
2006 Exhibit 1: Continuum of Care (CoC) Application

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

OMB Approval No. 2506-0112
(exp. 3/31/2009)

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

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

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

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

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

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

Previous versions obsolete

form **HUD-40090-1**
(3/2006)

2006 Continuum of Care Application: Exhibit 1

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Instructions for *Selected Sections* of the 2006 Exhibit 1: Continuum of Care Application

In the 2006 NOFA, extra instructions for selected charts have been placed in this initial section. Not all sections will have separate instructions; the instructions below provide additional direction for CoC Charts I, K, M, Q, R, T, V, and X.

I. CoC Housing Inventory Charts Instructions

This chart consists of three housing inventory charts—for emergency shelter, transitional housing, and permanent supportive housing. Note that the information in these charts should reflect a point-in-time count. For each chart, the beds listed under the new section “New Inventory in Place in 2005” should indicate all beds, HUD-funded or not, that became available for occupancy for the first time between February 1, 2005 to January 31, 2006.

Please provide information on each project (Current and Under Development) as of the date of your point-in-time Housing Inventory Survey.

- **Provider Organization Name:** Self-explanatory.
- **Facility Name:** Self-explanatory.
- **HMIS Participation Code:** Enter one of the following codes that most accurately reflects the client level data submitted to the HMIS, either via direct data entry or data integration conducted at least annually.

Codes for programs **participating in HMIS** and required to collect the Universal Data Elements

- 1** – At least 90% of the universal data elements for **75%+** of the clients served
- 2** – At least 90% of the universal data elements for less than 75% of the clients served
- 3** – Less than 90% of the universal data elements for **75%+** of the clients served
- 4** – Less than 90% of the universal data elements for less than 75% of the clients served

Codes for programs **participating in HMIS** and required to collect the Universal **and** Program-Specific Data Elements

- 5** – At least 90% of the universal & program data elements for **75%+** of the clients served
- 6** – At least 90% of the universal & program data elements for less than 75% of the clients served
- 7** – Less than 90% of the universal & program data elements for **75%+** of the clients served
- 8** – Less than 90% of the universal & program data elements for less than 75% of the clients served

Codes for programs **NOT participating** in HMIS

- P** – Not yet participating, but will begin participating by July 1, 2007.
- N** – Will not participate in HMIS (non-HUD funded)
- F** – HUD funded will not participate in HMIS

- **Number of Year-Round Beds in HMIS:** Enter the number of year-round individual beds (Ind.) and number of year-round family beds (Fam.) that are covered by the HMIS. A bed is “covered” if the provider is entering data about the clients served by that bed. If an agency is only reporting data for clients staying in a portion of its beds, then only that portion of the beds should be counted as “covered” by HMIS. These numbers should be consistent with the participation code and should not exceed the total number of beds provided in each project, as reported in the subsequent columns in this table.
- **Geo Code:** Indicate the 6-digit Geographic Area Code (Geo Code) for the project, found on HUD’s web site at <http://www.hud.gov/offices/adm/grants/fundsavail.cfm>. Where there is only one geographic code for the Continuum, check the box and indicate that code in the row for the first project only. If the project is located in multiple jurisdictions, select the jurisdiction where the majority of the provider’s inventory is located.

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

Supportive Housing Chart only (both Current and Under Development Inventories), indicate first the total number of individual beds, then the estimated number of those beds designated for CH individuals or occupied by persons who met the definition of chronic homelessness at the time of placement into PSH beds. (Example: 115/5 indicates that there are a total of 115 PSH beds for individuals in the COC, 5 of which are designated for or occupied by a CH person.)

- **Total Year-Round Beds:** The number of family beds in (column “Family Beds”) **plus** the number of beds for individuals (column “Individual Beds”).
- **Other Beds (Emergency Shelters Chart Only):** Emergency shelters are usually structures with year-round beds, but there are structures with seasonal beds that are made available to homeless persons during particularly high-demand seasons of the year, usually wintertime. In addition, projects may have overflow capacity that includes cots or mats in addition to permanent bed capacity that is not ordinarily available but can be marshaled when demand is especially great, for example, on the coldest nights of the year. Vouchers (hotel/motel arrangements) are to be identified as overflow beds. The total number of year-round, seasonal and overflow beds would provide a point-in-time snapshot of the housing inventory for homeless people at its highest point in the year.
 - **Seasonal Beds:** The number of beds made available to individuals and families on a seasonal basis.
 - **Overflow Beds:** The number of beds, mats or spaces or vouchers that are made available on a very temporary basis.
- **Current Inventory:** List all Provider Organization Names and Facility Names (Project Names), including voucher programs, that are currently operating. Add rows as needed.
- **New Inventory in Place in 2005:** Fill out each column for providers and facilities that supplied new beds during the period of February 1st, 2005 to January 31st, 2006 (for example, on the Emergency Shelter Chart, enter only new emergency shelter beds). Add rows as needed.
- **Under Development:** List all the projects that are fully funded but are not yet serving homeless people. Indicate the anticipated occupancy date for project. Add rows as needed.
- **Unmet Need:** Use the HUD Unmet Need Formula to calculate the values in this row. This formula can be found on the “Worksheet for Calculating Unmet Need,” provided in the Questions and Answers Supplement to the 2006 NOFA.

K: CoC Homeless Population and Subpopulations Chart Instructions

Part 1 and Part 2 must be completed using statistically reliable, unduplicated counts or estimates of homeless persons in sheltered and unsheltered locations at a one-day point in time. Include Hurricane Katrina evacuees in Parts 1 and 2.

Sheltered Homeless. Count adults, children and unaccompanied youth residing in shelters for the homeless. “Shelters” include all emergency shelters and transitional shelters for the homeless, including domestic violence shelters, residential programs for runaway/homeless youth, and any hotel/motel/apartment voucher arrangements paid by a public/private agency because the person or family is homeless. Do not count: (1) persons who are living doubled up in conventional housing; (2) formerly homeless persons who are residing in Section 8 SRO, Shelter Plus Care, SHP permanent housing or other permanent housing units; (3) children or youth, who because of their own or a parent’s homelessness or form **HUD-40090-1** (3/2006)

abandonment, now reside temporarily and for a short anticipated duration in hospitals, residential treatment facilities, emergency foster care, detention facilities and the like; and (4) adults living in mental health facilities, chemical dependency facilities, or criminal justice facilities.

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

Part 3: Hurricane Katrina Evacuees. Complete the chart only if evacuees from Hurricane Katrina have relocated to your CoC. Check the appropriate box to indicate whether the data in this section comes from a point-in-time count taken after Hurricane Katrina (September 1, 2005 or later) or whether the information is based on a reasonable estimate. In either case, please answer the following two questions to the best of your ability:

1. **Total number of Katrina evacuees:** enter the current number of evacuees who are residing in sheltered or unsheltered locations.
2. **Of this total, enter the number of evacuees homeless prior to Katrina:** of the total number of sheltered and unsheltered evacuees entered in question 1, enter the number who were homeless before Hurricane Katrina.

M: CoC Homeless Management Information System (HMIS) Charts Instructions

Instructions for Chart M-4: Client Records

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

Instructions for Chart M-5: HMIS Participation

Answer all parts of this question as of the date of application submission.

- a) **Definition of HMIS Participation:** Participation in HMIS means that client-level data, including the universal and, when required, the program specific data elements, is submitted to the HMIS either through direct data entry or data integration on at least an annual basis.
- b) **Definition of Bed Coverage:** If the CoC has already achieved 75% bed coverage in a specific category, please record the approximate month/year that this occurred. If the CoC has not yet achieved 75% bed coverage in a specific category, please provide the month/year that the CoC anticipates that 75% bed coverage will be achieved.

The responses to this question should be consistent with the detailed program information recorded in the Housing Inventory Chart. A bed is “covered” if the provider is entering data about the clients served by that bed. If an agency is only reporting data for clients staying in a portion of its beds, then only that portion of the beds should be counted as “covered.” Bed coverage is calculated by dividing the number of “covered” beds by the total number of beds in that category.

For example, if a CoC has two programs that each operate 50 emergency shelter beds and only one of the providers enters client data, then the current emergency shelter bed coverage is 50%.

Q: CoC Project Priorities Chart Instructions

A CoC should enter all projects to be included for consideration of Continuum of Care competitive funding. There should be only one project per line. The projects that the CoC ranks as higher priorities will receive the most points under the “Need” criterion. If you do not provide a Project Priorities Chart in Exhibit 1, all proposed projects may lose up to 30 points of the 40-point Need total. Projects submitted in response to the 2006 NOFA should fill unmet needs identified as priorities for funding as determined by your CoC’s unmet need analysis. Please place all Shelter Plus Care renewal projects in the bottom section of the chart (section 9), continuing the same numbering sequence. Shelter Plus Care renewals are not “prioritized” with the other projects because they are being funded non-competitively and therefore do not count against the CoC’s pre-determined pro rata need.

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

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

R: CoC Pro Rata Need (PRN) Reallocation Chart Instructions

(Only for Eligible Hold Harmless CoCs)

CoCs that receive the Hold Harmless PRN amount may choose to reduce or eliminate one or more of the SHP grants eligible for renewal in the 2006 CoC competition. CoCs may reallocate the funds made available through this process to create new permanent housing project(s). These new project(s) may be for SHP, S+C, and Section 8 SRO projects and their respective eligible activities.

The purpose of this chart is to assist Continuums eligible for Hold Harmless PRN to identify: 1) the PRN funds the CoC is making available for reallocation through the reduction or elimination of project(s) eligible for renewal; and 2) the amount transferred to the new permanent housing project(s) created for the 2006 competition.

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

Questions 4 and 5:

- Column (1):** Enter the project number of each expiring SHP grant that will be reduced or eliminated.
Column (2): Enter the program code of the grant to be reallocated.
Column (3): Enter the component of the grant to be reallocated.
Column (4): Enter each grant's Annual Renewal Amount. Verify these amounts with your HUD Field Office. **Note:** Annual Renewal Amounts include the previously awarded administration funds; therefore no additional administration funds may be requested.
Column (5): Enter the amount that will be reduced from each grant's one-year amount.
Column (6): Enter any retained amount from the existing grant by subtracting the amount in Column (5) from the amount in Column (4). Any remaining amount in Column (6) can be renewed in the 2006 competition.
Line (7): Total the amounts in Columns (4), (5) and (6).
Column (8): Enter the 2006 priority number given to each new project being created.
Column (9): Enter the PH program of the newly created project. (SHP, S+C or Section 8 SRO)
Column (10): Enter the component of the newly created project (PH, SH-ph, SRA, TRA, PRA, PRAR, SRO).
Column (11): Enter the amount(s) being transferred from Column (5) for the respective project(s) identified in Column (5). **Note:** To insure that the CoC has completed this process correctly, the Total of Column (11) cannot exceed the total of Column (5).

Advisory Warning: According to the CoC competitive process, a CoC that scores below the initial funding line will not have the new projects on this chart funded. As such the reallocated funds that had been used for renewals would no longer be available to the CoC.

T: CoC Current Funding and Renewal Projections Chart Instructions

Supportive Housing Program (SHP):

All SHP Funds Requested (Current Year): Competitive (new and renewal) SHP Projects

The CoC must enter the total amount of new and renewal funds sought for 2006 in the row for each type of Supportive Housing Project—all transitional housing projects, all Safe Haven-TH projects, etc. These are the projects that the CoC has ranked within the higher of (1) Initial Pro Rata or (2) the Hold Harmless Renewal Amount, and therefore will receive 40 need points.

SHP Renewal Projections

The CoC must estimate the total dollars for renewal projects that it expects to fund in each of the years from 2007 to 2011, based upon CoC estimates of when existing projects in 2006 and earlier will come due for renewal. This exercise asks that your CoC assume the following conditions:

- That the rules and amount applicable to Initial Pro Rata Need for the 2006 competition will stay the same for the next five years;
- That the rules applicable to Hold Harmless Renewal for the 2006 competition will stay the same for the next five years; and
- That no new funding will be added in the next five years to fund any new SHP projects.

Shelter Plus Care (S+C):

All S+C Funds Requested (Current Year): Competitive S+C Projects and Non-Competitive 1-year S+C Renewals

The CoC must add up the number of units and the amount of funding sought for 2006 for each apartment type, for all new and 1-year renewal S+C projects. That is, the CoC should tally the total anticipated funding for all new and renewal 0-bedroom units, all 1-bedroom units, etc. that it seeks to have funded in 2006.

S+C Renewal Projections

The CoC must obtain, from grantees, information on S+C grants expiring or those extended and running out of funds, in each applicable year between 2007 and 2011. For each year, the renewal projection chart requires the total number of S+C units to be renewed by bedroom size and corresponding Fair Market Rent (FMR). The CoC should start with the base year of the 2006 actual renewal amounts. It should complete the 2007 projection by counting the units expiring or estimated to run out of funds by 2008. For each succeeding year from 2007 to 2011, the CoC should continue to list the expiring units by bedroom size, using the applicable FMR from 2006 to complete the amount of funding anticipated in each year.

For 2007-2011, the CoC shall estimate that first time expirations are those grants that were awarded initial funds six years prior. For example, for 2008 projections, the CoC should enter projects with an initial five-year term effective in 2004 and expiring in 2009, which were awarded funds in 2003. It should also report future bedroom size distribution based on the current distribution. For CoCs with multiple FMR area amounts, use the highest FMR for each bedroom size.

V: CoC Chronic Homeless (CH) Progress Chart Instructions

HUD must track each CoC's progress made toward the Administration's goal of ending chronic homelessness. Complete the chart below, indicating for each year the total unduplicated point-in-time count of the chronically homeless and the number of existing and new permanent beds from all funding sources targeted to house the chronically homeless.

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

The CoC Chronic Homeless (CH) Progress Chart asks your Continuum to track changes in the number of chronically homeless and beds available, and to identify the cost of new beds for the chronically homeless. A point-in-time count of sheltered and unsheltered persons is not required in 2006.

(1) Number of CH Persons: Enter the number of CH persons in your CoC. Please use the data provided in your 2004 through 2006 Homeless Population and Subpopulations Charts for the number of chronically homeless individuals. **Note:** The number given for 2006 in column (1) would only differ from the 2005 number if your Continuum completed a street count in 2006. Otherwise, for 2006 use the same number as in 2005 in this column.

(2) Number of PH Beds for the CH: The number you enter here should represent the total number of permanent housing beds in the CoC and should come from the January 2006 count (should reflect numbers given in the Housing Inventory Chart). Please use the data provided in your 2004 through 2006 Housing Activity/Inventory Charts and, to the extent necessary, estimates for 2004 through 2006.

(3) New PH beds for the CH between February 1, 2005 and January 31, 2006: This number should indicate the number of new beds that became available for occupancy during this time period. This should equal the difference between the value in column (3) for 2006 and the value in column (3) for 2005, as shown in the example.

(4) Identify the cost of the new CH beds from each funding source. Sources should be designated based on the appropriation level. For example, federally appropriated funds, such as HOME, CDBG, ESG, etc. should be identified as Federal even though they may pass through a state or local government. For programs such as Medicaid, which are funded by federal *and* state governments, identify the amount from each source.

X: Mainstream Programs and Employment Project Performance Chart

Instructions

HUD will be assessing the percentage of clients in all your renewal projects who gained access to mainstream services and, especially, to those who gained employment. This includes all S+C renewals and all SHP renewals, excluding HMIS projects. Based on responses to APR Question 11 for each of the renewal projects included on your CoC Priority Chart complete the following:

Column (1): Number of Adults Who Left. For each SHP and S+C renewal being submitted in this year's competition, use APR **Question 2C** (Number who left the program during the operating year). For **each** APR, add the Number of Singles Not in Families and the Number of Adults in Families. The total represents the number of adults who exited the project during the operating year. Add the totals from each renewal's APR to get the total number of adults in the CoC who left these projects during the operating year.

Column (2): Income Source. Income sources are from the APR Question 11.

Column (3): Number of Exiting Adults with Source of Income. Using the information in each project's APR Question 11D (Income Sources at Exit), add the total number of adults who, upon exiting the project, had each source of income.

Column (4): Percent with Income at Exit. Divide Column 3 by Column 1, then multiply by 100 and round to the nearest first decimal place (e.g. 38.1%).

Part I: CoC Organizational Structure

HUD-defined CoC Name:*	CoC Number*
Las Vegas/Clark County CoC	NV500
*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: Southern Nevada Regional Planning Coalition—Committee on Homelessness		
CoC Contact Person: Michele Fuller-Hallauer		
Contact Person's Organization Name: Clark County Social Service		
Street Address: 1600 Pinto Lane		
City: Las Vegas	State:NV	Zip:89106
Phone Number (702) 455-5188	Fax Number: (702) 455-5950	
Email Address: mhf@co.clark.nv.us		

CoC-A

B: CoC Geography Chart

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

Geographic Area Name	6-digit Code	Geographic Area Name	6-digit Code
Henderson	320096		
Las Vegas	320108		
North Las Vegas	320138		
Clark County	329003		

CoC-B

CoC Structure and Decision-Making Processes

C: CoC Groups and Meetings Chart

CoC-Related Planning Groups		Meeting Frequency (check only one column)				Enter the number of organizations/entities that are members of each CoC planning group listed on this chart.
		Monthly or More	Quarterly	Biannually	Annually	
COE Primary Decision-Making Group (list only one group)						
Name:	Southern Nevada Regional Planning Coalition-Committee on Homelessness	X				12
Role:	Regional Coordination of Homeless Services					
Other CoC Committees, Sub-Committees, Workgroups, etc.						
Name:	Southern Nevada Homeless Coalition	X				51
Role:	Advocacy and coalition building					
Name:	ConsortiumFor Housing Programming		X			8
Role:	Discuss and address jurisdictional issues surrounding housing					
Name:	SNRPC--Workforce Housing Sub-Committee	X				12
Role:	Address the local housing issues and coordination between the 3 housing authorities in the CoC					
Name:	Southern Nevada Workforce Investment Board	X				30
Role:	Develop education and workforce system to move the unemployed into employment					
Name:	SNRPC-COH--HMIS Steering Committee	X				8
Role:	To guide the implementation of HMIS use throughout the CoC and address issues as they arise.					
Name:	SOAR Forum		X			13
Role:	To guide training for the front line workers in assisting clients with applications for mainstream programs.					
Name:	Clark County Community Development Advisory Committee			X		33
Role:	Guide use of CDBG, ESG and HOME funds					
Name:	City of Las Vegas Citizens Advisory Board			X		26
Role:	Guide use of CDBG, ESG and HOME funds					
Name:	City of North Las Vegas Citizens Advisory Committee		X			7
Role:	Guide use of CDBG and HOME funds					
Name:	Consortium of Homeless Youth providers		X			5
Role:	Coordinate around homeless youth issues and conduct community-wide needs assessment for homeless youth.					
Name:	Ready for Life –success by 25 focus	X				100
Role:	Keep kids engaged, homeless prevention, foster care prevention					
Name:	SNRPC-COH Evaluation Working Group	X				11
Role:	Recommendation on regional RFP's for homeless services; evaluation of overall effort					

Name:	SNRPC-COH Technical Advisory Board			X		23
Role:	Review and prioritize the CoC project applications					
Name:	SNRPC-COH Public Awareness Working Group	X				3
Role:	Work to increase public awareness of homelessness and put a face on homelessness					
Name:	AdHoc Encampment working groups	X				13
Role:	Protocols and guidelines to handle encampments; intervention services					

CoC-C

D: CoC Planning Process Organizations Chart

	Specific Names of All CoC Organizations	Geographic Area Represented	Subpopulations Represented, if any* (no more than 2)	
PUBLIC SECTOR	STATE GOVERNMENT AGENCIES			
	Southern Nevada Adult Mental Health	329003	SMI	
	LOCAL GOVERNMENT AGENCIES			
	Clark County Social Service	329003		
	City of Las Vegas	320108		
	City of Henderson	320096		
	City of North Las Vegas	320138		
	PUBLIC HOUSING AGENCIES			
	Clark County Housing Authority	329003		
	Las Vegas Housing Authority	320108		
	North Las Vegas Housing Authority	320138		
	SCHOOL SYSTEMS / UNIVERSITIES			
	Clark County School District	329003	Y	
	University of Nevada Las Vegas	329003		
	LAW ENFORCEMENT / CORRECTIONS			
	Las Vegas Metropolitan Police Department	329003		
	Nevada Department of Corrections	329003		
	North Las Vegas Police Department	320138		
	Henderson Police Department	320096		
	Boulder City Police Department			
	City of Las Vegas Detention and Enforcement	320108		
	Clark County Park Police	329003		
	LOCAL WORKFORCE INVESTMENT ACT (WIA) BOARDS			
Southern Nevada Workforce Investment Board	329003			
OTHER				
Veteran's Administration	329003	VET		
NON-PROFIT ORGANIZATIONS				
PRIVATE SECTOR	Boys & Girls Town	329003	Y	
	Caminar	329003	HIV	SMI
	Catholic Charities/ St. Vincent HELP	320108		
	Center for Independent Living	320108	Y	
	Family Promise	329003		

Las Vegas Rescue Mission	320108		
Mojave Mental Health	329003	SMI	
Henderson Allied Community Advocates (HACA)	320096		
HELP Las Vegas	320108		
HELP of Southern Nevada	329003		
Nevada Hand	320096		
Nevada Partners	329003		
Nevada Partnership for Homeless Youth	329003	Y	
S.A.F.E House	329003	DV	
Safe Nest	320108	DV	
Salvation Army	320108	SMI	
Straight from the Streets	329003		
The Shade Tree	320108	DV	
US Vets	320108	VET	
Westcare	329003	SA	
Women's Development Center	320108	DV	
FAITH-BASED ORGANIZATIONS			
Central Christian	320096		
St. Timothy's Episcopal Church	320096		
FUNDERS / ADVOCACY GROUPS			
Southern Nevada Homeless Coalition	329003		
BUSINESSES (BANKS, DEVELOPERS, BUSINESS ASSOCIATIONS, ETC.)			
Bank One	329003		
Harrah's	329003		
NV Construction Services	329003		
Nevada State Bank	329003		
Prudential Americana Group Realtors	329003		
HSBC Bank Nevada	320108		
American Family Insurance	329003		
Focus Las Vegas	320108		
HOSPITALS / MEDICAL REPRESENTATIVES			
Nevada Health Centers	329003		
HOMELESS PERSONS			
Paula Cremeens-Rudeen	320108	SA	
Larry Williams	329003	VET	

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

E: CoC Governing Process Chart

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

	Yes	No
1. Does the CoC have a separate planning and decision-making body/entity that is broadly representative of the public and private homeless service sectors, including homeless client/consumer interests? If no, please explain.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Is the primary decision-making entity composed of at least 65 percent representation by the private sector (including consumer interests)? If no, please explain.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Is the primary decision-making entity membership selected in an open and democratic process by the CoC membership? If no, please explain.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Is there a Chair and Co-Chair representing both the private and public sector at the same time, with staggered 2-year terms and the Chair position rotating between the private and public sectors? If no, please explain.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Has the CoC developed a Code of Conduct for the CoC decision-making entity and its Chair and Co-chair? If no, please explain.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. The Chair and Co-Chair and all members of the CoC decision-making entity may not participate in decisions concerning awards of grants or provision of financial benefits to such member or the organization that such member represents. Have they recused themselves from considering projects in which they have an interest? If no, please explain.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Does the CoC have a fiscal agent designated to receive funds from HUD?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

8. If your Continuum has not yet complied with *any* of the above broad standards for the CoC planning and decision-making process, please describe the extent to which your CoC will meet each guideline by the 2007 competition.

- (3) The primary decision making entity (The Southern Nevada Regional Planning Coalition-Committee on Homelessness (SNRPC-COH) and the Technical Advisory Board (TAB)) are made up of representatives of each of the jurisdictions in the CoC catchment area as well as representatives for each of the homeless sub-populations found in our community. These representatives are nominated by the Southern Nevada Homeless Coalition, and the Southern Nevada Regional Planning Coalition—Committee on Homelessness.
- (4) The chair of the SNRPC-COH is appointed by the SNRPC; members of both the public and private sector are considered. The TAB was appointed in February 2006 and has selected an Executive and coordination Committee of the CoCTAB which will convene on a monthly basis to provide on-going direction with respect to homeless issues within the community.
- (5) The CoCTAB has established a code of conduct that is reviewed by the CoCTAB members each year prior to commencement of the yearly CoC prioritization process. One of the many tasks that will be undertaken by the CoCTAB Executive Committee is the development of formal guidelines including the Code of Conduct.
- (7) Each successful agency applicant with this CoC enters into an individual agency-specific agreement with HUD and serves as its own fiscal agent. Therefore, the CoC does not designate a single fiscal agent for the entire CoC.

CoC-E

F: CoC Project Review and Selection Chart

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

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

CoC-F

G: CoC Written Complaints Chart

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

CoC-G

Part II: CoC Housing and Service Needs

H: CoC Services Inventory Chart

(1) Provider Organizations	(2) Prevention				(3) Outreach			(4) Supportive Services										
	Mortgage Assistance	Rental Assistance	Utilities Assistance	Counseling/Advocacy	Legal Assistance	Street Outreach	Mobile Clinic	Law Enforcement	Case Management	Life Skills	Alcohol & Drug Abuse	Mental Health Counseling	Healthcare	HIV/AIDS	Education	Employment	Child Care	Transportation
AARP Senior Employment																X		
Aid for AIDS of Nevada		X	X						X					X				X
Bridge Counseling Associates				X							X					X		
Caminar									X		X		X					
Cambridge Community Clinic												X						
Catholic Charities of Southern Nevada		X	X						X	X						X	X	X
Center for Independent Living				X					X	X	X				X			X
Central Christian Church-Community Care		X	X			X												
Church of Jesus Christ of Latter-Day Saints	X	X	X	X	X								X					
City of Las Vegas Emergency Housing Assistance Program		X				X												
City of Las Vegas - EVOLVE						X										X		X
Clark County Family Services										X					X			
Clark County Health District												X	X					
Clark County Housing Authority		X							X	X								
Clark County School District												X		X				X
Clark County Social Service	X	X	X			X			X	X		X	X		X		X	X
Clinic on Wheels							X					X						
Community College of Southern Nevada										X					X			
Community Counseling Center									X		X	X		X				
Community Partners Child Care																	X	
Computer Assisted Literacy in the Libraries															X			
Diversity Leadership Institute													X					
Emergency Aid of Boulder City		X	X															X
Enterprise Health Care												X						
EOB Community Action Partnership		X	X								X	X	X				X	X
Family Promise									X									X
Family Resource Centers										X								

I: CoC Housing Inventory Charts

Emergency Shelter: Fundamental Components in CoC System – Housing Inventory Chart

Provider Name	Facility Name	HMIS Part. Code	Number of Year-Round Beds in HMIS		Geo Code □	Target Pop		Year-Round			F				
						A	B	Fam. Units	Fam. Beds	Indiv. Beds					
Current Inventory			Ind.	Fam.											
Catholic Charities	Free beds	P	0	0	320108	SM		0	0	439					
Center for Independent Living	Free beds	P	0	0	320108	M		0	0	12					
Emergency Aid of Boulder City	Motel vouchers	P	0	0	Boulder City	M		4	8	0					
Girls & Boys Town	Free beds	P	0	0	320108	YM	YF	0	0	18					
Family Promise (IHN)	Program beds	1	0	14	320108	FC		0	14	0					
Las Vegas Rescue Mission	Program beds	N	0	0	320108	SM	M	3	35	46					
Nevada Partnership Homeless Youth	Free beds	1	2	0	329003	YFM		0	0	2					
SAFE House	SAFE House	N	0	0	329003	FC		0	0	54					
Salvation Army	Free beds	2	144	0	320108	SM	SF	0	0	144					
Salvation Army	Pay beds	2	176	0	320108	SM	SF	0	0	176					
The Shade Tree	Free beds	1	80	84	329003	SF	FC	0	84	80					
Westcare	Homeless Coordination Care Program/CTC-Detox	P	0	0	329003	SM	SF	0	0	54					
Westcare	Youth Shelter	P	0	0	329003	YM		0	0	21					
SUBTOTALS:			402	98	SUBTOT. CURRENT INVENTORY:			7	141	1,046					

New Inventory in Place in 2005 (Feb. 1, 2005 – Jan. 31, 2006)			Ind.	Fam.										
Nevada Partnership for Homeless Youth		1	2	0	329003	YFM		0	0	2				
Salvation Army	Lied Vocational Training Center	N	0	0	329003	M		0	0	102				
Westcare	Mental Health Crisis Unit	P	0	0	329003	SM	SF	0	0	56				
SUBTOTALS:			2	0	SUBTOTAL NEW INVENTORY:			0	0	160				
Inventory Under Development		Anticipated Occupancy Date												
Salvation Army	Lied Vocational Training Center	10/2006		329003	SM		0	0	80					
Westcare	Butterfly Shelter	2/2006		329003	YF		0	0	15					
SUBTOTAL INVENTORY UNDER DEVELOPMENT:							0	0	95					
Unmet Need							UNMET NEED TOTALS:			-7	-134	-965		
1. Total Year-Round Individual ES Beds:				1,046	4. Total Year-Round Family Beds:									
2. Year-Round Individual ES Beds in HMIS:				402	5. Year-Round Family ES Beds in HMIS:									
3. HMIS Coverage Individual ES Beds: Divide line 2 by line 1 and multiply by 100. Round to a whole number.				38%	6. HMIS Coverage Family ES Beds: Divide line 5 by line 4 and multiply by 100. Round to									

CoC-I

I: CoC Housing Inventory Charts

Transitional Housing: Fundamental Components in CoC System – Housing Inventory Chart

Provider Name	Facility Name	HMIS Part. Code	Number of Year-Round Beds in HMIS		Geo Code <input type="checkbox"/>	Target Pop		Year			
						A	B	Family Units	Family Beds		
Current Inventory			Ind.	Fam.							
Catholic Charities	St. Vincent/HELP	1	120	0	320108	SM	SF	0	1		
Catholic Charities	HOME TBRA	N	0	0	329003	FC		0	2		
Center for Independent Living	Free beds	P	0	0	320108	M		0	1		
EOB CAP	Project HOME	P	0	8	320108	FC	M	0			
Family Promise		1	0	4	320108	FC		1	1		
Golden Rule	Parson's Place	N	0	0	320108	SM	SF	0	1		
Henderson Allied Community Advocates	HOME TBRA	2	0	14	320096	M	FC	4	1		
HELP of Southern Nevada	HOME TBRA		0	0	329003	FC		0	8		
Nevada partnership for Homeless Youth	Free beds	1	13	0	329003	YFM		0	1		
The Key Foundation	Housing for veterans	1	16	0	320108	SM		0	1		
Safe Nest		P	0	0	320108	M		0	1		
Salvation Army	Path	P	0	0	329003	SM	SF	0	1		
Salvation Army	Pathways	1	42	0	329003	SM	SF	0	1		
Salvation Army	Safe Haven	1	25	0	320138	SM	SF	0	1		
The Shade Tree	3 rd floor TH	1	40	84	329003	SF	FC	0	8		
US Vets	Meadows Inn	1	122	0	329003	M		0	1		
Westcare	Healthy Families	P	0	0	329003	FC		20	4		
Westcare	Young Faces	P	0	0	329003	YF		0	1		

Westcare	HSR Youth	P	0	0	329003	YM		0	1			
Westcare	HSR Adult	P	0	0	329003	SM		0	1			
Women's Development Center	Transitional Housing	F	0	0	329003	FC		15	2			
Women's Development Center	Elderly Women	N	0	0	329003	SF 50+		0	1			
Women's Development Center	HOME TBRA	F	0	0	329003	M		10	1			
SUBTOTALS:			378	110	SUBTOT. CURRENT INVENTORY:			50	2			
New Inventory in Place in 2005 (Feb. 1, 2005 – Jan. 31, 2006)			Ind.	Fam.								
Henderson Allied Community Advocates	HOME TBRA	N	52	0	320096	M	FC	0	1			
Salvation Army	Path	P	0	0	329003	SF		0	1			
SUBTOTALS:					SUBTOTAL NEW INVENTORY:			0	1			
Inventory Under Development		Anticipated Occupancy Date										
Catholic Charities	Homeless to Home	3/2006		329003	M			0	1			
SUBTOTAL INVENTORY UNDER DEVELOPMENT:								0	1			
Unmet Need								UNMET NEED TOTALS:		-37	-1	
1. Total Year-Round Individual TH Beds:			793	4. Total Year-Round Family Beds:								
2. Year-Round Individual TH Beds in HMIS:			430	5. Year-Round Family TH Beds in HMIS:								
3. HMIS Coverage Individual TH Beds: Divide line 2 by line 1 and multiply by 100. Round to a whole number.			54%	6. HMIS Coverage Family TH Beds: Divide line 5 by line 4 and multiply by 100. Round to number.								

CoC-I

I: CoC Housing Inventory Charts

Permanent Supportive Housing*: Fundamental Components in CoC System – Housing Inv

Provider Name	Facility Name	HMIS Part. Code	Number of Year-Round Beds in HMIS		Geo Code <input type="checkbox"/>	Target Population		Year-Round			
						A	B	Family Units	Family Beds		
Current Inventory			Ind.	Fam.							
Nevada Partnership for Homeless Youth	Safe Place	1	13	0	320108	Y F	M	0	0		
Southern Nevada Adult Mental Health Services	S+C	8	159	52	320108	M		32	52		
Southern Nevada Adult Mental Health Services	Supported Living Arrangements	4	167	90	320108	M		55	90		
Southern Nevada Adult Mental Health Services	HOME TBRA	8	34	66	320108	M		40	66		
US Vets	Permanent Housing	1	5	0	329003	M		0	0		
SUBTOTALS:			378	208	SUBTOT. CURRENT INVENTORY:			127	208		
Inventory Under Development		Anticipated Occupancy Date									
SNAMHS	S+C	7/1/06			SM	SF	0	0			
SUBTOTAL INVENTORY UNDER DEVELOPMENT:							0	0			
Unmet Need							UNMET NEED TOTALS:		30	240	
1. Total Year-Round Individual PH Beds:			378	4. Total Year-Round Family Beds:							
2. Year-Round Individual PH Beds in HMIS:			378	5. Year-Round Family PH Beds in HMIS:							
3. HMIS Coverage Individual PH Beds: (Divide line 2 by line 1 and multiply by 100. Round to a whole number.)			100%	6. HMIS Coverage Family PH Beds: (Divide line 5 by line 4 and multiply by 100. Round whole number.)							

CoC-I

J: CoC Housing Inventory Data Sources and Methods Chart

(1) Indicate date on which Housing Inventory count was completed: <u>1/31/06</u> (mm/dd/yyyy)	
(2) Identify the <i>primary</i> method used to complete the Housing Inventory Chart (check one):	
<input checked="" type="checkbox"/>	Housing inventory survey to providers – CoC distributed a housing inventory survey (via mail, fax, or e-mail) to homeless programs/providers to update current bed inventories, target populations for programs, beds under development, etc.
<input checked="" type="checkbox"/>	On-site or telephone housing inventory survey – CoC conducted a housing inventory survey (via phone or in-person) of homeless programs/providers to update current bed inventories, target populations for programs, beds under development, etc.
<input type="checkbox"/>	HMIS – Used HMIS data to complete the Housing Inventory Chart
(3) Indicate the percentage of providers completing the housing inventory survey:	
<u>100%</u>	Emergency shelter providers
<u>93%</u>	Transitional housing providers
<u>100%</u>	Permanent Supportive Housing providers
(4) Indicate steps to ensure data accuracy for 2006 Housing Inventory Chart (check all that apply):	
<input checked="" type="checkbox"/>	Instructions – Provided written instructions for completing the housing inventory survey.
<input type="checkbox"/>	Training – Trained providers on completing the housing inventory survey.
<input checked="" type="checkbox"/>	Updated prior housing inventory information – Providers submitted updated 2005 housing inventory to reflect 2006 inventory.
<input checked="" type="checkbox"/>	Follow-up – CoC followed-up with providers to ensure the maximum possible response rate and accuracy of the housing inventory survey.
<input checked="" type="checkbox"/>	Confirmation – Providers or other independent entity reviewed and confirmed information in 2006 Housing Inventory Chart after it was completed.
<input type="checkbox"/>	HMIS – Used HMIS to verify data collected from providers for Housing Inventory Chart.
<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 checked="" type="checkbox"/>	Provider opinion through discussions or survey forms
<input type="checkbox"/>	Other – specify:
(6) Indicate the <i>primary</i> method used to calculate or determine unmet need (check one):	
<input type="checkbox"/>	Stakeholder Discussion – CoC stakeholders met and reviewed data to determine CoC's unmet need
<input type="checkbox"/>	Calculation – Used local point-in-time (PIT) count data and housing inv. to calculate unmet need
<input type="checkbox"/>	Applied statistics – Used local PIT enumeration data and applied national or other local statistics
<input checked="" type="checkbox"/>	HUD unmet need formula – Used HUD's unmet need formula*
<input type="checkbox"/>	Other – specify:
(7) If your CoC made adjustments to calculated unmet need, please explain how and why.	

CoC Homeless Population and Subpopulations

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

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

Indicate date of last point-in-time count: 1/26/2005 (mm/dd/yyyy)

Part 1: Homeless Population	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Number of Families with Children (Family Households):				
1. Number of Persons in Families with Children:	265	361	7,092	7,718
2. Number of Single Individuals and Persons in Households without Children:	1,473	675	2,332	4,480
(Add Lines Numbered 1 & 2) Total Persons:	1,738	1,036	9,424	12,198
Part 2: Homeless Subpopulations				
	Sheltered		Unsheltered	Total
a. Chronically Homeless (For sheltered, list persons in emergency shelter <i>only</i>)	580		1,399	1,979
b. Severely Mentally Ill	271		*	271
c. Chronic Substance Abuse	876		*	876
d. Veterans	566		*	566
e. Persons with HIV/AIDS	72		*	72
f. Victims of Domestic Violence	174		*	174
g. Unaccompanied Youth (Under 18)	76		*	76

If applicable, complete the following section to the extent that the information is available. Be sure to indicate the source of the information by checking the appropriate box:

Data Source: Point-in-time count **OR** Estimate

Part 3: Hurricane Katrina Evacuees	Sheltered	Unsheltered	Total
Total number of Katrina evacuees	Not counted	Not counted	4784
Of this total, enter the number of evacuees homeless prior to Katrina	Not counted	Not counted	Not counted

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

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

L-1: Sheltered Homeless Population and Subpopulations

(1) Check the <u>primary</u> method used to enumerate sheltered homeless persons in the CoC (check one):	
<input type="checkbox"/>	Point-in-Time (PIT) <u>no interview</u> – Providers did not interview sheltered clients during the point-in-time count
<input type="checkbox"/>	PIT <u>with interviews</u> – Providers interviewed each sheltered individual or household during the point-in-time count
<input type="checkbox"/>	PIT <u>plus sample of interviews</u> – Providers conducted a point-in-time count and interviewed a random sample of sheltered persons or households (for example, every 5th or 10th person)
<input checked="" type="checkbox"/>	PIT <u>plus extrapolation</u> – Information gathered from a sample of interviews with sheltered persons or households is extrapolated to the total sheltered population
<input type="checkbox"/>	Administrative Data – Providers used administrative data (case files, staff expertise) to complete client population and subpopulation data for sheltered homeless persons
<input type="checkbox"/>	HMIS – CoC used HMIS to complete the point-in-time sheltered count and subpopulation information
<input type="checkbox"/>	Other – please specify:
(2) Indicate steps taken to ensure data quality of the sheltered homeless enumeration (check all that apply):	
<input checked="" type="checkbox"/>	Instructions – Provided written instructions to providers for completing the sheltered point-in-time count
<input checked="" type="checkbox"/>	Training – Trained providers on completing the sheltered point-in-time count
<input checked="" type="checkbox"/>	Remind and Follow-up – Reminded providers about the count and followed up with providers to ensure the maximum possible response rate and accuracy
<input type="checkbox"/>	HMIS – Used HMIS to verify data collected from providers for the sheltered point-in-time count
<input type="checkbox"/>	Other – please specify:
(3) 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 – please specify:
(4) Month and Year when next count of sheltered homeless persons will occur: <u>1/2007</u>	
(5) Indicate the percentage of providers completing the populations and subpopulations survey:	
100%	Emergency shelter providers
100%	Transitional housing providers
100%	Permanent Supportive Housing providers

CoC-L-1

L-2: Unsheltered Homeless Population and Subpopulations*

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

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: Nevada Partnership for Homeless Youth	Contact Person: Robert Herdzik
Phone: 702-335-6005	Email: robh@bitfocus.com
Organization Type: State/local government <input type="checkbox"/> Non-profit/homeless provider <input checked="" type="checkbox"/> Other <input type="checkbox"/>	

CoC-M-1

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

Implementation:

HUD-Defined CoC Name*	CoC #	HUD-Defined CoC Name*	CoC #
Las Vegas/Clark County CoC	NV500		

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

CoC-M-2

M-3: HMIS Implementation Status

HMIS Data Entry Start Date for your CoC (mm/yyyy)	or	Anticipated Data Entry Start Date for your CoC (mm/yyyy)	If no current or anticipated data entry date, indicate reason: <input type="checkbox"/> New CoC in 2006 <input type="checkbox"/> Still in planning/software selection process <input type="checkbox"/> Still in initial implementation process
11/2004			

CoC-M-3

M-4: Client Records**

Calendar Year	Total Client Records Entered in HMIS / Analytical Database (Duplicated)	Total Unduplicated Client Records Entered in HMIS / Analytical Database
2004	43	43
2005	2343	2202

CoC-M-4

M-5: HMIS Participation**

a) HMIS participation by program type and funding source (please review instructions)			
Program Type	Total number of agencies	Number of agencies participating in HMIS receiving HUD McKinney-Vento funds	Number of agencies participating in HMIS <u>not</u> receiving HUD McKinney-Vento funds
Street Outreach	2	1	1
Emergency Shelter	6	2	4
Transitional Housing	11	8	3
Permanent Supportive Housing	5	4	1
TOTALS:	24	15	9

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b) Definition of bed coverage in HMIS (please review instructions)	
Program Type	Date achieved or anticipate achieving 75% bed coverage (mm/yyyy)
Emergency Shelter (all beds)	07/2007
Transitional Housing (all beds)	07/2007
Permanent Supportive Housing (McKinney-Vento funded beds only)	100%

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

1. HMIS implementation—VAWA legislation has greatly inhibited the implementation of HMIS into the domestic Violence Shelters, which in turn affects the homeless number captured in the HMIS system. This also causes a disconnect between providers due to the inability for providers to know what services are being provided for those individuals involved in domestic violence situations.
2. HMIS Data and Technical Standards Final Notice requirements—achieving Data Quality has been a barrier, some of the data intake is left blank and inexperienced computer users are having difficulty with completing the data screens. The HMIS administrator is implementing data checks to help identify incomplete data elements. Reporting has been as challenge; default Reporting functionality requires the development of the report in order to gain access to the data.

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

CoC-M-5

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

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

CoC-M-6

Part III: CoC Strategic Planning

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

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing	Local Action Steps (How are you going to do it? List action steps to be completed within the next 12 months.)	Measurable Achievement in 12 months	Measurable Achievement in 5 years	Measurable Achievement in 10 years	Lead Person (Who is responsible for accomplishing CoC Objectives?)
1. Create new PH beds for chronically homeless persons.	Expand permanent housing projects in the community for chronically homeless persons by increasing S+C projects to the CoC.	10 beds	55 beds	90 beds	Michele Fuller-Hallauer: CoC Coordinator
	Add permanent housing component for chronically homeless people to the OUTREACH program	25 beds	50 beds	65 beds	Terrie Stanfill: Director of HELP of SN, lead agency for OUTREACH
	HELP Las Vegas Corp will open its new 75-unit PH project on Owens; 8 of these units are targeted for chronically homeless individuals.	8 beds	8 beds	8 beds	Beverly Johnson: HELP LV: HELP @ Owens
	Add permanent housing beds for HIV+ chronically homeless individuals.	14 beds	25 beds	50 beds	Kathi Thomas-Gibson: Director of Caminar
2. Increase percentage of homeless persons staying in PH over 6 months to 71%.	Continue current Permanent Housing tenancy (6+ months) rate of 88% in CoC-assisted PH projects	88%	88%	88%	Michele Fuller-Hallauer: Continuum of Care Coordinator
	OUTREACH team will move individuals into permanent housing with intensive supportive services (in first six months, 16 of 109 individuals remain in permanent housing)	32 individuals	50 individuals	70 individuals	Terrie Stanfill: Director of HELP of SN, lead agency for OUTREACH
3. Increase percentage of homeless persons moving from TH to PH to 61%.	Catholic Charities will add a Housing Specialist as well as 3 intensive case managers to its 120 units TH	90 individuals	400 individuals	750 individuals	Eapan George, Program Manager: Catholic Charities

	Local Action Steps				Lead Person
	Clark County provided Clark County Housing Authority with \$1.5 million in HOME TBRA to increase the community's capacity for transitional housing by 70 households; these 70 households will be served by future Section 8 vouchers once the two year HOME funding is exhausted	70 individuals	70 individuals	70 individuals	Diane Shapiro, Program Director: Clark County Housing Authority
	HELP @ Owens will add 75 new permanent housing units to primarily serve residents in HELP LV's TH program	75 individuals	112 individuals	168 individuals	Beverly Johnson, Director: HELP LV: HELP @ Owens
	WDC receives Clark County funding to provide intensive case management to 15 of the 70 TBRA clients, to ensure they move to permanent housing. \$30,000/yr	15 individuals	75 individuals	150 individuals	Bridget Claridy, Program Director: Women's Development Center
	WDC SAFAH-Link assists disabled individuals and families exiting TH programs and moving into permanent housing – approx. 50 year	50 individuals	250 individuals	500 individuals	Bridget Claridy, Program Director: Women's Development Center
4. Increase percentage of homeless persons becoming employed by 11%.	Increase the number of job fairs targeting the unemployed homeless.	3 job fairs	20 job fairs	40 job fairs	Will Lockhart: Nevada Job Connect
	Increase Salvation Army's Vocational Training facility to from 40 to 160 beds for homeless persons learning a job skill.	120 beds	160 beds	160 beds	Sue Markham Director, Vocational Training Dept.
5. Ensure that the CoC has a functional HMIS system.	The SNRPC-COH will continue to fund the implementation of the HMIS system, therefore, enabling providers to install and implement the HMIS system for their projects.	100% CoC projects	100% CoC projects	100% CoC projects	Shannon West: Regional Homeless Coordinator
	Provide contract oversight for the technical assistance offered to providers on-site as well as in group trainings.	100%	100%	100%	Shannon West: Regional Homeless Coordinator

CoC-N

O: CoC Discharge Planning Policy Chart

Publicly Funded Institution(s) or System(s) of Care in CoC Geographic Area	Initial Discussion	Protocol in Development	Formal Protocol Finalized*	Formal Protocol Implemented*
Foster Care	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Health Care	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Mental Health	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Corrections	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>Foster Care: All foster youth who are in care have to be terminated from Wardship from the court. While in foster care each youth from the age of 15 ½ to exit from the system has a case worker that guides the youth in a transitional plan into adulthood. It is unusual for the court to terminate Wardship of a youth that is homeless. There are instances where the youth turns 18 and refuses further services from the Foster Care system or they may runaway and not able to be located. In these cases, the Wardship is terminated.</p>				
<p>Health Care: N/A</p>				
<p>Mental Health: Clients admitted to the mental health in-patient system are assigned a Social Worker to facilitate discharge to a safe environment. The Social Worker ensures that the client has valid ID. If the client does not, the Social Worker assists the client in obtaining one. The Social Worker also meets with family and works with client to develop a comprehensive discharge plan that includes follow-up care through mental health and any medical facility necessary for clients' ongoing medical needs. The Social Worker facilitates reconciliation with family members whenever possible. If necessary, travel arrangements are made along with secured lodging when the client arrives at their destination.</p>				
<p>Corrections: The Southern Nevada Workforce Investment Board Subcommittee on Reentry is working to formalize and discharge planning policy.</p>				

CoC-O

P: CoC Coordination Chart

Consolidated Plan Coordination	YES	NO
a. Do Con Plan planners, authors and other Con Plan stakeholders participate in CoC general planning meetings?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Do CoC members participate in Con Plan planning meetings, focus groups, or public forums?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Were CoC strategic plan goals addressing homelessness and chronic homelessness used in the development of the Con Plan?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Jurisdictional 10-year Plan Coordination		
a. Are there separate formal jurisdictional 10-year Plan(s) being developed and/or being implemented within your CoC geography? (If No, you may skip to the next section of this chart.)	<input 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).	1	
Policy Academy* Coordination	YES	NO
a. Do CoC members participate in State Policy Academy meetings, focus groups, public forums, or listservs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Were CoC strategic plan goals adopted by the CoC as a result of communication/coordination with the State Policy Academy Team?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Has the CoC or any of its projects received state funding as a result of its coordination with the State Policy Academy?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Public Housing Agency Coordination		
a. Do CoC members meet with CoC area PHAs to improve coordination with and access to mainstream housing resources?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Coordination with State Education Agencies		
a. Did the CoC provide the state education agency with a list of emergency and transitional housing facilities located within the CoC boundaries that serve families with school-age children or school-age unaccompanied youth under the age of 18?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

CoC-P

CoC 2006 Funding Priorities

Q: CoC Project Priorities Chart

HUD-defined CoC Name:*Las Vegas/Clark County CoC						CoC #:NV500			
(1) SF-424 Applicant Name (Please Remove Examples)	(2) Project Sponsor Name	(3) Project Name	(4) Priority	(5) Requested Project Amount ***	(6) Term	(7) Program and Component Type**			
						SHP New	SHP Renewal	S+C New	SRO New
HELP of Southern Nevada	HELP of Southern Nevada	HELP them HOME	1	\$1,016,231	3	X			
Caminar	Caminar	Caminar I- individuals	2	\$611,520	5			X	
Caminar	Caminar	Caminar II-families	3	\$484,680	5			X	
HELP Las Vegas	HELP Las Vegas	Bonanza View	4	\$585,693	3		X		
Nevada Partnership for Homeless Youth	Nevada Partnership for Homeless Youth		5	\$665,563	3	X			
Henderson Allied Community Advocates	Henderson Allied Community Advocates		6	\$315,986	3	X			
Safe Nest	Safe Nest	TADC	7	\$113,851	1		X		
Women's Development Center	Women's Development Center	Transitional Housing	8	\$249,921	3		X		
Women's Development Center	Women's Development Center	SAFAH link	9	\$357,858	3		X		
Catholic Charities	St. Vincent HELP		10	\$101,509	2	X			
Salvation Army	Salvation Army	Safe Haven	11	\$323,451	1		X		
(8) Subtotal: Requested Amount for CoC Competitive Projects:***				\$4,826,263					
(9) Shelter Plus Care Renewals:****					S+C Component Type**				
Southern Nevada Adult Mental Health Services		HUD I	12	\$725,316	1	TRA			
Southern Nevada Adult Mental Health Services		HUD II	13	\$149,412	1	TRA			
(10) Subtotal: Requested Amount for S+C Renewal Projects:				\$874,728					
(11) Total CoC Requested Amount:				\$5,700,991					

CoC-Q

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
Las Vegas/Clark County CoC	\$7,735,911

CoC-S

T: CoC Current Funding and Renewal Projections

Supportive Housing Program (SHP) Projects:						
Type of Housing	All SHP Funds Requested (Current Year)	Renewal Projections				
	2006	2007	2008	2009	2010	
Transitional Housing (TH)	\$1,817,162	\$1,087,001	\$2,834,860	\$1,817,162	\$1,087,001	
Safe Havens-TH	\$323,451	\$999,753	\$0	\$0	\$999,753	
Permanent Housing (PH)	\$1,016,230	\$266,616	\$887,342	\$1,282,846	\$0	
Safe Havens-PH	\$0	\$0	\$0	\$0	\$0	
SSO	\$573,218	\$0	\$101,509	\$357,858	\$101,509	
HMIS	\$0	\$0	\$0	\$0	\$0	
Totals	\$3,730,061	\$1,677,068	\$3,823,711	\$3,457,866	\$2,188,266	

Shelter Plus Care (S+C) Projects:											
Number of Bedrooms	All S+C Funds Requested (Current Year)		Renewal Projections								
	2006		2007		2008		2009		2010		
	Units	\$	Units	\$	Units	\$	Units	\$	Units	\$	
0	15	\$111,960	15	\$111,960	15	\$111,960	15	\$111,960	15	\$111,960	
1	77	\$1,301,664	59	\$515,424	59	\$515,424	59	\$515,424	59	\$515,424	
2	23	\$485,604	17	\$175,644	17	\$175,644	17	\$175,644	17	\$175,644	
3	5	\$71,700	5	\$71,700	5	\$71,700	5	\$71,700	5	\$71,700	
4	0	\$0	0	\$0	0	\$0	0	\$0	0	\$0	
5	0	\$0	0	\$0	0	\$0	0	\$0	0	\$0	
Totals	120	\$1,970,928	96	\$874,728	96	\$874,728	96	\$874,728	96	\$874,728	

Part IV: CoC Performance

U: CoC Achievements Chart

Goals	Action Steps	Measurable Achievements
Chronic Homelessness Goals		
1. Enhance and promote access to basic needs and services.	Implement a model "Health and Safety Intervention" protocol for addressing homeless encampments	Developed protocol and assessment tools to be utilized as a guide for the multi-agency response to encampments. Has been used in 14 interventions since 1/06.
	Continue supporting basic-needs programs and services for the unsheltered	Implemented OUTREACH program, providing 24-hour street-based outreach with distribution of basic needs goods to youth and adults. 64% of Clark County's Federal Funds for Homeless Services are used to continue street outreach, emergency shelter, and distribution of food and hygiene products.
	Continue availability of 24-hour restroom facilities for unsheltered homeless.	Catholic Charities provides restroom facilities for the unsheltered homeless through Clark County General funds. 4/06
	Develop a mechanism for personal belongings storage.	Implemented a pilot project for Homeless case management that includes storage space. 11/05 Catholic Charities has resumed renting lockers for unsheltered individuals 1/06
	Develop a system to replace lost or stolen identification.	DMV has provided social service agencies a form to complete that will provide a replacement NV ID if the agency identified the client as homeless. 7/05
2. Increase access to substance abuse treatment and programs	Develop seamless services between treatment programs and housing.	WestCare Community Triage Center added a housing specialist to their staff. 7/05

Goals	Action Steps	Measurable Achievements
	Develop a system of coordination of discharge planning and follow-up care between medical/social detox programs and alternative housing providers.	The Interagency Council on Homelessness has been formed to address discharge planning throughout the state. 4/06
	Develop and implement a Chronic Inebriate Program. (e.g., a Wet House Center)	City of Las Vegas implemented the Chronic Inebriate program that offers access to drug/alcohol treatment, aftercare support services and reentry planning and an alternative to incarceration. To date, 5 have been placed in treatment.
	Provide modified detox and substance abuse treatment.	WestCare Community Triage Center renewed their funding. 5/06
3. Increase access to medical dental and vision services	Provide vision services to the homeless, including glasses and medication as needed.	<p>Continuing services to homeless youth, established by Nevada Partnership for Homeless Youth</p> <p>The OUTREACH Team includes Mojave Mental Health who provides Mental Health medications. 11/05</p> <p>Any OUTREACH clients in need of medical care are taken to Nevada Health Center's Health Care for the Homeless program. 11/05</p> <p>The Lyons club provides eye exams and 200 eyeglasses for the homeless at the Veterans StandDown 5/06.</p>
	Provide major and preventative dental services to the homeless.	Continuing services to homeless youth, established by Nevada Partnership for Homeless Youth.
	Provide emergency dental care (tooth pulling, minor surgery).	Southern Nevada Homeless Coalition facilitated Miles for Smiles to participate in the annual Homeless Standdown. 11/05

Goals	Action Steps	Measurable Achievements
4. Provide street-based education and outreach, including drug/alcohol treatment counseling, and provision of I&R especially for non-service using males.	Develop and sustain programs that expand outreach activities to include service resistant, chronically homeless individuals.	<p>Southern Nevada Adult Mental Health Services continues their PACT Teams with the approval of their state budget. 8/05</p> <p>COACH is a county Homeless Outreach team that works extensively to reach service-resistant chronically homeless. They enrolled 176 chronically homeless clients into services in the past 12 months.</p> <p>OUTREACH is a 7 agency multi-disciplinary partnership for street outreach to the chronically homeless service-resistant. 11/05</p>
	Continue the multi-disciplinary PACT Team, which includes a BADA-certified drug counselor.	Southern Nevada Adult Mental Health Services continues their PACT Teams with the approval of their state budget. 8/05
	Improve coordination between faith-based groups and providers so they can better serve the chronically homeless.	Community Outreach Development conducted an inter-faith Symposium on the Homeless in Clark County. 10/05
5. Develop "Housing First" units for the chronically homeless	Re-tool the existing housing continuum and adopt a client-centers "Housing First" approach for all homeless individuals.	The Nevada State Legislature provided Funds through AB580 that is partially being utilized to fund a Pilot project using "Housing First" as the model to be implemented on an on-going basis. 11/05
	Increase housing and services with preference to homeless veterans	<p>US Vets awarded renewal funding 12/05 from HUD CoC to expand permanent housing from 5 to 10 units.</p> <p>US Vets awarded renewal funding for 118 SHP transitional housing units.</p>

Goals	Action Steps	Measurable Achievements
	Place 1,000 chronically homeless persons into housing with wrap-around services by 2012.	<p>In its first six months, the AB580 Pilot Project (OUTREACH) has placed 90 chronically homeless clients into housing with wrap-around services. Start date 11/05</p> <p>So. Nevada Adult Mental Health Services began utilizing the 70 HOME TBRA vouchers for the chronically homeless mentally ill individuals; 12/05</p>
	Construct or rehabilitate transitional and permanent housing for those homeless with physical, mental and other disabilities.	<p>EOB rehabilitated 8 Affordable Housing Units in North Las Vegas. FY 2005-2006.</p> <p>Caminar began rehabilitation on its 16-unit Group Home, providing Transitional and Permanent Housing for persons with HIV/AIDS</p>
6. Prevent Future chronic homelessness by supporting services for homeless youth (runaways and throwaways)	Increase street outreach to the homeless youth.	<p>Nevada Partnership for Homeless Youth: has secured a van and 2 Case Managers to provide 24 hours/day street outreach (7/05); have added 12 new "Safe Place" locations since 5/05 and have the outreach van at area "at risk" high schools. These outreach programs have served 944 unduplicated homeless youth.</p> <p>The OUTREACH team, a 7-agency multi-disciplinary partnership for street outreach includes 2 homeless youth providers. Implemented 11/05</p> <p>Center for Independent Living provides street outreach to homeless youth and goes to the high schools to assess school identified teens for assistance.</p>

Goals	Action Steps	Measurable Achievements
	Increase long-term emergency shelter and supportive services to homeless youth.	Center for Independent Living and Nevada Partnership for Homeless Youth are both part of the OUTREACH team developed in 11/05 and each receive Clark County General Funds and CDBG funds for operations.
	Develop 40 more supported housing units for runaway/throwaway homeless youth.	Nevada Partnership for Homeless Youth increased their supported housing units by 9 beds in FY 05-06. To date, they have served 29 youth in those beds with 24 moving to self-sufficiency or remaining stable in the program. Center for Independent Living was awarded CoC funds in 12/05 for 14 new apartments and social services to serve homeless teens.
	Facilitate partnerships between outreach groups and housing providers.	The OUTREACH team, made up of 7 service providers facilitates the expanded use of housing facilities in conjunction with outreach services.
Other Homelessness Goals		
1. Develop Client-centered services	Secure funding for two professional case workers for residents of St. Vincent-HELP Apartments	St. Vincent-HELP Apartments added 2 case workers that are funded through the 2005 CoC allocations.
	Expand, create and promote partnerships to provide seamless client services	This was accomplished in 11/05 through the development of the OUTREACH team made up of seven different community providers. The Annual Homeless StandDown provides a venue for multiple partnerships and collaboration among agencies and services. 57 agencies participated 11/05
	Fully implement HMIS and have 50% of the provider agencies using the product for case management.	70% of the CoC-funded providers actively use the HMIS system for case management as of 5/06.

Goals	Action Steps	Measurable Achievements
	Utilize “No Wrong Door” concepts in providing intensive case management services.	<p>Mainstream Programs Basic Trainings held monthly educate front-line case workers how to assist their clients in entering into any system throughout the community.</p> <p>EVOLVE—addresses social, economic, vocational and employment needs to ex-offenders, they expanded their services to include other “hard-to-employ” individuals. 12/05</p> <p>SOAR (SSI/SSDI Outreach, Advocacy and Recovery) initiative was implemented 01/06.</p> <p>Dr. James O’Connell provided a local training to medical providers addressing strategies for documenting medical disabilities and how to assist the clients with SSI/SSD claims. 10/05</p>
	Provide crisis intervention, needs assessments, I&R, and other supportive services during non-traditional hours/days.	<p>Created a Mobile Crisis Intervention Team with crisis protocols. 11/05</p> <p>HELP of Southern Nevada has spearheaded a 2-1-1 system for information and referral to social services.</p> <p>Nevada Partnership for Homeless Youth instituted a Mobile Crisis team for Homeless Youth in 11/05, to date they have placed in housing 18 youth and assisted 438 homeless youth with support services.</p>
	Implement neighborhood-based intervention and prevention services to prevent homelessness.	Clark County Social Service sub-contracts Welfare Set-aside funds to community based non-profits for homeless prevention. 8/05

Goals	Action Steps	Measurable Achievements
		<p>The City of Las Vegas redirected its Homeless Shelter Funds to assist with rent and utility deposits in order to prevent homelessness in 5/05</p> <p>City of Las Vegas' EVOLVE program assisted 164 individuals with employment plans and 150 job placements+ for persons being discharged from jails and prisons. FY 05/06.</p>
	<p>Continue funding for the SAFAH-Link program of WDC which assists families and disabled individuals to leave shelters and move into permanent housing.</p>	<p>The CoCTAB supports the WDC's current application for the 2006 CoC competition.</p>
<p>2. Increase and expand scope of Employment programs.</p>	<p>Ensure access to training, placement retention mentoring, transportation, voice-mail system, and access to ID's for homeless individuals.</p>	<p>Nevada DMV implemented replacement ID program for homeless individuals. 7/05</p> <p>NV Partnership for Homeless Youth makes personal voice mail boxes available to its clients. 7/05</p> <p>Catholic Charities Resident Work Program has expanded its staffing and also its service to include a job retention component. 1/06</p> <p>Nevada Partners provides specific training, placement and retention services for union hotels to any unemployed individual.</p> <p>City of Las Vegas' EVOLVE program assisted 164 individuals with employment plans for persons being discharged from jails and prisons. They also provided 159 bus passes, 15 went to training, and 150 individuals were placed in employment. FY 05/06.</p>

Goals	Action Steps	Measurable Achievements
	Utilize programs that provide vocational training and certifications for higher-paying jobs.	Nevada Partners has employment training programs for culinary, housekeeping and other high-demand jobs in the hospitality industry.
	Foster skills services to ensure client job retention/advancement.	<p>Nevada Partners in partnership with Clark County Social Service has a GATE program that provides job readiness training and skills training where applicable.</p> <p>Workforce Investment Board supports several employment and training programs as well as case management to assist with employment retention.</p>
3. Prevent the homelessness of ex-offenders released with limited resources from jails and prisons.	Continue the Going Home Prepared program; serving 250 ex-offenders aged 14-35.	Going Home Prepared has served 320 violent and serious offenders over the 3 yrs of their grant with a 45% recidivism rate.
	Continue the EVOLVE program to provide employment opportunities for persons being discharged.	EVOLVE—addresses social, economic, vocational and employment needs to ex-offenders, they expanded their services to include other “hard-to-employ” individuals. 12/05. 675 services were provided thus far in fiscal year 05/06.
	Continue and expand Transitional Housing programs with supportive services for this population.	Casa Grande was opened 12/05. This is a minimum security re-entry facility that provides job development, life skills and substance abuse and mental health counseling as needed.
4. Increase access to mainstream services	Open the Fertitta Community Assistance Center, a co-location site for homeless assistance.	The Fertitta Community Assistance Center is open with a partial co-location of services
	Continue the Mainstream Programs Basic Training series for frontline case workers.	The Mainstream Programs Basic Training was held the 4 th Wednesday of every month through out the last year.

Goals	Action Steps	Measurable Achievements
	Increase access to the NV Fund for Energy Assistance administered through the Welfare Division.	Clark County requires proof of application for NFEA program for all households assisted with CDBG/ESG/Other funds for utility assistance
	Fully implement the <i>AccessHealth</i> pilot project providing a discounted health care referral network for the working uninsured.	<i>AccessHealth</i> pilot project is fully functional and is providing discounted health care for the working uninsured since 6/05.
5. Prevent homelessness by providing adequate rental assistance and supportive services.	Provide flexible payment and funding standards to assist households at-risk of becoming homeless.	<p>Two projects (HACA and Emergency Aid of Boulder City) provide up to three months rental assistance, creating supported housing in areas not served by traditional Transitional Housing programs. FY 05/06.</p> <p>Clark County Social Service subcontracts the Welfare Set-Aside funds to 3 community non-profits to assist with rental and/or utility assistance to prevent eviction or disconnection of services.</p>
	Raise education and awareness of early warning signs that lead to homelessness, and identify a network of available services.	Implemented a public awareness campaign, held a community input forum and began a printed media campaign. 4/06
	Promote valley-wide acquisitions, rehabilitation, or new construction of affordable housing units for at-risk households.	SNRPC Workforce Housing Subcommittee has finalized a report on housing needs and gaps, and has begun second stage of research to ascertain current inventory – and geographic distribution – of affordable housing. 3/06
6. Move homeless persons into housing and supportive services.	Sustain and increase transitional housing programs.	Nevada Partnership for Homeless Youth provided 9 additional beds for homeless youth and has served 29 youth in those beds with 24 moving into permanent housing or remaining successfully in the program. Since 5/05

Goals	Action Steps	Measurable Achievements
		The OUTREACH project is a "Housing First" project that provides housing for chronically homeless. Since 11/05 they have housed 109 individuals.
	Creatively use existing resources to offer transitional housing services without building new units.	Family Promise partners with churches, synagogues and mosques to house homeless families while waiting for permanent housing options. Served 116 individuals Since 7/05. Two projects (HACA and Emergency Aid of Boulder City) provide up to three months rental assistance, creating supported housing in areas not served by traditional Transitional Housing programs. FY 05/06.
7. Enhance intergovernmental and service provider coordination and cooperation.	Provide incentive points in funding competitions for projects that fully utilize HMIS	HMIS utilization was mandated in the local CoC competition. 3/06 Clark County CDBG and ESG grantors have mandated the use of HMIS for all grantees.
	Implement and fully utilize the HMIS system.	All CoC funded agencies are registered and trained to use the HMIS system. Clark County is requiring all CDBG and ESG subrecipients to utilize the HMIS system for future funding.
	Conduct a valley-wide assessment on Homeless Youth in Clark County, to include an estimation of the number of homeless youth (minors) and their needs.	Nevada Partnership for Homeless Youth conducted a valley-wide Homeless Youth Count on 11/15/05. Results to be released 6/06.
8. Develop stable and sustainable housing throughout the region.	Create a subcommittee of the SNRPC Board to consider mechanisms to encourage employer housing, affordable housing, and rehab.	The SNRPC developed the Workforce Housing Sub-Committee to address the needs of workforce housing in Southern Nevada. They conducted a Southern Nevada Workforce Housing Study. 11/05

Goals	Action Steps	Measurable Achievements
	Encourage the use of the BLM land discount made available through the Southern Nevada Public Lands Management Act of 1998.	The SNRPC regularly addresses the BLM land discount option at its quarterly meetings; and has tasked a Sub-Committee with further investigating processes and opportunities to take advantage of this Act.
	Develop and implement a process to secure BLM land- at no cost or low cost- in the disposal boundary area for the development of affordable housing units.	Clark County has designed three proposals utilizing identified BLM land and a developer in an attempt to establish a workable protocol to implement the development of affordable housing on these parcels
	Create a regional strategy to coordinate development and construction of valley-wide housing units to meet the needs of very low-income families and other special needs populations.	<p>SNRPC-Workforce Housing Sub-Committee conducted a Southern Nevada Workforce Housing Study. 11/05</p> <p>The Consortium meets bi-monthly to coordinate regional housing projects and determine how to best meet the needs of the very low-income.</p>

CoC-U

*During the 2005 de-brief we were instructed that the action steps in the 2005 application were not appropriately stated as such, therefore, the action steps have been reworded to reflect accurate action steps for our CoC.

V: CoC Chronic Homeless (CH) Progress Chart

Year	(1) Number of CH Persons	(2) Number of PH beds for the CH	(3) New PH beds for the CH between Feb. 1, 2005 – Jan. 31, 2006	(4) Identify the cost of the <u>new</u> CH beds from each funding source			
				Public			Private
				Federal	State	Local	
2004	<i>Example:</i> 90	45					
2005	<i>Example:</i> 82	50					
2006	<i>Example:</i> 75	60	10	\$15,480	\$31,420	\$40,350	\$12,750
2004	1607	139					
2005	1979	214					
2006	1979	214	0	\$0	\$0	\$0	\$0
(5) Briefly describe the reason(s) for any changes in the total number of the chronically homeless between 2005 and 2006 (use less than one-half page).							
We did not conduct a homeless street count in 2006, therefore, we are still operating off the last homeless street count from 2005.							

CoC-V

W: CoC Housing Performance Chart

1. Participants in Permanent Housing		
HUD will be assessing the percentage of all participants who remain in S+C or SHP permanent housing (PH) for more than six months. SHP projects include both SHP-PH and SHP-Safe Haven PH renewals. Complete the following chart utilizing data based on the <u>preceding operating year</u> from APR Question 12(a) and 12(b) for PH projects included on your CoC Priority Chart:		
<input type="checkbox"/>	No applicable PH renewals are on the CoC Project Priorities Chart	APR Data
<input checked="" type="checkbox"/>	All 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)	24
b.	Number of participants who did not leave the project(s)—APR Question 12(b)	136
c.	Number who exited after staying 7 months or longer in PH—APR Question 12(a)	13
d.	Number who did not leave after staying 7 months or longer in PH—APR question 12(b)	128
e.	Percentage of all participants in PH projects staying 7 months or longer (c. + d. divided by a. + b. multiplied by 100 = e.)	88%
2. Participants in Transitional Housing (TH)		
HUD will be assessing the percentage of all TH clients who moved to a permanent housing situation. TH projects include SHP-TH and SHP-Safe Haven/TH <i>not</i> identified as permanent housing. Complete the following chart utilizing data based on the <u>preceding operating year</u> from APR Question 14 for TH renewal projects included on your CoC Priorities Chart.		
<input type="checkbox"/>	No applicable TH renewals are on the CoC Project Priorities Chart	APR Data
<input checked="" type="checkbox"/>	All 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	479
b.	Number of participants who moved to PH	266
c.	Percent of participants in TH projects who moved to PH (b. divided by a. multiplied by 100 = c.)	55%

CoC-W

X: Mainstream Programs and Employment Project Performance Chart

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

(1) Number of Adults Who Left (Use same number in each cell)	(2) Income Source	(3) Number of Exiting Adults with Each Source of Income	(4) Percent with Income at Exit (Col 3 ÷ Col 1 x 100)
547	a. SSI	53	9.69%
547	b. SSDI	27	4.94%
547	c. Social Security	20	3.66%
547	d. General Public Assistance	3	.55%
547	e. TANF	55	10.05%
547	f. SCHIP	0	0%
547	g. Veterans Benefits	27	4.94%
547	h. Employment Income	160	29.25%
547	i. Unemployment Benefits	3	.55%
547	j. Veterans Health Care	2	.37%
547	k. Medicaid	62	11.33%
547	l. Food Stamps	159	29.07%
547	m. Other (please specify)	11	2.01%
547	n. No Financial Resources	160	29.25%

CoC-X

Y: Enrollment and Participation in Mainstream Programs Chart

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

CoC-Y

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

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

Project Number	Applicant Name	Project Name	Grant Amount
NV01B400001	Westcare	Women and Children	\$750,000
NV01B400005	US Vets	Meadows Chronically Homeless	\$484,571
Total:			1,234,571

CoC-Z

AA: CoC Participation in Energy Star Chart

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

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

Percentage of CoC projects on CoC Priority Chart using Energy Star appliances: 46 %

CoC-AA

AB: Section 3 Employment Policy Chart

	YES	NO
1. Is any project in your CoC requesting HUD funds for housing rehabilitation or new construction?	<input 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 checked="" type="checkbox"/>
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: <ul style="list-style-type: none"> <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. <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. <input type="checkbox"/> The project will notify any area Youthbuild programs of job opportunities. <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. 		

CoC-AB