

Part I: CoC Organizational Structure

HUD-Defined CoC Name:*	CoC Number*
Nashua/Hillsborough County CoC	NH 502
*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: Greater Nashua COC Executive Committee		
CoC Contact Person: Lori Wilshire, Chair, Greater Nashua Continuum of Care		
Contact Person's Organization Name: Nashua Children's Home		
Street Address: 125 Amherst Street		
City: Nashua	State: NH	Zip: 03064
Phone Number: (603) 883-3851	Fax Number: (603) 883-5925	
Email Address: lori@nashuachildrenshome.org		

B: CoC Geography Chart

Geographic Area Name	6-digit Code
Nashua, City of	331026
½ of Hillsborough County, as shown below. See attached MOA.	339011
Amherst, Town of	339011
Brookline, Town of	339011
Hollis, Town of	339011
Hudson, Town of	339011
Litchfield, Town of	339011
Mason, Town of	339011
Merrimack, Town of	339011

Geographic Area Name	6-digit Code
½ of Hillsborough County, (continuation) as shown below.	339011
Milford, Town of	339011
Mont Vernon, Town of	339011

CoC Structure and Decision-Making Processes

C: CoC Groups and Meetings Chart

CoC Planning Groups		Meeting Frequency (check only one column)				Enter the number of organizations/entities that are members of each CoC planning group listed on this chart.
		Monthly or More	Quarterly	Biannually	Annually	
COC Primary Decision-Making Group (list only one group)						
Name:	Greater Nashua Continuum of Care	X				47
Role:	Determines policies and project priorities; addresses housing and other issues impacting homeless/chronic homeless population.					
Other CoC Committees, Sub-Committees, Workgroups, etc.						
Name:	GNCOC Executive Committee	X				14
Role:	Develops strategies to eradicate homelessness/chronic homelessness aligning with 10-year plan, City and State Consolidated Plans; plans meetings; makes recommendations to entire GNCOC voting body.					
Name:	Ending Homelessness Committee	X				14
Role:	Oversees updates and implementation of the 10-year plan to end homelessness; engages the community to increase awareness and coordinate collaborative efforts to meet these goals.					
Name:	GAPS Committee		X			6
Role:	Conducts annual and quarterly point-in-time homeless census; identifies gaps; determines strategy effectiveness and future needs.					
Name:	Prevention Strategy Committee		X			3
Role:	Reviews implementation of the 10-year plan with primary focus on homelessness prevention.					
Name:	Revolving Loan Fund Advisory Committee	X				6
Role:	Developed and now implements loan fund for emergency mortgage and rental assistance.					
Name:	Legislative Affairs Committee		X			10
Role:	Monitors public policy under consideration; updates GNCOC on pertinent legislation pending; acts as liaison to inform legislature of issues pertaining to mission of GNCOC.					
Name:	HMIS Advisory Council (Statewide Committee)	X				3
Role:	Oversees statewide HMIS implementation and deployment. Members from the state's three CoC's address user or agency specific concerns about the system or its use in the field.					
Name:	Governor's Interagency Council on Homelessness (ICH)	X				2
Role:	Drafted and implementing State of New Hampshire's 10-year plan to end homelessness.					
Name:	Super NOFA Committee		X			8
Role:	Coordinates efforts in completing Exhibit I of the annual submission to HUD's Homeless Assistance Program.					
Name:	Discharge Planning Committee – State		X			24
Role:	Developed and now implements discharge plan for those citizens leaving institutions and systems of care who are at risk of being homeless.					
Name:	Rapid Re-Housing Committee		X			5
Role:	Oversees implementation of the re-housing strategy component of the 10-year plan.					

CoC Planning Groups		Meeting Frequency (check only one column)				Enter the number of organizations/entities that are members of each CoC planning group listed on this chart.
		Monthly or More	Quarterly	Biannually	Annually	
Name:	Community Relations Committee		X			6
Role:	Serves as public awareness/public relations arm of GNCOC; has contact with local and regional news media; makes presentations to general public as necessary.					
Name:	Balance of State Continuum of Care	X				2
Role:	Representative attends their general meetings, shares information from GNCOC and reports back to GNCOC on areas for collaboration.					
Name:	Manchester Continuum of Care		X			2
Role:	Representative attends their general meetings and reports back to GNCOC on areas for collaboration. GNCOC past chair assisted in preparation of Manchester's 10-year plan.					
Name:	Healthcare for the Homeless Committee			X		5
Role:	Developed service delivery plan for healthcare needs of the homeless. Now responsible for evaluating impact on providers and accessing available resources.					
Name:	Homeless Providers Wraparound Services Committee	X				8
Role:	Reviews individual homeless/chronically homeless cases to identify need, develop a plan, and then connect the person with services.					
Name:	Winter Shelter Beds Planning Committee		X			5
Role:	Meets to discuss shelter capacity and planning for winter overflow.					
Name:	NH Coalition to End Homelessness	X				4
Role:	Works to eliminate the causes of homelessness through advocacy, education, and community organizing.					
Name:	Project Homeless Connect				X	11
Role:	Plans and executes a day of sharing information on agencies' resources to the homeless/chronically homeless population and the general public.					
Name:	State-wide PIT (Point-in-Time) Committee	X				4
Role:	Insures a consistent, broad point-in-time count of chronically homeless individuals and homeless individuals/families throughout the State of New Hampshire.					

CoC-C

D: CoC Planning Process Organizations Chart

	Specific Names of All CoC Organizations	Geographic Area Represented	Subpopulations Represented, if any*	
PUBLIC SECTOR	STATE GOVERNMENT AGENCIES			
	Community Service Council of New Hampshire	STATE OF NH		
	NH Division of Behavioral Health Services/Office of Homelessness, Housing & Transportation Services	STATE OF NH		
	NH Department of Health & Human Services Division of Family Assistance	STATE OF NH		
	US Department of Housing and Urban Development	STATE OF NH		
	VA Medical Center	STATE OF NH	VET	
	NH Office of Alcohol and Drug Policy	STATE OF NH	SA	
	LOCAL GOVERNMENT AGENCIES			
	City of Nashua Mayor's Office	331026		
	City of Nashua Board of Aldermen	331026		
	City of Nashua Urban Programs Department	331026		
	City of Nashua/Community Development Division	331026		
	Nashua Department of Public Health	331026		
	Nashua Transit Authority	331026, 339011		
	Nashua Welfare Department	331026		
	Town of Amherst	339011		
	Town of Brookline	339011		
	Town of Hollis	339011		
	Town of Hudson	339011		
	Town of Litchfield	339011		
	Town of Mason	339011		
	Town of Merrimack	339011		
	Town of Milford	339011		
	Town of Mont Vernon	339011		
	PUBLIC HOUSING AGENCIES			
	Nashua Housing Authority	331026		
	New Hampshire Housing	STATE OF NH		
	SCHOOL SYSTEMS / UNIVERSITIES			
	Amherst School District	339011	Y	
	Brookline School District	339011	Y	
	Hollis School District	339011	Y	
	Hudson School District	339011	Y	
	Litchfield School District	339011	Y	
	Mason School District	339011	Y	
	Merrimack School District	339011	Y	
	Milford School District	339011	Y	

	Specific Names of All CoC Organizations	Geographic Area Represented	Subpopulations Represented, if any*	
	Mont Vernon School District	339011	Y	
	Nashua School District	331026	Y	
	Southern NH University	331026, 339011		
	Daniel Webster College	331026, 339011		
	Rivier College	331026, 339011		
	St. Anselm College	331026, 339011		
	NH Community Technical College	331026, 339011		
	LAW ENFORCEMENT / CORRECTIONS			
	Amherst Police Department	339011		
	Brookline Police Department	339011		
	Hollis Police Department	339011		
	Hudson Police Department	339011		
	Litchfield Police Department	339011		
	Mason Police Department	339011		
	Merrimack Police Department	339011		
	Milford Police Department	339011		
	Mont Vernon Police Department	339011		
	Nashua Police Department	331026		
	LOCAL WORKFORCE INVESTMENT ACT (WIA) BOARDS			
	DHHS-Division of Family Assistance	STATE OF NH		
	New Hampshire Employment Security	STATE OF NH		
	Workforce Opportunity Council	STATE OF NH		
	OTHER—ELECTED OFFICIALS			
	Office of Senator Judd Gregg	STATE OF NH		
	Office of Senator John Sununu	STATE OF NH		
	Office of Congressman Paul Hodes	STATE OF NH		
	Office of Congresswoman Carol Shea-Porter	STATE OF NH		
	Office of the Governor John Lynch	STATE OF NH		
	State Legislative Member Joan Schulze	STATE OF NH 331026		
	State Legislative Member David Smith	STATE OF NH 331026		
	State Legislative Member Cynthia Rosenwald	STATE OF NH 331026		
	Executive Councilor Debora Pignatelli	STATE OF NH		
PRIVATE SECTOR	NON-PROFIT ORGANIZATIONS			
	Area Agency for Developmental Services of Greater Nashua	331026, 339011		
	Bridges – Domestic & Sexual Assault Support	331026, 339011	DV	
	Community Council of Nashua, Inc.	331026, 339011	SMI	Y

Specific Names of All CoC Organizations	Geographic Area Represented	Subpopulations Represented, if any*	
Greater Nashua Council on Alcoholism, Inc./Keystone Hall	331026, 339011	SA	DV
Greater Nashua Habitat for Humanity	331026, 339011		
Harbor Homes, Inc.	331026, 339011	SMI	VET
Healthy At Home, Inc.	331026, 339011	SMI	SA
American Red Cross	331026, 339011		
NH Legal Assistance	331026, 339011		
Nashua Pastoral Care Center	331026, 339011	DV	SA
MP Housing, Inc.	331026	DV	SA
Milford Regional Counseling Services, Inc.	331026, 339011	Y	DV
Nashua Children's Home	331026, 339011	Y	
Nashua Soup Kitchen & Shelter, Inc.	331026, 339011	SA	VET
Neighborhood Housing Services of Greater Nashua	331026, 339011		
Southern NH HIV/AIDS Task Force	331026, 339011	HIV	
Southern NH Services, Inc.	331026, 339011		
Youth Council	331026, 339011	Y	
FAITH-BASED ORGANIZATIONS			
Corpus Christi Food Pantry	331026, 339011		
Greater Nashua Interfaith Hospitality Network, Inc.	331026, 339011		
Marguerite's Place, Inc.	331026, 339011	SA	DV
SHARE (food cooperative)	331026, 339011		
St. John Neumann Outreach	331026, 339011		
Salvation Army	331026, 339011		
Southern New Hampshire Rescue Mission	331026, 339011		
St. Joseph Hospital	331026, 339011		
FUNDERS / ADVOCACY GROUPS			
United Way of Greater Nashua	331026, 339011		
Manchester Diocese (Bishop's Fund)	STATE OF NH		
Community Development Finance Authority	STATE OF NH		
NH Community Loan Fund	STATE OF NH		
NAMI NH Nashua Affiliate	331026, 339011	SMI	
BUSINESSES (BANKS, DEVELOPERS, BUSINESS ASSOCIATIONS, ETC.)			
Merrimack County Savings Bank	331026, 339011		
Citizens Bank	STATE OF NH		
HOSPITALS / MEDICAL REPRESENTATIVES			
Southern New Hampshire Medical Center	331026, 339011		
St. Joseph Hospital	331026, 339011		
Nashua Area Health Center	331026, 339011		
HOMELESS/FORMERLY HOMELESS PERSONS			
Joe and Jean P	331026		
Nashua Advocacy Group	331026, 339011	SA	SMI

	Specific Names of All CoC Organizations	Geographic Area Represented	Subpopulations Represented, if any*	
	"Connections" Members (peer support resource center)	331026, 339011	SMI	SA
	OTHER			
	Alphonse Haettenschwiller, citizen	331026		
	Bryron Stepner, citizen	331026	HIV	

***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 Structure Chart

<p>1. Is the CoC's primary decision-making body a legally recognized organization (check one)?</p> <p><input type="checkbox"/> Yes, a 501(c)(3)</p> <p><input type="checkbox"/> Yes, a 501(c)(4)</p> <p><input type="checkbox"/> Yes, other – specify: _____</p> <p><input checked="" type="checkbox"/> No, not legally recognized</p>	
<p>2. If your CoC were provided with additional administrative funds from HUD, would the primary decision-making body, or an agent designated by it (e.g. a city or non-profit organization), be able to be responsible for activities such as applying for HUD funding and serving as the grantee, providing project oversight, and monitoring? Explain.</p> <p>Yes, if provided with additional administrative funds from HUD, the Greater Nashua COC (GNCOC) would be able to hire the staff necessary to ensure a competitive application for HUD funding as well as provide comprehensive project oversight and monitoring. The GNCOC member agencies would be able to provide technical assistance during the transition to COC administration of HUD funding.</p>	
<p>3. What percentage of the decision-making body membership represents the private sector, including non-profit providers, homeless or formerly homeless persons, advocates and consumer interests, etc.?</p>	<p><u>84%</u></p>
<p>4a. Indicate how the members of the primary decision-making body are selected (check all that apply):</p> <p><input type="checkbox"/> Elected <input checked="" type="checkbox"/> Assigned/Volunteer</p> <p><input type="checkbox"/> Appointed <input type="checkbox"/> Other – specify: _____</p>	
<p>4b. Briefly explain the selection process. (For example, if 5 members are appointed and 6 are elected, explain why this process was established and describe how it works.)</p> <p>Any individual or organization operating or representing an interest within the service area and that subscribes to the purposes and basic policies of the GNCOC and whose participation will contribute to the GNCOC's ability to carry out its purposes may become a member.</p>	
<p>5. Indicate how the leaders of the primary decision-making body are selected (check all that apply):</p> <p><input checked="" type="checkbox"/> Elected <input type="checkbox"/> Assigned/Volunteer</p> <p><input type="checkbox"/> Appointed <input type="checkbox"/> Other – specify: _____</p>	

F: CoC Project Review and Selection Chart

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

G: CoC Written Complaints Chart

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

Part II: CoC Housing and Service Needs

H: CoC Services Inventory Chart

(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
Adult Learning Center				X						X					X	X	X	
American Red Cross of Greater Nashua & Souhegan Valley		X		X											X			
Amherst Police Department								X										
Area Agency for Developmental Disabilities	X	X	X	X	X				X	X		X				X		X
Big Brothers Big Sisters				X					X	X							X	X
Boys & Girls Club				X					X	X					X		X	X
Bridges – Domestic & Sexual Assault Support		X	X	X	X				X	X		X						
Brookline Police Department								X										
Care Net				X								X		X				
Child & Family Services of New Hampshire				X					X	X					X			
CHINS Diversion Program/The Youth Council, Inc.				X						X					X			
City of Nashua Department of Public Health						X	X											
Community Council of Nashua, Inc.				X		X			X	X	X	X		X	X	X		X
Community Services Council of New Hampshire		X							X	X		X						X
Corpus Christi	X	X	X	X														
Girls, Inc.				X						X					X		X	
Greater Nashua Council on Alcoholism, Inc.				X					X	X	X	X		X	X	X		X
Greater Nashua Dental Connection												X						
Greater Nashua Interfaith Hospitality Network				X					X	X								X
Harbor Homes, Inc.				X		X			X	X	X	X				X		X

(1) Provider Organizations	(2) Prevention					(3) Outreach			(4) Supportive Services									
	Mortgage Assistance	Rental Assistance	Utilities Assistance	Counseling/Advocacy	Legal Assistance	Street Outreach	Mobile Clinic	Law Enforcement	Case Management	Life Skills	Alcohol & Drug Abuse	Mental Health Counseling	Healthcare	HIV/AIDS	Education	Employment	Child Care	Transportation
Hillsborough County Family Intervention Program				X											X			
Hollis Police Department								X										
Hudson Police Department								X										
Litchfield Police Department								X										
Marguerite's Place, Inc.				X	X				X	X					X	X	X	X
Mason Police Department								X										
Merrimack Police Department								X										
Milford Police Department								X										
Milford Regional Counseling Services, Inc.				X					X	X	X	X		X				
Milford SHARE	X	X	X	X														
Minority Health Coalition				X														
Mont Vernon Police Department								X										
MP Housing, Inc.		X	X	X	X				X	X					X	X	X	X
Municipal Welfare (<i>Amherst, Brookline, Hollis, Hudson, Litchfield, Mason, Merrimack, Milford, Mont Vernon, Nashua</i>)	X	X	X	X					X	X							X	X
Nashua Area Health Center				X								X	X	X				
Nashua Children's Home				X					X	X					X	X		
Nashua Housing Authority				X											X			
Nashua Pastoral Care Center		X	X	X					X	X	X	X			X	X		
Nashua Police Department				X	X	X		X										
Nashua Soup Kitchen & Shelter, Inc.		X	X	X		X			X	X	X				X	X		X
Neighborhood Housing Services				X					X	X					X			
New Hampshire Legal Assistance				X	X										X			
New Hampshire State Hospital				X					X			X						
New Hampshire Catholic Charities	X	X	X	X	X					X					X			X
New Hampshire Department of Health & Human Services (TANF, DCYF, FS, MEDICAID)		X	X	X					X	X		X			X	X	X	X
NH Employment Security				X											X	X		

(1) Provider Organizations	(2) Prevention					(3) Outreach			(4) Supportive Services									
	Mortgage Assistance	Rental Assistance	Utilities Assistance	Counseling/Advocacy	Legal Assistance	Street Outreach	Mobile Clinic	Law Enforcement	Case Management	Life Skills	Alcohol & Drug Abuse	Mental Health Counseling	Healthcare	HIV/AIDS	Education	Employment	Child Care	Transportation
Salvation Army	x	x	x	x														
School Systems (<i>Amherst, Brookline, Hollis, Hudson, Litchfield, Mason, Merrimack, Milford, Mont Vernon, Nashua</i>)				x					x					x		x	x	
Service Link				x														
Southern New Hampshire HIV/AIDS Task Force	x	x	x	x		x			x	x	x	x	x	x				x
Southern New Hampshire Medical Center				x					x		x	x	x					
Southern New Hampshire Rescue Mission				x		x												
Southern New Hampshire Services, Inc.	x	x	x	x		x			x	x			x		x	x	x	x
St. John Neumann Outreach	x	x	x	x														
St. Joseph's Hospital				x					x		x	x	x	x				
The Nashua Telegraph															x			
The Nashua Center for the Multi-Handicapped				x					x	x			x		x	x		x
The PLUS Company				x					x	x					x	x		x
The Upper Room Compassionate Ministries		x	x	x														
The Youth Council, Inc.				x					x	x	x	x		x	x			
Tolles Street Mission				x														
University of New Hampshire Co-operative Extension				x						x				x				
United Way of Greater Nashua				x														
Veteran's Administration				x					x	x	x	x	x	x	x	x		

CoC Housing Inventory and Unmet Needs

I: CoC Housing Inventory Charts

Emergency Shelter: Fundamental Components in CoC System – Housing Inventory Chart													
Provider Name	Facility Name* <small>*Place an asterisk after the facility name if it receives HUD McKinney-Vento dollars.</small>	HMIS Part. Code	Number of Year-Round Beds in HMIS		Geo Code <input type="checkbox"/>	Target Pop		Year-Round			Total Year-Round Beds	Other Beds	
						A	B	Fam. Units	Fam. Beds	Indiv. Beds		Seas- onal	O/V*
Current Inventory (Available for Occupancy on or before Jan. 31, 2006)			Ind.	Fam.									
Bridges	DV Shelter	DV	0	0	331026	FC	DV	5	12	0	12	0	0
Greater Nashua Interfaith Hospitality Network	Anne Marie House	N	0	0	339011	FC		6	24	0	24	0	0
Harbor Homes, Inc	Allds Street*	PA	2	0	331026	SMF		0	0	2	2	0	0
Harbor Homes, Inc	Maple Arms*	PA	16	8	331026	M		2	8	16	24	0	12
Greater Nashua Council on Alcoholism, Inc.	Keystone Hall*	PA	4	0	331026	SMF		0	0	4	4	0	0
Nashua Soup Kitchen and Shelter, Inc.	Ash Street Shelter	PA	15	5	331026	M		2	5	15	20	0	6
Nashua Soup Kitchen and Shelter, Inc.	Kinsley Street Shelter	PA	5	5	331026	FC		2	5	5	10	0	1
SUBTOTALS:			42	18	SUBTOTAL CURRENT INVENTORY:			18	54	42	96	0	19
New Inventory in Place in 2006 (Available for Occupancy Feb. 1, 2006 – Jan. 31, 2007)			Ind.	Fam.									
N/A			0	0				0	0	0	0	0	0

SUBTOTALS:		0	0	SUBTOTAL NEW INVENTORY:		0	0	0	0	0	0
Inventory Under Development (Available for Occupancy after January 31, 2007)		Anticipated Occupancy Date									
N/A											
SUBTOTAL INVENTORY UNDER DEVELOPMENT:						0	0	0	0	0	0
Unmet Need						UNMET NEED TOTALS:		0	0	0	0
Total Year-Round Beds—Individuals						Total Year-Round Beds—Families					
1. Total Year-Round Individual Emergency Shelter (ES) Beds:		42		6. Total Year-Round Family Emergency Shelter (ES) Beds:				54			
2. Number of DV Year-Round Individual ES Beds:		0		7. Number of DV Year-Round Family ES Beds:				12			
3. Subtotal, non-DV Year-Round Individual ES Beds (Line 1 minus Line 2):		42		8. Subtotal, non-DV Year-Round Family ES Beds (Line 6 minus Line 7):				42			
4. Total Year-Round Individual ES Beds in HMIS:		42		9. Total Year-Round Family ES Beds in HMIS				18			
5. HMIS Coverage—Individual ES Beds (Divide Line 4 by Line 3 and multiply by 100. Round to a whole number):		100%		10. HMIS Coverage—Family ES Beds (Divide Line 9 by Line 8 and multiply by 100. Round to a whole number):				43%			

*In the column labeled "O/V," enter the number of Overflow and Voucher Beds

I: CoC Housing Inventory Charts

Transitional Housing: Fundamental Components in CoC System – Housing Inventory Chart											
Provider Name	Facility Name* <small>*Place an asterisk after the facility name if it receives HUD McKinney-Vento dollars.</small>	HMIS Part. Code	Number of Year-Round Beds in HMIS		Geo Code <input type="checkbox"/>	Target Pop		Year-Round			Total Year-Round Beds
						A	B	Fam. Units	Fam. Beds	Indiv. Beds	
Current Inventory (Available for Occupancy on or before January 31, 2006)			Ind.	Fam.							
Greater Nashua Council on Alcoholism, Inc.	Keystone Hall*	PA	12	0	331026	SMF		0	0	12	12
Harbor Homes, Inc.	Amherst Street Veteran's Transitional*	PA	20	0	331026	SM	VET	0	0	20	20
Marguerite's Place, Inc.	85-89 Palm Street*	PA	0	23	331026	FC		10	23	0	23
Nashua Pastoral Care Center	Caroline's House*	PA	0	13	331026	FC		4	13	0	13
Nashua Pastoral Care Center	Concord Street*	PA	0	4	331026	FC		1	4	0	4
Nashua Pastoral Care Center	Norwell House*	PA	0	19	331026	FC		8	19	0	19
Nashua Pastoral Care Center	Victory House*	PA	0	15	331026	FC		5	15	0	15
Nashua Soup Kitchen and Shelter, Inc.	86 Chestnut/29 Kinsley	PA	0	12	331026	FC		3	12	0	12
SUBTOTALS:			32	86	SUBTOTAL CURRENT INVENTORY:			31	86	32	118
New Inventory in Place in 2006 (Available for Occupancy Feb. 1, 2006 – Jan. 31, 2007)			Ind.	Fam.							
N/A			0	0				0	0	0	0
SUBTOTALS:			0	0	SUBTOTAL NEW INVENTORY:			0	0	0	0
Inventory Under Development (Available for Occupancy after January 31, 2007)			Anticipated Occupancy Date								

Harbor Homes, Inc.	Spring Street Veteran's Transitional	5/1/2007	331026	M	VET	5	10	15	25
SUBTOTAL INVENTORY UNDER DEVELOPMENT:						5	10	15	25
Unmet Need						UNMET NEED TOTALS:			
Total Year-Round Beds—Individuals						Total Year-Round Beds—Families			
1. Total Year-Round Individual Transitional Housing Beds:	32	6. Total Year-Round Family Transitional Housing Beds:		86					
2. Number of DV Year-Round Individual TH Beds:	0	7. Number of DV Year-Round Family TH Beds:		0					
3. Subtotal, non-DV Year-Round Individual TH Beds (Line 1 minus Line 2):	32	8. Subtotal, non-DV Year-Round Family TH Beds (Line 6 minus Line 7):		86					
4. Total Year-Round Individual TH Beds in HMIS:	32	9. Total Year-Round Family TH Beds in HMIS		86					
5. HMIS Coverage—Individual TH Beds (Divide Line 4 by Line 3 and multiply by 100. Round to a whole number):	100%	10. HMIS Coverage—Family TH Beds (Divide Line 9 by Line 8 and multiply by 100. Round to a whole number):		100%					

I: CoC Housing Inventory Charts

Permanent Supportive Housing*: Fundamental Components in CoC System – Housing Inventory Chart											
Provider Name	Facility Name <small>*Place an asterisk after the facility name if it receives HUD McKinney-Vento dollars.</small>	HMIS Part. Code	Number of Year-Round Beds in HMIS		Geo Code <input type="checkbox"/>	Target Pop.		Year-Round			Total Year-Round Beds
						A	B	Fam. Units	Fam. Beds	Indiv./CH Beds	
Current Inventory (Available for Occupancy on or before January 31, 2006)			Ind.	Fam.							
Harbor Homes, Inc.	Allds Street*	PA	16	0	331026	SMF		0	0	16/13	16
Harbor Homes, Inc.	Chestnut Street*	PA	10	0	331026	SMF		0	0	10/8	10
Harbor Homes, Inc.	HHO Condos*	PA	5	4	331026	M		2	4	5/5	9
Harbor Homes, Inc.	Mainstream*	PA	46	76	331026	M		29	76	46/43	122
Harbor Homes, Inc.	Maple Arms*	PA	6	0	331026	SMF		0	0	6/6	6
Harbor Homes, Inc.	PH II*	PA	10	6	331026	M		3	6	10/7	16
Harbor Homes, Inc.	PH III/Safe Haven*	PA	25	32	331026	M		9	32	25/23	57
Harbor Homes, Inc.	PH IV*	PA	6	11	331026	M		4	11	6/5	17
Harbor Homes, Inc.	PH V*	PA	10	12	331026	M		4	12	10/8	22
Harbor Homes, Inc.	PH VI*	PA	5	0	331026	SMF		0	0	5/5	5
Harbor Homes, Inc.	Scattered Sites*	PA	39	11	331026	M		5	11	39/34	50
Harbor Homes, Inc.	Winter Street*	PA	9	0	331026	SMF		0	0	9/8	9
Harbor Homes, Inc.	HOPWA*	PA	4	0	331026	M	HIV	0	0	4/4	4
Harbor Homes, Inc.	Harbor Homes Condo*	PA	0	2	331026	M		1	2	0/0	2
MP Housing, Inc.	MP Housing*	PA	0	17	331026	FC		8	17	0/0	17
Nashua Housing Authority /Harbor Homes, Inc.	Shelter + Care*	PA	3	0	331026	SMF		0	0	3/3	3
Southern NH Services	Mary's House	N	0	0	331026	SF		0	0	40/35	40

SUBTOTALS:			194	171	SUBTOTAL CURRENT INVENTORY:			65	171	234/ 207	405		
New Inventory in Place in 2006 (Available for Occupancy Feb. 1, 2006 – Jan. 31, 2007)			Ind.	Fam.									
MP Housing, Inc.	Scattered Sites	PA	0	4	331026	FC		2	4	0/0	4		
Harbor Homes, Inc.	Scattered Sites	PA	0	3	331026	M		1	3	0/0	3		
SUBTOTALS:			0	7	SUBTOTAL NEW INVENTORY:			3	7	0/0	7		
Inventory Under Development (Available for Occupancy after January 31, 2007)			Anticipated Occupancy Date										
MP Housing, Inc.	MP Housing, Inc.		4/15/2007		331026	FC		2	4	0/0	4		
Harbor Homes, Inc.	HOPWA		3/1/2007		331026	HI V		0	0	2/1	2		
Harbor Homes, Inc.	PH VII		7/1/2007		331026	CH		0	0	2/2	2		
SUBTOTAL INVENTORY UNDER DEVELOPMENT:								2	4	4/3	8		
Unmet Need								UNMET NEED TOTALS:		34	82	160/ 57	222
Total Year-Round Beds—Individuals						Total Year-Round Beds—Families							
1. Total Year-Round Individual Permanent Housing Beds:			234			6. Total Year-Round Family Permanent Housing Beds:			178				
2. Number of DV Year-Round Individual PH Beds:			0			7. Number of DV Year-Round Family PH Beds:			0				
3. Subtotal, non-DV Year-Round Individual PH Beds (Line 1 minus Line 2):			234			8. Subtotal, non-DV Year-Round Family PH Beds (Line 6 minus Line 7):			178				
4. Total Year-Round Individual PH Beds in HMIS:			194			9. Total Year-Round Family PH Beds in HMIS			178				
5. HMIS Coverage—Individual PH Beds (Divide Line 4 by Line 3 and multiply by 100. Round to a whole number):			83%			10. HMIS Coverage—Family PH Beds (Divide Line 9 by Line 8 and multiply by 100. Round to a whole number):			100%				

J: CoC Housing Inventory Data Sources and Methods Chart

(1) Indicate date on which Housing Inventory count was completed: <u>1/24/07</u>	
(2) Identify the method used to complete the Housing Inventory Chart (check one):	
<input type="checkbox"/>	Housing inventory survey – CoC conducted a housing inventory survey (via mail, fax, e-mail, web-based, phone or on-site) of homeless programs/providers to update current bed inventories, target populations for programs, beds under development, etc.
<input type="checkbox"/>	HMIS – Used HMIS data to complete the Housing Inventory Chart
<input checked="" type="checkbox"/>	HMIS plus housing inventory – Used HMIS data supplemented by a survey of providers NOT participating in the HMIS
(3) Indicate the percentage of providers completing the housing inventory survey:	
<u>100%</u>	Emergency shelter providers
<u>100%</u>	Transitional housing providers
<u>100%</u>	Permanent supportive housing providers
(4) Indicate steps to ensure data accuracy for 2007 Housing Inventory Chart (check all that apply):	
<input checked="" type="checkbox"/>	Instructions – Provided written instructions for completing the housing inventory survey.
<input type="checkbox"/>	Training – Trained providers on completing the housing inventory survey.
<input checked="" type="checkbox"/>	Updated prior housing inventory information – Providers submitted updated 2006 housing inventory to reflect 2007 inventory.
<input checked="" type="checkbox"/>	Follow-up – CoC followed-up with providers to ensure the maximum possible response rate and accuracy of the housing inventory survey.
<input checked="" type="checkbox"/>	Confirmation – Providers or other independent entity reviewed and confirmed information in 2007 Housing Inventory Chart after it was completed.
<input checked="" type="checkbox"/>	HMIS – Compared HMIS and housing inventory survey data to check for consistency.
<input type="checkbox"/>	Other – specify:
Unmet Need:	
(5) Indicate type of data that was used to determine unmet need (check all that apply):	
<input checked="" type="checkbox"/>	Sheltered count (point-in-time)
<input checked="" type="checkbox"/>	Unsheltered count (point-in-time)
<input checked="" type="checkbox"/>	Housing inventory (number of beds available)
<input type="checkbox"/>	Local studies or data sources – specify:
<input type="checkbox"/>	National studies or data sources – specify:
<input checked="" type="checkbox"/>	Provider opinion through discussions or survey forms
<input type="checkbox"/>	Other – specify:
(6a) Indicate the method(s) used to calculate or determine unmet need (check all that apply):	
<input type="checkbox"/>	Stakeholder discussion – CoC stakeholders met and reviewed data to determine CoC's unmet need
<input checked="" type="checkbox"/>	Locally-determined formula – Used locally-determined formula based on local point-in-time (PIT) count data and housing inventory to calculate unmet need
<input type="checkbox"/>	Applied statistics – Used local PIT enumeration data and applied national or other local statistics
<input type="checkbox"/>	HUD unmet need formula – Used HUD's unmet need formula*
<input type="checkbox"/>	Other – specify:
(6b) If more than one method was used in 6a, please describe how these methods were used.	

*The HUD Unmet Need Guide and Worksheet can be found by going to:

<http://www.hud.gov/offices/adm/grants/fundsavail.cfm>

CoC Homeless Population and Subpopulations

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

Indicate date of last point-in-time count: 01/23/2007-01/24/2007				
Part 1: Homeless Population	Sheltered		Unsheltered	Total
	Emergency	Transitional		
1. Number of Households with Dependent Children:	22	18	30	70
1a. Total Number of Persons in these Households (adults and children)	69	46	84	199
2. Number of Households without Dependent Children**	56	26	160	242
2a. Total Number of Persons in these Households	56	26	163	245
Total Persons (Add Lines 1a and 2a):	125	72	247	444
Part 2: Homeless Subpopulations below)	Sheltered		Unsheltered	Total
a. Chronically Homeless	35		60	95
b. Severely Mentally Ill	32		99	131
c. Chronic Substance Abuse	64		41	105
d. Veterans	29		44	73
e. Persons with HIV/AIDS	0		0	0
f. Victims of Domestic Violence	22		21	43
g. Unaccompanied Youth (Under 18)	0		1	1

Optional for unsheltered homeless subpopulations

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

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

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

L-1: Sheltered Homeless Population and Subpopulations

(1a) Check method(s) used to count sheltered homeless persons in the CoC (check all that apply):	
<input checked="" type="checkbox"/>	Survey – Providers count the total number of clients residing in their programs during the PIT count.
<input type="checkbox"/>	HMIS – CoC used HMIS to complete the PIT sheltered count and subpopulation information.
<input type="checkbox"/>	Other – specify:
(1b) If multiple methods are checked, briefly describe how data collected using the methods were combined to produce the count.	
(2a) Check the method(s) used to gather the subpopulation information on sheltered homeless persons reported in Part 2: Homeless Subpopulations (check all that apply):	
<input checked="" type="checkbox"/>	Point-in-time (PIT) interviews with each adult and unaccompanied youth – All sheltered adults and unaccompanied youth were interviewed to gather subpopulation information.
<input type="checkbox"/>	Sample of PIT interviews plus extrapolation – A sample of sheltered adults and unaccompanied youth were interviewed to gather subpopulation information, and extrapolation techniques were applied to produce the total sheltered homeless population.
<input checked="" type="checkbox"/>	Non-HMIS client-level information - Providers used individual client records (e.g., case management files) to provide subpopulation data for each adult and unaccompanied youth.
<input type="checkbox"/>	Provider expertise – Providers estimated the percentage of clients belonging to each subpopulation based on their knowledge of their client population as a whole.
<input type="checkbox"/>	HMIS – CoC used HMIS to gather subpopulation information on sheltered homeless persons.
<input type="checkbox"/>	Other –specify:
(2b) If multiple methods are checked, briefly describe how the methods were combined to produce the subpopulation information. Data was collected for the Point-in-Time (PIT) count by actual face-to-face interviews with clients and also extrapolated from case files for those who were present in a shelter on the date of the PIT but were not directly interviewed on the specific PIT date. This previously collected data was used to determine subpopulation categories.	
(3) Indicate CoC’s steps to ensure data quality of the sheltered count (check all that apply):	
<input checked="" type="checkbox"/>	Instructions – Provided written instructions to providers for completing the sheltered PIT count.
<input type="checkbox"/>	Training – Trained providers on completing the sheltered PIT count.
<input checked="" type="checkbox"/>	Remind and Follow-up – Reminded providers about the count and followed up with providers to ensure the maximum possible response rate and accuracy.
<input checked="" type="checkbox"/>	HMIS – Used HMIS to verify data collected from providers for the sheltered PIT count.
<input type="checkbox"/>	Other –specify:
(4) How often will sheltered counts of sheltered homeless people take place in the future?	
<input type="checkbox"/>	Biennial (every two years)
<input type="checkbox"/>	Annual
<input type="checkbox"/>	Semi-annual
<input checked="" type="checkbox"/>	Other – specify: Quarterly
(5) Month and Year when next count of sheltered homeless persons will occur: <u>July 2007</u>	
(6) Indicate the percentage of providers providing populations and subpopulations data collected via survey, interview and/or HMIS:	
<u>100%</u>	Emergency shelter providers
<u>100%</u>	Transitional housing providers

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

L-2: Unsheltered Homeless Population and Subpopulations*

(1) Check the CoC's method(s) used to count unsheltered homeless persons (check all that apply):	
<input type="checkbox"/>	Public places count – CoC conducted a point-in-time (PIT) count <u>without</u> client interviews.
<input checked="" type="checkbox"/>	Public places count with interviews – CoC conducted a PIT count and interviewed unsheltered homeless persons encountered during the public places count: <input type="checkbox"/> ALL persons were interviewed OR <input checked="" type="checkbox"/> Sample of persons were interviewed
<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 include in the point-in-time count and extrapolated results to estimate the entire homeless population.
<input checked="" type="checkbox"/>	Service-based count – Interviewed people using non-shelter services, such as soup kitchens and drop-in centers, and counted those that self-identified as unsheltered homeless persons.
<input type="checkbox"/>	HMIS – Used HMIS for the count of unsheltered homeless people homeless people or for subpopulation information.
<input type="checkbox"/>	Other – specify:
(2) Indicate the level of coverage of the PIT count of unsheltered homeless people:	
<input type="checkbox"/>	Complete coverage – The CoC counted every block of the jurisdiction.
<input checked="" type="checkbox"/>	Known locations – The CoC counted in areas where unsheltered homeless people are known to congregate or live.
<input type="checkbox"/>	Combination – CoC combined complete coverage with known locations by conducting counts for every block in a <u>portion</u> of the jurisdiction (e.g. central city) AND conducting counts in other portions of the jurisdiction where unsheltered persons are known to live.
<input type="checkbox"/>	Used service-based or probability sampling (coverage is not applicable)
<input type="checkbox"/>	Other –specify:
(3) Indicate community partners involved in PIT unsheltered count (check all that apply):	
<input checked="" type="checkbox"/>	Outreach teams
<input checked="" type="checkbox"/>	Law Enforcement
<input checked="" type="checkbox"/>	Service Providers
<input type="checkbox"/>	Community volunteers
<input checked="" type="checkbox"/>	Homeless and/or formerly homeless persons
<input checked="" type="checkbox"/>	Other – specify: Hospitals and Area Health Clinics
(4) Indicate CoC's steps to ensure data quality of the unsheltered count (check all that apply):	
<input type="checkbox"/>	Training – Conducted training(s) for PIT enumerators.
<input type="checkbox"/>	HMIS – Used HMIS to check for duplicate information.
<input checked="" type="checkbox"/>	Other – specify: Written instructions provided to outreach workers and service providers. Follow up calls made to ensure accuracy of data.
(5) How often will CoC conduct PIT counts of unsheltered homeless people in the future?	
<input type="checkbox"/>	Biennial (every two years)
<input type="checkbox"/>	Annual
<input type="checkbox"/>	Semi-annual
<input checked="" type="checkbox"/>	Quarterly
<input type="checkbox"/>	Other – specify:
(6) Month and Year when next PIT count of unsheltered homeless persons will occur:	
<u>July 2007</u>	

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

CoC Homeless Management Information System (HMIS)

M: CoC HMIS Charts

M-1: HMIS Lead Organization Information

Organization Name: Community Services Council of New Hampshire		Contact Person: Chris S. Pitcher
Phone: (603) 228-2218 x261	Email: cpitcher@cscnh.org	
Organization Type: State/local government <input type="checkbox"/> Non-profit/homeless provider <input checked="" type="checkbox"/> Other <input type="checkbox"/>		

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

HUD-Defined CoC Name*	CoC #	HUD-Defined CoC Name*	CoC #
New Hampshire Balance of State CoC	NH-500	Manchester CoC	NH-501
Nashua/Hillsborough County CoC	NH-502		

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

M-3: HMIS Implementation Status

HMIS Data Entry Start Date for your CoC OR Anticipated Date Entry Start Date for your CoC (mm/yyyy) 02/2005	If no data entry date, indicate reason: <input type="checkbox"/> New CoC in 2007 <input type="checkbox"/> Still in planning/software selection process <input type="checkbox"/> Initial implementation
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Briefly describe significant challenges/barriers the CoC has experienced in:

1. HMIS implementation:

The NH-HMIS Project team, through its participation in CoC meetings, site visits and monitoring, and the NH-HMIS Advisory Council, has worked to identify barriers to HMIS participation.

There are many homeless service providers that have limited staff and they are finding it difficult to identify staff to enter data into NH-HMIS. Additionally, these providers frequently have high staff turnover rates that require an on-going training effort.

Personnel turnover was a challenge faced by the NH-HMIS implementation. NH-HMIS hired a new program coordinator in October 2005 and in September 2006. Our system administrator was out with a serious illness in early 2006. The staffing patterns have leveled out and are stable as of 2007.

2. HMIS Data and Technical Standards Final Notice requirements:

NH-HMIS has found some difficulties in obtaining the HUD Minimum and Program Specific Data Elements from some homeless service providers. There are some confidentiality issues with such fields as: HIV/AIDS, Mental Health, Substance Abuse, and Domestic Violence, due to state confidentiality and HIPAA laws.

M-4: CoC Client Records

Calendar Year	Number of Client Records Entered in HMIS / Analytical Database (Duplicated) for CoC	Number of Unduplicated Clients Entered in HMIS / Analytical Database for CoC
2004	0	0
2005	582	574
2006	478	463

Please provide a brief explanation of the reason(s) for any decreases in the number of records (duplicated or unduplicated) from year to year. In 2005, GNCOE entered 582 client records that included several programs that entered information for clients who were served in prior years. In 2006, the majority of programs were already fully operational and were not entering prior years' data. The number of client records going forward should be more consistent.

M-5: Data Collection/Completeness and Coverage

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

Universal Data Element	% Null/Missing Values	Universal Data Element	% Null/Missing Values
Name	1.8%	Gender	1.4%
Social Security Number	0.0%	Veteran Status	38.9%
Date of Birth	43.9%	Disabling Condition	61.9%
Ethnicity	43.7%	Residence Prior to Program Entry	52.1%
Race	41.4%	Zip Code of Last Permanent Address	67.1%

Briefly describe how the CoC ensures that valid program entry and exit dates are being recorded in the HMIS for persons served. NH-HMIS conducts annual monitoring visits for participating agencies and programs. During the monitoring visits, NH-HMIS staff review client files for completeness, accuracy and compare them to HMIS records. NH-HMIS staff verifies program entry and exit dates for all client files monitored.

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

	75% bed coverage	Anticipate 75% bed coverage	Date anticipate achieving
Emergency Shelter	No	Yes	January 2008
Transitional Housing	Yes		
Permanent Supportive Housing	Yes		

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

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

	Y	N	P
1. Training Provided:			
Basic computer training		X	
HMIS software training	X		
Privacy / Ethics training	X		
Security Training	X		
System Administrator training	X		

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

Part III: CoC Strategic Planning

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

Objectives to End Chronic Homelessness <u>and</u> Move Families and Individuals to Permanent Housing	2007 Local Action Steps How are you going to do it? List action steps to be completed within the next 12 months.	Lead Person List name and title or organization of one person responsible for accomplishing each action step.	Baseline (Current Level)	Numeric Achievement in 12 months	Numeric Achievement in 5 years	Numeric Achievement in 10 years
1. Create new PH beds for chronically homeless persons.	1.1 Apply for available Samaritan initiative resources for chronically homeless persons (2 beds).	Peter Kelleher, Harbor Homes, Inc.	209 Beds	212 Beds	232 Beds	257 Beds
	1.2 Continue to work with state and federal legislators to create a "Housing Trust Fund" to expand opportunities and resources for the creation of additional PH including some beds targeted to chronically homeless.	State Rep Joan Schulze, Chair, GNCOC Legislative Affairs Committee				
	1.3 Make use of placements in the HOPWA Program to address the needs of chronically homeless with HIV/AIDS. In 2007, will bring on line one bed for a chronically homeless person.	Wendy Furnari, Southern NH HIV/AIDS Task Force				
	1.4 Two beds, currently under development, will come on line in 2007 for chronically homeless persons.	Peter Kelleher, Harbor Homes, Inc.				
2. Increase percentage of homeless persons staying in PH over 6 months to at least 71%.	2.1 Continue to provide supportive services (i.e. case management, employment services) and access to Mainstream resources to maintain permanent housing.	Donnalee Lozeau, Southern NH Services, Inc.	85%	86%	88%	90%
	2.2 Reduce evictions via NH Legal Assistance, emergency rental assistance, and resources identified in the Homeless Prevention Toolkit.	Bob Mack, Welfare Officer, City of Nashua, NH				
	2.3 Implement SAMHSA evidence-based practices for homeless persons with mental illness and substance abuse issues.	Peter Kelleher, Greater Nashua Council on Alcoholism, Inc.				
	2.4 Monitor action plan compliance through HMIS.	Linda Newell, Community Services Council				

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing	2007 Local Action Steps How are you going to do it? List action steps to be completed within the next 12 months.	Lead Person List name and title or organization of one person responsible for accomplishing each action step.	Baseline (Current Level)	Numeric Achievement in 12 months	Numeric Achievement in 5 years	Numeric Achievement in 10 years
3. Increase percentage of homeless persons moving from TH to PH to at least 61.5%.	3.1 Support efforts to create more permanent housing through CDFA housing tax credit program.	Sr. Sharon Walsh, MP Housing, Inc.	59%	62%	65%	68%
	3.2 Ensure applicants have applied for all permanent housing resources within 30 days of entry into TH program.	Beverly Doolan, Marguerite's Place, Inc.				
	3.3 Increase education and income level of TH residents in order to obtain and maintain permanent housing upon exiting the program.	Lisa Christie, Nashua Soup Kitchen & Shelter, Inc.				
	3.4 Monitor action plan compliance through HMIS and provide support and technical assistance to agencies not meeting the minimum percentage requirements.	Linda Newell, Community Services Council				
4. Increase percentage of homeless persons employed at exit to at least 18%.	4.1 Increase referrals to employment programs (i.e. DES, EAP, ESP, NHEP).	Donnalee Lozeau, Southern NH Services, Inc.	52%	55%	58%	60%
	4.2 Provide employment services and on-the-job support to obtain and maintain employment (i.e. education/training, transportation assistance, employment placement).	Andrea Reed, Harbor Homes, Inc.				
	4.3 Seek additional resources in training and education, and in barrier resolution to employment (i.e. dental, appropriate attire, etc.).	Andrea Reed, Harbor Homes, Inc.				
	4.4 Monitor action plan compliance through HMIS.	Linda Newell, Community Services Council				

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing	2007 Local Action Steps How are you going to do it? List action steps to be completed within the next 12 months.	Lead Person List name and title or organization of one person responsible for accomplishing each action step.	Baseline (Current Level)	Numeric Achievement in 12 months	Numeric Achievement in 5 years	Numeric Achievement in 10 years
5. Ensure that the CoC has a functional HMIS system.	5.1 Encourage participation in NH-HMIS by including HMIS participation and compliance in Super NOFA ranking and scoring process.	Linda Newell, Community Services Council,	87.6% Bed Cover- age	90% Bed Cover- age	95% Bed Cover- age	95% Bed Cover- age
	5.2 Maintain current level of NH-HMIS participation by HUD- and OHHTS-funded agencies.	Linda Newell, Community Services Council				
	5.3 Expand NH-HMIS participation to include non-HUD and non-HHTS-funded agencies.	Linda Newell, Community Services Council				
	5.4 Maintain GNCOC participation in the NH State-wide Point-in-Time Committee.	Lori Wilshire, Nashua Children's Home				
	5.5 Monitor all participating agencies for compliance to the HMIS Data Standards.	Linda Newell, Community Services Council				
Barriers: If your CoC will not meet one or more of the above objectives, briefly describe why not (use less than two paragraphs).						
Concern about diminishing Section 8 funding and the critical shortage of affordable permanent housing may make any and/or all of these goals difficult to sustain or achieve.						
Other CoC Objectives in 2007						
1.						
2.						

O: CoC Discharge Planning Policy Chart

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

Foster Care: Aftercare planning for children 16 and older (or younger for special needs children) includes: adult living preparation, educational and career planning, employment options, vocational training programs, adult advocates and mentors, family supports, medical coverage, and adult housing options or alternatives that are safe and affordable. According to the Bureau of Homeless Housing and Transportation Services (BHHTS) shelters and McKinney Vento funded TH and PH programs are not appropriate housing for this population. The DCYF Teen Independent Living Aftercare Program (TIL Aftercare Program) is a voluntary program that provides continued planning and support for eligible young adults between the ages of 18-21 formerly in DCYF/DJJS foster care. This program offers a range of supports and services designed to assist young adults in reaching their educational, employment and personal goals including limited services and funds for household related expenses. This Discharge Planning Protocol is understood and agreed to by the Greater Nashua COC and the systems of care in the CoC geographic area identified in Exhibit 1, Chart B.

Locally, a committee meets biannually to find the gaps in the State program plans and to fill them with local responses.

Health Care: A revised Homeless Prevention Discharge Plan was adopted by both the Discharge Planning Committee and the DHHS Commissioner in March 2007. Members from various health care providers, including Greater Nashua COC members, were represented. A protocol was established as part of the plan that calls for health care providers to communicate with homeless outreach services and housing resources and to provide human services resource packets for distribution to patients who are homeless upon admission and/or identified as at risk of homelessness upon discharge. This Discharge Planning Protocol is understood and agreed to by the Greater Nashua COC and the systems of care in the CoC geographic area identified in Exhibit 1, Chart B.

Mental Health: Development of an individualized discharge plan is initiated by the assigned treatment team upon admission and modified to reflect new data throughout the treatment planning process. The patient/legal guardian, family and significant others, as well as relevant outpatient providers are included in the development and implementation of the discharge plan. It is designed to facilitate a smooth transition of the patient from the Hospital to home, community or other facility in a manner that will minimize delays in discharge and offer a continuum of care between the Hospital and anticipated care providers. Discharge planning shall be conducted in accordance with all federal, state and regulatory requirements. The Administrator, Community Integration, under the direction of the Medical Director, oversees this process. This Discharge Planning Protocol is understood and agreed to by the Greater Nashua COC and the systems of care in the CoC geographic area identified in Exhibit 1, Chart B.

Corrections: * The Department of Corrections has a formal protocol in place for parolees. The Protocol includes participants developing a formal discharge/parole plan, residing in an on-site transitional housing facility and accessing Department Halfway Houses upon release. DHHS is in the process of entering into a Memorandum of Agreement with the Department of Corrections regarding Medicaid eligibility determination at least 90 days prior to an inmate’s release. This Discharge Planning Protocol is understood and agreed to by the Greater Nashua COC and the systems of care in the CoC geographic area identified in Exhibit 1, Chart B.

Locally, police departments work with social service providers as necessary to ensure some form of housing is available for those being released into the community.

*Please note that “corrections” category refers to local jails and state or federal prisons.

P: CoC Coordination Chart

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

CoC 2007 Funding Priorities

Q: CoC Project Priorities Chart

HUD-defined CoC Name:*Nashua/Hillsborough County CoC						CoC #: NH502			
(1) SF-424 Applicant Name	(2) Project Sponsor Name	(3) Project Name	(4) Priority	(5) Requested Project Amount	(6) Term	(7) Program and Component Type			
						SHP New	SHP Renewal	S+C New	SRO New
<input checked="" type="checkbox"/> ** Harbor Homes, Inc.	Harbor Homes, Inc.	Permanent Housing VIII	1	\$ 26,310	2	New			
Harbor Homes, Inc.	Harbor Homes, Inc.	Permanent Housing III	2	\$862,121	1		SHP		
State of New Hampshire	Harbor Homes, Inc.	Permanent Housing II	3	\$195,285	1		SHP		
Harbor Homes, Inc.	Harbor Homes, Inc.	Permanent Housing V	4	\$166,667	1		SHP		
Harbor Homes, Inc.	Harbor Homes, Inc.	Permanent Housing IV	5	\$100,929	1		SHP		
Harbor Homes, Inc.	Harbor Homes, Inc.	Permanent Housing VI	6	\$ 54,284	1		SHP		
Marguerite's Place	Marguerite's Place	Transitional Housing for Homeless Women with Children	7	\$ 58,481	1		TH		
Greater Nashua Council on Alcoholism, Inc. (Keystone Hall)	Greater Nashua Council on Alcoholism, Inc. (Keystone Hall)	Transitional Living Center	8	\$ 60,083	1		TH		
Harbor Homes, Inc.	Nashua Soup Kitchen & Shelter, Inc.	Employment Advocacy Program	9	\$ 59,546	1		SSO		
Southern New Hampshire Services, Inc.	Southern New Hampshire Services, Inc.	Homeless Outreach Initiative	10	\$ 32,192	1		SSO		
NH Division of Behavioral Health Services	Community Services Council of NH	NH Statewide Homeless Management Information System Project (HMIS)	11	\$ 12,779	1		HMIS		

(8) Subtotal: Requested Amount for CoC Competitive Projects:				\$1,628,677	
(9) Shelter Plus Care Renewals: NOT APPLICABLE				S+C Component Type	
				7	1
				8	1
				9	1
(10) Subtotal: Requested Amount for S+C Renewal Projects:				\$	
(11) Total CoC Requested Amount (line 8 + line 10):				\$ 1,628,677	

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

**Check this box if this is a #1 priority Samaritan bonus project.

CoC-Q

R: CoC Pro Rata Need (PRN) Reallocation Chart

(Only for Eligible Hold Harmless CoCs)

1a. Will your CoC be using the PRN reallocation process? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
1b. If Yes, explain the open decision making process the CoC used to reduce and/or eliminate projects (use no more than one-half page).					
2. Enter the total 1-year amount of <i>all</i> SHP projects that are eligible for renewal in 2007, which amount you have verified with your field office:				<i>Example:</i>	\$
				\$530,000	
3. Starting with the total entered above for question 2, subtract the amount your CoC proposes to use for new permanent housing project, and enter the remaining amount: <i>(In this example, the amount proposed for new PH project is \$140,000)</i>				<i>Example:</i>	\$
				\$390,000	
4. Enter the Reduced or Eliminated Grant(s) in the 2007 Competition					
(1) Expiring Grants	(2) Program Code	(3) Component	(4) Annual Renewal Amount	(5) Reduced Amount	(6) Retained Amount from Existing Grant
NOT APPLICABLE					
(7) TOTAL:					
5. Newly Proposed Permanent Housing Projects in the 2007 Competition*					
(8) 2007 Project Priority Number	(9) Program Code	(10) Component	(11) Transferred Amounts		
NOT APPLICABLE					
(12) TOTAL:					

*No project listed here can be a #1 priority Samaritan Bonus project

S: CoC Project Leveraging Summary Chart

Name of Continuum	Total Value of Written Commitment
Greater Nashua Continuum of Care	\$2,750,123

T: CoC Current Funding and Renewal Projections

Supportive Housing Program (SHP) Projects:													
Type of Housing		All SHP Funds Requested (Current Year)		Renewal Projections									
		2007		2008		2009		2010		2011		2012	
Transitional Housing (TH)		\$ 118,564		\$ 118,564		\$ 118,564		\$ 118,564		\$ 118,564		\$ 118,564	
Safe Havens-TH													
Permanent Housing (PH)		\$1,405,596		\$1,405,430		\$1,431,740		\$1,431,740		\$1,431,740		\$1,431,740	
Safe Havens-PH													
SSO		\$ 91,738		\$ 91,738		\$ 91,738		\$ 91,738		\$ 91,738		\$ 91,738	
HMIS		\$ 12,779		\$ 12,779		\$ 12,779		\$ 12,779		\$ 12,779		\$ 12,779	
		\$1,628,677		\$1,628,511		\$1,654,821		\$1,654,821		\$1,654,821		\$1,654,821	
Shelter Plus Care (S+C) Projects:													
Number of S+C Bedrooms		All S+C Funds Requested (Current Year)		Renewal Projections									
		2007		2008		2009		2010		2011		2012	
		Units	\$	Units	\$	Units	\$	Units	\$	Units	\$	Units	\$
SRO													
0													
1							3	\$ 31,882	3	\$ 31,882	3	\$ 31,882	
2													
3													
4													
5													
Totals							3	\$ 31,882	3	\$ 31,882	3	\$ 31,882	

Part IV: CoC Performance

U: CoC Achievements Chart

2006 Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing	12-month Measurable Achievement Proposed in 2006 (from Chart N of your 2006 CoC application)	Accomplishments (Enter the numeric achievement attained during past 12 months)
1. Create new PH beds for chronically homeless persons.	1.1 Create total of 10 additional PH beds.	Created 4 additional beds for chronically homeless individuals.
2. Increase percentage of homeless persons staying in PH over 6 months to 71%.	2.1 Maintain percentage of homeless persons staying in PH at 71%.	Increased percentage of homeless persons staying in PH to 85%.
3. Increase percentage of homeless persons moving from TH to PH to 61.5%.	3.1 Increase percentage of homeless persons moving from TH to PH by 23%.	Increased percentage of homeless persons moving from TH to PH to 59%.
4. Increase percentage of homeless persons becoming employed by 11%.	4.1 23% of employable homeless population will be employed.	Increased percentage of homeless persons becoming employed to 52%.
5. Ensure that the CoC has a functional HMIS system.	5.1 75% of all ES and TH providers shall report HUD minimum required data for 75% of their client population.	85.75% of ES and TH providers report HUD minimum required data for client population.
<p>Briefly explain the reasons for not meeting one or more of your proposed measurable achievements.</p> <p>1.1 HUD Section 811 funding was not awarded, which would have created 4 additional beds for chronically homeless. The two remaining beds did not meet the HUD January deadline but came on line in March 2007 and will be on next year's NOFA.</p> <p>3.1 Greater Nashua COC did exceed its established goal of 23% moving from TH to PH. Lack of affordable housing and PH beds prevented the GNCOC from meeting HUD's goal of moving 61.5% of clients from TH to PH.</p>		

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

1. HOPWA grant to the City of Nashua and partners created 28 permanent housing beds for individuals/families living with AIDS.
2. For the first time in its history, the Greater Nashua COC Point-in-Time count shows there are zero homeless individuals who are HIV+.
3. Funding was awarded for two permanent supportive housing beds through the Samaritan Initiative.
4. Two permanent supportive housing beds for homeless individuals with mental illness were added.
5. Four permanent supportive housing beds for homeless individuals moving from transitional housing were added.
6. Twenty-bed transitional housing program for homeless Veterans opened in downtown Nashua.
7. Greater Nashua COC collaborated with the Manchester COC and Balance of State COC to coordinate the Point-in-Time count during the last week in January, 2007 to ensure greater accuracy.
8. Creation of a State-wide Point-in-Time Committee with New Hampshire's three continua to set methodology and process for conducting annual point-in-time count.
9. Greater Nashua COC improved advocacy efforts through committee re-structuring to include a Legislative Committee, thereby improving monitoring of critical state legislation and education efforts at the legislative level.
10. City of Nashua Community Development Division, AmeriCorps VISTA, and Livable Walkable Communities will hold the "First Annual Cultural Fest" in downtown Nashua in August 2007. The purpose will be to celebrate the various ethnic communities living in our area.

V: CoC Chronic Homeless (CH) Progress Chart

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

Year	Number of CH Persons	Number of PH beds for the CH
2005	166	115
2006	122	203
2007	95	207

Briefly describe the reason(s) for any increases in the total number of chronically homeless persons between 2006 and 2007: NOT APPLICABLE

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

4

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

Cost Type	Public/Government				Private
	HUD McKinney-Vento	Other Federal	State	Local	
Development	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Operations	\$0.00	\$14,156	\$0.00	\$0.00	\$0.00
TOTAL	\$0.00	\$14,156	\$0.00	\$0.00	\$0.00

W: CoC Housing Performance Chart

1. Participants in Permanent Housing (PH)		
HUD will be assessing the percentage of all participants who remain in S+C or SHP permanent housing (PH) for more than six months. SHP projects include both SHP-PH and SHP-Safe Haven PH renewals. Complete the following chart using data based on the <u>most recently submitted</u> APR for Question 12(a) and 12(b) for PH projects included on your CoC Priority Chart:		
<input type="checkbox"/>	No applicable PH renewals are on the CoC Project Priorities Chart	APR Data
<input checked="" type="checkbox"/>	<u>All</u> PH renewal projects with APRs submitted are included in calculating the responses below	
a.	Number of participants who exited PH project(s)—APR Question 12(a)	29
b.	Number of participants who did not leave the project(s)—APR Question 12(b)	68
c.	Number who exited after staying 7 months or longer in PH—APR Question 12(a)	24
d.	Number who did not leave after staying 7 months or longer in PH—APR question 12(b)	58
e.	Percentage of all participants in PH projects staying 7 months or longer (c. + d. divided by a. + b., multiplied by 100 = e.)	85%
2. Participants in Transitional Housing (TH)		
HUD will be assessing the percentage of all TH clients who moved to a permanent housing situation. TH projects include SHP-TH and SHP-Safe Haven/TH <i>not</i> identified as permanent housing. Complete the following chart using data based on the <u>most recently submitted</u> APR Question 14 for TH renewal projects included on your CoC Priorities Chart.		
<input type="checkbox"/>	No applicable TH renewals are on the CoC Project Priorities Chart	APR Data
<input checked="" type="checkbox"/>	<u>All</u> TH renewal projects with APRs submitted are included in calculating the responses below	
a.	Number of participants who exited TH project(s)—including unknown destination	32
b.	Number of participants who moved to PH	19
c.	Percent of participants in TH projects who moved to PH (b. divided by a., multiplied by 100 = c.)	59%

X: Mainstream Programs and Employment Project Performance Chart

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

(1) Number of Adults Who Left (Use same number in each cell)	(2) Income Source	(3) Number of Exiting Adults with Each Source of Income	(4) Percent with Income at Exit (Col 3 ÷ Col 1 x 100)
158	a. SSI	19	12.0%
158	b. SSDI	20	12.6%
158	c. Social Security	0	0%
158	d. General Public Assistance	9	5.7%
158	e. TANF	19	12.0%
158	f. SCHIP	28	17.7%
158	g. Veterans Benefits	1	0.6%
158	h. Employment Income	82	51.9%
158	i. Unemployment Benefits	0	0%
158	j. Veterans Health Care	3	1.9%
158	k. Medicaid	31	19.6%
158	l. Food Stamps	48	30.4%
158	m. Other (please specify) Child Support – 2 Employee Health Ins. – 1	3	1.9%
158	n. No Financial Resources	10	6.3%

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

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

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

NONE

Project Number	Applicant Name	Project Name	Grant Amount
		Total:	NONE

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: 100%

AB: Section 3 Employment Policy Chart

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