

Part I: CoC Organizational Structure

HUD-Defined CoC Name:*	CoC Number*
Connecticut Balance of State Continuum of Care	CT-505
*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: CT Balance of State Steering Committee		
CoC Contact Person: Elliot Stone		
Contact Person's Organization Name: State of Connecticut Department of Mental Health and Addiction Services (DMHAS)		
Street Address: 410 Capitol Avenue, PO Box 341431		
City: Hartford	State: CT	Zip: 06134
Phone Number: 860-418-6845	Fax Number: 860-418-6696:	
Email Address: Elliot.Stone@po.state.ct.us		

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.e of this NOFA regarding geographically overlapping CoC systems.

Geographic Area Name	6-digit Code
East Hartford	090336
Hamden Town	090480
Hartford County	099003
Litchfield County	099005
Manchester	090594
Meriden	090612

Geographic Area Name	6-digit Code
Milford Town	090636
New Haven County	099009
Tolland County	099013
West Hartford	091230
West Haven	091236
Windham County	099015

CoC Structure and Decision-Making Processes

C: CoC Groups and Meetings Chart

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

CoC 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.
		At Least Monthly	At Least Quarterly	At Least Biannually	Annually	
Example: CoC Primary Decision-Making Group						
Name:	River County Continuum of Care Executive Committee	X				5
Role:	This group sets agendas for full Continuum of Care meetings, oversees project monitoring, determines project priorities, provides final approval for the CoC application, and oversees application submission.					
CoC Primary Decision-Making Group (list only one group)						
Name:	CT BOS Steering Committee			X		7
Role:	The Steering Committee’s roles and tasks include: oversight of the CoC process, ratification of priorities, developing the scoring and evaluation criteria, ratification of project rankings, and approval of the BOS Exhibit 1.					
Other CoC Committees, Sub-Committees, Workgroups, etc.						
Name:	Windham County Continuum of Care	X				7
Role:	This group meets to address current issues, set agendas, determine priorities and ways to better coordinate services					
Name:	Connecticut Coalition to End Homelessness	X				50
Role:	Develop strategies to end homelessness.					
Name:	Windham/Tolland Counties COC Executive Committee	X				5
Role:	Sets agenda for COC meetings; distributes mailings to members; maintains meeting records; oversees members’ HUD application process					
Name:	Northwest COC Needs & Gaps Committee				X	3
Role:	Recruit new representation and membership for the COC. Identify local community needs and countywide gaps by overseeing the homeless count, data analysis and ongoing review of local data on homelessness.					

C: CoC Groups and Meetings Chart

CoC Planning Groups		At Least Monthly	At Least Quarterly	At Least Biannually	Annually	Number of organizations that are members of each CoC planning group
Other CoC Committees, Sub-Committees, Workgroups, etc.						
Name:	Windham/Tolland Counties COC Point-in-Time Committee				X	3
Role:	Coordinates the COC regional homeless count as needed.					
Name:	Connecticut HMIS Steering Committee	X				25
Role:	Decision-making body for all HMIS matters					
Name:	Manchester COC	X				14
Role:	Meets to collect, assess and distribute information about homelessness, identify housing service needs, educate community and government, advocate for housing development and services.					
Name:	Manchester Project for Assistance in Transition (PATH)		X			6
Role:	Development and identification of services, resources, outreach and engagement strategies.					
Name:	Manchester Mental Health Network		X			13
Role:	Planning and resource updates: re: mental issues and treatment.					
Name:	East Hartford Town Meetings	X				5
Role:	Address local quality of life issues					
Name:	Interfaith Ministry	X				15
Role:	Plans and coordinates services for homeless people					
Name:	Reaching Home Campaign Steering Committee		X			
Role:	The Steering Committee meets to set the direction for the campaign to develop 10,000 units of supportive housing in the next 10 years. Service sub-committee met to design standards of care for service delivery in supportive housing funded by the state.					
Name:	New Haven 10-Year Plan to End Homelessness Board of Directors		X			23
Role:	Group meets regularly to establish implementation for the 10-year plan. Co-chair of legislative committee that develops advocacy agenda.					
Name:	New Haven Shelter Plus Care Screening Committee	X				6
Role:	Committee meets regularly to assess and approve clients for Shelter Plus Care					
Name:	East Hartford Housing Authority	X				3
Role:	Addresses Housing Issues					
Name:	Stoleman Housing	X				4
Role:	Develop affordable housing in the West Hartford area.					
Name:	West Hartford Public Housing Authority		X			4
Role:	Establish affordable housing in West Hartford.					
Name:	Connecticut AIDS Resource Coalition	X				20
Role:	Address housing issues and service issues for individuals with HIV/AIDS.					

C: CoC Groups and Meetings Chart

CoC Planning Groups		At Least Monthly	At Least Quarterly	At Least Biannually	Annually	Number of organizations that are members of each CoC planning group
Other CoC Committees, Sub-Committees, Workgroups, etc						
Name:	Greater Waterbury HIV/AIDS Consortia	X				6
Role:	This group meets to address the current needs and issues affecting HIV/AIDS customers in the Waterbury/Meriden/Naugatuck Valley region					
Name:	North Regional Mental Health Board – Community Action Council 18	X				8
Role:	Develop strategies and priorities in serving individuals living with psychiatric disorders as pertains to services, housing and advocacy.					
Name:	Meriden Human Service Providers Group	X				7
Role:	Identify gaps in service and an inventory of social service agencies. Meets to address issues of the low income community including homeless, HIV population.					
Name:	Meriden Shelter Plus Care Committee	X				10
Role:	Decide who is appropriate for Shelter Plus Care certificates and discuss client issues.					
Name:	Northwest Local COC HMIS Committee	X				3
Role:	Oversees and guides the implementation and management of the Northwest HMIS.					
Name:	Northwest COC Housing and Education Committee	X				4
Role:	Improve coordination and communication among homeless service providers and mainstream services providers and dovetail with efforts of statewide plans, i.e.: Reaching Home Campaign and Blueprint to End Homelessness.					
Name:	Northwest Homeless Outreach Team Planning Committee	X				13
Role:	Streamline intake process for homeless individuals and implement trainings for expanded homeless outreach team. Review and plan PATH services and attend Statewide Outreach Workers Committee.					
Name:	Northwest COC Ranking Committee				X	2
Role:	Review conflict of interest statement, signing of disclosure statements to review and rank new HUD proposal and HUD renewals					
Name:	Northwest COC Discharge Planning Committee	X				6
Role:	To meet regularly with mental health and substance abuse providers, hospital, DOC, VACT, Connecticut Department of Veteran Affairs and DCF to develop strategies to prevent inappropriate discharges to shelters.					
Name:	Torrington Transitional Housing Committee	X				3
Role:	Complete annual evaluation and monitor COC programs to ensure meeting objective and offers training and education to programs having difficulty meeting this goal.					
Name:	Torrington Employment Committee	X				3
Role:	To train homeless providers in Litchfield County on employment opportunities and mainstream resources to increase employment percentages among the homeless.					

D. CoC Planning Process Organizations

	Specific Names of All CoC Organizations	Geographic Area Represented	Subpopulations Represented, if any* (no more than 2 per organization)	
PUBLIC SECTOR	STATE GOVERNMENT AGENCIES			
	CT Bureau of Rehabilitation Services	STATE OF CT		
	CT Department of Children & Families	STATE OF CT	Y	
	CT Department of Correction	STATE OF CT		
	CT Department of Economic & Community Development	STATE OF CT		
	CT Department of Mental Health and Addictions Services	STATE OF CT	SMI	SA
	CT Department of Social Services	STATE OF CT		
	CT Housing Finance Authority	STATE OF CT		
	CT Office of Policy and Management	STATE OF CT		
	Department of Labor	STATE OF CT		
	Department of Social Services – Middletown office	MERIDEN		
	Department of Social Services – Windham/Tolland	WINDHAM/TOLLAND COUNTIES		
	Office of Protection and Advocacy	GUILFORD		
	South Central Council of Governments	SOUTH CENTRAL CT		
	VA CT Health Care System	STATE OF CT	VET	
	LOCAL GOVERNMENT AGENCIES			
	City of New Haven	NEW HAVEN		
	Manchester Departments of Planning, Human Services, Senior and Adult services	MANCHESTER		
	Meriden Health Department	MERIDEN	HIV	
	North East CT Council of Governments	NORTH EAST CT		
	Town of East Hartford, Social Services	EAST HARTFORD	SMI	SA
	Town of Litchfield Dept of Social Services	LITCHFIELD COUNTY		
	Town of Manchester	MANCHESTER		
	Town of Mansfield	MANSFIELDS		
	Town of New Milford Dept of Social Services	NEW MILFORD		
	Town of Plymouth Dept of Social Services	PLYMOUTH		
	Town of Sharon Dept of Social Services	SHARON		
	Town of Windham – Human Services	WINDHAM		
	Town Welfare of Guilford	GUILFORD		
	Windham Regional Council of Governments	WINDHAM AREA		

D. CoC Planning Process Organizations

Specific Names of All CoC Organizations	Geographic Area Represented	Subpopulations Represented, if any* (no more than 2 per organization)	
PUBLIC HOUSING AGENCIES			
East Hartford Housing Authority	EAST HARTFORD	SMI	SA
Guilford Housing Authority	GUILFORD		
Killingly Housing Authority	KILLINGLY		
Meriden Housing Authority	MERIDEN		
New Haven Housing Authority	NEW HAVEN		
Putnam Housing Authority	TOWN OF PUTNAM		
Torrington Housing Authority	LITCHFIELD COUNTY		
Willimantic Housing Authority	WILLIMANTIC		
SCHOOL SYSTEMS / UNIVERSITIES			
Bloomfield	BLOOMFIELD		
East Hartford School System	EAST HARTFORD		
Eastern CT State University	WINDHAM COUNTY		
Head Start, Youth Service Bureau	MANCHESTER	Y	
Killingly Public Schools	KILLINGLY		
Quinebaug Valley Community College	WINDHAM COUNTY		
University of Connecticut	WINDHAM COUNTY		
West Hartford School System	WEST HARTFORD		
Windham Pubic Schools	WINDHAM COUNTY		
Yale University	NEW HAVEN		
LAW ENFORCEMENT / CORRECTIONS			
Bloomfield Police Department	BLOOMFIELD		
CT State Police	WINDHAM COUNTY		
East Hartford Police Department	EAST HARTFORD		
Manchester Police Department	MANCHESTER		
Ragowski Correctional Facility	WINDHAM COUNTY		
West Hartford Police Department	WEST HARTFORD		
Willimantic Police Department	WINDHAM COUNTY		
LOCAL WORKFORCE INVESTMENT ACT (WIA) BOARDS			
CT Works One Stop Centers	STATE OF CT		
New Opportunities	LITCHFIELD COUNTY		

D. CoC Planning Process Organizations

	Specific Names of All CoC Organizations	Geographic Area Represented	Subpopulations Represented, if any* (no more than 2 per organization)	
	OTHER			
	Department Of Veterans Affairs – Veterans Administration	STATE OF CT	VET	
PRIVATE SECTOR	NON-PROFIT ORGANIZATIONS			
	ACCESS Agency	WINDHAM/TOLLAND COUNTIES		
	AIDS Interfaith	NEW HAVEN COUNTY		HIV
	ALSO Cornerstone, Inc.	NEW HAVEN COUNTY	SMI	SA
	American Red Cross	MIDDLESEX		
	APT Foundation	NEW HAVEN COUNTY	SA	HIV
	Branford Counseling Center	BRANFORD		
	Branford Food Council	BRANFORD		
	Columbus House	NEW HAVEN COUNTY	SMI	SA
	Common Ground	STATE OF CT		
	Community Dining Room	BRANFORD		
	Community Health Resources	MANCHESTER, GREATER HARTFORD		SMI
	Community Prevention and Addiction Services	MANCHESTER, GREATER HARTFORD	SA	
	Community Renewal Team	GREATER HARTFORD	SMI	SA
	Continuum of Care, Inc	NEW HAVEN	SMI	SA
	Covenant Soup Kitchen	WINDHAM/TOLLAND COUNTIES		
	CT Association for Human Services	STATE OF CT		
	CT Coalition TO End Homelessness	STATE OF CT		
	CT Legal Rights; HOME Project	LITCHFIELD COUNTY	SMI	SA
	CT Legal Services	MERIDEN	HIV	SA
	CT Outreach West	LITCHFIELD COUNTY	SMI	SA
	CT Women’s Consortium	STATE OF CT	SMI	SA
	Domestic Violence Services	NEW HAVEN	DV	
	Easter Seals/Goodwill Industries	NEW HAVEN COUNTY		
	EH Community Partners	E. HARTFORD, W. HARTFORD, BLOOMFIELD	SA	MI
	End Hunger CT	WINDHAM/TOLLAND COUNTIES		

D. CoC Planning Process Organizations

	Specific Names of All CoC Organizations	Geographic Area Represented	Subpopulations Represented, if any* (no more than 2 per organization)	
	Fellowship Place	NEW HAVEN COUNTY	SMI	SA
	Friendship Service Center	NEW BRITAIN		
	Harbor Health Services, Inc	GUILFORD, BRANFORD	SMI	SA
	Hispanos Unidos	MERIDEN		
	ICMHG	EAST HARTFORD	SMI	SA
	Info Line 211	STATE OF CT		
	Interval House	MANCHESTER, GREATER HARTFORD	DV	
	Liberty Community Services	NEW HAVEN	HIV	
	Liberty Community Services, Inc.	GREATER NEW HAVEN	HIV	SMI
	Life Haven	NEW HAVEN	SMI	SA
	McCall Foundation	LITCHFIELD COUNTY		SA
	Mental Health Association of CT	LITCHFIELD COUNTY	SMI	SA
	National Student Partnership	GREATER NEW HAVEN		
	New Haven Home Recovery	NEW HAVEN	HIV	SA
	New Opportunities, Inc	MERIDEN		
	No Freeze Hospitality Center	WINDHAM/TOLLAND COUNTIES		
	Northwest CT AIDS Project	LITCHFIELD COUNTY	HIV	
	Perception Programs	WINDHAM/TOLLAND COUNTIES	SA	
	Primetime House	LITCHFIELD COUNTY	SMI	SA
	Rushford Center	MERIDEN/WALLINGFORD	SMI	SA
	Shoreline Visiting Nurse	GUILFORD, BRANFORD	SMI	SA
	South Central Behavioral Health Network	HAMDEN, NEW HAVEN COUNTY, WEST HAVEN	SMI	SA
	Susan B. Anthony	LITCHFIELD COUNTY	DV	
	The Connection, Inc.	NEW HAVEN	SA	
	Thompson Ecumenical Empowerment Group	WINDHAM/TOLLAND COUNTIES		
	Torrington Chapter FISH Incorporated	LITCHFIELD COUNTY		
	United Services	WINDHAM/TOLLAND COUNTIES	SMI	DV
	United Way of Greater New Haven	GREATER NEW HAVEN		
	Winchester Emergency Shelter	LITCHFIELD COUNTY		
	Windham Regional Community Council	WINDHAM/TOLLAND COUNTIES		
	Women and Families Center	MERIDEN		

D. CoC Planning Process Organizations

Specific Names of All CoC Organizations	Geographic Area Represented	Subpopulations Represented, if any* (no more than 2 per organization)	
Youth Continuum	NEW HAVEN	Y	
YWCA – Greater Hartford	GREATER HARTFORD		
FAITH-BASED ORGANIZATIONS			
Catholic Charities	WINDHAM/TOLLAND COUNTIES		
Christian Community Action	NEW HAVEN		
Community Soup Kitchen of Torrington, Inc.	LITCHFIELD COUNTY		
Gibbs House – Sober Housing	NEW HAVEN	SA	
Holy Family Home and Shelter	WINDHAM COUNTY		
Inside At Night/First and Summerfield Methodist Church	NEW HAVEN COUNTY		
Interfaith Ministry	E. HARTFORD, W. HARTFORD, BLOOMFIELD		
Interfaith Organization	GUILFORD, BRANFORD		
Manchester Area Conference of Churches	MANCHESTER		
Mercy Housing and Shelter	HARTFORD COUNTY		
New Milford Overflow Emergency Shelter (seasonal)	LITCHFIELD COUNTY		
Operation Overflow Emergency Shelter (seasonal)	LITCHFIELD COUNTY		
Salvation Army	MANCHESTER, MERIDEN, HARTFORD COUNTY		
St. Vincent De Paul Shelter	BRISTOL		
West Haven Clergy Association - Emergency Shelter Management System	WEST HAVEN	SA	
Windham Area Interfaith Ministry	WINDHAM/MANSFIELD		
YMCA Torrington	LITCHFIELD COUNTY		
YMCA Winsted	LITCHFIELD COUNTY		
FUNDERS / ADVOCACY GROUPS			
CT National Alliance for the Mentally Ill	STATE OF CT	SMI	
CT Coalition to End Homelessness	STATE OF CT		
Corporation for Supportive Housing	STATE OF CT		
Partnership for Strong Communities	STATE OF CT		
CT AIDS Resource Coalition	STATE OF CT	HIV	
CT Legal Rights Project	STATE OF CT	SMI	
New Haven Legal Assistance	NEW HAVEN		
Partnership for Strong Communities	STATE OF CT		
CT Housing Partnership	STATE OF CT		
Melville Charitable Trust	STATE OF CT		

D. CoC Planning Process Organizations

	Specific Names of All CoC Organizations	Geographic Area Represented	Subpopulations Represented, if any* (no more than 2 per organization)	
	United Way, Capitol Region – Willimantic Office	WINDHAM/TOLLAND COUNTIES		
	BUSINESSES (BANKS, DEVELOPERS, BUSINESS ASSOCIATIONS, ETC.)			
	Nutmeg Consulting, Inc.	STATE OF CT		
	Greater New Haven Chamber of Commerce	GREATER NEW HAVEN		
	Greater New Haven Community Loan Fund	GREATER NEW HAVEN		
	Citizen’s Bank	STATE OF CT		
	New Alliance Bank Foundation	GREATER NEW HAVEN		
	Royal Bank of Scotland	STATE OF CT		
	Bank of America	WINDHAM COUNTY		
	Putnam Savings Bank	WINDHAM COUNTY		
	Liberty Bank	WINDHAM COUNTY		
	Torrington Community Housing Corporation	LITCHFIELD COUNTY		
	WILI	WINDHAM COUNTY		
	WINY	WINDHAM COUNTY		
	The Savings Institute	WINDHAM COUNTY		
	HOSPITALS / MEDICAL REPRESENTATIVES			
	Charlotte Hungerford Hospital Behavioral Health Center. Outreach Nurse Clinician	LITCHFIELD COUNTY	SMI	SA
	Community Health Center of Meriden	MERIDEN	SA	SMI
	Day Kimball Hospital	WINDHAM COUNTY		
	East Hartford Community Health Center	E. HARTFORD/MANCHESTER		
	Generations Family Health Center	WINDHAM/TOLLAND COUNTIES		
	Hill Health Center	NEW HAVEN	SA	
	Hospital of St Raphael	NEW HAVEN		
	Institute of Living	STATE OF CT	SMI	SA
	Leeway	NEW HAVEN	HIV	
	Mid State Behavioral Health Center	MERIDEN		
	MidState Medical Center	MERIDEN	SMI	SA
	VA Healthcare for Homeless	E. HARTFORD, W. HARTFORD, BLOOMFIELD	VET	SMI
	Windham Community Hospital	WINDHAM COUNTY		

D. CoC Planning Process Organizations

	Specific Names of All CoC Organizations	Geographic Area Represented	Subpopulations Represented, if any* (no more than 2 per organization)	
	Winsted VA Primary Health Care System Outreach Nurse	LITCHFIELD COUNTY	VET	
	Yale-New Haven Hospital	NEW HAVEN		
	HOMELESS PERSONS			
	George Raskin	GREATER NEW HAVEN		
	Ken Teel	GREATER NEW HAVEN		
	Peter McMullin	LITCHFIELD COUNTY		
	Eddie Shannon	TORRINGTON		
	Mike Roy	TORRINGTON		
	John Baldwin	WINDHAM COUNTY		
	John Burton	WINDHAM COUNTY		
	Sharon Olsen	WINDHAM COUNTY		
	Theresa Barrows	WINDHAM COUNTY		
	Attendee wishes to remain anonymous	WINDHAM/TOLLAND COUNTIES		
	OTHER			
	North Regional Mental Health Board – Catchment Area Council 18	WEST HARTFORD, AVON, FARMINGTON, CANTON, SIMSBURY	SMI	SA

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

E: CoC Governing Structure Chart

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

<p>1. Is the CoC’s primary decision-making body a legally recognized organization (check one)?</p> <p> <input type="checkbox"/> Yes, a 501(c)(3) <input type="checkbox"/> Yes, a 501(c)(4) <input type="checkbox"/> Yes, other – specify: _____ <input checked="" type="checkbox"/> No, not legally recognized </p>	
<p>2. If your CoC were provided with additional administrative funds from HUD, would the primary decision-making body, or an agent designated by it (e.g. a city or non-profit organization), be able to be responsible for activities such as applying for HUD funding and serving as the grantee, providing project oversight, and monitoring? Explain.</p> <p>The CT BOS CoC could identify an entity to perform the activities described above. To effectively meet these obligations, the BOS CoC would require hiring at least 2 full-time staff people. With fringe benefits, supervision and other than personnel services costs, we estimate that it would require approximately \$250,000 per year to support these activities. The BOS CoC would not support funding these administrative costs if it meant a loss of funds for housing programs.</p>	
<p>3. What percentage of the decision-making body membership represents the private sector, including non-profit providers, homeless or formerly homeless persons, advocates and consumer interests, etc.?</p>	<p><u>50</u> %</p>
<p>4a. Indicate how the members of the primary decision-making body are selected (check all that apply):</p> <p> <input type="checkbox"/> Elected <input checked="" type="checkbox"/> Assigned/Volunteer <input checked="" type="checkbox"/> Appointed <input type="checkbox"/> Other – specify: _____ </p>	
<p>4b. Briefly explain the selection process. (For example, if 5 members are appointed and 6 are elected, explain why this process was established and describe how it works.)</p> <p>The representatives from the four state agencies on the BOS SC are appointed by their respective commissioners. The representatives of the nonprofit organizations are assigned by their agency’s Executive Director or Board of Directors. The BOS Steering Committee was originally established by a group of state agencies and the CT Homelessness Coalition to assist local communities that did not have the resources to prepare CoC applications. The Steering Committee operates in accordance with Robert’s Rules of Order to make decisions and has voted to add nonprofit organizations that do not receive BOS CoC funds to the Steering Committee.</p>	
<p>5. Indicate how the leaders of the primary decision-making body are selected (check all that apply):</p> <p> <input checked="" type="checkbox"/> Elected <input type="checkbox"/> Assigned/Volunteer <input type="checkbox"/> Appointed <input type="checkbox"/> Other – specify: _____ </p>	

F: CoC Project Review and Selection Chart

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

1. Open Solicitation	
a. Newspapers <input type="checkbox"/>	d. Outreach to Faith-Based Groups <input checked="" type="checkbox"/>
b. Letters/Emails to CoC Membership <input checked="" type="checkbox"/>	e. Announcements at CoC Meetings <input checked="" type="checkbox"/>
c. Responsive to Public Inquiries <input checked="" type="checkbox"/>	f. Announcements at Other Meetings <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 for Performance Results <input checked="" type="checkbox"/>	n. Evaluate Project Presentation <input type="checkbox"/>
f. Review Unexecuted Grants <input checked="" type="checkbox"/>	o. Review CoC Membership Involvement <input checked="" type="checkbox"/>
g. Site Visit(s) <input type="checkbox"/>	p. Review Match <input checked="" type="checkbox"/>
h. Survey Clients <input checked="" type="checkbox"/>	q. Review All Leveraging Letters (to ensure that they meet HUD requirements) <input type="checkbox"/>
i. Evaluate Project Readiness <input checked="" type="checkbox"/>	
3. Voting/Decision System	
a. Unbiased Panel / Review Committee <input checked="" type="checkbox"/>	d. One Vote per Organization Each member of the Steering Committee has one vote <input checked="" type="checkbox"/>
b. Consumer Representative Has a Vote <input type="checkbox"/>	e. Consensus (general agreement) <input type="checkbox"/>
c. All CoC Members Present Can Vote <input type="checkbox"/>	f. Voting Members Abstain if Conflict of Interest <input checked="" type="checkbox"/>

G: CoC Written Complaints Chart

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

Part II: CoC Housing and Service Needs

H: CoC Services Inventory Chart

Using the format below, list the provider organizations and identify the service components currently being provided within your CoC. Place the name of each provider organization only once in the first column (add rows to the chart as needed), followed by an “X” in the appropriate column(s) corresponding to the service(s) provided by the organization. CoCs will only need to update this chart every other year; as such, the CoC may choose to provide the chart submitted in the 2006 application.

H: CoC Services Inventory Chart

(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
ACCESS Agency	x	x	x	x					x	x					x	x		
ADRC											x							
APT Foundation									x	x	x	x	x	x	x	x	x	x
Bristol Mayor's AIDS Task Force						x												
Catholic Charities		x	x	x					x	x	x		x	x		x		
CCAR												x						
Charlotte Hungerford Hospital		x		x		x			x	x	x	x	x	x		x	x	
Columbus House, Inc.		x	x	x		x			x	x	x	x		x	x	x		x
Community Health Resource		x	x	x		x	x		x	x	x	x				x		x
Community Health Services											x	x	x	x	x			
Community Renewal Team		x	x						x	x	x	x		x		x	x	
Community Soup Kitchen of Torrington		x		x														
Connecticut Legal Rights, Home Project				x	x										x			
Connecticut Legal Services					x													
Connecticut Mental Health Center						x	x		x	x	x	x				x		x
Connecticut Outreach West		x				x			x	x	x	x			x	x		x
CPAS											x	x						
CRT Eviction Prevention	x	x	x	x	x													
CRT Neighborhood Centers	x	x	x	x	x				x						x			
CT AIDS Resource Coalition		x	x	x					x				x	x	x	x		
CT Bureau of Rehabilitation Services															x	x		
CT Dept of Children and Families		x	x	x	x				x	x				x	x		x	
CT Dept of Correction								x										
CT Dept of Mental Health & Addiction Services				x		x	x		x	x	x	x		x		x		
CT Dept of Social Services	x	x	x						x				x				x	

H: CoC Services Inventory Chart

(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
CT NAMI				x														
CT Women's Consortium				x											x			
Day Kimball Hospital												x						
Department of Labor								x								x		
Department of Public Health				x	x	x		x	x			x			x			
DMHAS		x	x	x														
DSS		x																
East CONN Headstart															x		x	
East Hartford Community Health Center											x	x	x	x	x			
End Hunger CT				x							x	x						
Generations Family Health Center				x	x	x	x				x	x	x	x				
Harbor Health Associates, Branford		x						x	x		x				x			x
Hartford Hospital											x	x	x	x				
Hispanos Unidos		x	x	x		x		x	x					x	x			
Institute of Living											x	x						
InterCommunity Mental Health Group	x	x		x		x			x	x	x	x				x		
Interval House				x														
Legal Aid Services					x													
Liberty Community Services		x		x					x	x	x	x			x		x	x
MACC		x	x			x			x									
MANA		x	x	x		x			x					x				
Manchester Housing Authority		x														x		
Manchester Memorial Hospital											x	x	x	x				
Manchester Police Department										x								
McCall Foundation				x		x			x	x	x							
Mental Health Association of CT		x	x	x		x			x	x		x		x		x		x
Meriden Health Department							x		x				x	x				
Meriden Housing Authority	x	x	x	x						x								
Meriden Police Department																		
Mid-State Behavioral Health Center										x		x	x	x				
Midstate Medical Center				x								x	x	x	x			
Natchaug Hospital											x	x						
New Opportunities, Inc.	x	x	x	x		x			x					x		x		x
New Perceptions Program				x		x			x	x	x	x		x	x			x
Northeast Workforce Investment Board																x		
Northwest Connecticut AIDS Project										x	x							

H: CoC Services Inventory Chart

(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
Prime Time House			X	X	X		X			X					X	X		X
Regional Workforce Development Board															X	X		
Rushford Center, Inc.	X	X	X	X		X	X		X	X	X	X	X	X	X	X	X	
Senior Adult and Family Services		X	X	X											X			
South Central Behavioral Health Network				X											X			
Susan B. Anthony				X					X	X	X	X			X			
Torrington Chapter FISH Incorporated						X			X	X								
Torrington Community Housing Corporation		X																
Torrington Housing Authority		X																
Town of Plymouth, New Milford, Sharon and Litchfield, Depts. Of Social Services		X	X															
Town of Windham, Social Services				X					X								X	
United Services		X		X	X	X	X		X	X	X	X	X		X			X
VA Connecticut Health Care System		X	X	X	X	X	X		X		X	X	X			X		
Veterans Administration		X		X		X			X	X	X	X	X	X	X	X		X
West Hartford Housing Authority		X	X															
Wheeler Clinic									X	X	X	X						
Willimantic Housing Authority		X																
Windham Adult Learning Center															X			
Windham Area Interfaith Ministry			X	X														
Windham Memorial Hospital												X						
Windham Regional Community Council				X		X			X	X				X	X		X	X
Windham Regional Transit District																		X
Winsted VA Primary Healthcare System												X	X					
Women and Families Center									X	X					X	X	X	
Yale New Haven Hospital									X		X	X	X	X				
YMCA Torrington & Winsted		X							X	X								
Youth Services Bureau										X					X			
YWCA - Hartford Region				X					X	X							X	

CoC Housing Inventory and Unmet Needs

I: CoC Housing Inventory Charts

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

I: CoC Housing Inventory Charts

EMERGENCY SHELTER - Fundamental Components in CoC System - Housing Inventory Chart													
Provider Name	Facility Name * *Place an asterisk after the facility name if it receives HUD McKinney-Vento dollars.	HMIS Part. Code	No. 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	O/V
Current Inventory			Ind.	Fam.									
(Available for Occupancy on or before Jan.31, 2006)													
Access Agency	Access (WACAP) Shelter in Danielson	PA	20	40	099015	M		10	40	20	60	0	0
Area Congregations Together	Spooner House in Derby*	PA	36	0	099009	SMF		0	0	36	36	6	0
Birmingham Group Health Services	The Umbrella	DV	0	0	099009	M	DV	5	15	9	24	0	0
Combined Parishes Action Committee	Beth-El Shelter in Milford*	D	0	0	090636	M		6	15	17	32	0	0
Community Renewal Team	East Hartford Shelter*	PA	17	63	090336	M		21	63	17	80	0	0
Cornerstone Shelter	Cornerstone Emergency Homeless Shelter	D	0	0	099013	SMF		0	0	15	15	0	0
FISH	Fish Shelter	PA	22	4	099005	M		1	4	22	26	0	12
Holy Family Home and Shelter	Holy Family in Willimantic	PA	0	23	099015	FC		8	23	0	23	0	0
Manchester Area Community Churches	Samaritan Shelter in Manchester*	PA	40	0	090594	SMF		0	0	40	40	0	0
New Haven Family Shelter	New Haven Family Shelter*	D	0	0	099009	FC		10	40	0	40	0	0
New Milford Social Services	New Milford Emergency Shelter	D	0	0	099005	M		0	0	0	0	0	9
New Opportunities	Shelter Now in Meriden*	PA	38	32	090612	M		8	32	38	70	0	0
Northwest YMCA	Winchester Emergency Shelter	PA	7	12	099005	FC		6	12	7	19	0	0
Susan B. Anthony	Susan B. Anthony Shelter	DV	0	0	099005	FC	DV	0	0	12	12	0	0
Tri-Town Shelter Services	TriTown Shelter in Vernon*	PA	15	2	099013	M		1	2	15	17	0	0
United Services	Danielson DV Program	DV	0	0	099015	FC	DV	4	12	0	12	0	0
United Services	Windham DV Program	DV	0	0	099015	FC	DV	4	12	0	12	0	0

2007 Connecticut Balance of State CoC

EMERGENCY SHELTER - Fundamental Components in CoC System - Housing Inventory Chart													
Provider Name	Facility Name * *Place an asterisk after the facility name if it receives HUD McKinney-Vento dollars.	HMIS Part. Code	No. Year-Round Beds in HMIS		Geo Code <input type="checkbox"/>	Target Pop.		Year-Round			Total Year-Round Beds	Other Beds	
								Fam. Units	Fam. Beds	Indiv. Beds		Seas-onal	O/V
						A	B						
Wallingford Emergency Shelter	Wallingford Emergency Shelter	D	0	0	099009	SMF		0	0	15	15	0	0
Windham Region No Freeze Project	Windham Region No Freeze Hospitality Center, Inc.	D	0	0	099015	SMF		0	0	0	0	33	4
SUBTOTALS:			195	176	SUBTOTAL CURRENT INVENTORY:			84	270	263	533	39	25

New Inventory in Place in 2006 (Available for Occupancy Feb. 1, 2006 – Jan. 31, 2007)				Ind.	Fam.									
None				0	0				0	0	0	0	0	0
SUBTOTALS:						SUBTOTAL NEW INVENTORY:			0	0	0	0	0	0

Inventory Under Development (Available for Occupancy after January 31, 2007)				Anticipated Occupancy Date									
None				N/A				0	0	0	0	0	0
SUBTOTAL INVENTORY UNDER DEVELOPMENT:								0	0	0	0	0	0

Unmet Need	UNMET NEED TOTALS:							0	0	0	0	0	0
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Total Year-Round Beds---Individuals		Total Year-Round Beds---Families	
1. Total Year-Round Individual Emergency Shelter (ES) Beds:	263	6. Total Year-Round Family Emergency (ES) Beds	270
2. Number of DV Year-Round Individual ES Beds:	21	7. Number of DV Year-Round Family ES Beds:	39
3. Subtotal, non-DV Year-Round Individual ES Beds (Line 1 minus Line 2):	243	8. Subtotal, non-DV Year-Round Individual Family ES Beds (Line 6 minus Line 7):	231
4. Total Year-Round Individual ES Beds in HMIS:	195	9. Total Year-Round Family ES Beds in HMIS:	176
5. HMIS Coverage - Individual ES Beds (Divide Line 4 by Line 3 and multiply by 100. Round to a whole number):	80%	10. HMIS Coverage - Family ES Beds (Divide Line 9 by Line 8 and multiply by 100. Round to a whole number):	76%

I: CoC Housing Inventory Charts

TRANSITIONAL HOUSING - Fundamental Components in CoC System - Housing Inventory Chart											
Provider Name	Facility Name * *Place an asterisk after the facility name if it receives HUD McKinney-Vento dollars.	HMIS Part. Code	No. Year-Round Beds in HMIS		Geo Code <input type="checkbox"/>	Target Pop.		Year-Round Units/Beds			Total Year-Round Beds
			Ind	Fam		A	B	Fam. Units	Fam. Beds	Indiv. Beds	
Current Inventory (Available for Occupancy on or before Jan.31, 2006)			Ind	Fam							
FISH	Life for Vets	PA	10	3	099005	M	VET	1	3	10	13
McCall Foundation	McCall Halfway House	PA	14	0	099005	SMF		0	0	14	14
McCall Foundation	McCall House	PA	9	0	099005	SMF		0	0	9	9
Mental Health Association of CT	Respite	PA	8	0	099005	SMF		0	0	8	8
New Opportunities	Shelter NOW	PA	8	0	090612	SM		0	0	8	8
Northwest Mental Health Authority	Young Adult Services – Transitional Housing	D	0	0	099005	SMF		0	0	6	6
United Services	Victoria's Haven Transitional Living	DV	0	0	099015	FC	DV	4	14	0	14
Vietnam Veterans Assistance Fund	Bassett Court	D	0	0	091236	SMF	VET	0	0	9	9
Vietnam Veterans Assistance Fund	Michael J. Dinda House	D	0	0	090594	SMF	VET	0	0	8	8
Vietnam Veterans Assistance Fund	Union Avenue	D	0	0	091236	SM	VET	0	0	6	6
SUBTOTALS:			49	3	SUBTOTAL CURRENT INVENTORY:			5	17	78	95

2007 Connecticut Balance of State CoC

TRANSITIONAL HOUSING - Fundamental Components in CoC System - Housing Inventory Chart													
Provider Name	Facility Name * *Place an asterisk after the facility name if it receives HUD McKinney-Vento dollars.	HMIS Part. Code	No. Year-Round Beds in HMIS		Geo Code <input type="checkbox"/>	Target Pop.		Year-Round Units/Beds			Total Year-Round Beds		
						A	B	Fam. Units	Fam. Beds	Indiv. Beds			
New Inventory in Place in 2006 (Available for Occupancy Feb. 1, 2006 – Jan. 31, 2007)			Ind.	Fam.									
None			0	0				0	0	0	0		
SUBTOTALS:					SUBTOTAL NEW INVENTORY:			0	0	0	0		
Inventory Under Development (Available for Occupancy after January 31, 2007)			Anticipated Occupancy Date										
None								0	0	0	0		
SUBTOTAL INVENTORY UNDER DEVELOPMENT:								0	0	0	0		
Unmet Need								UNMET NEED TOTALS:		12	36	51	87
Total Year-Round Beds---Individuals				Total Year-Round Beds---Families									
1. Total Year-Round Individual Transitional Housing Beds:			78	6. Total Year-Round Family Transitional Housing Beds:							17		
2. Number of DV Year-Round Individual TH Beds:			0	7. Number of DV Year-Round Family TH Beds:							14		
3. Subtotal, non-DV Year-Round Individual TH Beds (Line 1 minus Line 2):			78	8. Subtotal, non-DV Year-Round Individual Family TH Beds (Line 6 minus Line 7):							3		
4. Total Year-Round Individual TH Beds in HMIS:			49	9. Total Year-Round Family TH Beds in HMIS:							3		
5. HMIS Coverage - Individual TH Beds (Divide Line 4 by Line 3 and multiply by 100. Round to a whole number):			63%	10. HMIS Coverage - Family TH Beds (Divide Line 9 by Line 8 and multiply by 100. Round to a whole number):							100%		

I: CoC Housing Inventory Charts

PERMANENT SUPPORTIVE HOUSING - Fundamental Components in CoC System - Housing Inventory Chart											
Provider Name	Facility Name * *Place an asterisk after the facility name if it receives HUD McKinney-Vento dollars.	HMIS Part. Code	Number of Year-Round Beds in HMIS		Geo Code <input type="checkbox"/>	Target Pop.		Year-Round			Total Year-Round Beds
			Ind	Fam.		A	B	Fam. Units	Fam. Beds	Indiv./CH Beds	
Current Inventory (Available for Occupancy on or before Jan.31, 2006)			Ind	Fam.							
Birmingham Group Health Services	Supportive Housing Program 2001*	PA	15	0	099009	SMF		0	0	15/4	15
Chrysalis Center	Family Matters*	PA	0	48	091230	FC		16	48	0/0	48
Chrysalis Center	Project HEARRT 16*	PA	16	0	091230	SMF		0	0	16/4	16
Chrysalis Center	Project HEARRT 18*	PA	18	0	091230	SMF		0	0	18/5	18
Chrysalis Center	Ridge Gardens*	PA	19	0	091230	SMF		0	0	19/19	19
Community Health Resources	GRO (DMHAS Funded)	D	0	0	090594	SMF		0	0	20/0	20
Community Health Resources	Next Step (DMHAS/DSS Funded)	D	0	0	099003	SMF		0	0	5/5	5
Community Health Resources	PILOTS Supportive Housing Program*	PA	13	0	090594	SMF		0	0	13/4	13
Community Renewal Team	Bloomfield Scattered Site Housing*	PA	20	0	099003	SMF		0	0	20/5	20
Community Renewal Team	Permanent Supportive Housing*	PA	0	30	099003	FC		12	30	0/0	30
Connecticut Outreach West	PILOTS	PA	17	0	099005	SMF		0	0	17/0	17
Corporation for Independent Living	Putnam Ave	D	0	0	090480	FC	VET	10	32	0/0	32
DMHAS Mental Health Association of CT	Shelter Plus Care Helping Hands*	PA	7	0	099005	SMF		0	0	7/0	7
Harbor Health Services	Community Living Program*	PA	5	0	099009	SMF		0	0	5/2	5

I: CoC Housing Inventory Charts

PERMANENT SUPPORTIVE HOUSING - Fundamental Components in CoC System - Housing Inventory Chart											
Provider Name	Facility Name * *Place an asterisk after the facility name if it receives HUD McKinney-Vento dollars.	HMIS Part. Code	Number of Year-Round Beds in HMIS		Geo Code <input type="checkbox"/>	Target Pop.		Year-Round			Total Year-Round Beds
						A	B	Fam. Units	Fam. Beds	Indiv./CH Beds	
Harbor Health Services	Harbor Housing Opportunities*	PA	5	0	099009	SMF		0	0	5/2	5
Holy Family Home and Shelter	Homes Plus*	PA	4	16	099015	M		6	16	4/1	20
InterCommunity Mental Health Group	Housing Assistance Program*	PA	6	0	090336	SMF		0	0	6/6	6
InterCommunity Mental Health Group	Supportive Housing Program*	PA	12	0	090336	SMF		0	0	12/12	12
Mental Health Association of CT	Torrington Supportive Housing	PA	12	0	099005	SMF		0	0	12/0	12
New Opportunities	Meriden Supportive Housing*	PA	0	8	090612	FC	HIV	3	8	0/0	8
NW YMCA	HUD Rooms*	PA	11	0	099005	SMF		0	0	11/0	11
NW YMCA	Y House	N	0	0	099005	SMF		0	0	42/0	42
Rushford Center	PILOTS II*	PA	3	6	090612	M		2	6	3/1	9
Rushford Center	PILOTS I*	PA	10	6	090612	M		2	6	10/7	16
Rushford Center	Shelter Plus Care I*	PA	17	15	090612	M		5	15	17/15	32
St. Philip House	St. Philip House*	PA	16	22	099003	M	HIV	10	22	16/5	38
Torrington Community Housing	Hope House I & II*	PA	2	29	099005	FC		9	29	2/1	31
United Services	Brick Row*	PA	13	0	099015	SMF		0	0	13/4	13
United Services	Shelter Plus Care - TRA*	PA	9	0	099015	SMF		0	0	9/3	9

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 <input type="checkbox"/>	Target Pop.		Year-Round			Total Year-Round Beds
	*Place an asterisk after the facility name if it receives HUD McKinney-Vento dollars.			A	B		Fam. Units	Fam. Beds	Indiv./CH Beds			
Vietnam Veterans Assistance Fund	Boylston Street		D	6	0	091236	SM	VET	0	0	6/0	6
Vietnam Veterans Assistance Fund	Elm Street		D	0	0	091236	SM	VET	0	0	6/0	6
Windham Regional Community Council	Project Home*		PA	11	15	99015	M		6	15	11/4	26
SUBTOTALS:				267	195	SUBTOTAL CURRENT INVENTORY:		81	227	340/109	567	
New Inventory in Place in 2006 (Available for Occupancy Feb.1, 2006 - Jan.31, 2007)				Ind	Fam.							
Charlotte Hungerford /MHA	Valley Park Apartments		D	0	0	099005	SMF		0	0	5/5	5
CT DMHAS/ Columbus House	Scattered Site Supportive Housing I*		PA	5	0	099009	SMF		0	0	5/5	5
Killingly HA/ ACCESS	Wrap Around Housing Program I*		N	0	0	099015	SMF		0	0	4/4	4
SUBTOTALS:				5	0	SUBTOTAL NEW INVENTORY:		0	0	14/14	14	
Inventory Under Development (Available for Occupancy after Jan. 31, 2007)				Anticipated Occupancy Date								
Putnam HA/Access Agency	Putnam Wrap Around Housing*			Jul-07		099015	SMF		0	0	6/6	6
Chrysalis Center	Homeward Bound*			Jul-07		090492	M		2	6	2/2	8
DMHAS/Columbus House	Scattered Site Supportive Housing II*			Jul-07		090726	SMF		0	0	5/5	5
CPAC	Beth El Next Step			Jan-09		099009	M		3	9	2/2	11
HOME, Inc.	Amston Hollow*			Apr-08		099013	SMF		0	0	10/10	10

I: CoC Housing Inventory Charts

PERMANENT SUPPORTIVE HOUSING - Fundamental Components in CoC System - Housing Inventory Chart											
Provider Name	Facility Name * *Place an asterisk after the facility name if it receives HUD McKinney-Vento dollars.	Anticipated Occupancy Date	Geo Code <input type="checkbox"/>	Target Pop.		Year-Round			Total Year-Round Beds		
				A	B	Fam. Units	Fam. Beds	Indiv./CH Beds			
Manchester Housing Authority	Manchester Families*	Jul-08	090594	FC		4	13	0/0	13		
McCall Foundation	Torrington PILOTS	Jan-09	099005	SM		0	0	4/4	4		
McCall Foundation	Winsted PILOTS	Jan-09	099005	SMF		0	0	3/3	3		
New Haven Home Recovery	Treadwell	Jan-09	099009	FC		5	15	0	15		
SUBTOTAL INVENTORY UNDER DEVELOPMENT:						14	43	32/32	75		
Unmet Need						UNMET NEED TOTALS:		17	55	263/136	318
Total Year-Round Beds---Individuals				Total Year-Round Beds---Families							
1. Total Year-Round Individual Permanent Housing Beds:				354	6. Total Year-Round Family Permanent Housing Beds:				227		
2. Number of DV Year-Round Individual PH Beds:				0	7. Number of DV Year-Round Family PTH Beds:				0		
3. Subtotal, non-DV Year-Round Individual PH Beds (Line 1 minus Line 2):				351	8. Subtotal, non-DV Year-Round Individual Family PH Beds (Line 6 minus Line 7):				227		
4. Total Year-Round Individual PH Beds in HMIS:				272	9. Total Year-Round Family PH Beds in HMIS:				195		
5. HMIS Coverage - Individual PH Beds (Divide Line 4 by Line 3 and multiply by 100. Round to a whole number):				78%	10. HMIS Coverage - Family PH Beds (Divide Line 9 by Line 8 and multiply by 100. Round to a whole number):				86%		

J: CoC Housing Inventory Data Sources and Methods Chart

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

(1) Indicate date on which Housing Inventory count was completed: <u>01/30/2007</u> (mm/dd/yyyy)	
(2) Identify the method used to complete the Housing Inventory Chart (check one):	
<input checked="" type="checkbox"/>	Housing inventory survey – CoC conducted a housing inventory survey (via mail, fax, e-mail, web-based, phone or on-site) of homeless programs/providers to update current bed inventories, target populations for programs, beds under development, etc.
<input type="checkbox"/>	HMIS – Used HMIS data to complete the Housing Inventory Chart
<input type="checkbox"/>	HMIS plus housing inventory – Used HMIS data supplemented by a survey of providers NOT participating in the HMIS
(3) Indicate the percentage of providers completing the housing inventory survey:	
100%	Emergency shelter providers
100%	Transitional housing providers
100%	Permanent supportive housing providers
(4) Indicate steps to ensure data accuracy for 2007 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 type="checkbox"/>	Updated prior housing inventory information – Providers submitted updated 2006 housing inventory to reflect 2007 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 2007 Housing Inventory Chart after it was completed.
<input type="checkbox"/>	HMIS – Compared HMIS and housing inventory survey data to check for consistency.
<input type="checkbox"/>	Other – specify:
Unmet Need:	
(5) Indicate type of data that was used to determine unmet need (check all that apply):	
<input 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 type="checkbox"/>	Local studies or data sources – specify:
<input type="checkbox"/>	National studies or data sources – specify:
<input type="checkbox"/>	Other – specify:
(6a) Indicate the method(s) used to calculate or determine unmet need (check all that apply):	
<input type="checkbox"/>	Stakeholder discussion – CoC stakeholders met and reviewed data to determine CoC’s unmet need
<input checked="" type="checkbox"/>	Locally-determined formula – Used locally-determined formula based on local point-in-time (PIT) count data and housing inventory to calculate unmet need
<input type="checkbox"/>	Applied statistics – Used local PIT enumeration data and applied national or other local statistics
<input type="checkbox"/>	HUD unmet need formula – Used HUD’s unmet need formula*
<input type="checkbox"/>	Other – specify:
(6b) If more than one method was used in 6a, please describe how these methods were used.	

*The HUD Unmet Need Guide and Worksheet can be found by going to:
<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. Your CoC must have completed a point-in-time count of sheltered and unsheltered homeless persons during the last week in January 2007. Part 1 and Part 2 must be completed using statistically reliable, unduplicated counts or estimates of homeless persons in sheltered and unsheltered locations at a one-day point in time.

Indicate date of last point-in-time count: (01/30/2007)				
Part 1: Homeless Population	Sheltered		Unsheltered	Total
	Emergency	Transitional		
1. Number of Households with Dependent Children:	47	3	6	56
1a. Total Number of Persons in these Households (adults and children)	150	9	15	174
2. Number of Households without Dependent Children**	251	82	140	473
2a. Total Number of Persons in these Households	251	82	140	473
Total Persons (Add Lines 1a and 2a):	401	91	155	647
Part 2: Homeless Subpopulations (Adults only, except g. below)	Sheltered		Unsheltered	Total
a. Chronically Homeless	80		88	168
b. Severely Mentally Ill	217		33	250
c. Chronic Substance Abuse	217		87	304
d. Veterans	85		30	115
e. Persons with HIV/AIDS	13		0	13
f. Victims of Domestic Violence	32		10	42
g. Unaccompanied Youth (Under 18)	0		4	4

*Optional for unsheltered homeless subpopulations

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

***For "sheltered" chronically homeless subpopulations, list persons in emergency shelter only.

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

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

L-1: Sheltered Homeless Population and Subpopulations

(1a) Check method(s) used to count sheltered homeless persons in the CoC (check all that apply):	
<input checked="" type="checkbox"/>	Survey – Providers count the total number of clients residing in their programs during the PIT count.
<input type="checkbox"/>	HMIS – CoC used HMIS to complete the PIT sheltered count and subpopulation information.
<input type="checkbox"/>	Other – specify:
(1b) If multiple methods are checked, briefly describe how data collected using the methods were combined to produce the count.	
(2a) Check the method(s) used to gather the subpopulation information on sheltered homeless persons reported in Part 2: Homeless Subpopulations (check all that apply):	
<input checked="" type="checkbox"/>	Point-in-time (PIT) interviews with each adult and unaccompanied youth – All sheltered adults and unaccompanied youth were interviewed to gather subpopulation information.
<input type="checkbox"/>	Sample of PIT interviews plus extrapolation – A sample of sheltered adults and unaccompanied youth were interviewed to gather subpopulation information, and extrapolation techniques were applied to produce the total sheltered homeless population.
<input type="checkbox"/>	Non-HMIS client-level information - Providers used individual client records (e.g., case management files) to provide subpopulation data for each adult and unaccompanied youth.
<input type="checkbox"/>	Provider expertise – Providers estimated the percentage of clients belonging to each subpopulation based on their knowledge of their client population as a whole.
<input type="checkbox"/>	HMIS – CoC used HMIS to gather subpopulation information on sheltered homeless persons.
<input type="checkbox"/>	Other –specify:
(2b) If multiple methods are checked, briefly describe how the methods were combined to produce the subpopulation information.	
(3) Indicate CoC’s steps to ensure data quality of the sheltered count (check all that apply):	
<input checked="" type="checkbox"/>	Instructions – Provided written instructions to providers for completing the sheltered PIT count.
<input checked="" type="checkbox"/>	Training – Trained providers on completing the sheltered PIT 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 type="checkbox"/>	HMIS – Used HMIS to verify data collected from providers for the sheltered PIT count.
<input type="checkbox"/>	Other –specify:
(4) How often will sheltered counts of sheltered homeless people take place in the future?	
<input type="checkbox"/>	Biennial (every two years)
<input checked="" type="checkbox"/>	Annual
<input type="checkbox"/>	Semi-annual
<input type="checkbox"/>	Other – specify:
(5) Month and Year when next count of sheltered homeless persons will occur: <u>01/2008</u>	
(6) Indicate the percentage of providers providing populations and subpopulations data collected via survey, interview and/or HMIS:	
100 %	Emergency shelter providers
100 %	Transitional housing providers

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

L-2: Unsheltered Homeless Population and Subpopulations*

(1) Check the CoC's method(s) used to count unsheltered homeless persons (check all that apply):	
<input type="checkbox"/>	Public places count – CoC conducted a point-in-time (PIT) count <u>without</u> client interviews.
<input checked="" type="checkbox"/>	Public places count with interviews – CoC conducted a PIT count and interviewed unsheltered homeless persons encountered during the public places count: <input checked="" type="checkbox"/> ALL persons were interviewed OR <input type="checkbox"/> Sample of persons were interviewed
<input checked="" type="checkbox"/>	Public places count using probability sampling – High and low probabilities assigned to designated geographic areas based on the number of homeless people expected to be found in each area. The CoC selected a statistically valid sample of each type of area to include in the point-in-time count and extrapolated results to estimate the entire homeless population.
<input type="checkbox"/>	Service-based count – Interviewed people using non-shelter services, such as soup kitchens and drop-in centers, and counted those that self-identified as unsheltered homeless persons.
<input type="checkbox"/>	HMIS – Used HMIS for the count of unsheltered homeless people homeless people or for subpopulation information.
<input type="checkbox"/>	Other – specify:
(2) Indicate the level of coverage of the PIT count of unsheltered homeless people:	
<input type="checkbox"/>	Complete coverage – The CoC counted every block of the jurisdiction.
<input type="checkbox"/>	Known locations – The CoC counted in areas where unsheltered homeless people are known to congregate or live.
<input checked="" type="checkbox"/>	Combination – CoC combined complete coverage with known locations by conducting counts for every block <u>in a portion of the jurisdiction</u> (e.g. central city) AND conducting counts in other portions of the jurisdiction where unsheltered persons are known to live.
<input type="checkbox"/>	Used service-based or probability sampling (coverage is not applicable)
<input type="checkbox"/>	Other –specify:
(3) Indicate community partners involved in PIT unsheltered count (check all that apply):	
<input checked="" type="checkbox"/>	Outreach teams
<input type="checkbox"/>	Law Enforcement
<input checked="" type="checkbox"/>	Service Providers
<input checked="" type="checkbox"/>	Community volunteers
<input checked="" type="checkbox"/>	Homeless and/or formerly homeless persons
<input type="checkbox"/>	Other – specify:
(4) Indicate CoC's steps to ensure data quality of the unsheltered count (check all that apply):	
<input checked="" type="checkbox"/>	Training – Conducted training(s) for PIT enumerators.
<input type="checkbox"/>	HMIS – Used HMIS to check for duplicate information.
<input type="checkbox"/>	Other – specify:
(5) How often will CoC conduct PIT counts of unsheltered homeless people in the future?	
<input type="checkbox"/>	Biennial (every two years)
<input checked="" type="checkbox"/>	Annual
<input type="checkbox"/>	Semi-annual
<input type="checkbox"/>	Quarterly
<input type="checkbox"/>	Other – specify:
(6) Month and Year when next PIT count of unsheltered homeless persons will occur: <u>01/2008</u>	

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

CoC Homeless Management Information System (HMIS)

M: CoC HMIS Charts

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

M-1: HMIS Lead Organization Information

Organization Name: CT Coalition to End Homelessness	Contact Person: Natalie Matthews
Phone: 860-721-7876	Email: nmatthews@cceh.org
Organization Type: State/local government <input type="checkbox"/> Non-profit/homeless provider <input type="checkbox"/> Other <input checked="" type="checkbox"/> Provider Coalition	

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

HUD-Defined CoC Name*	CoC #	HUD-Defined CoC Name*	CoC #
Danbury CoC	CT-500	Norwalk/Fairfield County CoC	CT-506
New Haven CoC	CT-501	Norwich/New London City & County CoC	CT-507
Hartford CoC	CT-502	Stamford/Greenwich CoC	CT-508
Bridgeport/Stratford/Fairfield CoC	CT-503	New Britain CoC	CT-509
Middletown/Middlesex County CoC	CT-504	Bristol CoC	CT-510
CT Balance of State CoC	CT-505	Waterbury CoC	CT-512

M-3: HMIS Implementation Status

HMIS Data Entry Start Date for your CoC OR Anticipated Date Entry Start Date for your CoC (mm/yyyy)	If no data entry date, indicate reason: <input type="checkbox"/> New CoC in 2007 <input type="checkbox"/> Still in planning/software selection process <input type="checkbox"/> Initial implementation
07/2004	
Briefly describe significant challenges/barriers the CoC has experienced in:	
<p>1. HMIS implementation: The integration of data from the S+C database has taken longer than expected. However, the data crosswalk between the HMIS and the S+C database has recently been completed, and we are optimistic that the data will begin to be integrated by September of 2007. Additionally, the CT Domestic Violence Coalition has instructed all of its members not to participate in the HMIS. Thus DV providers have not joined the HMIS implementation, significantly limiting our HMIS bed coverage.</p> <p>2. HMIS Data and Technical Standards Final Notice requirements: The majority of HMIS providers are in compliance with the majority of the data and technical and technical standards. Entry of all of the required data elements has not been as complete as we would like and there are some data elements with high rates of missing values. The CT BOS has seen a tremendous expansion in the number of client records and data added to the HMIS this year. Many staff are new at the HMIS and need more training on entering all of the required elements.</p>	

M-4: CoC Client Records

Calendar Year	Number of Client Records Entered in HMIS / Analytical Database (Duplicated) for CoC	Number of Unduplicated Clients Entered in HMIS / Analytical Database for CoC
2004	61	61
2005	324	317
2006	1572	1540
Please provide a brief explanation of the reason(s) for any decreases in the number of records (duplicated or unduplicated) from year to year. N/A		

M-5: Data Collection/Completeness and Coverage

(a) Indicate the percentage of unduplicated client records with null or missing values on the date that the point-in-time count was conducted.

Universal Data Element	% Null/Missing Values	Universal Data Element	% Null/Missing Values
Name	0%	Gender	0%
Social Security Number	5%	Veteran Status	20%
Date of Birth	2%	Disabling Condition	41%
Ethnicity	34%	Residence Prior to Program Entry	37%
Race	3%	Zip Code of Last Permanent Address	60%

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

The Connecticut Coalition to End Homelessness (CCEH) distributes monthly reports to the BOS CoC, which include “entry and exit” data for persons served in each of the CoC’s programs. The numbers of entries and exits are compared to each program’s bed inventory to identify problems with recording data.

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

	75% bed coverage	Anticipate 75% bed coverage	Date anticipate achieving
Emergency Shelter	Yes*	Yes*	12/07*
Transitional Housing	No	No**	
Permanent Supportive Housing	Yes		

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

* 80% bed coverage in **emergency shelters** has been achieved if DV beds are excluded from the calculation. If DV beds are included in the calculation, BOS HMIS coverage is 74%. However, we anticipate that other (non-DV) shelters funded by the CT Department of Social Services will begin participating in the HMIS as their contracts are renewed and DSS will be making the expectation of HMIS participation a contractual requirement. This is scheduled to be in shelter contracts by October of 2007. This will raise participation above 75% in spite of the lack of participation by DV shelters.

- The CT Domestic Violence Coalition has instructed all of its members not to participate in the HMIS. Thus, DV providers have not joined the HMIS implementation, significantly limiting our HMIS bed coverage for emergency shelter and transitional housing for families.

** Regarding **transitional housing**, there is currently 64% bed coverage in HMIS if DV beds are excluded from the calculation. With DV beds included, coverage is 55%. The Vietnam Veterans Assistance Fund operates 23 TH beds for Veterans and they have declined to participate in the HMIS. DV and Veterans beds comprise more than 40% of the total TH inventory. Their lack of participation prevents us from achieving the 75% bed coverage in HMIS.

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

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

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

Part III: CoC Strategic Planning

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

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

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

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

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

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing	2007 Local Action Steps How are you going to do it? List action steps to be completed within the next 12 months.	Lead Person List name and title or organization of one person responsible for accomplishing each action step.	Baseline (Current Level)	Numeric Achievement in 12 months	Numeric Achievement in 5 years	Numeric Achievement in 10 years
1. Create new PH beds for chronically homeless persons.	1. Apply for funding for 15 new units of housing for chronically homeless individuals through the BOS CoC.	Co-Chair, BOS Steering Committee	123 Beds	136 Beds	170 Beds	200 Beds
	2. Ensure that the 32 units of permanent supportive housing under development in the BOS CoC will open and begin serving chronically homeless persons.	Co-Chair, BOS Steering Committee				
	3. Ensure that providers apply for funds from the State of CT to obtain full financing for 5 units of housing that are in development.	Housing Program Coordinator, CT DMHAS				
	4. Monitor compliance through APR review to ensure that all BOS PSH renewal projects commit at least 25% of their units to chronically homeless people. Samaritan projects will have 100% committed to CH.	Co-Chair, BOS Steering Committee				
	5. Provide annual trainings on developing permanent supportive housing for chronically homeless people.	Director, Corporation for Supportive Housing				
	6. Continue providing a pre-development financing pool to support project sponsors in covering project development costs in advance of construction.	Director, Corporation for Supportive Housing				
2. Increase percentage of homeless persons staying in PH over 6 months to at least 71%.	1. Monitor APR performance on housing retention beyond six months	Co-Chair, BOS Steering Committee	81.5%	83%	87%	89%
	2. Require corrective action plans as needed for programs not achieving housing retention goals.	Co-Chair, BOS Steering Committee				
	3. Provide training to providers on housing-focused case management and skills to assist residents in maintaining housing and meeting tenancy obligations.	Director, Corporation for Supportive Housing				

2007 Connecticut Balance of State CoC

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing	2007 Local Action Steps How are you going to do it? List action steps to be completed within the next 12 months.	Lead Person List name and title or organization of one person responsible for accomplishing each action step.	Baseline (Current Level)	Numeric Achievement in 12 months	Numeric Achievement in 5 years	Numeric Achievement in 10 years
3. Increase percentage of homeless persons moving from TH to PH to at least 61.5%.	The BOS CoC does not fund any transitional housing and cannot ensure that this objective is met.	N/A	N/A	N/A	N/A	N/A
4. Increase percentage of homeless persons employed at exit to at least 18%.	1. Provide employment assistance services to at least 40% of participants in PSH.	Co-Chair, BOS Steering Committee	20%	22%	24%	27%
	2. Monitor APR data on employment income at exit.	Co-Chair, BOS Steering Committee				
	3. Require corrective action plans as needed for programs not achieving employment goals.	Co-Chair, BOS Steering Committee				
5. Ensure that the CoC has a functional HMIS system.	1. Monitor compliance with the HMIS data and technical standards	Co-Chair, BOS Steering Committee	76% Bed Cover- age	78% Bed Cover- age	83% Bed Cover- age	88% Bed Cover- age
	2. Provide training and one-on-one assistance to agencies as needed to ensure accurate data entry, collection of required data and compliance with HMIS standards.	Executive Director, CT Coalition to End Homelessness				
	3. Review HMIS reports prepared by CCEH to monitor data quality re: number of client records entered, required data elements compliance and valid entry and exit dates.	Co-Chair, BOS Steering Committee				
Barriers: If your CoC will not meet one or more of the above objectives, briefly describe why not (use less than two paragraphs). N/A. The BOS CoC anticipates meeting all of the objectives.						
Other CoC Objectives in 2007						
Objective	2007 Local Action Steps	Lead Person	Baseline	12 mos.	5 yrs.	10 yrs.
1. Create more PSH units for homeless families	1. Ensure that the 6 units of housing for families in development by Chrysalis and Manchester HA open.	Co-Chair, BOS Steering Committee	72 units	74 units	86 units	95 units
	2. Ensure that the 8 units in development under the Next Step initiative are completed and open.	Housing Program Coordinator, CT DMHAS				

O: CoC Discharge Planning Policy Chart

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

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

Foster Care:

A Chafee Plan has been written by the State of Connecticut to outline the state's plan for implementing the Foster Care Independence Act of 1999 (FCIA), or John H. Chafee Independence Program. A primary purpose of the John H. Chafee Foster Care Independence Program is to provide financial, housing, counseling, employment, education, and other appropriate support and services to former foster care recipients between 18 and 21 years of age to complement their own efforts to achieve self-sufficiency and to assure that program participants recognize and accept their personal responsibility for preparing for and then making the transition from adolescence to adulthood.

The treatment planning process in Connecticut's foster care programs begins with the Independent Living Plan and Conference that provides the roadmap for independent living service delivery, and ends with the Transitional Living Plan and Conference which serves as the discharge, or transition from care, plan. The state of Connecticut has built an Independent Living Program that offers young people a continuum of independent living services along with specialized case management to ensure their transition from substitute care to a productive community life.

The continuum transitions youth through the life skills education and training, supervised transitional and practice living, to their own community housing. All the time, being assigned to a Regional Adolescent Services Unit and Adolescent Specialist experiences in adolescent assessment, treatment and independent living services.

Part of the department's housing continuum includes a Community Housing Assistance Program, which provides youth with a subsidy to cover living expenses such as rent, food, utilities, telephone, transportation, and clothing. Youth are required to complete the department's life skills program, be employed and enrolled in an educational or vocational program, and contribute a portion of their income toward expenses and a savings account.

Health Care:

Discharge Planning Process: If at the time of the initial assessment, a determination is made that the patient has issues (i.e., the patient can not return home or will be unable to care for himself/herself independently in the home setting), the nursing staff and/or the Departments of Case Management and Social Work will provide assistance in planning for continuity of care.

Those patients who seem unable to return home, or who were admitted to the hospital from a facility are referred to the Social Work Department. The Social Work Department assists patients and families in completing and processing applications for an extended care facility, hospice placement, or rehabilitation placement, as well as evaluating financial and psychological needs.

Those patients who seem able to return home, but who will require home or community services such as nursing, physical therapy, home health aide, equipment, etc., will be assisted by the Department of Case Management and by nursing staff.

Mental Health:

The CT Department of Mental Health (now the Department of Mental Health and Addiction Services) promulgated Policy #33 "Individualized Treatment" on March 12, 1993. In summary, the policy specifies that "each patient treated in a Department of Mental Health facility shall have a specialized treatment plan suited to his or her disorder...which shall include a discharge plan for appropriate aftercare of the patient. Treatment in an inpatient facility must be viewed as a foundation for continued treatment in the community to which the individual is being discharged.

The treatment team or clinician responsible for the inpatient care should plan the aftercare services needed by the patient, in conjunction with the community case manager who is responsible to ensure service linkage in the community. This collaborative planning process should commence at the point of the inpatient admission and should identify all of the services and service providers in the local community support system whose efforts will assist the individual in maintaining him/herself in the community in the least restrictive environment possible.

Every attempt is made to verify discharge housing arrangements. Under no circumstances shall an emergency shelter be considered appropriate housing disposition, and patients shall not be directly discharged by the inpatient facility to an emergency shelter. No patient shall be discharged from a DMH facility without documented evidence that discharge and aftercare plans have been an integral part of the treatment plan...(with) documentation indicating that the patient and the community based case manager have been actively involved in the discharge planning process.

Corrections:

The Connecticut Department of Correction's re-entry model focuses on provision of services that facilitate the transition between incarceration and successful community adjustment, an initiative that spans the period from initial incarceration to community placement. The Department has initiated an Offender Accountability Plan for each inmate, providing a program outline and expectations during the entire term of incarceration. A standardized discharge plan is completed with inmates at the end of sentence, addressing issues including housing, identification and community resource needs.

The agency funds two eligibility specialists in the Department of Social Services to help obtain benefits for appropriate inmates prior to end of sentence. The Department's Transitional Services Program provides information and a guide for services following release from incarceration. In conjunction with the Department of Labor, a Job Center assists offenders with resumes, job skills and employment searches.

The Department has significantly increased staffing and the number of halfway house beds for parole and community services, and contracts for a wide variety of residential and non-residential services in the community. Between agency protocol and programs, contracted services and assistance from multiple other state agencies, the Department of Correction is working to increase successful community reintegration for offenders.

P: CoC Coordination Chart

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

1. Consolidated Plan Coordination	YES	NO
a. Do Con Plan planners, authors and other Con Plan stakeholders participate in CoC general planning meetings?	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>
2. Jurisdictional 10-year Plan Coordination		
a. Is there one or more formal jurisdictional 10-year Plan(s) being developed and/or being implemented within your CoC geography that are separate from the CoC 10-year plan? (If No, you may skip to Question 3a.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Do 10-year Plan conveners, authors and other stakeholders participate in CoC general planning meetings?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Have 10-year Plan participants taken steps to align their planning process with the local CoC plan?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Were CoC strategic plan goals used in the development of the 10-year Plan(s)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. Provide the number of jurisdictions within your CoC geography that have formally implemented a 10-year plan(s). Willimantic/Windham County is in the 10-year plan development stage.	0 (1 is Planning)	
3. Public Housing Agency Coordination		
a. Do CoC members meet with CoC area PHAs to improve coordination with and access to mainstream housing resources?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

CoC 2007 Funding Priorities

Q: CoC Project Priorities Chart

Column (1): New this year, check the box in this column if the first project listed is a proposed Samaritan bonus project. **Column (5):** The requested project amount must not exceed the amount entered in the project summary budget in Exhibit 2. **Column (7):** Place the component type under the appropriate program for each project in column 7. Acceptable entries include PH, TH, SH-PH, SH-TH, SRO, SSO, HMIS, TRA, SRA, PRA, or PRAR. **Column (9):** 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.

HUD-defined CoC Name: Connecticut Balance of State Continuum of Care						CoC #: CT-505			
(1) SF-424 Applicant Name	(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
<input checked="" type="checkbox"/> Windham Regional Community Council	Windham Regional Community Council	Haven	1	\$280,291	2	PH			
Windham Regional Community Council	Windham Regional Community Council	Project Home	2	\$274,077	1		PH		
Community Renewal Team	Community Renewal Team	Permanent Supportive Housing	3	\$207,118	1		PH		
Inter-community Mental Health Group	Inter-community Mental Health Group	East Hartford Supportive Housing	4	\$151,095	1		PH		
Community Health Resources	Community Health Resources	PILOTS Supportive Housing Program	5	\$107,184	1		PH		
Chrysalis Center	Chrysalis Center	Family Matters	6	\$207,745	1		PH		
Holy Family Home and Shelter	Holy Family Home and Shelter	Homes Plus	7	\$122,291	1		PH		
Harbor Health Services	Harbor Health Services	Harbor Housing Opportunities	8	\$16,462	1		PH		
Harbor Health Services	Harbor Health Services	Community Living Program	9	\$62,087	1		PH		
Birmingham Group Health Services	Birmingham Group Health Services	Supportive Housing Program	10	\$133,633	1		PH		
Inter-Community Mental Health Group	Inter-Community Mental Health Group	Housing Assistance Program	11	\$69,042	1		PH		
Torrington Community Housing Corporation	Torrington Community Housing Program	Hope House I & II	12	\$95,737	1		PH		
New Opportunities	New Opportunities	Meriden Supportive Housing Project	13	\$39,285	1		PH		

2007 Connecticut Balance of State CoC

HUD-defined CoC Name: Connecticut Balance of State Continuum of Care						CoC #:CT-505			
(1) SF-424 Applicant Name	(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
Connecticut Coalition to End Homelessness,	CT Coalition to End Homelessness	HMIS	14	\$50,000	1		HMIS		
St. Philip House	St. Philip House	SPH Permanent Housing	15	\$161,601	1		PH		
Community Renewal Team	Community Renewal Team	Bloomfield Scattered Site Housing	16	\$361,345	1		PH		
(8) Subtotal: Requested Amount for CoC Competitive Projects:				\$2,338,993					
(9) Shelter Plus Care Renewals:						S+C Component Type			
State of Connecticut Department of Mental Health and Addiction Services	United Services	Shelter Plus Care (TRA)	17	\$70,200	1	TRA			
State of Connecticut Department of Mental Health and Addiction Services	United Services	Windham S+C Brick Row	18	\$101,400	1	PRA			
State of Connecticut Department of Mental Health and Addiction Services	Rushford Center	Meriden Pilots 2	19	\$55,116	1	TRA			
State of Connecticut Department of Mental Health and Addiction Services	Rushford Center	Meriden / Wallingford S+C	20	\$245,088	1	TRA			
State of Connecticut Department of Mental Health and Addiction Services	Rushford Center	Meriden Pilots 1	21	\$131,400	1	TRA			
State of Connecticut Department of Mental Health and Addiction Services	Chrysalis Center	Project H.E.A.R.R.T. 16	22	\$158,328	1	TRA			
State of Connecticut Department of Mental Health and Addiction Services	Chrysalis Center	Project H.E.A.R.R.T. 18	23	\$181,872	1	TRA			
(10) Subtotal: Requested Amount for S+C Renewal Projects:				\$943,404					
(11) Total CoC Requested Amount (line 8 + line 10):				\$3,282,397					

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

1a. Will your CoC be using the PRN reallocation process? Yes No

S: CoC Project Leveraging Summary Chart

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

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

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

Name of Continuum	Total Value of Written Commitment
<i>Example:</i> River County CoC	\$10,253,000
Connecticut Balance of State Continuum of Care	\$9,216,816

T: CoC Current Funding and Renewal Projections Chart

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

T: CoC Current Funding and Renewal Projections

Supportive Housing Program (SHP) Projects:													
Type of Housing		All SHP Funds Requested (Current Year)		Renewal Projections									
		2007		2008		2009		2010		2011		2012	
Transitional Housing (TH)		0		0		0		0		0		0	
Safe Havens-TH		0		0		0		0		0		0	
Permanent Housing (PH)		2,288,993		2,008,702		2,288,993		2,288,993		2,288,993		2,288,993	
Safe Havens-PH		0		0		0		0		0		0	
SSO		0		0		0		0		0		0	
HMIS		50,000		50,000		50,000		50,000		50,000		50,000	
Totals		2,338,993		2,058,702		2,338,993		2,338,993		2,338,993		2,338,993	
Shelter Plus Care (S+C) Projects:													
Number of S+C Bedrooms		All S+C Funds Requested (Current Year)		Renewal Projections									
		2007		2008		2009		2010		2011		2012	
		Units	\$	Units	\$	Units	\$	Units	\$	Units	\$	Units	\$
SRO		0	0	0	0	0	0	0	0	0	0	0	
0		5	44,844	5	44,844	5	44,844	5	44,844	5	44,844	5	44,844
1		82	791,280	82	791,280	101	983,256	110	1,071,696	123	1,198,104	123	1,198,104
2		6	76,680	6	76,680	6	76,680	6	76,680	8	101,376	8	101,376
3		2	30,600	2	30,600	2	30,600	2	30,600	2	30,600	2	30,600
4		0	0	0	0	0	0	0	0	0	0	0	
5		0	0	0	0	0	0	0	0	0	0	0	
Totals			943,404		943,404		1,135,380		1,223,820		1,366,140		1,366,140

Part IV: CoC Performance

U: CoC Achievements Chart

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

2006 Objectives to End Chronic Homelessness & Move Families and Individuals to Permanent Housing	12 Month Measurable Achievement Proposed in 2006 (from Chart N of 2006 CoC application)	Accomplishments (Enter the numeric achievement attained during past 12 months)
1. Create new permanent housing beds for chronically homeless persons	12 new units of permanent supportive housing for chronically homeless have executed grant agreements with HUD and are beginning to be leased up.	12 new units of permanent supportive housing for chronically homeless are executing grant agreements with HUD and beginning lease up
	19 units of permanent supportive housing for chronically homeless persons are leased-up	1. 14 new units of permanent supportive housing for chronically homeless persons opened this past year. 2. There are 10 other units in development and expected to open in April of 2008.*
	100% of all 2006 funded renewal projects have 25% or more of units dedicated to chronically homeless	100% of all renewal projects have 25% or more of units dedicated to chronically homeless
	Funds for 250 new units for chronically homeless people in the state budget	Funding for 500 new units of PSH for chronically homeless is in the state budget
	Conduct one training for BOS members on developing permanent housing	10 trainings delivered on developing permanent housing
	CSH to have committed \$300,000 in pre-development funding in grants and loans	CSH has committed \$700,000 in pre-development financing
2. Increase percentage of persons staying in permanent housing over six months to 71%	81% of persons residing in permanent supportive housing stay 7 months or longer	81.4% of person in PSH stayed 7 months or longer
	One BOS provider applies for next funding round of State of Connecticut Beyond Shelter grants for homeless housing services funding through DSS	Two BOS providers applied for Beyond Shelter funds. One project that serves chronically homeless people was funded.
	100% of consumers identified with mental health or substance abuse issues are referred to appropriate providers	100% of identified consumers received mental health or substance abuse services
	75% of consumers receive life skills training	45% of consumers received life skills training

2007 Connecticut Balance of State CoC

2006 Objectives to End Chronic Homelessness & Move Families and Individuals to Permanent Housing	12 Month Measurable Achievement Proposed in 2006 (from Chart N of 2006 CoC application)	Accomplishments (Enter the numeric achievement attained during past 12 months)
3. Increase percentage of homeless persons moving from TH to permanent housing to 61%	NA – The BOS CoC does not fund any Transitional Housing Projects	NA
4. Increase percentage of homeless persons becoming employed by 11%	Increase % of persons leaving PSH programs with employment income to 20%	20% of persons exiting PSH had employment income
	75% of the One Stop centers have point people to work with the chronically homeless	The State has implemented pilots at two One Stop Centers, one in Hartford and one in New London. Awaiting results to determine expansion plans
	20% of BOS providers access DOL’s academy courses	8% of providers attended DOL Academy courses.
5. Ensure that the CoC has a functional HMIS	75% of providers in compliance with HMIS Data and Technical Standards	77% of agencies are in full compliance with the data and technical standards. 15% are in compliance with 90% of standards. 8% are in compliance with 77% of standards.
	100% of S+C data and DPASS data is integrated into HMIS	This goal has not been completely achieved but the mapping of the data fields from DPASS has been completed and data will be exported in the near future. The crosswalk between the S+C database and the HMIS has been completed and programming will begin within the next few months.**
	80% of HUD McKinney Vento funded PSH projects are entering 90% of universal and program elements on 100% of their clients.	100% of HUD McKinney Vento PSH projects are entering client data. Compliance with the %age of required data elements has not been achieved***
	Monthly users trainings by CCEH and one-on-one TA by request	12 trainings have been provided and one-on-one TA has been provided by CCEH
<p>Briefly explain the reasons for not meeting one or more of your proposed measurable achievements.</p> <p>*The project at Amston Hollow, which will create 10 new units of housing for chronically homeless people is a development project and is anticipated to open in April of 2008. It should not have been included in the 12-month Measurable Achievement Column in the 2006 application.</p> <p>**The integration of the DMHAS shelter and Shelter Plus Care data into the HMIS has been delayed by changes in staffing as well as modifications in plans for how the data will be merged. The project is now on track and proceeding toward data integration later this year.</p> <p>***The CT BOS has seen a tremendous expansion in the number of client records and data added to the HMIS. Many staff are new at this and need more training on entering all of the required elements.</p>		

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

The BOS CoC's most significant accomplishments are captured in the Achievements chart.

V: CoC Chronic Homeless (CH) Progress Chart

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

1. Enter the total number of chronically homeless persons in your CoC and the total number of permanent housing beds designated for the chronically homeless in your CoC for each year.

Year	Number of CH Persons	Number of PH beds for the CH
2005	83	53
2006	83	87
2007	168	123

Briefly describe the reason(s) for any increases in the total number of chronically homeless persons between 2006 and 2007:

The BOS CoC attributes much of the increase in the number of chronically homeless persons to an improved point in time count methodology. This year, the State of Connecticut conducted its first statewide point in time count of the Homeless on January 30, 2007. A rigorous methodology was used that included in-depth interviews with each homeless person encountered that gathered detailed information on their homeless history. Previous counts used review of records to determine homelessness history and since homeless people in CT move from shelter to shelter so frequently and the HMIS was still in its infancy, their chronicity was often not documented. Additionally, as opposed to only counting unsheltered locations where homeless persons are known to reside, the count included a sample of high and low density areas in all BOS jurisdictions and utilized extrapolation techniques to determine the final unsheltered count. Dr. Dennis Culhane of the University of Pennsylvania developed the extrapolation methodology.

Additionally, the Litchfield County CoC rejoined the BOS CoC this year, which resulted in an increase of 51 in the number of chronically homeless persons included in the BOS count.

2. Indicate the number of new PH beds in place and made available for occupancy for the chronically homeless between February 1, 2006 and January 31, 2007:

14

3. Identify the amount of funds from each funding source for the development and operations costs of the new CH beds created between February 1, 2006 and January 31, 2007.

Cost Type	Public/Government				Private
	HUD McKinney-Vento	Other Federal	State	Local	
Development	\$	\$	\$794,783	\$	\$591,746
Operations	\$88,440	\$	\$140,000	\$	\$
TOTAL	\$88,440	\$	\$934,783	\$	\$591,746

W: CoC Housing Performance Chart

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

1. Participants in Permanent Housing (PH)		
HUD will be assessing the percentage of all participants who remain in S+C or SHP permanent housing (PH) for more than six months. SHP projects include both SHP-PH and SHP-Safe Haven PH renewals. Complete the following chart using data based on the <u>most recently submitted</u> APR for Question 12(a) and 12(b) for PH projects included on your CoC Priority Chart:		
<input type="checkbox"/>	No applicable PH renewals are on the CoC Project Priorities Chart	APR Data
<input 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)	60
b.	Number of participants who did not leave the project(s)—APR Question 12(b)	257
c.	Number who exited after staying 7 months or longer in PH—APR Question 12(a)	49
d.	Number who did not leave after staying 7 months or longer in PH—APR question 12(b)	209
e.	Percentage of all participants in PH projects staying 7 months or longer (c. + d. divided by a. + b., multiplied by 100 = e.)	81.4%
2. Participants in Transitional Housing (TH)		
HUD will be assessing the percentage of all TH clients who moved to a permanent housing situation. TH projects include SHP-TH and SHP-Safe Haven/TH <i>not</i> identified as permanent housing. Complete the following chart using data based on the <u>most recently submitted</u> APR Question 14 for TH renewal projects included on your CoC Priorities Chart.		
<input checked="" type="checkbox"/>	No applicable TH renewals are on the CoC Project Priorities Chart	APR Data
<input type="checkbox"/>	<u>All</u> TH renewal projects with APRs submitted are included in calculating the responses below	
a.	Number of participants who exited TH project(s)—including unknown destination	
b.	Number of participants who moved to PH	
c.	Percent of participants in TH projects who moved to PH (b. divided by a., multiplied by 100 = c.)	%

X: Mainstream Programs and Employment Project Performance Chart

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

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

(1) Number of Adults Who Left (Use same number in each cell)	(2) Income Source	(3) Number of Exiting Adults with Each Source of Income	(4) Percent with Income at Exit (Col 3 ÷ Col 1 x 100)
<i>Example:</i> 105	a. SSI	40	38.1%
<i>Example:</i> 105	b. SSDI	35	33.3%
60	a. SSI	17	28.3%
60	b. SSDI	10	16.7%
60	c. Social Security	1	1.7%
60	d. General Public Assistance	6	10.0%
60	e. TANF	9	15.0%
60	f. SCHIP	2	3.3%
60	g. Veterans Benefits	2	3.3%
60	h. Employment Income	12	20.0%
60	i. Unemployment Benefits	0	0.0%
60	j. Veterans Health Care	0	0.0%
60	k. Medicaid	12	20.0%
60	l. Food Stamps	27	45.0%
60	m. Other (please specify) 1 person left with alimony and another person left with funds from a legal settlement	4	6.7%
60	n. No Financial Resources	4	6.7%

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 type="checkbox"/>	The CoC has an active planning committee that meets at least three times a year to improve CoC-wide participation in mainstream programs.
<input checked="" 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 or any of its projects has specialized staff whose primary responsibility is to identify, enroll, and follow-up with homeless persons on participation in mainstream programs.
<input checked="" type="checkbox"/>	A majority of homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.
<input checked="" type="checkbox"/>	A majority of homeless assistance providers have staff systematically follow-up to ensure that mainstream benefits are received.
<input type="checkbox"/>	The CoC coordinates with the State Interagency Council(s) on Homelessness to reduce or remove barriers to accessing mainstream services.

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

Provide a list of 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).

Project Number	Applicant Name	Project Name	Grant Amount
Example: MI23B901002	Michiana Homes, Inc.	TH for Homeless	\$514,000
None			
		Total:	\$0

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: 86%

AB: Section 3 Employment Policy Chart

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