

Part I: CoC Organizational Structure

HUD-defined CoC Name:*	CoC Number*
Columbus/Franklin County CoC	OH-503
*HUD-defined CoC names and numbers are available at: www.hud.gov/offices/adm/grants/fundsavail.cfm . If you do not have a HUD-defined CoC name and number, enter the name of your CoC and HUD will assign you a number.	

A: CoC Lead Organization Chart

CoC Lead Organization: Continuum of Care Steering Committee		
CoC Contact Person: Barbara Poppe		
Contact Person's Organization Name: Community Shelter Board		
Street Address: 115 West Main St., Lower Level		
City: Columbus	State: Ohio	Zip: 43215
Phone Number: (614) 221-9195	Fax Number: (614) 221-9199	
Email Address: bpoppe@csb.org		

CoC-A

B: CoC Geography Chart

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

Geographic Area Name	6-digit Code
Columbus, Ohio	391176
Franklin County, Ohio	399049

CoC-B

CoC Structure and Decision-Making Processes

C: CoC Groups and Meetings Chart

The purpose of the CoC Groups and Meetings Chart is to help HUD understand the current structure and decision-making processes of your CoC. List the name and role (function served) of each group in the CoC planning process. Under “CoC Primary Decision-Making Group,” identify only one group that acts as the primary leadership or decision-making group for the CoC. Indicate frequency of meetings and the number of organizations participating in each group. Under “Other CoC Committees, Sub-Committees, Workgroups, etc.” you should include any established group that is part of your CoC’s organizational structure (add rows to the chart as needed). Please limit your description of each organization’s role to 2 lines or less.

CoC-Related Planning Groups		Meeting Frequency (check only one column)				Enter the number of organizations/entities that are members of each CoC planning group listed on this chart.
		Monthly or More	Quarterly	Biannually	Annually	
CoC Primary Decision-Making Group (list only one group)						
Name:	Columbus & Franklin County Continuum of Care Steering Committee	X				18
Role:	<u>Provides strategic oversight of CoC planning and coordination, develops CoC funding priorities, and monitors project and system performance.</u>					
Other CoC Committees, Sub-Committees, Workgroups, etc.						
Name:	Rebuilding Lives Funder Collaborative		X			21
Role:	<u>Oversees and makes recommendations on funding actions and policy issues related to the Rebuilding Lives supportive housing initiative.</u>					
Name:	Board of Trustees, Community Shelter Board		X			17
Role:	Secures and allocates public and private resources and ensures the effective delivery of homeless services in Columbus & Franklin County.					
Name:	Technical Review Committee			X		10
Role:	Reviews project performance and determines performance and funding recommendations for the CoC Steering Committee.					
Name:	Continuum of Care Provider Committee		X			15
Role:	Reviews CoC projects and makes funding award recommendations to CoC Technical Review Committee; recommends priorities/process improvements to CoC Steering Committee.					
Name:	Citizens Advisory Council	X				29
Role:	Reviews CoC projects and makes funding award recommendations to the CoC Technical Review Committee; provides advisory input to CSB and CoC Steering Committee.					
Name:	United Way Housing Vision Council	X				18
Role:	Identifies and develops strategies to <u>address the community’s most critical housing needs and assists the United Way in investment decision making for housing initiatives.</u>					

CoC-C

CoC-Related Planning Groups		Meeting Frequency (check only one column)				Enter the number of organizations/entities that are members of each CoC planning group listed on this chart.
		Monthly or More	Quarterly	Biannually	Annually	
Name:	Columbus Coalition for the Homeless	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	43
Role:	Assists with information sharing and advocacy on local, state, and national issues related to housing and homelessness, as well as general community education.					
Name:	Adult System Planning Group	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13
Role:	Oversees planning and coordination activities among providers in the CoC's homeless shelter system for adults.					
Name:	Family System Planning Group	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14
Role:	Oversees planning and coordination activities among providers in the CoC's homeless shelter system for families.					
Name:	Rebuilding Lives Permanent Supportive Housing Group	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10
Role:	Oversees planning and coordination activities among providers in the CoC's permanent supportive housing system for chronically homeless persons.					
Name:	HMIS Site Administrators Group	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13
Role:	Oversees implementation of HMIS at partner agencies.					
Name:	ADAMH/Shelter Provider Coordination Group	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	23
Role:	Oversees planning and coordination activities between the CoC's emergency shelter and behavioral healthcare systems.					
Name:	Benefits Workgroup	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9
Role:	Oversees planning and implementation of initiatives to provide expedited access to SSI/SSDI, Medicaid, Food Stamps, and other benefits for homeless persons.					
Name:	Homeless Count Workgroup	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29
Role:	Oversees the annual point-in-time count of unsheltered persons (meetings precede and immediately follow the count).					

D: CoC Planning Process Organizations Chart

List the names of all organizations involved in the CoC under the appropriate category. If more than one geographic area is claimed on the 2006 Geography Chart (Chart B), you must indicate which geographic area(s) each organization represents in your CoC planning process. In the last columns, identify no more than two subpopulation(s) whose interests the organization is specifically focused on representing in the CoC planning process. For “Homeless Persons,” identify at least 2 homeless or formerly homeless individuals.

	Specific Names of All CoC Organizations	Geographic Area Represented C-City of Columbus FC-Franklin County B-Both	Subpopulations Represented, if any* (no more than 2)	
PUBLIC SECTOR	STATE GOVERNMENT AGENCIES			
	Ohio Department of Commerce/Division of Financial Institutions: Anthony Sharett	B		
	LOCAL GOVERNMENT AGENCIES			
	City of Columbus: William J. Graves, Trudy Bartley, Kim Stands	C		
	Columbus City Council: Robert Chilton, Charleta B. Tavares	C		
	Columbus Health Department: Nina Lewis, Sue Villilo, Teresa Long	C	HIV	
	Columbus Mayor’s Office: Carla Williams-Scott	C		
	Franklin County Board of Commissioners	FC		
	Franklin County Children’s Services: John Saros	B	Y	
	Franklin County Department of Job and Family Services: Michelle Morgan, Douglas Lumpkin	B		
	Franklin County MR/DD: Jed Morison	B		
	Franklin County Office on Aging: Antonia Carroll	B		
	Franklin County Treasurer’s Office: Richard Cordray	B		
	Franklin County Economic Development and Planning Department: Karen Dresser	FC		
	Veterans Services Commission: Douglas Lay	B	VET	
	Mid-Ohio Regional Planning Commission: Kathy Werkmeister	B		
	PUBLIC HOUSING AGENCIES			
	Columbus Metropolitan Housing Authority: Dennis Guest, Tom Dobies, John Hahn	B		
	SCHOOL SYSTEMS / UNIVERSITIES			
	Columbus Public Schools Project Connect – Adult & Community Education Department: Joan Abbott	C	Y	
	Ohio Wesleyan University: Mary Howard	B		
	The Ohio State University: Greta Russell	B		
	LAW ENFORCEMENT / CORRECTIONS			
	Adult Parole Authority: Carol Hill	B		
	LOCAL WORKFORCE INVESTMENT ACT (WIA) BOARDS			
	Central Ohio Workforce Investment Corporation: Suzanne Coleman Tolbert	B		
	OTHER			
	Veterans Administration: Judith Talbert	B	VET	

	Specific Names of All CoC Organizations	Geographic Area Represented	Subpopulations Represented, if any* (no more than 2)	
		C-City of Columbus FC-Franklin County B-Both		
PRIVATE SECTOR	NON-PROFIT ORGANIZATIONS			
	Amethyst, Inc.: Virginia O’Keeffe, Lori Criss	B	SA	SMI
	Capital Crossroads: Lisa Defendiefer, Alyson Poirier	C		
	Child Development Council of Franklin County, Inc: Romona Wilkerson	B	Y	
	CHOICES: Liz Clark	B	DV	
	Columbus Aids Task Force: Michelle Christopher, Susan Moss, Aaron Riley, Michelle Rush	B	HIV	
	Columbus Area, Inc.: Barb Hua	B	SMI	SA
	Columbus Housing Partnership: Amy Klaben	B		
	Columbus Urban League: Linda Stallworth, Alonzo Lipscomb	B		
	Community Connection for Ohio Offenders: Dawn Chodorow	B		
	Community Housing Network: Susan Weaver, Wanda Landrum, Vanita Turner, Mike Tynan, Anthony Penn, Sandra Geronimo	B	SMI	SA
	Community Mediation Services of Central Ohio: Shelley Whalen	B		
	Community Research Partners: Roberta F. Garber	B		
	Community Shelter Board: Barbara Poppe, John Hardiman, Tom Albanese	B		
	COMPASS: Cynthia Hunt	B		
	Concord Counseling: Patricia Boyd, Linda Jakes	B	SMI	
	Equal Justice Foundation: Dianna Parker	B		
	Finding Common Ground Mediation Services: Sheri Center	B		
	Friends of the Homeless: Tanya Helber, Sandra Salinas	B		
	Columbus/Franklin County Housing Trust Corporation, Mark Milligan	B		
	Gladden Community House: Donna Woods	B		
	Homeless Families Foundation: Stephanie Jordan Smith	B		
	Huckleberry House: Carrie Mularez, Linda LeClerc	B	Y	
	Legal Aid Society of Columbus: Bern Dempsey, Eric Boyd, Rainer Steinhoff	B		
	Lutheran Social Services-Faith Mission: John Dickey, Mary Wehrle	B		
	Maryhaven: James Alexander	B	SA	SMI
	National Church Residences: Wil Spinner, Lynn Bergstrom	B	SMI	SA
	Netcare Corp.: Gregg Banks	B	SMI	SA
	North Central Mental Health: Dan Bridges	B	SMI	SA
	Salvation Army: Beth Fetzer Rice, Kara Hill	B		
	Southeast Inc.: Linda Conyers, Amy Price, Sandy Stephenson, Carl Landry	B	SMI	SA
	The Open Shelter: Ken Andrews, Kent Beittel	B		
	The Wexner Center for the Arts: Shelly Casto	B		
Volunteers of America: Richard Mague, Karen Deberry, Vicky Joe	B	VET		
Young Adult Community Development: Gayle Loyola	B	Y		

	Specific Names of All CoC Organizations	Geographic Area Represented C-City of Columbus FC-Franklin County B-Both	Subpopulations Represented, if any* (no more than 2)	
	YMCA of Central Ohio: John Bickley, Art Helldoerfer, Donna Harris, Jeff Hogle, Jami Hupert	B	SMI	SA
	YWCA of Columbus: Colleen Bain Gold, Angela Banks-Mason, Shannon Easter, Caroline Holmes	B	SMI	SA
	FAITH-BASED ORGANIZATIONS			
	BREAD	B		
	Central Presbyterian Church: Jim Mehler	B		
	First Unitarian Universalist Church: Alice Rathburn	B		
	Lamb of God Reformed Anglican Catholic Church: , Susan Carol Orlos, Molly Wilcox	B		
	New Life United Methodist Church: Bill Casto, Jennifer Casto	B		
	St. John's Episcopal Church: Lee Anne Reat	B		
	Trinity Episcopal Church: Diane Donato, Abby Flemister	B		
	Trinity United Methodist Church: Amy Barlak Aspey	B		
	Vineyard Church of Columbus: Billy Feltne, Dan Franz	B		
	FUNDERS / ADVOCACY GROUPS			
	Alcohol, Drug and Mental Health (ADAMH) Board of Franklin County: Susan Lewis Kaylor, Elaine Haines, David Royer	B	SMI	SA
	Columbus Coalition for the Homeless: Don Strasser, Beth Fetzer-Rice, Virginia O'Keeffe, Aaron Riley	B		
	Columbus Medical Association Foundation: Phil Cass	B		
	Corporation for Supportive Housing-Ohio: Nikki Delgado, Sally Luken	B		
	Ohio Capital Corporation for Housing: Hal Keller	B		
	Osteopathic Heritage Foundations: Lisa Eible, Terri Donlin	B		
	The Columbus Foundation: Emily Savors	B		
	Nationwide Foundation: Chad Jester	B		
	United Way of Central Ohio: Joe McKinley, Janet Jackson	B		
	BUSINESSES (BANKS, DEVELOPERS, BUSINESS ASSOCIATIONS, ETC.)			
	ASH Image: Sarah Hippensteele	B		
	Crane Plastics: Timothy Miller	B		
	Deloitte & Touche: William Wright	B		
	Dispatch Printing Company: Floyd Jones	B		
	F&R Lazarus Company: Robert Lazarus	B		
	Fannie Mae-Central & Southern Ohio Partnership Office: Cynthia Flaherty	B		
	Fifth Third Bank Community Development Corporation: Catherine Cawthon	B		
	Grange Insurance: Mark Russell	B		
	Homestead Mortgage Co.: Jonathan Sadler	B		
	Huntington Bancshares Incorporated: Elfi DiBella, Deborah Stein	B		
	J.P. Morgan Chase: Robyn Mackey, Karen McClain	B		
	Kegler, Brown, Hill & Ritter: Roger Sugarman	B		
	Limited Brands: Bob Waddell, Chuck Turlinski	B		

	Specific Names of All CoC Organizations	Geographic Area Represented C-City of Columbus FC-Franklin County B-Both	Subpopulations Represented, if any* (no more than 2)	
	Porter Laboratories/Long Street Business Association: Adam Porter	B		
	National City Bank: Patricia Cash	B		
	Porter, Wright, Morris & Arthur: James Curphey	B		
	Public Service Consulting: Keith McCormish	B		
	HOSPITALS / MEDICAL REPRESENTATIVES			
	Cardinal Health: Mark Stauffer	B		
	Carington Health Systems: Bobbie Carter, Shannon Miller	B		
	Columbus Neighborhood Health Centers: Pearline Byrd, Karen Fields	B		
	Mount Carmel Hospital: Ondina Maranhao	B		
	Ohio Health Systems: Debra Plousha Moore	B		
	HOMELESS/FORMERLY HOMELESS PERSONS			
	Andrew Farley	B		
	Angela Lomax	B		
	Beloved Quail	B		
	Billy Evans	B		
	Bruce Garrard	B		
	Bryan Holloway	B		
	C. Luca Santagelo	B		
	Carl Johnson	B		
	Chakesia Barnett	B		
	Charles Clark	B		
	Cheryl Smith	B		
	Claudell Thomas	B		
	Daston Campbell	B		
	Denise Cornett	B		
	Doris Marcum	B		
	George Poindexter	B		
	Georgia Harmon	B		
	Gloria Kilgore	B		
	Guy Ford	B		
	James Mason	B		
	James Thiever	B		
	Janis Graves	B		
	Jonnie Johnson	B		
	Kathy Nichols	B		
	Linda Owens	B		
	Lindsey Perrin	B		
	Lori Cunningham	B		
	Matla Grisson	B		
	Owen Bair	B		
	Phyllis Bebee	B		
	Robert Taylor	B		
	Roland Stegall	B		
	Ronald Baecker	B		
	Rose Chaidy	B		

	Specific Names of All CoC Organizations	Geographic Area Represented C-City of Columbus FC-Franklin County B-Both	Subpopulations Represented, if any* (no more than 2)	
	Sam Finch	B		
	Samuel Bibbs	B		
	Shiela Prillerman	B		
	Stephen Farley	B		
	Tanya Long	B		
	Toyia Bangura	B		
	Van Sailor	B		
	Yuonne Boddie	B		
	Yvonne Preston	B		
	OTHER			
	Community Resident: Allen Williams	B		
	Community Resident: Rita Cohen	B		
	Community Resident: Chris Morgan	B		
	Community Resident: Tammy Mott	B		
	Community Resident: John Paxton	B		
	Community Resident: Clement Pyles	B		
	Community Resident: John Roszkowski	B		
	Community Resident: Bob Ater	B		
	Community Resident: Carey Schaeffer	B		
	Community Resident: Frank & Susan Mott	B		
	Community Resident: Joyce & Bill Kaiser	B		
	Community Resident: Kevin Fish	B		
	Community Resident: Les Stansberry	B		
	Community Resident: Millie Strasser	B		
	Franklinton Area Commission: Pauline Edwards	C		
	International Brotherhood of Electrical Workers #683: Dennis Nicodemus	B		

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

E: CoC Governing Process Chart

HUD is moving toward providing greater definition and setting standards on the governing process of Continuums of Care. Check the box for each question below, and explain briefly if necessary.

	Yes	No
1. Does the CoC have a separate planning and decision-making body/entity that is broadly representative of the public and private homeless service sectors, including homeless client/consumer interests? If no, please explain.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Is the primary decision-making entity composed of at least 65 percent representation by the private sector (including consumer interests)? If no, please explain.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Is the primary decision-making entity membership selected in an open and democratic process by the CoC membership? If no, please explain.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Is there a Chair and Co-Chair representing both the private and public sector at the same time, with staggered 2-year terms and the Chair position rotating between the private and public sectors? If no, please explain. The Columbus/Franklin County CoC Steering Committee presently operates with a single Chair group structure.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Has the CoC developed a Code of Conduct for the CoC decision-making entity and its Chair and Co-chair? If no, please explain.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. The Chair and Co-Chair and all members of the CoC decision-making entity may not participate in decisions concerning awards of grants or provision of financial benefits to such member or the organization that such member represents. Have they recused themselves from considering projects in which they have an interest? If no, please explain.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Does the CoC have a fiscal agent designated to receive funds from HUD?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. If your Continuum has not yet complied with <i>any</i> of the above broad standards for the CoC planning and decision-making process, please describe the extent to which your CoC will meet each guideline by the 2007 competition. The Columbus/Franklin County CoC Steering Committee will explore the creation of a co-chair group structure, representing both the public and private sectors, in the fall of 2006.		

CoC-E

F: CoC Project Review and Selection Chart

The CoC solicitation of projects and project selection should be conducted in a fair and impartial manner. Please mark all appropriate boxes to indicate all of the methods and processes the CoC used in 2006 to assess project(s) performance, effectiveness, and quality, particularly with respect to the Project Priorities Chart (CoC-Q). This applies to new and renewal projects. Check all that apply:

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

CoC-F

G: CoC Written Complaints Chart

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

CoC-G

Part II: CoC Housing and Service Needs

H: CoC Services Inventory Chart

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

(1) Provider Organizations	(2) Prevention					(3) Outreach			(4) Supportive Services									
	Mortgage Assistance	Rental Assistance	Utilities Assistance	Counseling/Advocacy	Legal Assistance	Street Outreach	Mobile Clinic	Law Enforcement	Case Management	Life Skills	Alcohol & Drug Abuse	Mental Health Counseling	Healthcare	HIV/AIDS	Education	Employment	Child Care	Transportation
AARP				X									X			X		
Access Health Columbus													X					
Achbar Grotto													X					
Action For Children										X					X			
Adult Parole Authority								X										
Advocacy and Protective Services, Inc.				X														
Alvis House				X					X		X						X	
Al-Maun Safe House																X		
Alcoholics Anonymous											X							
Amethyst									X		X	X						
American Red Cross										X								
Association for the Developmentally Disabled										X								X
Broad Street Presbyterian Church										X								
Capital Crossroads Special Improvement District						X												
Catholic Social Services									X	X	X						X	
Center of Vocational Alternatives										X						X		
Central Community House				X														
Central Ohio Area Agency on Aging				X					X	X		X				X		X
Central Ohio Transit Authority																		X
Champion of Children Fund																	X	

(1) Provider Organizations	(2) Prevention					(3) Outreach			(4) Supportive Services									
	Mortgage Assistance	Rental Assistance	Utilities Assistance	Counseling/Advocacy	Legal Assistance	Street Outreach	Mobile Clinic	Law Enforcement	Case Management	Life Skills	Alcohol & Drug Abuse	Mental Health Counseling	Healthcare	HIV/AIDS	Education	Employment	Child Care	Transportation
Choices				X				X		X	X			X				
Cocaine Anonymous											X							
Columbus AIDS Task Force	X	X	X	X				X		X			X					
Columbus Area Mental Health						X		X	X	X	X	X						
Columbus Bar Association					X													
Columbus Developmental Center									X							X		
Columbus Health Department										X		X	X					
Columbus Housing Partnership	X								X									
Columbus Legal Aid				X	X													
Columbus Medical Association												X						
Columbus Metropolitan Area Community Action Organization	X	X	X					X	X							X	X	
Columbus Metropolitan Housing Authority		X		X														
Columbus Neighborhood Health Centers Inc./ Healthcare for the Homeless							X	X		X	X	X	X					X
Columbus Police Department								X										
Columbus Urban League				X					X							X		
Community Connection for Ohio Offenders				X					X							X		
Community Housing Network		X	X			X		X	X		X					X		
Community Kitchen, Inc.																X		
Community Mediation Services				X														
Community Refugee and Immigration Services				X				X								X		X
Community Shelter Board-Transition Program		X	X															
Compdrug Corporation, Inc.										X								
Compass								X										
Concord, Inc.								X		X	X					X		
Elderlife Solutions									X									
FirstLINK Information & Referral Service				X														

(1) Provider Organizations	(2) Prevention					(3) Outreach			(4) Supportive Services									
	Mortgage Assistance	Rental Assistance	Utilities Assistance	Counseling/Advocacy	Legal Assistance	Street Outreach	Mobile Clinic	Law Enforcement	Case Management	Life Skills	Alcohol & Drug Abuse	Mental Health Counseling	Healthcare	HIV/AIDS	Education	Employment	Child Care	Transportation
Franklin County Children Services	X	X	X	X					X	X					X	X		X
Franklin County Department of Job and Family Services	X	X	X						X	X						X	X	X
Franklin County Ohio State University Extension										X								
Franklin County Veterans Services Commission	X	X	X	X						X						X		X
Friends of the Homeless									X	X						X		X
Gladden Community House	X	X		X						X						X		
Godman Guild Association, The																X		
Homeless Families Foundation									X	X					X	X	X	
House of Hope for Alcoholics				X					X		X	X						
Huckleberry House									X	X					X	X		X
Jireh Services, Inc.									X									
Legal Aid Society of Columbus					X													
Lutheran Social Services-Faith Mission	X	X	X	X					X	X						X		X
Maryhaven, Inc.				X		X			X	X	X	X	X			X		X
Maternity Resource Center										X								
Mount Carmel Health System							X						X	X				
My Brother's Keeper, Inc.										X								
Narcotic's Anonymous											X							
National Church Residences		X		X					X	X						X		X
Neighborhood House									X	X	X	X					X	
Netcare						X					X	X	X					X
North Central CMHC									X	X	X	X		X		X		
North Side Child and Family Development																	X	
Ohio State Consumer's Education Association													X					
Ohio Optometric Association													X					
Ohio State Legal Rights Service				X	X													
Ohio Youth Advocate Program										X								
Passage, Inc.														X				
Pater Noster House									X					X				

(1) Provider Organizations	(2) Prevention					(3) Outreach			(4) Supportive Services									
	Mortgage Assistance	Rental Assistance	Utilities Assistance	Counseling/Advocacy	Legal Assistance	Street Outreach	Mobile Clinic	Law Enforcement	Case Management	Life Skills	Alcohol & Drug Abuse	Mental Health Counseling	Healthcare	HIV/AIDS	Education	Employment	Child Care	Transportation
Pro Seniors, Inc.				X														
Project Open Hand Columbus														X				
Rosemont Center, Inc.				X					X	X		X	X		X			
Salvation Army		X	X	X					X	X						X		X
Somali Community Association of Ohio				X														
Southeast, Inc.		X		X		X	X		X	X	X	X	X	X		X		X
South Side Settlement House																X		
Stowe Baptist Center													X					
St. Stephen's Community House	X	X	X						X	X						X	X	X
Take It To The Streets						X												X
The Open Shelter, Inc.				X		X												
US Together		X		X					X									X
Veterans Administration						X			X	X	X	X	X			X		
Volunteers of America									X	X	X	X				X	X	X
YMCA		X		X					X	X						X	X	
YWCA		X		X					X	X	X					X	X	X

CoC-H

CoC Housing Inventory and Unmet Needs

I: CoC Housing Inventory Charts

This section includes three housing inventory charts—for emergency shelter, transitional housing, and permanent housing. Note that the information in these charts should reflect a point-in-time count. For the Permanent Housing Inventory Chart, the beds listed under “new inventory” should indicate beds that became available for occupancy for the first time between February 1, 2005 and January 31, 2006. For complete instructions in filling out this section, see the Instructions section at the beginning of the application.

I: CoC Housing Inventory Charts

Emergency Shelter: Fundamental Components in CoC System – Housing Inventory Chart													
Provider Name	Facility Name	HMIS Part. Code	Number of Year-Round Beds in HMIS		Geo Code <input type="checkbox"/>	Target Pop		Year-Round			Total Year-Round Beds	Other Beds	
						A	B	Fam. Units	Fam. Beds	Indiv. Beds		Seasonal	Overflow & Voucher
Current Inventory			Ind.	Fam.									
CHOICES	Domestic Violence Shelter	N			399049	M	DV	7	28	6	34		
Friends of the Homeless	Rebecca’s Place	7	47		391176	SF				47	47	7	
Friends of the Homeless	Men’s Shelter	7	130		391176	SM				130	130	15	
Homeless Families Foundation	Family Shelter	7		90	391176	FC		25	90		90		
Huckleberry House	Youth shelter	P			391176	YMF				16	16		4
Lutheran Social Services-Faith Mission	Nancy’s Place	7	42		391176	SF				42	42	8	8
Lutheran Social Services-Faith Mission	Faith on 6th Street	7	110		391176	SM				110	110	50	50
Lutheran Social Services-Faith Mission	Faith on 8th Street	7	95		391176	SM				95	95		
Maryhaven	Engagement Center-Men’s program	1	42		391176	SM				42	42		
Maryhaven	Engagement Center-Women’s program	7	8		391176	SF				8	8		
Volunteers of America	Family Shelter	7		96	391176	FC		24	96		96		
Volunteers of America	Men’s Transitional Residence	7	40		391176	SM				40	40		
YMCA	Housing Stabilization Beds	1			391176	SM							25
YWCA	Family Center	7		264	391176	FC		50	264		264		40
SUBTOTALS:			514	450	SUBTOT. CURRENT INVENTORY:			106	478	536	1014	80	127

New Inventory in Place in 2005 (Feb. 1, 2005 – Jan. 31, 2006)				Ind.	Fam.										
Homeless Families Foundation	Family Shelter	7		40	391176	FC		11	40		40				
SUBTOTALS:				0	40	SUBTOTAL NEW INVENTORY:		11	40	0	40	0	0		
Inventory Under Development			Anticipated Occupancy Date												
Homeless Families Foundation	Family Shelter	5/31/2006			391176	FC		10	36		36				
SUBTOTAL INVENTORY UNDER DEVELOPMENT:								10	36	0	36	0	0		
Unmet Need								UNMET NEED TOTALS:		0	0	25	25	0	0
1. Total Year-Round Individual ES Beds:				536	4. Total Year-Round Family Beds:				518						
2. Year-Round Individual ES Beds in HMIS:				514	5. Year-Round Family ES Beds in HMIS:				490						
3. HMIS Coverage Individual ES Beds: Divide line 2 by line 1 and multiply by 100. Round to a whole number.				96%	6. HMIS Coverage Family ES Beds: Divide line 5 by line 4 and multiply by 100. Round to a whole number.				95%						

CoC-I

I: CoC Housing Inventory Charts

Transitional Housing: Fundamental Components in CoC System – Housing Inventory Chart													
Provider Name	Facility Name	HMIS Part. Code	Number of Year-Round Beds in HMIS		Geo Code <input type="checkbox"/>	Target Pop		Year-Round			Total Year-Round Beds		
						A	B	Family Units	Family Beds	Individ. Beds			
Current Inventory			Ind.	Fam.									
Amethyst	Amethyst Rapid Stabilization	P			391176	M		5	15	3	18		
Friends of the Homeless	New Horizons	7	36		391176	SMF				36	36		
Huckleberry House	Transitional Living Program	P			391176	YMF		17	34	17	51		
Pater Noster House	Pater Noster House	P			399049	SMF	HIV			5	5		
Volunteers of America	Support, Recovery & Education	1	40		391176	SM				40	40		
SUBTOTALS:			76	0	SUBTOT. CURRENT INVENTORY:			22	49	101	150		
New Inventory in Place in 2005 (Feb. 1, 2005 – Jan. 31, 2006)			Ind.	Fam.									
SUBTOTALS:			0	0	SUBTOTAL NEW INVENTORY:			0	0	0	0		
Inventory Under Development		Anticipated Occupancy Date											
SUBTOTAL INVENTORY UNDER DEVELOPMENT:								0	0	0	0		
Unmet Need								UNMET NEED TOTALS:		10	53	10	63
1. Total Year-Round Individual TH Beds:			101	4. Total Year-Round Family Beds:						49			
2. Year-Round Individual TH Beds in HMIS:			76	5. Year-Round Family TH Beds in HMIS:						0			
3. HMIS Coverage Individual TH Beds: Divide line 2 by line 1 and multiply by 100. Round to a whole number.			75 %	6. HMIS Coverage Family TH Beds: Divide line 5 by line 4 and multiply by 100. Round to a whole number.						0 %			

I: CoC Housing Inventory Charts

Permanent Supportive Housing*: Fundamental Components in CoC System – Housing Inventory Chart

Provider Name	Facility Name	HMIS Part. Code	Number of Year-Round Beds in HMIS		Geo Code □	Target Population		Year-Round			Total Year-Round Beds
						A	B	Family Units	Family Beds	Individual /CH Beds	
Current Inventory			Ind.	Fam.							
Amethyst	Shelter Plus Care	P			391176	M		57	134	35 / 0	169
Columbus AIDS Task Force	Shelter Plus Care	P			391176	M	AIDS	28	78	54 / 5	132
Community Housing Network	1208 North High	N			391176	SF				10 / 2	10
Community Housing Network	1494 North High	7	36		391176	SMF				36 / 36	36
Community Housing Network	Cassady Avenue	1	10		399049	SM				10 / 10	10
Community Housing Network	East 5th Avenue	7	38		391176	SF				38 / 38	38
Community Housing Network	Family Homes	7		45	391176	FC		15	45		45
Community Housing Network	North 22nd Street	1	30		391176	SMF				30 / 30	30
Community Housing Network	Parsons	7	25		391176	SMF				25 / 25	25
Community Housing Network	Rebuilding Lives Pact Team Initiative	7	80		391176	SMF				80 / 80	80
Community Housing Network	Safe Havens	7	16		391176	SMF				16 / 16	16
Community Housing Network	Shelter Plus Care	P			391176	SMF				262 / 39	262
Community Housing Network	Summit	N			391176	FC		18	54		54
Community Housing Network	Wicklows Road	P			391176	FC		6	18		18
Community Housing Network	Wilson House	P			391176	SMF				8 / 1	8
Lutheran Social Services	Faith Housing Shelter Plus Care	P			391176	SMF				44 / 7	44

National Church Residences	Commons at Grant	7	50		391176	SMF				50 / 50	50	
Southeast, Inc.	Scattered Site Apartments	1	75		391176	SMF				75 / 75	75	
Volunteers of America	Family Permanent Supportive Housing	7		120	391176	FC		30	120		120	
YMCA	40 West Long Street	1	70		391176	SM				70 / 70	70	
YMCA	Sunshine Terrace	1	65		391176	SMF				65 / 65	65	
YWCA	WINGS	7	53		391176	SF				53 / 53	53	
SUBTOTALS:			548	165	SUBTOT. CURRENT INVENTORY:			154	449	961 / 602	1410	
New Inventory in Place in 2005 (Feb. 1, 2005 – Jan. 31, 2006)				Ind.	Fam.							
Community Housing Network	Rebuilding Lives Pact Team Initiative	7	28		391176	SMF				28 / 28	28	
Community Housing Network	St. Clair	7	26		391176	SMF				26 / 26	26	
YWCA	WINGS	7	16		391176	SF				16 / 16	16	
SUBTOTALS:			70	0	SUBTOTAL NEW INVENTORY:			0	0	70 / 70	70	
Inventory Under Development		Anticipated Occupancy Date										
Community Housing Network	Briggsdale	March 2006			391176	SMF				25 / 25	25	
Community Housing Network	Community ACT	May 2006			391176	SMF				42 / 42	42	
Maryhaven/NCR	Commons at Chantry	August 2006			391176	M		10	30	40 / 40	70	
SUBTOTAL INVENTORY UNDER DEVELOPMENT:							10	30	107 / 107	137		
Unmet Need							UNMET NEED TOTALS:		4	18	437 / 437	455
1. Total Year-Round Individual PH Beds:			1031	4. Total Year-Round Family Beds:			449					
2. Year-Round Individual PH Beds in HMIS:			618	5. Year-Round Family PH Beds in HMIS:			165					
3. HMIS Coverage Individual PH Beds: (Divide line 2 by line 1 and multiply by 100. Round to a whole number.)			60%	6. HMIS Coverage Family PH Beds: (Divide line 5 by line 4 and multiply by 100. Round to a whole number.)			37%					

*Permanent Supportive Housing is: S+C, Section 8 SRO and SHP-Permanent Housing component. It also includes any permanent housing projects, such as public housing units, that have been dedicated exclusively to serving homeless persons.

J: CoC Housing Inventory Data Sources and Methods Chart

Complete the following charts based on data collection methods and reporting for the Housing Inventory Chart, including Unmet Need determination. The survey must be for a 24-hour point-in-time count during the last week of January 2006.

(1) Indicate date on which Housing Inventory count was completed: 01/24/2006 (mm/dd/yyyy)	
(2) Identify the <i>primary</i> method used to complete the Housing Inventory Chart (check one):	
<input type="checkbox"/>	Housing inventory survey to providers – CoC distributed a housing inventory survey (via mail, fax, or e-mail) to homeless programs/providers to update current bed inventories, target populations for programs, beds under development, etc.
<input type="checkbox"/>	On-site or telephone housing inventory survey – CoC conducted a housing inventory survey (via phone or in-person) of homeless programs/providers to update current bed inventories, target populations for programs, beds under development, etc.
<input checked="" type="checkbox"/>	HMIS – Used HMIS data to complete the Housing Inventory Chart
(3) Indicate the percentage of providers completing the housing inventory survey:	
100%	Emergency shelter providers
100%	Transitional housing providers
100%	Permanent Supportive Housing providers
(4) Indicate steps to ensure data accuracy for 2006 Housing Inventory Chart (check all that apply):	
<input checked="" type="checkbox"/>	Instructions – Provided written instructions for completing the housing inventory survey.
<input checked="" type="checkbox"/>	Training – Trained providers on completing the housing inventory survey.
<input checked="" type="checkbox"/>	Updated prior housing inventory information – Providers submitted updated 2005 housing inventory to reflect 2006 inventory.
<input checked="" type="checkbox"/>	Follow-up – CoC followed-up with providers to ensure the maximum possible response rate and accuracy of the housing inventory survey.
<input checked="" type="checkbox"/>	Confirmation – Providers or other independent entity reviewed and confirmed information in 2006 Housing Inventory Chart after it was completed.
<input checked="" type="checkbox"/>	HMIS – Used HMIS to verify data collected from providers for Housing Inventory Chart.
<input checked="" type="checkbox"/>	Other – specify: Monthly and quarterly HMIS data quality monitoring and remediation was conducted to assure completeness and accuracy of HMIS data.
Unmet Need:	
(5) Indicate type of data that was used to determine unmet need (check all that apply):	
<input checked="" type="checkbox"/>	Sheltered count (point-in-time)
<input checked="" type="checkbox"/>	Unsheltered count (point-in-time)
<input checked="" type="checkbox"/>	Housing inventory (number of beds available)
<input checked="" type="checkbox"/>	Local studies or data sources – specify: <ul style="list-style-type: none"> ♣ <i>Rebuilding Lives: A New Strategy to House Homeless Men</i>, Community Shelter Board, October 1998. ♣ <i>Comprehensive Community Needs Assessment: A community approach to understanding and meeting the needs of persons who are homeless</i>, Community Shelter Board, January 1998. ♣ <i>The 2005 Community Report on Homelessness: A Snapshot</i>, Community Shelter Board, December 2005.
<input checked="" type="checkbox"/>	National studies or data sources – specify: <ul style="list-style-type: none"> ♣ Burt, M., Aron, L.Y., Lee, E., and Valente, J., <i>Helping America's Homeless: Emergency shelter or affordable housing?</i> 2001. ♣ Culhane, D.P., Kuhn, R. 1998. "Patterns and Determinants of Shelter Utilization among Single Adults in New York City and Philadelphia." <i>Journal of Policy Analysis and Management</i> 17 (1): 23-43.
<input checked="" type="checkbox"/>	Provider opinion through discussions or survey forms

<input checked="" type="checkbox"/>	Other – specify: Provider administrative records (e.g., waiting lists).
(6) Indicate the <i>primary</i> method used to calculate or determine unmet need (check one):	
<input type="checkbox"/>	Stakeholder Discussion – CoC stakeholders met and reviewed data to determine CoC’s unmet need
<input type="checkbox"/>	Calculation – Used local point-in-time (PIT) count data and housing inv. to calculate unmet need
<input type="checkbox"/>	Applied statistics – Used local PIT enumeration data and applied national or other local statistics
<input type="checkbox"/>	HUD unmet need formula – Used HUD’s unmet need formula*
<input checked="" type="checkbox"/>	<p>Other – specify: The HUD unmet need worksheet was used to structure the unmet need analysis. The worksheet was populated with data from the sheltered and unsheltered point-in-time count, as well as the point-in-time housing inventory. Local and national statistics regarding point-in-time characteristics and housing needs of homeless persons was applied to enumeration data to establish an initial estimate of need and then applied against present inventory (adjusted by type for beds under development and 5% vacancy for permanent supportive housing beds). The CoC Steering Committee met on 5/16/06 to review the preliminary data and make adjustments, as described in section 7 below.</p>
(7) If your CoC made adjustments to calculated unmet need, please explain how and why.	
<p>Preliminary unmet need was reviewed and analyzed by the CoC Steering Committee and adjusted to account for provider experience and knowledge of client needs not fully reflected in the preliminary unmet need estimate. The methodology for completing the preliminary unmet need calculation within the HUD worksheet was based on an unduplicated client housing need estimate applied to enumeration data for clients counted on January 24, 2006 (i.e. total need for emergency shelter plus transitional housing plus permanent supportive housing equaled 100%). This caused an under estimation of point-in-time emergency shelter and transitional housing need due to the proportionally high point-in-time prevalence of chronically homeless single adults needing permanent supportive housing versus annual prevalence rates. The CoC Steering Committee, therefore, adjusted the emergency shelter and transitional housing need estimates, accounting for the unmet needs of persons living on the land and/or otherwise in need of transitional housing, such as persons with HIV/AIDS who may not access emergency shelter due to health related concerns.</p>	

*For further instructions, see Questions and Answers Supplement on the CoC portion of <http://www.hud.gov/offices/adm/grants/fundsavail.cfm>

CoC Homeless Population and Subpopulations

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

Complete the following chart based on the most recent point-in-time count conducted. Part 1 and Part 2 must be completed using statistically reliable, unduplicated counts or estimates of homeless persons in sheltered and unsheltered locations at a one-day point in time. Include homeless Hurricane Katrina evacuees in Parts 1 and 2, and complete Part 3 if applicable. Part 3 may be completed using point-in-time information or may be estimated if no point-in-time count has been done since September 1, 2005. Completion of a point-in-time count of sheltered and unsheltered homeless persons during the last week in January 2006 is not required. The next required point-in-time count of sheltered and unsheltered homeless persons must be completed during the last week of January 2007. For further instructions for filling out this section, see the Instructions section.

Indicate date of last point-in-time count: <u>01/24/2006</u> (mm/dd/yyyy)				
Part 1: Homeless Population	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Number of Families with Children (Family Households):	107	17	0	124
1. Number of Persons in Families with Children:	382	37	0	419
2. Number of Single Individuals and Persons in Households without Children:	661	88	189	938
(Add Lines Numbered 1 & 2) Total Persons:	1,043	125	189	1,357
Part 2: Homeless Subpopulations	Sheltered		Unsheltered	Total
a. Chronically Homeless (For sheltered, list persons in emergency shelter <i>only</i>)	364		170	534
b. Severely Mentally Ill	285		*	285
c. Chronic Substance Abuse	436		*	436
d. Veterans	119		*	119
e. Persons with HIV/AIDS	26		*	26
f. Victims of Domestic Violence	63		*	63
g. Unaccompanied Youth (Under 18)	31		*	31
If applicable, complete the following section to the extent that the information is available. Be sure to indicate the source of the information by checking the appropriate box:				
Data Source: <input type="checkbox"/> Point-in-time count OR <input checked="" type="checkbox"/> Estimate				
Part 3: Hurricane Katrina Evacuees	Sheltered		Unsheltered	Total
Total number of Katrina evacuees	0		1	1
Of this total, enter the number of evacuees homeless prior to Katrina	0		0	0

*Optional for Unsheltered

CoC-K

Note: Shelter providers in Columbus and Franklin County and the lead agency assisting with Hurricane Katrina evacuees in Franklin County were surveyed regarding assistance to evacuees on the night of the point-in-time count. None of the shelter providers were aware of any evacuees in shelter on that night. The lead agency assisting with hurricane evacuees estimated that there was one client working with them that was “on the streets” during the point-in-time count.

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

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

L-1: Sheltered Homeless Population and Subpopulations

(1) Check the <u>primary</u> method used to enumerate sheltered homeless persons in the CoC (check one):	
<input type="checkbox"/>	Point-in-Time (PIT) <u>no interview</u> – Providers did not interview sheltered clients during the point-in-time count
<input type="checkbox"/>	PIT <u>with interviews</u> – Providers interviewed each sheltered individual or household during the point-in-time count
<input type="checkbox"/>	PIT <u>plus sample of interviews</u> – Providers conducted a point-in-time count and interviewed a random sample of sheltered persons or households (for example, every 5th or 10th person)
<input type="checkbox"/>	PIT <u>plus extrapolation</u> – Information gathered from a sample of interviews with sheltered persons or households is extrapolated to the total sheltered population
<input type="checkbox"/>	Administrative Data – Providers used administrative data (case files, staff expertise) to complete client population and subpopulation data for sheltered homeless persons
<input checked="" type="checkbox"/>	HMIS – CoC used HMIS to complete the point-in-time sheltered count and subpopulation information
<input type="checkbox"/>	Other – please specify:
(2) Indicate steps taken to ensure data quality of the sheltered homeless enumeration (check all that apply):	
<input checked="" type="checkbox"/>	Instructions – Provided written instructions to providers for completing the sheltered point-in-time count
<input checked="" type="checkbox"/>	Training – Trained providers on completing the sheltered point-in-time count
<input checked="" type="checkbox"/>	Remind and Follow-up – Reminded providers about the count and followed up with providers to ensure the maximum possible response rate and accuracy
<input checked="" type="checkbox"/>	HMIS – Used HMIS to verify data collected from providers for the sheltered point-in-time count
<input checked="" type="checkbox"/>	Other – please specify: Monthly and quarterly HMIS data quality monitoring and remediation was conducted to assure completeness and accuracy of HMIS data.
(3) How often will sheltered counts of sheltered homeless people take place in the future?	
<input type="checkbox"/>	Biennial (every two years)
<input type="checkbox"/>	Annual
<input type="checkbox"/>	Semi-annual
<input checked="" type="checkbox"/>	Other – please specify: Quarterly
(4) Month and Year when next count of sheltered homeless persons will occur: _____	
(5) Indicate the percentage of providers completing the populations and subpopulations survey:	
100%	Emergency shelter providers
100%	Transitional housing providers
N/A %	Permanent Supportive Housing providers

CoC-L-1

L-2: Unsheltered Homeless Population and Subpopulations*

(1) Check the primary method used to enumerate unsheltered homeless persons in the CoC:	
<input checked="" type="checkbox"/>	Public places count – CoC conducted a point-in-time count <u>without</u> client interviews
<input type="checkbox"/>	Public places count with interviews – CoC conducted a point-in-time count and interviewed every unsheltered homeless person encountered during the public places count
<input type="checkbox"/>	Sample of interviews – CoC conducted a point-in-time count and interviewed a random sample of unsheltered persons
<input type="checkbox"/>	Extrapolation – CoC conducted a point-in-time count and the information gathered from a sample of interviews was extrapolated to total population of unsheltered homeless people counted
<input type="checkbox"/>	Public places count using probability sampling – High and low probabilities assigned to designated geographic areas based on the number of homeless people expected to be found in each area. The CoC selected a statistically valid sample of each type of area to enumerate on the night of the count and extrapolated results to estimate the entire homeless population.
<input type="checkbox"/>	Service-based count – Interviewed people using non-shelter services, such as soup kitchens and drop-in centers, and counted those that self-identified as unsheltered homeless persons
<input type="checkbox"/>	HMIS – Used HMIS to complete the enumeration of unsheltered homeless people
<input type="checkbox"/>	Other – please specify:
(2) Indicate the level of coverage of the point-in-time count of unsheltered homeless people:	
<input type="checkbox"/>	Complete coverage – The CoC counted every block of the jurisdiction
<input type="checkbox"/>	Known locations – The CoC counted areas where unsheltered homeless people are known to congregate or live
<input checked="" type="checkbox"/>	Combination – CoC counted central areas using complete coverage and also visited known locations
<input type="checkbox"/>	Used service-based or probability sampling (coverage is not applicable)
(3) Indicate community partners involved in point-in-time unsheltered count (check all that apply):	
<input checked="" type="checkbox"/>	Outreach teams
<input checked="" type="checkbox"/>	Law Enforcement
<input checked="" type="checkbox"/>	Service Providers
<input checked="" type="checkbox"/>	Community volunteers
<input checked="" type="checkbox"/>	Other – please specify: Faith-based volunteers, local businesses, and hospitals.
(4) Indicate steps taken to ensure the data quality of the unsheltered homeless count (check all that apply):	
<input checked="" type="checkbox"/>	Training – Conducted a training for point-in-time enumerators
<input checked="" type="checkbox"/>	HMIS – Used HMIS to check for duplicate information
<input checked="" type="checkbox"/>	Other – specify: The CoC Homeless Count Workgroup reviewed all data and interviewed count team leaders to assure data quality.
(5) How often will counts of unsheltered homeless people take place in the future?	
<input type="checkbox"/>	Biennial (every two years)
<input checked="" type="checkbox"/>	Annual
<input type="checkbox"/>	Semi-annual
<input type="checkbox"/>	Quarterly
<input type="checkbox"/>	Other – please specify:
(6) Month and Year when next count of unsheltered homeless persons will occur: 01/2007	

*Please refer to 'A Guide to Counting Unsheltered Homeless People' for more information on unsheltered enumeration techniques. CoC-L-2

CoC Homeless Management Information System (HMIS)

M: CoC HMIS Charts

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

M-1: HMIS Lead Organization Information

Organization Name: Community Shelter Board	Contact Person: Catherine Kendall
Phone: (614) 221-9195	Email: ckendall@csb.org
Organization Type: State/local government <input type="checkbox"/> Non-profit/homeless provider <input checked="" type="checkbox"/> Other <input type="checkbox"/>	

CoC-M-1

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

HUD-Defined CoC Name*	CoC #	HUD-Defined CoC Name*	CoC #
Columbus/Franklin County CoC	OH-503		

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

CoC-M-2

M-3: HMIS Implementation Status

HMIS Data Entry Start Date for your CoC (mm/yyyy)	or	Anticipated Data Entry Start Date for your CoC (mm/yyyy)	If no current or anticipated data entry date, indicate reason: <input type="checkbox"/> New CoC in 2006 <input type="checkbox"/> Still in planning/software selection process <input type="checkbox"/> Still in initial implementation process
07/1989			

CoC-M-3

M-4: Client Records**

Calendar Year	Total Client Records Entered in HMIS / Analytical Database (Duplicated)	Total Unduplicated Client Records Entered in HMIS / Analytical Database
2004	23,642	7,109
2005	34,249	9,697

CoC-M-4

M-5: HMIS Participation**

a) HMIS participation by program type and funding source (please review instructions)			
Program Type	Total number of agencies	Number of agencies participating in HMIS receiving HUD McKinney-Vento funds	Number of agencies participating in HMIS <u>not</u> receiving HUD McKinney-Vento funds
Street Outreach	9	3	0
Emergency Shelter	9	6	1
Transitional Housing	5	2	0
Permanent Supportive Housing	9	6	1
TOTALS:	32 (20 undup)	17 (9 undup)	2 (1 undup)
b) Definition of bed coverage in HMIS (please review instructions)			
Program Type	Date achieved or anticipate achieving 75% bed coverage (mm/yyyy)		
Emergency Shelter (all beds)	07/1989		
Transitional Housing (all beds)	07/2006		
Permanent Supportive Housing (McKinney-Vento funded beds only)	01/2007		

Challenges and Barriers: Briefly describe any significant challenges/barriers the CoC has experienced in:

1. HMIS implementation
2. HMIS Data and Technical Standards Final Notice requirements

1. HMIS Implementation:

The CoC continues to experience significant challenges with our HMIS vendor, Bowman Systems. Bowman is unable to provide thorough and timely technical assistance. To account for reporting limitations in ServicePoint, a local company was contracted to create customized Crystal Reports using a secure VPN interface. This proved to be a long and arduous process due largely to the challenges experienced with Bowman Systems. However, this resulted in the creation of a more automated quality assurance process, as well as program and aggregate system-level reporting for the CoC.

In preparation for HMIS expansion and upgrade, CSB contracted with Plante & Moran, an outside consultancy, to conduct an assessment of the current HMIS, CSB and partner agency future HMIS needs, and to develop an upgrade implementation plan. The assessment included a comprehensive survey of current and future partner agencies, a survey of peer organizations in other communities, and consideration of local and HUD Data and Technical Standards.

2. Data & Technical Standards Final Notice Requirements:

CSB updated HMIS Policies & Procedures to address requirements in the Final Notice. There are some requirements which we are unable to meet at this time due to limitations of the current Bowman system, but which will be addressed as part of the HMIS upgrade.

**For further instructions on charts M-4 and M-5, see Instructions section at the beginning of application. CoC-M-5

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

1. Training Provided (check all that apply)	YES	NO
Basic computer training	<input checked="" type="checkbox"/>	<input type="checkbox"/>
HMIS software training	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Privacy / Ethics training	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Security Training	<input checked="" type="checkbox"/>	<input type="checkbox"/>
System Administrator training	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. CoC Process/Role		
Is there a plan for aggregating all data to a central location, at least annually?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there a plan to monitor compliance with HMIS Data & Technical Standards Final Notice?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Data Collection Entered into the HMIS		
Do all participating agencies submit universal data elements for all homeless persons served?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Do all agencies required to complete a HUD APR, except agencies meeting the definition of domestic violence provider, submit program level data elements to HMIS?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Security: Participating agencies have:		
Unique username and password access?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Secure location?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Locking screen savers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Virus protection with auto update?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Individual or network firewalls?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Restricted access for HMIS accessed via public forums (e.g. PKI digital certificates or IP filtering)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Security: Agency responsible for centralized HMIS data collection and storage has:		
Procedures for off-site storage of HMIS data?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Disaster recovery plan that has been <u>tested</u> ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Privacy Requirements		
Have additional State confidentiality provisions been implemented?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is there a "Purpose for data collection" sign at each intake desk for all participating agencies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does each participating agency have a written privacy policy, including the uses and disclosures of information	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does each participating agency have a privacy policy posted on its website (if applicable)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Data Quality: CoC has protocols for:		
Client level data quality (i.e. missing birth dates etc.)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Program level data quality (i.e. data not entered by agency in over 14 days)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Assessing CoC bed coverage (i.e. % of beds)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Unduplication of Client Records: CoC process:		
Uses data in the HMIS exclusively to generate unduplicated count?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Uses data integration or data warehouse to generate unduplicated count?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

CoC-M-6

Part III: CoC Strategic Planning

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

Please provide local action steps and measurable achievements for attaining each of the 5 national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals to permanent housing. In the column labeled “Lead Person,” please list one individual that is responsible for ensuring that the objective is met. You may list additional CoC objectives as needed. Please note that your Continuum will be reporting on your achievements with respect to each of these objectives in the 2007 application.

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing	Local Action Steps (How are you going to do it? List action steps to be completed within the next 12 months.)	Measurable Achievement in 12 months	Measurable Achievement in 5 years	Measurable Achievement in 10 years	Lead Person (Who is responsible for accomplishing CoC Objectives?)
1. Create new PH beds for chronically homeless persons.	1. Open 25 new permanent supportive housing units (single site, new construction) for chronically homeless persons through CHN Briggsdale project.	25 units	25 units	25 units	Susan Weaver, Executive Director, Community Housing Network
	2. Open 42 new permanent supportive housing units (scattered site, master lease) for chronically homeless persons through CHN Community ACT project.	42 units	42 units	42 units	Susan Weaver, Executive Director, Community Housing Network
	3. Proceed with plans to develop 40 new permanent supportive housing units (new construction) at Southpoint Place.	Submit Project Plan to RL Funder Collaborative; Submit funding requests	40 units	40 units	Susan Weaver, Executive Director, Community Housing Network
	4. Proceed with plans to develop 50 new permanent supportive housing units (new construction) at the Commons at Buckingham.	Submit Project Plan to RL Funder Collaborative; Submit funding requests	50 units	50 units	Tom Slemmer, CEO, National Church Residences
	5. Develop the Rebuilding Lives Updated Strategy to House Homeless Adults and Families.	Initiate adult and family system evaluations	Plan developed and implemented	Plan evaluated	Barbara Poppe, Executive Director, Community Shelter Board
2. Increase percentage of homeless persons staying in PH over 6 months to 71%.	1. Increase the percentage of clients staying in Amethyst Shelter Plus Care (SRA 82) over 6 months to 71% or greater.	At least 71% of clients stay over 6 months.	At least 71% of clients stay over 6 months.	At least 71% of clients stay over 6 months.	Virginia O’Keefe, Executive Director, Amethyst

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing	Local Action Steps (How are you going to do it? List action steps to be completed within the next 12 months.)	Measurable Achievement in 12 months	Measurable Achievement in 5 years	Measurable Achievement in 10 years	Lead Person (Who is responsible for accomplishing CoC Objectives?)
	2. Increase the percentage of clients staying in Community Housing Network Shelter Plus Care (TRA 149) over 6 months to 71% or greater.	At least 71% of clients stay over 6 months.	At least 71% of clients stay over 6 months.	At least 71% of clients stay over 6 months.	Susan Weaver, Executive Director, Community Housing Network
	3. Increase the percentage of clients staying in Community Housing Network East Fifth Avenue over 6 months to 71% or greater.	At least 71% of clients stay over 6 months.	At least 71% of clients stay over 6 months.	At least 71% of clients stay over 6 months.	Susan Weaver, Executive Director, Community Housing Network
	4. Replicate benefits linkage and enrollment processes for other permanent supportive housing projects as established by the Rebuilding Lives PACT Team Initiative for Social Security Administration and Department of Veterans Affairs benefits.	At least 2 additional Rebuilding Lives projects participate	All Rebuilding Lives projects participate	All Rebuilding Lives projects participate	Michelle Morgan, Department of Job & Family Services
	5. Identify and replicate one or more successful housing retention strategies applied by local permanent supportive housing provider(s), and/or based on other evidence based practices.	At least 2 Rebuilding Lives projects implement	All Rebuilding Lives projects implement	All Rebuilding Lives projects implement	Dave Davis, RL Coordinator, Community Shelter Board
3. Increase percentage of homeless persons moving from TH to PH to 61%.	1. Increase the percentage of clients moving from Friends of the Homeless New Horizons to permanent housing to 61% or greater.	At least 61% of clients move to permanent housing.	At least 61% of clients move to permanent housing.	At least 61% of clients move to permanent housing.	Tonya Helber, Interim Executive Director, Friends of the Homeless
4. Increase percentage of homeless persons becoming employed by 11%.	1. Develop one or more strategies to link CoC supportive housing providers to Central Ohio Workforce Investment Corporation resources and funded programs.	At least 1 Rebuilding Lives project implements	All Rebuilding Lives projects implement	All Rebuilding Lives projects implement	Dave Davis, RL Coordinator, Community Shelter Board
	2. Identify and replicate one or more successful employment linkage/retention strategies applied by local permanent supportive housing provider(s), and/or based on other evidence based practices documented through the Chronic	At least 1 Rebuilding Lives project implements	All Rebuilding Lives projects implement	All Rebuilding Lives projects implement	Dave Davis, RL Coordinator, Community Shelter Board

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing	Local Action Steps (How are you going to do it? List action steps to be completed within the next 12 months.)	Measurable Achievement in 12 months	Measurable Achievement in 5 years	Measurable Achievement in 10 years	Lead Person (Who is responsible for accomplishing CoC Objectives?)
	Homelessness Employment Technical Assistance (CHETA) Center.				
5. Ensure that the CoC has a functional HMIS system.	1. Identify a software vendor and product in order to upgrade the current HMIS software to a more functional HMIS software.	Complete vendor selection	More functional HMIS operational	More functional HMIS operational	Catherine Kendall, HMIS Administrator, Community Shelter Board
	2. Expand HMIS to include all HUD McKinney-Vento funded programs and at least 75% of transitional housing and permanent supportive housing programs.	All McKinney-Vento funded programs and at least 75% of transitional housing and permanent supportive housing programs are participating.	All McKinney-Vento funded programs and at least 75% of transitional housing and permanent supportive housing programs are participating.	All McKinney-Vento funded programs and at least 75% of transitional housing and permanent supportive housing programs are participating.	Catherine Kendall, HMIS Administrator, Community Shelter Board
Other CoC Objectives in 2006					
1. Reduce student mobility among families experiencing housing instability	1. Develop pilot homelessness prevention initiative with Columbus Public Schools targeting families experiencing school mobility and without permanent housing.	Develop pilot initiative	Initiative implemented and evaluated	Initiative implemented and evaluated	Tom Albanese, Director of Programs & Planning, Community Shelter Board
2. Improve family shelter system housing outcomes.	1. Provide Housing First training using NAEH and/or other relevant training resources.	At least 70% of families move to permanent or other next step housing	At least 70% of families move to permanent or other next step housing	At least 70% of families move to permanent or other next step housing	Tina Thacker, DCA Manager, Community Shelter Board
3. Improve adult shelter system housing outcomes.	1. Provide Housing First training using NAEH and/or other relevant training resources.	At least 15% of men and 24% of women move to transitional or permanent housing	At least 30% of men and 50% of women move to transitional or permanent housing	At least 30% of men and 50% of women move to transitional or permanent housing	John Hardiman, Program Relations Manager, Community Shelter Board

CoC-N

O: CoC Discharge Planning Policy Chart

HUD McKinney-Vento homeless assistance funds are **not** to be used for projects that target persons being discharged from publicly funded institutions or systems of care. Check “Yes” or “No” in each box, as appropriate. *If “Yes” is indicated for “Formal Protocol Finalized” or “Formal Protocol Implemented,” include a brief summary of the formal protocol for each applicable system category. Your response in this section should take up less than 2 pages.

Publicly Funded Institution(s) or System(s) of Care in CoC Geographic Area	Initial Discussion	Protocol in Development	Formal Protocol Finalized*	Formal Protocol Implemented*
Foster Care	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Health Care	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Mental Health	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Corrections	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Foster Care:

The Columbus/Franklin County CoC Steering Committee and Franklin County Children’s Services (FCCS) have developed and implemented a Discharge Planning Protocol Agreement. The purpose of the agreement is to ensure that youth aging out of the foster care system have discharge plans, receive assistance to secure housing, not experience homelessness upon discharge and not enter emergency shelter. The plan includes assurances that discharge planning within the foster care system in Franklin County will account for the post-discharge housing needs of youth aging out of foster care and that collaborative efforts between FCCS and the CoC will be employed to quickly and effectively resolve issues impeding successful housing placement for foster children.

As required by the Ohio Department of Job and Family Services, a life skills assessment is to be completed on all youth in custody at the age of 16. They are then required to develop a life skills plan 30 days after the assessment is completed. The plan is to outline the strengths, limitations, and resources for the youth. This plan is to be reviewed every 90 days or until custody is terminated. Youth that have emancipated from care can request services and support from FCCS. FCCS is required to evaluate the strengths and needs of the young adult and then develop a plan. The plan outlines the responsibilities of the young adult and FCCS.

Health Care:

Discussions with the Columbus Health Department have been initiated to develop an initial approach to reviewing and improving discharge planning protocols with the three major healthcare systems operating in Franklin County.

Mental Health:

The Columbus/Franklin County CoC Steering Committee, the Franklin County Alcohol, Drug and Mental Health Board (ADAMH) and Twin Valley Behavioral Healthcare (TVBH) have developed and implemented a Discharge Planning Protocol Agreement. The purpose of the agreement is to ensure that persons leaving TVBH have discharge plans, receive assistance to secure housing, not experience homelessness upon discharge and not enter emergency shelter. The plan includes assurances that through the ADAMH & TVBH Continuity of Care Agreement with Provider Agencies (system of public mental health care) TVBH inpatient discharge planning will account for the post-discharge housing needs of patients and that collaborative efforts between TVBH, ADAMH and the CoC will be employed to quickly and effectively resolve issues impeding successful housing placement for patients.

Per the Ohio Department of Mental Health (ODMH), it is the policy of ODMH that homeless shelters are not appropriate living arrangements for persons with mental illness. Patients being

discharged from ODMH Behavioral Health Organizations/Hospitals are not to be discharged to a shelter or to the street. Community Support Network (CSN) programs are required to have emergency housing plans in place in the event their clients undergo unexpected residential change. This emergency housing plan must be approved by the relevant ODMH BHO Chief Executive Office, the contracting Board for the CSN program, and the BHO CSN Coordinator.

ODMH BHO and CSN programs, in conjunction with the responsible or contracting Board or agency, shall exhaust all reasonable efforts to locate suitable housing options for patients being discharged. Patients in ODMH BHOs shall not be discharged to homeless shelters and clients in an ODMH CSN program shall not be removed or relocated from community housing options to homeless shelters unless the responsible board or contract agency has been involved in the decision making process and it is the expressed wish of the affected person and other placement options have been offered to the affected person and refused. When a discharge or relocation to a homeless shelter occurs under these guidelines, the reasons shall be thoroughly documented in the person's chart and reviewed via the BHO's quality improvement process. Persons may not be discharged or relocated to homeless shelters for the convenience of staff, as a punitive measure, or for expediency. ODMH BHO policies shall be consistent with this directive.

Corrections:

The Community Shelter Board has had an ongoing dialogue with the Ohio Department of Rehabilitation and Corrections (ODRC) since 2002. As a result, ODRC has revised discharge policy and practices to ensure offenders leaving the state correctional system are not discharged to homelessness. On behalf of the CoC Steering Committee, CSB has also initiated dialogue with the Franklin County Sheriff's Department in order to develop a local discharge planning protocol for homeless persons repeatedly incarcerated in the county jail.

The discharge planning protocol in place for the state correctional system is based, in part, on the policy of the Ohio Department of Rehabilitation and Corrections (ODRC) to not discharge persons to the streets or to a shelter. ODRC provides a holistic and systematic approach to prepare an offender for a successful reentry into the community. This begins at the offender's admission into the department and continues until his or her final release from supervision. Reentry planning addresses an offender's programming needs, linkages to the community and appropriate community supervision activities subsequent to release.

At approximately 180 days prior to release, offenders are offered release preparation classes that address areas such as job searching, resume writing, interviewing skills, job retention, community resources, goal setting and substance abuse, mental health and medical issues. Within 90-120 days of release, case managers assist offenders in determining potential housing options for release to the community. Potential housing options are entered onto the offender's reentry plan. Within 90 days of release, case managers review with offenders the need for appropriate documentations. If required, the case manager assists the offender in acquiring those documents needed for the purpose of identification and obtaining employment. If applicable, appropriate community linkages are made for offenders with substance abuse issues, mental health diagnoses and medical concerns. Several pilot projects underway in the state are aimed at increasing an offender's ability to access Medicaid and social security more quickly and to be linked with mental health services and housing upon discharge.

Within 30 days of release, the ODRC case manager finalizes housing plans and the need for any other documentation for purposes of identification. The case manager also discusses possible transportation plans and secures transportation if necessary. All plans for final release are documented in the offender's reentry plan.

CoC-O

P: CoC Coordination Chart

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

Consolidated Plan Coordination		YES	NO
a. Do Con Plan planners, authors and other Con Plan stakeholders participate in CoC general planning meetings?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Do CoC members participate in Con Plan planning meetings, focus groups, or public forums?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. Were CoC strategic plan goals addressing homelessness and chronic homelessness used in the development of the Con Plan?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Jurisdictional 10-year Plan Coordination			
a. Are there separate formal jurisdictional 10-year Plan(s) being developed and/or being implemented within your CoC geography? (If No, you may skip to the next section of this chart.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b. Do 10-year Plan conveners, authors and other stakeholders participate in CoC general planning meetings?	<input type="checkbox"/>	<input type="checkbox"/>	
c. Have 10-year Plan participants taken steps to align their planning process with the local CoC plan?	<input type="checkbox"/>	<input type="checkbox"/>	
d. Were CoC strategic plan goals used in the development of the 10-year Plan(s)?	<input type="checkbox"/>	<input type="checkbox"/>	
e. Provide the number of jurisdictions within your CoC geography that have formally implemented a 10-year plan(s).			
Policy Academy* Coordination		YES	NO
a. Do CoC members participate in State Policy Academy meetings, focus groups, public forums, or listservs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Were CoC strategic plan goals adopted by the CoC as a result of communication/coordination with the State Policy Academy Team?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. Has the CoC or any of its projects received state funding as a result of its coordination with the State Policy Academy?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Public Housing Agency Coordination			
a. Do CoC members meet with CoC area PHAs to improve coordination with and access to mainstream housing resources?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Coordination with State Education Agencies			
a. Did the CoC provide the state education agency with a list of emergency and transitional housing facilities located within the CoC boundaries that serve families with school-age children or school-age unaccompanied youth under the age of 18?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

*A State Policy Academy is a state-level process designed to help state and local policymakers improve access to mainstream services for people who are homeless. For more information about getting involved in a State Policy Academy, see <http://www.hrsa.gov/homeless>.

CoC 2006 Funding Priorities

Q: CoC Project Priorities Chart

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

HUD-defined CoC Name: Columbus/Franklin County CoC						CoC #: OH-503			
(1) SF-424 Applicant Name (Please Remove Examples)	(2) Project Sponsor Name	(3) Project Name	(4) Priority	(5) Requested Project Amount ***	(6) Term	(7) Program and Component Type**			
						SHP New	SHP Renewal	S+C New	SRO New
Community Housing Network	Community Housing Network	Southpoint Place	1	\$ 597,877	2	PH			
Amethyst	Amethyst	Rapid Stabilization Project	2	\$ 161,172	1		TH		
Community Housing Network	Community Housing Network	East Fifth Avenue Women's Housing	3	\$ 236,416	1		PH		
Community Housing Network	Community Housing Network	Family Homes	4	\$ 35,233	1		PH		
Community Housing Network	Community Housing Network	North High Apartments	5	\$ 83,283	1		PH		
Community Housing Network	Community Housing Network	Parsons Avenue Apartments	6	\$ 260,672	1		PH		
Community Housing Network	Community Housing Network	Rebuilding Lives PACT Team Initiative	7	\$ 637,479	1		PH		
Community Housing Network	Community Housing Network	Safe Havens	8	\$ 184,834	1		SH-PH		
Community Housing Network	Community Housing Network	Wicklow Road Apartments	9	\$ 59,060	1		PH		
Community Housing Network	Community Housing Network	Wilson House Apartments	10	\$ 97,293	1		PH		
Community Shelter Board	Community Shelter Board	Homeless Management Information System	11	\$ 42,772	1		HMIS		
Huckleberry House	Huckleberry House	Transitional Living Program	12	\$ 229,539	1		TH		
National Church Residences	National Church Residences	Commons at Grant	13	\$ 250,092	1		PH		
YWCA Columbus	YWCA Columbus	WINGS I	14	\$ 99,015	1		PH		
Friends of the Homeless	Friends of the Homeless	New Horizons Safe Havens Transitional Housing	15	\$ 260,680	1		SH-TH		
(8) Subtotal: Requested Amount for CoC Competitive Projects:***				\$ 3,235,417					

(9) Shelter Plus Care Renewals:****						S+C Component Type**
Columbus Metropolitan Housing Authority	Amethyst	SRA 82	16	\$ 618,168	1	SRA
Columbus Metropolitan Housing Authority	Amethyst	TRA 10	17	\$ 78,600	1	TRA
Columbus Metropolitan Housing Authority	Columbus AIDS Task Force	SRA 15	18	\$ 104,292	1	SRA
Columbus Metropolitan Housing Authority	Columbus AIDS Task Force	TRA 30	19	\$ 196,056	1	TRA
Columbus Metropolitan Housing Authority	Columbus AIDS Task Force	TRA 44	20	\$ 277,080	1	TRA
Columbus Metropolitan Housing Authority	Community Housing Network	SRA 137	21	\$ 893,892	1	SRA
Columbus Metropolitan Housing Authority	Community Housing Network	TRA 149	22	\$ 1,019,724	1	TRA
Columbus Metropolitan Housing Authority	LSS	SRA 35	23	\$ 208,500	1	SRA
(10) Subtotal: Requested Amount for S+C Renewal Projects:				\$ 3,396,312		
(11) Total CoC Requested Amount:				\$ 6,631,728		

CoC-Q

- *HUD-defined CoC names & numbers are available at: <http://www.hud.gov/offices/adm/grants/fundsavail.cfm>
- **Place the component type (PH, TRA etc.) under the appropriate program for each project in column 7.
- ***The requested project amount **must not** exceed the amount entered in the project summary budget in Exhibit 2. If the project summary budget exceeds the amount shown on this priorities list, the **project budget will be reduced** to the amount shown on the CoC Project Priorities Chart.
- ****For the Shelter Plus Care Renewals priority number, please continue project numbering from the top portion of the chart – please **do not** restart S+C project priority numbering from 1.

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

NOT APPLICABLE

CoC-R

S: CoC Project Leveraging Summary Chart

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

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

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

Name of Continuum	Total Value of Written Commitment
Columbus/Franklin County CoC	\$ 14,397,204

CoC-S

T: CoC Current Funding and Renewal Projections Chart

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

T: CoC Current Funding and Renewal Projections Chart

Supportive Housing Program (SHP) Projects:													
Type of Housing		All SHP Funds Requested (Current Year)		Renewal Projections									
		2006		2007		2008		2009		2010		2011	
Transitional Housing (TH)		\$390,711		\$390,711		\$390,711		\$390,711		\$390,711		\$390,711	
Safe Havens-TH		\$260,680		\$260,680		\$260,680		\$260,680		\$260,680		\$260,680	
Permanent Housing (PH)		\$2,356,420		\$2,199,381		\$2,958,574		\$2,958,574		\$3,257,423		\$3,257,423	
Safe Havens-PH		\$184,834		\$184,834		\$184,834		\$184,834		\$184,834		\$184,834	
SSO		0		0		0		0		0		0	
HMIS		\$42,772		\$166,414		\$166,414		\$166,414		\$166,414		\$166,414	
Totals		\$3,235,417		\$3,202,020		\$3,961,213		\$3,961,213		\$4,260,062		\$4,260,062	
Shelter Plus Care (S+C) Projects:													
Number of Bedrooms		All S+C Funds Requested (Current Year)		Renewal Projections									
		2006		2007		2008		2009		2010		2011	
		Units	\$	Units	\$	Units	\$	Units	\$	Units	\$	Units	\$
SRO		4	\$15,984	4	\$15,984	29	\$122,937	38	\$165,920	38	\$165,920	38	\$165,920
0		27	\$144,180	27	\$144,180	27	\$144,180	27	\$144,180	27	\$144,180	27	\$144,180
1		313	\$1,941,852	313	\$1,941,852	313	\$1,941,852	313	\$1,941,852	313	\$1,941,852	313	\$1,941,852
2		132	\$1,037,520	132	\$1,037,520	132	\$1,037,520	132	\$1,037,520	132	\$1,037,520	132	\$1,037,520
3		26	\$256,776	26	\$256,776	26	\$256,776	26	\$256,776	26	\$256,776	26	\$256,776
Totals		502	\$3,396,312	502	\$3,396,312	527	\$3,503,265	536	\$3,546,248	536	\$3,546,248	536	\$3,546,248

Part IV: CoC Performance

U: CoC Achievements Chart

Enter the goals and action steps that you that you listed on your 2005 CoC application and briefly describe measurable achievements in the past 12 months. The information provided in the first two columns should be the same as provided in the 2005 CoC application. Add rows as needed.

Goals	Action Steps	Measurable Achievements
Chronic Homelessness Goals		
Close the Front Door by Preventing Homelessness		
Improve access to Franklin County Department of Job & Family Services (FCDJFS) programs & reduce referrals/discharge to shelters	<ol style="list-style-type: none"> 1. Develop and implement plan for providing on-site services by FCDJFS at front door family shelter following establishment of the new Family Center shelter. 2. Monitor progress quarterly and ensure service coordination and access. 3. Continue distribution of the Homeless Rights and Benefits Guide developed by the Citizen's Advisory Council (CAC). 4. Update Homeless Rights and Benefits Guide. 5. Provide technical assistance and training, as needed. 	73% of clients who had no income and received Resource Specialist assistance at the YWCA Family Center were successful in obtaining income, including TANF and Food Stamps.
Reduce referrals/discharge to shelters from hospital facilities	<ol style="list-style-type: none"> 1. Identify number of persons discharged from hospital facilities to shelter, as well as their housing, healthcare, and ongoing support needs. 2. Identify best practices to reduce discharge from hospital facilities to shelter. 3. Develop plan to reduce discharge to shelter, including measurable objectives. 	Dialogue with healthcare system initiated; discharge planning protocol under development.
Reduce referrals/discharge to shelters from inpatient treatment facilities	<ol style="list-style-type: none"> 1. Identify number of persons discharged annually from inpatient treatment to shelter, as well as their housing, treatment and ongoing support needs. 2. Identify best practices to reduce discharge from treatment facilities to shelter. 3. Develop plan to reduce discharge to shelter, including measurable objectives. 	<p>Dialogue with Twin Valley Behavioral Healthcare initiated; discharge planning protocol developed and implemented.</p> <p>ADAMH system Continuity of Care Agreement developed and implemented.</p>
Reduce referrals/discharge from Ohio Department of Rehabilitation and Corrections (ODRC) and local correctional system to shelters	<ol style="list-style-type: none"> 1. Implement ODRC Ohio Offender Reentry Plan and local CORE Project to improve discharge planning, re-entry initiatives and housing stability 2. Continue to implement local plan to reduce discharge to shelter for high risk offenders 3. Improve access to mental health and addiction services and housing stability for offenders adjudicated as part of Franklin County court system drug and mental health dockets. 4. Monitor impact of new Independent 	<p>Dialogue and coordination with Ohio Department of Rehabilitation and Corrections and Community Connections for Offenders ongoing.</p> <p>Dialogue with Franklin County Sheriff's Department initiated; discharge planning protocol under development.</p> <p>CORE Project and other offender re-entry initiatives ongoing.</p> <p>Independent Housing pilot ongoing. Monthly meetings since July 2005 have occurred</p>

Goals	Action Steps	Measurable Achievements
	<p>Housing pilot for ex-offenders</p> <ol style="list-style-type: none"> 5. Distribute information to local housing partners on how to provide ex-offender housing through a guide to be developed by the CORE Housing Subcommittee 6. Explore feasibility of new supportive housing development for ex-offenders. 7. Continue implementation of offender reentry housing project 	<p>between the Corporation for Supportive Housing and ODRC. ODRC participated in 2 CSH sponsored out of state site visits on supportive housing in 2005 and has expressed interest in permanent supportive housing in Columbus/Franklin County.</p>
Open the Back Door		
<p>Continue implementation of Rebuilding Lives plan through development of new permanent supportive housing (PSH) for chronically homeless men and women</p>	<ol style="list-style-type: none"> 1. Continue to oversee and coordinate funding for development and on-going operations of 590+ Rebuilding Lives units. 2. Bring balance of Rebuilding Lives PACT Team Initiative (RLPTI) scattered site CMHA units on-line (28), per RLPTI Project, year two implementation plan. 3. Proceed with development of Chantry Place PSH (40 units), Briggsdale PSH (25 units), St. Clair PSH (16 units), Other New PSH (32 units-sponsor TBD) and YWCA WINGS Expansion (41 units). 4. Provide technical assistance to developers and providers. 5. Monitor progress quarterly. 	<p>675 Rebuilding Lives (RL) units developed and operating. New RL units developed in past twelve months include:</p> <ul style="list-style-type: none"> • RLPTI: 28 units • CHN Briggsdale: 25 units • CHN Community ACT: 42 units • CHN St. Clair: 26 units • YWCA WINGS: 41 units <p>RL projects under development include Maryhaven Chantry Place (2006), CHN Southpoint Place (2008), NCR Commons at Buckingham (TBD), and YWCA Sunshine Terrace expansion (TBD).</p>
<p>Continue development of new permanent supportive housing for chronically homeless families with children</p>	<ol style="list-style-type: none"> 1. Provide technical assistance to developers and providers. 2. Proceed with development of Chantry Place PSH (10 units). 3. Monitor progress quarterly. 	<p>Maryhaven Chantry Place is under development with an anticipated opening in fall 2006.</p>
<p>Increase understanding of chronically homeless families</p>	<ol style="list-style-type: none"> 1. Continue fundraising efforts to secure resources necessary to conduct comprehensive system evaluation. 2. Assess need for larger units of PSH to meet needs of families with 6 or more members. 	<p>Fundraising largely completed for Rebuilding Lives Updated Strategy, including evaluation of adult and family systems. Research team has been assembled. Evaluation planning initiated. Steering Committee identified.</p>
<p>Improve coordination and linkage between outreach and permanent supportive housing projects</p>	<ol style="list-style-type: none"> 1. Continue monthly meetings of outreach service providers and quarterly meetings of Supportive Housing Providers of Central Ohio (SHPCO). 2. Improve dissemination of information regarding PSH eligibility and unit openings. 	<p>Comprehensive housing directory of Rebuilding Lives projects developed and disseminated to homeless service providers.</p> <p>Quarterly meetings of the SHPCO are ongoing and have included topics such as dual-diagnosis treatment models and effective engagement.</p>
<p>Improve access to and retention of Columbus Metropolitan Housing Authority (CMHA) housing among persons experiencing chronic homelessness</p>	<ol style="list-style-type: none"> 1. Continue technical assistance to developers and providers. 2. Identify new opportunities for utilizing CMHA programs. 3. Complete RLPTI expansion utilizing 28 CMHA public housing units. 	<p>RLPTI expansion implemented utilizing 28 CMHA public housing units. Rebuilding Lives Flexible Rent funds provided for clients pending CMHA approval.</p>
<p>Expedite benefits enrollment by the Social Security</p>	<ol style="list-style-type: none"> 1. Continue to develop, improve and monitor expedited SSI application and 	<p>67% of RLPTI clients have been successfully linked to SSI/SSDI; 10% have been successfully linked to VA benefits.</p>

Goals	Action Steps	Measurable Achievements
Administration and Department of Veterans Affairs	VA benefit application process through RLPTI. 2. Expand outreach to veterans and linkage with benefits. 3. Monitor progress monthly and document successful processes and outcomes.	The CoC Steering Committee has established a Benefits Workgroup to replicate and expand upon the success of the RLPTI project.
Build the Infrastructure		
Increase supply of affordable housing	1. Continue to use local, state, and federal funding to increase the supply of affordable housing targeted to low-income households (those at or below 30% AMI) and larger units affordable to families with six or more members.	The Franklin County Commissioners approved a 1 mill increase in the county real estate transfer fee to support affordable housing development and homeless programs.
Improve access to and coordination with health care programs	1. Enroll eligible homeless clients in the Access Network, per Access Health Columbus strategic plan. 2. Monitor impact of Access Network on clients utilizing shelter and permanent supportive housing. 3. Further develop partnership between Columbus Health Department, shelters and permanent supportive housing.	The Affordable and Sustainable Healthcare project has been initiated. Dialogue on program planning and coordination initiated with Columbus Health Department and the Community Shelter Board.
Improve access to and coordination with Alcohol, Drug and Mental Health Board (ADAMH) programs	1. Update and execute Memorandum of Agreement between ADAMH and CSB outlining agency roles, system planning and coordination responsibilities 2. Identify access and coordination needs and priorities. 3. Re-establish coordination and planning meetings between ADAMH and shelter providers. 4. Conduct shelter staff training on mental illness, engagement and referral protocols. 5. Update and disseminate Shelter and ADAMH agency referral matrix.	ADAMH system and homeless system providers met and established system coordination priorities. Provider directories have been updated and distributed. Capacity building activities planned for FY07.
Manage for Results		
Upgrade and expand HMIS	1. Initiate HMIS upgrade and expansion plan to include all HUD funded Continuum of Care programs. 2. Issue quarterly reports to CoC Steering Committee.	Upgrade and expansion plan developed. HMIS expanded in FY06 to include additional HUD CoC programs. Expansion of remaining HUD CoC programs to be completed in FY07.
Update 10 Year Plan to End Chronic Homelessness: Annual Update	1. Present annual update and seek input from key stakeholders ¹ . 2. Revise plan. 3. Monitor implementation and goal achievement.	Plan updated and monitored.

¹ Key stakeholders include: Citizens Advisory Council, Continuum of Care Providers, CSB trustees, RLFC, United Way Housing Vision Council, Columbus Coalition for the Homeless, Franklin County Commissioners, City of Columbus Administration and City Council, CMHA, Franklin County Department of Job & Family Services, Franklin County Children Services, Department of Veterans Affairs, Columbus Neighborhood Health Centers, & ADAMH Board.

Goals	Action Steps	Measurable Achievements
Issue annual reports to the community	1. Disseminate CSB's Annual Report to the community, documenting achievement of Rebuilding Lives and other 10 year plan goals	Report disseminated to the community.
Rebuilding Lives updated strategy for families and adults.	Secure resources necessary to implement evaluation and Rebuilding Lives plan update.	Fundraising largely completed for Rebuilding Lives Updated Strategy, including evaluation of adult and family systems. Research team has been assembled. Evaluation planning initiated. Steering Committee identified.
Other Homelessness Goals		
Close the Front Door by Preventing Homelessness		
Continue to provide and seek to improve homelessness prevention and shelter diversion services	<ol style="list-style-type: none"> 1. Continue funding for prevention services and ensure maintenance of quality programming. 2. Establish uniform diversion protocol and tracking among shelter providers. 3. Provide training on diversion protocol. 4. Monitor effectiveness of diversion protocol. 	Planning initiated for a new homelessness prevention pilot targeting families who experience high student mobility.
Advocate to assure no net loss of assisted housing units for low income households	1. Monitor public housing and Section 8 re-structuring and advocate as needed	Monitoring ongoing.
Open the Back Door		
Continue to provide and ensure appropriate targeting of financial assistance and improve resource specialist services to assist households to exit shelters	<ol style="list-style-type: none"> 1. Continue funding for these services and ensure maintenance of quality programming 2. Ensure Transition Program financial assistance and Resource Specialist assistance is targeted to households with the greatest needs 3. Improve shelter resource specialist services to achieve desired housing and income outcomes 4. Monitor effectiveness of shelter resource specialist services. 	<p>Capacity building initiative among adult shelter resource specialists and case managers implemented.</p> <p>New housing search tools developed and implemented among homeless providers. New job readiness and employment search tools developed and implemented among homeless providers.</p> <p>Shelter standards concerning service targeting and delivery by shelter resource specialists and case managers have been updated.</p> <p>New statewide web-based housing search tool has been developed and is to be implemented in summer 2006.</p>
Continue to provide and improve direct housing services to ensure appropriate targeting of services and related financial assistance to assist family households to exit shelters	<ol style="list-style-type: none"> 1. Continue funding for these services and ensure maintenance of quality programming 2. Expand partnerships between direct housing program and community housing providers, with an emphasis on housing for large families with six or more members 3. Monitor and improve direct housing partnership with CMHA and Community Properties of Ohio (CPO). 	<p>Plan to expand CPO partnership being developed. Risk assessment to determine service needs of direct housing tenants developed.</p> <p>CMHA Memorandum of Agreement being updated. Risk assessment to determine service needs of direct housing tenants developed.</p> <p>CMHA in-service for homeless providers conducted in March.</p>
Continue providing operations and services funding for transitional housing	<ol style="list-style-type: none"> 1. Continue funding for these services and ensure maintenance of quality programming 2. Assess role of transitional housing in 	Funding for ineffective programs (i.e. low performing and no targeting) has been discontinued.

Goals	Action Steps	Measurable Achievements
	family system and ensure appropriate targeting.	
Transition the YWCA Interfaith Hospitality Network to a single site model	<ol style="list-style-type: none"> 1. Finalize new program and facility plan, including operating pro-forma 2. Secure final capital and operating resources 3. Complete construction 4. Hire balance of staff and provide training/orientation 5. Implement program at new site 	<p>Construction completed and program operations at new \$6 million YWCA Family Center initiated in October.</p> <p>System transition to new on-site model successful.</p>
Assure access to public school and educational resources for homeless children	<ol style="list-style-type: none"> 1. Monitor compliance with federal and state laws regarding enrollment 2. Implement recommendations based on student mobility study 3. Ensure appropriate level of service coordination and integration between front-door family shelter and Columbus Public Schools in new Family Center 4. Ensure families are aware of their rights and have access to needed resources, services, support, and advocacy 	<p>Plan to provide on-site services by Columbus Public Schools at new YWCA Family Center developed and implemented. Services include advocacy, school enrollment assistance, and child development services. The YWCA has further reduced school mobility among children served.</p> <p>Planning initiated for a new homelessness prevention pilot targeting families who experience high student mobility.</p>
Improve access to Columbus Metropolitan Housing Authority (CMHA) programs	<ol style="list-style-type: none"> 1. Continue technical assistance to developers and providers. 2. Identify new opportunities for utilizing CMHA programs. 	<p>CMHA in-service for homeless providers conducted in March.</p> <p>CMHA will implement an on-line application for subsidized housing by August 2006.</p>

CoC-U

V: CoC Chronic Homeless (CH) Progress Chart

This chart should be based on January 2006 point-in-time counts. For further instructions in filling out this chart, please see the Instructions section.

Year	(1) Number of CH Persons	(2) Number of PH beds for the CH	(3) New PH beds for the CH between Feb. 1, 2005 – Jan. 31, 2006	(4) Identify the cost of the <u>new</u> CH beds from each funding source			
				Public			Private
				Federal	State	Local	
2004	455	457					
2005	433	602*					
2006	534	672	70	\$591,402	\$19,339	\$0	\$113,622

(5) Briefly describe the reason(s) for any changes in the total number of the chronically homeless between 2005 and 2006 (use less than one-half page).

The number of chronically homeless persons is estimated based on local and national studies that have shown that single adults experiencing long-term homelessness utilize more than 50% of emergency shelter resources. This prevalence rate is applied to annual point-in-time enumerations of sheltered and unsheltered single adults to estimate the number of chronically homeless persons in the Columbus/Franklin County CoC. The point-in-time count of unsheltered homeless persons conducted in January 2006 counted 189 individuals -127 more than in 2005. The increase is largely attributed to the utilization of improved count methodologies. Moreover, in 2006, 30 more single adults were counted in shelter than in 2005. The combined total increase in sheltered and unsheltered single adults from 2005 to 2006, therefore, resulted in an increased number of estimated chronically homeless persons.

2005 PSH beds for chronically homeless persons is based on actual beds available as of June 1, 2005.

CoC-V

W: CoC Housing Performance Chart

The following chart will assess your CoC's progress in reducing homelessness by helping clients move to and stabilize in permanent housing, access mainstream services and gain employment. Both housing and supportive services projects in your CoC will be examined. Provide information from the most recently submitted APR for the appropriate RENEWAL project(s) on your CoC Project Priorities Chart. **Note:** If you are not submitting any renewals in this year's competition for the applicable areas presented below, check the appropriate box in the chart.

1. Participants in Permanent Housing		
HUD will be assessing the percentage of all participants who remain in S+C or SHP permanent housing (PH) for more than six months. SHP projects include both SHP-PH and SHP-Safe Haven PH renewals. Complete the following chart utilizing data based on the <u>preceding operating year</u> from APR Question 12(a) and 12(b) for PH projects included on your CoC Priority Chart:		
<input type="checkbox"/>	No applicable PH renewals are on the CoC Project Priorities Chart	APR Data
<input checked="" type="checkbox"/>	<u>All</u> PH renewal projects with APRs submitted are included in calculating the responses below	
a.	Number of participants who exited PH project(s)—APR Question 12(a)	239
b.	Number of participants who did not leave the project(s)—APR Question 12(b)	696
c.	Number who exited after staying 7 months or longer in PH—APR Question 12(a)	185
d.	Number who did not leave after staying 7 months or longer in PH—APR question 12(b)	599
e.	Percentage of all participants in PH projects staying 7 months or longer (c. + d. divided by a. + b. multiplied by 100 = e.)	83.9%
2. Participants in Transitional Housing (TH)		
HUD will be assessing the percentage of all TH clients who moved to a permanent housing situation. TH projects include SHP-TH and SHP-Safe Haven/TH <i>not</i> identified as permanent housing. Complete the following chart utilizing data based on the <u>preceding operating year</u> from APR Question 14 for TH renewal projects included on your CoC Priorities Chart.		
<input type="checkbox"/>	No applicable TH renewals are on the CoC Project Priorities Chart	APR Data
<input checked="" type="checkbox"/>	<u>All</u> TH renewal projects with APRs submitted are included in calculating the responses below	
a.	Number of participants who exited TH project(s)—including unknown destination	150
b.	Number of participants who moved to PH	82
c.	Percent of participants in TH projects who moved to PH (b. divided by a. multiplied by 100 = c.)	54.7%

CoC-W

X: Mainstream Programs and Employment Project Performance Chart

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

<input type="checkbox"/>	No applicable renewal projects for the Mainstream Programs and Employment Chart included in the CoC Priorities Chart.
<input checked="" type="checkbox"/>	<u>All</u> non-HMIS renewal projects on the CoC Priorities Chart that submitted an APR are included in calculating the responses below.

(1) Number of Adults Who Left (Use same number in each cell)	(2) Income Source	(3) Number of Exiting Adults with Each Source of Income	(4) Percent with Income at Exit (Col 3 ÷ Col 1 x 100)
429	a. SSI	73	17.0%
429	b. SSDI	26	6.1%
429	c. Social Security	21	4.9%
429	d. General Public Assistance	96	22.4%
429	e. TANF	31	7.2%
429	f. SCHIP	0	0%
429	g. Veterans Benefits	4	0.9%
429	h. Employment Income	102	23.8%
429	i. Unemployment Benefits	1	0.2%
429	j. Veterans Health Care	3	0.7%
429	k. Medicaid	127	29.6%
429	l. Food Stamps	229	53.4%
429	m. Other (please specify)	5	1.2%
429	n. No Financial Resources	82	19.1%

CoC-X

Y: Enrollment and Participation in Mainstream Programs Chart

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

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

CoC-Y

Z: Unexecuted Grants Awarded Prior to the 2005 CoC Competition Chart

Provide a list of all HUD McKinney-Vento Act awards made prior to the 2005 competition that are not yet under contract (i.e., signed grant agreement or executed ACC).

NOT APPLICABLE

CoC-Z

AA: CoC Participation in Energy Star Chart

HUD promotes energy-efficient housing. All McKinney-Vento funded projects are encouraged to promote energy efficiency, and are specifically encouraged to purchase and use Energy Star labeled products. For information on the Energy Star initiative go to: <http://www.energystar.gov>.

Have you notified CoC members of the Energy Star initiative? Yes No

Percentage of CoC projects on CoC Priority Chart using Energy Star appliances: 65%
NOTE: Of the 8 projects on the CoC Priority Chart not indicating use of Energy Star appliances, one (1) is an HMIS project and four (4) are Shelter Plus Care Tenant-based Rental Assistance (TRA) programs.

CoC-AA

AB: Section 3 Employment Policy Chart

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

CoC-AB