
2007 Exhibit 1: Continuum of Care (CoC) Application

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

OMB Approval No. 2506-0112
(exp. 3/31/10)

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

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

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

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

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

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

Part I: CoC Organizational Structure

HUD-Defined CoC Name:*	CoC Number*
Ann Arbor/Washtenaw County CoC	MI-509
*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: Ann Arbor/Washtenaw County Continuum of Care		
CoC Contact Person: Candace Cadena		
Contact Person's Organization Name: Office of Community Development		
Street Address: 110 N. Fourth Avenue, Suite 300 / P.O. Box 8645		
City: Ann Arbor	State:MI	Zip:48107
Phone Number: (734) 622-9007	Fax Number: (734) 622-9022	
Email Address: cadenac@ewashtenaw.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
City of Ann Arbor	260192
Washtenaw County	269161

Geographic Area Name	6-digit Code

CoC Structure and Decision-Making Processes

C: CoC Groups and Meetings Chart

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

CoC Planning Groups		Meeting Frequency (check only one column)				Enter the number of organizations/entities that are members of each CoC planning group listed on this chart.
		At Least Monthly	At Least Quarterly	At Least Biannually	Annually	
Example: CoC Primary Decision-Making Group						
Name:	River County Continuum of Care Executive Committee	X				5
Role:	This group sets agendas for full Continuum of Care meetings, oversees project monitoring, determines project priorities, provides final approval for the CoC application, and oversees application submission.					
CoC Primary Decision-Making Group (list only one group)						
Name:	Washtenaw County/City of Ann Arbor Continuum of Care Board	X				20
Role:	This group plans both short- and long-term strategies regarding homelessness prevention and interventions, as well as long-term strategies for creation and retention of affordable housing.					
Other CoC Committees, Sub-Committees, Workgroups, etc.						
Name:	Continuum of Care Steering Committee	X				3
Role:	This group sets agendas for the Continuum of Care meetings.					
Name:	Continuum of Care Review & Ranking Committee	X				5
Role:	This group reviews project proposals and determines project rankings.					
Name:	Washtenaw County HMIS Steering Committee		X			14
Role:	This group provides leadership and planning support for our homeless management information system. This includes determining data collection requirements and approving privacy policies and agency participation standards.					
Name:	HMIS Users Group		X			14
Role:	This group is comprised of representatives from participating agencies who are system users; this group identifies needs and provides feedback on items related to HMIS system use.					
Name:	Community Collaborative Executive Committee	X				35
Role:	This Steering Committee provides administrative and logistical support to the Action Groups, including the Continuum of Care Board.					
Name:	Washtenaw Housing Alliance (WHA) Board	X				12
Role:	This group provides leadership for the Washtenaw Housing Alliance, which oversees the implementation of Washtenaw County's Blueprint to End Homelessness.					
Name:	Washtenaw Housing Alliance Operations Committee	X				10
Role:	This group is the decision-making body for the Washtenaw Housing Alliance.					
Name:	WHA Coordinated Response/Eviction Prevention Workgroup		X			5
Role:	This group is developing a plan for centralizing the homeless response system and for accessing centralized prevention dollars.					
Name:	WHA Board—500 Units Committee	X				5

Role:	This group developed a plan to make 500 units of affordable housing available through a variety of strategies (including rent subsidies, acquisition and rehabilitation, and new development) and to find resources for supports.				
Name:	WHA Substance Abuse and Co-occurring Disorders Treatment Workgroup	X			8
Role:	This group aligns current substance abuse treatment efforts into a county-wide plan that includes increasing “detox” beds, follow-up treatment resources, and transitional housing.				
Name:	WHA Employment and Training Workgroup		X		10
Role:	This group is developing a plan to make employment and educational services more innovative, accessible, and useful for homeless persons.				
Name:	WHA Standards Workgroup	X			5
Role:	This group is reviewing literature for best practices, drafting common standards for service provision, and outlining a process for funding and implementation of service standards.				
Name:	WHA Data Collection and Evaluation Workgroup			X	5
Role:	This group contributes to a county-wide management plan, including identifying needs associated with HMIS use in agencies and system integration planning.				
Name:	WHA Integrated Funding Workgroup	X			5
Role:	This group examined how funding decisions could be made in a more coordinated and aligned manner, and created a proposed funding process and timeline. This group developed a plan to integrate the Continuum of Care and the Blueprint to End Homelessness, which outlined potential changes in funding and structure of the processes.				

D: CoC Planning Process Organizations Chart

List the names of all organizations involved in the CoC under the appropriate category. If more than one geographic area is claimed on the 2007 Geography Chart (Chart B), you must indicate which geographic area(s) each organization represents in your CoC planning process. In the last columns, identify no more than two subpopulation(s) whose interests the organization is specifically focused on representing in the CoC planning process. For “Homeless Persons,” identify at least 2 homeless or formerly homeless individuals. Do not enter the real names of domestic violence survivors.

	Specific Names of All CoC Organizations	Geographic Area Represented	Subpopulations Represented, if any* (no more than 2 per organization)	
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PUBLIC SECTOR	STATE GOVERNMENT AGENCIES			
	Department of Human Services	269161		
	Mich. State Housing Development Authority	269161		
	LOCAL GOVERNMENT AGENCIES			
	Community Collaborative of Washtenaw County	269161		
	Community Support and Treatment Services	269161	SMI	SA
	Employment Training & Community Services	269161		
	Washtenaw Community Health Organization	269161	SMI	SA
	Washtenaw County Children’s Services	269161	Y	
	Washtenaw County/City of Ann Arbor Office of Community Development	269161 & 260192		
	Washtenaw County MSU Extension	269161		
	Washtenaw County Veteran Services	269161	VET	
	Washtenaw Health Plan	269161		
	PUBLIC HOUSING AGENCIES			
	Ann Arbor Housing Commission	260192		
	Ypsilanti Housing Commission	269161		
	SCHOOL SYSTEMS / UNIVERSITIES			
	Eastern Michigan University	269161		
	University of Michigan	260192		
	Washtenaw Community College	269161		
	Washtenaw Intermediate School District	269161	Y	
	LAW ENFORCEMENT / CORRECTIONS			
	Ann Arbor 15 th District Court	260192		
	Ann Arbor Police Department	260192		
	Pittsfield Township Dept. of Public Safety	269161		
	University of Michigan Dept. of Public Safety	260192		
	Washtenaw County Community Corrections	269161		
	Washtenaw County Sheriff’s Department	269161		
	LOCAL WORKFORCE INVESTMENT ACT (WIA) BOARDS			
	County Workforce Development Board	269161		
	OTHER			
	City of Ann Arbor City Council	260192		

	Washtenaw County Board of Commissioners	269161		
PRIVATE SECTOR	NON-PROFIT ORGANIZATIONS			
	Avalon Housing	260192 & 269161	SMI	SA
	Catholic Social Services	260192 & 269161	SMI	SA
	Child Care Network	260192 & 269161	Y	
	Community Housing Alternatives	260192 & 269161		
	Dawn Farm	260192 & 269161	SA	
	Education Project for Homeless Youth	260192 & 269161	Y	
	Family Support Network	260192 & 269161	DV	Y
	Food Gatherers	260192 & 269161		
	Habitat for Humanity	260192 & 269161		
	HelpSource	260192 & 269161		
	HIV/AIDS Resource Center	260192 & 269161	HIV	
	Home of New Vision	260192 & 269161	SA	
	Housing Bureau for Seniors	260192 & 269161		
	Interfaith Hospitality Network/Alpha House	260192 & 269161		
	Jewish Family Services	260192 & 269161		
	Legal Services of South Central Michigan	260192 & 269161		
	Michigan Ability Partners	260192 & 269161	SMI	VET
	Michigan Prisoner Re-Entry Initiative of Washtenaw County	260192 & 269161		
	Neighborhood Senior Services	260192 & 269161		
	Neutral Zone	260192 & 269161	Y	
	Ozone House	260192 & 269161	Y	
	Packard Community Clinic	260192 & 269161		
	SafeHouse Center	260192 & 269161	DV	
	Shelter Association of Washtenaw County	260192 & 269161	SMI	SA
	SOS Community Services	260192 & 269161	Y	
	Student Advocacy Center	260192 & 269161	Y	
	Synod Residential Services	260192 & 269161	SMI	
	Washtenaw Affordable Housing Corporation	260192 & 269161		
	Washtenaw Housing Alliance	260192 & 269161	SMI	SA
	Washtenaw Literacy	260192 & 269161		
	FAITH-BASED ORGANIZATIONS			
	Chelsea Faith in Action	269161		
	POWER, Inc.	260192 & 269161	SMI	SA
	Salvation Army	260192 & 269161		
	FUNDERS / ADVOCACY GROUPS			
	Ann Arbor Area Community Foundation	269161		
	Junior League of Ann Arbor	269161		
	Knight Foundation	269161		
	Washtenaw Area Council for Children	269161	Y	
	Washtenaw United Way	269161		
	BUSINESSES (BANKS, DEVELOPERS, BUSINESS ASSOCIATIONS, ETC.)			
The Charles Reinhart Co.	269161			
Dunbar & Martel, LLC	269161			
McKinley	269161			
Pfizer	269161			

Soble & Rowe	269161		
Zingerman's	269161		
HOSPITALS / MEDICAL REPRESENTATIVES			
Ann Arbor Veterans Administration Medical Center	269161	VET	
Saint Joseph Mercy Health System	269161		
University of Michigan Health System	269161		
HOMELESS / FORMERLY HOMELESS PERSONS			
Alpha House Community Meetings	269161		
Charles Coleman, Dawn Farm	269161		
Michigan Ability Partners WISH Alumni Club	269161		
Michigan Ability Partners WISH Participant Council	269161		
Michigan Ability Partners Tenant Council	269161		
SOS Consumer Advisory Board	269161		
OTHER			

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

E: CoC Governing Structure Chart

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

1. Is the CoC's primary decision-making body a legally recognized organization (check one)?

Yes, a 501(c)(3)

Yes, a 501(c)(4)

Yes, other – specify: _____

No, not legally recognized

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.

The CoC could assume responsibility for these activities, as long as the additional administrative funds provided by HUD sufficiently covered the additional costs to be borne by the CoC coordinating body. The City/County Office of Community Development, the local government agency responsible for CoC coordination, currently already administers CDBG and HOME grants and provides oversight and monitoring for these programs. If the additional funding provided by HUD for CoC grant administration covered the significant staff time that would be required, the Office of Community Development has the capacity to be responsible for these activities.

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.?	90%
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4a. Indicate how the **members** of the primary decision-making body are selected (check all that apply):

- Elected
- Assigned/Volunteer
- Appointed
- Other – specify: _____

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.)

Participation in the Continuum is open and voluntary to maximize inclusiveness and participation. Representatives from a wide variety of services sectors in the community are encouraged to participate. Membership is established by attendance; after attending three consecutive meetings, an agency representative is granted membership status. (Limit one voting member per agency.)

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

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

1. Open Solicitation			
a. Newspapers	<input checked="" type="checkbox"/>	d. Outreach to Faith-Based Groups	<input 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 type="checkbox"/>
b. Review CoC Monitoring Findings	<input type="checkbox"/>	k. Assess Cost Effectiveness	<input type="checkbox"/>
c. Review HUD Monitoring Findings	<input type="checkbox"/>	l. Assess Provider Organization Experience	<input checked="" type="checkbox"/>
d. Review Independent Audit	<input checked="" type="checkbox"/>	m. Assess Provider Organization Capacity	<input checked="" type="checkbox"/>
e. Review HUD APR for Performance Results	<input checked="" type="checkbox"/>	n. Evaluate Project Presentation	<input checked="" type="checkbox"/>
f. Review Unexecuted Grants	<input type="checkbox"/>	o. Review CoC Membership Involvement	<input checked="" type="checkbox"/>
g. Site Visit(s)	<input checked="" type="checkbox"/>	p. Review Match	<input checked="" type="checkbox"/>
h. Survey Clients	<input checked="" type="checkbox"/>	q. Review All Leveraging Letters (to ensure that they meet HUD requirements)	<input type="checkbox"/>
i. Evaluate Project Readiness	<input 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 type="checkbox"/>	e. Consensus (general agreement)	<input checked="" type="checkbox"/>
c. All CoC Members Present Can Vote	<input checked="" type="checkbox"/>	f. Voting Members Abstain if Conflict of Interest	<input checked="" type="checkbox"/>

G: CoC Written Complaints Chart

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

Part II: CoC Housing and Service Needs

H: CoC Services Inventory Chart

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

(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
American Red Cross		X																
Ann Arbor Center for Independent Living										X						X		
Ann Arbor Housing Commission	X	X		X						X	X							
Ann Arbor Transportation Authority																		X
Avalon Housing		X	X	X					X	X						X		X
Barrier Busters		X	X															
Catholic Social Services of Washtenaw County			X	X					X	X						X		X
Center for Occupation and Personalized Education											X					X		
Child Care Network																	X	
Clear House (HelpSource)											X							
Community Dental Center													X					
Community Family Health Center													X					
Community Support and Treatment Services		X		X					X	X	X	X				X		X
Corner Health Center													X					
Crisis Residential Services – CSTS												X						
Dawn Farm									X	X								
Department of Human Services		X	X						X								X	
Education Program for Homeless Youth (Washtenaw Intermediate School District)															X			
Fair Housing Center of Washtenaw County				X														
Family Learning Institute of Ann Arbor															X			
Family Support Network		X							X								X	X
Father Patrick Jackson House (CSS)									X	X								
HelpSource									X	X		X			X	X		
HERO										X					X			
HIV/AIDS Resource Center (HOPWA)		X		X		X			X				X					X
Home of New Vision											X							
Hope Clinic												X						
Housing Bureau for Seniors	X	X																
Interfaith Hospitality Network		X		X					X	X	X		X		X	X	X	X

Jewish Family Services									X								X	X		
Legal Services of South Central Michigan					X															
Michigan Ability Partners		X				X			X	X								X		
Mobile Medical Unit							X						X							
National Alliance for the Mentally Ill of Washtenaw County					X															
Neighborhood Senior Service									X											
Northfield Human Services																				X
Ozone House				X		X			X	X										
Packard Community Clinic																	X			
Personalized Nursing Light House											X									
Planned Parenthood Mid-Michigan Alliance																	X			
PORT		X		X		X			X		X	X						X		
POWER, Inc.				X					X	X	X	X	X				X	X	X	X
SafeHouse Center				X	X				X										X	
Salvation Army	X	X	X	X					X											X
Shelter Association of Washtenaw County		X							X				X	X			X	X		X
SOS Community Services		X	X	X					X	X							X	X	X	X
St. Joseph Mercy Health System							X					X								
Synod Residential Services										X			X					X		
Thrift Shops (Ann Arbor & Ypsilanti)		X																		
Turner Geriatric Clinic																X		X		
Veterans Administration						X			X		X	X	X				X			X
Washtenaw Affordable Housing Corporation		X		X																
Washtenaw Association for Community Advocacy					X					X										
Washtenaw Health Plan						X									X					
Washtenaw Housing Education Partners (includes MSU Extension, Community Housing Alternatives, and POWER, Inc.)	X																	X		
Washtenaw Literacy																		X		
Washtenaw County Health Services - Health Services Access												X	X	X						
Washtenaw County Veteran Services								X												
Washtenaw Intergenerational Supportive Housing		X		X					X	X	X	X					X	X		
Women's Center of America										X	X	X					X	X		
Workforce Development Board																		X		

CoC Housing Inventory and Unmet Needs

I: CoC Housing Inventory Charts

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

I: CoC Housing Inventory Charts

Emergency Shelter: Fundamental Components in CoC System – Housing Inventory Chart																
Provider Name	Facility Name* *Place an asterisk after the facility name if it receives HUD McKinney-Vento dollars.	HMIS Part. Code	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.												
SafeHouse Center	SAFE House*	DV	0	0	269161	M	DV	18	42	5	47	0	0			
Interfaith Hospitality Network of Washtenaw County	Alpha House*	PA	0	24	269161	FC		6	24	0	24	0	5			
Ozone House	Ozone House Emergency Youth Shelter*	PA	6	0	269161	YMF		0	0	6	6	0	0			
SOS Community Services	Prospect Place*	PA	0	24	269161	FC		6	24	0	24	0	0			
The Salvation Army of Washtenaw County	Staples Family Center*	PA	6	29	269161	M		10	29	6	35	0	0			
The Shelter Association of Washtenaw County	Delonis Center*	PA	50	0	260192	SMF		0	0	50	50	31	0			
SUBTOTALS:			62	77	SUBTOTAL CURRENT INVENTORY:			40	119	67	186	31	5			
New Inventory in Place in 2006 (Available for Occupancy Feb. 1, 2006 – Jan. 31, 2007)			Ind.	Fam.												
Shelter Association of Washtenaw County	Delonis Center*	PA	0	0	269161	SF		0	0	0	0	6	0			
SUBTOTALS:			0	0	SUBTOTAL NEW INVENTORY:			0	0	0	0	6	0			
Inventory Under Development (Available for Occupancy after January 31, 2007)			Anticipated Occupancy Date													
N/A																
SUBTOTAL INVENTORY UNDER DEVELOPMENT:								0	0	0	0	0	0			
Unmet Need								UNMET NEED TOTALS:			0	0	14	14	0	0

Total Year-Round Beds—Individuals		Total Year-Round Beds—Families	
1. Total Year-Round Individual Emergency Shelter (ES) Beds:	67	6. Total Year-Round Family Emergency Shelter (ES) Beds:	119
2. Number of DV Year-Round Individual ES Beds:	5	7. Number of DV Year-Round Family ES Beds:	42
3. Subtotal, non-DV Year-Round Individual ES Beds (Line 1 minus Line 2):	62	8. Subtotal, non-DV Year-Round Family ES Beds (Line 6 minus Line 7):	77
4. Total Year-Round Individual ES Beds in HMIS:	62	9. Total Year-Round Family ES Beds in HMIS	77
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):	100%

*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.							
Catholic Social Services	Father Patrick Jackson House*	PA	0	10	269161	FC		5	10	0	10
Michigan Ability Partners/WISH	Cross Street*	PA	6	0	269161	SM		0	0	6	6
Ozone House	Miller House	N	0	0	269161	YMF		0	0	7	7
Project Outreach	Tuscan Creek	PA	2	0	269161	SMF		0	0	2	2
The Salvation Army of Washtenaw County	Veterans Haven of Hope	N	0	0	269161	SMF	VET	0	0	11	11
SOS Community Services	SOS Transitional Housing Program*	PA	0	64	269161	FC		16	64	0	64
SUBTOTALS:			8	74	SUBTOTAL CURRENT INVENTORY:			21	74	26	100
New Inventory in Place in 2006 (Available for Occupancy Feb. 1, 2006 – Jan. 31, 2007)			Ind.	Fam.							
N/A											
SUBTOTALS:			0	0	SUBTOTAL NEW INVENTORY:			0	0	0	0
Inventory Under Development (Available for Occupancy after January 31, 2007)			Anticipated Occupancy Date								
Dawn Farms	East Summit		10/2007		260192	SMF		0	0	12	12
SUBTOTAL INVENTORY UNDER DEVELOPMENT:								0	0	12	12
Unmet Need								UNMET NEED TOTALS:			
								0	0	43	43
Total Year-Round Beds—Individuals					Total Year-Round Beds—Families						

1. Total Year-Round Individual Transitional Housing Beds:	26	6. Total Year-Round Family Transitional Housing Beds:	74
2. Number of DV Year-Round Individual TH Beds:	0	7. Number of DV Year-Round Family TH Beds:	0
3. Subtotal, non-DV Year-Round Individual TH Beds (Line 1 minus Line 2):	26	8. Subtotal, non-DV Year-Round Family TH Beds (Line 6 minus Line 7):	74
4. Total Year-Round Individual TH Beds in HMIS:	8	9. Total Year-Round Family TH Beds in HMIS	74
5. HMIS Coverage—Individual TH Beds (Divide Line 4 by Line 3 and multiply by 100. Round to a whole number):	31%	10. HMIS Coverage—Family TH Beds (Divide Line 9 by Line 8 and multiply by 100. Round to a whole number):	100%

I: CoC Housing Inventory Charts

Permanent Supportive Housing*: Fundamental Components in CoC System – Housing Inventory Chart											
Provider Name	Facility Name <small>*Place an asterisk after the facility name if it receives HUD McKinney-Vento dollars.</small>	HMIS Part. Code	Number of Year-Round Beds in HMIS		Geo Code <input type="checkbox"/>	Target Pop.		Year-Round			Total Year-Round Beds
						A	B	Fam. Units	Fam. Beds	Indiv./CH Beds	
Current Inventory (Available for Occupancy on or before January 31, 2006)			Ind.	Fam.							
Avalon Housing, Inc.	Ashley SHP units*	PA	6	0	260192	SMF		0	0	6/4	6
Avalon Housing, Inc.	Carrot Way – SPC Voucher*	PA	1	13	260192	M		4	13	1/1	14
Avalon Housing, Inc.	Pontiac Trail – SHP units*	PA	0	10	260192	FC		4	10	0/0	10
Avalon Housing, Inc.	Scattered Site Apartments – SPC Vouchers*	PA	15	7	260192	M		3	7	15/4	22
Michigan Ability Partners	Gateway – SPC Vouchers*	PA	8	0	269161	SMF		0	0	8/7	8
Michigan Ability Partners	Home Zone – SPC Vouchers*	PA	7	0	269161	SM	VET	0	0	7/7	7
Michigan Ability Partners	Scattered Site Apartments – SPC Vouchers*	PA	27	0	269161	SMF		0	0	27/22	27
Ozone House / Avalon Housing	SOLO* - Ozone – SHP vouchers / Avalon First Street Site	N	0	0	260192	YMF		0	0	6/0	6
POWER, Inc.	Scattered Sites – Rental Subsidies*	PA	0	32	269161	FC		9	32	0/0	32
Shelter Association of Washtenaw County	TRA – SPC Vouchers*	PA	29	3	269161	M		1	3	29/8	32
Shelter Association of Washtenaw County	SRA – SPC Vouchers*	PA	6	0	269161	SMF		0	0	6/2	6
SUBTOTALS:			99	65	SUBTOTAL CURRENT INVENTORY:			21	65	105/55	170
New Inventory in Place in 2006 (Available for Occupancy Feb. 1, 2006 – Jan. 31, 2007)			Ind.	Fam.							
N/A											

SUBTOTALS:				0	0	SUBTOTAL NEW INVENTORY:			0	0	0/0	0	
Inventory Under Development (Available for Occupancy after January 31, 2007)				Anticipated Occupancy Date									
Avalon Housing, Inc.	Third Street	D	1/2008	260192	SMF		0	0	6/6	6			
Avalon Housing, Inc./SafeHouse Center	Broadway	D	1/2008	260192	M	DV	2	7	2/0	9			
Interfaith Hospitality Network of Washtenaw County	TBRA IHN	D	1/2008	269161	FC		7	28	0/0	28			
Michigan Ability Partners	Mapleview*	N	5/2007	269161	SMF		0	0	10/8	10			
Ozone House	TBRA SOLO	N	7/2007	260192	YMF		0	0	5/0	5			
SOS Community Services	TBRA SOS	D	1/2008	269161	FC		27	108	0/0	108			
SUBTOTAL INVENTORY UNDER DEVELOPMENT:							36	143	23/14	166			
Unmet Need							UNMET NEED TOTALS:			0	0	77/14	77
Total Year-Round Beds—Individuals				Total Year-Round Beds—Families									
1. Total Year-Round Individual Permanent Housing Beds:		105		6. Total Year-Round Family Permanent Housing Beds:		65							
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):		105		8. Subtotal, non-DV Year-Round Family PH Beds (Line 6 minus Line 7):		65							
4. Total Year-Round Individual PH Beds in HMIS:		99		9. Total Year-Round Family PH Beds in HMIS		65							
5. HMIS Coverage—Individual PH Beds (Divide Line 4 by Line 3 and multiply by 100. Round to a whole number):		94%		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

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

(1) Indicate date on which Housing Inventory count was completed: <u>1/25/2007</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:	
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 type="checkbox"/>	Local studies or data sources – specify:
<input type="checkbox"/>	National studies or data sources – specify:
<input checked="" type="checkbox"/>	Provider opinion through discussions or survey forms

<input type="checkbox"/>	Other – specify:
(6a) Indicate the method(s) used to calculate or determine unmet need (check all that apply):	
<input 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.	
Each participating agency used HUD’s formula to determine the unmet need for each housing type. The unmet need counts were aggregated and provided for discussion at a CoC meeting to finalize the total unmet need for each housing type.	

*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 <u>with</u> Dependent Children:	21	18	0	39
1a. Total Number of Persons in these Households (adults and children)	71	57	0	128
2. Number of Households <u>without</u> Dependent Children**	168	61	56	285
2a. Total Number of Persons in these Households	168	61	56	285
Total Persons (Add Lines 1a and 2a):	239	118	56	413
Part 2: Homeless Subpopulations				
(Adults only, except g. below)	Sheltered		Unsheltered	Total
a. Chronically Homeless	48		37	85
b. Severely Mentally Ill	43		*	43
c. Chronic Substance Abuse	129		*	129
d. Veterans	40		*	40
e. Persons with HIV/AIDS	2		*	2
f. Victims of Domestic Violence	47		*	47
g. Unaccompanied Youth (Under 18)	5		*	5

*Optional for unsheltered homeless subpopulations

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

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

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

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

L-1: Sheltered Homeless Population and Subpopulations

(1a) Check method(s) used to count sheltered homeless persons in the CoC (check all that apply):
<input checked="" type="checkbox"/> Survey – Providers count the total number of clients residing in their programs during the PIT count.
<input type="checkbox"/> HMIS – CoC used HMIS to complete the PIT sheltered count and subpopulation information.
<input type="checkbox"/> Other – specify:
(1b) If multiple methods are checked, briefly describe how data collected using the methods were combined to produce the count.
(2a) Check the method(s) used to gather the subpopulation information on sheltered homeless persons reported in Part 2: Homeless Subpopulations (check all that apply):
<input checked="" type="checkbox"/> Point-in-time (PIT) interviews with each adult and unaccompanied youth – All sheltered adults and unaccompanied youth were interviewed to gather subpopulation information.
<input type="checkbox"/> Sample of PIT interviews plus extrapolation – A sample of sheltered adults and unaccompanied youth were interviewed to gather subpopulation information, and extrapolation techniques were applied to produce the total sheltered homeless population.
<input checked="" type="checkbox"/> Non-HMIS client-level information – Providers used individual client records (e.g., case management files) to provide subpopulation data for each adult and unaccompanied youth.
<input type="checkbox"/> Provider expertise – Providers estimated the percentage of clients belonging to each subpopulation based on their knowledge of their client population as a whole.
<input 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. Housing providers interviewed persons and used administrative records, including case management files and data collected in HMIS, to complete the PIT survey forms.
(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 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 checked="" type="checkbox"/> Biennial (every two years)
<input type="checkbox"/> Annual
<input type="checkbox"/> Semi-annual
<input type="checkbox"/> Other – specify:
(5) Month and Year when next count of sheltered homeless persons will occur: <u>1/2009</u>
(6) Indicate the percentage of providers providing populations and subpopulations data collected via survey, interview and/or HMIS:
<u>100</u> % Emergency shelter providers
<u>100</u> % Transitional housing providers

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

L-2: Unsheltered Homeless Population and Subpopulations*

(1) Check the CoC's method(s) used to count unsheltered homeless persons (check all that apply):	
<input type="checkbox"/>	Public places count – CoC conducted a point-in-time (PIT) count <u>without</u> client interviews.
<input checked="" type="checkbox"/>	Public places count with interviews – CoC conducted a PIT count and interviewed unsheltered homeless persons encountered during the public places count: <input checked="" 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 checked="" type="checkbox"/>	HMIS – Used HMIS for the count of unsheltered homeless people or for subpopulation information.
<input checked="" type="checkbox"/>	Other – specify: Used administrative records to complete survey forms for persons observed to be homeless who did not want to complete entire survey interview.
(2) Indicate the level of coverage of the PIT count of unsheltered homeless people:	
<input type="checkbox"/>	Complete coverage – The CoC counted every block of the jurisdiction.
<input type="checkbox"/>	Known locations – The CoC counted in areas where unsheltered homeless people are known to congregate or live.
<input checked="" type="checkbox"/>	Combination – CoC combined complete coverage with known locations by conducting counts for every block <u>in a portion of the jurisdiction</u> (e.g. central city) AND conducting counts in other portions of the jurisdiction where unsheltered persons are known to live.
<input type="checkbox"/>	Used service-based or probability sampling (coverage is not applicable)
<input type="checkbox"/>	Other –specify:
(3) Indicate community partners involved in PIT unsheltered count (check all that apply):	
<input checked="" type="checkbox"/>	Outreach teams
<input checked="" type="checkbox"/>	Law Enforcement
<input checked="" type="checkbox"/>	Service Providers
<input checked="" type="checkbox"/>	Community volunteers
<input 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 checked="" type="checkbox"/>	HMIS – Used HMIS to check for duplicate information.

<input checked="" type="checkbox"/> Other – specify: Unduplicated data using unique client identifiers from PIT surveys.
(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: 1/2009

*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

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: Washtenaw County Community Development	Contact Person: Stacy Ebron
Phone: (734) 622-9014	Email: ebrons@ewashtenaw.org
Organization Type: State/local government <input checked="" type="checkbox"/>	Non-profit/homeless provider <input 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 #
Ann Arbor/Washtenaw County CoC	MI-509		

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

M-3: HMIS Implementation Status

HMIS Data Entry Start Date for your CoC OR Anticipated Date Entry Start Date for your CoC (mm/yyyy)	If no data entry date, indicate reason:
1/2002	<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:

Engagement of Special Populations: The CoC is exploring system integration options outside of the HMIS in order to include data for DV beds. Passage of the 2005 VAWA has significantly impeded the DV provider’s ability to participate directly in HMIS. The CoC would like technical assistance from HUD to develop other data solutions that protect client confidentiality and minimize duplication of client records.

Reporting: The current HMIS software does not have a comprehensive and robust reporting tool embedded in the HMIS. The HMIS coordinating agency encountered significant delays in implementing a new advanced reporting solution due to lengthy and complex vendor contract negotiation to ensure that the new tool meets user needs for reporting and that the contract provides appropriate due process for any legal issue that may arise from use of the reporting tool. This negotiation was successfully completed in May 2007 and implementation of the tool is in progress.

2. HMIS Data and Technical Standards Final Notice requirements:

Data Completeness and Data Quality: Data completeness and quality remain challenging for programs with high turnover of staff and for programs that serve a high volume of clients for short periods of time. HUD’s HMIS program elements are often difficult to complete due to length of stay in programs or size of families which increase the data collection burden for programs with a small number of staff and/or a high volume of clients.

Security: The CoC has not implemented the PKI certificate. However, the CoC’s HMIS software now includes an audit report with the IP addresses of computers accessing the HMIS system. Due to staff time constraints this monitoring is not yet enforced at all agencies by agency administrators. The HMIS System Administrator is hopeful that the implementation of the advanced reporting tool will make this time consuming task more realistic at the agency level until technical assistance from HUD is available to implement more a cost effective and sustainable PKI solution.

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	4795	3739
2005	4758	3378
2006	5268	3550

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

There was a slight decrease in duplication of records from 2004 to 2005 due to increased data sharing of children's records in the HMIS system. In the past some agencies had restricted the records of the children due to confidentiality concerns which have now been resolved.

M-5: Data Collection/Completeness and Coverage

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

Universal Data Element	% Null/Missing Values	Universal Data Element	% Null/Missing Values
Name	0%	Gender	1%
Social Security Number	3%	Veteran Status	3%
Date of Birth	1%	Disabling Condition	8%
Ethnicity	11%	Residence Prior to Program Entry	2%
Race	1%	Zip Code of Last Permanent Address	14%

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

Each participating agency is required to enter program entry and exit dates for all persons entering their housing programs. Case management staff review the program entry and exit dates against administrative records and service records entered into HMIS. Agency Administrators and System Administrators review length of stay data monthly to determine which clients need to be exited from programs and notify and follow-up with staff to ensure that clients are exited from HMIS if they are no longer being served.

(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	Y	9/2007
Transitional Housing	Y	Y	5/2007
Permanent Supportive Housing	Y	Y	5/2007

(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

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

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

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

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

Objectives to End Chronic Homelessness <u>and</u> Move Families and Individuals to Permanent Housing	2007 Local Action Steps How are you going to do it? List action steps to be completed within the next 12 months.	Lead Person List name and title or organization of one person responsible for accomplishing each action step.	Baseline (Current Level)	Numeric Achievement in 12 months	Numeric Achievement in 5 years	Numeric Achievement in 10 years
1. Create new PH beds for chronically homeless persons.	1. Acquire 6 new units of permanent supportive housing dedicated to the CH population as a part of the 10-year strategic plan to acquire 100 new CH units. *Note: The baseline number does not match the number provided in the Chart I:PSH because Chart I instructions asked for the number of beds designated for <i>or occupied by</i> CH individuals (55). The baseline number includes only the CH-occupied beds that are <i>designated</i> for CH (19).	Michael Appel: Executive Director, Avalon Housing	19 Beds	25 Beds	60 Beds	100Beds

2. Increase percentage of homeless persons staying in PH over 6 months to at least 71%.	1. Finalize and begin implementation of the Action Plan of the Centralized Homeless Response and Prevention Workgroup.	Mary Jo Callan, Workgroup Chair, Director, Ozone House				
	2. Finalize and begin implementation of the Action Plan of the Co-Occurring Disorders and Substance Abuse Workgroup.	Donna Sabourin, Workgroup Chair, Director, Washtenaw County Community Support & Treatment Services	85.5%	86%	86.5%	87.5%
	3. Increase the community's investment in supportive services for people in supportive housing by raising \$350/year for 2 years for 70 new units of housing.	Joe Fitzsimmons, Chair of the Washtenaw Housing Alliance's Development Committee				
3. Increase percentage of homeless persons moving from TH to PH to at least 61.5%.	1. Implement Housing First for Homeless Families.	Chuck Kieffer, Executive Director, Washtenaw Housing Alliance				
	2. Add 6 units of PH through "Housing NOW", a PSH project for homeless youth .	Mary Jo Callan, Director, Ozone House	79.5%	80%	80.5%	81.5%
	3. Add 4 units of PSH through a MSHDA-funded project to serve survivors of domestic violence.	Michael Appel, Director, Avalon Housing				
4. Increase percentage of homeless persons employed at exit to at least 18%.	1. Employment Workgroup produces report to identify gaps in the community regarding employment.	Ellen Schulmeister, Workgroup Chair, Director, Shelter Association of Washtenaw County	52%	52.5%	53%	54%
	2. Hold a Roundtable Discussion with relevant community participants, such as Michigan Works!, to review report.	Michael Scholl, Coordinator, Community Collaborative of Washtenaw County				
5. Ensure that the CoC has a functional HMIS system.	1. Test and implement the advanced reporting tool (ART). Create existing monthly data quality reports and CoC outcome measurement reports in the ART. Train agency administrators and case managers to run reports in ART.	Stacy Ebron: HMIS Coordinator	94 % Bed Cover- age	98 % Bed Cover- age	100 % Bed Cover- age	100 % Bed Cover- age

	2. Complete formal site visits to monitor compliance with HMIS data and technical standards for 25% of programs each year. Collect self-evaluations for each program/agency annually.	Stacy Ebron: HMIS Coordinator				
	3. Increase HMIS bed coverage to 98%.	Stacy Ebron: HMIS Coordinator				

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. Increase the number of supportive housing units funded with support from the community, as described in WHA Action Plan (Baseline = 47 units).	1. Implement integrated funding plan in support of the Washtenaw Housing Alliance's 500-Unit Action Plan	Dick Sobel, Chair, WHA	117	200	500	

O: CoC Discharge Planning Policy Chart

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

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

Foster Care:

The Michigan Youth Opportunities Initiative (MYOI) is a Casey Foundation-funded local initiative whose mission is to help youth in and exiting foster care make successful transitions to adulthood. Youth served are 14-23 years old. MYOI works to bring together people and resources needed to help youth make the connections they need to education, employment, healthcare, housing, and supportive personal and community relationships. Goals are to:

- Expand access to opportunities in employment, education, housing, and healthcare for youth in foster care.
- Expand significantly the capacity of private and public organizations and communities to support these young people.
- Involve young people themselves in making the important decisions required for a successful national effort.
- Create opportunities for community engagement and encourage young people to help others.
- Provide links to personal networks of caring adults and other young people.

The Initiative supports community-based efforts that create opportunities and build assets for youth leaving foster care. It also supports youth engagement through a local Youth Leadership Board, which serves as a network that connects youth in, or formerly in, foster care both to resources and to each other. Our community's local group of the MYOI is called Changing Today for the Youth of Tomorrow.

In May 2007, the State of Michigan launched a new website developed by the Michigan Department of Human Services with support from MYOI Youth Leaders. The site, MICHIGAN FOSTER YOUTH IN TRANSITION, is a comprehensive crossroads of information, opportunities and resources for current and former foster youth. The website showcases programs, such as MYOI, for youth who are in transition or have aged out of the foster care system.

Other programs featured on the site include Youth in Transition, a funding source available to cover expenses related to developing independent living skills (e.g., first month's rent and security deposit and transportation), and programs that provide funding for educational expenses for youth in/formerly in foster care. The website is a particularly useful resource for foster care workers, foster parents, and youth in transition.

Health Care:

The Washtenaw County Continuum of Care is leading an effort to convene local leadership of health agencies to coordinate a local healthcare discharge policy. Participating organizations include: Chelsea Community Hospital, the Department of Human Services, St. Joseph Mercy Healthcare System, Saline Community Hospital, Select Specialty Hospital, University of Michigan Hospital, Washtenaw County/City of Ann Arbor Office of Community Development, and the Washtenaw County Health Organization.

Although these agencies have had an initial discussion, the next step will be a meeting to discuss the development of a protocol for the release of homeless patients from the local hospitals. Recently the Director of St. Joseph Mercy Neighborhood Health Clinic assumed leadership of this effort, and she is working to organize this meeting as a next step.

Mental Health:

Community Support and Treatment Services (CSTS), Washtenaw County's agency serving individuals with mental illness, developmental disabilities, and substance abuse issues, has an official discharge planning policy that initiates discharge planning processes at the earliest feasible point during service delivery based upon the client's level of functioning. Upon discharge or transfer of clients, CSTS case managers and a placement coordinator are responsible for ensuring that the client has a viable housing option available. This process is supported by a full-time housing coordinator. Project Outreach Team (PORT), a division of CSTS, collaborates with the University of Michigan Hospital psychiatric unit to identify housing options for discharged patients. PORT also participates in ongoing work groups to address discharge planning issues.

Additionally, section 330.1209b of the State Mental Health Code, effective March 28, 1996, requires that "the community mental health services program shall produce in writing a plan for community placement and aftercare services that is sufficient to meet the needs of the individual..." In addition, R 330.7199(h) of the Administrative Code says that the written plan must minimally identify "strategies for assuring that recipients have access to needed and available supports identified through a review of their needs." Housing, food, clothing, physical healthcare, employment, education, legal services, and transportation are all included in the list of needs that must be appropriately addressed as a function of mental health discharge planning.

Corrections:*

Jail Discharge: Judges in Washtenaw County commonly use a split sanction (jail followed by probation). Common conditions of probation include services designed to control issues related to anger management, substance abuse, employment, etc. These services are provided by Community Corrections, a division of Trial Court. Also, a committee of the Washtenaw Criminal Justice Collaborative Council (cjcc.ewashtenaw.org) has identified several barriers that make reintegration difficult. Examples of gaps in our community that hinder successful reintegration include a lack of substance abuse services and employment, a difficult process to obtain identification, etc. The committee has prioritized these issues and is in the process of developing protocols for some of them. In addition, CSTS and PORT are implementing a new Discharge Plan and Procedure based on the recommendations for best practices of the National GAINS Center (a subsidiary of the Substance Abuse and Mental Health Services Administration). PORT also provides pre-jail and post-jail diversion programs that provide advocacy for chronically homeless individuals within the court system.

Prison Discharge: The State of Michigan has begun a state-wide effort known as the Michigan Prisoner Re-Entry Initiative (MPRI). Participating in this effort, Washtenaw County hired a community coordinator to develop a community assessment and services that will be funded through grants. The concept is that qualifying parolees will have a Transition Accountability Plan (TAP) that will be developed while in prison and identify a prisoner's strengths, needs, and services available in the community.

The Michigan Prisoner Re-Entry Initiative of Washtenaw County completed a Community Assessment in May 2006 that identified the existing assets, gaps and barriers for people returning from prison to their homes in Washtenaw County. After convening a community-wide Stakeholder meeting, the MPRI community coordinator developed a Comprehensive Plan of Services and submitted it to the Michigan Department of Corrections for funding. Catholic Social Services was selected as the MPRI Fiduciary.

In October 2006, funding was approved and following a competitive bid process, local agencies were selected and began serving MPRI clients effective January 2007. POWER, Inc. provides Family Reunification and Women's Services; Jewish Family Services provides Employment Services; and the Judson Center provides In-Reach Services and assists with communication. Rose's Good Company has helped with volunteer drivers and mentors and, for a limited time, acted as the Relapse Prevention Provider. As of May 1, 2007, there are 44 participants in the Washtenaw MPRI.

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

P: CoC Coordination Chart

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

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

CoC 2007 Funding Priorities

Q: CoC Project Priorities Chart

Column (1): New this year, check the box in this column if the first project listed is a proposed Samaritan bonus project. **Column (5):** The requested project amount must not exceed the amount entered in the project summary budget in Exhibit 2. If the project summary budget exceeds the amount shown on this priorities list, the project budget will be reduced to the amount shown on the CoC Project Priorities Chart. **Column (7):** Place the component type under the appropriate program for each project in column 7. Acceptable entries include PH, TH, SH-PH, SH-TH, SRO, SSO, HMIS, TRA, SRA, PRA, or PRAR. Do not simply enter an “X” in the box provided. **Column (9):** For the Shelter Plus Care Renewals priority number, please continue project numbering from the top portion of the chart – please do not restart S+C project priority numbering from 1. For further instructions for filling out this section, see the Instructions section.

HUD-defined CoC Name:*Ann Arbor/Washtenaw County CoC							CoC #:MI-509			
(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	
<input checked="" type="checkbox"/> ** <i>Example: ABC Nonprofit</i>	ABC Nonprofit	Annie’s House	1	\$451,026	3	PH				
<i>Example: XYZ County</i>	AJAY Nonprofit	Pierce’s Place	2	\$80,000	5			TRA		
<input checked="" type="checkbox"/> ** Ann Arbor Housing Commission	Avalon Housing, Inc	Shelter Plus Care Samaritan Project	1	\$41,100	5			SRA		
Avalon Housing, Inc.	Avalon Housing, Inc	Ashley Permanent Supportive Housing Project	2	\$86,534	1		PH			
Michigan Ability Partners	Michigan Ability Partners	Gateway Project	3	\$41,316	1		PH			
Michigan Ability Partners	Michigan Ability Partners	ICAN	4	\$51,100	1		PH			
Michigan Ability Partners	Michigan Ability Partners	Washtenaw Intergenerational Supported Housing Project	5	\$401,551	1		TH			
Avalon Housing, Inc.	Avalon Housing, Inc	Pontiac Trail Permanent Supportive Housing Project	6	\$83,334	1		PH			
SOS Community Services, Inc.	SOS Community Services, Inc.	Transitional Housing	7	\$248,415	1		TH			
POWER, Inc.	POWER, Inc.	Supportive Housing for Families	8	\$165,991	1		PH			
Ozone House, Inc.	Ozone House, Inc	Supportive Housing for Youth	9	\$109,932	1		PH			
SOS Community Services, Inc.	SOS Community Services, Inc.	Family Support Network II	10	\$1,181,942	1		SSO			

SOS Community Services, Inc.	SOS Community Services, Inc.	Families Forward	11	\$433,994	1		SSO		
SOS Community Services, Inc.	SOS Community Services, Inc.	Family Support Network I	12	\$394,732	1		SSO		
(8) Subtotal: Requested Amount for CoC Competitive Projects:				\$3,239,941					
(9) Shelter Plus Care Renewals:							S+C Component Type		
Ann Arbor Housing Commission	Avalon Housing, Inc.	Avalon Shelter Plus Care—SRA	13	\$156,624	1		SRA		
Ann Arbor Housing Commission	Michigan Ability Partners	MAP Shelter Plus Care—SRA	14	\$294,912	1		SRA		
Ann Arbor Housing Commission	Michigan Ability Partners	MAP Shelter Plus Care—TRA	15	\$70,824	1		TRA		
Ann Arbor Housing Commission	Shelter Association of Washtenaw County	SAWC Shelter Plus Care—TRA	16	\$231,300	1		TRA		
(10) Subtotal: Requested Amount for S+C Renewal Projects:				\$753,660					
(11) Total CoC Requested Amount (line 8 + line 10):				\$3,993,601					

*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)

CoCs that receive the 1-year Hold Harmless PRN amount may reduce or eliminate one or more of the SHP grants eligible for renewal in the 2007 CoC competition. CoCs may reallocate the funds made available through this process to create new permanent housing project(s). These reallocation project(s) may be for SHP (1, 2, or 3 years), S+C (5 years), and Section 8 SRO (10 years) projects and their respective eligible activities.

***Reallocation projects WILL be funded if all of the following apply:**

1. Reallocation project is for permanent supportive housing (SHP-PH, SHP-Safe Haven PH, S+C, Section 8 SRO).
2. Reallocation project is not rejected by HUD (meets all “threshold” requirements)
3. CoC scores at least 65 points in the CoC competition.
4. Reallocation project is **not** the Samaritan bonus project.

Reallocation projects may have a 1-year grant term when they are SHP-PH or SHP-Safe Haven PH projects.

NOTE: Reallocated funds placed in the Samaritan bonus project will lose their reallocation status. Therefore, if the CoC scores below the funding line, the CoC will lose the reallocated funds included in the Samaritan bonus project.

1a. Will your CoC be using the PRN reallocation process? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
1b. If Yes, explain the open decision making process the CoC used to reduce and/or eliminate projects (use no more than one-half page).					
2. Enter the total 1-year amount of <i>all</i> SHP projects that are eligible for renewal in 2007, which amount you have verified with your field office:				<i>Example:</i>	\$
				\$530,000	
3. Starting with the total entered above for question 2, subtract the amount your CoC proposes to use for new permanent housing project, and enter the remaining amount: <i>(In this example, the amount proposed for new PH project is \$140,000)</i>				<i>Example:</i>	\$
				\$390,000	
4. Enter the Reduced or Eliminated Grant(s) in the 2007 Competition					
(1) Expiring Grants	(2) Program Code	(3) Component	(4) Annual Renewal Amount	(5) Reduced Amount	(6) Retained Amount from Existing Grant
<i>Ex: MA01B300002</i>	<i>SHP</i>	<i>TH</i>	<i>\$100,000</i>	<i>\$60,000</i>	<i>\$40,000</i>
<i>Ex: MA01B400003</i>	<i>SHP</i>	<i>SSO</i>	<i>\$80,000</i>	<i>\$80,000</i>	<i>\$0</i>
(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		
<i>Example: #5</i>	<i>SHP</i>	<i>PH</i>	<i>\$90,000</i>		
<i>Example: #12</i>	<i>S+C</i>	<i>TRA</i>	<i>\$50,000</i>		
(12) TOTAL:					

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

S: CoC Project Leveraging Summary Chart

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

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

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

Name of Continuum	Total Value of Written Commitment
<i>Example:</i> River County CoC	\$10,253,000
Ann Arbor/Washtenaw County CoC	\$4,274,341

T: CoC Current Funding and Renewal Projections Chart

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

T: CoC Current Funding and Renewal Projections

Supportive Housing Program (SHP) Projects:													
Type of Housing		All SHP Funds Requested (Current Year)		Renewal Projections									
		2007		2008		2009		2010		2011		2012	
Transitional Housing (TH)		\$649,966		\$649,926		\$649,926		\$649,926		\$649,926		\$649,926	
Safe Havens-TH													
Permanent Housing (PH)		\$538,207		\$541,207		\$541,207		\$541,207		\$541,207		\$541,207	
Safe Havens-PH													
SSO		\$2,010,668		\$2,010,668		\$2,010,668		\$2,010,668		\$2,010,668		\$2,010,668	
HMIS													
Totals		\$3,198,841		\$3,201,801		\$3,201,801		\$3,201,801		\$3,201,801		\$3,201,801	
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		12	\$74,016	12	\$74,016	12	\$74,016	12	\$74,016	12	\$74,016	12	\$74,016
0		7	\$57,540	6	\$49,320	6	\$49,320	6	\$49,320	6	\$49,320	6	\$49,320
1		62	\$571,392	62	\$571,392	68	\$626,688	68	\$626,688	69	\$635,904	69	\$635,904
2		4	\$44,832	4	\$44,832	4	\$44,832	4	\$44,832	7	\$78,456	7	\$78,456
3		1	\$14,100	1	\$14,100	1	\$14,100	1	\$14,100	2	\$28,200	2	\$28,200
4													
5													
Totals		86	\$761,880	85	\$753,660	91	\$808,956	91	\$808,956	96	\$856,896	96	\$856,896

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)
Example: 1. Create new PH beds for chronically homeless persons.	1. Create 5 new TRA S+C beds for chronically homeless persons through New Hope Housing Project. 2. Create 12 new PH beds through the River County PH project.	1. Created 5 new PH beds. 2. Created 8 out of the 12 new beds proposed in 2006.
2. Increase percentage of homeless persons staying in PH over 6 months to 71%.	1. Hire 2 additional case managers at New Hope Housing Project, which will allow for improved service provision. 2. Complete assessment of barriers to staying in PH and implement 5 key findings from this assessment.	73% of homeless persons stayed in PH over 6 months.
1. Create new PH beds for chronically homeless persons.	1. Acquire 15 new units of permanent supportive housing dedicated to the CH population as a part of the 10-yr strategic plan to acquire 100 new CH units.	Created 0 of the 15 proposed new PH beds.
2. Increase percentage of homeless persons staying in PH over 6 months to 71%.	1. Identify barriers to staying in PH, improve data collection, and increase community planning in order to create targets for all PH programs. [Note: Current percentage of homeless persons staying in PH over 6 months is 79% based on '04-'05 APR data for all projects renewing CoC funding in 2006.]	85.5% of homeless persons stayed in PH over 6 months
3. Increase percentage of homeless persons moving from TH to PH to 61.5%.	1. Identify barriers to successful transition, improve data collection, and increase community planning in order to create targets for transition. [Note: Current percentage of homeless persons moving from TH to PH is 70% based on '04-'05 APR data for all projects renewing in 2006.]	79.5% of homeless persons moved from TH to PH
4. Increase percentage of homeless persons becoming employed by 11%.	1. Establish community baseline data on homeless persons and employment for community planning. 2. Work with private, public, and nonprofit sectors to identify and secure employment	52% of homeless persons were employed at exit; 3% of homeless persons gained employment during the 05-06 APR period.

	<p>opportunities for homeless persons. <i>[Note: Current percentage of homeless persons becoming employed is 4% based on '04-'05 APR data for all projects renewing CoC funding in 2006.]</i></p>	
<p>5. Ensure that the CoC has a functional HMIS system.</p>	<ol style="list-style-type: none"> 1. Increase bed coverage by 7 TH beds and 32 PH beds. 2. Use HMIS data for community and agency planning by providing aggregate data to the CoC. 3. Explore interface solutions to obtain broader-based participation and data collection in HMIS. 	<ul style="list-style-type: none"> ▪ Added 7 TH beds and 111 PH beds. Achieved 100% coverage for PH beds. ▪ Agencies used HMIS reports for reporting requirements. CoC used AHAR and HMIS data to establish and adjust baselines for 10 YR goals. ▪ XML conversion mapping tool was developed and tested as part of plan created to determine system interface options with current HMIS.
<p>Briefly explain the reasons for not meeting one or more of your proposed measurable achievements.</p> <p>Goal #1: Between our point-in-time date (1/25/07) and the submission of this CoC grant application, we created 8 new PH beds. 6 more units are in development, but not ready for occupancy yet. Also, we had included one S+C voucher from the 2006 Samaritan Bonus Competition in our projection of 15 overall.</p> <p>Goal #4: The HUD-defined goal stated that we should increase the percentage of people becoming employed over the APR period by 11%. For 2006 renewal projects, 4% of homeless persons became employed during the APR period. Increasing this percentage by 11% means that our goal for 2007 should be $(4)+(4*.11)=4.44\%$. For 2007 renewal projects, only 3% of homeless persons became employed during the APR year. Thus, we performed 1.11 percentage points below the expected number. This number is small relative to our overall percentage (52%) of homeless persons employed at exit, which is well above the 18% minimum goal set in this 2007 grant application.</p>		

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

1. Our community launched a set of common service standards into the pilot phase of use. We also published an action plan for creating access to 500 units of affordable housing.
2. The CoC was very successful in a Michigan State Housing Development Authority NOFA competition in November 2006, receiving \$1,360,000 for creating affordable permanent housing. Avalon received approximately \$500,000 for the acquisition/rehab of six units for people experiencing chronic homelessness; DVP/SafeHouse received \$360,000 for four units for survivors of domestic violence; Ozone will receive \$100,000 over two years for tenant-based rental vouchers for homeless youth; and IHN and SOS will receive \$400,000 over two years for 34 housing vouchers for homeless families.
3. Michigan Ability Partners' Maple View Apartments PSH Project opened, providing 10 new one-bedroom supported housing units. A crew of formerly homeless individuals participated in the construction of their own housing in this project, which has taken three years to complete.
4. CoC achieved 100% bed coverage for permanent supportive housing beds and 100% bed coverage for emergency shelter beds excluding emergency shelter DV beds.

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	50	20
2006	50	21
2007	85	<i>55 (Chart I: PSH counts 55 as the number of "beds designated for CH individuals or occupied by persons who met the definition of chronic homelessness at the time of placement into PSH bed"; 19 of these 55 beds are actually designated for CH individuals.)</i>
Briefly describe the reason(s) for any increases in the total number of chronically homeless persons between 2006 and 2007: Additional education and training on chronic homeless definition helped surveyors improve count. Improvements in survey questionnaire to determine if client is chronically homeless also impacted count. The CoC increased number of providers participating in the count through wider community planning process and outreach efforts. Outreach team excelled at engaging more people to complete the survey questions needed to determine if client met the chronic homeless 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:		0
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	\$ N/A	\$ N/A	\$ N/A	\$ N/A	\$ N/A
Operations	\$ N/A	\$ N/A	\$ N/A	\$ N/A	\$ N/A
TOTAL	\$ N/A	\$ N/A	\$ N/A	\$ N/A	\$ N/A

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 APR</u> 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)	33
b.	Number of participants who did not leave the project(s)—APR Question 12(b)	146
c.	Number who exited after staying 7 months or longer in PH—APR Question 12(a)	29
d.	Number who did not leave after staying 7 months or longer in PH—APR question 12(b)	131
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 APR</u> 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	44
b.	Number of participants who moved to PH	35
c.	Percent of participants in TH projects who moved to PH (b. divided by a., multiplied by 100 = c.)	80%

X: Mainstream Programs and Employment Project Performance Chart

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

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

(1) Number of Adults Who Left (Use same number in each cell)	(2) Income Source	(3) Number of Exiting Adults with Each Source of Income	(4) Percent with Income at Exit (Col 3÷Col 1 x 100)
<i>Example:</i> 105	a. SSI	40	38.1%
<i>Example:</i> 105	b. SSDI	35	33.3%
1076	a. SSI	111	10.3%
1076	b. SSDI	65	6.0%
1076	c. Social Security	9	0.8%
1076	d. General Public Assistance	45	4.2%
1076	e. TANF	243	22.6%
1076	f. SCHIP	0	0%
1076	g. Veterans Benefits	5	0.5%
1076	h. Employment Income	558	51.9%
1076	i. Unemployment Benefits	21	2.0%
1076	j. Veterans Health Care	2	0.2%
1076	k. Medicaid	156	14.5%
1076	l. Food Stamps	522	48.5%
1076	m. Other (please specify)	221	20.5%
1076	n. No Financial Resources	196	18.2%

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 type="checkbox"/>	The CoC systematically analyzes its projects' APRs to assess and improve access to mainstream programs.
<input type="checkbox"/>	The CoC has an active planning committee that meets at least three times a year to improve CoC-wide participation in mainstream programs.
<input 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 2006 competition that are not yet under contract (i.e., signed grant agreement or executed ACC).

Project Number	Applicant Name	Project Name	Grant Amount
Example: MI23B901002	Michiana Homes, Inc.	TH for Homeless	\$514,000
		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: 87.5%

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"/>
3. If you answered yes to Question 2: What activities will the project undertake to ensure that employment and other economic opportunities are directed to low- and very low-income persons, per the Housing and Urban Development Act of 1968 (known as "Section 3")? Check all that apply: <ul style="list-style-type: none"> <input type="checkbox"/> The project will have a preference policy for hiring low- and very low-income persons residing in the service area or neighborhood where the project is located, and for hiring Youthbuild participants/graduates. <input type="checkbox"/> The project will advertise at social service agencies, employment and training centers, community centers, or other organizations that have frequent contact with low- and very low-income individuals, as well as local newspapers, shopping centers, radio, etc. <input type="checkbox"/> The project will notify any area Youthbuild programs of job opportunities. <input type="checkbox"/> If the project will be awarding competitive contracts of more than \$100,000, it will establish a preference policy for "Section 3 business concerns"* that provide economic opportunities and will include the "Section 3 clause"** in all solicitations and contracts. <input type="checkbox"/> The project has hired low- or very low-income persons. 		
*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.		
**The "Section 3 clause" can be found at 24 CFR Part 135.		