

Part I: CoC Organizational Structure

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|-----------------------------------------------------|--------------------|
| HUD-Defined CoC Name:* | CoC Number* |
| Coon Rapids / Anoka County Continuum of Care | MN-507 |

A: CoC Lead Organization Chart

| | | |
|--------------------------------------------------------------|---------------------------------|-------------------|
| CoC Lead Organization: Anoka County Continuum of Care | | |
| CoC Contact Person: Karen Skepper | | |
| Contact Person's Organization Name: Anoka County | | |
| Street Address: 2100 3rd Avenue | | |
| City: Anoka | State: MN | Zip: 55303 |
| Phone Number: 763-323-5708 | Fax Number: 763-323-5682 | |
| Email Address: karen.skepper@co.anoka.mn.us | | |

B: CoC Geography Chart

| Geographic Area Name | 6-digit Code |
|------------------------|---------------|
| MN Coon Rapids | 270996 |
| MN Anoka County | 279003 |
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| Geographic Area Name | 6-digit Code |
|----------------------|--------------|
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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. |
|----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|--------------------|---------------------|----------|--------------------------------------------------------------------------------------------------------------|
| | | At Least Monthly | At Least Quarterly | At Least Biannually | Annually | |
| COC Primary Decision-Making Group (list only one group) | | | | | | |
| Name: | <i>Anoka County Continuum of Care</i> | X | | | | 16 |
| Role: | This group meets to address current issues, set agendas for full CoC meetings, and determine project priorities. | | | | | |
| Other CoC Committees, Sub-Committees, Workgroups, etc. | | | | | | |
| Name: | <i>Anoka County Continuum of Care Ranking Subcommittee</i> | | | X | | 6 |
| Role: | Rank new and renewal projects submitted for CoC consideration. Ensure that no conflicts of interest exist among other ranking members, and make funding recommendations. | | | | | |
| Name: | <i>Affordable Housing Coalition</i> | X | | | | 65 |
| Role: | This group meets to address current issues, work together to bring private, foundation and government resources to Anoka County Communities to develop and promote safe, clean accessible and affordable life-cycle housing. | | | | | |
| Name: | <i>Family Homeless Prevention Assistance Program</i> | X | | | | 17 |
| Role: | Is to stabilize persons who are homeless or likely to become homeless. | | | | | |
| Name: | <i>Homeless Elimination Project (HELP)</i> | X | | | | 10 |
| Role: | This group was organized to develop strategies to overcome barriers to housing and homelessness in Anoka County. Activities are designed to be project-based. | | | | | |
| Name: | <i>Regional Metro Committee</i> | X | | | | 9 |
| Role: | Implement state supportive services grant (\$5,000,000) to end chronic homelessness, in accordance with the state's 10-year plan. | | | | | |
| Name: | <i>Regional Metro Continuum of Care Coordinators</i> | | X | | | 8 |
| Role: | Coordinate planning around programs and activities to reduce or end homelessness within the 7-county region, including the sharing of best practices in structuring and managing CoC's. | | | | | |
| Name: | <i>Minnesota HMIS Governing Group</i> | | X | | | 24 |
| Role: | This group oversees Minnesota's Statewide HMIS. It helps shape HMIS policy, identifies needs for technical assistance and training, oversees the budget for HMIS, and helps to set goals and priorities for the project. | | | | | |
| Name: | <i>Minnesota Interagency Task Force on Homelessness</i> | X | | | | 10 |
| Role: | Work across state organizations to effectively use resources to prevent and end homelessness. | | | | | |

| 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 | |
| Other CoC Committees, Sub-Committees, Workgroups, etc. | | (CONTINUED) | | | | |
| Name: | <i>Metro-Wide Engagement on Shelter and Housing (MESH)</i> | X | | | | 14 |
| Role: | Develop partnerships to build metro-wide solutions to ending homelessness and increasing affordable housing choices through training and capacity building workshops for providers. | | | | | |
| Name: | <i>Office of Ending Long-term Homelessness</i> | X | | | | 3 |
| Role: | Directs/coordinates implementation of state plan to end long-term homelessness. The MN Departments of Corrections, Human Services and Housing Finance Agency oversee. | | | | | |
| Name: | <i>Policy Academy</i> | | X | | | 12 |
| Role: | Prevent and end homelessness for children and families in Minnesota. | | | | | |

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 | | | |
| | MN Department of Human Services | 279003, 270996 | | |
| | MN Housing Finance Agency | 279003, 270996 | | |
| | MN Department of Corrections | 279003, 270996 | | |
| | Metropolitan Council | 279003, 270996 | | |
| | LOCAL GOVERNMENT AGENCIES | | | |
| | Anoka County Community Development | 279003, 270996 | | |
| | Anoka County Human Services | 279003, 270996 | | |
| | Anoka County Juvenile Center | 279003, 270996 | | |
| | Anoka County Veterans Services | 279003, 270996 | VET | |
| | City of Coon Rapids | 279003 | | |
| | MN Family Homeless Prevention/Assistance | 279003, 270996 | VET | Y |
| | Twin Cities Metro Regional Directors | 279003, 270996 | SMI | SA |
| | Twin Cities Regional CoC Coordinators | 279003, 270996 | | |
| | PUBLIC HOUSING AGENCIES | | | |
| | Columbia Heights Economic Development Authority (PHA) | 279003, 270996 | | |
| | SCHOOL SYSTEMS / UNIVERSITIES | | | |
| | Anoka Hennepin School District 11 | 279003, 270996 | Y | |
| | University of Minnesota Extension | 279003, 270996 | | |
| LAW ENFORCEMENT / CORRECTIONS | | | | |
| Coon Rapids Police Department | 279003 | | | |
| LOCAL WORKFORCE INVESTMENT ACT (WIA) BOARDS | | | | |
| Anoka County Job Training Center | 279003, 270996 | | | |
| OTHER | | | | |
| MN HMIS Governing Board | 279003, 270996 | | | |
| PRIVATE SECTOR | NON-PROFIT ORGANIZATIONS | | | |
| | Anoka County Community Action Program CEAP | 279003, 270996 | DV | SMI |
| | Elim Transitional Housing, Inc. | 279003, 270996 | Y | SMI |
| | HousingLink | 279003, 270996 | | |
| | Stepping Stones Emergency Shelter | 279003, 270996 | | |
| | Metro Engagement for Shelter & Housing | 279003, 270996 | Y | VET |
| | Minnesota Coalition for the Homeless | 279003, 270996 | | |
| | People Inc. | 279003, 270996 | SMI | SA |
| | Rise, Inc. | 279003, 270996 | Y | SMI |
| | Tasks Unlimited | 279003, 270996 | SMI | |
| Wilder Research | 279003, 270996 | | | |

| PRIVATE SECTOR CONTINUED | Specific Names of All CoC Organizations (continued) | Geographic Area Represented | Subpopulations Represented, if any* (no more than 2) | | |
|----------------------------------|--------------------------------------------------------------------|-----------------------------|---------------------------------------------------------|----|--|
| | FAITH-BASED ORGANIZATIONS | | | | |
| | Lutheran Social Service | 279003, 270996 | SA | DV | |
| | The Salvation Army | 279003, 270996 | HIV | SA | |
| | Church of St. Stephen | 279003, 270996 | | | |
| | FUNDERS / ADVOCACY GROUPS | | | | |
| | Affordable Housing Coalition | 279003, 270996 | | | |
| | Minnesota Coalition for the Homeless | 279003, 270996 | | | |
| | BUSINESSES (BANKS, DEVELOPERS, BUSINESS ASSOCIATIONS, ETC.) | | | | |
| | Bromley Printing | 279003, 270996 | | | |
| | Eva Jeppson | 279003, 270996 | | | |
| | Lonni McCauley | 279003 | | | |
| | Mediation Services for Anoka County | 279003, 270996 | | | |
| | HOSPITALS / MEDICAL REPRESENTATIVES | | | | |
| | Dr. Ellen Raeker | 279003, 270996 | | | |
| HOMELESS PERSONS | | | | | |
| T.C., formerly homeless | 279003, 270996 | | | | |
| OTHER | | | | | |
| Twin Cities Habitat for Humanity | 279003, 270996 | | | | |

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

E: CoC Governing Structure Chart

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| <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, possibly. Additional administrative funds would enable our primary decision making body, or a designated agency, to play a principal role in applying for HUD funding and providing project oversight and monitoring. However, our CoC would only be interested in this option if these funds are not taken from the competitive homeless assistance dollars. Also, we are not in favor of a single entity serving as the grantee for our CoC.</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>65%</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>All the members of our CoC are volunteers based on interest and/or currently funded agencies.</p> | |
| <p>5. Indicate how the leaders 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> | |

F: CoC Project Review and Selection Chart

| | | | |
|----------------------------------------------------------------|-------------------------------------|------------------------------------------------------------------------------|-------------------------------------|
| 1. Open Solicitation | | | |
| a. Newspapers | <input type="checkbox"/> | d. Outreach to Faith-Based Groups | <input checked="" type="checkbox"/> |
| b. Letters/Emails to CoC Membership | <input checked="" type="checkbox"/> | e. Announcements at CoC Meetings | <input checked="" type="checkbox"/> |
| c. Responsive to Public Inquiries | <input checked="" type="checkbox"/> | f. Announcements at Other Meetings | <input checked="" type="checkbox"/> |
| 2. Objective Rating Measures and Performance Assessment | | | |
| a. CoC Rating & Review Committee Exists | <input checked="" type="checkbox"/> | j. Assess Spending (fast or slow) | <input checked="" type="checkbox"/> |
| b. Review CoC Monitoring Findings | <input checked="" type="checkbox"/> | k. Assess Cost Effectiveness | <input checked="" type="checkbox"/> |
| c. Review HUD Monitoring Findings | <input checked="" type="checkbox"/> | l. Assess Provider Organization Experience | <input checked="" type="checkbox"/> |
| d. Review Independent Audit | <input 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 type="checkbox"/> |
| f. Review Unexecuted Grants | <input checked="" type="checkbox"/> | o. Review CoC Membership Involvement | <input checked="" type="checkbox"/> |
| g. Site Visit(s) | <input type="checkbox"/> | p. Review Match | <input checked="" type="checkbox"/> |
| h. Survey Clients | <input 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. | |
| <p>Not Applicable</p> | |

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 |
| Anoka County Brotherhood Council (ACBC) | | | | X | | | | | | | | | | | | | | |
| Achieve | | | | X | | | | | | X | | | | | X | X | | X |
| Al-Anon | | | | X | | | | | | | | | | | X | | | |
| Alexandra House | | | | | X | | | | X | X | | | X | | X | | X | X |
| Allina Medical Transportation | | | | X | | | X | | X | X | X | X | X | X | X | X | | |
| Alternative Counseling Clinic | | | | | | | | | X | X | X | X | | X | | | | |
| Anoka Area Interagency Early Intervention | | | | | | | | | | | | | | | | | | |
| Anoka County Community Action Program | X | X | X | X | | | | | X | X | | | | | X | | X | X |
| Anoka County Community Social Services & Mental Health | | X | X | X | | X | | | X | X | X | X | X | X | X | | | X |
| Anoka County Income Maintenance Dept. | X | X | X | X | | | X | | X | | | | | | X | | | X |
| Anoka County Public Health | | | | X | | | X | | X | X | | | X | X | X | | | X |
| Anoka County School-Based Social Workers | | X | X | X | | X | | | X | | | | | | X | | | X |
| Anoka County Sheriff's Dept. | | | | | | | | X | | | | | | | | | | |
| Anoka County Traveler | | | | | | | | | | | | | | | | | | X |
| Anoka County Victim/Witness Services | | X | | X | | X | | | X | X | | | | | X | X | | |
| Anoka County Volunteer transportation | | | | | | | | | | | | | | | | | | X |
| Anoka Metro Regional Treatment Center | | | | X | | | | | X | X | X | X | X | X | X | | | |
| Anthony Louis Center | | | | X | | X | | | X | X | X | X | X | | X | | | X |
| Associated Counseling Center | | | | X | | X | | | | X | X | X | | X | X | X | | |
| Auriton Credit and Financial Service | | | | X | | | | | | | | | | | X | | | |
| Bridgeview Club | | | | X | | X | | | | X | | X | | | X | | | X |
| Central Center for Family Resources | | | | X | | | | | | X | X | X | | | X | | | |
| Children's Home Society | | | | | | | | | | | | | | | | | | X |
| Chrysalis Center for Women | | | | X | X | | | X | X | | X | X | | | X | | | |
| Chrysalis Mental Health | | | | X | X | | | X | X | | X | X | | | X | | | |

| (1) Provider Organizations <i>(continued)</i> | (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 |
| City Police Departments | | | | | | | | X | | | | | | | | | | |
| Clinical Associates | | | | X | | | | | | | | | | | | | | |
| Community Emergency Assistance Program (CEAP) | X | X | | X | | | | | X | X | | | | | | | | X |
| Community Options | | | | | | | | | | X | | X | X | | X | | | |
| Community Parish Nurse Program | | | | X | | | | | | X | | X | | | | | | |
| Coon Rapids Counseling | | | | X | | | | | X | | X | X | | | | | | |
| Cornerstone Child Care | | | | | | | | | | | | | | | | | X | |
| Compassion Action Network | | | | | | | | | | | | | | | X | | | |
| Courage Center | | | | X | | | | | | X | | X | | | | X | | |
| Crisis Connection | | | | X | | | | | | | | X | | | X | | | |
| Division of Rehabilitation Services | | | | X | | | | | X | X | | | | | X | X | X | X |
| Eagle Transportation | | | | | | | | | | | | | | | | | | X |
| East Central Legal Services | | X | X | | X | | | | | | | | X | | | | X | X |
| East Side Employment Network | | X | X | X | | | | | X | | X | X | | | X | X | X | X |
| Educational Opportunity Center | | | | | | | | | X | | | | | | X | | | |
| Elim Transitional Housing | X | X | X | X | | | | | X | X | | | X | X | | | | X |
| Family Homeless Prevention and Assistance | X | X | X | X | X | | | | X | X | | | | | X | | | |
| Family Innovations | | | | | | | | | | X | | X | | | | | | |
| Family Life Center | | | | X | | | | | | X | X | X | | | X | | | |
| Family Support Network | | | | X | | | | | | | | | | | X | | | |
| Family Table | | | | | | | | | X | | | | | | X | | | |
| Free to Be | | | | X | | | | | | X | | | | | X | | | X |
| Head Start | | | | | | | X | | | | | X | | | X | X | X | X |
| Home Line | | | | X | X | X | X | | | | | | | | X | | | |
| Housing Link | | X | | | | | | | | | | | | | X | | | |
| In Home Family Services | | | | | | | | | | | | X | | | | | | |
| Legal Services for Senior Citizens of Anoka County | | | | X | X | | | | | | | | | | X | | | |
| Life By Design | | | | | | | | | | X | | X | | | | | | |
| Lutheran Social Service | | X | | X | | | | | X | X | | X | | | X | | | |
| Mediation Services for Anoka County | | | | | | | | | X | | | | | | X | | | |
| Metro Council | | X | | | | | | | | | | | | | | | | |
| Metro Mobility | | | | | | | | | | | | | | | | | | X |

| (1) Provider Organizations <i>(continued)</i> | (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 |
| Metro North Learning Center | | | | | | | | | | X | | | | | X | | X | X |
| Metropolitan Center for Independent Living | | | | X | | | | | | X | | | | | | | | |
| Minnesota Department of Veterans Affairs | X | X | X | | | X | | | X | | | | | | X | | | |
| Minnesota Attorney General's Office | | | | | X | | | X | | | | | | | | | | |
| Minnesota Senior Federation | | | | X | | X | | | | | | | | | | | | |
| Minnesota Workforce Center | | | | X | | | | | X | X | | | | | X | X | X | X |
| National Runaway Program | | | | X | | X | | | | | | | | | | | | |
| New Connections | | | | X | | | | | | X | X | | | | | | | |
| New Life Family Services | | | | X | | | | | | | | X | X | | X | | | |
| Northern Suburban Counseling Center | | | | X | | | | | | X | | X | | | X | | | |
| Nucleus Teen Clinic | | | | X | | | | | | | | | X | | X | | | |
| Nystrom and Associates | | | | X | | | | | X | X | | X | | | X | | | |
| Pacer Center | | | | X | | | | | | X | | | | | X | | | |
| Project Break Through | | | | X | | | | | X | X | | | | | X | | | |
| People Inc. | | X | | X | | X | | | X | X | X | X | | | X | | | |
| Project Offstreets | | | | X | | X | | | X | X | | X | | | X | | | |
| Red Cross | | | | X | | | | | | | | X | | | X | | | |
| Resource Center for Fathers & Families | | | | X | | | | | | X | | | | | X | | | |
| Rise Inc. | X | X | X | X | | | | | X | X | | | | | X | X | | X |
| Salvation Army | X | X | X | X | | | | | X | X | X | X | | X | X | | | X |
| Senior Partners Care Program | | | | | | | | | | | | | X | | X | | | |
| South Metro Human Services | | | | X | | X | | | X | X | X | X | | | | | | |
| St Mary's Health Clinic | | | | | | | | | | | | | X | | | | | |
| Supportive Living Services | | X | | X | | | | | X | X | | | | | X | | | |
| Tasks Unlimited | | | | X | | | | | | X | | X | | | | X | | X |
| Teen Parent Collaborative | | X | | X | | | | | X | X | | | | | X | | | |
| Transformation House | | | | X | | | | | | X | X | | | | | | | |
| Twin City Community Voice Mail | | | | | | X | | | | | | | | | | | | |
| United Way 1 st Call for Help | | | | X | | | | | | | | | | | X | | | |
| University of Minnesota Extension Division | | X | | X | | | | | | | | | | | X | | | |
| Volunteers of America | | | | X | | | | | | X | | | | | 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 | | | 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. | | | | | | | | | |
| Stepping Stone Emergency | Ferry Street Shelter | PA | 16 | 0 | 279003 | SMF | | 0 | 0 | 16 | 16 | 0 | 0 |
| Alexandra House | Alexandra House | DV | 0 | 0 | 279003 | FC DV | | 10 | 25 | 0 | 25 | 0 | 0 |
| Subtotals: | | | 16 | 0 | Subtotal Current Inventory: | | | 10 | 25 | 16 | 41 | 0 | 0 |
| New Inventory in Place in 2006 (Available for Occupancy Feb. 1, 2006–Jan. 31, 2007) | | | Ind. | Fam. | | | | | | | | | |
| None | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | |
| None | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Subtotal Inventory Under Development: | | | | | | | | 0 | 0 | 0 | 0 | 0 | 0 |
| Unmet Need | | | | | | | | Unmet Need Totals: | | | | | |
| | | | | | | | | 0 | 0 | 0 | 0 | 0 | 0 |

| Total Year-Round Beds—Individuals | | Total Year-Round Beds—Families | |
|-------------------------------------------------------------------------------------------------------------|------|----------------------------------------------------------------------------------------------------------|----|
| 1. Total Year-Round Individual Emergency Shelter (ES) Beds: | 16 | 6. Total Year-Round Family Emergency Shelter (ES) Beds: | 25 |
| 2. Number of DV Year-Round Individual ES Beds: | 0 | 7. Number of DV Year-Round Family ES Beds: | 25 |
| 3. Subtotal, non-DV Year-Round Individual ES Beds (Line 1 minus Line 2): | 16 | 8. Subtotal, non-DV Year-Round Family ES Beds (Line 6 minus Line 7): | 0 |
| 4. Total Year-Round Individual ES Beds in HMIS: | 16 | 9. Total Year-Round Family ES Beds in HMIS | 0 |
| 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): | 0 |

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 checked="" type="checkbox"/> | Target Pop | | Year-Round | | | Total Year-Round Beds |
|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------------------|------------|-------------------------------------------------|------------|----------|------------|------------|-------------|-----------------------|
| | | | Ind. | Fam. | | A | B | Fam. Units | Fam. Beds | Indiv. Beds | |
| Current Inventory (Available for Occupancy on or before January 31, 2006) | | | Ind. | Fam. | | | | | | | |
| ACCAP | SHP Anoka West*/scattered | PA | 0 | 60 | 279003 | FC | -- | 10 | 60 | 0 | 60 |
| ACCAP / Rise, Inc. | City View | PA | 0 | 16 | 279003 | FC | -- | 4 | 16 | 0 | 16 |
| Elim Transitional Housing | HOME TBRA (scattered sites) | PA | 3 | 20 | 279003 | FC | -- | 6 | 20 | 3 | 23 |
| Lutheran Social Service | Abaku* | PA | 0 | 20 | 279003 | FC | -- | 4 | 20 | 0 | 20 |
| Rise, Inc. | Blaine Women | PA | 9 | 0 | 279003 | SF | DV | 0 | 0 | 9 | 9 |
| Rise, Inc. | Towerview* | PA | 0 | 16 | 279003 | FC | -- | 4 | 16 | 0 | 16 |
| Rise, Inc. | Pines | PA | 4 | 0 | 279003 | SMF | -- | 0 | 0 | 4 | 4 |
| Rise, Inc. | Wildwood | PA | 6 | 0 | 279003 | SM | -- | 0 | 0 | 6 | 6 |
| Salvation Army | Gould Street | D | 0 | 0 | 279003 | SM | -- | 0 | 0 | 5 | 5 |
| SUBTOTALS: | | | 22 | 132 | SUBTOTAL CURRENT INVENTORY: | | | 28 | 132 | 27 | 159 |
| New Inventory in Place in 2006 (Available for Occupancy Feb. 1, 2006 – Jan. 31, 2007) | | | Ind. | Fam. | | | | | | | |
| The Salvation Army | Fridley Homeless Vets Housing | D | 0 | 0 | 279003 | SM | VET | 0 | 0 | 6 / 0 | 6 |
| SUBTOTALS: | | | 0 | 0 | SUBTOTAL NEW INVENTORY: | | | 0 | 0 | 6 | 6 |
| Inventory Under Development (Available for Occupancy after January 31, 2007) | | | Anticipated Occupancy Date | | | | | | | | |
| SUBTOTAL INVENTORY UNDER DEVELOPMENT: | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Unmet Need | | | UNMET NEED TOTALS: | | | 0 | 0 | 0 | 0 | 0 | 0 |

| Total Year-Round Beds—Individuals | | Total Year-Round Beds—Families | |
|-------------------------------------------------------------------------------------------------------------|------------|----------------------------------------------------------------------------------------------------------|-------------|
| 1. Total Year-Round Individual Transitional Housing Beds: | 33 | 6. Total Year-Round Family Transitional Housing Beds: | 132 |
| 2. Number of DV Year-Round Individual TH Beds: | 9 | 7. Number of DV Year-Round Family TH Beds: | 0 |
| 3. Subtotal, non-DV Year-Round Individual TH Beds (Line 1 minus Line 2): | 24 | 8. Subtotal, non-DV Year-Round Family TH Beds (Line 6 minus Line 7): | 132 |
| 4. Total Year-Round Individual TH Beds in HMIS: | 22 | 9. Total Year-Round Family TH Beds in HMIS | 132 |
| 5. HMIS Coverage—Individual TH Beds (Divide Line 4 by Line 3 and multiply by 100. Round to a whole number): | 92% | 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 checked="" type="checkbox"/> | Target Pop. | | Year-Round | | | Total Year-Round Beds | | |
| | | | Ind. | Fam. | | A | B | Fam. Units | Fam. Beds | Indiv / CH Beds | | | |
| Current Inventory (Available for Occupancy on or before January 31, 2006) | | | Ind. | Fam. | | | | | | | | | |
| Elim Transitional Housing | Anoka Permanent Supportive Housing* | PA | 5 | 15 | 279003 | FC | -- | 0 | 15 | 5 / 0 | 20 | | |
| Metropolitan Council | Anoka S+C* | N | 0 | 0 | 279003 | SMF | -- | 0 | 0 | 15 / 1 | 15 | | |
| People, Inc. | ARCH* | PA | 26 | 0 | 279003 | SMF | -- | 0 | 0 | 26 / 8 | 26 | | |
| The Salvation Army | Harvest Hills | PA | 0 | 16 | 279003 | FC | HIV | 0 | 16 | 0 / 0 | 16 | | |
| People, Inc. | Housing with Supportive Services | PA | 0 | 0 | 279003 | SMF | | 0 | 0 | 3 / 3 | 3 | | |
| SUBTOTALS: | | | 31 | 31 | SUBTOTAL CURRENT INVENTORY: | | | 0 | 31 | 49 / 12 | 80 | | |
| New Inventory in Place in 2006 (Available for Occupancy Feb. 1, 2006 – Jan. 31, 2007) | | | Ind. | Fam. | | | | | | | | | |
| SUBTOTALS: | | | 0 | 0 | SUBTOTAL NEW INVENTORY: | | | 0 | 0 | 0 | 0 | | |
| Inventory Under Development (Available for Occupancy after January 31, 2007) | | | Anticipated Occupancy Date | | | | | | | | | | |
| Hearth Connection | Supportive Housing & Managed Care* | N | May 2007 | | 279003 | SMF | -- | 0 | 0 | 4 / 4 | 4 | | |
| SUBTOTAL INVENTORY UNDER DEVELOPMENT: | | | | | | 0 | | | 0 | 4 / 4 | 4 | | |
| Unmet Need | | | | | | | | UNMET NEED TOTALS: | | 6 | 54 | 21 | 0 |

| Total Year-Round Beds—Individuals | | Total Year-Round Beds—Families | |
|-------------------------------------------------------------------------------------------------------------|------------|----------------------------------------------------------------------------------------------------------|-------------|
| 1. Total Year-Round Individual Permanent Housing Beds: | 49 | 6. Total Year-Round Family Permanent Housing Beds: | 31 |
| 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): | 49 | 8. Subtotal, non-DV Year-Round Family PH Beds (Line 6 minus Line 7): | 31 |
| 4. Total Year-Round Individual PH Beds in HMIS: | 31 | 9. Total Year-Round Family PH Beds in HMIS | 31 |
| 5. HMIS Coverage—Individual PH Beds (Divide Line 4 by Line 3 and multiply by 100. Round to a whole number): | 63% | 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: 01/25/2007 (mm/dd/yyyy) | |
| (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: | |
| 100% | Emergency shelter providers |
| 100% | Transitional housing providers |
| 100% | Permanent supportive housing providers |
| (4) Indicate steps to ensure data accuracy for 2007 Housing Inventory Chart (check all that apply): | |
| <input checked="" type="checkbox"/> | Instructions – Provided written instructions for completing the housing inventory survey. |
| <input checked="" type="checkbox"/> | Training – Trained providers on completing the housing inventory survey. |
| <input 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 checked="" type="checkbox"/> | Local studies or data sources – specify: Wilder Homeless Triennial Survey 10/25/06; OEO Shelter and Transitional Housing Survey |
| <input type="checkbox"/> | National studies or data sources – specify: |
| <input 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 checked="" type="checkbox"/> | Stakeholder discussion – CoC stakeholders met and reviewed data to determine CoC's unmet need |
| <input 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 checked="" 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 Anoka County Continuum of Care used a second method for determining local need. It is very difficult to capture an accurate reflection of unmet need when the point-in-time survey occurs in late January in Minnesota. | |

CoC Homeless Population and Subpopulations

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

| Indicate date of last point-in-time count: | | 01/25/2007 | | |
|-----------------------------------------------------------------------|-----------|--------------|-------------|------------|
| Part 1: Homeless Population | Sheltered | | Unsheltered | Total |
| | Emergency | Transitional | | |
| 1. Number of Households <u>with</u> Dependent Children: | 3 | 41 | 0 | 44 |
| 1a. Total Number of Persons in these Households (adults and children) | 12 | 132 | 0 | 144 |
| 2. Number of Households <u>without</u> Dependent Children** | 16 | 13 | 12 | 41 |
| 2a. Total Number of Persons in these Households | 16 | 13 | 12 | 41 |
| Total Persons (Add Lines 1a and 2a) : | 28 | 145 | 12 | 185 |
| Part 2: Homeless Subpopulations (Adults only, except g. below) | Sheltered | | Unsheltered | Total |
| a. Chronically Homeless | 14 | | 2 | 16 |
| b. Severely Mentally Ill | 71 | | 5 | 76 |
| c. Chronic Substance Abuse | 16 | | 2 | 18 |
| d. Veterans | 14 | | 1 | 15 |
| e. Persons with HIV/AIDS | 0 | | 0 | 0 |
| f. Victims of Domestic Violence | 19 | | 1 | 20 |
| g. Unaccompanied Youth (Under 18) | 0 | | 2 | 2 |

*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. <i>Not Applicable</i> | |
| (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 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 checked="" type="checkbox"/> | Sample of PIT interviews plus extrapolation – A sample of sheltered adults and unaccompanied youth were interviewed to gather subpopulation information, and extrapolation techniques were applied to produce the total sheltered homeless population. |
| <input type="checkbox"/> | Non-HMIS client-level information – Providers used individual client records (e.g., case management files) to provide subpopulation data for each adult and unaccompanied youth. |
| <input type="checkbox"/> | Provider expertise – Providers estimated the percentage of clients belonging to each subpopulation based on their knowledge of their client population as a whole. |
| <input type="checkbox"/> | HMIS – CoC used HMIS to gather subpopulation information on sheltered homeless persons. |
| <input type="checkbox"/> | Other –specify: |
| (2b) If multiple methods are checked, briefly describe how the methods were combined to produce the subpopulation information. <i>Not Applicable</i> | |
| (3) Indicate CoC’s steps to ensure data quality of the sheltered count (check all that apply): | |
| <input checked="" type="checkbox"/> | Instructions – Provided written instructions to providers for completing the sheltered PIT count. |
| <input checked="" type="checkbox"/> | Training – Trained providers on completing the sheltered PIT count. |
| <input checked="" type="checkbox"/> | Remind and Follow-up – Reminded providers about the count and followed up with providers to ensure the maximum possible response rate and accuracy. |
| <input type="checkbox"/> | HMIS – Used HMIS to verify data collected from providers for the sheltered PIT count. |
| <input type="checkbox"/> | Other –specify: |
| (4) How often will sheltered counts of sheltered homeless people take place in the future? | |
| <input type="checkbox"/> | Biennial (every two years) |
| <input type="checkbox"/> | Annual |
| <input checked="" type="checkbox"/> | Semi-annual |
| <input type="checkbox"/> | Other – specify: |
| (5) Month/Year when next count of sheltered homeless persons will occur: <i>11/2007</i> | |
| (6) Indicate the percentage of providers providing populations and subpopulations data collected via survey, interview and/or HMIS: | |
| <i>100%</i> | Emergency shelter providers |
| <i>100%</i> | 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 checked="" type="checkbox"/> | Public places count – CoC conducted a point-in-time (PIT) count <u>without</u> client interviews. |
| <input 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 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 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 portion 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 checked="" type="checkbox"/> | Community volunteers |
| <input checked="" type="checkbox"/> | Homeless and/or formerly homeless persons |
| <input type="checkbox"/> | Other – specify: |
| (4) Indicate CoC's steps to ensure data quality of the unsheltered count (check all that apply): | |
| <input checked="" type="checkbox"/> | Training – Conducted training(s) for PIT enumerators. |
| <input type="checkbox"/> | HMIS – Used HMIS to check for duplicate information. |
| <input type="checkbox"/> | Other – specify: |
| (5) How often will CoC conduct PIT counts of unsheltered homeless people in the future? | |
| <input checked="" type="checkbox"/> | Biennial (every two years) |
| <input type="checkbox"/> | Annual |
| <input type="checkbox"/> | Semi-annual |
| <input type="checkbox"/> | Quarterly |
| <input type="checkbox"/> | Other – specify: |
| (6) Month and Year when next PIT count of unsheltered homeless persons will occur: 01/2009 | |

*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: Amherst H. Wilder Foundation, Wilder Research | | Contact Person: Craig Helmstetter |
| Phone: 651-647-4616 | Email: cdh@wilder.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 # |
|--------------------------------|--------|-----------------------|-------|
| Coon Rapids / Anoka County CoC | MN-507 | | |

M-3: HMIS Implementation Status

| | |
|------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| HMIS Data Entry Start Date for your CoC OR Anticipated Date Entry Start Date for your CoC (mm/yyyy) | If no data entry date, indicate reason: |
| 7/12/2004 | <input type="checkbox"/> New CoC in 2007 |
| | <input type="checkbox"/> Still in planning/software selection process |
| | <input type="checkbox"/> Initial implementation |

Briefly describe significant challenges/barriers the CoC has experienced in:

1. HMIS implementation:

The single biggest challenge facing our HMIS implementation continues to be a lack of resources. HMIS staff provide group trainings and user groups, but with an increase in resources there could be additional project staff time devoted to providing assistance on the agency and program level. Such assistance could include help incorporating HMIS requirements into other data entry forms, help incorporating HMIS into the daily business practices of organizations, and more focused attention on the programs that have data quality programs. HMIS challenges also include implementing more efficient reporting. Some of the state sources that require HMIS participation currently require pulling as many as 7 different reports per quarter. Also, even though several state programs use HMIS as the required reporting tool, many agencies operate parallel data collection tools for reporting to other funding streams. Finally, we have not had the resources to reach out to many service providers that are not mandated to use HMIS.

2. HMIS Data and Technical Standards Final Notice requirements:

As shown in Table M-5 below, the completeness of certain universal variables, especially zip code of last permanent address, continues to be a challenge. Our state-wide HMIS supplements the zip code question with city and state of last permanent address, which helps for local purposes.

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 | 82 | 80 |
| 2005 | 599 | 561 |
| 2006 | 1002 | 938 |

Please provide a brief explanation of the reason(s) for any decreases in the number of records (duplicated or unduplicated) from year to year.

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 | 12.5% | Gender | 0.9% |
| Social Security Number | 26.2% | Veteran Status | 10.8% |
| Date of Birth | 0.0% | Disabling Condition | 10.8% |
| Ethnicity | 5.2% | Residence Prior to Program Entry | 23.2% |
| Race | 1.2% | Zip Code of Last Permanent Address | 44.3% |

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

To date nearly all participation in Minnesota’s HMIS is due to funding requirements. Minnesota’s HMIS is the required data reporting tool for several state funding streams related to homelessness. Proper entry and exit dates (or service dates for the programs that do not require formal program entries and exits) are therefore ensured by the need for participating agencies to have accurate data in their required reporting. A lack of proper entry and exit dates remains a problem for some participating agencies.

(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 | Y | Yes | 1/1/2008 |
| Transitional Housing | Y | | |
| Permanent Supportive Housing | N | | |

(c) If CoC has not yet achieved or does not anticipate achieving 75% bed coverage for all beds (including DV beds), please explain why. We have not reached 75% bed coverage in permanent supportive housing, but are on the verge of doing so. One of our providers, Metro HRA, has recently implemented HMIS but has not yet entered date on the shelter plus care project that is funded through the CoC. They will begin doing so in the near future.

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)? | | <i>Not applicable</i> | |
| 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 | 2007 Local Action Steps | Lead Person (Name and Organization) | 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. | Obtain additional vouchers through the state's initiative on homelessness over a 10-year period | Jennifer Ho, Hearth Connection | 4 Beds | 4 Beds | 8 Beds | 12 Beds |
| 2. Increase percentage of homeless persons staying in PH over 6 months to at least 71%. | a. Clients entering PH program assessed and offered supportive services to meet needs | Barb Wold, Anoka County | 89% | 89% | 90% | 91% |
| | b. Refer eligible chronic homeless clients to services | | | | | |
| | c. Additional service funding for chronic homeless obtained through state or other grant opportunities | | | | | |
| 3. Increase percentage of homeless persons moving from TH to PH to at least 61.5%. | a. Eligible area CoC organizations will apply for new rent subsidies | Barb Wold or new CoC Chair, Anoka County | 100% | 100% | 100% | 100% |
| | b. Additional PSH will be established for families and young adults. | | | | | |
| 4. Increase percentage of homeless persons employed at exit to at least 18%. | a. Develop protocol to ensure appropriate service referrals for employment and support within the County and providers | Dan Dauth, Anoka County | 29% | 29% | 30% | 31% |
| | b. Create subcommittee to enhance employment income and supported employment income opportunities. | Dana Scarlet, Tasks Unlimited | 29% | 29% | 30% | 31% |
| 5. Ensure that the CoC has a functional HMIS system. | a. Participate in HMIS Governing group | Barb Wold, Anoka County | 84% | 90% | 90% | 94% |
| | b. CoC members attend HMIS user groups | Craig Helmstetter, Wilder | 84% Bed Cover | 90% Bed Cover | 90% Bed Cover | 94% Bed Cover |
| | c. Improve reports available to providers using the system | | | | | |
| | d. Implement data upload plan | | | | | |

Barriers: If your CoC will not meet one or more of the above objectives, briefly describe why not (use less than two paragraphs).

Other CoC Objectives in 2007

| | | | | | | |
|-------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|--|-------------------------------------------------------------------------|--------------------------------------------|----------------------------------------------------------------------|
| Pursue a regional approach to ending homelessness in the Twin Cities region of Minnesota. | Obtain technical assistance from HUD, related to suburban county merger. Participate as a member in the Metro Supportive Services Project targeting LTH individuals, families and youth. | Mike Manard, MESH | | Develop a strategy to collaborate between suburban counties on the CoC. | Design a regional plan to end homelessness | Regional plan implemented with significant reduction in homelessness |
|-------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|--|-------------------------------------------------------------------------|--------------------------------------------|----------------------------------------------------------------------|

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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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 checked="" type="checkbox"/> | <input type="checkbox"/> |
| <p>Foster Care: No McKinney-Vento funds are used for projects or persons being discharged from Foster Care. Social Workers are required to develop and carry out a plan that includes discharging to permanent or permanent supportive housing. A group of social workers, housing advocates and public assistance personal are developing a system in Anoka County that will create transition options for discharging youth aging out of foster care and needing additional support. Licensing children’s foster care to also cover adult foster care (dual license) is one option being used. We will be developing other supportive housing to be used in the future.</p> | | | | | |
| <p>Health Care: Currently hospital social workers and clinics are working with the public assistance and social services offices (Anoka County Housing Coordinator and PATH outreach Social Worker) to be sure that patients needing housing have access to all services available. No McKinney-Vento funds are used for projects targeting persons being discharged from public institutions or systems of care.</p> | | | | | |
| <p>Mental Health: Anoka County works to be sure that people leaving mental health treatment centers have a formal discharge plan that addresses their housing needs. Housing after discharge is part of the treatment plan. The social worker is responsible to assist in the implementation of the plan including providing services and arranging for financial help to complete the plan. No McKinney-Vento funds are used for projects targeting persons being discharged from publicly funded institutions or system of care.</p> | | | | | |
| <p>Corrections:*</p> <p>Anoka County received a grant in 2006 from the State of Minnesota that addresses mothers who have lost their children due to the use of Methamphetamine. One Hundred Thousand Dollars (\$100,000) of the total grant from the State of Minnesota, is earmarked for appropriate housing to continue needed services and help with successful completion of this program and reunification of the children with their parent.</p> <p>Currently, Anoka County Public Health Nursing and Adult Mental Health Public Assistance (housing) are meeting to develop a discharge plan for persons leaving the county jail.</p> <p>In order to prevent offenders from being released homeless, the State begins the process of discharge planning shortly after the offender begins serving his/her sentence in the institution. It is done with enough time to adequately prepare for the coordination of all risk and need areas critical to that offender’s successful community reentry. This ensures that all services needed and all available entitlements are secured prior to release and that all stakeholders are included in the discharge planning process. At each correctional facility, a release plan is created for every offender released to supervision. The plan includes case management services, assistance in finding housing, employment, adequate medical and psychiatric treatment and aid in his/her readjustment to the community. The State of Minnesota is primarily responsible for the care of individuals within publicly funded institutions and does not use McKinney-Vento funds to assist such persons in lieu of state and local resources.</p> | | | | | |

*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? <i>(If No, you may skip to Question 3a.)</i> | <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: *Coon Rapids / Anoka County CoC | | | | | | CoC #: MN-507 | | | |
|-----------------------------------------------------------------------------|------------------------------------|---------------------------------------------------------------|-----------------|---------------------------------------|-------------|-----------------------------------|----------------|------------|------------|
| (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"/> Elim **Transitional Housing, Inc. | Elim Transitional Housing, Inc. | People experiencing homelessness with chronic issues | 1 | 27,967 | 1 | PH | | | |
| Elim Transitional Housing, Inc. | Elim Transitional Housing, Inc. | PSH for families with disabilities III | 2 | 59,738 | 1 | | PH | | |
| Elim Transitional Housing, Inc. | Elim Transitional Housing, Inc. | PSH for families with disabilities I | 3 | 87,488 | 1 | | PH | | |
| People Inc. | People Inc. | (ARCH) Anoka County Residents Community Housing | 4 | 36,782 | 1 | | PH | | |
| Lutheran Social Service | Lutheran Social Service | Abaku Transitional Housing | 5 | 32,272 | 1 | | TH | | |
| Amherst H. Wilder Foundation | Amherst H. Wilder Foundation | Minnesota's HMIS | 6 | 12,070 | 1 | | HMIS | | |
| (8) Subtotal: Requested Amount for CoC Competitive Projects: | | | | \$256,317 | | | | | |
| (9) Shelter Plus Care Renewals: | | | | | | S+C Component Type | | | |
| Metropolitan Council | Metropolitan Council | Shelter Plus Care II | 7 | 90,000 | 1 | TRA | | | |
| (10) Subtotal: Requested Amount for S+C Renewal Projects: | | | | \$90,000 | | | | | |
| (11) Total CoC Requested Amount (line 8 + line 10): | | | | \$346,317 | | | | | |

*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 : | | | | | |
| 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> | | | | | |
| 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 |
| | | | | | |
| (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 | | |
| | | | | | |
| (12) TOTAL: | | | | | |

Not Applicable

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

S: CoC Project Leveraging Summary Chart

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 |
|--------------------------------|-----------------------------------|
| Coon Rapids / Anoka County CoC | 276,051 |

T: CoC Current Funding and Renewal Projections Chart

| 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) | 32,272 | | 32,272 | | 32,272 | | 32,272 | | 32,272 | | 32,272 | |
| Safe Havens-TH | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | |
| Permanent Housing (PH) | 211,975 | | 338,329 | | 366,329 | | 394,329 | | 422,329 | | 450,329 | |
| Safe Havens-PH | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | |
| SSO | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | |
| HMIS | 12,070 | | 12,070 | | 12,070 | | 12,070 | | 12,070 | | 12,070 | |
| Totals | 256,317 | | 382,671 | | 410,671 | | 438,671 | | 466,671 | | 494,671 | |
| Shelter Plus Care (S+C) Projects: | | | | | | | | | | | | |
| Number of S+C Bedrooms | All S+C Funds Requested (Current Year) | | Renewal Projections | | | | | | | | | |
| | 2007 | | 2008 | | 2009 | | 2010 | | 2011 | | 2012 | |
| | Units | \$ | Units | \$ | Units | \$ | Units | \$ | Units | \$ | Units | \$ |
| SRO | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1 | 5 | 36,000 | 5 | 36,000 | 5 | 36,000 | 5 | 36,000 | 5 | 36,000 | 5 | 36,000 |
| 2 | 1 | 9,600 | 1 | 9,600 | 1 | 9,600 | 1 | 9,600 | 1 | 9,600 | 1 | 9,600 |
| 3 | 2 | 28,800 | 2 | 28,800 | 2 | 28,800 | 2 | 28,800 | 2 | 28,800 | 2 | 28,800 |
| 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6 | 1 | 15,600 | 1 | 15,600 | 1 | 15,600 | 1 | 15,600 | 1 | 15,600 | 1 | 15,600 |
| Totals | 9 | 90,000 | 9 | 90,000 | 9 | 90,000 | 9 | 90,000 | 9 | 90,000 | 9 | 90,000 |

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. | Obtain additional vouchers through the State's initiative on homelessness over a 10-year period. | 6 new units created |
| 2. Increase percentage of homeless persons staying in PH over 6 months to 71%. | a. Clients entering PH program assessed and offered supportive services to meet needs b. Refer eligible chronic homeless clients to services c. Additional service funding for chronic homeless obtained through state or other grant opportunities | 80% over 6 months |
| 3. Increase percentage of homeless persons moving from TH to PH to 61.5%. | a. Eligible area CoC organizations will apply for new rent subsidies b. Additional PSH will be established for families and young adults | 73% move to PH |
| 4. Increase percentage of homeless persons becoming employed by 11%. | a. Develop protocol to ensure appropriate service referrals for employment and support within the County and providers b. Create subcommittee to enhance employment income and supported employment income opportunities | 62% employed |
| 5. Ensure that the CoC has a functional HMIS system. | a. Participate in HMIS Governing group b. CoC members attend HMIS user groups c. Provide HMIS training to community agencies d. Reduce HMIS fees to encourage participation | 100% participation groups 100% trained 100% license fees paid by FHPAP grant |
| Briefly explain the reasons for not meeting one or more of your proposed measurable achievements. | | |
| OPTIONAL: If desired, you may use this space to describe your CoC's most significant accomplishments over the past 12 months. | | |

V: CoC Chronic Homeless (CH) Progress Chart

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

| | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|----------------------|--------------|-------------------------------------|----------------|
| 1. Enter the total number of chronically homeless persons in your CoC and the total number of permanent housing beds designated for the chronically homeless in your CoC for each year. | | | | | |
| Year | Number of CH Persons | | | Number of PH beds for the CH | |
| 2005 | 13 | | | 3 | |
| 2006 | 13 | | | 4 | |
| 2007 | 16 | | | 2 | |
| Briefly describe the reason(s) for any increases in the total number of chronically homeless persons between 2006 and 2007: | | | | | |
| The lack of affordable housing options for people experiencing homelessness exemplified by the fact that our area Section 8 waiting lists have been closed for nearly 5 years has resulted in more people reaching the definition of chronic homelessness even as we expand the housing options for people meeting that definition. | | | | | |
| 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: | | | | | 3 |
| 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 | \$48,600 | \$0 | \$0 | \$0 | \$ |
| Operations | \$6,689 | \$0 | \$0 | \$0 | \$1,440 |
| TOTAL | \$55,289 | \$0 | \$0 | \$0 | \$1,440 |

W: CoC Housing Performance Chart

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

| 1. Participants in Permanent Housing (PH) | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|-----------------|
| HUD will be assessing the percentage of all participants who remain in S+C or SHP permanent housing (PH) for more than six months. SHP projects include both SHP-PH and SHP-Safe Haven PH renewals. Complete the following chart using data based on the <u>most recently submitted</u> APR for Question 12(a) and 12(b) for PH projects included on your CoC Priority Chart: | | |
| <input type="checkbox"/> | No applicable PH renewals are on the CoC Project Priorities Chart | APR Data |
| <input checked="" type="checkbox"/> | <u>All</u> PH renewal projects with APRs submitted are included in calculating the responses below | |
| a. | Number of participants who exited PH project(s)—APR Question 12(a) | 15 |
| b. | Number of participants who did not leave the project(s)—APR Question 12(b) | 42 |
| 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) | 38 |
| e. | Percentage of all participants in PH projects staying 7 months or longer (c. + d. divided by a. + b., multiplied by 100 = e.) | 89% |
| 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 | 9 |
| b. | Number of participants who moved to PH | 9 |
| c. | Percent of participants in TH projects who moved to PH (b. divided by a., multiplied by 100 = c.) | 100% |

X: Mainstream Programs and Employment Project Performance Chart

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

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

| (1) Number of Adults Who Left (Use same number in each cell) | (2) Income Source | (3) Number of Exiting Adults with Each Source of Income | (4) Percent with Income at Exit (Col 3÷Col 1 x 100) |
|-----------------------------------------------------------------------|------------------------------|------------------------------------------------------------------|--------------------------------------------------------------|
| 23 | a. SSI | 2 | 9% |
| 23 | b. SSDI | 3 | 13% |
| 23 | c. Social Security | 6 | 26% |
| 23 | d. General Public Assistance | 0 | 0% |
| 23 | e. TANF | 4 | 17% |
| 23 | f. SCHIP | 0 | 0% |
| 23 | g. Veterans Benefits | 1 | 4% |
| 23 | h. Employment Income | 5 | 29% |
| 23 | i. Unemployment Benefits | 0 | 0% |
| 23 | j. Veterans Health Care | 0 | 0% |
| 23 | k. Medicaid | 8 | 35% |
| 23 | l. Food Stamps | 6 | 26% |
| 23 | m. Other (please specify) | 5 | 22% |
| 23 | n. No Financial Resources | 1 | 4% |

Y: Enrollment and Participation in Mainstream Programs Chart

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

| | |
|-----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Check those activities implemented by a majority of your CoC's homeless assistance providers (check all that apply): | |
| <input checked="" type="checkbox"/> | A majority of homeless assistance providers have case managers systematically assist clients in completing applications for mainstream benefit programs. |
| <input checked="" type="checkbox"/> | The CoC systematically analyzes its projects' APRs to assess and improve access to mainstream programs. |
| <input checked="" type="checkbox"/> | The CoC 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).

| Project Number | Applicant Name | Project Name | Grant Amount |
|--------------------------------------------------------------|----------------|--------------|-------------------|
| <i>Not Applicable – no unexecuted grants in Anoka County</i> | | | |
| | | | Total: \$0 |

AA: CoC Participation in Energy Star Chart

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

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

Percentage of CoC projects on CoC Priority Chart using Energy Star appliances: 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> | | |