Shelter providers	No	Fill in the blank (%)
Transitional Housing Providers	No	Fill in the blank (%)

2L. Continuum of Care (CoC) Sheltered Homeless Population & Subpopulation: Methods	New in 2009 (Yes/No)	Response Categories/Type
Data Element /Question		
Indicate the method(s) used to count sheltered homeless persons during the last point-in-time count:	No	Select all that apply: <ul style="list-style-type: none"> • Survey providers • HMIS <ul style="list-style-type: none"> • Extrapolation (CoCs that select this option must attach the Extrapolation worksheet)

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		• Other (Specify)	• None
Describe how the sheltered population data was collected and the count produced.	Yes	Fill in the blank	
Comparing the 2009 point-in-time count to the previous point-in-time count (2008 or 2007), describe any factors that may have resulted in an increase, decline or no change in the sheltered count.	Yes	Fill in the blank	

2M. Continuum of Care (CoC) Sheltered Homeless Population & Subpopulation: Methods	New in 2009 (Yes/No)	Response Categories/Type	
Data Element /Question			
Indicate the method(s) used to gather and calculate subpopulation data on sheltered homeless persons	No	Select all that apply: <ul style="list-style-type: none"> • HMIS • HMIS plus extrapolation • Non-HMIS client level information • Provider expertise • Other (Specify) 	<ul style="list-style-type: none"> • Sample of PIT interviews plus extrapolation—Random or Stratified (must attach a copy of designated extrapolation worksheet if this is selected) • None
Describe how the sheltered subpopulation data was collected and the count produced.	Yes	Fill in the blank	
Comparing the 2009 point-in-time count to the previous point-in-time count (2008 or 2007), describe any factors that may have resulted in an increase, decline or no change in the sheltered subpopulation counts, particularly the chronically homeless count.	Yes	Fill in the blank	

2N. Continuum of Care (CoC) Sheltered Homeless Population & Subpopulation: Data Quality	New in 2009 (Yes/No)	Response Categories/Type	
Data Element /Question			
Indicate the steps used to ensure the data quality of the sheltered persons counts.	No	Select all that apply: <ul style="list-style-type: none"> • Instructions • Training • Remind/Follow-up • HMIS 	<ul style="list-style-type: none"> • Non-HMIS de-duplication techniques • Other (must specify) • None

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Describe the non-HMIS de-duplication techniques (if Non-HMIS de-duplication was selected).	No	Fill in the blank
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2O. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Methods	New in 2009 (Yes/No)	Response Categories/Type	
Data Element /Question			
Indicate the method(s) used to count unsheltered homeless persons.	No	Select all that apply: <ul style="list-style-type: none"> • Public places count • Public places count with interview • Service-based count 	<ul style="list-style-type: none"> • HMIS • Other (Must specify) • None

2P. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Level of Coverage	New in 2009 (Yes/No)	Response Categories/Type	
Data Element /Question			
Indicate the level of coverage of the PIT count of unsheltered homeless people	No	Select all that apply: <ul style="list-style-type: none"> • Complete coverage • Known locations • Combination 	<ul style="list-style-type: none"> • Used service-based or probability sampling • Other (specify)

2Q. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Data Quality	New in 2009 (Yes/No)	Response Categories/Type	
Data Element /Question			
Indicate the steps used by the CoC to ensure the data quality of the unsheltered persons counts.	No	Select all that apply: <ul style="list-style-type: none"> • Training • HMIS 	<ul style="list-style-type: none"> • De-duplication techniques • Other (must specify) • None
Describe the techniques used to reduce duplication.	No	Fill in the blank	
Describe the CoCs efforts, including outreach plan, to reduce the number of unsheltered homeless households with dependent children.	No	Fill in the blank	
Describe the CoCs efforts to identify and engage persons routinely sleeping on the streets and other places not meant for human habitation. Additionally, comparing your most recent point-in-time count to the last	No	Fill in the blank	

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biennial/annual count, describe any factors that may have resulted in an increase, decline or no change in the unsheltered population (especially the chronically homeless and families with children).		
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3A. Continuum of Care 10-Year Plan, Objectives and Action Steps	New in 2009 (Yes/No)	Response Categories/Type
Data Element /Question <i>HUD Objective #1: Create new PH beds for chronically homeless persons.</i> <ul style="list-style-type: none"> List local action steps for attaining this objective within the next 12 months. Identify the title of one person responsible for accomplishing each action step and the organization which they represent. Proposed numeric achievement 	No	Fill in the blank
<i>HUD Objective #2: Increase percentage of persons staying in PH to at least</i> <ul style="list-style-type: none"> List local action steps for attaining this objective within the next 12 months. Identify the title of one person responsible for accomplishing each action step and the organization which they represent. Proposed numeric achievement 	No	Fill in the blank
<i>HUD Objective #3: Increase percentage of persons moving from TH to PH to at least...</i> <ul style="list-style-type: none"> List local action steps for attaining this objective within the next 12 months. Identify the title of one person responsible for accomplishing each action step and the organization which they represent. Proposed numeric achievement 	No	Fill in the blank
<i>HUD Objective #4: Increase percentage of persons employed at program exit to at least...</i> <ul style="list-style-type: none"> List local action steps for attaining this objective within the next 12 months. Identify the title of one person responsible for accomplishing each action step and the organization which they represent. Proposed numeric achievement 	No	Fill in the blank
<i>HUD Objective #5: Decrease the number of homeless households with</i>	No	Fill in the blank

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<i>children.</i>		
• List local action steps for attaining this objective within the next 12 months.		
• Identify the title of one person responsible for accomplishing each action step and the organization which they represent.		
• Proposed numeric achievement		

3B. Continuum of Care (CoC) Discharge Planning	New in 2009 (Yes/No)	Response Categories/Type
Data Element /Question		
Pursuant to the McKinney-Vento Act, to the maximum extent practicable, persons discharged from publicly funded institutions or systems of care should not be discharged into homelessness. In the space provided, please provide information on what policies and procedures the CoC has in place to ensure that persons are not discharged into homelessness (this includes homeless shelters or other types of homeless housing programs).	Yes	Ask this question for each public institution type: Foster Care, Mental Health, Health Care, and Corrections. Fill in the blank.

3C. Continuum of Care (CoC) Coordination	New in 2009 (Yes/No)	Response Categories/Type
Data Element /Question		
Does the CoC's Consolidated Plan include the CoC strategic plan goals to address homelessness and chronic homelessness?	No	Yes, No
If yes, briefly list a few of the goals included in the Consolidated Plan.	No	Fill in the blank
Within the CoC's geographic area, is one or more jurisdictional 10-year plan(s) being developed or implemented (separate from the CoC 10-year plan)?	No	Yes, No
Does the 10-year plan include the CoC strategic plan goals to address homelessness and chronic homelessness?	No	Yes, No
If yes, briefly list a few of the goals included in the 10-year plan(s):	No	Fill in the blank
What is the CoC doing to coordinate prevention efforts with the new HPRP initiative?	Yes	Fill in the blank

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What is the CoC doing to coordinate efforts with the new Neighborhood Stabilization Program (NSP) initiative?	Yes	Fill in the blank
What is the CoC doing to coordinate efforts with the HUD VASH initiative?	Yes	Fill in the blank

3D. Hold Harmless Need (HHN) Reallocation	New in 2009 (Yes/No)	Response Categories/Type
Data Element /Question		
Is the CoC reallocating funds from renewal project(s) to one or more new projects?	No	Yes, No
If yes, list eliminated grants (by project name, previous grant number, and annual renewal amount)	No	Fill in the blank
If yes, list reduced projects, if any (by project name, previous grant number, 2009 rank, annual renewal amount, amount made available for new project, 2009 reduced requested amount)	No	Fill the blank
If yes, list all new PH and/or HMIS projects created with reallocated funds (by project name, 2009 rank, applicant, funds requested).	No	Fill in the blank

4A. Continuum of Care (CoC) 2008 Achievements	New in 2009 (Yes/No)	Response Categories/Type
Data Element /Question		
For the five HUD national objectives in, enter the 12-month numeric achievements that you proposed in 2008. Also, under "Actual 12-Month Achievement" enter the actual numeric achievement that was attained in the past 12 months.	No	Fill in the blank for 2008 Proposed Achievement and Actual Achievement
Objective 1: Create new PH beds for CH		
Objective 2: Increase percentage of persons staying in PH for at least 6 months to at least 71.5%.		
Objective 3: Increase percentage of persons moving from TH to PH to at least 63.5%.		
Objective 4: Increase percentage of homeless persons employed at exit to at least 19%.		
Objective 5: Decrease the number of homeless households with		

CoC Application (Exhibit 1)

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children.		
For any objectives where the CoC did not meet the HUD National Objective or the goal they set for themselves, provide explanation of obstacles that prevented them from meeting goals.	Yes	Fill in the blank
Did CoC submit an Exhibit 1 application in 2008?	Yes	Yes, No

4B. Continuum of Care (CoC) Chronic Homeless Progress Data Element /Question	New in 2009 (Yes/No)	Response Categories/Type
Indicate the total number of chronically homeless persons and total number of permanent housing beds designated for the chronically homeless persons in your CoC for each year.		
Number of CH persons in 2007, 2008, and 2009	No	Fill in the blank
Number of PH beds for CH persons in 2007, 2008, and 2009	No	Fill in the blank
If the number of CH persons increased or if the number of PH beds for CH persons decreased between 2008 and 2009, please explain.	Yes	Fill in the blank
Indicate the number of new PH beds in place and made available for occupancy for the chronically homeless between February 1, 2008 and January 31, 2009.	No	Fill in the blank
Identify the amount of funds from each funding source for the development and operations costs of the new CH beds created between February 1, 2008 and January 31, 2009.	No	Fill in the blank for all funding sources that apply: <ul style="list-style-type: none"> • HUD McKinney-Vento • Other Federal • State • Local • Private

4C. Continuum of Care (CoC) Housing Performance. Data Element /Question	New in 2009 (Yes/No)	Response Categories/Type
Using data from the most recently submitted APRs for each of the projects within the CoC provide information about the CoCs progress in reducing homelessness by helping clients move to and stabilize in permanent housing.		
Check box if CoC has no projects for which an APR should have been submitted.	Yes	Check box

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Participants in permanent housing	No	Fill in the number for: <ul style="list-style-type: none"> • Number of persons who exited the PH project • Number of persons who did not exit the PH project • Number of persons who exited after six months or longer • Number of persons who did not exit and were enrolled for less than six months.
Participants in transitional housing	No	Fill in the number for: <ul style="list-style-type: none"> • Number of persons who exited, including those where destination was unknown • Number of person who exited into permanent housing

4D. Continuum of Care (CoC) Enrollment in Mainstream Programs and Employment Information Data Element /Question	New in 2009 (Yes/No)	Response Categories/Type	
Using data from the most recently submitted APRs for each of the projects within the CoC provide information about the CoCs progress in reducing homelessness by helping clients access mainstream services and gain employment.			
Check box if CoC has no projects for which an APR should have been submitted.	Yes	Check box	
Total number of exiting adults:	No	Fill in the blank	
Number of exiting adults (for each of the following categories)	No	Enter the number of exiting adults for these categories: <ul style="list-style-type: none"> • SSI • SSDI • Social Security • General Public Assistance • TANF • SCHIP 	<ul style="list-style-type: none"> • Veterans Benefit Employment Income • Earned Income Tax Credit • Unemployment benefits • Veterans Health Care • Medicaid • Food Stamps • Other (must specify)
4E. Continuum of Care (CoC) Participation in Energy Star and Section 3 Employment Policy Data Element /Question	New in 2009 (Yes/No)	Response Categories/Type	
Has the CoC notified its members of the Energy Star Initiative?	No	Yes, No	
Are any projects within the CoC requesting funds for housing rehabilitation or new construction?	No	Yes, No	
If yes, is the project requesting \$200,000 or more?	No	Yes, No	

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<p>If yes, which activities will the project undertake to ensure that employment and other economic opportunities are directed to low and very low income persons?</p>	<p align="center">No</p>	<p>Select all that apply:</p> <ul style="list-style-type: none"> • Preference policy for hiring low and very-low income persons residing in the service area • Advertise at social service agencies, employment/training/community centers, or local newspapers • Notify Youthbuild programs of job opportunities • Establish a preference policy for Section 3 competitive contracts > \$100,000 • None
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<p align="center">4F. Continuum of Care (CoC) Enrollment and Participation in Mainstream Programs</p> <p align="center">Data Element /Question</p>	<p align="center">New in 2009 (Yes/No)</p>	<p align="center">Response Categories/Type</p>
<p>Does the CoC systematically analyze the APRs for its projects to assess and improve access to mainstream programs?</p>	<p align="center">No</p>	<p>Yes, No</p>
<p>Does the CoC have an active planning committee that meets at least 3 times per year to improve CoC-wide participation in mainstream programs?</p>	<p align="center">No</p>	<p>Yes, No</p>
<p>Does the CoC coordinate with the State Interagency Council on Homelessness to reduce or remove barriers to accessing mainstream services?</p>	<p align="center">No</p>	<p>Yes, No</p>
<p>Does the CoC and/or its providers have specialized staff whose primary responsibility is to identify, enroll, and follow-up with homeless persons on participation in mainstream programs?</p>	<p align="center">No</p>	<p>Yes, No</p>
<p>Does the CoC systematically provide training on how to identify eligibility and program changes for mainstream programs to provider staff?</p>	<p align="center">No</p>	<p>Yes, No</p>
<p>Does the CoC use HMIS to screen for benefit eligibility?</p>	<p align="center">No</p>	<p>Yes, No</p>
<p>Has the CoC participated in SOAR training?</p>	<p align="center">No</p>	<p>Yes, No</p>

<p align="center">4G. Homeless Assistance Providers Enrollment and Participation in Mainstream Programs</p> <p align="center">Data Element /Question</p>	<p align="center">New in 2009 (Yes/No)</p>	<p align="center">Response Categories/Type</p>
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Indicate the percentage of homeless assistance providers that are implementing the following activities:		
Case managers systematically assist clients in completing applications for mainstream benefits.	No	Fill in the blank (%)
Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	No	Fill in the blank (%)
Homeless assistance providers use a single application form for four or more mainstream programs.	No	Fill in the blank (%)
Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	No	Fill in the blank (%)

4H. Unexecuted Grants Data Element /Question	New in 2009 (Yes/No)	Response Categories/Type
Does the CoC have any grants awarded prior to 2008 that are unexecuted?	Yes	Yes, No
If yes, provide information on each applicable grant.	Yes	Fill in the blank for each: <ul style="list-style-type: none"> • Project number • Applicant name • Project name • Grant amount