

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.

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

CoC Lead Organization Name: Scott Carver Dakota CAP Agency, Inc

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

Instructions:

The following questions pertain to the primary decision-making group. The primary responsibility of this group is to manage the overall planning effort for the CoC, including, but not limited to, the following types of activities: setting agendas for full Continuum of Care meetings, project monitoring, determining project priorities, and 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

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:	<input type="checkbox"/>
Assigned:	<input type="checkbox"/>
Volunteer:	<input checked="" type="checkbox"/>
Appointed:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

Specify "other" process(es):

Briefly describe the selection process including why this process was established and how it works.

The Scott/Carver - Washington County Housing Coalition consists of members that, due to their passion regarding homelessness and affordable housing, participate in all the activities of the CoC. From this coalition, members volunteer and participate to be a part of the CoC.

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

Elected:	<input type="checkbox"/>
Assigned:	<input type="checkbox"/>
Volunteer:	<input checked="" type="checkbox"/>
Appointed:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

Specify "other" process(es):

If HUD could provide administrative funds 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 the grantee, providing project oversight, and monitoring? Explain.

Yes, provisionally. The capacity exists with the governmental administrative entity having experience as a fiscal agent as well as the lead agency for CDBG and HOME funds. County leadership would need to be approved through the Scott, Carver and Washington respective Boards of Commissioners. However, 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

List the name and role of each CoC planning committee. To add committees to this list, click on the icon and enter requested information.

Name	Meeting Frequency
Scott/Carver Coun...	Monthly or more
Washington County...	Monthly or more
Suburban Metro Ar...	Monthly or more
Scott/Carver Hous...	Monthly or more
Washington County...	Monthly or more
Scott/Carver Fami...	Monthly or more
Washington County...	Monthly or more
Scott/Carver/Wash...	Semi-annually
Metro Human Servi...	Monthly or more
Regional Metro Su...	Monthly or more
Metro-Wide Engage...	Monthly or more
Metro Supportive ...	Quarterly
Heading Home Minn...	Monthly or more
Minnesota Interfa...	Monthly or more
Minnesota HMIS Go...	Quarterly
Minnesota Interag...	Monthly or more
Minnesota Interag...	Monthly or more
Minnesota Interag...	Monthly or more
Scott and Carver ...	Bi-monthly
CDBG Citizen Advi...	Monthly or more
Minnesota Compreh...	Quarterly
Scott/Carver/Wash...	Quarterly

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Scott/Carver Counties CoC Committee

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

Share Information, address current issues, set agendas for Continuum of Care meetings and determine project priorities.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Washington County CoC Committee

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

Share information, address current issues, set agendas for Continuum of Care meetings and determine project priorities.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Suburban Metro Area CoC Committee

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

The group is made up of community representatives and Continuum of Care Coordinators from several of the metro area continuums. They discuss and recommend solutions to issues of Dakota, Anoka, Washington and Scott/Carver County Community continuums on how to best serve homeless people and eliminate barriers to housing.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Scott/Carver Housing Coalition

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

This group meets to address current issues, work together to bring private foundations and government resources to Scott and Carver County communities, so that they can develop and promote safe, clean, accessible and affordable life-cycle housing.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Washington County Housing Collaborative

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

This group meets to address current issues, work together to bring private foundations and government resources to Washington County communities, so that they can develop and promote safe, clean, accessible and affordable life-cycle housing.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Scott/Carver Family Homeless Prevention and Assistance Program

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

Oversight group for state grant that assists families, single adults, youth and veterans in preventing and reducing the length of homelessness.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Washington County Family Homeless Prevention and Assistance Program

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

Oversight group for state grant that provides assistance to families, single adults, youth and veterans to prevent and reduce episodes of homelessness.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Scott/Carver/Washington Counties Continuum of Care Ranking Subcommittee

Indicate the frequency of group meetings: Semi-annually

Describe the role of this group:

Rank new and renewal projects submitted for Continuum of Care consideration. Insure no conflict exists. Make recommendations to full committee.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Metro Human Service Directors

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

Create a collaborative and regional planning process to end homelessness and chronic homelessness in the Twin Cities Metro area.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Regional Metro Supportive Services Committee

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

Implements state supportive services grant (\$5,000,000) to end chronic homelessness in accordance with the state's 10 year plan to end homelessness.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Metro-Wide Engagement on Shelter and Housing (MESH)

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

Develop partnerships to build metro-wide solutions to ending homelessness and increasing affordable housing choices through training and capacity building workshops for providers.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Metro Supportive Service Advisory Committee

Indicate the frequency of group meetings: Quarterly

Describe the role of this group:

Advise the Regional Metro Supportive Services Committee in the administration of the Supportive Services, received from the Department of Human Services. This Grant serves people experiencing long-term homelessness.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Heading Home Minnesota

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

State and local coordinators for ending homelessness meet to coordinate plans and resources.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Minnesota Interfaith Coalition for Affordable Housing

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

This group serves as an advocacy group and education group to communities on issues impacting homeless and low-income individuals and families.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Minnesota HMIS Governing Group

Indicate the frequency of group meetings: Quarterly

Describe the role of this group:

Coordinates statewide HMIS, establishes policies and procedures as needed, disseminates implementation updates to the CoC and ensures trainings are conducted on a regular basis.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Minnesota Interagency Task Force on Homelessness

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

Works to effectively use state resources to prevent and end homelessness.
Provides guidance and technical assistance to the CoC planning groups.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Minnesota Interagency Task Force CoC Committee

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

Work with the CoC coordinators on submitting competitive Exhibit 1 and 2.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Minnesota Interagency Task Force FHPAP Committee

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

Advise the Interagency Task Force on managing the program.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Scott and Carver Counties Plan to End Homelessness Committee

Indicate the frequency of group meetings: Bi-monthly

Describe the role of this group:

Direct and streamline efforts to end homelessness through both counties Social Service, Employment and Economic Assistance, Public Health, Corrections and Veterans departments, Faith Community, Private non-profits, business community and elected public officials.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: CDBG Citizen Advisory Council of Washington County

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

Established to provide public input and increase the accountability of the CDBG and HOME programs to the citizens of Washington County.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Minnesota Comprehensive Offender Re-Entry Program

Indicate the frequency of group meetings: Quarterly

Describe the role of this group:

Envisions a state in which offenders live purposeful, productive, law-abiding, healthy lives; and there are safe communities.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Scott/Carver/Washington APR Performance Committee (Joint Scott/Carver/Washington Counties)

Indicate the frequency of group meetings: Quarterly

Describe the role of this group:

APR's are reviewed by this committee a month before they are due to HUD. The committee monitors for performance and correctness of the APR. This committee also reviews the Exhibit 2 to make sure the agency is filling a gap in our housing services.

1D. Continuum of Care (CoC) Member Organizations

Identify all organizations involved in the CoC planning process. To add an organization to this list, click on the icon.

Organization Name	Membership Type	Organization Type	Organization Role	Subpopulations
Minnesota Housing Financial Agency	Public Sector	State g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Minnesota Department of Human Services	Public Sector	State g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Minnesota Department of Corrections	Public Sector	State g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Minnesota Employment and Economic Development	Public Sector	State g...	Committee/Sub-committee/Work Group	Veterans, Do...
Minnesota Veterans Affairs Department	Public Sector	State g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Veterans
Metropolitan Council	Public Sector	Other	Committee/Sub-committee/Work Group	NONE
Washington County Housing Unit	Public Sector	Local g...	Committee/Sub-committee/Work Group	Seriously Me...
Washington County Commission	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
Carver County Community Services	Public Sector	Local g...	Committee/Sub-committee/Work Group	Seriously Me...
Scott County Human Service	Public Sector	Local g...	Committee/Sub-committee/Work Group	Seriously Me...
Carver County Veterans Service Office	Public Sector	Local g...	Committee/Sub-committee/Work Group	Veterans
Scott County Veretans Service Office	Public Sector	Local g...	Committee/Sub-committee/Work Group	Veterans
Carver County Mental Health	Public Sector	Local g...	Committee/Sub-committee/Work Group	Seriously Me...
Scott County Mental Health	Public Sector	Local g...	Committee/Sub-committee/Work Group	Seriously Me...
Metro Regional Directors	Public Sector	Local g...	Attend 10-year planning meetings during past 12 months	NONE
Suburban Metro Area CoC Coordinator	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
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

Scott, Carver Counties Coc			COC_REG_v10_000360	
Scott-Carver-Dakota CAP PHA	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Domesti c Vio...
Washington County Family Literacy Council	Public Sector	Loca l g...	Committee/Sub-committee/Work Group	NONE
New Heights Charter School	Public Sector	Sch ool ...	Committee/Sub-committee/Work Group	Youth
Stillwater District 834	Public Sector	Sch ool ...	Committee/Sub-committee/Work Group	Youth
South Washington County District 833	Public Sector	Sch ool ...	Committee/Sub-committee/Work Group	Youth
Carver-Scott Educational Cooperative	Public Sector	Sch ool ...	Committee/Sub-committee/Work Group	Youth
Washington County Sheriffs Department	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
Shakopee Police Department	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
Washington County WIA Board	Public Sector	Loca l w...	Committee/Sub-committee/Work Group	NONE
Valley Green Workforce Center	Public Sector	Loca l w...	Committee/Sub-committee/Work Group	NONE
Washington County Workforce Center	Public Sector	Loca l w...	Committee/Sub-committee/Work Group	NONE
Minnesota HMIS Governing Board	Public Sector	Othe r	Committee/Sub-committee/Work Group	NONE
Human Services Incorporated	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Veteran s, Do...
East Metro Women's Council	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Domesti c Vio...
The Salvation Army	Private Sector	Faith -b...	Committee/Sub-committee/Work Group	Substan ce Ab...
Valley Outreach	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Domesti c Vio...
Family Means	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Domesti c Vio...
Family Pathways	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriousl y Me...
Southern Minnesota Regional Legal Services	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Veteran s, Do...
South Washington County Housing Coalition	Public Sector	Othe r	Committee/Sub-committee/Work Group	NONE
Scott-Carver-Dakota CAP Agency	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	Veteran s, Do...

Scott, Carver Counties Coc				COC_REG_v10_000360
Minnesota Coalition for the Homeless	Private Sector	Funder ...	Committee/Sub-committee/Work Group	NONE
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...
Alpha Womens Center	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Domestic Vio...
Corporation for Supportive Housing	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
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
Catholic Worker's Group	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Episcopal Services	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Shepherd's Path	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Metropolitan Inter Faith Coalition for Affordab...	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Shakopee Ministerial Association	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Tubman Family Alliance	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
St Paul Foundation	Private Sector	Funder ...	Committee/Sub-committee/Work Group	NONE
Scott County Alliance for Mentally Ill	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriously Me...
Carver County Administration	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Scott County Administration	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
HBC Consulting	Private Sector	Businesses	Committee/Sub-committee/Work Group	NONE
Summit Mortgage	Private Sector	Businesses	Committee/Sub-committee/Work Group	NONE
Kubes Realty	Private Sector	Businesses	Committee/Sub-committee/Work Group	NONE
Why USA Metro Broker	Private Sector	Businesses	Committee/Sub-committee/Work Group	NONE

Scott, Carver Counties Coc				COC_REG_v10_000360
Two Rivers Community Land Trust	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Carver County Public Health	Public Sector	Loca l g...	Committee/Sub-committee/Work Group	NONE
Scott County Public Health	Public Sector	Loca l g...	Committee/Sub-committee/Work Group	NONE
Fairview Lakes	Private Sector	Hos pita..	Committee/Sub-committee/Work Group	NONE
Lakeview Hospital	Private Sector	Hos pita..	Committee/Sub-committee/Work Group	NONE
Habitat for Humanity	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Carver County Family Collaborative	Public Sector	Loca l g...	Committee/Sub-committee/Work Group	NONE
Scott Family Net	Public Sector	Loca l g...	Committee/Sub-committee/Work Group	NONE
S B	Individual	Hom eles..	Committee/Sub-committee/Work Group	NONE
A W	Individual	Hom eles..	Committee/Sub-committee/Work Group	NONE
B R	Individual	Hom eles..	Committee/Sub-committee/Work Group	NONE
W G	Individual	Hom eles..	Committee/Sub-committee/Work Group	Seriously Me...
C N	Individual	Hom eles..	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...
All Parks Alliance for Change	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Scott-Carver -Washington Combined Continuum of ...	Public Sector	Othe r	Committee/Sub-committee/Work Group, Primary Decision Maki...	NONE

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

The CoC should solicit and select projects in a fair and impartial manner. For each of the following sections, select the appropriate items that indicate all of the methods and processes the CoC used in the past year to assess all new and renewal projects performance, effectiveness, and quality.

**Open Solicitation Methods:
(select all that apply)** a. Newspapers, b. Letters/Emails to CoC Membership, c. Responsive to Public Inquiries, d. Outreach to Faith-Based Groups, e. Announcements at CoC Meetings, f. Announcements at Other Meetings

**Rating and Performance Assessment Measure(s):
(select all that apply)** a. CoC Rating & Review Committee Exists, b. Review CoC Monitoring Findings, c. Review HUD Monitoring Findings, d. Review Independent Audit, e. Review HUD APR for Performance Results, f. Review Unexecuted Grants, g. Site Visit(s), h. Survey Clients, i. Evaluate Project Readiness, j. Assess Spending (fast or slow), k. Assess Cost Effectiveness, l. Assess Provider Organization Experience, m. Assess Provider Organization Capacity, n. Evaluate Project Presentation, o. Review CoC Membership Involvement, p. Review Match, q. Review All Leveraging Letters (to ensure that they meet HUD requirements), r. Review HMIS participation status

**Voting/Decision Method(s):
(select all that apply)** a. Unbiased Panel/Review Committee, b. Consumer Representative Has a Vote, d. One Vote per Organization, f. Voting Members Abstain if Conflict of Interest

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

For each housing type, indicate if there was an increase or reduction in the total number of beds in the 2008 electronic Housing Inventory Chart (e-HIC) as compared to the 2007 Housing Inventory Chart. If there was a change, please describe the reasons in the space provided for each housing type.

Emergency Shelter: No

Briefly describe the reasons for the change:

Safe Haven Bed: No

Briefly describe the reasons for the change:

Transitional Housing: Yes

Briefly describe the reasons for the change:

Four additional slots for East Metro Women's Council Home Again Transitional Housing Program in Washington County from the Family Homeless Prevention and Assistance Program funded through the State of Minnesota.

Permanent Housing: Yes

Briefly describe the reasons for the change, including changes in beds designated for chronically homeless persons:

Four chronically homeless beds of permanent supportive housing were added in the Continuum of Care region through HUD McKinney-Vento funding.

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

Document Type	Required?	Document Description	Date Attached
Housing Inventory Chart	Yes	eHIC_2008_ScottCa...	10/21/2008

Attachment Details

Document Description: eHIC_2008_ScottCarverWashington (4)

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

Instructions:

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

Complete the following information based on data collection methods and reporting for the electronic Housing Inventory Chart (e-HIC), including Unmet need determination. The date on which the bed inventory was completed should be one day during the last ten days of January 2008.

Indicate the date on which the housing inventory count was completed: 01/28/2008
(mm/dd/yyyy)

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

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

Must specify other:

N/A

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

Specify "other" data types:

N/A

If more than one method was selected, describe how these methods were used.

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:

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

CoCs should complete the following information in conjunction with the HMIS Lead Agency. All information is to be as of the date this application is submitted.

Select the HMIS implementation type: Statewide

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

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

**Indicate the date on which HMIS data entry started (or will start):
(format mm/dd/yyyy)** 07/01/2005

**Indicate the challenges and barriers impacting the HMIS implementation:
(select all the apply):** Inadequate resources, Inability to integrate data from providers with legacy data systems, HMIS unable to generate CoC- wide data or reports

If "None" was selected, briefly describe why CoC had no challenges or how all barriers were overcome:

Briefly describe the CoC's plans to overcome challenges and barriers:

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

Attachment Details

Document Description:

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

Enter the name and contact information for the HMIS Lead Organization.

Organization Name Amherst H. Wilder Foundation
Street Address 1 451 Lexington Parkway North
Street Address 2
City Saint Paul
State Minnesota
Zip Code 55104
Format: xxxxx or xxxxx-xxxx
Organization Type Non-Profit
If "Other" please specify

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

Prefix: Dr.
First Name Craig
Middle Name/Initial D
Last Name Helmstetter
Suffix
Telephone Number: 651-280-2670
(Format: 123-456-7890)
Extension
Fax Number: 651-647-4623
(Format: 123-456-7890)
E-mail Address: cdh@wilder.org
Confirm E-mail Address: cdh@wilder.org

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

Instructions:

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.

For each housing type, indicate the percentage of the CoC's total beds (bed coverage) in the HMIS.

* 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:

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 2008.

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
* Social Security Number	36%	8%
* Date of Birth	1%	0%
* Ethnicity	6%	1%
* Race	0%	1%
* Gender	0%	0%
* Veteran Status	87%	1%
* Disabling Condition	89%	0%
* Residence Prior to Program Entry	72%	0%
* Zip Code of Last Permanent Address	78%	0%
* Name	28%	0%

Did the CoC or subset of the CoC participate in AHAR 3? Yes

Did the CoC or subset of the CoC participate in AHAR 4? 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 participating agencies.

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 Organization, Wilder staffs an HMIS Help Desk during business hours. Over the past year Wilder has begun using Abt Associates "bed utilization tool" to help find inaccurate data entry and has worked with several agencies to clean up data that appears to be of low quality. Monthly trainings are provided by Wilder Research and HMIS users are encouraged to attend as often as possible and are required if data quality is poor.

Describe the existing policies and procedures used to ensure that valid program entry and exit dates are recorded in the HMIS.

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 accurate 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:

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

Indicate the frequency in which the CoC uses each of the following items:

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

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

2H. Homeless Management Information System (HMIS) Training

Instructions:

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

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

Privacy/Ethics training	Monthly
Data Security training	Monthly
Data Quality training	Monthly
Using HMIS data locally	Quarterly
Using HMIS data for assessing program performance	Quarterly
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. HUD requires CoCs to conduct a point-in-time count at least every two years during the last 10 days of January - January 22nd to 31st - and requests that CoCs conduct a count annually if resources allow. The last required count was in January 2007. Data entered in this chart must reflect a point-in-time count that took place during the last 10 days of January in 2007 or 2008, unless a waiver was received by HUD.

There are six (6) categories of homeless populations on this form. They are:

Households with Dependent Children - Sheltered Emergency
 Households with Dependent Children - Sheltered Transitional
 Households with Dependent Children - Unsheltered

Households without Dependent Children - Sheltered Emergency
 Households without Dependent Children - Sheltered Transitional
 Households without Dependent Children - Unsheltered

For each category, the number of households must be less than or equal to the number of persons. For example, in Households with Dependent Children - Sheltered Emergency, the number entered for ?Number of Households? must be less than or equal to the number entered for ?Number of Persons (adults with children).?

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

Indicate the date of the last PIT count: 01/25/2007

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		15	32	11		58
Number of Persons (adults and children)		49	112	49		210
		Households without Dependent Children				
		Sheltered			Unsheltered	Total
		Emergency	Transitional			
Number of Households		4	23	13		40
Number of Persons (adults and unaccompanied youth)		4	23	15		42
		All Households/ All Persons				
		Sheltered			Unsheltered	Total
		Emergency	Transitional			
Total Households		19	55	24		98

Scott, Carver Counties Coc			COC_REG_v10_000360	
Total Persons	53	135	64	252

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 data from a point-in-time count conducted during the last ten days of January 2007 or January 2008. 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.

Complete the following information for the most recent point-in-time (PIT) count conducted using statistically reliable, unduplicated counts or estimates of homeless persons. Completion of the "Unsheltered" column is optional for all subpopulations, except for Chronically Homeless.

	Sheltered	Unsheltered	Total
* Chronically Homeless (Federal definition)	2	11	13
* Severely Mentally Ill	25	1	26
* Chronic Substance Abuse	14	6	20
* Veterans	4	1	5
* Persons with HIV/AIDS	5	0	5
* Victims of Domestic Violence	41	0	41
* Unaccompanied Youth (under 18)	7	0	7

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

Instructions:

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%.

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

Annually (every year); Biennially (every other year); Semi-annually (every six months)

How often will the CoC conduct a PIT count? Biennially

Enter the date in which the CoC plans to conduct its next annual point-in-time count: 01/29/2009
(mm/dd/yyyy)

Indicate the percentage of providers supplying population and subpopulation data 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:

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 most emergency shelters and transitional housing programs.

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

**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:	
Extrapolation: (Extrapolation attachment is required)	
Other:	

If Other, specify:

N/A

Describe how the sheltered population data was collected and the count produced. Additionally, comparing your most recent point-in-time count to the last biennial/annual count, describe any factors that may have resulted in an increase, decline or no change in the sheltered count.

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. While a new prevention program, transitional housing and permanent housing have been established in our region within the past couple of years we continue to see the population in our region grow rapidly and have also seen the negative impact of the mortgage foreclosure crisis in our communities.

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

Instructions:

HMIS:

Only HMIS used for subpopulation data on sheltered persons (no extrapolation for missing data).

HMIS plus extrapolation:

Extrapolation to account for missing HMIS data and HUD's extrapolation tool completed.

Sample of PIT interviews plus extrapolation:

Interviews conducted with a random or stratified sample of sheltered adults and unaccompanied youth and appropriate HUD extrapolation tool completed.

Interviews:

Interviews conducted with every person staying in an emergency shelter or transitional housing program on the night of the point-in-time count.

Non-HMIS client level information:

Providers used individual client records to provide subpopulation data for each sheltered adult and unaccompanied youth for the night of the point-in-time count.

Other:

CoC used a combination of methods.

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

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: (PIT attachment is required)	
Sample Strategy:	
Provider Expertise:	X
Non-HMIS client level information:	X
None:	
Other:	

If Other, specify:

N/A

Describe how the sheltered subpopulation data was collected and the count produced. Additionally, comparing your most recent point-in-time count to the last biennial/annual count, describe any factors that may have resulted in an increase, decline or no change in the sheltered subpopulation counts, particularly the chronically homeless count.

Providers were surveyed on the sub-populations. We also used the 2006 Wilder Homeless Survey to check the numbers in the sub-population chart. We continue to improve our outreach interventions which can cause the numbers in the sheltered and unsheltered counts to increase.

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

Instructions:

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

**Indicate the steps used 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:	
None:	
Other:	

If Other, specify:

N/A

Describe the non-HMIS de-duplication techniques (if Non-HMIS de-duplication was selected):

N/A

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

Instructions:

Public places count:

Count conducted based on observation of unsheltered persons without interviews

Public places count with interviews:

Interviewed either all unsheltered persons encountered during public places count or a sample

Service-based count:

Counted homeless persons using non-shelter services based on interviews.

HMIS:

HMIS used to collect, analyze or report data on unsheltered persons.

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

**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:

Complete coverage:

Every part of a specified geography (e.g. entire city, downtown area, etc.) is covered by enumerators.

Known locations:

Counting in areas where unsheltered homeless people are known to congregate or live.

Combination:

Conducting counts for every block in a portion of the jurisdiction (e.g. central city) AND conducting counts in other portions of the jurisdiction where unsheltered persons are known to live.

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

Indicate the level of coverage of the PIT count of unsheltered homeless people: Known Locations

If Other, specify:

N/A

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

Instructions:

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

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:	
Other:	

If Other, specify:

N/A

Describe the techniques used to reduce duplication.

Through our contractual relationships and existing partnerships with providers and related service agencies we checked for duplication of households.

Describe the CoCs efforts, including outreach plan, to reduce the number of unsheltered homeless households with dependent children.

Outreach is done with all service providers in the CoC jurisdiction area. In all three (3) counties a state funded Family Homeless Prevention & Assistance program has been funded. The program brings together social service providers, veterans organizations, faith community, law enforcement, mental health, and other community organizations that have an interest in meeting the needs of the homeless populations in the 3 county area that the CoC jurisdiction serves. The program relies on a committee which meets on a monthly basis to review the progress and to insure that goals are being targeted.

Describe the CoCs efforts to identify and engage persons routinely sleeping on the streets and other places not meant for human habitation. Additionally, comparing your most recent point-in-time count to the last biennial/annual count, describe any factors that may have resulted in an increase, decline or no change in the unsheltered population (especially the chronically homeless and families with children).

The CoC jurisdiction is working on 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 will include expanded efforts to address the target population this question addresses. Each year as the point in time count is conducted techniques incorporated into the survey are evaluated, refined and new ideas/techniques are included.

Attachment Details

Document Description:

Attachment Details

Document Description:

3A. Continuum of Care (CoC) 10-Year Plan, Objectives and Action Steps

Click on the icon and add requested information for each of the national objectives.

Objective
Create new PH beds for chronically homeless persons
Increase percentage of homeless persons staying in PH over 6 months to at least 71.5%
Increase percentage of homeless persons moving from TH to PH to at least 63.5%
Increase percentage of homeless persons employed at exit to at least 19%
Decrease the number of homeless households with children

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

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

Select Objective: Create new PH beds for chronically homeless persons

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

2008 Local Action Steps

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Elim Transitional Housing will provide 2 units of permanent supportive housing out of HUD McKinney-Vento funds	Sue Watlov-Phillips, Executive Director Elim Transitional Housing
Action Step 2	Work with regional non-profit agencies to apply for rental subsidies through the Minnesota Housing Finance Agency	CoC Coordinators, Washington County, Scott-Carver-Dakota CAP Agency
Action Step 3	Develop and implement 10 year plans to end homelessness in the region	CoC Coordinators, Washington County and Scott-Carver-Dakota CAP Agency

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	8
Numeric Achievement in 12 months	10
Numeric Achievement in 5 years	12
Numeric Achievement in 10 years	15

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

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

Select Objective: Increase percentage of homeless persons staying in PH over 6 months to at least 71.5%

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

2008 Local Action Steps

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Human Services, Inc. will provide eligible households with increased and intensive services to obtain and remain connected to housing	John Saveriede, Housing Director, HSI
Action Step 2	Washington, Scott and Carver counties will increase supportive services available to people in permanent housing.	Mental Health Supervisors, Washington, Scott, Carver Counties
Action Step 3	Advocate for increased service funding from the state legislature.	Regional Metro Committee, Washington, Scott, Carver County representatives

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	73
Numeric Achievement in 12 months	73
Numeric Achievement in 5 years	74
Numeric Achievement in 10 years	75

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

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

Select Objective: Increase percentage of homeless persons moving from TH to PH to at least 63.5%

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

2008 Local Action Steps

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	HUD funded agencies and organization participating in the Metro Supportive Services Project are encouraged to apply for State Housing Trust Fund rental assistance funding to expand the permanent housing opportunities for people in transitional housing.	John Savereide, Housing Director, HSI
Action Step 2	All discharges from TH to PH will involve case management to assist in increased transition to PH	Pam Verbout, Case Manager, EMWC
Action Step 3	Scott-Carver-Dakota CAP Agency will work with counties and other non-profits to assist people leaving TH find and secure affordable, safe housing.	Housing Director, Scott-Carver-Dakota CAP Agency

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	100
Numeric Achievement in 12 months	65
Numeric Achievement in 5 years	75
Numeric Achievement in 10 years	77

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

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

Select Objective: Increase percentage of homeless persons employed at exit to at least 19%

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

2008 Local Action Steps

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Develop protocol to ensure appropriate service referrals for employment and support within the County and providers.	Tina O'Malley Bayonet, CoC Coordinator, Washington County
Action Step 2	Identify supported employment opportunities for clients in PSH	John Savereide, Housing Director, HSI
Action Step 3	Work closely with Work Force Centers to design specialized employment services for persons who have disabilities and have experienced homelessness.	CoC Coordinators, Washington County, Scott-Carver-Dakota CAP Agency

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	33
Numeric Achievement in 12 months	24
Numeric Achievement in 5 years	25
Numeric Achievement in 10 years	25

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

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

Select Objective: Decrease the number of homeless households with children

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

2008 Local Action Steps

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Elim Transitional Housing will provide 2 slots per year of Rapid Re-Housing HUD McKinney-Vento funds	Sue Watlov-Phillips, Executive Director, Elim Transitional Housing

Scott, Carver Counties Coc		COC_REG_v10_000360
Action Step 2	Washington, Scott, Carver Counties will use state funding to quickly re-house families experiencing homelessness.	Housing Coordinator, Washington County. Mental Health Supervisor - Carver County
Action Step 3	Use CDBG funding for shelter and case management to families experiencing homelessness.	Housing Coordinator, Washington County

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	30
Numeric Achievement in 12 months	28
Numeric Achievement in 5 years	20
Numeric Achievement in 10 years	10

3B. Continuum of Care (CoC) Discharge Planning Protocols: Level of Development

Instructions:

Pursuant to the McKinney-Vento Act, to the maximum extent practicable, persons discharged from publicly funded institutions or systems of care should not be discharged into homelessness. For each system of care, the CoC should indicate the level of development for its discharge planning policy.

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

Foster Care Discharge Protocol: Protocol in Development
Health Care Discharge Protocol: Protocol in Development
Mental Health Discharge Protocol: Protocol in Development
Corrections Discharge Protocol: Protocol in Development

3C. Continuum of Care (CoC) Discharge Planning Protocols: Narratives

For each system of care describe the discharge planning protocol. For additional instructions, refer to the detailed instructions available on the left menu bar.

Foster Discharge

For Protocol in Development, indicate the collaborating agencies/partners, the estimated date of implementation, and a brief description of the protocol being developed.

The continuum of care and the 10 year planning group are working with state, county and private non-profits to develop a protocol that will work with youth in foster care beginning at age 14 to establish a transition plan for each youth that will exit foster care. At this time, all foster care participants undergo assessment for independent living skills and discharge planning with their case managers. Involuntary discharges need at least 30-day notification to the county in order to facilitate proper transition to the community. This includes transitional services to the adult mental health team prior to foster care discharge at 18. Voluntary discharges have a 3-day notification to the service agency and protocol around vulnerability is assessed. If vulnerability is apparent - Service Coordination, a formal process developed that includes representatives from housing, child protection services, mental health, public health, foster care as well as any service providers; will be initiated and planning to provide appropriate protections initiated. Transition plans include assisting the youth in developing independent living skills, finding employment, housing and a enhancing the support network that will make them successful in living independently.

Health Care Discharge

For Protocol in Development, indicate the collaborating agencies/partners, the estimated date of implementation, and a brief description of the protocol being developed.

The continuum of care and the 10 year planning group are working 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, Healthcare 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 Discharge

For Protocol in Development, indicate the collaborating agencies/partners, the estimated date of implementation, and a brief description of the protocol being developed.

The continuum of care and the 10 year planning group are working with the counties and the state to develop supportive housing that meets the needs of people with serious and persistent mental illness. All people in state institutions are assigned a county case manager whose primary duty is to find housing for a person with serious mental illness. Discharge planning begins while the commitment process is still occurring. Scott, Carver and Washington Counties have active mental health case managers who also participate as members of the continuum, as well as a list of housing options available to assist in discharge planning. The continuum of care and 10 year planning group are developing methods to track discharges from state institutions so that no one is discharged homeless.

Correction Discharge

For Protocol in Development, indicate the collaborating agencies/partners, the estimated date of implementation, and a brief description of the protocol being developed.

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. The continuum of care and 10 year planning group are devising methods to track discharges from jail and prison and to develop 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. In coordination with Minnesota Coalition for the Homeless as well as local level participation, a resource guide was developed and is now used as a tool to plan for discharge from the jail system. Coordination of effort by jail staff, housing coordinator and local continuum of care membership for training, providing resources and assistance with finding housing prior to discharge is currently in place.

3D. Continuum of Care (CoC) Discharge Planning Protocol: Attachments

Document Type	Required?	Document Description	Date Attached
Foster Care Discharge Protocol	No	--	No Attachment
Mental Health Discharge Protocol	No	--	No Attachment
Corrections Discharge Protocol	No	--	No Attachment
Health Care Discharge Protocol	No	--	No Attachment

Attachment Details

Document Description:

Please Note: Any CoC that selected "Formal Protocol Finalized" or "Formal Protocol Implemented" must attach a copy of the protocol for the applicable system of care in order to receive full credit.

Attachment Details

Document Description:

Please Note: Any CoC that selected "Formal Protocol Finalized" or "Formal Protocol Implemented" must attach a copy of the protocol for the applicable system of care in order to receive full credit.

Attachment Details

Document Description:

Please Note: Any CoC that selected "Formal Protocol Finalized" or "Formal Protocol Implemented" must attach a copy of the protocol for the applicable system of care in order to receive full credit.

Attachment Details

Document Description:

Please Note: Any CoC that selected "Formal Protocol Finalized" or "Formal Protocol Implemented" must attach a copy of the protocol for the applicable system of care in order to receive full credit.

3E. Continuum of Care (CoC) Coordination

CoCs should coordinate, as appropriate, with any existing strategic planning groups to assess the local homeless system and identify shortcomings and unmet needs. Answer the following questions regarding coordination in the CoC.

Does the CoC's Consolidated Plan include the CoC strategic plan goals to address homelessness and chronic homelessness? Yes

If yes, briefly list a few of the goals included in the Consolidated Plan: Objectives listed in the consolidated plan - Create suitable living environments, provide decent affordable housing, create economic opportunities. Outcomes - availability/accessibility, affordability, sustainability.

Within the CoC's geographic area, is one or more jurisdictional 10-year plan(s) being developed or implemented (separate from the CoC 10-year plan)? Yes

Does the 10-year plan include the CoC strategic plan goals to address homelessness and chronic homelessness? Yes

If yes, briefly list a few of the goals included in the 10-year plan(s):

The 10 year plan in the Scott-Carver region is in developmental the goals discussed at this time include increasing the housing opportunities for homeless households including families and housing opportunities for people who are chronically homeless. The work group is now preparing a draft document for the 10 year plan to end homelessness in our region, focus groups will then meet to review the plan, then the document will be reviewed by an executive level committee of key community members (elected officials, directors of service providing agencies). Finally the plan will be brought to each county commissioner meetings for approval.

3F. Hold Harmless Need (HHN) Reallocation

Instructions:

CoC's that are in Hold Harmless Need status may choose to eliminate or reduce one or more of their SHP grants eligible for renewal in the 2008 CoC competition. CoC's may reallocate the funds made available through this process to create new permanent housing projects or HMIS. Reallocation projects may be SHP (1, 2, or 3 years), SPC (5 years) or Section 8 SRO (10 years). CoC's that are in Preliminary Pro Rate Need (PPRN) status are not eligible to reallocate projects. Reallocated funds cannot be used for Samaritan Housing project(s).

Refer to the NOFA for additional guidance on reallocating projects.

Is the CoC reallocating funds from one or more expiring renewal grant(s) to one or more new project(s)? No

CoC's that are in Preliminary Pro Rata Need (PPRN) status are not eligible to reallocate projects.

4A. Continuum of Care (CoC) 2007 Achievements

Instructions:

For the five HUD national objectives in the 2007 CoC application, enter the 12-month numeric achievements that you provided in Exhibit 1, Chart N of the 2007 CoC application in the first column, "Proposed 12-Month Achievement". Under "Actual 12-Month Achievement" enter the numeric achievement that you CoC attained within the past 12 months that is directly related to the relevant national objective.

Objective	Proposed 12-Month Achievement (number of beds or percentage)	Actual 12-Month Achievement (number of beds or percentage)
Create new PH beds for CH	7 Beds	10 Beds
Increase percentage of homeless persons staying in PH over 6 months to at least 71%	84 %	73 %
Increase percentage of homeless persons moving from TH to PH to at least 61.5%	70 %	100 %
Increase percentage of homeless persons employed at exit to at least 18%	62 %	33 %
Ensure that the CoC has a functional HMIS system	97 %	100 %

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

Complete the following fields using data from the last point-in-time (PIT) count and housing inventory count. For additional instructions, refer to the detailed instructions available on the left menu bar.

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

Year	Number of CH Persons	Number of PH beds for the CH
2006	36	5
2007	14	4
2008	13	5

Indicate the number of new PH beds in place and made available for occupancy for the chronically homeless between February 1, 2007 and January 31, 2008

Identify the amount of funds from each funding source for the development and operations costs of the new CH beds created between February 1, 2007 and January 31, 2008.

Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development	\$16,000			\$7,000	\$248,600
Operations					
Total	\$16,000	\$0	\$0	\$7,000	\$248,600

4C. Continuum of Care (CoC) Housing Performance

Using data from the most recently submitted APRs for each of the projects within the CoC, provide information about the CoCs progress in reducing homelessness by helping clients move to and stabilize in permanent housing.

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	12
b. Number of participants who did not leave the project(s)	51
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	35
e. Number of participants who did not leave and were enrolled for 5 months or less	16
TOTAL PH (%)	73
Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	3
b. Number of participants who moved to PH	3
TOTAL TH (%)	100

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

Using data from the most recently submitted APRs for each of the projects within the CoC, provide information about the CoCs progress in reducing homelessness by helping clients access mainstream services and gain employment.

Total Number of Exiting Adults: 12

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)
SSI	3	25 %
SSDI	0	0 %
Social Security	0	0 %
General Public Assistance	3	25 %
TANF	3	25 %
SCHIP	0	0 %
Veterans Benefits	0	0 %
Employment Income	4	33 %
Unemployment Benefits	0	0 %
Veterans Health Care	0	0 %
Medicaid	3	25 %
Food Stamps	5	42 %
Other (Please specify below)	0	0 %
No Financial Resources	3	25 %

The percentage values are automatically calculated by the system when you click the "save" button.

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

Does the CoC systematically analyze the APRs for its projects to assess and 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 jurisdictions.

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.

November 14 & 22 2007, March 12 & 27 2008 as well as, July 9 & 2, 2008

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 uses HMIS to screen for benefit eligibility? Yes

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

During the intake with a prospective client income and disability questions are asked from those answers a case manager can then refer someone 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).

December 2006, March 19,2008 and August 15, 2008

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]

<p>*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"?</p> <p>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.</p>	<p>Yes</p>
<p>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?</p>	<p>Yes</p>
<p>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?</p> <p>(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.</p>	<p>Yes</p>
<p>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?</p>	<p>No</p>
<p>*5. If your jurisdiction has development impact fees, are the fees specified and calculated under local or state statutory criteria?</p> <p>If no, skip to question #7. Alternatively, if your jurisdiction does not have impact fees, you may select Yes.</p>	<p>No</p>
<p>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?</p>	

Part A - Page 2

<p>*7. If your jurisdiction has impact or other significant fees, does the jurisdiction provide waivers of these fees for affordable housing?</p>	<p>Yes</p>
<p>*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?</p> <p>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)</p>	<p>No</p>
<p>*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.</p> <p>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?</p>	<p>Yes</p>
<p>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.</p>	
<p>*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?</p>	<p>No</p>
<p>*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?</p>	<p>Yes</p>
<p>*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.)</p>	<p>No</p>
<p>*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?</p>	<p>Yes</p>

Part A - Page 3

<p>*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?</p> <p>(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.)</p>	<p>Yes</p>
<p>*15. Has your jurisdiction established a single, consolidated permit application process for housing development that includes building, zoning, engineering, environmental, and related permits?</p> <p>Alternatively, does your jurisdiction conduct concurrent, not sequential, reviews for all required permits and approvals?</p>	<p>No</p>
<p>*16. Does your jurisdiction provide for expedited or "fast track" permitting and approvals for all affordable housing projects in your community?</p>	<p>No</p>
<p>*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?</p>	<p>Yes</p>
<p>*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?</p>	<p>Yes</p>
<p>*19. Does your jurisdiction have an explicit policy that adjusts or waives existing parking requirements for all affordable housing developments?</p>	<p>No</p>
<p>*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?</p>	<p>Yes</p>

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.

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
WSC SHP/Samaritan	2008-10-01 10:55:...	2 Years	Elim Transitiona l...	36,325	New Project	SHP	PH	S1
Scott/Carver/Dako...	2008-10-13 12:44:...	2 Years	Scott-Carver-Dako...	130,067	New Project	SHP	TH	F3
Mosaic Homes	2008-09-30 10:56:...	1 Year	Human Services, l...	41,874	Renewal Project	SHP	PH	F4
WSC Rapid Re-Housing	2008-10-01 11:41:...	3 Years	Elim Transitiona l...	72,000	New Project	SHP	TH	R2
H238	2008-10-16 15:24:...	1 Year	Scott County Huma...	87,456	Renewal Project	S+C	TRA	U7
H300	2008-10-16 15:39:...	1 Year	Scott County Huma...	84,000	Renewal Project	S+C	TRA	U8
Supportive Housin...	2008-10-13 12:00:...	1 Year	Safe Haven Shelte...	26,889	Renewal Project	SHP	PH	F5
HMIS Scott/Carver...	2008-10-09 10:28:...	1 Year	Amherst H. Wilder...	43,341	Renewal Project	SHP	HMIS	F6

Budget Summary

FPRN	\$242,171
Rapid Re-Housing	\$72,000
Samaritan Housing	\$36,325
SPC Renewal	\$171,456
Rejected	\$0