

2007 Continuum of Care Application: Exhibit 1

Part I: CoC Organizational Structure

HUD-Defined CoC Name:*	CoC Number*
Scott-Carver Counties Minnesota CoC	MN-510
*HUD-defined CoC names and numbers are available at: www.hud.gov/offices/adm/grants/fundsavail.cfm . If you do not have a HUD-defined CoC name and number, enter the name of your CoC and HUD will assign you a number.	

A: CoC Lead Organization Chart

CoC Lead Organization: Scott-Carver-Dakota CAP Agency, Inc		
CoC Contact Person: Judson Kenyon		
Contact Person's Organization Name: Scott-Carver-Dakota CAP Agency, Inc.		
Street Address: 712 Canterbury Road South		
City: Shakopee	State: MN	Zip: 55379
Phone Number: 651-322-3513	Fax Number: 651-322-3555	
Email Address: jkenyon@capagency.org		

B: CoC Geography Chart

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

Geographic Area Name	6-digit Code
Carver County, MN	279019
Scott County	279139

Geographic Area Name	6-digit Code

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:	Scott-Carver Continuum of Care Committee	X				
Role:	To access, plan and develop programs and policies to target the needs of homeless families, individuals and youth in the 2 county area					19
Other CoC Committees, Sub-Committees, Workgroups, etc.						
Name:	Scott-Carver Housing Coalition	X				15
Role:	To develop and coordinate programs and policies for affordable housing opportunities in the 2 county area					
Name:	Scott-Carver Continuum of Care Proposal Review Committee	X				6
Role:	Review new and general CoC projects. Review existing policies to ensure that projects, agencies and committee members meet, follow and implement HUD funded activities.					
Name:	Metro Human Services Directors	X				7
Role:	Create a collaborative and regional planning process to end homelessness and chronic homelessness					
Name:	Twin Cities Regional Planning Committee for Chronic Homelessness	X				9
Role:	Implement state supportive services grant to end chronic homelessness in accordance with the state's 10-year plan					

Name:	Twin Cities Regional Continuum of Care Coordinators		X			7
Role:	Coordinate planning 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:	Minnesota HMIS Statewide Governing Board		X			1*
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:	Minnesota Interagency Task Force on Homelessness	X				10
Role:	Work across state organizations to effectively use resources to prevent and end homelessness					
Name:	Metro-Wide Engagement on Shelter and Housing (MESH0)	X				40
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:	Office of Ending Long-term Homelessness	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 office.					
Name:	Policy Academy		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 per organization)	
PUBLIC SECTOR	STATE GOVERNMENT AGENCIES			
	MN Housing Finance Agency	279019 & 279139	HIV	SA
	MN Department of Human Services	279019 & 279139	SMI	SA
	MN Department of Corrections	279019 & 279139	SMI	SA
	MN Employment and Economic Development Department	279019 & 279139	Vet	
	MN Veterans Affairs Department	279019 & 279139	Vet	SMI
	LOCAL GOVERNMENT AGENCIES			
	Carver County Community Services	279019	Y	SMI
	Scott County Human Services	279139	Y	SMI
	Veterans Services of Scott County	279139		V
	Twin Cities Metro Regional Directors	279019 & 279139	SA	SMI
	Twin Cities Regional CoC Coordinators	279019 & 279139		
	PUBLIC HOUSING AGENCIES			
	Carver County Housing Redevelopment Authority	279019		
	Scott County Housing Redevelopment Authority	279139		
	Scott-Carver-Dakota CAP Public Housing Authority	279019 & 279139		
	SCHOOL SYSTEMS / UNIVERSITIES			
	Carver-Scott Educational Cooperative	279019 & 279139	Y	
	LAW ENFORCEMENT / CORRECTIONS			
	Shakopee Police Department	279139	SA	SMI
	LOCAL WORKFORCE INVESTMENT ACT (WIA) BOARDS			
	Valley Green Workforce Center	279019 & 279139		
	OTHER			
MN HMIS Governing Board	279019 & 279139			
PRIVATE SECTOR	NON-PROFIT ORGANIZATIONS			
	Scott-Carver-Dakota CAP Agency	279019 & 279139	DV	SMI
	Minnesota Coalition for the Homeless	279019 & 279139	SA	SMI
	Metro-Wide Engagement for Shelter and Housing	279019 & 279139	SA	SMI
	Southern Valley Alliance for Battered Women	279019 & 279139		DV
	Alpha Women’s Center	279019 & 279139	Y	DV
	Corporation for Supportive Housing	279019 & 279139		SMI
	Wilder Research Center	279019 & 279139		
	Safe Haven for Youth	279019 & 279139	Y	SA
	FAITH-BASED ORGANIZATIONS			
	Shepherd’s Path	279019 & 279139		
Metropolitan Inter Faith Coalition for Affordable Housing	279019 & 279139			

Shakopee Ministerial Association	279139		
FUNDERS / ADVOCACY GROUPS			
Scott County Alliance for Mentally Ill	279139		SMI
Southern Minnesota Regional Legal Services	279019 & 279139		
All Parks Alliance for Change	279139		
Carver County Administration	279019		
Scott County Administration	279139		
BUSINESSES (BANKS, DEVELOPERS, BUSINESS ASSOCIATIONS, ETC.)			
Summit Mortgage	279019 & 279139		
Kubes Realty	279019 & 279139		
HOSPITALS / MEDICAL REPRESENTATIVES			
Carver County Public Health	279019	HIV	SMI
Scott County Public Health	279139	HIV	SMI
HOMELESS / FORMERLY HOMELESS PERSONS			
WG (formerly homeless)	279139		
CN (formerly homeless)	279019		
OTHER			
Habitat for Humanity	279139		
Carver County Family Collaborative	279019		
Scott Family Net	279139		

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>Not at this point in time. In as much as the CoC area is a 2 county jurisdiction and that currently one county is a grantee and in the other county the HRA is a grantee a joint process agreement has not been put in place to facilitate applying for HUD Funding.</p>	
<p>3. What percentage of the decision-making body membership represents the private sector, including non-profit providers, homeless or formerly homeless persons, advocates and consumer interests, etc.?</p>	<p>__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 checked="" type="checkbox"/> Appointed <input type="checkbox"/> Other – specify: _____</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.)

The appointed members serve as representative of agencies/organizations that operate or provide services/funding as oversight for housing services in 2 county area. Volunteer members are community members (including formerly homeless) who are concerned about providing homeless housing opportunities

5. Indicate how the **leaders** of the primary decision-making body are selected (check all that apply):

Elected

Assigned/Volunteer

Appointed

Other – specify: _____

F: CoC Project Review and Selection Chart

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

G: CoC Written Complaints Chart

<p>Were there any written complaints received by the CoC regarding any CoC matter in the last 12 months?</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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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
Scott-Carver-Dakota CAP Agency		X	X	X					X	X			X				X	X
United Way				X											X			
American Red Cross				X								X			X			
Community Action Council	X	X	X	X					X	X								X
Carver County Community Services		X	X	X					X	X	X	X	X				X	X
Scott County Human Services		X	X	X					X	X	X	X	X				X	X
Salvation Army		X	X	X											X			X
Lutheran Social Services				X											X			
ABC Child Care															X	X		
American Refugee Committee				X											X			
Casa De Esperanza				X											X			
Chicano Latino Employment Opportunities				X											X			
La Familia Guidance Center				X											X			
Migrant Legal Services		X	X	X											X			
Carver-Scott Educational Cooperative															X			
Career Solutions																X		
Carver County Workforce Center															X	X	X	X
Scott County Workforce Center															X	X	X	X
Carver County Early Childhood Screening													X		X			
Scott County Early Childhood Screening													X		X			
Pacer Center				X											X			
MN River Valley Special Ed Coop												X			X			
Arc Career												X			X			
First Step Center									X	X	X	X	X		X			X
CART Transportation																		X
Children's Home Society				X											X			
Habitat for Humanity															X			

Carver County Day Care Association																				X	X	
Scott County Day Care Association																				X	X	
Carver County Crisis Nursery																				X	X	X
Scott County Crisis Nursery																				X	X	X
Goodwill																				X		
Hands of Friendship		X	X																			
Peace Center		X	X																			
Carver County WIC				X				X							X					X	X	
Scott County WIC				X				X							X					X	X	
Carver County Heat Share				X																		
Scott County Heat Share				X																		
Carver County HRA	X	X		X																X		
Scott County HRA	X	X		X																X		
MN Tenants Union				X																X		
Southern MN Regional Legal Services				X	X															X		
New Beginnings																				X	X	X
Shakopee Dial A Ride																						X
Scott County Transit																						X
Carver County Sheriff's Department																						X
Scott County Sheriff's Department										X												
Carver County Extension Service										X												
Scott County Extension Service				X																X		
Ways to Work Loan Program				X																		
Smile Center															X							
Alpha Women's Center				X											X					X	X	
Minnesota Care															X					X	X	
St Francis Regional Medical Center															X					X	X	
489 Care															X					X	X	
Catholic Charities		X	X	X						X	X									X		
Southern Valley Alliance for Battered Women		X		X																X	X	
Sojourner Project				X																X		
Rape and Sexual Assault Crisis Line				X																X		
Lifestyles Counseling				X									X							X		
FEMA		X	X																			
Minnesota AIDS Project				X															X	X		
Safe Haven for Youth		X	X	X		X				X	X									X		X
MN Department of Rehab Services				X																X		
City Police Department										X												
Housing Link																				X		
Carver County Veterans Office				X																X		X
Scott County Veterans Office				X																X		X

CoC Housing Inventory and Unmet Needs

I: CoC Housing Inventory Charts

I: CoC Housing Inventory Charts

Emergency Shelter: Fundamental Components in CoC System – Housing Inventory Chart													
Provider Name	Facility Name* *Place an asterisk after the facility name if it receives HUD McKinney-Vento dollars.	HMIS Part. Code	Number of Year-Round Beds in HMIS		Geo Code <input type="checkbox"/>	Target Pop		Year-Round			Total Year-Round Beds	Other Beds	
			Ind.	Fam.		A	B	Fam. Units	Fam. Beds	Indiv. Beds		Seasonal	O/V*
Current Inventory (Available for Occupancy on or before Jan. 31, 2006)			Ind.	Fam.									
Scott-Carver-Dakota CAP Agency	Motel Vouchers	P.A.	0	0	279139	FC		0	0	0	0		35
SUBTOTALS:			0	0	SUBTOTAL CURRENT INVENTORY:			0	0	0	0		35
New Inventory in Place in 2006 (Available for Occupancy Feb. 1, 2006 – Jan. 31, 2007)			Ind.	Fam.									
None			0	0				0	0	0	0		0
SUBTOTALS:					SUBTOTAL NEW INVENTORY:			0	0	0	0		0
Inventory Under Development (Available for Occupancy after January 31, 2007)			Anticipated Occupancy Date										
None								0	0	0	0		0
SUBTOTAL INVENTORY UNDER DEVELOPMENT:								0	0	0	0		0
Unmet Need						UNMET NEED TOTALS:							
Total Year-Round Beds—Individuals					Total Year-Round Beds—Families								
1. Total Year-Round Individual Emergency Shelter (ES) Beds:			0	6. Total Year-Round Family Emergency Shelter (ES) Beds:						0			
2. Number of DV Year-Round Individual ES Beds:			0	7. Number of DV Year-Round Family ES Beds:						0			
3. Subtotal, non-DV Year-Round Individual ES Beds (Line 1 minus Line 2):			0	8. Subtotal, non-DV Year-Round Family ES Beds (Line 6 minus Line 7):						0			
4. Total Year-Round Individual ES Beds in HMIS:			0	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):			0%	10. HMIS Coverage—Family ES Beds (Divide Line 9 by Line 8 and multiply by 100. Round to a whole number):						0%			

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

I: CoC Housing Inventory Charts

Transitional Housing: Fundamental Components in CoC System – Housing Inventory Chart											
Provider Name	Facility Name* <small>*Place an asterisk after the facility name if it receives HUD McKinney-Vento dollars.</small>	HMIS Part. Code	Number of Year-Round Beds in HMIS		Geo Code <input type="checkbox"/>	Target Pop		Year-Round			Total Year-Round Beds
			Ind.	Fam.		A	B	Fam. Units	Fam. Beds	Indiv. Beds	
Current Inventory (Available for Occupancy on or before January 31, 2006)			Ind.	Fam.							
Scott-Carver-Dakota CAP Agency	Scattered Sites	PA	10	17	279139	FC	DV	0	17	10	27
Carver County HRA	Scattered Sites	PA	2	4				0	4	2	6
SUBTOTALS:			12	21	SUBTOTAL CURRENT INVENTORY:		0	21	12	33	
New Inventory in Place in 2006 (Available for Occupancy Feb. 1, 2006 – Jan. 31, 2007)			Ind.	Fam.							
None			0	0				0	0	0	0
SUBTOTALS:					SUBTOTAL NEW INVENTORY:		0	0	0	0	
Inventory Under Development (Available for Occupancy after January 31, 2007)			Anticipated Occupancy Date								
None								0	0	0	0
SUBTOTAL INVENTORY UNDER DEVELOPMENT:							0	0	0	0	
Unmet Need						UNMET NEED TOTALS:					
Total Year-Round Beds—Individuals				Total Year-Round Beds—Families							
1. Total Year-Round Individual Transitional Housing Beds:			12	6. Total Year-Round Family Transitional Housing Beds:			21				
2. Number of DV Year-Round Individual TH Beds:			10	7. Number of DV Year-Round Family TH Beds:			17				
3. Subtotal, non-DV Year-Round Individual TH Beds (Line 1 minus Line 2):			2	8. Subtotal, non-DV Year-Round Family TH Beds (Line 6 minus Line 7):			4				
4. Total Year-Round Individual TH Beds in HMIS:			2	9. Total Year-Round Family TH Beds in HMIS			4				

5. HMIS Coverage—Individual TH Beds (Divide Line 4 by Line 3 and multiply by 100. Round to a whole number):	100%	10. HMIS Coverage—Family TH Beds (Divide Line 9 by Line 8 and multiply by 100. Round to a whole number):	100 %
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I: CoC Housing Inventory Charts

Permanent Supportive Housing*: Fundamental Components in CoC System – Housing Inventory Chart											
Provider Name	Facility Name <small>*Place an asterisk after the facility name if it receives HUD McKinney-Vento dollars.</small>	HMIS Part. Code	Number of Year-Round Beds in HMIS		Geo Code <input type="checkbox"/>	Target Pop.		Year-Round			Total Year-Round Beds
			Ind.	Fam.		A	B	Fam. Units	Fam. Beds	Indiv./CH Beds	
Current Inventory (Available for Occupancy on or before January 31, 2006)			Ind.	Fam.							
Scott County Human Services	Shelter Plus Care*	PA	13	4	279139	M		0	4	13/1	17
Carver County HRA	Shelter Plue Care*	PA	12	0	279019	SMF		0	0	12	12
Scott-Carver-Dakota CAP	Savage Project*	PA	0	4	279139	M		0	4	0	4
SUBTOTALS:			25	8	SUBTOTAL CURRENT INVENTORY:			0	8	25	33
New Inventory in Place in 2006 (Available for Occupancy Feb. 1, 2006 – Jan. 31, 2007)			Ind.	Fam.							
None			0	0				0	0	0	0
SUBTOTALS:					SUBTOTAL NEW INVENTORY:			0	0	0	0
Inventory Under Development (Available for Occupancy after January 31, 2007)			Anticipated Occupancy Date								
Safe Haven for Youth	Welcome Center Apts		Fall 2007		279139	YM F		0	0	5	5
SUBTOTAL INVENTORY UNDER DEVELOPMENT:								0	0	5	5
Unmet Need			UNMET NEED TOTALS:								
Total Year-Round Beds—Individuals				Total Year-Round Beds—Families							
1. Total Year-Round Individual Permanent Housing Beds:			25	6. Total Year-Round Family Permanent Housing Beds:							8

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):	25	8. Subtotal, non-DV Year-Round Family PH Beds (Line 6 minus Line 7):	8
4. Total Year-Round Individual PH Beds in HMIS:	25	9. Total Year-Round Family PH Beds in HMIS	8
5. HMIS Coverage—Individual PH Beds (Divide Line 4 by Line 3 and multiply by 100. Round to a whole number):	100%	10. HMIS Coverage—Family PH Beds (Divide Line 9 by Line 8 and multiply by 100. Round to a whole number):	100%

J: CoC Housing Inventory Data Sources and Methods Chart

(1) Indicate date on which Housing Inventory count was completed: <u>01/25/2007</u> (mm/dd/yyyy)	
(2) Identify the method used to complete the Housing Inventory Chart (check one):	
<input checked="" type="checkbox"/>	Housing inventory survey – CoC conducted a housing inventory survey (via mail, fax, e-mail, web-based, phone or on-site) of homeless programs/providers to update current bed inventories, target populations for programs, beds under development, etc.
<input type="checkbox"/>	HMIS – Used HMIS data to complete the Housing Inventory Chart
<input type="checkbox"/>	HMIS plus housing inventory – Used HMIS data supplemented by a survey of providers NOT participating in the HMIS
(3) Indicate the percentage of providers completing the housing inventory survey:	
<u>100</u> %	Emergency shelter providers
<u>100</u> %	Transitional housing providers
<u>100</u> %	Permanent supportive housing providers
(4) Indicate steps to ensure data accuracy for 2007 Housing Inventory Chart (check all that apply):	
<input checked="" type="checkbox"/>	Instructions – Provided written instructions for completing the housing inventory survey.
<input type="checkbox"/>	Training – Trained providers on completing the housing inventory survey.
<input type="checkbox"/>	Updated prior housing inventory information – Providers submitted updated 2006 housing inventory to reflect 2007 inventory.
<input checked="" type="checkbox"/>	Follow-up – CoC followed-up with providers to ensure the maximum possible response rate and accuracy of the housing inventory survey.
<input checked="" type="checkbox"/>	Confirmation – Providers or other independent entity reviewed and confirmed information in 2007 Housing Inventory Chart after it was completed.
<input checked="" type="checkbox"/>	HMIS – Compared HMIS and housing inventory survey data to check for consistency.
<input type="checkbox"/>	Other – specify:
Unmet Need:	
(5) Indicate type of data that was used to determine unmet need (check all that apply):	
<input checked="" type="checkbox"/>	Sheltered count (point-in-time)
<input checked="" type="checkbox"/>	Unsheltered count (point-in-time)
<input checked="" type="checkbox"/>	Housing inventory (number of beds available)
<input type="checkbox"/>	Local studies or data sources – specify:
<input type="checkbox"/>	National studies or data sources – specify:
<input 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 type="checkbox"/>	HUD unmet need formula – Used HUD's unmet need formula*
<input type="checkbox"/>	Other – specify:
(6b) If more than one method was used in 6a, please describe how these methods were used.	

*The HUD Unmet Need Guide and Worksheet can be found by going to:
<http://www.hud.gov/offices/adm/grants/fundsavail.cfm>

CoC Homeless Population and Subpopulations

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

Complete the following chart based on the most recent point-in-time count conducted. Your CoC must have completed a point-in-time count of sheltered and unsheltered homeless persons during the last week in January 2007. Part 1 and Part 2 must be completed using statistically reliable, unduplicated counts or estimates of homeless persons in sheltered and unsheltered locations at a one-day point in time. Please note: this chart is embedded as an Excel spreadsheet within this Word document. **To enter data, double-click anywhere on the chart.** For further instructions for filling out this section, see the Instructions section.

Indicate date of last point-in-time count:				
1/25/2007				
Part 1: Homeless Population	Sheltered		Unsheltered	Total
	Emergency	Transitional		
1. Number of Households with Dependent Children:	2	19	0	30
1a. Total Number of Persons in these Households (adults and children)	8	79	38	125
2. Number of Households without Dependent Children**	1	18	8	27
2a. Total Number of Persons in these Households	1	18	8	27
Total Persons (Add Lines 1a and 2a):	9	97	46	152
Part 2: Homeless Subpopulations (Adults only, except g. below)				
	Sheltered		Unsheltered	Total
a. Chronically Homeless	***		4	4
b. Severely Mentally Ill	20		*	20
c. Chronic Substance Abuse	11		*	11
d. Veterans	4		*	4
e. Persons with HIV/AIDS	5		*	5
f. Victims of Domestic Violence	12		*	12
g. Unaccompanied Youth (Under 18)	7		*	7

*Optional for unsheltered homeless subpopulations

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

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

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

L-1: Sheltered Homeless Population and Subpopulations

(1a) Check method(s) used to count sheltered homeless persons in the CoC (check all that apply):	
<input checked="" type="checkbox"/>	Survey – Providers count the total number of clients residing in their programs during the PIT count.
<input type="checkbox"/>	HMIS – CoC used HMIS to complete the PIT sheltered count and subpopulation information.
<input type="checkbox"/>	Other – specify:
(1b) If multiple methods are checked, briefly describe how data collected using the methods were combined to produce the count.	
(2a) Check the method(s) used to gather the subpopulation information on sheltered homeless persons reported in Part 2: Homeless Subpopulations (check all that apply):	
<input 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 checked="" type="checkbox"/>	Non-HMIS client-level information - Providers used individual client records (e.g., case management files) to provide subpopulation data for each adult and unaccompanied youth.
<input checked="" 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 checked="" type="checkbox"/>	HMIS – CoC used HMIS to gather subpopulation information on sheltered homeless persons.
<input type="checkbox"/>	Other –specify:
(2b) If multiple methods are checked, briefly describe how the methods were combined to produce the subpopulation information.	
(3) Indicate CoC’s steps to ensure data quality of the sheltered count (check all that apply):	
<input checked="" type="checkbox"/>	Instructions – Provided written instructions to providers for completing the sheltered PIT count.
<input type="checkbox"/>	Training – Trained providers on completing the sheltered PIT count.
<input checked="" type="checkbox"/>	Remind and Follow-up – Reminded providers about the count and followed up with providers to ensure the maximum possible response rate and accuracy.
<input checked="" type="checkbox"/>	HMIS – Used HMIS to verify data collected from providers for the sheltered PIT count.
<input type="checkbox"/>	Other –specify:
(4) How often will sheltered counts of sheltered homeless people take place in the future?	
<input type="checkbox"/>	Biennial (every two years)
<input type="checkbox"/>	Annual
<input checked="" type="checkbox"/>	Semi-annual
<input type="checkbox"/>	Other – specify:
(5) Month and Year when next count of sheltered homeless persons will occur: <u>11-2007</u>	
(6) Indicate the percentage of providers providing populations and subpopulations data collected via survey, interview and/or HMIS: January 2008	
<u>100</u> %	Emergency shelter providers
<u>100</u> %	Transitional housing providers

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 checked="" type="checkbox"/>	Public places count with interviews – CoC conducted a PIT count and interviewed unsheltered homeless persons encountered during the public places count: <input type="checkbox"/> ALL persons were interviewed OR <input checked="" type="checkbox"/> Sample of persons were interviewed
<input type="checkbox"/>	Public places count using probability sampling – High and low probabilities assigned to designated geographic areas based on the number of homeless people expected to be found in each area. The CoC selected a statistically valid sample of each type of area to include in the point-in-time count and extrapolated results to estimate the entire homeless population.
<input type="checkbox"/>	Service-based count – Interviewed people using non-shelter services, such as soup kitchens and drop-in centers, and counted those that self-identified as unsheltered homeless persons.
<input type="checkbox"/>	HMIS – Used HMIS for the count of unsheltered homeless people homeless people or for subpopulation information.
<input type="checkbox"/>	Other – specify:
(2) Indicate the level of coverage of the PIT count of unsheltered homeless people:	
<input type="checkbox"/>	Complete coverage – The CoC counted every block of the jurisdiction.
<input checked="" type="checkbox"/>	Known locations – The CoC counted in areas where unsheltered homeless people are known to congregate or live.
<input type="checkbox"/>	Combination – CoC combined complete coverage with known locations by conducting counts for every block <u>in a portion of the jurisdiction</u> (e.g. central city) AND conducting counts in other portions of the jurisdiction where unsheltered persons are known to live.
<input type="checkbox"/>	Used service-based or probability sampling (coverage is not applicable)
<input type="checkbox"/>	Other –specify:
(3) Indicate community partners involved in PIT unsheltered count (check all that apply):	
<input checked="" type="checkbox"/>	Outreach teams
<input 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 checked="" type="checkbox"/>	Other – specify: Faith Community
(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: <u>1/09</u>	

CoC Homeless Management Information System (HMIS)

M: CoC HMIS Charts

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

M-1: HMIS Lead Organization Information

Organization Name: Amherst H Wilder Foundation	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 #
Minneapolis/Hennepin County CoC	MN-500	Coon Rapids/Anoka County CoC	MN-507
St Paul/Ramsey County CoC	MN-501	Moorehead/West Central Minnesota CoC	MN-508
Rochester/Southeast Minnesota CoC	MN-502	Duluth/St Louis County CoC	MN-509
Dakota County CoC	MN-503	Scott, Carver Counties CoC	MN-510
Northeast Minnesota CoC	MN-504	Southwest Minnesota CoC	MN-511
St Cloud/Central Minnesota CoC	MN-505	Washington County CoC	MN-512
Northwest Minnesota CoC	MN-506		

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

M-3: HMIS Implementation Status

HMIS Data Entry Start Date for your CoC OR Anticipated Date Entry Start Date for your CoC 05/25/2004	If no data entry date, indicate reason: <input type="checkbox"/> New CoC in 2007 <input type="checkbox"/> Still in planning/software selection process <input type="checkbox"/> Initial implementation
---	--

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 additional resources, additional project staff time could be 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 problems. HMIS challenges also include implementing a 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 has 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	78	76
2005	21	20

2006	14	13
<p>Please provide a brief explanation of the reason(s) for any decreases in the number of records (duplicated or unduplicated) from year to year.</p> <p>The numbers of client records created by providers in the CoC went down even as HMIS coverage improved because a number of the clients served in 2006 had already been entered into the system in 2004 and 2005.</p>		

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	28.5%	Gender	0.0%
Social Security Number	37.0%	Veteran Status	86.8%
Date of Birth	0.5%	Disabling Condition	89.0%
Ethnicity	0.0%	Residence Prior to Program Entry	69.9%
Race	0.0%	Zip Code of Last Permanent Address	77.4%

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 exits are, therefore, ensured by the need for participating agencies to have accurate date 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	YES	N/A	N/A
Transitional Housing	YES	N/A	N/A
Permanent Supportive Housing	YES	N/A	N/A

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

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

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

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

Part III: CoC Strategic Planning

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

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

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing	2007 Local Action Steps How are you going to do it? List action steps to be completed within the next 12 months.	Lead Person List name and title or organization of one person responsible for accomplishing each action step.	Baseline (Current Level)	Numeric Achievement in 12 months	Numeric Achievement in 5 years	Numeric Achievement in 10 years
1. Create new PH beds for chronically homeless persons.	Apply for additional vouchers through the SuperNOFA process	Judson Kenyon CoC Coordinator And Committee	Beds 1	Beds 1	Beds 3	Beds 5
	Development of county plans for ending long term homelessness	Judson Kenyon-CoC Coordinator Tim Walsh-Scott County Human Services Director Julie Frick-Carver County CDA Director	0	0	3	5
	Additional rental vouchers secured through MN State Agencies		0	2	4	5
2. Increase percentage of homeless persons staying in PH over 6 months to at least 71%.	Continue assessment of each enrolled homeless individual/family to assure provision of support services	Connie Baumann-Scott County Karen Hayes-Carver County Nancy Anderson-CAP Agency	85%	75%	75%	75%
	Service agencies will provide essential supportive services	Connie Baumann-Scott County Karen Hayes-Carver County Nancy Anderson-CAP Agency	85%	75%	75%	75%
	Obtain additional financial resources	Judson Kenyon-CoC Coordinator and Committee	85%	75%	75%	75%
3. Increase percentage of homeless persons moving from TH to PH to at least	Continued provision of supportive services	Case Managers-CAP Agency	100%	75%	75%	75%
	Obtain additional housing vouchers from MN State agencies	Judson Kenyon-CoC Coordinator				

61.5%.	Continue to monitor HMIS data system to ensure coordination of supportive services being provided and additional needs	Connie Baumann-Scott County Human Services Karen Hayes-Carver County Human Services Kathy Jacobson-CAP Agency				
4. Increase percentage of homeless persons employed at exit to at least 18%.	Continue to ensure that clients enrolled have monthly reviews of their employment goals established when they enrolled	Connie Baumann-Scott County Human Services Karen Hayes-Carver County Human Services Nancy Anderson-CAP Agency	50%	50%	50%	50%
	Progress will be monitored as to availability of jobs on Work Force web site	Scott County Human Services Carver County Human Services CAP Agency				
	Have Work Force Center and other employment agencies hold training and informational meetings for case managers	Judson Kenyon-CoC Coordinator				
5. Ensure that the CoC has a functional HMIS system.	Participate in HMIS governing board and trainings	Judson Kenyon-CoC Coordinator	% Bed Coverage 100%			
	Agencies required to use HMIS will attend HMIS user group meetings	Connie Baumann-Scott County H S Aimee Golden-Carver County C S Carver County CDA Dan Saad-Safe Haven for Youth	% Bed Coverage 100%			
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						
1.						

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"/>	X
Health Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X
Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X
Corrections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X
<p>Foster Care: The Minnesota Department of Human Services, through state legislation, has directed counties to develop discharge plans with all youth beginning at age 16. Discharge plans must include housing and employment options and the assigned county case manager is to work closely with the youth and foster provider to implement all discharge plans. Foster care youth may petition to stay in foster care until age 21. State wards stay in foster care until age 21. Disabled youth may continue to receive social services including housing after age 18 through adult disability services in each county. 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>					
<p>Health Care: Local hospitals work with Scott and Carver Counties Community and Human Services Departments to jointly develop housing and support services planning for hospitalized people prior to discharge. A resource list of non-McKinney-Vento housing and support services is used to arrange discharge alternatives to homelessness. No McKinney-Vento funds are used for projects targeting persons being discharged from publicly funded institutions or systems of care.</p>					
<p>Mental Health: No person committed to a state regional treatment center is discharged homeless. All persons committed to any of the state regional treatment facilities are assigned a mental health case manager through the county that pursued the commitment. Discharge planning begins while the commitment process is still occurring. Housing after discharge is part of the treatment plan. Housing financed by HUD McKinney/Vento dollars is not used for people leaving state regional treatment facilities. 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>					
<p>Corrections:* In order to prevent offenders from being released homeless, the State begins the process of discharge planning shortly after the offender begins serving his 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

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

CoC 2007 Funding Priorities

Q: CoC Project Priorities Chart

HUD-defined CoC Name: Scott-Carver Counties CoC						CoC #: MN-510			
(1) SF-424 Applicant Name (Please Remove Examples)	(2) Project Sponsor Name	(3) Project Name	(4) Priority	(5) Requested Project Amount	(6) Term	(7) Program and Component Type			
						SHP New	SHP Renewal	S+C New	SRO New
X** Scott-Carver-Dakota CAP Agency	Scott-Carver-Dakota CAP Agency	Chronic SHP	1	\$20,514	2	PH			
Scott-Carver-Dakota CAP Agency	Scott-Carver-Dakota CAP Agency	Transitional SHP	2	\$109,856	2		TH		
Amherst Wilder Foundation	Wilder Research	Statewide HMIS	3	\$19,999	1		HMIS		
			4						
			5						
(8) Subtotal: Requested Amount for CoC Competitive Projects:				\$ 150,369					
(9) Shelter Plus Care Renewals:						S+C Component Type			
Scott County	Scott County	Shelter Plus Care	7	\$88,464	1	TRA			
			8		1				
			9		1				
(10) Subtotal: Requested Amount for S+C Renewal Projects:				\$ 88,464					
(11) Total CoC Requested Amount (line 8 + line 10):				\$ 238,833					

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:	\$ N/A

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:
(In this example, the amount proposed for new PH project is \$140,000)

	\$ N/A
--	--------

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
N/A	N/A	N/A	N/A	N/A	N/A
(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
N/A	N/A	N/A	N/A
(12) TOTAL:			

S: CoC Project Leveraging Summary Chart

Name of Continuum	Total Value of Written Commitment
Scott-Carver Counties, Minnesota	\$371,317

T: CoC Current Funding and Renewal Projections Chart

T: CoC Current Funding and Renewal Projections

Supportive Housing Program (SHP) Projects:													
Type of Housing		All SHP Funds Requested (Current Year)		Renewal Projections									
		2007		2008		2009		2010		2011		2012	
Transitional Housing (TH)		\$54,928		\$54,928		\$54,928		\$54,928		\$54,928		\$54,928	
Safe Havens-TH													
Permanent Housing (PH)		\$56,860		\$56,860		\$56,860		\$56,860		\$56,860		\$56,860	
Safe Havens-PH													
SSO													
HMIS		\$19,999		\$19,999		\$19,999		\$19,999		\$19,999		\$19,999	
Totals		\$131,787		\$131,787		\$131,787		\$131,787		\$131,787		\$131,787	
Shelter Plus Care (S+C) Projects:													
Number of S+C Bedrooms		All S+C Funds Requested (Current Year)		Renewal Projections									
		2007		2008		2009		2010		2011		2012	
		Units	\$	Units	\$	Units	\$	Units	\$	Units	\$	Units	\$
SRO													
0													
1		10	\$88,464	10	\$88,464	10	\$88,464	10	\$88,464	10	\$88,464	10	\$88,464
1						5	\$48,144	5	\$48,144	5	\$48,144	5	\$48,144
1						8	\$77,136	8	\$77,136	8	\$77,136	8	\$77,136
4													
5													
Totals		10	\$88,464	10	\$88,464	23	\$213,744	23	\$213,744	23	\$213,744	23	\$213,744

Part IV: CoC Performance

U: CoC Achievements Chart

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

2006 Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing	12-month Measurable Achievement Proposed in 2006 (from Chart N of your 2006 CoC application)	Accomplishments (Enter the numeric achievement attained during past 12 months)
1. Create new PH beds for chronically homeless persons.	1. Permanent supportive housing to be developed for single young adults with-in two years. 2. Obtain additional vouchers through States initiative on homelessness over 10-year period 3. Obtain additional rental vouchers from Housing Trust Fund	1. 1 permanent supportive housing unit ready for occupancy, 8-07 2. Grant submitted to MN DHS for additional vouchers. Pending at time of submission 3. Scott & Carver Counties have requested additional vouchers. Pending at time of submission
2. Increase percentage of homeless persons staying in PH over 6 months to 71%.	1. Each program participant will be accessed and provided necessary supportive services. 2. Chronic homeless individuals will be referred to other services that are not provided by primary provider. 3. Additional financial resources will be obtained to increase long term stability	1. Most recent APR's submitted document 85% remain in housing over 7 months. 2. 1 permanent supportive housing unit ready for occupancy 8-07. 3. MHFA has tentatively awarded Scott & Carver Counties \$275,000 for FHPAP
3. Increase percentage of homeless persons moving from TH to PH to 61.5%.	1. Coordination between provider of TH & PH will be enhanced. 2. Create additional PH opportunities (see objective #1) 3. Review HMIS data for better tracking and referral to PH opportunities	1. Most recent APR submitted documents 100% have moved from TH to PH 2. CAP Agency has submitted a PH Chronic Homeless Exhibit 3. 2 this funding cycle
4. Increase percentage of homeless persons becoming employed by 11%.	1. Each program participant will have a 6 month and 1 year employment goals established with-in 2 months of enrollment 2. Assigned case manager and other supportive service agencies will monitor progress and provide resources necessary 3. Enhance coordination between social service providers and the Work Force Center	1. 50% of people exiting homeless programs are employed. 2. Achieved in the case management plan 3. Scott County has implemented a tracking/referral system to enhance this objective
5. Ensure that the CoC has a functional HMIS system.	1. Participate in HMIS governing committee 2. Agencies required to use HMIS will attend HMIS user group trainings 3. Seek out financial resources to reduce end user fees	1. CoC Coordinator is a member of statewide governing board 2. 100% of end-users attend training by Wilder Research 3. Statewide governing board has sought additional funding from

		State agencies
<p>Briefly explain the reasons for not meeting one or more of your proposed measurable achievements.</p>		
<p><i>OPTIONAL:</i> If desired, you may use this space to describe your CoC's most significant accomplishments over the past 12 months.</p>		

V: CoC Chronic Homeless (CH) Progress Chart

<p>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.</p>					
Year	Number of CH Persons	Number of PH beds for the CH			
2005	18	1			
2006	18	1			
2007	4	1			
<p>Briefly describe the reason(s) for any increases in the total number of chronically homeless persons between 2006 and 2007: Note: 2005/2006- Both years used the point in time count of 1/27/2005, thus the numbers are the same. A more reliable survey was used for the 1/25/07 point in time county which may explain the large decrease in number</p>					
<p>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:</p>					<p><u>2</u></p>
<p>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.</p>					
Cost Type	Public/Government				Private
	HUD McKinney-Vento	Other Federal	State	Local	
Development	\$ 20,057	\$	\$	\$ 200,000	\$ 180,000
Operations	\$ 35,100	\$	\$	\$ 65,000	\$
TOTAL	\$ 55,157	\$	\$	\$ 265,000	\$ 180,000

W: CoC Housing Performance Chart

1. Participants in Permanent Housing (PH)		
HUD will be assessing the percentage of all participants who remain in S+C or SHP permanent housing (PH) for more than six months. SHP projects include both SHP-PH and SHP-Safe Haven PH renewals. Complete the following chart using data based on the <u>most recently submitted</u> APR for Question 12(a) and 12(b) for PH projects included on your CoC Priority Chart:		
<input type="checkbox"/>	No applicable PH renewals are on the CoC Project Priorities Chart	APR Data
X	<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)	4
b.	Number of participants who did not leave the project(s)—APR Question 12(b)	9
c.	Number who exited after staying 7 months or longer in PH—APR Question 12(a)	4
d.	Number who did not leave after staying 7 months or longer in PH—APR question 12(b)	7
e.	Percentage of all participants in PH projects staying 7 months or longer (c. + d. divided by a. + b., multiplied by 100 = e.)	85%
2. Participants in Transitional Housing (TH)		
HUD will be assessing the percentage of all TH clients who moved to a permanent housing situation. TH projects include SHP-TH and SHP-Safe Haven/TH <i>not</i> identified as permanent housing. Complete the following chart using data based on the <u>most recently submitted</u> APR Question 14 for TH renewal projects included on your CoC Priorities Chart.		
<input type="checkbox"/>	No applicable TH renewals are on the CoC Project Priorities Chart	APR Data
X	<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	3
b.	Number of participants who moved to PH	3
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

<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)
	a. SSI		
7	b. SSDI	2	35%
	c. Social Security		
7	d. General Public Assistance	2	35%
7	e. TANF	2	35%
	f. SCHIP		
	g. Veterans Benefits		
	h. Employment Income		
	i. Unemployment Benefits		
	j. Veterans Health Care		
	k. Medicaid		
	l. Food Stamps		
7	m. Other (please specify)	1	17.5%
7	n. No Financial Resources	1	17.5%

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):	
X	A majority of homeless assistance providers have case managers systematically assist clients in completing applications for mainstream benefit programs.
X	The CoC systematically analyzes its projects' APRs to assess and improve access to mainstream programs.
<input type="checkbox"/>	The CoC has an active planning committee that meets at least three times a year to improve CoC-wide participation in mainstream programs.
X	A majority of homeless assistance providers use a single application form for four or more of the above mainstream programs.
X	The CoC systematically provides outreach and intake staff specific, ongoing training on how to identify eligibility and program changes for mainstream programs.
X	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.
X	A majority of homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.
X	A majority of homeless assistance providers have staff systematically follow-up to ensure that mainstream benefits are received.
X	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 2006 competition that are not yet under contract (i.e., signed grant agreement or executed ACC).

Project Number	Applicant Name	Project Name	Grant Amount
NONE			
		Total:	

AA: CoC Participation in Energy Star Chart

Have you notified CoC members of the Energy Star initiative? X Yes <input type="checkbox"/> No
Percentage of CoC projects on CoC Priority Chart using Energy Star appliances: <u>100</u> %

AB: Section 3 Employment Policy Chart N/A

	YES	NO
1. Is any project in your CoC requesting HUD funds for housing rehabilitation or new construction?	<input type="checkbox"/>	X
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>		