Before Starting the CoC Application

The CoC Consolidated Application is made up of two parts: the CoC Application and the CoC Priority Listing, with all of the CoC's project applications either approved and ranked, or rejected. The Collaborative Applicant is responsible for submitting both the CoC Application and the CoC Priority Listing in order for the CoC Consolidated Application to be considered complete.

 The Collaborative Applicant is responsible for:

 1. Reviewing the FY 2017 CoC Program Competition NOFA in its entirety for specific application and program requirements.

 2. Ensuring all questions are answered completely.

 3. Reviewing the FY 2017 CoC Consolidated Application Detailed Instructions, which gives additional information for each question.

4. Ensuring all imported responses in the application are fully reviewed and updated as needed.

 5. The Collaborative Applicant must review and utilize responses provided by project applicants in their Project Applications.

 6. Some questions require the Collaborative Applicant to attach documentation to receive credit for the question. This will be identified in the question.

 - Note: For some questions, HUD has provided documents to assist Collaborative Applicants in filling out responses. These are noted in the application.
 - All questions marked with an asterisk (*) are mandatory and must be completed in order to submit the CoC Application.

For CoC Application Detailed Instructions click here.

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1A-1. CoC Name and Number: IL-516 - Decatur/Macon County CoC

1A-2. Collaborative Applicant Name: Dove, Inc.

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Dove, Inc.

1B. Continuum of Care (CoC) Engagement

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1B-1. From the list below, select those organization(s) and/or person(s) that participate in CoC meetings. Using the drop-down boxes, indicate if the organization(s) and/or person(s): (1) participate in CoC meetings; and (2) vote, including selection of CoC Board members.
Responses should be for the period from 5/1/16 to 4/30/17.

Organization/Person Categories	Participates in CoC Meetings	Votes, including electing CoC Board Members
Local Government Staff/Officials	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes
Law Enforcement	Yes	No
Local Jail(s)	No	No
Hospital(s)	No	No
EMT/Crisis Response Team(s)	No	No
Mental Health Service Organizations	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes
Disability Service Organizations	No	No
Disability Advocates	Yes	Yes
Public Housing Authorities	Yes	Yes
CoC Funded Youth Homeless Organizations	Yes	No
Non-CoC Funded Youth Homeless Organizations	Yes	No
Youth Advocates	Yes	No
School Administrators/Homeless Liaisons	Yes	Yes
CoC Funded Victim Service Providers	Yes	Yes
Non-CoC Funded Victim Service Providers	Yes	No
Domestic Violence Advocates	Yes	Yes
Street Outreach Team(s)	Yes	Yes
Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates	No	No
LGBT Service Organizations	No	No
Agencies that serve survivors of human trafficking	Yes	Yes
Other homeless subpopulation advocates	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes
Other:(limit 50 characters)		

Applicant must select Yes, No or Not Applicable for all of the listed organization/person categories in 1B-1.

1B-1a. Describe the specific strategy(s) the CoC uses to solicit and consider opinions from organizations and/or persons that have an interest in preventing or ending homelessness.
(limit 1000 characters)

The CoC (Macon County Homeless Council) seeks input and guidance from a broad array of community groups and individuals.

The CoC's Homeless Advisory Council meets monthly to gather opinions. These well-attended meetings are open to the public and advertised in the daily newspaper. Information and ideas from these meetings are relayed to the CoC's Governing Board, which meets monthly. The Board consists of two formerly homeless persons and ten leaders in housing, healthcare, behavioral health, education, government, prevention, emergency services, and human services.

As one example, a healthcare provider at one meeting learned of a gap in providing certain prescription drugs to homeless persons with mental illness. She suggested a creative solution involving cooperation among the CoC, a behavioral health care agency, and the local Federally Qualified Health Center. The solution was implemented within weeks.

1B-2. Describe the CoC's open invitation process for soliciting new members, including any special outreach.
(limit 1000 characters)

The process to solicit new members to the CoC is extensive. It includes open invitations to membership at every monthly meeting, as well as a concerted annual appeal at a community breakfast each spring when the Point-in-Time results are released to the community and the news media.

We encourage and accept proposals from all organizations, especially those who have not previously been funded. The only factor for inclusion in rankings is project eligibility. If they clear that hurdle, they are ranked on the same criteria as renewal projects, with special consideration for projects serving vulnerable populations.

1B-3. Describe how the CoC notified the public that it will accept and consider proposals from organizations that have not previously received CoC Program funding in the FY 2017 CoC Program Competition, even if the CoC is not applying for new projects in FY 2017. The response must include the date(s) the CoC made publicly knowing they were open to proposals.

(limit 1000 characters)

In its structure and application process, the IL-516 CoC includes all who work to end homelessness. We posted website announcements, social media invitations, and news releases. We also sent mass emails to all CoC member organizations. The website announcements were posted on July 24 and the mass emails were sent the same day.

The communications emails requested applications from all organizations including those which had not applied previously, instructed all applicants in submission procedures, encouraged all interested parties to access HUD's eligibility requirements and resources via live links, and described the rating and review criteria.

Do determine which project applications are included, the CoC Ranking & Review Committee reviews all project for eligibility using the current NOFA. It then accepts and ranks every eligible project using its stated criteria. No eligible project is rejected.

1C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1C-1. Using the chart below, identify the Federal, State, Local, Private and Other organizations that serve homeless individuals, families, unaccompanied youth, persons who are fleeing domestic violence, or those at risk of homelessness that are included in the CoCs coordination; planning and operation of projects.
Only select "Not Applicable" if the funding source(s) do not exist in the CoC's geographic area.

Entities or Organizations the CoC coordinates planning and operation of projects	Coordinates with Planning and Operation of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Not Applicable
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Not Applicable
Head Start Program	Yes
Housing and service programs funded through Department of Justice (DOJ) resources	Yes
Housing and service programs funded through Health and Human Services (HHS) resources	Yes
Housing and service programs funded through other Federal resources	Yes
Housing and service programs funded through state government resources	Yes
Housing and service programs funded through local government resources	Yes
Housing and service programs funded through private entities, including foundations	Yes
Other:(limit 50 characters)	
Faith-based emergency services	Yes
Privately funded shelters & food programs	Yes

1C-2. Describe how the CoC actively consults with Emergency Solutions Grant (ESG) recipient's in the planning and allocation of ESG funds. Include in the response: (1) the interactions that occur between the CoC and the ESG Recipients in the planning and allocation of funds; (2) the CoCs participation in the local Consolidated Plan jurisdiction(s) process by providing Point-in-Time (PIT) and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions; and (3) how the CoC ensures local homelessness information is clearly communicated and addressed in Consolidated Plan updates.
(limit 1000 characters)

For ESG, we are served by the Illinois balance-of-state through the Illinois Housing Development Authority. As one of many CoC geographies in this jurisdiction, we determine funding allocations and performance standards. Our

CoC submits performance standards to the state prior to anyone in our area receiving an ESG allocation. The CoC implemented an ESG monitoring tool using a student intern. This process guides the development of future performance standards.

We collaborate with the only Con Plan jurisdiction in our geographic area, the City of Decatur. We provided all PIT and HIC data tables to the City: chronic homeless, youth homeless, family homeless, sheltered, unsheltered, and HIC utilization, along with five-year trend graphs.

To ensure that this information is included in Con Plan updates, the City staff person responsible for the Con Plan and the consultant who worked on the Con Plan are active members of the CoC Governing Board.

1C-3. CoCs must demonstrate the local efforts to address the unique needs of persons, and their families, fleeing domestic violence that includes access to housing and services that prioritizes safety and confidentiality of program participants.
(limit 1000 characters)

Survivors' needs are paramount. We offer three specialized forms of safe housing: state-funded domestic violence shelter, a CoC-funded transitional housing project that focuses on domestic violence, and – new this year – a DOJ/VOCA funded transitional housing project for survivors of domestic violence.

All practices are victim centric. Largely because the Collaborative Applicant is also the area's recognized DV victim service agency, all staff is cross-trained, and all practices and protocols are directed towards victim safety and participant choice.

Client choice – in housing and services – is ensured at every step of the process. Communication protocols assure safety and confidentiality. Persons referred to the DV program are never entered into HMIS. Likewise, when the DV program refers a homeless client to the CoC for housing, we enter the participant into HMIS but do not identify them as a DV referral.

1C-3a. CoCs must describe the following: (1) how regular training is provided to CoC providers and operators of coordinated entry processes that addresses best practices in serving survivors of domestic violence; (2) how the CoC uses statistics and other available data about domestic violence, including aggregate data from comparable databases, as appropriate, to assess the scope of community needs related to domestic violence and homelessness; and (3) the CoC safety and planning protocols and how they are included in the coordinated assessment.
(limit 1,000 characters)

All staff in Coordinated Entry and HMIS have 40 hours of DV training, as have other CoC projects. Training is offered twice per year and includes dynamics, legalities, ethical issues, safety, historical perspectives, children's needs, special populations, services, and program policies.

The area's DV program is operated by the CoC collaborative applicant. Monthly service summaries are transmitted to the Chair of the CoC Governing Board. In FY 2016 the DV program served 551 adults and provided 5,617 bed-nights of emergency shelter. Based on these data, the Governing board takes action, such as targeting all remaining transitional housing for DV clients.

Coordinated Entry protocols start with safety. The very first questions are scripted to assess danger. Persons who indicate any danger are immediately referred to the DV program and transported if appropriate. The DV program actively participates in the Coordinated Entry Task Force.

1C-4. Using the chart provided, for each of the Public Housing Agency's (PHA) in the CoC's geographic area: (1) identify the percentage of new admissions to the Public Housing or Housing Choice Voucher (HCV) Programs in the PHA's that were homeless at the time of admission; and (2) indicate whether the PHA has a homeless admission preference in its Public Housing and/or HCV program.
Attachment Required: If the CoC selected, "Yes-Public Housing", "Yes-HCV" or "Yes-Both", attach an excerpt from the PHA(s) written policies or a letter from the PHA(s) that addresses homeless preference.

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2016 who were homeless at entry	PHA has General or Limited Homeless Preference
Decatur Housing Authority	2.30%	Yes-HCV

If you select "Yes--Public Housing," "Yes--HCV," or "Yes--Both" for "PHA has general or limited homeless preference," you must attach documentation of the preference from the PHA in order to receive credit.

1C-4a. For each PHA where there is not a homeless admission preference in their written policies, identify the steps the CoC has taken to encourage the PHA to adopt such a policy.
(limit 1000 characters)

Not applicable.

1C-5. Describe the actions the CoC has taken to: (1) address the needs of Lesbian, Gay, Bisexual, Transgender (LGBT) individuals and their families experiencing homelessness, (2) conduct regular CoC-wide training with providers on how to effecctively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Idenity, including Gender Identify Equal Access to Housing, Fina Rule; and (3) implementation of an anti-discrimination policy.

(limit 1000 characters)

Our CoC has a long relationship with the LGBTQ community, which has held several drag shows to raise funds for the Collaborative Applicant. In addition to our policy statement (see below), we are currently in the process of determining how well each CoC project addresses the needs of LGBTQ persons and families and are integrating this topics into our project monitoring protocols. In the future we will engage local LGBTQ and allies to ensure fair and equal access to housing and services.

In the early summer of 2017 the CoC conducted training for all CoC and ESG providers on HUD's Equal Access publication. We will update and repeat this training annually.

We adopted our CoC-wide anti-discrimination policy on August 17, 2017, although it is worth noting that all CoC-funded recipients and subrecipients have similar policies in place.

1C-6. Criminalization: Select the specific strategies implemented by the CoC to prevent the criminalization of homelessness in the CoC's geographic area. Select all that apply.

Engaged/educated local policymakers:	X
Engaged/educated law enforcement:	X
Engaged/educated local business leaders	X
Implemented communitywide plans:	X
No strategies have been implemented	☐
Other:(limit 50 characters)	
	☐
	☐
	☐

When "No Strategies have been implemented" is selected no other checkbox may be selected.

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1D-1. Discharge Planning-State and Local: Select from the list provided, the systems of care the CoC coordinates with and assists in state and local discharge planning efforts to ensure those who are discharged from that system of care are not released directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply.

Foster Care:	X
Health Care:	X
Mental Health Care:	X
Correctional Facilities:	X
None:	

1D-1a. If the applicant did not check all the boxes in 1D-1, provide: (1) an explanation of the reason(s) the CoC does not have a discharge policy in place for the system of care; and (2) provide the actions the CoC is taking or plans to take to coordinate with or assist the State and local discharge planning efforts to ensure persons are not discharged to the street, emergency shelters, or other homeless assistance programs. (limit 1000 characters)

Not applicable.

1D-2. Discharge Planning: Select the system(s) of care within the CoC's geographic area the CoC actively coordinates with to ensure persons who have resided in any of the institutions listed below longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply.

Foster Care:	X
Health Care:	X

Mental Health Care:	X
Correctional Facilities:	X
None:	

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

Instructions

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1E-1. Using the drop-down menu, select the appropriate response(s) that demonstrate the process the CoC used to rank and select project applications in the FY 2017 CoC Program Competition which included (1) the use of objective criteria; (2) at least one factor related to achieving positive housing outcomes; and (3) included a specific method for evaluating projects submitted by victim service providers.

Attachment Required: Public posting of documentation that supports the process the CoC used to rank and select project application.

Used Objective Criteria for Review, Rating, Ranking and Section	Yes
Included at least one factor related to achieving positive housing outcomes	Yes
Included a specific method for evaluating projects submitted by victim service providers	Yes

1E-2. Severity of Needs and Vulnerabilities
CoCs must provide the extent the CoC considered the severity of needs and vulnerabilities experienced by program participants in their project ranking and selection process. Describe: (1) the specific vulnerabilities the CoC considered; and (2) how the CoC takes these vulnerabilities into account during the ranking and selection process. (See the CoC Application Detailed Instructions for examples of severity of needs and vulnerabilities.)
(limit 1000 characters)

The severity of needs and vulnerabilities were considered in three separate criteria during the ranking and selection process.

1)22% of the score was based on the percentage of chronically homeless persons served (Duration and frequency of homelessness, mental illness, substance use disorders, and health challenges).
2)22% of the score was based on the percentage of persons with multiple barriers from Item 13 of the APR (physical and mental disability, health, drug abuse, HIV/AIDS, and developmental disability).
3)9% of the score was based on Housing First compliance (persons coming from the streets, low or no income, criminal histories, victimization, and high utilization of crisis services).

In specific action, the CoC based 53% of the score on the severity of needs and vulnerabilities of persons served in each project.

1E-3. Using the following checklist, select: (1) how the CoC made publicly available to potential project applicants an objective ranking and selection process that was used for all project (new and renewal) at least 2 days before the application submission deadline; and (2) all parts of the CoC Consolidated Application, the CoC Application attachments, Priority Listing that includes the reallocation forms and Project Listings that show all project applications submitted to the CoC were either accepted and ranked, or rejected and were made publicly available to project applicants, community members and key stakeholders.

Attachment Required: Documentation demonstrating the objective ranking and selections process and the final version of the completed CoC Consolidated Application, including the CoC Application with attachments, Priority Listing with reallocation forms and all project applications that were accepted and ranked, or rejected (new and renewal) was made publicly available. Attachments must clearly show the date the documents were publicly posted.

Public Posting	
CoC or other Website	X
Email	X
Mail	
Advertising in Local Newspaper(s)	
Advertising on Radio or Television	
Social Media (Twitter, Facebook, etc.)	X

1E-4. Reallocation: Applicants must demonstrate the ability to reallocate lower performing projects to create new, higher performing projects. CoC's may choose from one of the following two options below to answer this question. You do not need to provide an answer for both.

Option 1: The CoC actively encourages new and existing providers to apply for new projects through reallocation.
Attachment Required - Option 1: Documentation that shows the CoC actively encouraged new and existing providers to apply for new projects through reallocation.

Option 2: The CoC has cumulatively reallocated at least 20 percent of the CoC's ARD between FY 2013 and FY 2017 CoC Program Competitions.
No Attachment Required - HUD will calculate the cumulative amount based on the CoCs reallocation forms submitted with each fiscal years Priority Listing.

Reallocation: Option 1

Attachment Required - provide documentation that shows the CoC actively encouraged new and existing providers to apply for new projects through reallocation.

1E-5. If the CoC rejected or reduced project application(s), enter the date the CoC and Collaborative Applicant notified project applicants their project application(s) were being rejected or reduced in writing outside of e-snaps.   08/17/2017

Attachment Required: Copies of the written notification to project applicant(s) that their project application(s) were rejected. Where a project application is being rejected or reduced, the CoC must indicate the reason(s) for the rejection or reduction.

1E-5a. Provide the date the CoC notified applicant(s) their application(s) were accepted and ranked on the Priority Listing, in writing, outside of e-snaps.   08/17/2017

Attachment Required: Copies of the written notification to project applicant(s) their project application(s) were accepted and ranked on the Priority listing.

Reallocation Supporting Documentation

Attachment Required - provide documentation that shows the CoC actively encouraged new and existing providers to apply for new projects through reallocation.

Document Type	Required?	Document Description	Date Attached
Reallocation Supporting Documentation	No	Reallocation Enco...	08/24/2017

Attachment Details

Document Description: Reallocation Encouragement

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2A-1. Does the CoC have in place a Governance Charter or other written documentation (e.g., MOU/MOA) that outlines the roles and responsibilities of the CoC and HMIS Lead?

Yes

Attachment Required: If "Yes" is selected, a copy of the sections of the Governance Charter, or MOU/MOA addressing the roles and responsibilities of the CoC and HMIS Lead.

2A-1a. Provide the page number(s) where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document(s) referenced in 2A-1. In addition, indicate if the page number applies to the Governance Charter or MOU/MOA.

Governance Charter page 4

2A-2. Does the CoC have a HMIS Policies and Procedures Manual? Attachment Required: If the response was "Yes", attach a copy of the HMIS Policies and Procedures Manual.

Yes

2A-3. What is the name of the HMIS software vendor?

Software Solutions

2A-4. Using the drop-down boxes, select the HMIS implementation Coverage area.

Single CoC

2A-5. Per the 2017 HIC use the following chart to indicate the number of beds in the 2017 HIC and in HMIS for each project type within the CoC. If a particular project type does not exist in the CoC then enter "0" for all cells

in that project type.

Project Type	Total Beds in 2017 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ESG) beds	92	30	35	56.45%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	47	0	37	78.72%
Rapid Re-Housing (RRH) beds	7	0	6	85.71%
Permanent Supportive Housing (PSH) beds	129	0	101	78.29%
Other Permanent Housing (OPH) beds	24	0	24	100.00%

2A-5a. To receive partial credit, if the bed coverage rate is below 85 percent for any of the project types, the CoC must provide clear steps on how it intends to increase this percentage for each project type over the next 12 months.
(limit 1000 characters)

We are below 85% coverage for Emergency Shelter, Transitional, and PSH. (We made a data entry error in RRH; it is actually 100%).

In the next 12 months at the emergency shelter and transitional housing levels, we will continue to build relationships with the agencies and individuals who operate the largest non-HMIS-participating programs. Implementation has started: In the past year, we have added the executive director of one such agency to the CoC's Governing Board, where he can observe firsthand the value of having accurate system-level data and the importance of automated tracking for those persons who are most in need of housing and services.

At the permanent housing level, we have one large veterans' PSH project that is not entering client-level data. This was due to the loss of state funding for their only case manager. We are working with this project to see if the CoC can offer assistance including data entry.

2A-6. Annual Housing Assessment Report (AHAR) Submission: How many Annual Housing Assessment Report (AHAR) tables were accepted and used in the 2016 AHAR?   5

2A-7. Enter the date the CoC submitted the 2017 Housing Inventory Count (HIC) data into the Homelessness Data Exchange (HDX). (mm/dd/yyyy)   03/21/2017

2B. Continuum of Care (CoC) Point-in-Time Count

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2B-1. Indicate the date of the CoC's 2017 PIT 01/26/2017
count (mm/dd/yyyy). If the PIT count was
conducted outside the last 10 days of
January 2017, HUD will verify the CoC
received a HUD-approved exception.

2B-2. Enter the date the CoC submitted the 03/21/2017
PIT count data in HDX.
(mm/dd/yyyy)

2C. Continuum of Care (CoC) Point-in-Time (PIT) Count: Methodologies

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2C-1. Describe any change in the CoC's sheltered PIT count implementation, including methodology and data quality changes from 2016 to 2017. Specifically, how those changes impacted the CoCs sheltered PIT count results.
(limit 1000 characters)

We made no changes in methodology, but we made three changes to improve data quality:

(1) Using a special grant from Millikin University, a team of four students and two professors designed and implemented a software package that instantly translates questionnaire responses into data summary forms that mimic HDX report screens.

(2) For our more tech-savvy providers, we designed an Excel spreadsheet to replace individual questionnaires. These can be populated from HMIS in the data entered directly into the Millikin software.

(3) Finally, we pretested the above systems using mock data that we gathered by visiting Millikin classes and having students complete questionnaires with made-up responses. This allowed us to de-bug the systems several weeks prior to PIT night.

These changes did not change the numbers, but they impacted the PIT result by providing almost instantaneous results, allowing time to analyze the utilization of shelters and transitional housing resources.

2C-2. Did your CoC change its provider coverage in the 2017 sheltered count?   Yes

2C-2a. If "Yes" was selected in 2C-2, enter the change in provider coverage in the 2017 sheltered PIT count, including the number of beds added or removed due to the change.

Beds Added:	16
Beds Removed:	144
Total:	-128

2C-3. Did your CoC add or remove emergency shelter, transitional housing, or Safe-Haven inventory because of funding specific to a Presidentially declared disaster resulting in a change to the CoC's 2017 sheltered PIT count? No

2C-3a. If "Yes" was selected in 2C-3, enter the number of beds that were added or removed in 2017 because of a Presidentially declared disaster.

Beds Added:	0
Beds Removed:	0
Total:	0

2C-4. Did the CoC change its unsheltered PIT count implementation, including methodology and data quality changes from 2016 to 2017?
CoCs that did not conduct an unsheltered count in 2016 or did not report unsheltered PIT count data to HUD in 2016 should compare their efforts in 2017 to their efforts in 2015. Yes

2C-4a. Describe any change in the CoC's unsheltered PIT count implementation, including methodology and data quality changes from 2016 to 2017. Specify how those changes impacted the CoC's unsheltered PIT count results. See Detailed Instructions for more information. (limit 1000 characters)

We made no change to the methodology, but we made three changes to improve data quality:

(1) We revised the questionnaire to reduce confusion about household composition, parent/child relationships, and other issues that arose in past years.

(2) We updated our volunteer training curriculum. We required all PIT volunteers to complete the training in order to work on the 2017 PIT count. We provided sample scripts and conducted role-play exercises to assure a systematic collection of information.

(3) As with the sheltered count, we pretested the above systems using mock data that we gathered by visiting Millikin classes and having students complete questionnaires with made-up responses. This allowed us to de-bug the systems several weeks prior to PIT night.

2C-5. Did the CoC implement specific measures to identify youth in their PIT count? Yes

2C-5a. If "Yes" was selected in 2C-5, describe the specific measures the CoC; (1) took to identify homeless youth in the PIT count; (2) during the planning process, how stakeholders that serve homeless youth were engaged; (3) how homeless youth were engaged/involved; and (4) how the CoC worked with stakeholders to select locations where homeless youth are most likely to be identified.
(limit 1000 characters)

To identify homeless youth in the PIT, we worked with two school liaisons, one of whom covers the Decatur Public Schools (our area's only urban district), and the other of whom covers all private schools and rural districts outside Decatur. We trained them in HUD-CoC definitions of homelessness, youth, parenting youth, and unaccompanied youth. The two liaisons then examined data on all youth that were homeless under the Department of Education's McKinney-Vento definition and identified all who also fit under the HUD-CoC McKinney-Vento definition and provided the CoC's PIT team with the identities and data on these youth.

In addition, we engaged stakeholders in planning. We met with them 3-4 weeks prior to PIT night to gain their insights into locations where homeless youth might be found.
However, no homeless youth were involved in the process.

2C-6. Describe any actions the CoC implemented in its 2017 PIT count to better count individuals and families experiencing chronic homelessness, families with children, and Veterans experiencing homelessness.
(limit 1000 characters)

To improve the count of chronically homeless and veterans, we maintained a by-name list of all known long-tern homeless and homeless veterans. Although these were separate lists (with some overlapping names), this same action was taken for both groups, beginning at the conclusion of the 2016 PIT, which was the first time we asked for names.

We tracked these persons and attempted to make contact with each of the unsheltered individuals at least weekly, and daily with those living in shelters or transitional housing. As a result, it was relatively easy to locate them and include them in the PIT count in 2017. This greatly improved our accuracy.

We did not need to make any improvements in counting families with children, as all of them were sheltered.

3A. Continuum of Care (CoC) System Performance

Instructions

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

3A-1. Performance Measure: Reduction in the Number of First-Time Homeless. Describe: (1) the numerical change the CoC experienced; (2) the process the CoC used to identify risk factors of becoming homeless for the first time; (3) the strategies in place to address individuals and families at risk of becoming homeless; and (4) the organization or position that is responsible for overseeing the CoC's strategy to reduce or end the number of individuals and families experiencing homelessness for the first time.
(limit 1000 characters)

We reduced the number of persons becoming homeless for the first time, with the total dropping from 349 in FY 2015 to 226 in FY 2016, a decline of 123 (36%). For non-PH projects, the decrease was 24%.

To identify risk factors, we review client assessments from first-time homeless and analyze the factors that led to homelessness. We hold fact-finding meetings with schools and community planning groups to identify common factors that cause loss of housing.

We have two strategies: (1) coordination with local prevention programs as part of our coordinated entry intake process; and (2) identifying and building on any assets the person/family possess, e.g., employment, social structure, family support, working car.
Our partners in addressing the at-risk population include Decatur Jobs Council, school homeless liaisons, and privately-funded homeless prevention programs.

The Salvation Army is responsible for overseeing these strategies.

3A-2. Performance Measure: Length-of-Time Homeless.
 CoC 's must demonstrate how they reduce the length-of-time for individuals and families remaining homeless. Describe (1) the numerical change the CoC experienced; (2) the actions the CoC has implemented to reduce the length-of-time individuals and families remain homeless; (3) how the CoC identifies and houses individuals and families with the longest length-of-time homeless; and (4) identify the organization or position that is responsible for overseeing the CoC's strategy to reduce the length-of-time individuals and families remain homeless.
(limit 1000 characters)

The average length of homelessness was reduced from 228 nights to 191, and

the median went from 141 to 123.

To reduce duration of homelessness through actions, we enforce Housing First practices. For example, clients in ESG-funded shelters work with Coordinated Entry to develop permanent housing plans upon admission to the shelter. We utilize RRH to the maximum extent allowed by HUD funding.

To identify long-term homeless, HMIS tracks the length of time persons remain homeless, automatically flagging them for attention. We generate monthly reports for each ES and TH provider identifying participants with longer stays.

Our planning process involves analyzing client-level HMIS data to identify issues among subgroups. We use these data to identify participants with long homelessness and address barriers that extend their homelessness, and to match participants to appropriate housing.

The Coordinated Entry Task Force is responsible for overseeing these strategies.

3A-3. Performance Measures: Successful Permanent Housing Placement and Retention
  Describe: (1) the numerical change the CoC experienced; (2) the CoCs strategy to increase the rate of which individuals and families move to permanent housing destination or retain permanent housing; and (3) the organization or position responsible for overseeing the CoC's strategy for retention of, or placement in permanent housing.
(limit 1000 characters)

Our CoC lost ground from FY 2015 to FY 2016. The percentage of successful exits in metric 7b.1 declined to an unacceptable 9%. We believe this was the result of poor data entry and inadequate Housing First execution by one large ESG-funded shelter, which subsequently lost its ESG grant as a result of these deficiencies.

We have implemented corrective measures. The CoC Collaborative Applicant assumed control of the grant and is monitoring the performance of the shelter operator for housing placement and data quality.

The percentage of successful exits/retentions from PH 7b.2 went down by 11%, from100% to 89%. To increase placement and retention, we will implement two strategies: (1) analyze the reasons for analyzing the cause for each unsuccessful exit; and (2) increase the frequency and intensity of in-home case management. This will be accomplished through intentional deployment of staff.

The Homeward Board Director is responsible for overseeing these strategies.

3A-4. Performance Measure: Returns to Homelessness.
  Describe: (1) the numerical change the CoC experienced, (2) what strategies the CoC implemented to identify individuals and families who return to homelessness, (3) the strategies the CoC will use to reduce additional returns to homelessness, and (4) the organization or position responsible for overseeing the CoC's efforts to reduce the rate of

individuals and families' returns to homelessness.
(limit 1000 characters)

We reduced returns to homelessness; only 1% of all persons who exited to permanent housing re-experienced homelessness within a two-year period.

To identify individuals and families who return to homelessness, our HMIS has two paths. First, at the point of entering client-level data, the system alerts the user whenever a person with similar properties exists in the database. Second, a monthly report for all providers identifies all persons who have returned into the database in the past month.

HMIS also monitors and records returns to homelessness by any participant who exits RRH, TH, or PSH.

To maintain our high performance, we will rely on intensive case management with a specific goal of attaining the greatest possible level of self-sufficiency.

The Continuum Homeless Action Team (CHAT) is responsible for overseeing these strategies.

3A-5. Performance Measures: Job and Income Growth
Describe: (1) the strategies that have been implemented to increase access to employment and mainstream benefits; (2) how the CoC program-funded projects have been assisted to implement the strategies; (3) how the CoC is working with mainstream employment organizations to help individuals and families increase their cash income; and (4) the organization or position that is responsible for overseeing the CoC's strategy to increase job and income growth from employment, non-employment including mainstream benefits.
(limit 1000 characters)

For cash income strategies, the CoC sponsors the Decatur Jobs Council (DJC). As an interagency network, DJC oversees homeless-related training programs in food production, food service, lawn care, housekeeping, and retail sales. In the area of employment readiness, the CoC partners with the WIOA administrative agency, which fast-tracks all CoC referrals into a Boot Camp with job readiness, resume building, and interview skills.

To access benefits, or strategy centers on a specialized SOAR effort, in which two Coordinated Entry case managers were trained.

Several CoC Program-funded projects have been assisted and now operate DJC job-training programs.

These strategies work. Of all adult stayers, 20% showed income gains in FY 2016 (compared with 16% in FY 2015), with 16% gaining employment income. Among adult leavers, 40% gained (up from 34%), with 20% increasing earned incomes.

The Decatur Jobs Council is responsible for overseeing these strategies.

3A-6. Did the CoC completely exclude a geographic area from the most recent PIT count (i.e. no one counted there, and for communities using samples in the area that was excluded from both the sample and extrapolation) where the CoC determined there were no unsheltered homeless people, including areas that are uninhabitable (deserts, forests).

No

3A.6a. If the response to 3A-6 was "Yes", what was the criteria and decision-making process the CoC used to identify and exclude specific geographic areas from the CoCs unsheltered PIT count?
(limit 1000 characters)

Not applicable.

3A-7. Enter the date the CoC submitted the System Performance Measures data in HDX, which included the data quality section for FY 2016.
(mm/dd/yyyy)

06/05/2017

3B. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Instructions

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

3B-1. Compare the total number of PSH beds, CoC program and non CoC-program funded, that were identified as dedicated for yes by chronically homeless persons in the 2017 HIC, as compared to those identified in the 2016 HIC.

	2016	2017	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC.	37	38	1

3B-1.1. In the box below: (1) "total number of Dedicated PLUS Beds" provide the total number of beds in the Project Allocation(s) that are designated ad Dedicated PLUS beds; and (2) in the box below "total number of beds dedicated to the chronically homeless:, provide the total number of beds in the Project Application(s) that are designated for the chronically homeless. This does not include those that were identified in (1) above as Dedicated PLUS Beds.

Total number of beds dedicated as Dedicated Plus	38
Total number of beds dedicated to individuals and families experiencing chronic homelessness	0
Total	38

3B-1.2. Did the CoC adopt the Orders of Priority into their standards for all CoC Program funded PSH projects as described in Notice CPD-16-11: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing.

Yes

3B-2.1. Using the following chart, check each box to indicate the factor(s) the CoC currently uses to prioritize households with children based on need during the FY 2017 Fiscal Year.

History of or Vulnerability to Victimization	X
Number of previous homeless episodes	X

Unsheltered homelessness	X
Criminal History	X
Bad credit or rental history (including not having been a leaseholder)	X
Head of Household with Mental/Physical Disability	X

3B-2.2. Describe: (1) the CoCs current strategy and timeframe for rapidly rehousing every household of families with children within 30 days of becoming homeless; and (2) the organization or position responsible for overseeing the CoC's strategy to rapidly rehouse families with children within 30 days of becoming homeless.
(limit 1000 characters)

Our strategy relies on prompt identification, convenient screening, and Housing First.

To identify families with children we conduct daily outreach to sites where they can be found – meal sites, schools, and food pantries. Our outreach team follows coordinated entry protocols in the field – safety check, triage, and possible diversion. Along with off-site screening, we apply Housing First principles with fidelity, prioritizing families who are most at risk. We work with public and private landlords to increase housing availability. We use CoC and ESG funding for Rapid Rehousing to the fullest possible extent possible

The current timeframe for placement of families with children is 27 days.

Our strategies are very effective, with only 10 families in the 2017 PIT, all of the sheltered.

The Homeward Bound case managers are responsible for this objective.

3B-2.3. Compare the number of RRH units available to serve families from the 2016 and 2017 HIC.

	2016	2017	Difference
Number of CoC Program and non-CoC Program funded PSH units dedicated for use by chronically homelessness persons identified on the HIC.	0	2	2

3B-2.4. Describe the actions the CoC is taking to ensure emergency shelters, transitional housing, and permanent supportive housing (PSH and RRH) providers within the CoC adhere to anti-discrimination policies by not denying admission to, or separating any family members from other members of their family or caregivers based on age, sex, gender, LGBT status, marital status or disability when entering a shelter or Housing.
(limit 1000 characters)

Our CoC prohibits discrimination based on age, sex, gender, LGBT status,

marital status, or disability. Our policy states in part: "…homeless projects cannot discriminate against a group of people presenting as a family based on the composition of the family (e.g., adults and children or just adults), the age of any member's family, the disability status of any members of the family, marital status, actual or perceived sexual orientation, or gender identity. Projects with dedicated family beds/units must serve families, regardless of the marital status or sexual orientation of the adults."

Even before passing the policy, we took action. One ESG project had a policy that persons must have male genitalia to be admitted to a single-sex shelter. The CoC informed the agency that this policy was non-compliant, and the agency corrected its policy to state that the shelter would abide by every person's gender identity.

3B-2.5. From the list below, select each of the following the CoC has strategies to address the unique needs of unaccompanied homeless youth.

Human trafficking and other forms of exploitation?	Yes
LGBT youth homelessness?	Yes
Exits from foster care into homelessness?	Yes
Family reunification and community engagement?	Yes
Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs?	Yes

3B-2.6. From the list below, select each of the following the CoC has a strategy for prioritization of unaccompanied youth based on need.

History or Vulnerability to Victimization (e.g., domestic violence, sexual assault, childhood abuse)	X
Number of Previous Homeless Episodes	X
Unsheltered Homelessness	X
Criminal History	X
Bad Credit or Rental History	X

3B-2.7. Describe: (1) the strategies used by the CoC, including securing additional funding to increase the availability of housing and services for youth experiencing homelessness, especially those experiencing unsheltered homelessness; (2) provide evidence the strategies that have been implemented are effective at ending youth homelessness; (3) the measure(s) the CoC is using to calculate the effectiveness of the strategies; and (4) why the CoC believes the measure(s) used is an appropriate way to determine the effectiveness of the CoC's efforts. (limit 1500 characters)

Youth homelessness is very low in our CoC's geographic area. In the past three

years we have encountered only one homeless youth under 18. We have counted an average of 17 household members per year who lived in households where all members were under 25. Of all these persons, only one was unsheltered, and that was in 2016.

We have taken assertive action to keep youth homelessness at its historically low levels. These actions include reaching out to school systems and to the agencies that respond to youth in crisis. In 2017, the Decatur School District became an HMIS cooperating entity, installing HMIS in "read-only" mode in the district's Student Service Department. This allows school liaisons to determine when young persons are being served in the CoC system and to alert us when they are not.

We also work with nonprofits that serve youth in crisis, involving them in planning activities and the annual PIT count.

Our major measure of success is the PIT count. Clearly, we have reason to feel that our strategies have been appropriate and effective.

3B-2.8. Describe: (1) How the CoC collaborates with youth education providers, including McKinney-Vento local educational authorities and school districts; (2) the formal partnerships the CoC has with these entities; and (3) the policies and procedures, if any, that have been adopted to inform individuals and families who become homeless of their eligibility for educational services.
(limit 1000 characters)

School liaisons refer all homeless families to the Coordinated Entry center for assessments and determination of CoC eligibility. Parent liaisons work directly with the CoC's Coordinated Entry center to assure that eligible families are served. Referrals also flow in the other direction. When a CoC provider encounters a family with children, the provider contacts the educational liaison as well as the home school

Educational partners are represented on the CoC governing board and all functional committees, including strategic planning.

CoC policy and protocols provide that: Students who are homeless remain in one school if it is in their best interest; schools provide transportation; access to the full range of opportunities including extracurricular activities, pre-school and early childhood development, and special education; and school liaisons and homeless case managers jointly develop and review plans.

3B-2.9. Does the CoC have any written formal agreements, MOU/MOAs or partnerships with one or more providers of early childhood services and supports? Select "Yes" or "No".

	MOU/MOA	Other Formal Agreement
Early Childhood Providers	No	
Head Start	Yes	
Early Head Start	Yes	
Child Care and Development Fund	No	

Federal Home Visiting Program	No	
Healthy Start	No	
Public Pre-K	Yes	
Birth to 3		
Tribal Home Visting Program		
Other: (limit 50 characters)		

3B-3.1. Provide the actions the CoC has taken to identify, assess, and refer homeless Veterans who are eligible for Veterans Affairs services and housing to appropriate resources such as HUD-VASH and Supportive Services for Veterans Families (SSVF) program and Grant and Per Diem (GPD).
(limit 1000 characters)

To identify homeless veterans, the CoC's street outreach team visits locations where they are likely to be found such as libraries, the VA health clinic, and drop in centers. The team asks everyone whom they encounter if they ever served in the military. Additionally our common assessment, TouchPoint, requests veteran status.

The team conducts screening to determine possible eligibility for VA and other veterans services; this assessment can be done off site so the veteran does not have to come to the Coordinated Entry center to be assessed or referred.

Once we identify a person as a veteran, we refer them immediately to the Salvation Army's SSVF staff who makes formal eligibility determinations for services, SSVF housing, HUD-VASH housing, or placement in our non-CoC funded dedicated veteran PSH project. The SSVF Coordinator attends meetings of the CoC and the governing board, and the Salvation Army commanding officer is a member of the CoC board.

3B-3.2. Does the CoC use an active list or by name list to identify all Veterans experiencing homelessness in the CoC? Yes

3B-3.3. Is the CoC actively working with the VA and VA-funded programs to achieve the benchmarks and criteria for ending Veteran homelessness? Yes

3B-3.4. Does the CoC have sufficient resources to ensure each Veteran is assisted to quickly move into permanent housing using a Housing First approach? Yes

4A. Continuum of Care (CoC) Accessing Mainstream Benefits and Additional Policies

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

4A-1. Select from the drop-down (1) each type of healthcare organization the CoC assists program participants with enrolling in health insurance, and (2) if the CoC provides assistance with the effective utilization of Medicaid and other benefits.

Type of Health Care	Yes/No	Assist with Utilization of Benefits?
Public Health Care Benefits (State or Federal benefits, e.g. Medicaid, Indian Health Services)	Yes	Yes
Private Insurers:	Yes	Yes
Non-Profit, Philanthropic:	Yes	Yes
Other: (limit 50 characters)		

4A-1a. Mainstream Benefits

CoC program funded projects must be able to demonstrate they supplement CoC Program funds from other public and private resources, including: (1) how the CoC works with mainstream programs that assist homeless program participants in applying for and receiving mainstream benefits; (2) how the CoC systematically keeps program staff up-to-date regarding mainstream resources available for homeless program participants (e.g. Food Stamps, SSI, TANF, substance abuse programs); and (3) identify the organization or position that is responsible for overseeing the CoCs strategy for mainstream benefits.
(limit 1000 characters)

The Illinois Department of Human Services (IDHS) – which administers food stamps, TANF, and Medicaid – provides $82,000 to our CoC's Coordinated Entry center for case managers to assist in the application process, which is conducted online at our CE center. This is indicative of our close relationship with mainstream providers, assuring that participants apply for and receive all benefits for which they are eligible.

To keep current, CoC program staff systematically participate in bimonthly service coordination meetings hosted by the University of Illinois Extension Office. These meetings are opportunities for all mainstream programs to update local agencies.

The Collaborative Applicant was recently approved by the National Association of Social Workers as continuing education provider.

The Homeward Bound SSO program is responsible for overseeing these strategies.

4A-2. Low Barrier: Based on the CoCs FY 2017 new and renewal project applications, what percentage of Permanent Housing (PSH) and Rapid Rehousing (RRH), Transitional Housing (TH), Safe-Haven, and SSO (Supportive Services Only-non-coordinated entry) projects in the CoC are low-barrier?

Total number of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO project applications in the FY 2017 competition (new and renewal)	8.00
Total number of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2017 competition.	8.00
Percentage of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO renewal and new project applications in the FY 2017 competition that will be designated as "low barrier"	100.00%

4A-3. Housing First: What percentage of CoC Program Funded PSH, RRH, SSO (non-coordinated entry), safe-haven and Transitional Housing; FY 2017 projects have adopted the Housing First approach, meaning that the project quickly houses clients without preconditions or service participation requirements?

Total number of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH project applications in the FY 2017 competition (new and renewal).	8.00
Total number of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH renewal and new project applications that selected Housing First in the FY 2017 competition.	8.00
Percentage of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH renewal and new project applications in the FY 2017 competition that will be designated as Housing First.	100.00%

4A-4. Street Outreach: Describe (1) the CoC's outreach and if it covers 100 percent of the CoC's geographic area; (2) how often street outreach is conducted; and (3) how the CoC has tailored its street outreach to those that are least likely to request assistance.
(limit 1000 characters)

The CoC has an interagency street outreach team that covers 100% of our service area. This team initially targeted chronically homeless, but with chronic homelessness virtually ended, the team works with all long-term homeless persons.

Called CHAT (Continuum Homeless Action Team), the team consists of street workers from behavior health, emergency shelters, coordinated entry, health care, food resources, and the faith community. On a daily basis, its members comb the streets and visit places where homeless persons are found. When engagement is not on the horizon, CHAT members build trust and chart progress using the Stages of Change model.

Outreach is customized for those least likely to seek assistance. CHAT conducts Coordinated Entry triage off-site. The CE center has translators and assistance in ASL and at least 5 non-English languages, and for hearing, sight,

and speech impaired persons, as well as TDD phone service. Written publications are in Spanish and English.

4A-5. Affirmative Outreach
Specific strategies the CoC has implemented that furthers fair housing as detailed in 24 CFR 578.93(c) used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, gender identify, sexual orientation, age, familial status, or disability; who are least likely to apply in the absence of special outreach.
Describe: (1) the specific strategies that have been implemented that affirmatively further fair housing as detailed in 24 CFR 578.93(c); and (2) what measures have been taken to provide effective communication to persons with disabilities and those with limited English proficiency. (limit 1000 characters)

24 CFR 578.93(c) lists three tasks. (1) Affirmative Marketing: The CoC markets housing and services in multiple languages and to persons with impairments as described in 4A-4, and we track these activities. (2) Reporting Impediments. The CoC immediately reports any fair housing impediments to the Consolidated Plan administrator for the City of Decatur, who sits on the CoC's Governing Board. One such report led to an investigation and corrective action against a local developer. (3) Informing of Rights and Remedies: All CoC program participants receive written descriptions of their rights to housing and services as well as access to local, state, and federal enforcement agencies.

We have translators and assistance in ASL and at least 5 non-English languages, and for hearing, sight, and speech impaired persons, as well as TDD phone service. Written publications are in Spanish and English.

4A-6. Compare the number of RRH beds available to serve populations from the 2016 and 2017 HIC.

	2016	2017	Difference
RRH beds available to serve all populations in the HIC	0	7	7

4A-7. Are new proposed project applications requesting $200,000 or more in funding for housing rehabilitation or new construction?   No

4A-8. Is the CoC requesting to designate one or more SSO or TH projects to serve homeless households with children and youth defined as homeless under other Federal statues who are unstably housed (paragraph 3 of the definition of homeless found at 24 CFR 578.3).   No

Decatur/Macon County Continuum of Care
IL-516

RATING AND REVIEW PROCEDURE
(E.G., RFP)

REQUEST FOR PROJECTS

DATE: JULY 25, 2017

TO: CURRENT AND POTENTIAL PROJECT APPLICANTS
FOR HUD CONTINUUM OF CARE FUNDING

RE: PROJECT APPLICATION PROCESS

Current and potential project applicants are **encouraged to apply for new or renewal projects**. Completed project applications must be submitted via the HUD e-snaps website no later than 8:00 p.m. Central Daylight Time on **Friday, August 17, 2017**.

New and existing providers are specifically encouraged to apply for projects that can be created by **reallocating funds from existing projects** that are considered to be low-performing.

All projects and applicants will undergo a threshold review. Projects must be eligible under HUD regulations and the *Notice of Funding Availability (NOFA) for the Fiscal Year (FY) 2017 Continuum of Care Program Competition (FR-6100-N-25)* which can be downloaded at https://www.hudexchange.info/resource/5419/fy-2017-coc-program-nofa/.

Additional resources, which are critical to the project application process, are available at https://www.hudexchange.info/programs/e-snaps/guides/coc-program-competition-resources/#coc-program-competition--project-applicants.

Potential applicants are strongly urged to download and read the entire NOFA and use the above resources before proceeding, as HUD has placed clear limitations on project types, and it has created specific processes for completing and submitting project applications.