1A. Continuum of Care (CoC) Identification

Instructions:

The fields on this screen are read only and reference the information entered during the CoC Registration process. Updates cannot be made at this time. If the information on this screen is not correct, contact the e-snaps help desk.

CoC Name and Number (From CoC Registration): MN-510 - Scott, Carver Counties CoC

CoC Lead Organization Name: Washington County

1B. Continuum of Care (CoC) Primary Decision-Making Group

Instructions:

The following questions are related to the CoC primary decision-making group. The primary responsibility of this group is to manage the overall planning effort for the entire CoC, including, but not limited to:
- Setting agendas for full Continuum of Care meetings
- Project monitoring
- Determining project priorities
- Providing final approval for the CoC application submission.

This body is also responsible for the implementation of the CoC's HMIS, either through direct oversight or through the designation of an HMIS implementing agency. This group may be the CoC Lead Agency or may authorize another entity to be the CoC Lead Agency under its direction.

Name of primary decision-making group: Scott/Carver - Washington County Housing Coalition

Indicate the frequency of group meetings: Monthly or more

If less than bi-monthly, please explain (limit 500 characters):

Indicate the legal status of the group: Not a legally recognized organization

Specify "other" legal status:

Indicate the percentage of group members that represent the private sector: (e.g., non-profit providers, homeless or formerly homeless persons, advocates and consumer interests) 85%

*** Indicate the selection process of group members: (select all that apply)**

Elected:	
Assigned:	
Volunteer:	X
Appointed:	
Other:	

Specify "other" process(es):

Briefly describe the selection process of group members. Description should include why this process was established and how it works (limit 750 characters):

The Scott/Carver Coc and Washington County CoC merged into a Housing Coalition in 2009. Members are self-selected and highly experienced with homeless issues and are very committed to resolving homelessness and expanding affordable housing.

*** Indicate the selection process of group leaders: (select all that apply):**

Elected:	
Assigned:	
Volunteer:	X
Appointed:	
Other:	

Specify "other" process(es):

If administrative funds were made available to the CoC, would the primary-decision making body, or its designee, have the capacity to be responsible for activities such as applying for HUD funding and serving as a grantee, providing project oversight, and monitoring. Explain (limit 750 characters):

Yes. The capacity exists with all three counties, Scott, Carver, and Washington Counties. Washington County is currently the fiscal agent as well as the lead agency for HUD funds (CDBG, NSP, HOME) and State funds, such as FHPAP. Scott and Carver have capacity as well with administering HUD and State funds, currently administering FHPAP and HPRP. Although the capacity exists, the Scott/Carver - Washington County Housing Coalition would not want to see monies expended out of the competitive homeless assistance dollars.

1C. Continuum of Care (CoC) Committees, Subcommittees and Work Groups

Instructions:

Provide information on up to five of the CoCs most active CoC-wide planning committees, subcommittees, and workgroups. CoCs should only include information on those groups that are directly involved in CoC-wide planning activities such as project review and selection, discharge planning, disaster planning, completion of the Exhibit 1 application, conducting the point-in-time count, and 10-year plan coordination. For each group, briefly describe the role and how frequently the group meets. If one of more of the groups meet less than quarterly, please explain.

Committees and Frequency

Name of Group	Role of Group (limit 750 characters)	Meeting Frequency
Suburban Metro Area CoC	conducting regional planning between Anoka/Dakota CoC and Scott-Carver/Washington CoC to prioritize projects to best meet needs of homelessness. Planning ensures best use of resources without duplication of efforts across the suburban metro area.	Monthly or more
Washington County Housing Collaborative	Conduct local needs assessments, prioritize and make funding recommendations for CoC funds, and monitor performance of CoC grantees. Acts as central point of coordination for Washington Co. homeless response system	Monthly or more
Scott-Carver Housing Coalition	Conducts local needs assesments, prioritize and make fundign recommendations for state and federal funding and monitors performance. Share information and address current issues, set agendas and take minutes for the CoC meetings and determine project priorities.	Monthly or more
Washington CoC Review Team	Subcommitte of Washington County Housing Collaborative, responsible for planning and updating the Exhibit 1 and coordinating with Exhibit 2 grantees, along with analyzing APRs, setting agendas, and distributing minutes.	Monthly or more
Scott-Carver Heading Home	Planning and writing the 10 year plan to end homelessness and coordinating with the CoC on planning, goal setting, and implementation	Monthly or more

If any group meets less than quarterly, please explain (limit 750 characters):

1D. Continuum of Care (CoC) Member Organizations

Identify all CoC member organizations or individuals directly involved in the CoC planning process. To add an organization or individual, click on the icon.

Organization Name	Membership Type	Organization Type	Organization Role	Subpopulations
Minnesota Housing Financial Agency	Public Sector	State g...	Attend 10-year planning meetings during past 12 months, C...	NONE
Minnesota Department of Human Services	Public Sector	State g...	Attend 10-year planning meetings during past 12 months, C...	NONE
Washington County Housing Unit	Public Sector	Local g...	Committee/Sub-committee/Work Group	Veterans, Se...
Carver County Community Services	Public Sector	Local g...	Committee/Sub-committee/Work Group	Youth, Serio...
Scott County Human Service	Public Sector	Local g...	Committee/Sub-committee/Work Group	Youth, Serio...
Scott, Carver, Washington Veterans Service Offi...	Public Sector	Local g...	Committee/Sub-committee/Work Group	Veterans
Scott, Carver and Washington County Mental Health	Public Sector	Local g...	Committee/Sub-committee/Work Group	Seriously Me...
Washington County HRA	Public Sector	Public ...	Committee/Sub-committee/Work Group	NONE
Carver County CDA	Public Sector	Public ...	Committee/Sub-committee/Work Group	NONE
Scott County CDA	Public Sector	Public ...	Committee/Sub-committee/Work Group	NONE
School districts 834, 833 and 622	Public Sector	School ...	Committee/Sub-committee/Work Group	Youth
Shakopee Police Department	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
Valley Green Workforce Center	Public Sector	Local w...	Committee/Sub-committee/Work Group	NONE
Washington County Workforce Center	Public Sector	Local w...	Committee/Sub-committee/Work Group	NONE
Human Services Incorporated	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Veterans, Do...
East Metro Women's Council	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Domestic Vio...
The Salvation Army	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	Youth, Subst...

Valley Outreach	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Youth, Domes...
Family Means	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Domestic Vio...
Family Pathways	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Seriously Me...
Southern Minnesota Regional Legal Services	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Veterans, Do...
Scott-Carver-Dakota CAP Agency	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, C...	Veterans, Do...
Metro-Wide Engagement for Shelter and Housing	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Southern Valley Alliance for Battered Women	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Domestic Vio...
Wilder Reserach Center	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Safe Haven For Youth	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Youth
Metropolitan Inter Faith Coalition for Affordab...	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Tubman Family Alliance	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Why USA Metro Broker	Private Sector	Businesses	Committee/Sub-committee/Work Group	NONE
Carver County Public Health	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
Scott County Public Health	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
Scott Family Net	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
Elim Transitional Housing	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend Consolidated P...	Seriously Me...
Housing Link	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Hearth Connection	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend Consolidated P...	Seriously Me...
CommonBond	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE

Love, Inc.	Private Sector	Faith -b...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE

1E. Continuum of Care (CoC) Project Review and Selection Process

Instructions:

The CoC solicitation of projects and project selection should be conducted in a fair and impartial manner. For each of the following items, indicate all of the methods and processes the CoC used in the past year to assess all new and renewal project(s) performance, effectiveness, and quality. In addition, indicate if any written complaints have been received by the CoC regarding any CoC matter in the last 12 months, and how those matters were addressed and/or resolved.

Open Solicitation Methods: (select all that apply)	f. Announcements at Other Meetings, e. Announcements at CoC Meetings, c. Responsive to Public Inquiries, b. Letters/Emails to CoC Membership, d. Outreach to Faith-Based Groups
Rating and Performance Assessment Measure(s): (select all that apply)	g. Site Visit(s), q. Review All Leveraging Letters (to ensure that they meet HUD requirements), c. Review HUD Monitoring Findings, r. Review HMIS participation status, d. Review Independent Audit, j. Assess Spending (fast or slow), p. Review Match, i. Evaluate Project Readiness, e. Review HUD APR for Performance Results, o. Review CoC Membership Involvement, f. Review Unexecuted Grants, a. CoC Rating & Review Commitee Exists, m. Assess Provider Organization Capacity, l. Assess Provider Organization Experience
Voting/Decision-Making Method(s): (select all that apply)	a. Unbiased Panel/Review Commitee, d. One Vote per Organization, b. Consumer Representative Has a Vote, f. Voting Members Abstain if Conflict of Interest
Were there any written complaints received by the CoC regarding any matter in the last 12 months?	No

If yes, briefly describe complaint and how it was resolved (limit 750 characters):

1F. Continuum of Care (CoC) Housing Inventory--Change in Beds Available

For each housing type, indicate if there was any change (increase or reduction) in the total number of beds in the 2009 electronic Housing Inventory Chart (e-HIC) as compared to the 2008 e-HIC. If there was a change, please describe the reasons in the space provided for each housing type.

Emergency Shelter: Yes

Briefly describe the reason(s) for the change in Emergency Shelter beds, if applicable (limit 750 characters):

All three counties continue to provide motel vouchers on an as needed basis, however do not have dedicated slots for these beds. East Metro provides emergency shelter apartment. Changed number of beds from 6 to 4 to more accurately reflect this shelter's capacity as a single unit.

Safe Haven: No

Briefly describe the reason(s) for the change in Safe Haven beds, if applicable (limit 750 characters):

Transitional Housing: Yes

Briefly describe the reason(s) for the change in Transitional Housing beds, if applicable (limit 750 characters):

In 2009, there were 12 more transitional beds than 2008. This year, each of the CAP Agency transitional housing programs are listed separately on the spreadsheet, which more accurately reflect the number of beds. The scattered site units serve singles or families, depending on needs. As the rents for these units vary depending on the size and household income, the number of units in use can vary. In 2008, the CAP Agency was awarded HUD McKinney-Vento funding to enhance one of their existing transitional housing programs. This program just completed the contract process with the local HUD office and is actively recruiting participants for the program.

Permanent Housing: Yes

Briefly describe the reason(s) for the change in Permanent Housing beds, if applicable (limit 750 characters):

The number of permanent housing beds increased by 35 on the 2009 inventory. Nineteen of these units were in the process of being leased up in 2008 and had not yet been added to the inventory. An additional sixteen new beds were added in 2009, for a total of 35, 3 which were chronic homeless beds. Primarily these new beds were added through new state funding that are came on line within the past year. The Hearth Connection Supportive Housing Program has started leasing up it's three chronic units in June 2009. These units are not counted in the chronic homeless bed inventory.

CoC certifies that all beds for homeless persons are listed in the e-HIC regardless of HMIS participation and HUD funding: Yes

1G. Continuum of Care (CoC) Housing Inventory Chart Attachment

Instructions:

Each CoC must complete and attach the electronic Housing Inventory Chart, or e-HIC. Using the version of the document that was sent electronically to the CoC, verify that all information is accurate and make any necessary additions or changes. Click on "Housing Inventory Chart" below to upload the document . Each CoC is responsible for reading the instructions in the e-HIC carefully.

Document Type	Required?	Document Description	Date Attached
Housing Inventory Chart	Yes	Housing Inventory...	11/13/2009

Attachment Details

Document Description: Housing Inventory Chart

1H. Continuum of Care (CoC) Housing Inventory Chart (HIC) - Data Sources and Methods

Instructions:

Complete the following items based on data collection methods and reporting for the electronic Housing Inventory Chart (e-HIC), including Unmet need determination. The information should be based on a survey conducted in a 24-hour period during the last ten days of January 2009.

Indicate the date on which the housing inventory count was completed: (mm/dd/yyyy) 01/28/2009

Indicate the type of data or methods used to complete the housing inventory count: (select all that apply) HMIS plus housing inventory survey

Indicate the steps taken to ensure data accuracy for the Housing Inventory Chart: (select all that apply) Follow-up, Instructions, Updated prior housing inventory information, Confirmation, Training, HMIS

Must specify other:

N/A

Indicate the type of data or method(s) used to determine unmet need: (select all that apply) Unsheltered count, HMIS data, Local studies or non-HMIS data sources, Housing inventory, Stakeholder discussion, Provider opinion through discussion or survey forms

Specify "other" data types:

N/A

If more than one method was selected, describe how these methods were used together (limit 750 characters):

The Minnesota Department of Human Services, Office of Economic Opportunity does a twice a year count of emergency shelters and transitional living programs. The CoC coordinator reviewed the listing of providers with state staff and assisted with getting numbers from providers that did not respond in a timely fashion. The CoC discussed unmet need at several meetings including the 10 year planning meetings that have begun in the region. Through provider input, review of HMIS data, unsheltered counts and the Wilder Homeless Survey done in October 2006 the coordinator determined the unmet need in this region.

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

CoCs should complete the following information in conjunction with the HMIS Lead Agency. All information is to be current as of the date in which this application is submitted. For additional instructions, refer to the detailed instructions available on the left menu bar.

Select the HMIS implementation type: Statewide

Select the CoC(s) covered by the HMIS: (select all that apply) MN-501 - Saint Paul/Ramsey County CoC, MN-510 - Scott, Carver Counties CoC, MN-505 - St. Cloud/Central Minnesota CoC, MN-508 - Moorhead/West Central Minnesota CoC, MN-511 - Southwest Minnesota CoC, MN-500 - Minneapolis/Hennepin County CoC, MN-504 - Northeast Minnesota CoC, MN-512 - Washington County CoC, MN-506 - Northwest Minnesota CoC, MN-503 - Dakota County CoC, MN-507 - Coon Rapids/Anoka County CoC, MN-502 - Rochester/Southeast Minnesota CoC, MN-509 - Duluth/Saint Louis County CoC

Does the CoC Lead Organization have a written agreement with HMIS Lead Organization? No

If yes, the agreement (e.g., contract, Memorandum of Understanding, etc.) must be submitted with the application.

Is the HMIS Lead Organization the same as CoC Lead Organization? No

Has the CoC selected an HMIS software product? Yes

If "No" select reason:

If "Yes" list the name of the product: Service Point

What is the name of the HMIS software company? Bowman Systems

Does the CoC plan to change HMIS software within the next 18 months? No

Indicate the date on which HMIS data entry started (or will start): (format mm/dd/yyyy) 04/12/2005

Is this an actual or anticipated HMIS data entry start date? Actual Data Entry Start Date

Indicate the challenges and barriers impacting the HMIS implementation: (select all the apply): Inability to integrate data from providers with legacy data systems, Other, Inadequate resources

If CoC indicated that there are no challenges or barriers impacting HMIS implementation, briefly describe either why CoC has no challenges or how all barriers have been overcome (limit 1000 characters).

If CoC identified one or more challenges or barriers impacting HMIS implementation, briefly describe how the CoC plans to overcome them (limit 1000 characters).

For "Other" above, there is a lack of incentive to get non mandated providers to participate in HMIS. The COC does not have any short term plans to provide incentives for non mandated providers to participate although the COC encourages others to participate to assist the COC in obtaining HUD homeless assistance funds and other funds. For "inadequate resources" the COC does not have a current plan to address the issue of inadequate resources for HMIS. There are many organizations facing cutbacks in Minnesota making it a difficult time to secure additional resources. For "inability to integrate systems," the COC supports the efforts of the administrator (Wilder Research) to implement data transfer via XML and to support wilder's efforts to build more reports into HMIS including those required by United Way and other funders.

2B. Homeless Management Information System (HMIS) Lead Organization

Enter the name and contact information for the HMIS Lead Agency. This is the organization responsible for implementing the HMIS within a CoC. There may only be one HMIS Lead Agency per CoC.

Organization Name	Amherst H. Wilder Foundation
Street Address 1	451 Lexington Parkway North
Street Address 2	
City	St. Paul
State	Minnesota
Zip Code Format: xxxxx or xxxxx-xxxx	55104
Organization Type	Non-Profit
If "Other" please specify	
Is this organization the HMIS Lead Agency in more than one CoC?	Yes

2C. Homeless Management Information System (HMIS) Contact Person

Enter the name and contact information for the primary contact person at the HMIS Lead Agency.

Prefix:	Dr.
First Name	Craig
Middle Name/Initial	D
Last Name	Helmstetter
Suffix	
Telephone Number: (Format: 123-456-7890)	651-280-2700
Extension	
Fax Number: (Format: 123-456-7890)	651-280-3700
E-mail Address:	cdh@wilder.org
Confirm E-mail Address:	cdh@wilder.org

2D. Homeless Management Information System (HMIS) Bed Coverage

Instructions:

HMIS bed coverage measures the level of participation in a CoC¿s HMIS. It is calculated by dividing the total number of year-round non-DV HMIS-participating beds available in the CoC by the total number of year-round non-DV beds available in the CoC. Participation in HMIS is defined as collection and reporting of client level data either through direct data entry into the HMIS or into an analytical database that includes HMIS data at least annually.

HMIS bed coverage is calculated by dividing the total number of year-round non-DV HMIS-participating beds in each housing type by the total number of non-DV beds available in each program type. For example, the bed coverage rate for Emergency Shelters (ES) is equal to the total number of year-round, non-DV HMIS-participating ES beds divided by the total number of non-DV ES beds available in the CoC. CoCs can review or assess HMIS bed coverage by calculating their rate monthly, quarterly, semiannually, annually, or never. CoCs are considered to have low bed coverage rates if they only have a rate of 0-64% among any one of the housing types. CoCs that have a housing type with a low bed coverage rate should describe the CoCs plan to increase bed coverage in the next 12-months in the space provided.

The 2005 Violence Against Women Act (VAWA) Reauthorization bill restricts domestic violence provider participation in HMIS unless and until HUD completes a public notice and comment process. Until the notice and comment process is completed, HUD does not require nor expect domestic violence providers to participate in HMIS. HMIS bed coverage rates are calculated excluding domestic violence provider beds from the universe of potential beds.

Indicate the HMIS bed coverage rate (%) for each housing type within the CoC. If a particular housing type does not exist anywhere within the CoC, select "Housing type does not exist in CoC" from the drop-down menu.

* **Emergency Shelter (ES) Beds**	86%+
* **Safe Haven (SH) Beds**	No beds in CoC
* **Transitional Housing (TH) Beds**	86%+
* **Permanent Housing (PH) Beds**	86%+

How often does the CoC review or assess its HMIS bed coverage? Annually

If bed coverage is 0-64%, describe the CoC's plan to increase this percentage during the next 12 months:

2E. Homeless Management Information System (HMIS) Data Quality

Instructions:

Enter the percentage of missing or unknown records AND the percentage of records where the value is "refused" or unknown ("don't know") for each Universal Data Element listed below. Universal Data Elements are information fields that HUD requires all homeless service providers participating in a local HMIS to collect on all homeless clients seeking housing and/or services. They include personal identifying information as well as information on a client's demographic characteristics and recent residential history. The elements target data that are essential to the administration of local homeless assistance programs as well as obtaining an accurate picture of the extent, characteristics and the patterns of service use of the local homeless population.

Where the collection of Social Security Numbers is not authorized by law, failure to collect this data element will not competitively disadvantage an application. Additionally, in lieu of the actual SSN, the response categories of "Don't Know" and "Refused" are considered valid response categories, per the HMIS Data and Technical Standards.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the percentage of unduplicated client records with null or missing values on a day during the last ten days of January 2009.

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
* Social Security Number	0%	47%
* Date of Birth	0%	3%
* Ethnicity	0%	0%
* Race	0%	0%
* Gender	0%	0%
* Veteran Status	0%	0%
* Disabling Condition	0%	0%
* Residence Prior to Program Entry	0%	0%
* Zip Code of Last Permanent Address	0%	3%
* Name	0%	56%

Instructions:

The Annual Homeless Assessment Report (AHAR) is a national report to Congress on the extent and nature of homelessness in America. The AHAR uses data from Homeless Management Information Systems (HMIS) to estimate the number and characteristics of people who use homeless residential services and their patterns of service use. The data collection period for AHAR 4 began on October 1, 2007 and ended on September 30, 2008. Communities must have had a minimum bed coverage rate of 65 percent throughout the entire reporting period in two or more reporting categories¿i.e., emergency shelters for individuals (ES-IND), emergency shelters for families (ES-FAM), transitional housing for individuals (TH-IND), and transitional housing for families (TH-FAM)¿to be eligible to participate in AHAR 4.

Did the CoC or subset of CoC participate in AHAR 4? Yes

Did the CoC or subset of CoC participate in AHAR 5? Yes

How frequently does the CoC review the quality of client level data? Quarterly

How frequently does the CoC review the quality of program level data? Quarterly

Describe the process, extent of assistance, and tools used to improve data quality for agencies participating in the HMIS (limit 750 characters):

Since Minnesota's HMIS is the required data reporting tool for several state funding streams related to homelessness, much of the data in the system are reviewed closely by state funded agencies during quarterly and annual reporting periods. State funders often follow up with agencies whose reports show poor data quality. Additionally, the HMIS lead agency staffs an HMIS help desk during business hours. HMIS staff also meet with local COCs to review data quality issues. Finally, over the past year Wilder has begun using a "bed utilization tool" designed by Apt Associates to help find inaccurate data entry and has worked with agencies to clean up data that appears to be of low quality.

Describe the existing policies and procedures used to ensure that valid program entry and exit dates are recorded in the HMIS (limit 750 characters):

To date nearly all participation in Minnesota's HMIS is due to funding requirements; Minnesota's HMIS is the required data reporting tool for several state funding streams related to homelessness. Proper entry and exit dates (of service start and end dates for the programs that do not require formal program entries and exits) are, therefore, ensured by the need for participating agencies to have accure data in their required reporting. A lack of proper entry and exit dates remains a problem for some participating agencies. Additionally, over the past year Wilder has begun using Abt Associates "bed utilization tool" to help find inaccurate data entry and has worked with several state agencies to clean up bad program entry and exit data.

2F. Homeless Management Information System (HMIS) Data Usage

Instructions:

HMIS can be used for a variety of activities. These include, but are not limited to:
- Data integration/data warehousing to generate unduplicated counts¿Involves assembling HMIS data from multiple data collection systems into a single system in order to de-duplicate client records.
- Use of HMIS for point-in-time count of sheltered persons
- Use of HMIS for point-in-time count of unsheltered persons
- Use of HMIS for performance measurement¿Using HMIS to evaluate program or system-level performance, focusing on client-level outcomes, or measurable changes in the well-being of homeless clients.
- Use of HMIS for program management¿Using HMIS data for grant administration, reporting, staff supervision, or to manage other program activities.
- Integration of HMIS data with mainstream system¿Merging HMIS data with data from other mainstream systems, such as welfare, foster care, educational, or correctional systems.

Indicate the frequency in which each of the following activities is completed:

Data integration/data warehousing to generate unduplicated counts:	Quarterly
Use of HMIS for point-in-time count of sheltered persons:	Semi-annually
Use of HMIS for point-in-time count of unsheltered persons:	Never
Use of HMIS for performance assessment:	Quarterly
Use of HMIS for program management:	Quarterly
Integration of HMIS data with mainstream system:	Never

2G. Homeless Management Information System (HMIS) Data and Technical Standards

Instructions:

For each item, indicate whether the activity is completed monthly, quarterly (once each quarter), semiannually (two times per year), annually (every year), or never.
- Unique user name and password: CoC assesses that system user name and password protocols are followed and meet HMIS technical standards.
- Secure location for equipment: CoC manages physical access to systems with access to HMIS data in compliance with HMIS technical standards.
- Locking screen savers: CoC makes HMIS workstations and HMIS software automatically turn on password-protected screen savers when a workstation is temporarily not in use.
- Virus protection with auto update: CoC protects HMIS systems from viruses by using virus protection software that regularly updates virus definitions from the software vendor.
- Individual or network firewalls: CoC protects systems from malicious intrusion behind a secure firewall.
- Restrictions on access to HMIS via public forums: CoC allows secure connections to HMIS data only through PKI certificate or IP filtering as defined in the HMIS technical standards.
- Compliance with HMIS Policy and Procedures manual: CoC ensures HMIS users are in compliance with community-defined policies and protocols for HMIS use.
- Validation of off-site storage of HMIS data: CoC validates that off-site storage of HMIS data is secure.

Indicate the frequency in which the CoC or HMIS Lead completes a compliance assessment for each of the following HMIS privacy and security standards:

* Unique user name and password	**Annually**
* Secure location for equipment	Annually
* Locking screen savers	Annually
* Virus protection with auto update	Annually
* Individual or network firewalls	Annually
* Restrictions on access to HMIS via public forums	Annually
* Compliance with HMIS Policy and Procedures manual	Annually
* Validation of off-site storage of HMIS data	Annually

How often does the CoC assess compliance with HMIS Data and Technical Standards? Annually

How often does the CoC aggregate data to a central location (HMIS database or analytical database)? Quarterly

Does the CoC have an HMIS Policy and Procedures manual? Yes

If 'Yes' indicate date of last review or update by CoC: 02/10/2005

If 'No' indicate when development of manual will be completed (mm/dd/yyyy):

2H. Homeless Management Information System (HMIS) Training

Instructions:

An important component of a functioning HMIS is providing comprehensive training to homeless assistance providers that are participating in the HMIS. In the section below, indicate the frequency in which the CoC and/or HMIS Lead Agency offers each of the following training activities:
- Privacy/Ethics training: Training to homeless assistance program staff on established community protocols for ethical collection of client data and privacy protections required to manage clients¿ PPI (protected personal information).
- Data Security training: Training to homeless assistance program staff on established community protocols for user authentication, virus protection, firewall security, disaster protection, and controlled access to HMIS.
- Using HMIS data locally: Training on use of HMIS data to understand the local extent and scope of homelessness.
- Using HMIS data for assessing program performance: Training on use of HMIS to systematically evaluate the efforts programs are making to address homelessness.
- Basic computer skills training: Training on computer foundation skills such as mouse and keyboard functions, web searching, document saving, and printing.
- HMIS software training: Training on use and functionality of HMIS software including adding new clients, updating client data, running reports, and managing client cases.

Indicate the frequency in which the CoC or HMIS Lead Agency offers each of the following training activities:

Privacy/Ethics training	Monthly
Data Security training	Monthly
Data Quality training	Monthly
Using HMIS data locally	Monthly
Using HMIS data for assessing program performance	Annually
Basic computer skills training	Monthly
HMIS software training	Monthly

2I. Continuum of Care (CoC) Point-in-Time Homeless Population

Instructions:

This section must be completed using statistically reliable, unduplicated counts or estimates of homeless persons in sheltered and unsheltered locations on a single night. Because 2009 was a required point-in-time count year, CoCs were required to conduct a one day, point-in-time count during the last 10 days of January--January 22nd to 31st. Although point-in-time counts are only required every other year, HUD requests that CoCs conduct a count annually if resources allow. Data entered in this chart must reflect a point-in-time count that took place during the last 10 days of January 2009, unless a waiver was received by HUD.

Additional instructions on conducting the point-in-time count can be found in the detailed instructions, located on the left hand menu.

Indicate the date of the most recent point-in-time count (mm/dd/yyyy): 01/28/2009

For each homeless population category, the number of households must be less than or equal to the number of persons.

Households with Dependent Children

	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Number of Households	26	21	5	52
Number of Persons (adults and children)	76	70	12	158

Households without Dependent Children

	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Number of Households	23	19	9	51
Number of Persons (adults and unaccompanied youth)	23	19	9	51

All Households/ All Persons

	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Total Households	49	40	14	103
Total Persons	99	89	21	209

2J. Continuum of Care (CoC) Point-in-Time Homeless Subpopulations

Instructions:

Enter the number of sheltered and unsheltered adults who belong in each subpopulation category. As in the Homeless Populations chart, this chart must be completed using statistically reliable and unduplicated counts or estimates of homeless persons based on the point-in-time count conducted during the last ten days of January 2009. Only adults should be included in the counts for this chart, except for the Unaccompanied Youth (those under age 18) category. Subpopulation data is required for sheltered persons and optional for unsheltered persons, with the exception of Chronically Homeless.

	Sheltered	Unsheltered	Total
*** Chronically Homeless (Federal definition)**	21	4	25
*** Severely Mentally Ill**	36	3	39
*** Chronic Substance Abuse**	17	2	19
*** Veterans**	6	1	7
*** Persons with HIV/AIDS**	0	0	0
*** Victims of Domestic Violence**	44	1	45
*** Unaccompanied Youth (under 18)**	20	1	21

2K. Continuum of Care (CoC) Sheltered Homeless Population & Subpopulation: Point-In-Time (PIT) Count

Instructions:

CoCs are only required to conduct a one-day point-in-time count every two years (biennially) however, HUD strongly encourages CoCs to conduct an annual point-in-time count, if resources allow. Below, select the time period that corresponds with how frequently the CoC plans to conduct a point-in-time count:
- biennially (every other year);
- annually (every year);
- semi-annually (twice a year); or
- quarterly (once each quarter).

CoCs will separately calculate and enter the percentage of emergency shelter and transitional housing providers that provided data for the Homeless Population and Subpopulation charts. For example, if 9 out of 12 transitional housing programs provided point-in-time data, enter 75%. If all providers for a program type contributed data, enter 100%.

How frequently does the CoC conduct a point-in-time count? Annually

Enter the date in which the CoC plans to conduct its next point-in-time count: (mm/dd/yyyy) 01/27/2010

Indicate the percentage of homeless service providers supplying population and subpopulation data that was collected via survey, interview, and/or HMIS.

Emergency shelter providers: 100%

Transitional housing providers: 100%

2L. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Methods

Instructions:

CoCs may use one or more methods to count sheltered homeless persons. Indicate the method(s) used to gather and calculate population data on sheltered homeless persons. Check all applicable methods:
- Survey Providers¿Providers counted the total number of clients residing in each program on the night designated as the point-in-time count.
- HMIS¿The CoC used HMIS to complete the point-in-time sheltered count.
- Extrapolation¿The CoC used extrapolation techniques to estimate the number and characteristics of sheltered homeless persons from data gathered at emergency shelters and transitional housing programs. CoCs that use extrapolation techniques are strongly encourage to use the HUD General Extrapolation worksheet.

**Indicate the method(s) used to count sheltered homeless persons during the last point-in-time count:
(Select all that apply):**

Survey Providers:	X
HMIS:	X
Extrapolation:	
Other:	

If Other, specify:

N/A

Describe how the data on the sheltered homeless population, as reported on 2I, was collected and the sheltered count produced (limit 1500 characters):

The Minnesota Department of Human Services, Office of Economic Opportunity conducts a twice a year survey of emergency shelter and transitional housing (one of the dates in 2008 was during the last week in January 2008). State staff worked with the CoC coordinator to update the list of providers and to reach non-responsive providers and tabulate the data to share with local Continuum of Cares. In addition, Scott Carver Washington COC conducts an online survey (Survey Monkey) to capture data on unsheltered and other sheltered homeless that are not included in the Minnesota Department of Human Services data. Respondents include all COC member organizations and survey is mailed to additional organizations (churches, law enforcement etc.). This survey was conducted for the 1/28/09 date. Data from both surveys were combined for total count. HMIS was also used to verify our population count.

Comparing the 2009 point-in-time count to the previous point-in-time count (2008 or 2007), describe any factors that may have resulted in an increase, decline, or no change in the sheltered population count (limit 1500 characters):

The overall point in time count increased by 5 households in 2009 and the total number of persons decreased. There was a significant decrease in unsheltered households from 2008 to 2009. The number of unsheltered households decreased from 24 households in 2008 to 14 in 2009. The number of unsheltered persons decreased from 64 in 2008 to 21 persons in 2009. The factors that affect these numbers are an increased awareness and capacity to rapidly rehouse and quickly shelter persons who are unsheltered.

2M. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation Data

Instructions:

Check all methods used by the CoC to produce the sheltered subpopulations data reported in the subpopulation table.
- HMIS: The CoC used HMIS to gather subpopulation information on sheltered homeless persons without extrapolating for any missing data.
- HMIS data plus extrapolation: The CoC used HMIS data and extrapolation techniques to estimate the number and subpopulation characteristics of sheltered homeless persons in the CoC. Extrapolation techniques accounted for missing HMIS data and the CoC completed HUD¿s Extrapolation Tool.
- Sample of PIT interviews plus extrapolation: The CoC conducted interviews with a random or stratified sample of sheltered homeless adults and unaccompanied youth to gather subpopulation information. The results from the interviews were extrapolated to the entire sheltered homeless population to provide statistically reliable subpopulation estimates for all sheltered persons. CoCs that made this selection are encourage to used the applicable HUD Sample Strategy tool.
- Interviews: The CoC conducted interviews with every homeless person staying in an emergency shelter or transitional housing program on the night designated for the point-in-time count.
- Non-HMIS client level information: Providers used individual client records (e.g., case management files) to provide the CoC with subpopulation data for each adult and unaccompanied youth living in a sheltered program on the night designated for the point-in-time count.

Additional instructions on this section can be found in the detailed instructions, located on the left hand menu. Also, for more information about any of the techniques listed above, see: ¿A Guide for Counting Sheltered Homeless People¿ at http://www.hudhre.info/documents/counting_sheltered.pdf.

Indicate the method(s) used to gather and calculate subpopulation data on sheltered homeless persons (select all that apply):

HMIS	
HMIS plus extrapolation:	
Sample of PIT interviews plus extrapolation:	X
Sample strategy:	
Provider expertise:	X
Non-HMIS client level information:	
None:	
Other:	

If Other, specify:

Describe how data on sheltered subpopulations, as reported on 2J, was collected and the subpopulation data produced (limit 1500 characters):

Method for shelter survey as described in 2L (Office of Economic Opportunity Survey AND SurveyMonkey survey combined). Providers were asked to identify all persons fitting subpopulation category--checking all that applied to the head of household for homeless persons/households surveyed on 1/28/09. The question of subpopulation categories was asked with survey of sheltered and unsheltered as described in 2L. Respondents could pick all categories that applied to homeless persons.

Comparing the 2009 point-in-time count to the previous point-in-time count (2008 or 2007), describe any factors that may have resulted in an increase, decline, or no change in the sheltered subpopulations data. Response should address changes in all sheltered subpopulation data (limit 1500 characters):

Total number of chronic homeless, persons with mental illness and unaccompanied youth increased significantly. We believe our subpopulations increased due to better identification of these groups. COC members received education on identifying subpopulations as well. The total number of unsheltered subpopulations decreased, which is positive sign that those with issues are finding shelter or housing available to them. The number of chronic homeless individuals increased from 13 in 2008 to 25 in 2009, nearly double last year numbers.

2N. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Data Quality

Instructions:

CoCs often undertake a variety of steps to improve the quality of the sheltered population and subpopulation data. These include, but are not limited to:
- Instructions: The CoC provided written instructions to providers to explain protocol for completing the sheltered PIT count.
- Training: The CoC trained providers on the protocol and data collection forms used to complete the sheltered PIT count.
- Remind/Follow-up: The CoC reminded providers about the count and followed up with providers to ensure the maximum possible response rate from all programs.
- HMIS: The CoC used HMIS to verify data collected from providers for the sheltered count.
- Non-HMIS De-duplication techniques: The CoC used strategies to ensure that each sheltered and unsheltered homeless person was not counted more than once during the point in time count. The non-HMIS de-duplication techniques must be explained in the box below.

CoCs that select "Non-HMIS de-duplication techniques" must describe the techniques used. De-duplication is the process by which information on the same homeless clients within a program or across several programs is combined into unique records.

Indicate the steps used by the CoC to ensure the data quality of the sheltered persons count:
(select all that apply)

Instructions:	X
Training:	X
Remind/Follow-up	X
HMIS:	X
Non-HMIS de-duplication techniques:	X
None:	
Other:	

If Other, specify:

Describe the non-HMIS de-duplication techniques, if selected (limit 1000 characters):

We used the first initial and middle name to deduplicate surveys in persons who were interviewed for point in time count. Using this method, we were successful in finding a few duplicate interviews and eliminated the duplicate data.

2O. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Methods

Instructions:

CoCs can use a number of methodologies to count unsheltered homeless persons. These include, but are not limited to:
- Public places count: The CoC conducted a point-in-time count based on observation of unsheltered homeless persons, but without interviews.
- Public places count with interviews: The CoC conducted a point-in-time count and either interviewed all unsheltered homeless persons encountered during the public places count or a sample of these individuals.
- Service-based count: The CoC interviewed people using non-shelter services, such as soup kitchens and drop-in centers, screened for homelessness, and counted those that self-identified as unsheltered homeless persons. In order to obtain an unduplicated count, every person interviewed in a service-based count must be asked where they were sleeping on the night of the last point-in-time count.
- HMIS: The CoC used HMIS in some way to collect, analyze, or report data on unsheltered homeless persons. For example, the CoC entered respondent information into HMIS in an effort to check personal identifying information to de-duplicate and ensure persons were not counted twice.

For more information on any of these methods, see ¿A Guide to Counting Unsheltered Homeless People¿ at: http://www.hudhre.info/documents/counting_unsheltered.pdf.

Indicate the method(s) used to count unsheltered homeless persons: (select all that apply)

Public places count:	X
Public places count with interviews:	X
Service-based count:	X
HMIS:	X
Other:	

If Other, specify:

N/A

2P. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation - Level of Coverage

Instructions:

Depending on a number of factors, the level of coverage for a count of unsheltered persons may vary from place to place. Below, indicate which level of coverage best applies to the count of unsheltered homeless persons in the CoC.

¿ Complete coverage means that every part of a specified geography, such as an entire city or a downtown area, every street is canvassed by enumerators looking for homeless people and counting anyone who is found.
¿ Known locations means counting in areas where unsheltered homeless people are known to congregate or live.
¿ A combined approach merges complete coverage with known locations by counting every block in a portion of the jurisdiction (e.g. central city) AND conducting counts in other areas of the jurisdiction where unsheltered persons are known to live or congregate.

Indicate the level of coverage of unsheltered homeless persons in the point-in-time count: Known Locations

If Other, specify:

N/A

2Q. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation - Data Quality

Instructions:

CoCs may undertake one or more methods to improve data quality of the unsheltered population and subpopulation data, as reported on 2I and 2J, respectively. Check all steps that the CoC has taken to ensure data quality:
- Training: The CoC conducted trainings(s) for point-in-time enumerators or CoC staff.
- HMIS: The CoC used HMIS to check for duplicate entries or for some other purpose.
- De-duplication techniques: The CoC used strategies to ensure that each unsheltered homeless person was not counted more than once during the point-in-time count.

All CoCs should have a strategy for reducing the occurrence of counting persons more than once during a point-in-time count, also known as de-duplication. De-duplication techniques should always be implemented when the point-in-time count extends beyond one night or takes place during the day at service locations used by homeless people that may or may not use shelters.

For more information on de-duplication and other techniques used to improve data quality, see ¿A Guide for Counting Unsheltered Homeless People¿ at: www.hudhre.info/documents/counting_unsheltered.pdf.

Indicate the steps used by the CoC to ensure the data quality of the unsheltered persons count.
(select all that apply)

Training:	X
HMIS:	X
De-duplication techniques:	X
Other:	

If Other, specify:

N/A

Describe the techniques used by the CoC to reduce duplication, otherwise known as de-duplication (limit 1500 characters):

We used the first initial and middle name to deduplicate surveys in persons who were interviewed for point in time count. Using this method, we were successful in finding a few duplicate interviews and eliminated the duplicate data.

Describe the CoCs efforts to reduce the number of unsheltered homeless household with dependent children. Discussion should include the CoCs outreach plan (limit 1500 characters):

All three counties have motel/hotel vouchers to quickly house the unsheltered if they are identified and our service providers are aware of how to identify and shelter the homeless. In all three counties, the CoC and state funded Family Homelessness Prevention & Assistance Program committees is closely aligned and include social service, veterans, faith-based, law enforcement, mental health, and other organizations committed to meeting homeless needs. The COC and FHPAP programs rely on committees which meets on a monthly basis and monitor program goals. As an example of outreach to the unsheltered, FHPAP funds are used for an outreach worker who spends one day a week at the local food shelf to conduct outreach to unsheltered families. Community Action Program staff also provides coordination and outreach services with Salvation Army food shelf during food distribution. Additionally, the CoC has HPRP funds used for homeless prevention, which will help reduce the number of unsheltered families. The Scott-Carver CoC also recently completed a 10 year plan to end homelessness, the Heading Home Scott-Carver Plan. The Plan includes goals to identify and increase the number of affordable units to shelter homeless families and to increase partnerships and outreach to meet this goal. Additionally, all 3 counties have after hours crisis response teams that work with law enforcement to increase awareness of programs and reduce the number of persons experiencing homelessness.

Describe the CoCs efforts to identify and engage persons that routinely sleep on the streets or other places not meant for human habitation (limit 1500 characters):

The CoC jurisdiction has recently completed a Plan to End Homelessness as part of the state's overall Heading Home Plan that has been part of a 10 year plan to end homelessness in Minnesota. This plan includes expanded efforts to address the target persons who are unsheltered. As an example of current practice, county social service staff who work with housing/homeless programs engage other County department staff, such as County Parks, on how to recognize homeless persons and coordinate referrals. In addition, the point in time survey is annually evaluated and refined to include new methods of identifying the unsheltered where they reside. Washington County has a PATH grant (state and federal funding) to outreach to persons with serious mental illness who are homeless and residing on the streets.

Comparing the 2009 point-in-time count to the previous point-in-time count (2008 or 2007), describe any factors that may have resulted in an increase, decline, or no change in the unsheltered population data (limit 1500 characters):

The number of unsheltered households decreased from 24 in 2008 to 14 in 2009. The number of unsheltered persons decreased from 64 in 2008 to 21 in 2009. Better identification of persons without shelter and coordination among providers in the homeless response system helped to reduce the number of unsheltered persons. Also, the COC is fortunate to have a number of providers with specialized housing and services for subpopulations facing significant housing barriers. As noted on the Housing Inventory Chart, emergency shelters, transitional housing and permanent housing were at or above capacity. The bed utilization increased from 2008 to 2009 overall and demonstrates that providers are successful in housing homeless persons and households.

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 1: Create new permanent housing beds for chronically homeless individuals.

Instructions:

Ending chronic homelessness is a HUD priority. CoCs can work towards accomplishing this by creating new beds for the chronically homeless. Describe the CoCs short-term and long-term plan for creating new permanent housing beds for the chronically homeless. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to create new permanent housing beds for the chronically homeless (limit 1000 characters)?

The Scott-Carver-Dakota CAP Agency is applying through the bonus funding for 2 units for housing for people who are chronically homeless. Elim was awarded 2 units of housing for chronic homeless persons in the 2008 competition, this project is in the process of completing their technical submission. The Scott-Carver Heading Home Plan (ten year plan to end homelessness) is also working with non-profit providers to access state funding for housing people who are chronically homeless. The Hearth Connection Supportive Housing Program started leasing up it's 3 chronic beds in June 2009. We are merging with another continuum to increase our permanent housing bonus amount so we can serve more chronically homeless persons.

Describe the CoC plan for creating new permanent housing beds for the chronically homeless over the next ten years (limit 1000 characters)?

Our ten year plan to end homelessness has goals to increase the number of permanent housing for people who are chronically homeless using a combination of state, federal and private resources. The local housing authorities will be the primary partner in developing housing and local non-profits and county social service agencies will provide support services. The CoC will: 1)Increase the utilization of state rental vouchers, which will primarily serve persons chronic homeless. 2)Increase utilization of state funds for Re-hab money, which will require property owners to allocate units for persons meeting HUD's Chronic definition 3)Increase access to HUD's bonus funding with the prioritization to create Chronic units in new projects. The CoC projects the need for over 100 permanent supportive housing units, at least 25 will be for persons who are chronically homeless based on our PIT count and unmet need.

How many permanent housing beds do you currently have in place for chronically homeless persons? 8

How many permanent housing beds do you plan to create in the next 12-months? 15

How many permanent housing beds do you plan to create in the next 5-years? 22

How many permanent housing beds do you plan to create in the next 10-years? 33

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 2: Increase percentage of homeless persons staying in permanent housing over 6 months to at least 77 percent.

Instructions:

Increasing the self-sufficiency and stability of homeless participants is an important outcome measurement of HUD's homeless assistance programs. Describe the CoCs short-term and long-term plan for increasing the percentage of homeless persons staying in permanent housing over 6 months to at least 77 percent. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to increase the percentage of homeless persons remaining in permanent housing for at least six months to at least 77 percent? If the CoC has already reached this threshold, describe how it will be exceeded or maintained (limit 1000 characters)?

Case management staff will work with private landlords/management to assist permanent housing tenants to mitigate tenant/landlord issues and maintain relationships with landlords. Also, state crisis funds can be used to pay rent if tenant must go to treatment so housing is available when tenant returns. COC will monitor annual performance reports of subgrantees to maintain the 77% threshold and assist subgrantees who are not meeting threshhold.

Describe the CoC's long-term plan to increase the percentage of homeless persons remaining in permanent housing for at least six months to at least 77 percent? CoCs response should include how it will continue to work towards meeting and exceeding this objective (limit 1000 characters).

This CoC has exceeded the goal and will continue to work to meet and exceed HUD's goal by working closely with landlords and service providers, utilizing state crisis treatment funds for tenants needing psychiatric or chemical dependency treatment to maintain their housing. The CoC will continue reviewing all APR and will help new providers implement strategies to exceed HUD's goals.

What percentage of homeless persons in permanent housing have remained for at least six months?	86
In 12-months, what percentage of homeless persons in permanent housing will have remained for at least six months?	77
In 5-years, what percentage of homeless persons in permanent housing will have remained for at least six months?	78
In 10-years, what percentage of homeless persons in permanent housing will have remained for at least six months?	79

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 3: Increase percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent.

Instructions:

The ultimate objective of homeless assistance is to achieve the outcome of helping homeless families and individuals obtain permanent housing and self-sufficiency. Describe the CoC's short-term and long-term plan to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent? If the CoC has already reached this threshold, describe how it will be exceeded or maintained (limit 1000 characters)?

No one left transitional housing in 2008. This demonstrates success because tenants entered the program and remained in housing. Case management staff assist tenants to find permanent housing and assist them to increase independent living skills to maintain permanent housing.

Describe the CoC's long-term plan to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent? CoCs response should include how it will continue to work towards meeting and exceeding this objective (limit 1000 characters).

The CoC will continue to monitor and provide technical assistance to transitional housing providers to insure that people in transitional houisng move to permanent housing. All the transitional housing providers will work closely with local HRA to access subsidized housing for participants leaving their programs.

What percentage of homeless persons in transitional housing have moved to permanent housing?	100
In 12-months, what percentage of homeless persons in transitional housing will have moved to permanent housing?	65
In 5-years, what percentage of homeless persons in transitional housing will have moved to permanent housing?	67
In 10-years, what percentage of homeless persons in transitional housing will have moved to permanent housing?	70

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 4: Increase percentage of persons employed at program exit to at least 20 percent.

Instructions:

Employment is a critical step for homeless persons to achieve greater self-sufficiency, which represents an important outcome that is reflected both in participants' lives and the health of the community. Describe the CoCs short-term and long-term plans for increasing the percentage of persons employed at program exit to at least 20 percent. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to increase the percentage of persons employed at program exit to at least 20 percent? If the CoC has already reached this threshold, describe how it will be exceeded or maintained (limit 1000 characters)?

COC providers exceeded the 20% threshold with employment at 43%. However, the current economic downturn and high unemployment rate will make it difficult for clients to achieve employment. Therefore, the COC will continue with the 20% employment goal. Case management staff will work to increase income for clients--in some case this is accomplished through application for social security income, not employment.

Describe the CoC's long-term plan to increase the percentage of persons employed at program exit to at least 20 percent. CoCs response should include how it will continue to work towards meeting and exceeding this objective (limit 1000 characters).

Continue working with state Workforce Center programs such as rehabilitation services and "Partnering for Jobs" program for those with serious and persistent mental illness. Our high employment rate reflects the high level of coordination between housing providers and workforce centers we plan to continue this successful level of coordination.

What percentage of persons are employed at program exit? 43

In 12-months, what percentage of persons will be employed at program exit? 20

In 5-years, what percentage of persons will be employed at program exit? 21

In 10-years, what percentage of persons will be employed at program exit? 22

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 5: Decrease the number of homeless households with children.

Instructions:

Ending homelessness among households with children is a HUD priority. CoCs can work towards accomplishing this by creating beds and/or increasing supportive services for this population. Describe the CoCs short-term and long-term plans for decreasing the number of homeless households with children. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to decrease the number of homeless households with children (limit 1000 characters)?

The PIT showed 52 homeless families. The CoC is applying for funding for 1 new family unit with HUD McKinney Vento funds and several COC member organizations have recently received Homelessness Prevention and Rapid Rehousing. Additionally, HPRP funding will be used for rent payment assistance for at least 5 permanent family units during the 12 month time period. Therefore, we should see a reduction of homeless at the next PIT survey. The CoC will also utilize other State funding and other ARRA funds to prevent and decrease the number of homeless families.

Describe the CoC's long-term plan to decrease the number of homeless households with children (limit 1000 characters)?

The CoC long term plan is to access as many resources (State, Federal, and private) as possible to decrease the number of homeless families, however the CoC has concerns over the temporary nature of the stimulus funds. Our continued long term strategy is to seek other sources of funding to increase the number and availability of subsidies. The CoC will work diligently to implement the goals and strategies in the recently completed Heading Home Plan, which include increasing the number of permanent housing opportunities for families.

What is the current number of homeless households with children, as indicated on the Homeless Populations section (2I)?	52
In 12-months, what will be the total number of homeless households with children?	47
In 5-years, what will be the total number of homeless households with children?	45
In 10-years, what will be the total number of homeless households with children?	45

3B. Continuum of Care (CoC) Discharge Planning

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols developed to ensure that persons being discharged from a publicly- funded institution or system of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should similarly have in place or be developing policies and protocols to ensure that discharged persons are not released directly onto the streets or into CoC funded homeless assistance programs. In the space provided, provide information on the policies and/or protocols that the CoC either has in place or is developing for each system of care, to ensure that persons are not routinely discharged into homelessness (this includes homeless shelters, the streets, or other homeless assistance housing programs). Response should address the following:

¿ What? Describe the policies that have been developed or are in the process of being developed.
¿ Where? Indicate where persons routinely go upon discharge from a publicly funded institution or system of care.
¿ Who? Identify the stakeholders or collaborating agencies.

Failure to respond to each of these questions will be considered unresponsive.

For each of the systems of care identified below, describe any policies and/or protocols that the CoC either has in place or is developing for each system of care, to ensure that persons are not routinely discharged into homelessness (this includes homeless shelters, the streets, or other homeless assistance housing programs) (limit 1500 characters).

Foster Care:

Minnesota, through state legislation, has directed counties to develop discharge plans with all foster care youth at age 16. The human services departments in Washington, Scott and Carver have processes to assure that the State's mandates are enforced. All youth recive a notice regarding their rights. Foster care youth may petition to stay in foster care until age 21. Youth may choose to live independently and work with their case manager to identify and secure a permanent housing option, including accessing resources for damage deposit, rent payment assistance. All youth transitioning from foster care develop a discharge plan with their assisgned county case manager that must include housing and employment options. This process is designed to ensure that youth, foster care providers, the county case manager and other relevant parties participate. The county's sevice coordination team has a collaborative approach and includes staff from child protection services, county housing unit, mental health, public health, foster care and other service providers. The Scott-Carver-Washington CoC reviews the foster care discharge policy with county staff annually. Child protection staff who are responsible for foster care discharge participate in monthly CoC meetings. Youth leaving foster care generally move into apartments in the community often with rental subsidies and support services are provided to insure success.

Health Care:

The continuum of care and the 10 year planning group work with the area hospital social workers from Woodwinds, St. Francis Regional Medical Center, Queen of Peace, Lakeview of Waconia and Stillwater to devise appropriate hospital discharges and to monitor discharges. Currently hospital social workers work with the Washington County housing coordinator and the Scott-Carver CAP Agency to find housing for people about to be released from the hospital. If warranted, Heatlhcare for the Homeless will monitor and provide medical services in shelter. The American Red Cross provides emergency social services during non business hours to accomodate discharge activities. Respite Medical Services and/or adult foster care can also be potential service providers if warranted after assessment for vulnerability.

Mental Health:

Protocol is in place so that no one is discharged homeless from a mental health facility. Per state mandate all persons committed to any of the state regional treatment facilities are assisgned a mental health case manager through the county of the person discharged. Discharge planning begins while the commitment process is still occuring and before the person is discharged back to the community or other housing setting. Housing remains a part of the treatment plan after discharge to ensure housing is maintained/sustained. Housing financed by HUD McKinney-Vento dollars is not used for people leaving mental health facilities. The Scott-Carver-Washington CoC reviews the mental health discharge policy with county and mental health staff annually. County staff who are responsible for mental health discharge participate in monthly CoC meetings. Persons leaving mental health facilities are typically discharged to adult foster care or may access state resources such as housing subsidies through their mental health case manager.

Corrections:

The continuum of care and the 10 year planning group are working with state correctional staff and county jail staff to plan for discharges from state correctional facilities and local jails. Typically people leaving jail or prison plan to live with family or friends upon release. Carver County has hired a discharge coordinator to work with people leaving the county jail and any Carver County resident leaving jail or prison in any part of the state. The discharge coordinator is focused on reducing recidivism by connecting people with supported employment and housing. The discharge coordinator will be regularly reporting to the CoC on progress made and barriers encountered with assisting people in a successful transition back to the community. The continuum of care and 10 year planning group are tracking discharges from jail and prison and developing housing resources targeted to people with extensive criminal backgrounds. Minnesota's Comprehensive Offender Reentry Plan (MCORP) is a strategic initiative between invested state agencies, the courts and community to plan for offender reentry from the time of court sentencing through offender reentry into the community as a productive, law-abiding citizen.

3C. Continuum of Care (CoC) Coordination

Instructions:

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 existing homeless systems 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.

New in 2009, CoCs are expected to describe the CoC's level of involvement and coordination with HUD's American Recovery and Reinvestment Act of 2009 programs, such as the Homelessness Prevention and Rapid Re-housing Program (HPRP), the Community Development Block Grant-Recovery (CDBG-R), the Tax Credit Assistance Program and the Neighborhood Stabilization Program (NSP1 or NSP2). Finally, CoCs with jurisdictions that are receiving funds through the HUD-VASH initiative should describe coordination with this program as well. CoCs that include no jurisdictions receiving funds from any one of these programs, should indicate such in the text box provided.

Does the Consolidated Plan for the jurisdiction(s) that make up the CoC include the CoC strategic plan goals for addressing homelessness? Yes

If yes, list the goals in the CoC strategic plan that are included in the Consolidated Plan: The overlapping goal in these plans is to provide funding for transitionnal housing and permanent supportive housing.

Describe how the CoC is participating in or coordinating with the local Homeless Prevention and Rapid re-housing Program (HPRP) initiative, as indicated in the substantial amendment to the Consolidated Plan 2008 Action Plan (1500 character limit):

The Scott-Carver-Washington CoC was very involved in the HPRP grant process. Several non-profit agencies who are active participants in the CoC applied and were awarded funding. The CoC reviewed and approved the grant applications according to the substantial amendment. All CoC meetings have a standing agenda item to provide updates on the status of all the HPRP projects in the region.

Describe how the CoC is participating in or coordinating with the local Neighborhood Stabilization Program (NSP) initiative, HUD VASH, and/or any HUD managed American Reinvestment and Recovery Act programs (2500 character limit)?

Washington County in partnership with the Washington County HRA and Two Rivers Land Trust was awarded NSP funding of $1,642,035. These funds are targeted for the acquistion and redevelopment of foreclose, vacant homes. This funding will be used to acquired up to 30 homes available to families at or below 120% of the area median income. In addition, 12 units of rental housing for households at 50% or less of area median income will be developed. Carver County CDA received NSP funding of $735,000 and will be using the funding to acquire and redevelop foreclosed and vacant homes and then sell as affordable housing. One home will also be a community land trust. VASH is available through the Minneapolis VA Hospital. Jo Weable, the director of this program has presented to the COC in the past year. MAC-V, a CoC participant works with veterans and refers homeless veterans to the VASH program at the Minneapolis VA. Other HUD ARRA funding has been received and is being used toward physical improvements on Public Housing and affordable housing developments.

4A. Continuum of Care (CoC) 2008 Achievements

Instructions:

For the five HUD national objectives in the 2009 CoC application, enter the 12-month numeric achievements that you provided in Exhibit 1, Part 3A of the 2008 electronic CoC application. Enter this number in the first column, "Proposed 12-Month Achievement". Under "Actual 12-Month Achievement" enter the actual numeric achievement that your CoC attained within the past 12 months that is directly related to the national objective. CoCs that did not submit an Exhibit 1 application in 2008 should answer no to the question, "Did CoC submit an Exhibit 1 application in 2008?"

Objective	Proposed 12-Month Achievement (number of beds or percentage)		Actual 12-Month Achievement (number of beds or percentage)	
Create new permanent housing beds for the chronically homeless.	10	Beds	8	Beds
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 71.5%.	73	%	86	%
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 63.5%.	65	%	100	%
Increase percentage of homeless persons employed at exit to at least 19%	24	%	43	%
Decrease the number of homeless households with children.	28	Households	52	Households

Did CoC submit an Exhibit 1 application in 2008? Yes

For any of the HUD national objectives where the CoC did not meet the proposed 12-month achievement as indicated in 2008 Exhibit 1, provide explanation for obstacles or other challenges that prevented the CoC from meeting its goal:

In 2008, the proposed number of beds reflected an inaccurate housing inventory chart. The actual number of beds for the chronically homeless should have been 5, because 3 should have been shown as underdevelopment, rather than existing. We have corrected this error and have an accurate count now. This explains why it looks like chronic homeless beds decreased, when in actuality we gained 3 chronic beds. For transitional housing, we did not have any households leave transitional housing so we have met this goal. Regarding the increase in number of homeless households with children, we increased our efforts at accurately counting all persons and increased outreach. This increased number is more reflective of our economy. Scott, Carver and Washington counties are among the fastest growing populations in the nation and the increase in numbers of homeless families reflect the increase in population.

4B. Continuum of Care (CoC) Chronic Homeless Progress

Instructions:

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

This section asks each CoC to track changes in the number of chronically homeless persons as well the number of beds available for this population. For each year, indicate the total unduplicated point-in-time count of the chronically homeless. For 2006 and 2007, this number should come from Chart K in that that year¿s Exhibit 1. The 2008 and 2009 data has automatically been pulled forward from the respective years 2I. Next, enter the total number of existing and new permanent housing beds, from all funding sources, that were/are readily available and targeted to house the chronically homeless for each year listed.

CoCs must also identify the cost of new permanent housing beds for the chronically homeless. The information in this section can come from point-in-time data and the CoCs housing inventory.

Indicate the total number of chronically homeless persons and total number of permanent housing beds designated for the chronically homeless persons in the CoC for 2007, 2008, and 2009.

Year	Number of CH Persons	Number of PH beds for the CH
2007	14	4
2008	13	5
2009	25	8

Indicate the number of new permanent housing beds in place and made available for occupancy for the chronically homeless between February 1, 2008 and January 31, 2009. 3

Identify the amount of funds from each funding source for the development and operations costs of the new permanent housing beds designated for the chronically homeless, that were created between February 1, 2008 and January 31, 2009.

Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development					
Operations	$7,299		$12,000		
Total	$7,299	$0	$12,000	$0	$0

If the number of chronically homeless persons increased or if the number of permanent beds designated for the chronically homeless decreased, please explain (limit 750 characters):

Regarding the increase in number of chronic homeless persons, we increased our outreach efforts to accurately count all persons and likely counted persons who existed but had not been counted in previous surveys. This increase is also more reflective of our economy. Scott, Carver and Washington counties are among the fastest growing populations in the nation and the increase in numbers of homeless may also reflect the increase in population.

4C. Continuum of Care (CoC) Housing Performance

Instructions:

In this section, CoCs will provide information from the recently submitted APR for all projects within the CoC, not just those being renewed in 2009.

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 permanent housing projects include only those projects designated as SH-PH. Safe Havens are not considered permanent housing. Complete the following table using data based on the most recently submitted APR for Question 12(a) and 12(b) for all permanent housing projects within the CoC.

Does CoC have permanent housing projects for which an APR should have been submitted? Yes

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	14
b. Number of participants who did not leave the project(s)	52
c. Number of participants who exited after staying 6 months or longer	11
d. Number of participants who did not exit after staying 6 months or longer	46
e. Number of participants who did not exit and were enrolled for less than 6 months	6
TOTAL PH (%)	86

Instructions:

HUD will be assessing the percentage of all transitonal housing (TH) participants who moved to a PH situation. TH projects only include those projects identified as SH-TH. Safe Havens are not considered transitional housing. Complete the following table using data based on the most recently submitted APR for Question 14 for all transitional housing projects within the CoC.

Does CoC have any transitional housing programs for which an APR should have been submitted? Yes

Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	0
b. Number of participants who moved to PH	0
TOTAL TH (%)	0

4D. Continuum of Care (CoC) Enrollment in Mainstream Programs and Employment Information

Instructions:

HUD will be assessing the percentage of clients in all of your existing 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 all projects within the CoC.

Total Number of Exiting Adults: 14

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)	
SSI	3	21	%
SSDI	4	29	%
Social Security	0	0	%
General Public Assistance	2	14	%
TANF	3	21	%
SCHIP	0	0	%
Veterans Benefits	0	0	%
Employment Income	6	43	%
Unemployment Benefits	0	0	%
Veterans Health Care	0	0	%
Medicaid	3	21	%
Food Stamps	5	36	%
Other (Please specify below)	3	21	%
Child support, MN Supplemental Aid			
No Financial Resources	2	14	%

The percentage values will be calculated by the system when you click the "save" button.

Does CoC have projects for which an APR should have been submitted? Yes

4E. Continuum of Care (CoC) Participation in Energy Star and Section 3 Employment Policy

Instructions:

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

A "Section 3 business concern" is one in which: 51% or more of the owners are section 3 residents of the area of service; or 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; or 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.

Has the CoC notified its members of the Energy Star Initiative? Yes

Are any projects within the CoC requesting funds for housing rehabilitation or new construction? No

4F. Continuum of Care (CoC) Enrollment and Participation in Mainstream Programs

It is fundamental that each CoC systematically help homeless persons to 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.

Does the CoC systematically analyze its projects APRs in order to improve access to mainstream programs?	Yes

If 'Yes', describe the process and the frequency that it occurs.

APRs are reviewed annually by the local Continuum of Care committees before they are submitted to HUD.

Does the CoC have an active planning committee that meets at least 3 times per year to improve CoC-wide participation in mainstream programs?	Yes

If "Yes", indicate all meeting dates in the past 12 months.

February 14, 2009, June 12, 2009, November 12, 2009

Does the CoC coordinate with the State Interagency Council on Homelessness to reduce or remove barriers to accessing mainstream services?	Yes
Does the CoC and/or its providers have specialized staff whose primary responsibility is to identify, enroll, and follow-up with homeless persons on participation in mainstream programs?	Yes
If yes, identify these staff members	Both
Does the CoC systematically provide training on how to identify eligibility and program changes for mainstream programs to provider staff.	Yes
If "Yes", specify the frequency of the training.	Quarterly
Does the CoC use HMIS as a way to screen for mainstream benefit eligibility?	Yes

If "Yes", indicate for which mainstream programs HMIS completes screening.

During the intake process with a prospective client, the case managers ask income and disability questions in order to best assist the clients in accessing mainstream services. Case managers then refer and assist clients to the county for certain benefits and a Social Security advocate to begin the process for disability benefits.

Has the CoC participated in SOAR training? Yes

If "Yes", indicate training date(s).

November 18, 2008, December 30, 2008, January 21, 2009, June 8, 2009

4G: Homeless Assistance Providers Enrollment and Participation in Mainstream Programs

Indicate the percentage of homeless assistance providers that are implementing the following activities:

Activity	Percentage
1. Case managers systematically assist clients in completing applications for mainstream benefits. 1a. Describe how service is generally provided:	100%
Case Managers meet with clients at intake; assess for service needs and mainstream benefits; and, refer to appropriate services.	

2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	100%

3. Homeless assistance providers use a single application form for four or more mainstream programs: 3.a Indicate for which mainstream programs the form applies:	100%
Food Support, TANF, Emergency Programs, Medical Assistance, General Assistance and Veteran's Services.	

4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	100%
4a. Describe the follow-up process:	
Release of information obtained at interview; monitoring of progress to mainstream programs; advocacy and follow-up between client and mainstream services providers.	

Questionnaire for HUD's Initiative on Removal of Regulatory Barriers (HUD 27300)

Complete Part A if the CoC Lead Agency is a local jurisdiction (a county exercising land use and building regulatory authority and another applicant type applying for projects located in such jurisdiction or county (collectively or jurisdiction).

Complete Part B if the CoC Lead Agency is a State agency, department, or other applicant for projects located in unincorporated areas or areas otherwise not covered in Part A.

Indicate the section applicable to the CoC Lead Agency: Part A

Part A - Questionnaire for HUD's Initiative on Removal of Regulatory Barriers

Part A. Local Jurisdictions. Counties Exercising Land Use and Building Regulatory Authority and Other Applicants Applying for Projects Located in such Jurisdictions or Counties [Collectively, Jurisdiction]

Question	Answer
***1. Does your jurisdiction's comprehensive plan (or in the case of a tribe or TDHE, a local Indian Housing Plan) include a "housing element"?** **A local comprehensive plan means the adopted official statement of a legislative body of a local government that sets forth (in words, maps, illustrations, and/or tables) goals, policies, and guidelines intended to direct the present and future physical, social, and economic development that occurs within its planning jurisdiction and that includes a unified physical plan for the public development of land and water. If your jurisdiction does not have a local comprehensive plan with a housing element, please select No. If you select No, skip to question # 4.**	Yes
2. If your jurisdiction has a comprehensive plan with a housing element, does the plan provide estimates of current and anticipated housing needs, taking into account the anticipated growth of the region, for existing and future residents, including low, moderate and middle income families, for at least the next five years?	Yes
3. Does your zoning ordinance and map, development and subdivision regulations or other land use controls conform to the jurisdiction's comprehensive plan regarding housing needs by providing: a)sufficient land use and density categories (multi-family housing, duplexes, small lot homes and other similar elements); and, b) sufficient land zoned or mapped "as of right" in these categories, that can permit the building of affordable housing addressing the needs identified in the plan? **(For purposes of this notice, "as-of-right" as applied to zoning, means uses and development standards that are determined in advance and specifically authorized by the zoning ordinance. The ordinance is largely self-enforcing because little or no discretion occurs in its administration). If the jurisdiction has chosen not to have either zoning, or other development controls that have varying standards based upon districts or zones, the applicant may also enter yes.**	No
4. Does your jurisdiction's zoning ordinance set minimum building size requirements that exceed the local housing or health code or that are otherwise not based upon explicit health standards?	No
***5. If your jurisdiction has development impact fees, are the fees specified and calculated under local or state statutory criteria?** **If no, skip to question #7. Alternatively, if your jurisdiction does not have impact fees, you may select Yes.**	Yes
6. If yes to question #5, does the statute provide criteria that sets standards for the allowable type of capital investments that have a direct relationship between the fee and the development (nexus), and a method for fee calculation?	Yes

Part A - Page 2

***7. If your jurisdiction has impact or other significant fees, does the jurisdiction provide waivers of these fees for affordable housing?**	No
***8. Has your jurisdiction adopted specific building code language regarding housing rehabilitation that encourages such rehabilitation through gradated regulatory requirements applicable as different levels of work are performed in existing buildings?** **Such code language increases regulatory requirements (the additional improvements required as a matter of regulatory policy) in proportion to the extent of rehabilitation that an owner/developer chooses to do on a voluntary basis. For further information see HUD publication: Smart Codes in Your Community: A Guide to Building Rehabilitation Codes (http://www.huduser.org/publications/destech/smartcodes.html.)**	Yes
***9. Does your jurisdiction use a recent version (i.e. published within the last 5 years or, if no recent version has been published, the last version published) of one of the nationally recognized model building codes (i.e. the International Code Council (ICC), the Building Officials and Code Administrators International (BOCA), the Southern Building Code Congress International (SBCI), the International Conference of Building Officials (ICBO), the National Fire Protection Association (NFPA)) without significant technical amendment or modification.** **In the case of a tribe or TDHE, has a recent version of one of the model building codes as described above been adopted or, alternatively, has the tribe or TDHE adopted a building code that is substantially equivalent to one or more of the recognized model building codes?**	Yes
Alternatively, if a significant technical amendment has been made to the above model codes, can the jurisdiction supply supporting data that the amendments do not negatively impact affordability.	
***10. Does your jurisdiction's zoning ordinance or land use regulations permit manufactured (HUD-Code) housing "as of right" in all residential districts and zoning classifications in which similar site-built housing is permitted, subject to design, density, building size, foundation requirements, and other similar requirements applicable to other housing that will be deemed realty, irrespective of the method of production?**	Yes
***11. Within the past five years, has a jurisdiction official (i.e., chief executive, mayor, county chairman, city manager, administrator, or a tribally recognized official, etc.), the local legislative body, or planning commission, directly, or in partnership with major private or public stakeholders, convened or funded comprehensive studies, commissions, or hearings, or has the jurisdiction established a formal ongoing process, to review the rules, regulations, development standards, and processes of the jurisdiction to assess their impact on the supply of affordable housing?**	Yes
***12. Within the past five years, has the jurisdiction initiated major regulatory reforms either as a result of the above study or as a result of information identified in the barrier component of the jurisdiction's "HUD Consolidated Plan?" If yes, briefly describe. (Limit 2,000 characters.)**	No
***13. Within the past five years has your jurisdiction modified infrastructure standards and/or authorized the use of new infrastructure technologies (e.g. water, sewer, street width) to significantly reduce the cost of housing?**	Yes

Part A - Page 3

***14. Does your jurisdiction give "as-of-right" density bonuses sufficient to offset the cost of building below market units as an incentive for any market rate residential development that includes a portion of affordable housing? (As applied to density bonuses, "as of right" means a density bonus granted for a fixed percentage or number of additional market rate dwelling units in exchange for the provision of a fixed number or percentage of affordable dwelling units and without the use of discretion in determining the number of additional market rate units.)**	Yes
***15. Has your jurisdiction established a single, consolidated permit application process for housing development that includes building, zoning, engineering, environmental, and related permits? Alternatively, does your jurisdiction conduct concurrent, not sequential, reviews for all required permits and approvals?**	Yes
***16. Does your jurisdiction provide for expedited or "fast track" permitting and approvals for all affordable housing projects in your community?**	No
***17. Has your jurisdiction established time limits for government review and approval or disapproval of development permits in which failure to act, after the application is deemed complete, by the government within the designated time period, results in automatic approval?**	Yes
***18. Does your jurisdiction allow "accessory apartments" either as: a) a special exception or conditional use in all single-family residential zones or, b) "as of right" in a majority of residential districts otherwise zoned for single-family housing?**	Yes
***19. Does your jurisdiction have an explicit policy that adjusts or waives existing parking requirements for all affordable housing developments?**	Yes
***20. Does your jurisdiction require affordable housing projects to undergo public review or special hearings when the project is otherwise in full compliance with the zoning ordinance and other development regulations?**	No

Continuum of Care (CoC) Project Listing

Instructions:

To upload all Exhibit 2 applications that have been submitted to this CoC, click on the "Update List" button. This process may take several hours depending on the size of the CoC, however the CoC can either work on other parts of Exhibit 1 or it can log out of e-snaps and come back later to view the updated list. To rank a project, click on the icon next to each project to view project details.

For additional instructions, refer to the 2008 Project Listing Instructions on the left-hand menu bar.

EX1_Project_List_Status_field List Updated Successfully

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
Scott-Carver Perm...	2009-11-17 14:54:...	1 Year	Scott-Carver-Dako...	10,257	Renewal Project	SHP	PH	F
HMIS Scott/Carver...	2009-11-16 09:00:...	1 Year	Amherst H. Wilder...	43,341	Renewal Project	SHP	HMIS	F
Scott-Carver Bonu...	2009-11-16 16:19:...	2 Years	Scott-Carver-Dako...	36,326	New Project	SHP	PH	P1
H238	2009-11-16 12:35:...	1 Year	Scott County Huma...	176,412	Renewal Project	S+C	TRA	U
Carver CDA S+C Pr...	2009-11-13 10:32:...	1 Year	Carver County CDA	95,064	Renewal Project	S+C	TRA	U
Scott-Carver Pro-...	2009-11-13 17:46:...	2 Years	Scott-Carver-Dako...	12,180	New Project	SHP	PH	F2
Scott-Carver Tran...	2009-11-16 16:48:...	1 Year	Scott-Carver-Dako...	54,928	Renewal Project	SHP	TH	F
Mosaic Homes	2009-11-10 12:20:...	1 Year	Human Services, I...	41,874	Renewal Project	SHP	PH	F
Supportive Housin...	2009-10-29 11:39:...	1 Year	Safe Haven Shelte...	26,889	Renewal Project	SHP	PH	F
Home Free	2009-10-19 16:41:...	1 Year	Washington County...	116,112	Renewal Project	S+C	SRA	U
SHARE	2009-11-10 12:14:...	1 Year	Human Services, I...	52,701	Renewal Project	SHP	PH	F

Budget Summary

FPRN	$242,170
Permanent Housing Bonus	$36,326
SPC Renewal	$387,588
Rejected	$0

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	certificate of co...	11/18/2009

Attachment Details

Document Description: certificate of consistency