

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): IL-505 - Evanston CoC

CoC Lead Organization Name: City of Evanston

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: Evanston Alliance on Homelessness

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) 66%

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

Elected:	<input type="checkbox"/>
Assigned:	<input checked="" 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 mission of the Evanston Alliance on Homelessness states that it is "a community-wide network that coordinates and enhances efforts to end homelessness." As such, many members represent service providers and government officials. However, to have an effective "network" we reach out to many others to join in this effort, including the religious community, housing developers, business persons and interested community activists as well as elected officials.

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

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

Having administrative funding would allow the CoC to compensate staff for critical administrative functions. The staff would be able to streamline application process and ensure consistent project oversight and monitoring. Funding from HUD would also allow CoC to hire staff independent of volunteers or members of the Alliance who can represent a stance of neutrality for the Continuum.

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
Outreach and Enga...	Quarterly
Planning	Bi-monthly
Education and Adv...	Monthly or more
Coordination and ...	Bi-monthly
Facilitating Acce...	Quarterly
Resource Development	Quarterly
Project Review	Annually
Steering Committee	Monthly or more

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: Outreach and Engagement

Indicate the frequency of group meetings: Quarterly

Describe the role of this group:

Intentionally seek broad participation that ensures best solutions to the problems 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: Planning

Indicate the frequency of group meetings: Bi-monthly

Describe the role of this group:

Promote effective housing models and practices to ensure the development of a plan to address the issues of homelessness; monitor region, state, and nation for new solutions; and collect data and stay informed on research and best practices 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: Education and Advocacy

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

Promote solutions to the issues that lead to and perpetuate homelessness, including affordable housing. Educate elected officials. Build community support for the homeless and those at risk of homelessness including: supportive services, access to mainstream resources, and a continuum of housing alternatives.

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: Coordination and Communication

Indicate the frequency of group meetings: Bi-monthly

Describe the role of this group:

Foster interagency collaboration and improve efficiencies by promoting information sharing regarding programs and services, CoC-wide training and orientation on accessing mainstream resources, facilitate collaborations to develop more effective programs and practices, and maximize use of 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: Facilitating Access to Services and Housing

Indicate the frequency of group meetings: Quarterly

Describe the role of this group:

Expand the distribution of existing information on available resources for the homeless and those at risk of becoming homeless. Develop and implement new avenues to connect providers, clients, and community stakeholders and an evaluation system to annually review if homeless have information to access services.

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: Resource Development

Indicate the frequency of group meetings: Quarterly

Describe the role of this group:

Assist in attracting public and private resources. Increase efficiency and effectiveness of applying for federal funds. Share information on funding sources with member agencies. Educate local funding sources on the broad issues of homelessness. Monitor funding, policy, and regulatory trends.

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: Project Review

Indicate the frequency of group meetings: Annually

Describe the role of this group:

Draft criteria for evaluating proposals for the SuperNOFA funding. Review performance of current projects. Rate each proposed renewal and new project and develop a ranking of all projects to recommend to the Steering 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: Steering Committee

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

Provides oversight of all committees and their work for the CoC. Serves as the public voice for homelessness in Evanston and works to effect political and social changes to end homelessness. After review, recommends agencies for federal and state funding.

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
League of Women Voters of Evanston	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Beth Emet Soup Kitchen	Private Sector	Faith-b...	Attend 10-year planning meetings during past 12 months, C...	Seriously Me...
NorthShore University HealthSystem Community Ba...	Private Sector	Hospita..	Committee/Sub-committee/Work Group	Seriously Me...
Connections for the Homeless	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	Seriously Me...
Youth Umbrellas Organization, Inc	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	Domestic Vio...
CEDA/Neighbors at Work	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Primary Decision Maki...	NONE
Planning, CDBG, City of Evanston	Public Sector	Local g...	Committee/Sub-committee/Work Group, Primary Decision Maki...	Domestic Vio...
Health and Human Services, City of Evanston	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Seriously Me...
Mid America Institute on Poverty	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months	NONE
Housing Opportunity Development Corporation	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Primary Decision Maki...	NONE
Citizen's Lighthouse Housing Land Trust	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Housing Options for the Mentally Ill	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	Seriously Me...
Illinois Department of Children and Family Serv...	Public Sector	State g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Domestic Vio...
Interfaith Action of Evanston	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Seriously Me...
McGaw YMCA	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	Substance Ab...
Metropolitan Family Services, Evanston	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Domestic Vio...

City of Evanston				COC_REG_v10_000296
National Student Partnerships	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	Veteran s, Do...
Peer Services	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Primary Decision Maki...	Seriously Me...
Town of the City of Evanston	Public Sector	Local g...	Committee/Sub-committee/Work Group, Primary Decision Maki...	Substance Ab...
Youth Job Center of Evanston, Inc.	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Youth
S.B.	Individual	Homeles..	Committee/Sub-committee/Work Group, Primary Decision Maki...	NONE
BE-HIV	Private Sector	Non-pro..	None	Substance Ab...
Carepoint Adult, Child & Family Association	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Primary Decision Maki...	Substance Ab...
Childcare Network of Evanston	Private Sector	Non-pro..	None	Youth
Cook County Commissioner Suffredin	Public Sector	Local g...	Primary Decision Making Group	Seriously Me...
School District 65	Public Sector	School ...	Committee/Sub-committee/Work Group, Primary Decision Maki...	Youth
Evanston Community Foundation	Private Sector	Funder ...	None	Youth
Evanston Vets Center	Public Sector	Other	Committee/Sub-committee/Work Group, Primary Decision Maki...	Veteran s
Faith Temple Church	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, Primary Decision Maki...	Substance Abuse
Family Focus	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months	Domestic Vio...
Housing Authority of Cook County	Public Sector	Public ...	Attend 10-year planning meetings during past 12 months, C...	Veteran s, Youth
Interfaith Housing Center of the Northern Suburbs	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	Veteran s, Do...
Legal Aid Foundation of Chicago	Private Sector	Non-pro..	None	HIV/AIDS, Do...
State Representative Julie Hamos	Public Sector	Other	None	NONE
State Senator Jeff Schoenberg	Public Sector	Other	None	NONE
Trilogy	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Primary Decision Maki...	Seriously Me...
U.S. Representative Jan Schakowsky	Public Sector	Other	Primary Decision Making Group	NONE

City of Evanston			COC_REG_v10_000296	
City of Evanston: Division of Community Health	Public Sector	Local g...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriously Me...
City of Evanston: Community Relations	Public Sector	Local g...	Committee/Sub-committee/Work Group, Primary Decision Maki...	HIV/AIDS, Youth
The Salvation Army - Evanston	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, Primary Decision Maki...	Substance Ab...
Evanston Housing Commission	Public Sector	Local g...	Primary Decision Making Group	NONE
YWCA Evanston-Northshore	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Primary Decision Maki...	Domestic Vio...
Chicago Coalition for the Homeless	Private Sector	Non-pro..	None	Substance Ab...
Evanston Police Dept.	Public Sector	Law enf...	None	Domestic Vio...

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)** 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, e. Review HUD APR for Performance Results, g. Site Visit(s), 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, c. All CoC Members Present Can 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: No

Briefly describe the reasons for the change:

Permanent Housing: Yes

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

Four beds that had been in the planning stages went into use before January 31, 2008. Two more were under development on January 31, 2008.

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	IL-505 - Evanston...	09/09/2008

Attachment Details

Document Description: IL-505 - Evanston CoC

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: 01/31/2008
(mm/dd/yyyy)

Indicate the type of data or methods used to complete the housing inventory count: HMIS
(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:

Indicate the type of data or method(s) used to determine unmet need: HUD unmet need formula
(select all that apply)

Specify "other" data types:

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

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: Single CoC

Select the CoC(s) covered by the HMIS: IL-505 - Evanston CoC
(select all that apply)

Does the CoC Lead Organization have a written agreement with HMIS Lead Organization? Yes

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): 05/01/2004
(format mm/dd/yyyy)

Indicate the challenges and barriers impacting the HMIS implementation: No or low participation by non-HUD funded providers
(select all the apply):

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 Evanston Continuum is small. There are three additional agencies that we targeted for incorporation into our HMIS. However, two are very small and unstable organizations. Their staff are mostly volunteer and constantly turn over. Consequently it is very difficult to train anyone in the use of the system. We brought one of these into the HMIS in 2008 by inviting them to submit their paperwork to the lead agency with the idea that the lead agency would enter the data itself. We will continue to pursue this strategy this year. Previously the third agency did not have a full-time case manager, and so also was unable to identify someone to be trained. But starting July 1, 2008 they hired one. We will be training the third agency later this fall.

HMIS Attachment

Document Type	Required?	Document Description	Date Attached
HMIS Agreement	Yes	HMIS Lead Agency ...	10/06/2008

Attachment Details

Document Description: HMIS Lead Agency Agreement

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

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

Organization Name Connections for the Homeless
Street Address 1 2120 Dewey Ave
Street Address 2
City Evanston
State Illinois
Zip Code 60201
Format: xxxxx or xxxxx-xxxx
Organization Type Non-Profit
If "Other" please specify

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

Prefix: Ms
First Name Connie
Middle Name/Initial
Last Name Fabbrini
Suffix
Telephone Number: 847-475-7070
(Format: 123-456-7890)
Extension 125
Fax Number: 847-864-6558
(Format: 123-456-7890)
E-mail Address: cf@cfthinc.org
Confirm E-mail Address: cf@cfthinc.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	No beds in CoC
* 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? Monthly

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	1%	0%
* Date of Birth	0%	0%
* Ethnicity	4%	0%
* Race	0%	0%
* Gender	0%	0%
* Veteran Status	4%	0%
* Disabling Condition	0%	0%
* Residence Prior to Program Entry	2%	1%
* Zip Code of Last Permanent Address	8%	4%
* Name	0%	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? Monthly

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

Describe the process, extent of assistance, and tools used to improve data quality for participating agencies.

There are 18 case managers who are the users of our ServicePoint database. Because of our relatively small number of users, each receives one-to-one instruction about proper data entry and a data entry manual. During the training period new users are monitored by their supervisor and assisted by co-workers who use the database daily. Only when the supervisor determines the new user is ready is the user allowed to do unmonitored data entry. Group training sessions are held when there are significant issues or when an upgrade to the software comes out. The System Administrator is well known to all users who are encouraged to call with any questions or concerns about data entry.

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

Various reports that require valid entry and exit dates are produced monthly, quarterly, and yearly. Each month a report of the entries and exits for each program is sent to the Coordinator of that program. The Coordinator checks for accuracy and makes any needed corrections in the database before the report process can proceed. Many reports require an unduplicated count, which leads to careful examination of the data each month.

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:	Monthly
Use of HMIS for point-in-time count of sheltered persons:	Annually
Use of HMIS for point-in-time count of unsheltered persons:	Annually
Use of HMIS for performance assessment:	Monthly
Use of HMIS for program management:	Monthly
Integration of HMIS data with mainstream system:	Monthly

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? Quarterly

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

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

If 'Yes' indicate date of last review or update by CoC: 10/02/2008

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	Annually
Data Security training	Annually
Data Quality training	Semi-annually
Using HMIS data locally	Quarterly
Using HMIS data for assessing program performance	Quarterly
Basic computer skills training	Never
HMIS software training	Semi-annually

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	Transitional	Unsheltered	Total
		Emergency			
Number of Households		7	13	1	21
Number of Persons (adults and children)		15	35	3	53
		Households without Dependent Children			
		Sheltered	Transitional	Unsheltered	Total
		Emergency			
Number of Households		7	36	87	130
Number of Persons (adults and unaccompanied youth)		7	36	87	130
		All Households/ All Persons			
		Sheltered	Transitional	Unsheltered	Total
		Emergency			
Total Households		14	49	88	151

City of Evanston			COC_REG_v10_000296	
Total Persons	22	71	90	183

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)	19	39	58
* Severely Mentally Ill	15	15	30
* Chronic Substance Abuse	11	30	41
* Veterans	7	12	19
* Persons with HIV/AIDS	0	21	21
* Victims of Domestic Violence	30	9	39
* Unaccompanied Youth (under 18)			0

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: 01/23/2009
(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:	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Extrapolation: (Extrapolation attachment is required)	<input type="checkbox"/>
Other:	<input checked="" type="checkbox"/>

If Other, specify:

The YWCA is the domestic violence provider for Evanston. They reported all necessary demographic and subpopulation data for those they sheltered the night of January 25.

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 HMIS was used to produce reports of clients spending the night of January 25 in transitional and permanent supportive beds. Domestic violence beds were counted and reported by their provider.

The change between the 2005 and 2007 count was very minor, with a total of 184 homeless persons in 2005 and 183 in 2007.

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	<input checked="" type="checkbox"/>
	HMIS plus extrapolation:	<input type="checkbox"/>
Sample of PIT interviews plus extrapolation: (PIT attachment is required)		<input type="checkbox"/>
	Sample Strategy:	<input type="checkbox"/>
	Provider Expertise:	<input type="checkbox"/>
	Non-HMIS client level information:	<input checked="" type="checkbox"/>
	None:	<input type="checkbox"/>
	Other:	<input type="checkbox"/>

If Other, specify:

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.

The HMIS was used to produce the sheltered subpopulation data from the clients in transitional and permanent supportive beds. The subpopulation data for the domestic violence clients was reported by their provider.

The change between the 2005 and 2007 count is due entirely to the addition of new Permanent Supportive Housing beds.

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:	<input type="checkbox"/>
Training:	<input type="checkbox"/>
Remind/Follow-up	<input type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Non-HMIS de-duplication techniques:	<input type="checkbox"/>
None:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

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

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:	<input checked="" type="checkbox"/>
Public places count with interviews:	<input checked="" type="checkbox"/>
Service-based count:	<input type="checkbox"/>
HMIS:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

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:

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:	<input checked="" type="checkbox"/>
HMIS:	<input type="checkbox"/>
De-duplication techniques:	<input checked="" type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

Describe the techniques used to reduce duplication.

All interviews included first letter of first name, first three letters of last name and birthdate. Interview forms were then deduplicated.

We also asked all respondents at the beginning of each interview whether they had already talked to someone, and at the end of each interview, we asked them to not be interviewed again.

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

We have an extensive prevention program which works with local non-profit agencies, area churches, synagogues, and city and township offices to provide emergency funds to help families retain their housing and to move unsheltered households with dependent children back into housing.

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).

Case managers visit soup kitchens, warming centers, hospitality center, area libraries, book stores, fast food restaurants. We also now offer drop-in services, showers, and laundry services which draw those living on the street into the system.

Last year through June 2007 there was a decline in services largely due to understaffing and fewer drop-in hours. Between June 07 and December 07 there was a significant increase due to increased drop in services.

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 employed at exit to at least 19%
Decrease the number of homeless households with children
Increase percentage of homeless persons moving from TH to PH to at least 63.5%

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	Identify 1 CH person to reside in the YMCA for PSH program	Director of Residence, McGaw YMCA
Action Step 2	Apply for new project funding through the Samaritan Bonus Initiative for a new SHP leasing project. Award of this project will create 4 new permanent housing beds for this population.	Executive Director, Connections for the Homeless
Action Step 3	Expand existing Permanent Supportive Housing Project by 2 units	Executive Director, Connections

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	15
Numeric Achievement in 12 months	22
Numeric Achievement in 5 years	26
Numeric Achievement in 10 years	30

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	Add a .5 FTE to increase vocational opportunities	Executive Director, Connections for the Homeless
Action Step 2	Add 4 safe haven units	Executive Director, Connections
Action Step 3	Increase site visits by case managers to scattered site units to a minimum of 1 visit per week	Executive Director, Housing Options

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	90
Numeric Achievement in 12 months	91
Numeric Achievement in 5 years	92
Numeric Achievement in 10 years	93

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	Hire employment specialist and establish pre-employment training	Executive Director, Connections
Action Step 2	Establish health sector employment track	Executive Director, Connections
Action Step 3	Participate in city wide employment work group	Vice President for Programming, YMCA

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	18
Numeric Achievement in 12 months	20
Numeric Achievement in 5 years	21
Numeric Achievement in 10 years	22

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.

City of Evanston		COC_REG_v10_000296
		Lead Person
Action Step 1	Work with the local school districts to identify homeless families	Executive Director, YWCA
Action Step 2	Utilize State prevention funding to re-house eligible homeless families	Coordinator of Prevention Services, Connections
Action Step 3	Hire a housing specialist to identify affordable housing	Executive Director, Connections

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	21
Numeric Achievement in 12 months	22
Numeric Achievement in 5 years	25
Numeric Achievement in 10 years	30

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	Establish capacity to provide representative payee services	Executive Director, Connections
Action Step 2	Apply for municipal and private funding to subsidize next step permanent housing	Executive Director, Connections
Action Step 3	hire a housing specialist for transitional population	Executive Director, Connections

Proposed Numeric Achievements

%/Beds/Households

City of Evanston		COC_REG_v10_000296
Baseline (Current Level)		39
Numeric Achievement in 12 months		50
Numeric Achievement in 5 years		64
Numeric Achievement in 10 years		66

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: Formal Protocol Implemented
Health Care Discharge Protocol: Initial Discussion
Mental Health Discharge Protocol: Formal Protocol Implemented
Corrections Discharge Protocol: Formal Protocol Finalized

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 Care Discharge

For Protocol Implemented, provide a summary of the formal and specific protocol, plan, process or policy that has been agreed upon.

Must attach protocol copy. Go to 3D.Discharge Planning Attachments page

The Youth Housing Assistance Program of the Illinois Department of Children and Family Services (DCFS) provides housing advocacy and cash assistance to young people ages 18 to 21 emancipated from foster care. Up to six months before emancipation, the youth applies to the program and is assigned a Housing Advocate who helps to find housing, create a budget, and link to other services. The program offers cash assistance for security deposit and move-in expenses up to \$800 (\$1,200 if parenting, pregnant or disabled) and a rental subsidy up to \$100 per month. Being homeless or at risk of homelessness is one of the programs eligibility factors. This formal protocol is understood and agreed to by the Evanston Alliance on Homelessness, youth service providers, and the DCFS Local Area Networks (LANs). The Alliance Steering Committee includes representation by Illinois DCFS staff member, John Cheney Egan.

Health Care Discharge

For Initial Discussion, indicate collaborating agencies/partners that have been involved in discussions as well as an estimated timeline of protocol development.

The Alliance co-convened the Countywide Discharge Planning Forum in July 2008 with 200 participants. The healthcare workgroup initiated at this forum identified two major priorities, (A) creating more respite beds for people leaving hospitals who might otherwise be homeless, and (B) advocating to ensure housing is added as an element of discharge planning for JCAHO accreditation. The Alliance has researched the JCAHO accreditation procedures, which address discharge planning protocols in general, but do not address housing placement specifically as a part of discharge planning. Alliance members continue to work locally with hospital representatives to provide improved housing referral information for patients being discharged.

Mental Health Discharge

For Protocol Implemented, provide a summary of the formal and specific protocol, plan, process or policy that has been agreed upon.

Must attach protocol copy. Go to 3D.Discharge Planning Attachments page

The Illinois Department of Human Services, Division of Mental Health (DHS/DMH), implements a "Continuity of Care Agreement" between State-Funded Inpatient Psychiatric Services (SFIPS) sites and community providers. The agreement cites the best practice not to discharge into homelessness; that SFIPS sites and provider agencies will work together to find appropriate housing that the individual is willing to accept; that if it is reasonably anticipated that housing will shortly be in place, a SFIPS site may delay discharge to prevent homelessness; and if an individual is not housed at discharge, the clinical record must document the reasons. Illinois DHS/DMH discharges persons to DMH-funded supportive housing, nursing and intermediate care facilities, board and care, and private residences. This formal discharge protocol is understood and agreed to by the Evanston Alliance on Homelessness, mental health providers and local mental health institutions.

Corrections Discharge

For Formal Protocol Finalized, provide a summary of the formal and specific protocol, plan, process or policy that has been agreed upon and provide a date for implementation.

Must attach protocol copy. Go to 3D.Discharge Planning Attachments page

The Placement Resource Unit (PRU) of the Illinois Department of Corrections provides caseworkers to identify services needed by the ex-offender upon community re-entry, including housing placement. This formal discharge protocol is understood and agreed to by the Evanston Alliance on Homelessness, its providers, and local correctional institutions.

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

Document Type	Required?	Document Description	Date Attached
Foster Care Discharge Protocol	No	Foster Care Disch...	09/17/2008
Mental Health Discharge Protocol	No	Mental Health Dis...	10/06/2008
Corrections Discharge Protocol	No	State of IL Corre...	10/02/2008
Health Care Discharge Protocol	No	--	No Attachment

Attachment Details

Document Description: Foster Care Discharge Protocol-Evanston

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: Mental Health Discharge-Continuity of Care

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: State of IL Corrections Discharge

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:

Maintain short term transitional services to prevent first time or recurring homelessness, including rental, mortgage and utility assistance. Maintain permanent supportive housing for 10 mentally ill homeless individuals. Maintain 7 units of affordable housing for disabled homeless. Expand services, including Spanish-speaking staff, computer access, daycare service for homeless toddlers, parenting skills and family counseling. Develop additional supportive housing for homeless families, find an appropriate housing model for long-term homeless families. Improve access by homeless individuals and families to mainstream resources. Foster community understanding of issues relating to homelessness. Provide necessary services to successfully prevent the development of chronic homelessness. Provide intensive street outreach to the unsheltered to link them to permanent, stable housing.

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)? No

Does the 10-year plan include the CoC strategic plan goals to address homelessness and chronic homelessness? No

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

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	4 Beds	6 Beds
Increase percentage of homeless persons staying in PH over 6 months to at least 71%	90 %	90 %
Increase percentage of homeless persons moving from TH to PH to at least 61.5%	62 %	39 %
Increase percentage of homeless persons employed at exit to at least 18%	32 %	18 %
Ensure that the CoC has a functional HMIS system	100 %	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	62	17
2007	39	18
2008	58	24

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 4

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					
Operations	\$20,290	\$0	\$6,698	\$160	\$4,484
Total	\$20,290	\$0	\$6,698	\$160	\$4,484

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)	4
b. Number of participants who did not leave the project(s)	37
c. Number of participants who exited after staying 6 months or longer	3
d. Number of participants who did not exit after staying 6 months or longer	34
e. Number of participants who did not leave and were enrolled for 5 months or less	3
TOTAL PH (%)	90
Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	67
b. Number of participants who moved to PH	26
TOTAL TH (%)	39

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: 238

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)
SSI	27	11 %
SSDI	14	6 %
Social Security	1	0 %
General Public Assistance	2	1 %
TANF	1	0 %
SCHIP	0	0 %
Veterans Benefits	3	1 %
Employment Income	44	18 %
Unemployment Benefits	8	3 %
Veterans Health Care	0	0 %
Medicaid	3	1 %
Food Stamps	66	28 %
Other (Please specify below)	2	1 %
TA/GA/Earnfare		
No Financial Resources	134	56 %

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.

Individual agencies review their progress on a quarterly basis. The Continuum of Care reviews all agency progress annually during the preparation of the Exhibit 1.

Recommendations about how to improve outcomes follow.

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.

2/25/2008

3/24/2008

4/14/2008

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 Provider Staff

Does the CoC systematically provide training on how to identify eligibility and program changes for mainstream programs to provider staff. No

If "Yes", specify the frequency of the training. Monthly or more

Does the CoC uses HMIS to screen for benefit eligibility? No

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

Has the CoC participated in SOAR training? No

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

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: Connections applies for birth certificates of those living on the street, and assists in acquiring official ID. Case managers within all agencies assess and apply for mainstream benefits.	100%
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:	0%
4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received. 4a. Describe the follow-up process: Case managers assist clients in applying. They review letters of denial and reapplication, and assist in hearings. They also provide transportation to hearings, and often accompany clients to hearings.	100%

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>	Yes
<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>	Yes
<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>	Yes
<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>	No
<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>	No
<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

*7. If your jurisdiction has impact or other significant fees, does the jurisdiction provide waivers of these fees for affordable housing?	No
*8. Has your jurisdiction adopted specific building code language regarding housing rehabilitation that encourages such rehabilitation through graduated regulatory requirements applicable as different levels of work are performed in existing buildings? Such code language increases regulatory requirements (the additional improvements required as a matter of regulatory policy) in proportion to the extent of rehabilitation that an owner/developer chooses to do on a voluntary basis. For further information see HUD publication: Smart Codes in Your Community: A Guide to Building Rehabilitation Codes (http://www.huduser.org/publications/destech/smartcodes.html)	No
*9. Does your jurisdiction use a recent version (i.e. published within the last 5 years or, if no recent version has been published, the last version published) of one of the nationally recognized model building codes (i.e. the International Code Council (ICC), the Building Officials and Code Administrators International (BOCA), the Southern Building Code Congress International (SBCI), the International Conference of Building Officials (ICBO), the National Fire Protection Association (NFPA)) without significant technical amendment or modification. In the case of a tribe or TDHE, has a recent version of one of the model building codes as described above been adopted or, alternatively, has the tribe or TDHE adopted a building code that is substantially equivalent to one or more of the recognized model building codes?	Yes
Alternatively, if a significant technical amendment has been made to the above model codes, can the jurisdiction supply supporting data that the amendments do not negatively impact affordability.	
*10. Does your jurisdiction's zoning ordinance or land use regulations permit manufactured (HUD-Code) housing "as of right" in all residential districts and zoning classifications in which similar site-built housing is permitted, subject to design, density, building size, foundation requirements, and other similar requirements applicable to other housing that will be deemed realty, irrespective of the method of production?	Yes
*11. Within the past five years, has a jurisdiction official (i.e., chief executive, mayor, county chairman, city manager, administrator, or a tribally recognized official, etc.), the local legislative body, or planning commission, directly, or in partnership with major private or public stakeholders, convened or funded comprehensive studies, commissions, or hearings, or has the jurisdiction established a formal ongoing process, to review the rules, regulations, development standards, and processes of the jurisdiction to assess their impact on the supply of affordable housing?	Yes
*12. Within the past five years, has the jurisdiction initiated major regulatory reforms either as a result of the above study or as a result of information identified in the barrier component of the jurisdiction's "HUD Consolidated Plan?" If yes, briefly describe. (Limit 2,000 characters.)	Yes
The Inclusionary Housing program requires that 10% of units in new residential, owner-occupied developments with 25 or more units be affordable to low and moderate income households at below market prices. Developers may pay a fee of \$40,000 per affordable unit in lieu of providing affordable dwelling units on site. Those funds will be used to develop, maintain or support affordable housing for low and moderate income households.	
*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?	No

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<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>	No
<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>	Yes
<p>*16. Does your jurisdiction provide for expedited or "fast track" permitting and approvals for all affordable housing projects in your community?</p>	Yes
<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>	No
<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>	Yes
<p>*19. Does your jurisdiction have an explicit policy that adjusts or waives existing parking requirements for all affordable housing developments?</p>	No
<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>	No

Continuum of Care (CoC) Project Listing

Instructions:

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

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

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
HMIS	2008-10-08 16:24:...	1 Year	Connections for t...	43,682	Renewal Project	SHP	HMIS	F11
Family Housing Ev...	2008-10-09 13:53:...	1 Year	Connections for t...	184,393	Renewal Project	SHP	TH	F2
Entry Point	2008-10-07 11:02:...	1 Year	Connections for t...	112,232	Renewal Project	SHP	SSO	F6
Hilda's Place	2008-10-07 11:04:...	1 Year	Connections for t...	117,000	Renewal Project	SHP	TH	F10
Permanent Support...	2008-10-07 11:06:...	1 Year	Connections for t...	105,198	Renewal Project	SHP	PH	F4
Claire/Ganey	2008-10-09 12:46:...	1 Year	Housing Options f...	83,560	Renewal Project	SHP	PH	F9
Pathways	2008-10-09 12:50:...	1 Year	Housing Options f...	110,430	Renewal Project	SHP	PH	F7
Pathways Plus	2008-10-10 12:12:...	1 Year	Housing Options f...	118,278	Renewal Project	SHP	PH	F5
YWCA Domestic Vio...	2008-09-29 15:13:...	1 Year	YWCA Evanston/ Nor...	70,652	Renewal Project	SHP	TH	F3
PSH-Expansion	2008-09-23 10:22:...	2 Years	Connections for t...	99,856	New Project	SHP	PH	S1
Claridge Apts	2008-10-09 14:50:...	1 Year	Housing Opportuni..	17,750	Renewal Project	SHP	PH	F8

Budget Summary

FPRN	\$963,175
Rapid Re-Housing	\$0
Samaritan Housing	\$99,856
SPC Renewal	\$0
Rejected	\$0