

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:

- Reviewing the FY 2015 CoC Program Competition NOFA in its entirety for specific application and program requirements.
- Using the CoC Application Detailed Instructions for assistance with completing the application in e-snaps.
- Answering all questions in the CoC Application. It is the responsibility of the Collaborative Applicant to ensure that all imported and new responses in all parts of the application are fully reviewed and completed. When doing so, please keep in mind that:

- This year, CoCs will see that a few responses have been imported from the FY 2013/FY 2014 CoC Application. Due to significant changes to the CoC Application questions, most of the responses from the FY 2013/FY 2014 CoC Application could not be imported.

- For some questions, HUD has provided documents to assist Collaborative Applicants in filling out responses.

- For other questions, the Collaborative Applicant must be aware of responses provided by project applicants in their Project Applications.

- Some questions require that the Collaborative Applicant attach a document to receive credit. This will be identified in the question.

- All questions marked with an asterisk (*) are mandatory and must be completed in order to submit the CoC Application.

For Detailed Instructions click [here](#).

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

1A-1. CoC Name and Number: MI-519 - Holland/Ottawa County CoC

1A-2. Collaborative Applicant Name: Greater Ottawa County United Way

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Michigan Coalition Against Homelessness

1B. Continuum of Care (CoC) Engagement

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

1B-1. From the list below, select those organizations and persons that participate in CoC meetings. Then select "Yes" or "No" to indicate if CoC meeting participants are voting members or if they sit on the CoC Board. Only select "Not Applicable" if the organization or person does not exist in the CoC's geographic area.

Organization/Person Categories	Participates in CoC Meetings	Votes, including electing CoC Board	Sits on CoC Board
Local Government Staff/Officials	Yes	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
Law Enforcement	No	No	No
Local Jail(s)	No	No	No
Hospital(s)	No	No	No
EMT/Crisis Response Team(s)	No	No	No
Mental Health Service Organizations	Yes	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes	Yes
Public Housing Authorities	Yes	Yes	No
CoC Funded Youth Homeless Organizations	Not Applicable	Not Applicable	Not Applicable
Non-CoC Funded Youth Homeless Organizations	Yes	Yes	No
School Administrators/Homeless Liaisons	No	No	No
CoC Funded Victim Service Providers	Yes	Yes	Yes
Non-CoC Funded Victim Service Providers	Not Applicable	Not Applicable	Not Applicable
Street Outreach Team(s)	No	No	No
Youth advocates	Yes	Yes	No
Agencies that serve survivors of human trafficking	Yes	Yes	No
Other homeless subpopulation advocates	Yes	Yes	No
Homeless or Formerly Homeless Persons	Yes	Yes	No
Local Philanthropic Organizations	Yes	Yes	Yes
Local Business	Yes	Yes	No
Fair Housing Center	Yes	Yes	Yes

**1B-1a. Describe in detail how the CoC solicits and considers the full range of opinions from individuals or organizations with knowledge of homelessness in the geographic area or an interest in preventing and ending homelessness in the geographic area. Please provide two examples of organizations or individuals from the list in 1B-1 to answer this question.
(limit 1000 characters)**

A public invitation is circulated annually. Those new organizations/individuals attending the Annual Meeting receive follow-up communication and are invited to meet with the CoC Coordinator to gauge interest.

Community Action House (CAH) is an agency with 40+ years of experience meeting human needs. CAH is an ESG recipient and provides case management services to the HUD funded transitional housing program. CAH also operates a food pantry in the southwest portion of the county. This diversity of experience makes CAH a key partner, as an active member of the CoC and Executive Board, in the effort to end homelessness.

The Grand Haven Area Community Foundation (GHACF) has a long history of supporting community projects throughout the county that aid in the effort to end homelessness. The GHACF has representation on the Executive Board and the Allocation and Accountability Committee which is tasked with fairly distributing state and federal funds.

1B-1b. List Runaway and Homeless Youth (RHY)-funded and other youth homeless assistance providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area. Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.

Youth Service Provider (up to 10)	RHY Funded?	Participated as a Voting Member in at least two CoC Meetings within the last 12 months (between October 1, 2014 and November 15, 2015).	Sat on the CoC Board as active member or official at any point during the last 12 months (between October 1, 2014 and November 15, 2015).
Arbor Circle	Yes	No	No
Barnabas Ministries	No	Yes	No

1B-1c. List the victim service providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area. Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.

Victim Service Provider for Survivors of Domestic Violence (up to 10)	Participated as a Voting Member in at least two CoC Meetings within the last 12 months (between October 1, 2014 and November 15, 2015).	Sat on CoC Board as active member or official at any point during the last 12 months (between October 1, 2014 and November 15, 2015).
Center for Women in Transition	Yes	Yes

1B-2. Does the CoC intend to meet the timelines for ending homelessness as defined in Opening Doors?

Opening Doors Goal	CoC has established timeline?
End Veteran Homelessness by 2015	No
End Chronic Homelessness by 2017	Yes
End Family and Youth Homelessness by 2020	Yes
Set a Path to End All Homelessness by 2020	Yes

**1B-3. How does the CoC identify and assign the individuals, committees, or organizations responsible for overseeing implementation of specific strategies to prevent and end homelessness in order to meet the goals of Opening Doors?
(limit 1000 characters)**

The CoC identifies and recruits key member agencies to work on community strategies. The CoC created a Strategic Planning Task Force which completed the annual review of the plan to end homelessness. As a result three goals were identified as key to maintaining housing stability and addressing the goals of Opening Doors. The committees were formed to focus on program improvement and gaps analysis, increasing economic security and increasing access to affordable housing. The CoC is spearheading an effort to increase affordable housing countywide which is already increasing collaboration and civic engagement. The CoC funded agencies (Good Samaritan Ministries/Community Mental Health) are responsible for meeting the housing needs of the chronically homeless. The number of beds available through turnover is reviewed annually. Good Samaritan Ministries and CoC Leadership were responsible for retooling the homeless system and creating a coordinated entry for housing services.

**1B-4. Explain how the CoC is open to proposals from entities that have not previously received funds in prior CoC Program competitions, even if the CoC is not applying for any new projects in 2015.
(limit 1000 characters)**

Organizations interested in applying must meet HUD eligibility criteria and local criteria including nonprofit status and at least one year of CoC membership. Organizations wishing to apply for funding submit a letter of intent which provides a description of the proposed project, proposed outcomes, the applicant's experience, and the applicant's capacity to administer federal funds. The letter of intent is reviewed by the Allocation and Accountability Committee. If funding is not approved, feedback is provided to the applicant on areas marked for improvement in order to be more competitive for funding.

1B-5. How often does the CoC invite new members to join the CoC through a publicly available invitation?

Annually

1C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

1C-1. Does the CoC coordinate with other Federal, State, local, private and other entities serving homeless individuals and families and those at risk of homelessness in the planning, operation and funding of projects? Only select "Not Applicable" if the funding source does not exist within the CoC's geographic area.

Funding or Program Source	Coordinates with Planning, Operation and Funding of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Yes
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Yes
HeadStart Program	Yes
Other housing and service programs funded through Federal, State and local government resources.	Yes

1C-2. The McKinney-Vento Act, as amended, requires CoCs to participate in the Consolidated Plan(s) (Con Plan(s)) for the geographic area served by the CoC. The CoC Program interim rule at 24 CFR 578.7(c)(4) requires that the CoC provide information required to complete the Con Plan(s) within the CoC's geographic area, and 24 CFR 91.100(a)(2)(i) and 24 CFR 91.110(b)(1) requires that the State and local Con Plan jurisdiction(s) consult with the CoC. The following chart asks for information about CoC and Con Plan jurisdiction coordination, as well as CoC and ESG recipient coordination.

CoCs can use the CoCs and Consolidated Plan Jurisdiction Crosswalk to assist in answering this question.

	Number	Percentage
Number of Con Plan jurisdictions with whom the CoC geography overlaps	2	
How many Con Plan jurisdictions did the CoC participate with in their Con Plan development process?	2	100.00 %
How many Con Plan jurisdictions did the CoC provide with Con Plan jurisdiction level PIT data?	2	100.00 %
How many of the Con Plan jurisdictions are also ESG recipients?	1	
How many ESG recipients did the CoC participate with to make ESG funding decisions?	1	100.00 %

How many ESG recipients did the CoC consult with in the development of ESG performance standards and evaluation process for ESG funded activities?	1	100.00 %
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**1C-2a. Based on the responses selected in 1C-2, describe in greater detail how the CoC participates with the Consolidated Plan jurisdiction(s) located in the CoC's geographic area and include the frequency, extent, and type of interactions between the CoC and the Consolidated Plan jurisdiction(s).
(limit 1000 characters)**

The CoC and the City of Holland Consolidated Plan district have a long history of collaboration. CoC member agencies participate annually in the City's "Community Consultation" which is designed to identify housing priorities. The City of Holland is a member of the CoC and a staff member of the Community Development Department attends the bi-monthly meetings. CoC staff attends focus groups regarding the city's master plan and interacts with City of Holland staff throughout the year on at least a twice a month basis via e-mail and phone calls. The CoC presents at least twice annually to Con Plan district committees or leadership. Ottawa County is part of the Michigan Con Plan jurisdiction (the MI State Housing Development Authority) and the CoC participates in Statewide convenings twice annually. The CoC also participates in the annual Homeless Summit and the Building Michigan Communities Conference. There is monthly communication with MSHDA staff and annual meetings.

**1C-2b. Based on the responses selected in 1C-2, describe how the CoC is working with ESG recipients to determine local ESG funding decisions and how the CoC assists in the development of performance standards and evaluation of outcomes for ESG-funded activities.
(limit 1000 characters)**

The CoC plays an integral part in the allocation and monitoring of ESG program funds. The CoC quarterly tracks via HMIS increased income, discharge destination, access to mainstream benefits, and length of stay. Outcomes are presented to the entire CoC on a regular basis and sent to the Michigan State Housing Development Authority (MSHDA). Grantees not meeting outcome targets meet with the CoC leadership to create a plan for improving outcomes. The CoC consults with ESG recipients to determine financial and eligibility guidelines. The Allocation and Accountability Committee (AAC) of the CoC is responsible for the distribution of funds. The intention of the AAC is to fund successful and effective programs, to avoid duplication of services and to utilize the funding based on need in the community. Each project applicant submits a local application describing the project, projected outcomes and amount requested as well as whether outcomes from the previous year were met.

1C-3. Describe the how the CoC coordinates with victim service providers and non-victim service providers (CoC Program funded and non-CoC funded) to ensure that survivors of domestic violence are provided housing and services that provide and maintain safety and security. Responses must address how the service providers ensure and maintain the safety and security of participants and how client choice is upheld. (limit 1000 characters)

Homeless assistance provider: Have received information about services so they can make appropriate referrals. The household is immediately referred to the victim service provider though an intake may be conducted through the coordinated entry to determine eligibility for other housing. The household is given the option of how the data is stored in HMIS. The data can be locked, the household can choose to be entered anonymously, or not entered into the system at all.

Victim Service Provider: a trauma-informed approach is used to emphasize client choice, cultural sensitivity, and survivor empowerment. CWIT adheres to the confidentiality requirements set forth by Michigan law and VAWA. CWIT cannot release identifying information without a release from the survivor expressly giving CWIT permission. Once releases are in place CWIT staff can advocate on behalf of survivors by, for example, scheduling appointments with the agency responsible for coordinated entry.

1C-4. List each of the Public Housing Agencies (PHAs) within the CoC's geographic area. If there are more than 5 PHAs within the CoC's geographic area, list the 5 largest PHAs. For each PHA, provide the percentage of new admissions that were homeless at the time of admission between October 1, 2014 and March 31, 2015, and indicate whether the PHA has a homeless admissions preference in its Public Housing and/or Housing Choice Voucher (HCV) program. (Full credit consideration may be given for the relevant excerpt from the PHA's administrative planning document(s) clearly showing the PHA's homeless preference, e.g. Administration Plan, Admissions and Continued Occupancy Policy (ACOP), Annual Plan, or 5-Year Plan, as appropriate).

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program from 10/1/14 to 3/31/15 who were homeless at entry	PHA has General or Limited Homeless Preference
Michigan State Housing Development Authority	100.00%	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-5. Other than CoC, ESG, Housing Choice Voucher Programs and Public Housing, describe other subsidized or low-income housing opportunities that exist within the CoC that target persons experiencing homelessness.
(limit 1000 characters)**

There are a variety of housing opportunities for persons experiencing homelessness or at risk of homelessness. Heritage Homes, INC, a non-profit developer and CoC member agency has created apartments with LIHTC and designated 13 units (27 beds) for homeless and disabled individuals and families. Recently a building was renovated to offer 33 units to low income seniors, three (3) of which are dedicated to homeless seniors. Several churches and organizations in the community offer transitional housing to persons leaving shelter or halfway houses. It is estimated that there are more than 130 beds that can be utilized by persons experiencing homelessness. Programming is often provided to encourage long term housing stability once the person leaves for other housing opportunities.

1C-6. Select the specific strategies implemented by the CoC to ensure that homelessness is not criminalized in the CoC's geographic area. Select all that apply. For "Other," you must provide a description (2000 character limit)

Engaged/educated local policymakers:	<input checked="" type="checkbox"/>
Engaged/educated law enforcement:	<input checked="" type="checkbox"/>
Implemented communitywide plans:	<input type="checkbox"/>
No strategies have been implemented:	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

1D-1. Select the systems of care within the CoC's geographic area for which there is a discharge policy in place that is mandated by the State, the CoC, or another entity for the following institutions? Check all that apply.

Foster Care:	<input checked="" type="checkbox"/>
Health Care:	<input checked="" type="checkbox"/>
Mental Health Care:	<input checked="" type="checkbox"/>
Correctional Facilities	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

1D-2. Select the systems of care within the CoC's geographic area with which the CoC actively coordinates to ensure that institutionalized persons that have resided in each system of care for longer than 90 days are not discharged into homelessness. Check all that apply.

Foster Care:	<input checked="" type="checkbox"/>
Health Care:	<input type="checkbox"/>
Mental Health Care:	<input checked="" type="checkbox"/>
Correctional Facilities:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

**1D-2a. If the applicant did not check all boxes in 1D-2, explain why there is no coordination with the institution(s) and explain how the CoC plans to coordinate with the institution(s) to ensure persons discharged are not discharged into homelessness.
(limit 1000 characters)**

The local health care facilities have developed agreed upon procedures requiring all persons exiting health care facilities shall receive assistance in finding housing. A discharge planner is assigned early in the patients stay in the health care facility in order to facilitate an easier transition back into community. A CoC member agency and community collaboration – Community SPOKE – is currently entering into conversations with health care leadership and frontline workers to better coordinate health care services. There is a countywide effort to implement a Community Health Worker model to address basic needs including housing. A more systematic use of the coordinated entry process should be strongly encouraged and regular meetings with all local hospital discharge planners should be implemented.

1E. Centralized or Coordinated Assessment (Coordinated Entry)

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

CoCs are required by the CoC Program interim rule to establish a Centralized or Coordinated Assessment system – also referred to as Coordinated Entry. Based on the recent Coordinated Entry Policy Brief, HUD’s primary goals for coordinated entry processes are that assistance be allocated as effectively as possible and that it be easily accessible regardless of where or how people present for assistance. Most communities lack the resources needed to meet all of the needs of people experiencing homelessness. This combined with the lack of a well-developed coordinated entry processes can result in severe hardships for persons experiencing homelessness who often face long wait times to receive assistance or are screened out of needed assistance. Coordinated entry processes help communities prioritize assistance based on vulnerability and severity of service needs to ensure that people who need assistance the most can receive it in a timely manner. Coordinated entry processes also provide information about service needs and gaps to help communities plan their assistance and identify needed resources.

**1E-1. Explain how the CoC’s coordinated entry process is designed to identify, engage, and assist homeless individuals and families that will ensure those who request or need assistance are connected to proper housing and services.
(limit 1000 characters)**

The coordinated entry process covers the entire CoC geographic area. The system is accessible via phone and walk-in services. The agency conducting the intake is located on the bus route. Phone and online intakes can be utilized not only for local housing services but also applying for housing choice vouchers. The CoC advertises the coordinated entry through the 211 system, newspaper articles, Project Homeless Connect, and through a variety of community presentations. The coordinated entry agency also has office hours at all the emergency shelters once a month and visits the local soup kitchen. The agency responsible for coordinated entry currently uses a standardized assessment tool, the Service Prioritization Decision Assistance Tool. This tool uses 15 dimensions to determine an acuity score that will help inform practitioners about who will benefit most from which programs.

1E-2. CoC Program and ESG Program funded projects are required to participate in the coordinated entry process, but there are many other organizations and individuals who may participate but are not required to do so. From the following list, for each type of organization or individual, select all of the applicable checkboxes that indicate how that organization or individual participates in the CoC's coordinated entry process. If the organization or person does not exist in the CoC's geographic area, select "Not Applicable." If there are other organizations or persons that participate not on this list, enter the information, click "Save" at the bottom of the screen, and then select the applicable checkboxes.

Organization/Person Categories	Participates in Ongoing Planning and Evaluation	Makes Referrals to the Coordinated Entry Process	Receives Referrals from the Coordinated Entry Process	Operates Access Point for Coordinated Entry Process	Participates in Case Conferencing	Not Applicable
Local Government Staff/Officials	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CDBG/HOME/Entitlement Jurisdiction	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Law Enforcement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Jail(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospital(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
EMT/Crisis Response Team(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental Health Service Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Substance Abuse Service Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Affordable Housing Developer(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Public Housing Authorities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-CoC Funded Youth Homeless Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
School Administrators/Homeless Liaisons	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-CoC Funded Victim Service Organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Street Outreach Team(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Homeless or Formerly Homeless Persons	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

1F-1. For all renewal project applications submitted in the FY 2015 CoC Program Competition complete the chart below regarding the CoC's review of the Annual Performance Report(s).

How many renewal project applications were submitted in the FY 2015 CoC Program Competition?	7
How many of the renewal project applications are first time renewals for which the first operating year has not expired yet?	1
How many renewal project application APRs were reviewed by the CoC as part of the local CoC competition project review, ranking, and selection process for the FY 2015 CoC Program Competition?	6
Percentage of APRs submitted by renewing projects within the CoC that were reviewed by the CoC in the 2015 CoC Competition?	100.00%

1F-2. In the sections below, check the appropriate box(s) for each section to indicate how project applications were reviewed and ranked for the FY 2015 CoC Program Competition. (Written documentation of the CoC's publicly announced Rating and Review procedure must be attached.)

Type of Project or Program (PH, TH, HMIS, SSO, RRH, etc.)	<input checked="" type="checkbox"/>
Performance outcomes from APR reports/HMIS	
Length of stay	<input checked="" type="checkbox"/>
% permanent housing exit destinations	<input checked="" type="checkbox"/>
% increases in income	<input checked="" type="checkbox"/>
	<input type="checkbox"/>

Monitoring criteria	
Participant Eligibility	<input checked="" type="checkbox"/>
Utilization rates	<input checked="" type="checkbox"/>
Drawdown rates	<input checked="" type="checkbox"/>
Frequency or Amount of Funds Recaptured by HUD	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
Need for specialized population services	
Youth	<input type="checkbox"/>
Victims of Domestic Violence	<input checked="" type="checkbox"/>
Families with Children	<input type="checkbox"/>
Persons Experiencing Chronic Homelessness	<input checked="" type="checkbox"/>
Veterans	<input type="checkbox"/>
	<input type="checkbox"/>
None	<input type="checkbox"/>

**1F-2a. Describe how the CoC considered the severity of needs and vulnerabilities of participants that are, or will be, served by the project applications when determining project application priority.
(limit 1000 characters)**

The goal of the Allocation and Accountability Committee (AAC) is to ensure a variety of housing opportunities are available for all the homeless sub-populations. The AAC paid particular attention to the needs of domestic violence victims and persons experiencing chronic homelessness. Based on data from the coordinated entry intake, it was determined that there was a greater need for increased rapid re-housing as opposed to transitional housing. Funding was reallocated from transitional housing to rapid re-housing for domestic violence victims in order to ensure housing availability for this sub-population. All projects presented at application with dedicated beds for chronically homeless were prioritized.

**1F-3. Describe how the CoC made the local competition review, ranking, and selection criteria publicly available, and identify the public medium(s) used and the date(s) of posting. In addition, describe how the CoC made this information available to all stakeholders. (Evidence of the public posting must be attached)
(limit 750 characters)**

The CoC was informed of the local competition via e-mail on September 25, 2015. Included in the e-mail was the NOFA, instructions for completing the letter of intent and a timeline for the funding determination process.

1F-4. On what date did the CoC and Collaborative Applicant publicly post all parts of the FY 2015 CoC Consolidated Application that included the final project application ranking? (Written documentation of the public posting, with the date of the posting clearly visible, must be attached. In addition, evidence of communicating decisions to the CoC's full membership must be attached.)

11/18/2015

1F-5. Did the CoC use the reallocation process in the FY 2015 CoC Program Competition to reduce or reject projects for the creation of new projects? (If the CoC utilized the reallocation process, evidence of the public posting of the reallocation process must be attached.)

No

1F-5a. If the CoC rejected project application(s) on what date did the CoC and Collaborative Applicant notify those project applicants their project application was rejected in the local CoC competition process? (If project applications were rejected, a copy of the written notification to each project applicant must be attached.)

1F-6. Is the Annual Renewal Demand (ARD) in the CoC's FY 2015 CoC Priority Listing equal to or less than the ARD on the final HUD-approved FY 2015 GIW?

Yes

1G. Continuum of Care (CoC) Addressing Project Capacity

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

1G-1. Describe how the CoC monitors the performance of CoC Program recipients. (limit 1000 characters)

The CoC reviews the performance of the CoC Program recipients annually through a review of the APR and through performance reports generated through the HMIS. The CoC also reviews expenditures of awarded funds. The CoC tracks outcomes in length of time homeless, increased income, positive housing destination and housing stability twice a year for all ESG and CoC funded projects. Utilization rates, drawdown of funds, recapture of funds and participant eligibility are reviewed annually through the application process.

1G-2. Did the Collaborative Applicant review and confirm that all project applicants attached accurately completed and current dated form HUD 50070 and form HUD-2880 to the Project Applicant Profile in e-snaps? Yes

1G-3. Did the Collaborative Applicant include accurately completed and appropriately signed form HUD-2991(s) for all project applications submitted on the CoC Priority Listing? Yes

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2A-1. Does the CoC have a governance charter that outlines the roles and responsibilities of the CoC and the HMIS Lead, either within the charter itself or by reference to a separate document like an MOU? In all cases, the CoC's governance charter must be attached to receive credit. In addition, if applicable, any separate document, like an MOU, must also be attached to receive credit. Yes

2A-1a. Include the page number where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document referenced in 2A-1. In addition, in the textbox indicate if the page number applies to the CoC's attached governance charter or the attached MOU. HMIS Policy and Procedures, pages 4-17

2A-2. Does the CoC have a HMIS Policies and Procedures Manual? If yes, in order to receive credit the HMIS Policies and Procedures Manual must be attached to the CoC Application. Yes

2A-3. Are there agreements in place that outline roles and responsibilities between the HMIS Lead and the Contributing HMIS Organizations (CHOs)? Yes

2A-4. What is the name of the HMIS software used by the CoC (e.g., ABC Software)?
Applicant will enter the HMIS software name (e.g., ABC Software).

Service Point

2A-5. What is the name of the HMIS software vendor (e.g., ABC Systems)?
Applicant will enter the name of the vendor (e.g., ABC Systems).

Bowman Systems

2B. Homeless Management Information System (HMIS) Funding Sources

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2B-1. Select the HMIS implementation coverage area: Statewide

* 2B-2. In the charts below, enter the amount of funding from each funding source that contributes to the total HMIS budget for the CoC.

2B-2.1 Funding Type: Federal - HUD

Funding Source	Funding
CoC	\$0
ESG	\$0
CDBG	\$0
HOME	\$0
HOPWA	\$0
Federal - HUD - Total Amount	\$0

2B-2.2 Funding Type: Other Federal

Funding Source	Funding
Department of Education	\$0
Department of Health and Human Services	\$0
Department of Labor	\$0
Department of Agriculture	\$0
Department of Veterans Affairs	\$0
Other Federal	\$0
Other Federal - Total Amount	\$0

2B-2.3 Funding Type: State and Local

Funding Source	Funding
City	\$0
County	\$0
State	\$0
State and Local - Total Amount	\$0

2B-2.4 Funding Type: Private

Funding Source	Funding
Individual	\$0
Organization	\$147,496
Private - Total Amount	\$147,496

2B-2.5 Funding Type: Other

Funding Source	Funding
Participation Fees	\$0
Other - Total Amount	\$0

2B-2.6 Total Budget for Operating Year	\$147,496
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2C. Homeless Management Information System (HMIS) Bed Coverage

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2C-1. Enter the date the CoC submitted the 2015 HIC data in HDX, (mm/dd/yyyy): 04/20/2015

2C-2. Per the 2015 Housing Inventory Count (HIC) indicate the number of beds in the 2015 HIC and in HMIS for each project type within the CoC. If a particular housing type does not exist in the CoC then enter "0" for all cells in that housing type.

Project Type	Total Beds in 2015 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter beds	162	20	142	100.00%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	233	60	173	100.00%
Rapid Re-Housing (RRH) beds	0	0	0	
Permanent Supportive Housing (PSH) beds	103	0	103	100.00%
Other Permanent Housing (OPH) beds	173	0	0	0.00%

**2C-2a. If the bed coverage rate for any housing type is 85% or below, describe how the CoC plans to increase this percentage over the next 12 months.
(limit 1000 characters)**

NA

**2C-3. HUD understands that certain projects are either not required to or discouraged from participating in HMIS, and CoCs cannot require this if they are not funded through the CoC or ESG programs. This does NOT include domestic violence providers that are prohibited from entering client data in HMIS. If any of the project types listed in question 2C-2 above has a coverage rate of 85% or below, and some or all of these rates can be attributed to beds covered by one of the following programs types, please indicate that here by selecting all that apply from the list below.
(limit 1000 characters)**

VA Domiciliary (VA DOM):	<input type="checkbox"/>
VA Grant per diem (VA GPD):	<input type="checkbox"/>
Faith-Based projects/Rescue mission:	<input type="checkbox"/>
Youth focused projects:	<input type="checkbox"/>
HOPWA projects:	<input type="checkbox"/>
Not Applicable:	<input type="checkbox"/>

2C-4. How often does the CoC review or assess its HMIS bed coverage? Annually

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

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2D-1. Indicate the percentage of unduplicated client records with null or missing values and the percentage of "Client Doesn't Know" or "Client Refused" during the time period of October 1, 2013 through September 30, 2014.

Universal Data Element	Percentage Null or Missing	Percentage Client Doesn't Know or Refused
3.1 Name	0%	0%
3.2 Social Security Number	4%	4%
3.3 Date of birth	1%	0%
3.4 Race	3%	2%
3.5 Ethnicity	1%	1%
3.6 Gender	1%	0%
3.7 Veteran status	0%	0%
3.8 Disabling condition	1%	0%
3.9 Residence prior to project entry	0%	0%
3.10 Project Entry Date	0%	0%
3.11 Project Exit Date	0%	0%
3.12 Destination	7%	12%
3.15 Relationship to Head of Household	90%	0%
3.16 Client Location	12%	0%
3.17 Length of time on street, in an emergency shelter, or safe haven	66%	0%

2D-2. Identify which of the following reports your HMIS generates. Select all that apply:

CoC Annual Performance Report (APR):	<input checked="" type="checkbox"/>
ESG Consolidated Annual Performance and Evaluation Report (CAPER):	<input checked="" type="checkbox"/>
Annual Homeless Assessment Report (AHAR) table shells:	<input checked="" type="checkbox"/>

	<input type="checkbox"/>
None	<input type="checkbox"/>

2D-3. If you submitted the 2015 AHAR, how many AHAR tables (i.e., ES-ind, ES-family, etc) were accepted and used in the last AHAR? 12

2D-4. How frequently does the CoC review data quality in the HMIS? Monthly

2D-5. Select from the dropdown to indicate if standardized HMIS data quality reports are generated to review data quality at the CoC level, project level, or both? Both Project and CoC

2D-6. From the following list of federal partner programs, select the ones that are currently using the CoC's HMIS.

VA Supportive Services for Veteran Families (SSVF):	<input checked="" type="checkbox"/>
VA Grant and Per Diem (GPD):	<input checked="" type="checkbox"/>
Runaway and Homeless Youth (RHY):	<input checked="" type="checkbox"/>
Projects for Assistance in Transition from Homelessness (PATH):	<input type="checkbox"/>
	<input type="checkbox"/>
None:	<input type="checkbox"/>

**2D-6a. If any of the federal partner programs listed in 2D-6 are not currently entering data in the CoC's HMIS and intend to begin entering data in the next 12 months, indicate the federal partner program and the anticipated start date.
(limit 750 characters)**

PATH does not exist in the Ottawa CoC.

2E. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

The data collected during the PIT count is vital for both CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level so they can best plan for services and programs that will appropriately address local needs and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country, and to provide Congress and the Office of Management and Budget (OMB) with information regarding services provided, gaps in service, and performance. This information helps inform Congress' funding decisions, and it is vital that the data reported is accurate and of high quality.

2E-1. Did the CoC approve the final sheltered PIT count methodology for the 2015 sheltered PIT count? Yes

2E-2. Indicate the date of the most recent sheltered PIT count (mm/dd/yyyy): 01/28/2015

2E-2a. If the CoC conducted the sheltered PIT count outside of the last 10 days of January 2015, was an exception granted by HUD? Not Applicable

2E-3. Enter the date the CoC submitted the sheltered PIT count data in HDX, (mm/dd/yyyy): 04/20/2015

2F. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count: Methods

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2F-1. Indicate the method(s) used to count sheltered homeless persons during the 2015 PIT count:

Complete Census Count:	<input checked="" type="checkbox"/>
Random sample and extrapolation:	<input type="checkbox"/>
Non-random sample and extrapolation:	<input type="checkbox"/>
Surveyed Providers of Domestic Violence	<input checked="" type="checkbox"/>

2F-2. Indicate the methods used to gather and calculate subpopulation data for sheltered homeless persons:

HMIS:	<input checked="" type="checkbox"/>
HMIS plus extrapolation:	<input type="checkbox"/>
Interview of sheltered persons:	<input type="checkbox"/>
Sample of PIT interviews plus extrapolation:	<input type="checkbox"/>
Surveyed Providers of Domestic Violence	<input checked="" type="checkbox"/>

2F-3. Provide a brief description of your CoC's sheltered PIT count methodology and describe why your CoC selected its sheltered PIT count methodology. (limit 1000 characters)

The CoC is confident in the HMIS data quality of emergency shelter and transitional housing providers. To protect information of domestic violence victims a survey was utilized.

The CoC uses a standardized form that incorporates the required HMIS data elements. The CoC distributes the form to domestic violence shelter providers and request that the form be completed with non-identifying information. This information is then compiled with data collected through HMIS.

The HMIS System Administrator reminds the shelter, transitional housing programs and PSH providers within the HMIS implementation of the date of the Point in Time. The providers run data quality checks on their current participants. The System Administrator can then run an existing report which tracks point in time data. If any anomalies appear on the report, such as missing exit dates or UDE's, the local HMIS System Administrator communicates directly with the project managers and end users to make the corrections.

2F-4. Describe any change in methodology from your sheltered PIT count in 2014 to 2015, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to the implementation of your sheltered PIT count methodology (e.g., enhanced training and change in partners participating in the PIT count). (limit 1000 characters)

NA

2F-5. Did your CoC change its provider coverage in the 2015 sheltered count? No

2F-5a. If "Yes" in 2F-5, then describe the change in provider coverage in the 2015 sheltered count. (limit 750 characters)

2G. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count: Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2G-1. Indicate the methods used to ensure the quality of the data collected during the sheltered PIT count:

Training:	<input checked="" type="checkbox"/>
Provider follow-up:	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Non-HMIS de-duplication techniques:	<input type="checkbox"/>
	<input type="checkbox"/>

2G-2. Describe any change to the way your CoC implemented its sheltered PIT count from 2014 to 2015 that would change data quality, including changes to training volunteers and inclusion of any partner agencies in the sheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual sheltered PIT count methodology (e.g., change in sampling or extrapolation method). (limit 1000 characters)

NA

2H. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

The unsheltered PIT count assists communities and HUD to understand the characteristics and number of people with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground. CoCs are required to conduct an unsheltered PIT count every 2 years (biennially) during the last 10 days in January; however, CoCs are strongly encouraged to conduct the unsheltered PIT count annually, at the same time that it does the annual sheltered PIT count. The last official PIT count required by HUD was in January 2015.

2H-1. Did the CoC approve the final unsheltered PIT count methodology for the most recent unsheltered PIT count? Yes

2H-2. Indicate the date of the most recent unsheltered PIT count (mm/dd/yyyy): 01/28/2015

2H-2a. If the CoC conducted the unsheltered PIT count outside of the last 10 days of January 2015, was an exception granted by HUD? Not Applicable

2H-3. Enter the date the CoC submitted the unsheltered PIT count data in HDX (mm/dd/yyyy): 04/20/2015

2I. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count: Methods

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2I-1. Indicate the methods used to count unsheltered homeless persons during the 2015 PIT count:

Night of the count - complete census:	<input checked="" type="checkbox"/>
Night of the count - known locations:	<input type="checkbox"/>
Night of the count - random sample:	<input type="checkbox"/>
Service-based count:	<input checked="" type="checkbox"/>
HMIS:	<input type="checkbox"/>
	<input type="checkbox"/>

2I-2. Provide a brief description of your CoC's unsheltered PIT count methodology and describe why your CoC selected its unsheltered PIT count methodology. (limit 1000 characters)

The CoC chose the service based count along with a complete census count including known locations because these two methods provide the most accurate picture of the unsheltered count in the county. The inclusion of law enforcement as a partner in the PIT process has allowed the CoC to identify more unsheltered individuals and families. The CoC identifies agencies that potentially serve homeless persons who have not already sought shelter services. Case managers are trained to complete the standardized form for persons not living in shelter. The information is entered into HMIS where it is compared to already existing records and de-duplicated.

2I-3. Describe any change in methodology from your unsheltered PIT count in 2014 (or 2013 if an unsheltered count was not conducted in 2014) to 2015, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to implementation of your sheltered PIT count methodology (e.g., enhanced training and change in partners participating in the count). (limit 1000 characters)

NA

2I-4. Does your CoC plan on conducting an unsheltered PIT count in 2016? Yes

(If "Yes" is selected, HUD expects the CoC to conduct an unsheltered PIT count in 2016. See the FY 2015 CoC Program NOFA, Section VII.A.4.d. for full information.)

2J. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count: Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2J-1. Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2015 unsheltered population PIT count:

Training:	<input type="checkbox"/>
"Blitz" count:	<input type="checkbox"/>
Unique identifier:	<input type="checkbox"/>
Survey question:	<input type="checkbox"/>
Enumerator observation:	<input type="checkbox"/>
	<input type="checkbox"/>
None:	<input type="checkbox"/>

2J-2. Describe any change to the way the CoC implemented the unsheltered PIT count from 2014 (or 2013 if an unsheltered count was not conducted in 2014) to 2015 that would affect data quality. This includes changes to training volunteers and inclusion of any partner agencies in the unsheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual methodology (e.g., change in sampling or extrapolation method). (limit 1000 characters)

The CoC offered an on-line training to service-based case managers. The training incorporated the need for an accurate count, to gather all data elements, and safety.

3A. Continuum of Care (CoC) System Performance

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

3A-1. Performance Measure: Number of Persons Homeless - Point-in-Time Count.

* 3A-1a. Change in PIT Counts of Sheltered and Unsheltered Homeless Persons

Using the table below, indicate the number of persons who were homeless at a Point-in-Time (PIT) based on the 2014 and 2015 PIT counts as recorded in the Homelessness Data Exchange (HDX).

		2014 PIT (for unsheltered count, most recent year conducted)	2015 PIT	Difference
Universe: Total PIT Count of sheltered and unsheltered persons		387	285	-102
Emergency Shelter Total		177	137	-40
Safe Haven Total		0	0	0
Transitional Housing Total		202	142	-60
Total Sheltered Count		379	279	-100
Total Unsheltered Count		8	6	-2

3A-1b. Number of Sheltered Persons Homeless - HMIS.

Using HMIS data, CoCs must use the table below to indicate the number of homeless persons who were served in a sheltered environment between October 1, 2013 and September 30, 2014.

		Between October 1, 2013 and September 30, 2014
Universe: Unduplicated Total sheltered homeless persons		1,237
Emergency Shelter Total		1,010
Safe Haven Total		0
Transitional Housing Total		227

3A-2. Performance Measure: First Time Homeless.

Describe the CoC's efforts to reduce the number of individuals and families who become homeless for the first time. Specifically, describe what the CoC is doing to identify risk factors for becoming homeless for the first time.

(limit 1000 characters)

The CoC has implemented the use of the SPDAT which assesses the needs of the household and allows for more appropriate referrals eliminating over-serving. Data indicates there is a greater need for rapid re-housing and the CoC is prioritizing RRH when creating new projects, both CoC funded and locally funded. The CoC recognizes risk factors such as low income, eviction history and un/under-employment via member agencies providing basic services such as food and clothing. Households at risk are referred to employment services and other financial empowerment programs as well as the coordinated entry agency. Ottawa Housing Next is CoC-led countywide effort working to reduce the number of first time homeless by addressing the lack of affordable housing. Key to the success of the initiative is increasing collaboration and civic engagement at all levels of the community.

3A-3. Performance Measure: Length of Time Homeless.

Describe the CoC's efforts to reduce the length of time individuals and families remain homeless. Specifically, describe how your CoC has reduced the average length of time homeless, including how the CoC identifies and houses individuals and families with the longest lengths of time homeless.

(limit 1000 characters)

The CoC tracks length of stay through HMIS on a quarterly basis for ESG recipients and semi-annually CoC-wide. The CoC's development of a coordinated entry and the use of the SPDAT has helped the CoC to make appropriate housing referrals, potentially diverting people from emergency shelter. The CoC's commitment to increasing resources for rapid re-housing has resulted in reducing the length of time people remain homeless. All CoC funded providers have adopted Housing First and the PSH providers have adopted an order of priority for beds dedicated to chronically homeless persons as well as those not dedicated. The Dept.of Health and Human Services requires shelters to refer all clients to the coordinated entry provider within 48 hours. Through these strategies the CoC has reduced time to permanent housing from 36 days in 2013-2014 to 35 days in 2014-2015.

*** 3A-4. Performance Measure: Successful Permanent Housing Placement or Retention.**

In the next two questions, CoCs must indicate the success of its projects in placing persons from its projects into permanent housing.

3A-4a. Exits to Permanent Housing Destinations:

In the chart below, CoCs must indicate the number of persons in CoC funded supportive services only (SSO), transitional housing (TH), and rapid re-housing (RRH) project types who exited into permanent housing destinations between October 1, 2013 and September 30, 2014.

		Between October 1, 2013 and September 30, 2014
Universe: Persons in SSO, TH and PH-RRH who exited		24
Of the persons in the Universe above, how many of those exited to permanent destinations?		19
% Successful Exits		79.17%

3A-4b. Exit To or Retention Of Permanent Housing:

In the chart below, CoCs must indicate the number of persons who exited from any CoC funded permanent housing project, except rapid re-housing projects, to permanent housing destinations or retained their permanent housing between October 1, 2013 and September 31, 2014.

		Between October 1, 2013 and September 30, 2014
Universe: Persons in all PH projects except PH-RRH		75
Of the persons in the Universe above, indicate how many of those remained in applicable PH projects and how many of those exited to permanent destinations?		69
% Successful Retentions/Exits		92.00%

3A-5. Performance Measure: Returns to Homelessness:

Describe the CoC's efforts to reduce the rate of individuals and families who return to homelessness. Specifically, describe at least three strategies your CoC has implemented to identify and minimize returns to homelessness, and demonstrate the use of HMIS or a comparable database to monitor and record returns to homelessness.
(limit 1000 characters)

During the period, 10/01/2014- 9/30/2015, the recidivism rate for the CoC was 12% down from 24% during the 2013-2014 grant year.

1.The Ottawa CoC has established a coordinated entry which allows for persons at risk of returning to homelessness to seek additional support or be quickly be identified. Follow-ups with former participants are conducted at 3 to 12 month intervals.

2.The CoC has implemented the use of the Service Prioritization Decision Assistance Tool (SPDAT) to determine the vulnerability of persons in housing crisis. The SPDAT helps make the appropriate referral based on the needs of the household which promotes long term housing stability.

3.The victim service provider reduces the number of individuals who return to homelessness by providing intensive case management that includes exploring housing options, safety planning, and strengthening social supports. Referrals to vocational services and other resources are provided.

3A-6. Performance Measure: Job and Income Growth.

**Describe specific strategies implemented by CoC Program-funded projects to increase the rate by which homeless individuals and families increase income from employment and non-employment sources (include at least one specific strategy for employment income and one for non-employment related income, and name the organization responsible for carrying out each strategy).
(limit 1000 characters)**

The percentage of project participants exiting with income from employment 2014-2015 was 42% up from 27% in 2013-2014; 39% had income from unearned sources. Community Mental Health uses SSI/SSDI Outreach, Access and Recovery Program (SOAR), to increase income from sources other than employment for program participants. The CoC ensures case managers are informed of training opportunities which are offered in Michigan exclusively online. The CoC works closely with Michigan Works! the state employment agency. All CoC program funded projects refer clients to Michigan Works! who assists in resume building and employment search. The Center for Women in Transition connects survivors to vocational services and assists with job applications, resumes, applying for benefits, and transportation and to job training programming offered by Michigan Works!.

**3A-6a. Describe how the CoC is working with mainstream employment organizations to aid homeless individuals and families in increasing their income.
(limit 1000 characters)**

The CoC has a strong relationship with the primary employment organization, Michigan Works!, and with Michigan Rehabilitation Services. All (100%) CoC funded organizations regularly refer project participants to one or both of these organizations throughout length of stay. Increasing income is an important goal in CoC funded programs. Project participants are encouraged to create a strength-based plan to increase income. Community Mental Health (CMH) provides employment services to consumers if they are interested in obtaining employment. The CMH Clubhouse program works with local companies to set up Transitional Employment sites where participants can work and gain the skills necessary to obtain employment. The Center for Women in Transition receives job notifications from temp agencies as well as hiring information from several local companies. This information is posted in common areas in the shelter and program offices as well as being dispersed to clients throughout the programs.

3A-7. Performance Measure: Thoroughness of Outreach.

How does the CoC ensure that all people living unsheltered in the CoC's geographic area are known to and engaged by providers and outreach teams?

(limit 1000 characters)

The CoC, through the coordinated entry agency has increased its outreach efforts to allow for routine visits to known tent cities. Other efforts include regular visits to the area's main soup kitchen program, which is frequented by many homeless persons. One half to two-thirds of the county is sparsely populated, so outreach to rural areas is a significant challenge. Connecting with unsheltered homeless persons in these areas can happen through outreach to service providers and churches that are aware of coordinated entry. Outreach services are available in the county for youth. The initial focus is on safety, then building a basis for a longer-term relationship and providing harm reduction materials, answering questions, offering strategies for safety, addressing concerns expressed by the youth, and offering details on accessing services.

3A-7a. Did the CoC exclude geographic areas from the 2015 unsheltered PIT count where the CoC determined that there were no unsheltered homeless people, including areas that are uninhabitable (e.g., deserts)?

No

3A-7b. What was the the criteria and decision-making process the CoC used to identify and exclude specific geographic areas from the CoC's unsheltered PIT count?

(limit 1000 characters)

NA

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

Objective 1: Ending Chronic Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

Opening Doors, Federal Strategic Plan to Prevent and End Homelessness (as amended in 2015) establishes the national goal of ending chronic homelessness. Although the original goal was to end chronic homelessness by the end of 2015, that goal timeline has been extended to 2017. HUD is hopeful that communities that are participating in the Zero: 2016 technical assistance initiative will continue to be able to reach the goal by the end of 2016. The questions in this section focus on the strategies and resources available within a community to help meet this goal.

3B-1.1. Compare the total number of chronically homeless persons, which includes persons in families, in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT Count of sheltered and unsheltered chronically homeless persons	7	16	9
Sheltered Count of chronically homeless persons	5	15	10
Unsheltered Count of chronically homeless persons	2	1	-1

**3B-1.1a. Using the "Differences" calculated in question 3B-1.1 above, explain the reason(s) for any increase, decrease, or no change in the overall TOTAL number of chronically homeless persons in the CoC, as well as the change in the unsheltered count, as reported in the PIT count in 2015 compared to 2014. To possibly receive full credit, both the overall total and unsheltered changes must be addressed.
(limit 1000 characters)**

The Ottawa CoC has more accurately identified chronically homeless individuals and families and thus the number has increased over the course of the last year. Recognizing this increase the CoC has begun to systematically increase the number of beds dedicated to the chronically homeless population.

3B-1.2. From the FY 2013/FY 2014 CoC Application: Describe the CoC's two year plan (2014-2015) to increase the number of permanent supportive housing beds available for chronically homeless persons and to meet the proposed numeric goals as indicated in the table above. Response should address the specific strategies and actions the CoC will take to achieve the goal of ending chronic homelessness by the end of 2015. (read only)

The CoC currently has 105 beds in CoC funded projects dedicated to permanent supportive housing and 4 beds are designated for chronically homeless persons. In the next two years, the main PSH provider will convert four beds - two each year - from beds for homeless and disabled, to beds designated for chronically homeless persons. In order for this to effectively decrease the number of chronically homeless persons in the county, the CoC will need to track, through HMIS reports, the number of persons who fit the criteria for chronically homeless and to ensure that appropriate referrals are made to existing PSH programs. In preparation for the 2014 prioritization and project application process, the CoC intends to create an AdHoc committee to explore the possibility of reallocating dollars to a permanent supportive housing program outside of the current provider.

3B-1.2a. Of the strategies listed in the FY 2013/FY 2014 CoC Application represented in 3B-1.2, which of these strategies and actions were accomplished? (limit 1000 characters)

1. The CoC converted two beds from non-dedicated beds to dedicated chronically homeless beds on July 1, 2014.
2. The CoC increased available beds on July 1, 2015 for 5 chronically homeless individuals by reallocating CoC program funds to permanent supportive housing.

3B-1.3. Compare the total number of PSH beds (CoC Program and non-CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2015 Housing Inventory Count, as compared to those identified on the 2014 Housing Inventory Count.

	2014	2015	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC.	6	6	0

**3B-1.3a. Explain the reason(s) for any increase, decrease or no change in the total number of PSH beds (CoC Program and non CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2015 Housing Inventory Count compared to those identified on the 2014 Housing Inventory Count.
(limit 1000 characters)**

The number of beds dedicated to chronically homeless persons and families was inaccurately reported on the HIC. Currently, the total number of dedicated beds in the CoC is 12.

3B-1.4. Did the CoC adopt the orders of priority in all CoC Program-funded PSH as described in Notice CPD-14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status ?

Yes

3B-1.4a. If “Yes”, attach the CoC’s written standards that were updated to incorporate the order of priority in Notice CPD-14-012 and indicate the page(s) that contain the CoC’s update.

Attached

3B-1.5. CoC Program funded Permanent Supportive Housing Project Beds prioritized for serving people experiencing chronic homelessness in FY2015 operating year.

Percentage of CoC Program funded PSH beds prioritized for chronic homelessness	FY2015 Project Application
Based on all of the renewal project applications for PSH, enter the estimated number of CoC-funded PSH beds in projects being renewed in the FY 2015 CoC Program Competition that are not designated as dedicated beds for persons experiencing chronic homelessness.	64
Based on all of the renewal project applications for PSH, enter the estimated number of CoC-funded PSH beds in projects being renewed in the FY 2015 CoC Program Competition that are not designated as dedicated beds for persons experiencing chronic homelessness that will be made available through turnover in the FY 2015 operating year.	12
Based on all of the renewal project applications for PSH, enter the estimated number of PSH beds made available through turnover that will be prioritized beds for persons experiencing chronic homelessness in the FY 2015 operating year.	2

This field estimates the percentage of turnover beds that will be prioritized beds for persons experiencing chronic homelessness in the FY 2015 operating year.

16.67%

3B-1.6. Is the CoC on track to meet the goal of ending chronic homelessness by 2017? Yes

This question will not be scored.

3B-1.6a. If “Yes,” what are the strategies implemented by the CoC to maximize current resources to meet this goal? If “No,” what resources or technical assistance will be implemented by the CoC to reach the goal of ending chronically homeless by 2017? (limit 1000 characters)

- 1.The CoC will dedicate as many beds as able through turnover to chronically homeless individuals and families.
2. In order for this to effectively decrease the number of chronically homeless persons in the county, the CoC will need to track, through HMIS reports, the number of persons who fit the criteria for chronically homeless and to ensure that appropriate referrals are made to existing PSH programs.

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

Objective 2: Ending Homelessness Among Households with Children and Ending Youth Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

Opening Doors outlines the goal of ending family (Households with Children) and youth homelessness by 2020. The following questions focus on the various strategies that will aid communities in meeting this goal.

3B-2.1. What factors will the CoC use to prioritize households with children during the FY2015 Operating year? (Check all that apply).

Vulnerability to victimization:	<input checked="" type="checkbox"/>
Number of previous homeless episodes:	<input checked="" type="checkbox"/>
Unsheltered homelessness:	<input checked="" type="checkbox"/>
Criminal History:	<input checked="" type="checkbox"/>
Bad credit or rental history (including not having been a leaseholder):	<input checked="" type="checkbox"/>
Head of household has mental/physical disabilities:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

**3B-2.2. Describe the CoC's plan to rapidly rehouse every family that becomes homeless within 30 days of becoming homeless on the street or entering shelter.
(limit 1000 characters)**

The Department of Health and Human Services (DHHS) is a member of the CoC primary decision-making body. DHHS pays for shelter night stays and requires that people entering shelter be referred to the coordinated entry agency within 48 hours. The coordinated entry agency uses the SPDAT index to identify the appropriate referrals for families experiencing homelessness. By making referrals based on need, the likelihood for successful rapid rehousing and long term housing stability increases. The CoC has increased the funding available through ESG and the CoC program for rapid re-housing. The CoC will be reallocating TH funding to RRH this year. All CoC and ESG funded programs operate with a Housing First approach. The victim service provider uses intensive case management to connect survivors of domestic violence with housing needs to local housing providers.

3B-2.3. Compare the number of RRH units available to serve families from the 2014 and 2015 HIC.

	2014	2015	Difference
RRH units available to serve families in the HIC:	0	0	0

3B-2.4. How does the CoC ensure that emergency shelters, transitional housing, and permanent housing (PSH and RRH) providers within the CoC do not deny admission to or separate any family members from other members of their family based on age, sex, or gender when entering shelter or housing? (check all strategies that apply)

CoC policies and procedures prohibit involuntary family separation:	<input type="checkbox"/>
There is a method for clients to alert CoC when involuntarily separated:	<input type="checkbox"/>
CoC holds trainings on preventing involuntary family separation, at least once a year:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
None:	<input type="checkbox"/>

3B-2.5. Compare the total number of homeless households with children in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).

PIT Count of Homelessness Among Households With Children

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT Count of sheltered and unsheltered homeless households with children:	73	43	-30
Sheltered Count of homeless households with children:	73	43	-30
Unsheltered Count of homeless households with children:	0	0	0

3B-2.5a. Explain the reason(s) for any increase, decrease or no change in the total number of homeless households with children in the CoC as reported in the 2015 PIT count compared to the 2014 PIT count. (limit 1000 characters)

The number of homeless households with children has decreased since 2014 due to the increase of rapid re-housing funds as well as the homeless preference Housing Choice Vouchers.

3B-2.6. Does the CoC have strategies to address the unique needs of unaccompanied homeless youth (under age 18, and ages 18-24), including the following:

Human trafficking and other forms of exploitation?	Yes
LGBTQ 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
Unaccompanied minors/youth below the age of 18?	Yes

3B-2.6a. Select all strategies that the CoC uses to address homeless youth trafficking and other forms of exploitation.

Diversion from institutions and decriminalization of youth actions that stem from being trafficked:	<input type="checkbox"/>
Increase housing and service options for youth fleeing or attempting to flee trafficking:	<input checked="" type="checkbox"/>
Specific sampling methodology for enumerating and characterizing local youth trafficking:	<input type="checkbox"/>

Cross systems strategies to quickly identify and prevent occurrences of youth trafficking:	<input type="checkbox"/>
Community awareness training concerning youth trafficking:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

3B-2.7. What factors will the CoC use to prioritize unaccompanied youth (under age 18, and ages 18-24) for housing and services during the FY2015 operating year? (Check all that apply)

Vulnerability to victimization:	<input checked="" type="checkbox"/>
Length of time homeless:	<input checked="" type="checkbox"/>
Unsheltered homelessness:	<input checked="" type="checkbox"/>
Lack of access to family and community support networks:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

3B-2.8. Using HMIS, compare all unaccompanied youth (under age 18, and ages 18-24) served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2013 (October 1, 2012 - September 30, 2013) and FY 2014 (October 1, 2013 - September 30, 2014).

	FY 2013 (October 1, 2012 - September 30, 2013)	FY 2014 (October 1, 2013 - September 30, 2014)	Difference
Total number of unaccompanied youth served in HMIS contributing programs who were in an unsheltered situation prior to entry:	23	29	6

**3B-2.8a. If the number of unaccompanied youth and children, and youth-headed households with children served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2014 is lower than FY 2013, explain why.
(limit 1000 characters)**

The CoC has limited resources dedicated to homeless youth. The two member agencies that address the needs of homeless youth are limited in meeting the increased need.

3B-2.9. Compare funding for youth homelessness in the CoC's geographic area in CY 2015 to projected funding for CY 2016.

	Calendar Year 2015	Calendar Year 2016	Difference
Overall funding for youth homelessness dedicated projects (CoC Program and non-CoC Program funded):	\$246,998.00	\$243,039.00	(\$3,959.00)
CoC Program funding for youth homelessness dedicated projects:	\$0.00	\$0.00	\$0.00
Non-CoC funding for youth homelessness dedicated projects (e.g. RHY or other Federal, State and Local funding):	\$246,998.00	\$243,039.00	(\$3,959.00)

3B-2.10. To what extent have youth housing and service providers and/or State or Local educational representatives, and CoC representatives participated in each other's meetings over the past 12 months?

Cross-Participation in Meetings	# Times
CoC meetings or planning events attended by LEA or SEA representatives:	1
LEA or SEA meetings or planning events (e.g. those about child welfare, juvenile justice or out of school time) attended by CoC representatives:	3
CoC meetings or planning events attended by youth housing and service providers (e.g. RHY providers):	2

**3B-2.10a. Given the responses in 3B-2.10, describe in detail how the CoC collaborates with the McKinney-Vento local education liaisons and State educational coordinators.
(limit 1000 characters)**

The McKinney Vento grant coordinator began attending CoC meetings in November 2015 and provides regular reports on the numbers of homeless youth to the CoC. The homeless liaisons attend local planning group meetings to share information and provide assistance. The McKinney Vento local education liaisons contribute to the annual Point in Time count. The CoC member agencies regularly communicate with local liaisons to inform them of community homeless services and in turn the liaisons share the resources available to homeless children.

3B-2.11. How does the CoC make sure that homeless participants are informed of their eligibility for and receive access to educational services? Include the policies and procedures that homeless service providers (CoC and ESG Programs) are required to follow. In addition, include how the CoC, together with its youth and educational partners (e.g. RHY, schools, juvenile justice and children welfare agencies), identifies participants who are eligible for CoC or ESG programs. (limit 2000 characters)

All ESG and CoC-funded projects prioritize meetings needs of the entire family which includes connecting children to available educational resources. Children are required to attend school if they are participating in residential programs and the Ottawa Area Independent School District is a key partner in meeting the needs of school age children. Strategies include using the Person Centered Planning Process to ensure they are being connected to the education system. As part of the initial assessment for both TH and PH programs, case managers review educational history and assess current needs based on family demographics. Case managers collaborate with the appropriate local liaison to ensure children are enrolled in school, accessing eligible services, and informed of their educational rights. Case manager ensure households with children are introduced to their Homeless Liaisons in order to receive help with transportation to/from school and assist with connecting students to additional resources. The SPDAT also gathers information about child education history which identifies needs.

CoC member agencies participate in the Multi-Agency Task Force (MAT) designed to assist families in Grand Haven Area Public Schools with resources. The meeting is run by the director of Special Education and the Homeless Liaison for Grand Haven Public Schools. The team includes representatives of law enforcement, Juvenile Court, DHHS, Bethany Christian Services, TCM Counseling, The Salvation Army, Big Brothers/Big Sisters, CWIT, Truancy officers, CMH, and others. During this meeting, principals / teachers / social workers bring cases before the MAT team and discuss concerns and struggles that the children and/or the family may be having. The team then brainstorms and makes referrals for the teacher to take back to the parents.

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

Objective 3: Ending Veterans Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

Opening Doors outlines the goal of ending Veteran homelessness by the end of 2015. The following questions focus on the various strategies that will aid communities in meeting this goal.

3B-3.1. Compare the total number of homeless Veterans in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT count of sheltered and unsheltered homeless veterans:	10	5	-5
Sheltered count of homeless veterans:	10	4	-6
Unsheltered count of homeless veterans:	0	1	1

3B-3.1a. Explain the reason(s) for any increase, decrease or no change in the total number of homeless veterans in the CoC as reported in the 2015 PIT count compared to the 2014 PIT count. (limit 1000 characters)

Decreases in the number of homeless veterans reflect the success of the coordinated entry agency tasked with identifying the most in need. There are increased resources for veterans as well as added visibility regarding their needs.

3B-3.2. How is the CoC ensuring that Veterans that are eligible for VA services are identified, assessed and referred to appropriate resources, i.e. HUD-VASH and SSVF? (limit 1000 characters)

All CoC –funded member agencies as well as other housing service providers and programs gather the HUD universal data elements which identifies veterans at intake. Trained Call-211 intake workers request veteran status and make referrals based on housing needs to veteran specific resources. The SSVF provider is an active member of the CoC and other housing service providers refer veterans to those services. The VA Trust Fund has representatives in the county and the VA services officers have office hours. Representatives are available to CoC member agencies interested in learning more about available services. The vulnerability index is used at intake to identify appropriate resources and services.

3B-3.3. For Veterans who are not eligible for homeless assistance through the U.S Department of Veterans Affairs Programs, how is the CoC prioritizing CoC Program-funded resources to serve this population? (limit 1000 characters)

Veterans who meet eligibility guidelines for CoC program funded projects are prioritized based on the Service Prioritization Decision Assessment Tool which identifies the appropriate referral for persons in housing crisis.

3B-3.4. Compare the total number of homeless Veterans in the CoC AND the total number of unsheltered homeless Veterans in the CoC, as reported by the CoC for the 2015 PIT Count compared to the 2010 PIT Count (or 2009 if an unsheltered count was not conducted in 2010).

	2010 (or 2009 if an unsheltered count was not conducted in 2010)	2015	% Difference
Total PIT count of sheltered and unsheltered homeless veterans:	9	5	-44.44%
Unsheltered count of homeless veterans:	0	1	0.00%

3B-3.5. Indicate from the dropdown whether you are on target to end Veteran homelessness by the end of 2015.

No

This question will not be scored.

3B-3.5a. If “Yes,” what are the strategies being used to maximize your current resources to meet this goal? If “No,” what resources or technical assistance would help you reach the goal of ending Veteran homelessness by the end of 2015? (limit 1000 characters)

The CoC will effectively use the HMIS system to identify veterans and to ensure they are referred to the appropriate resources. It would be helpful to learn of best practices when collaborating with veteran service providers. More education about services will allow the CoC to maximize current resources to meet the needs of the veteran population.

4A. Accessing Mainstream Benefits

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

4A-1. Does the CoC systematically provide information to provider staff about mainstream benefits, including up-to-date resources on eligibility and mainstream program changes that can affect homeless clients? Yes

4A-2. Based on the CoC's FY 2015 new and renewal project applications, what percentage of projects have demonstrated that the project is assisting project participants to obtain mainstream benefits, which includes all of the following within each project: transportation assistance, use of a single application, annual follow-ups with participants, and SOAR-trained staff technical assistance to obtain SSI/SSDI?

FY 2015 Assistance with Mainstream Benefits

Total number of project applications in the FY 2015 competition (new and renewal):	10
Total number of renewal and new project applications that demonstrate assistance to project participants to obtain mainstream benefits (i.e. In a Renewal Project Application, "Yes" is selected for Questions 3a, 3b, 3c, 4, and 4a on Screen 4A. In a New Project Application, "Yes" is selected for Questions 5a, 5b, 5c, 6, and 6a on Screen 4A).	6
Percentage of renewal and new project applications in the FY 2015 competition that have demonstrated assistance to project participants to obtain mainstream benefits:	60%

4A-3. List the healthcare organizations you are collaborating with to facilitate health insurance enrollment (e.g. Medicaid, Affordable Care Act options) for program participants. For each healthcare partner, detail the specific outcomes resulting from the partnership in the establishment of benefits for program participants. (limit 1000 characters)

Michigan is a Medicaid expansion state and enrollment has increased 21% since it's implementation. The organizations with whom the CoC collaborates to increase Medicaid enrollment include the Department of Health and Human Services, Intercare Community Health Network, Community Mental Health of Ottawa County, and Navigation partners such as the City of Grand Haven and Community Action House. The partnership with the Department of Health and Human Services has resulted in an increase in enrollees to the Medicaid program.

4A-4. What are the primary ways that the CoC ensures that program participants with health insurance are able to effectively utilize the healthcare benefits available?

Educational materials:	<input checked="checked" type="checkbox"/>
In-Person Trainings:	<input checked="checked" type="checkbox"/>
Transportation to medical appointments:	<input checked="checked" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
Not Applicable or None:	<input type="checkbox"/>

4B. Additional Policies

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

4B-1. Based on the CoC's FY 2015 new and renewal project applications, what percentage of Permanent Housing (PSH and RRH), Transitional Housing (TH) and SSO (non-Coordinated Entry) projects in the CoC are low barrier? Meaning that they do not screen out potential participants based on those clients possessing a) too little or little income, b) active or history of substance use, c) criminal record, with exceptions for state-mandated restrictions, and d) history of domestic violence.

FY 2015 Low Barrier Designation

Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO project applications in the FY 2015 competition (new and renewal):	10
Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2015 competition:	10
Percentage of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications in the FY 2015 competition that will be designated as "low barrier":	100%

4B-2. What percentage of CoC Program-funded Permanent Supportive Housing (PSH), RRH, SSO (non-Coordinated Entry) and Transitional Housing (TH) FY 2015 Projects have adopted a Housing First approach, meaning that the project quickly houses clients without preconditions or service participation requirements?

FY 2015 Projects Housing First Designation

Total number of PSH, RRH, non-Coordinated Entry SSO, and TH project applications in the FY 2015 competition (new and renewal):	11
Total number of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications that selected Housing First in the FY 2015 competition:	11
Percentage of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications in the FY 2015 competition that will be designated as Housing First:	100%

4B-3. What has the CoC done to ensure awareness of and access to housing and supportive services within the CoC's geographic area to persons that could benefit from CoC-funded programs but are not currently participating in a CoC funded program? In particular, how does the CoC reach out to for persons that are least likely to request housing or services in the absence of special outreach?

Direct outreach and marketing:	<input checked="checked" type="checkbox"/>
Use of phone or internet-based services like 211:	<input checked="checked" type="checkbox"/>
Marketing in languages commonly spoken in the community:	<input checked="checked" type="checkbox"/>
Making physical and virtual locations accessible to those with disabilities:	<input checked="checked" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
Not applicable:	<input type="checkbox"/>

4B-4. Compare the number of RRH units available to serve any population from the 2014 and 2015 HIC.

		2014	2015	Difference
RRH units available to serve any population in the HIC:		0	0	0

4B-5. Are any new proposed project applications requesting \$200,000 or more in funding for housing rehabilitation or new construction? No

**4B-6. If "Yes" in Questions 4B-5, then describe the activities that the project(s) will undertake to ensure that employment, training and other economic opportunities are directed to low or very low income persons to comply with section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u) (Section 3) and HUD's implementing rules at 24 CFR part 135?
(limit 1000 characters)**

4B-7. Is the CoC requesting to designate one or more of its SSO or TH projects to serve families with children and youth defined as homeless under other Federal statutes? No

4B-7a. If "Yes" in Question 4B-7, describe how the use of grant funds to serve such persons is of equal or greater priority than serving persons defined as homeless in accordance with 24 CFR 578.89. Description must include whether or not this is listed as a priority in the Consolidated Plan(s) and its CoC strategic plan goals. CoCs must attach the list of projects that would be serving this population (up to 10 percent of CoC total award) and the applicable portions of the Consolidated Plan. (limit 2500 characters)

4B-8. Has the project been affected by a major disaster, as declared by President Obama under Title IV of the Robert T. Stafford Act in the 12 months prior to the opening of the FY 2015 CoC Program Competition? No

4B-8a. If "Yes" in Question 4B-8, describe the impact of the natural disaster on specific projects in the CoC and how this affected the CoC's ability to address homelessness and provide the necessary reporting to HUD. (limit 1500 characters)

4B-9. Did the CoC or any of its CoC program recipients/subrecipients request technical assistance from HUD in the past two years (since the submission of the FY 2012 application)? This response does not affect the scoring of this application. No

4B-9a. If "Yes" to Question 4B-9, check the box(es) for which technical assistance was requested.

This response does not affect the scoring of this application.

CoC Governance:	<input type="text"/>
CoC Systems Performance Measurement:	<input type="text"/>
Coordinated Entry:	<input type="text"/>
Data reporting and data analysis:	<input type="text"/>
HMIS:	<input type="text"/>
Homeless subpopulations targeted by Opening Doors: veterans, chronic, children and families, and unaccompanied youth:	<input type="text"/>
Maximizing the use of mainstream resources:	<input type="text"/>
Retooling transitional housing:	<input type="text"/>
Rapid re-housing:	<input type="text"/>
Under-performing program recipient, subrecipient or project:	<input type="text"/>
	<input type="text"/>
Not applicable:	<input type="text"/>

4B-9b. If TA was received, indicate the type(s) of TA received, using the categories listed in 4B-9a, the month and year it was received and then indicate the value of the TA to the CoC/recipient/subrecipient involved given the local conditions at the time, with 5 being the highest value and a 1 indicating no value.

This response does not affect the scoring of this application.

Type of Technical Assistance Received	Date Received	Rate the Value of the Technical Assistance

4C. Attachments

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

For required attachments related to rejected projects, if the CoC did not reject any projects then attach a document that says "Does Not Apply".

Document Type	Required?	Document Description	Date Attached
01. 2015 CoC Consolidated Application: Evidence of the CoC's Communication to Rejected Projects	Yes		
02. 2015 CoC Consolidated Application: Public Posting Evidence	Yes		
03. CoC Rating and Review Procedure	Yes	MI.519 Rating and...	11/09/2015
04. CoC's Rating and Review Procedure: Public Posting Evidence	Yes	MI-519.Public Pos...	11/12/2015
05. CoCs Process for Reallocating	Yes	Reallocation Process	11/18/2015
06. CoC's Governance Charter	Yes	MI-519.Governance...	11/09/2015
07. HMIS Policy and Procedures Manual	Yes	MI-519.HMIS Polic...	11/09/2015
08. Applicable Sections of Con Plan to Serving Persons Defined as Homeless Under Other Fed Statutes	No		
09. PHA Administration Plan (Applicable Section(s) Only)	Yes	Homeless Preference	11/11/2015
10. CoC-HMIS MOU (if referenced in the CoC's Governance Charter)	No		
11. CoC Written Standards for Order of Priority	No	MI-519.CH Priority	11/12/2015
12. Project List to Serve Persons Defined as Homeless under Other Federal Statutes	No		
13. Other	No		
14. Other	No		
15. Other	No		

Attachment Details

Document Description:

Attachment Details

Document Description: MI519 Public Posting

Attachment Details

Document Description: MI.519 Rating and Review

Attachment Details

Document Description: MI-519.Public Posting Rating and Review

Attachment Details

Document Description: Reallocation Process

Attachment Details

Document Description: MI-519.Governance Charter

Attachment Details

Document Description: MI-519.HMIS Policy and Procedures

Attachment Details

Document Description:

Attachment Details

Document Description: Homeless Preference

Attachment Details

Document Description:

Attachment Details

Document Description: MI-519.CH Priority

Attachment Details

Document Description:

Attachment Details

Document Description: Certificate of Consistency

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

Page	Last Updated
1A. Identification	11/13/2015
1B. CoC Engagement	11/18/2015
1C. Coordination	11/17/2015
1D. CoC Discharge Planning	11/17/2015
1E. Coordinated Assessment	11/18/2015
1F. Project Review	11/17/2015
1G. Addressing Project Capacity	11/17/2015
2A. HMIS Implementation	11/13/2015
2B. HMIS Funding Sources	11/17/2015
2C. HMIS Beds	11/17/2015
2D. HMIS Data Quality	11/18/2015
2E. Sheltered PIT	11/17/2015
2F. Sheltered Data - Methods	11/18/2015
2G. Sheltered Data - Quality	11/13/2015
2H. Unsheltered PIT	11/17/2015
2I. Unsheltered Data - Methods	11/13/2015
2J. Unsheltered Data - Quality	11/13/2015
3A. System Performance	11/18/2015
3B. Objective 1	11/17/2015
3B. Objective 2	11/18/2015
3B. Objective 3	11/18/2015
4A. Benefits	11/18/2015
4B. Additional Policies	11/18/2015
4C. Attachments	Please Complete
Submission Summary	No Input Required

Greetings!

On Friday, September 18, the HUD Continuum of Care NOFA was released (see attached). The Lakeshore Housing Alliance, as the Continuum of Care of Ottawa County, is responsible for ensuring the transparency and fairness in the allocation of the HUD funds.

Ottawa County will be:

- **renewing grants totaling \$861,319,**
- **reallocating \$117,388** Transitional Housing funds to a Rapid Re-Housing project for victims of domestic violence and
- accepting applications for new Permanent Housing Projects serving Chronically Homeless individuals and/or Rapid Re-Housing Projects. These projects should follow Housing First (see NOFA for more information about Housing First). **The total amount available for these projects is \$146,806.**

Any LHA member agency is eligible to apply for the reallocated funds or the new funds. All agencies applying for renewal funds or applying for the new Rapid Re-Housing Project must submit a **Letter of Intent**.

Each Letter of Intent will be scored on the following criteria. Please include these criteria in your letter. Please see attached NOFA for other eligibility criteria:

- | | |
|---|-----------|
| 1. Active participation in CoC or Sub-committees: | 5 points |
| 2. Experience in providing service proposed: | 10 points |
| 3. HMIS Participation (or equivalent): | 5 point |
| 4. Proposed Outcomes: | 10 points |
| 5. Past outcomes (if applicable): | 10 points |

Letters of Intent should be submitted to Amanda Telgenhof
(atelgenhof@ottawaunitedway.org) no later than October 2, 2015 at 12:00 PM.
See attached *Timeline* for other pertinent dates.

Lyn Raymond

From: Amanda Telgenhof
Sent: Wednesday, October 14, 2015 10:40 AM
To: Lyn Raymond
Subject: FW: Attention AAC: HUD CoC Program 2015 Letters of Intent & Webinar Reminder
Attachments: FY 2015 CMH CoC Letter of Intent 10.1.15.pdf; FY 2015 CWIT Center RRH Letter of Intent 9.30.15.pdf; FY 2015 GSM CoC Letter of Intent 10.2.15.pdf; Timeline.docx

From: Amanda Telgenhof
Sent: Monday, October 05, 2015 9:13 AM
To: Albert Doorn (CMH); Andrea Thomas (VOA); Anna Bednarek (CMH); Beth Larsen (GHACF); Bill Raymond (CAA); Carol Charron (Supportive Housing Participant); Char Seise (City of GH); Charisse Mitchell (CWIT); Christen Korstange (DHHS); Faith Caldwell (SPOKE); Jennifer Boerman (CAH); Jody Immink (GSM); Joel Dye (City of Holland); Julie Crossen (Arbor Circle); Karen Reenders (People Center); Kendra Spanjer (DHHS); Linda Bazan (HRM); Linda Jacobs (GSM); Liz Delaluz; Liz Keegan (FHCWM); LoriJo Schepers (Barnabas); Lyn Raymond; Melanie Weaver (Salvation Army - Holland); Melody Palmer (TBoH); Michelle Bechler (Barnabas); Nancy Haynes (FHCWM); Nicole Shosten (CWIT); Patrick Cisler (SPOKE / LNA); Paula Huyser (CAA); Sally Davis (Salvation Army - GH); Sandy Burky (Community Housing Advocates); Scott Klingenberg (HRM); Stacey Gomez (Call 211); Stacy Pacanowski (HHI); Stephanie Oles (MSHDA); Sue Harder (City of Holland); Tim Beimers (Salvation Army - Regional)
Subject: Attention AAC: HUD CoC Program 2015 Letters of Intent & Webinar Reminder

Good morning!

In preparation for the Allocation and Accountability Committee (AAC) meeting on Wednesday, October 7th at 2:00pm, please review the attached Letters of Intent from the applicant agencies.

Please note that all LHA member agencies not applying for the HUD FY 2015 CoC Program are counted as AAC members and are invited to attend an informational webinar this afternoon at 3:00pm, led by Lyn Raymond. Please see the attached Timeline for instructions.

Please contact me if you have any questions or concerns.

Thank you!

Amanda Telgenhof
Community Impact Coordinator

Greater Ottawa County United Way
P.O.Box 1349
Holland, MI 49422
Ph: (616) 396-7811 x212
Fax: (616) 396-5140
www.ottawaunitedway.org

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Lyn Raymond

From: Amanda Telgenhof
Sent: Wednesday, October 14, 2015 10:39 AM
To: Lyn Raymond
Subject: FW: REMINDER: HUD Informational Webinar and Allocation and Accountability Committee Meeting
Attachments: Timeline.docx; Prioritization Worksheet.2015.xlsx

From: Amanda Telgenhof
Sent: Wednesday, September 30, 2015 3:23 PM
To: Albert Doorn (CMH); Andrea Thomas (VOA); Anna Bednarek (CMH); Beth Larsen (GHACF); Bill Raymond (CAA); Carol Charron (Supportive Housing Participant); Char Seise (City of GH); Charisse Mitchell (CWIT); Christen Korstange (DHHS); Faith Caldwell (SPOKE); Jennifer Boerman (CAH); Jody Immink (GSM); Joel Dye (City of Holland); Julie Crossen (Arbor Circle); Karen Reenders (People Center); Kendra Spanjer (DHHS); Linda Bazan (HRM); Linda Jacobs (GSM); Liz Delaluz; Liz Keegan (FHCWM); LoriJo Schepers (Barnabas); Lyn Raymond; Melanie Weaver (Salvation Army - Holland); Melody Palmer (TBoH); Michelle Bechler (Barnabas); Nancy Haynes (FHCWM); Nicole Shosten (CWIT); Patrick Cisler (SPOKE / LNA); Paula Huyser (CAA); Sally Davis (Salvation Army - GH); Sandy Burky (Community Housing Advocates); Scott Klingenberg (HRM); Stacey Gomez (Call 211); Stacy Pacanowski (HHI); Stephanie Oles (MSHDA); Sue Harder (City of Holland); Tim Beimers (Salvation Army - Regional)
Subject: REMINDER: HUD Informational Webinar and Allocation and Accountability Committee Meeting

Greetings!

As a reminder, the HUD informational webinar will take place on Monday, October 5, from 3:00-3:30pm. See the attached Timeline for details and the link to access the webinar.

Also, the Allocation and Accountability Committee will be meeting on Wednesday, October 7th at the United Way offices. We will meet from 2:00-5:00pm, with applicant agency presentations from 2:30-4:00pm, followed by discussion as needed from 4:00 until 5:00pm.

Thank you!

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Lyn Raymond

From: Amanda Telgenhof
Sent: Wednesday, October 14, 2015 10:38 AM
To: Lyn Raymond
Subject: FW: HUD CoC Program Applicant Presentations

From: Amanda Telgenhof
Sent: Friday, September 25, 2015 11:19 AM
To: Jody Immink (GSM); Anna Bednarek (CMH); 'teresas@cwitmi.org'
Cc: Charisse Mitchell (CWIT); Holly Seymour (CWIT); Lyn Raymond
Subject: HUD CoC Program Applicant Presentations

Greetings!

The Allocation and Accountability Committee will be meeting on Wednesday, October 7th in the United Way Conference Room to determine allocation of funds for the HUD CoC Program applicants. Presentations should be 10-15 minutes, expounding the letters of intent, and leaving 5-10 minutes for Q and A.

Please select from the time slots listed below in which your organization would like to make its presentation to the AAC, and respond to this email with your preference.

2:30PM – 3:00PM
3:00PM – 3:30PM
3:30PM – 4:00PM

Thank you!

Amanda Telgenhof
Community Impact Coordinator

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Lyn Raymond

From: Amanda Telgenhof
Sent: Wednesday, October 14, 2015 10:38 AM
To: Lyn Raymond
Subject: FW: Allocation and Accountability Committee HUD Presentation Schedule

From: Amanda Telgenhof
Sent: Wednesday, September 30, 2015 2:27 PM
To: Anna Bednarek (CMH); Jody Immink (GSM); Charisse Mitchell (CWIT); 'Teresa Schraudt'; Holly Seymour (CWIT)
Cc: Lyn Raymond
Subject: Allocation and Accountability Committee HUD Presentation Schedule

Greetings!

The presentations for the Allocation and Accountability Committee are scheduled as follows:

2:30PM – 3:00PM – Community Mental Health
3:00PM – 3:30PM – Good Samaritan Ministries
3:30PM – 4:00PM – Center for Women in Transition

Reminder: Presentations will take place on Wednesday, October 7th in the United Way Conference Room and should last 10-15 minutes, expounding the letters of intent, leaving 5-10 minutes for Q and A.

Please let me know if you have any questions.

Thank you!

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2105 CoC Program Scoring Worksheet

	Good Samaritan Ministries: Transitional Housing	Good Samaritan Ministries: Permanent Supportive Housing	Center for Women in Transition: Rapid Re-Housing	Community Mental Health: Permanent Supportive Housing Projects
Does the project prioritize the most vulnerable populations?	Yes Partly No	Yes Partly No	Yes Partly No	Yes Partly No
Does the project use a Housing First approach?	Yes Partly No	Yes Partly No	Yes Partly No	Yes Partly No
Does the project have strong HMIS participation?	Yes Partly No	Yes Partly No	Yes Partly No	Yes Partly No
Is the project cost-effective?	Yes Partly No	Yes Partly No	Yes Partly No	Yes Partly No
Does the project fully participate in the coordinated entry system?	Yes Partly No	Yes Partly No	Yes Partly No	Yes Partly No
Does the project contribute to the goal of ending homelessness?	Yes Partly No	Yes Partly No	Yes Partly No	Yes Partly No
Does the project meet HUD's policy priorities?	Yes Partly No	Yes Partly No	Yes Partly No	Yes Partly No
Score				

Yes = 2 Points
Partly = 1 point
No = 0

2015 CoC Program Scoring Worksheet

	Good Samaritan Ministries: Rapid- Re-Housing	Good Samaritan Ministries: Permanent Supportive Housing	Center for Women in Transition: Rapid Re-Housing
Does the project prioritize the most vulnerable populations?	Yes Partly No	Yes Partly No	Yes Partly No
Does the project use a Housing First approach?	Yes Partly No	Yes Partly No	Yes Partly No
Does the project have strong HMIS participation?	Yes Partly No	Yes Partly No	Yes Partly No
Is the project cost-effective?	Yes Partly No	Yes Partly No	Yes Partly No
Does the project fully participate in the coordinated entry system?	Yes Partly No	Yes Partly No	Yes Partly No
Does the project contribute to the goal of ending homelessness?	Yes Partly No	Yes Partly No	Yes Partly No
Does the project meet HUD's policy priorities?	Yes Partly No	Yes Partly No	Yes Partly No
Does the project participate in CoC meetings and workgroups?	Yes Partly No	Yes Partly No	Yes Partly No
Does the project align with CoC's needs, fill a gap in services or show good past performance in other projects?	Yes Partly No	Yes Partly No	Yes Partly No
Score			

Yes = 2 Points

Partly = 1 point

No = 0

Lyn Raymond

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Sent: Wednesday, October 14, 2015 10:39 AM
To: Lyn Raymond
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Homeless Preference for Housing Choice Vouchers

Memorandum of Understanding between the Michigan State Housing Development Authority (MSHDA) and the Housing Assessment and Resource Agency (HARA)

This Memorandum of Understanding (MOU) is to establish the roles entered into between; (a.) MSHDA; and (b.) Good Samaritan Ministries HARA, representing Ottawa county/counties. **WHEREAS**, the HARA agrees to uphold the integrity of the Program Code which validates that clients have met the criteria outlined below. **WHEREAS**, the HARA agrees to not release the Program Code to any clients. The HARA also agrees to not release the Program Code to any staff or individuals not directly involved in the input of the code. **THEREFORE**, the Key Partners agree that it is in the best interests of all concerned to enter into this Memorandum of Understanding.

I. DEFINITION OF HOMELESS

Applicants must meet criteria one of the following categories:

Literally Homeless

Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

- (i) Has a primary nighttime residence that is a public or private place not meant for human habitation;
- (ii) Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); or
- (iii) Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution

Homeless under Other Federal Statutes

Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:

- (i) Are defined as homeless under the other listed federal statutes;
- (ii) Have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to the homeless assistance application;
- (iii) Have experienced persistent instability as measured by 2 moves or more during the preceding 60 days; and
- (iv) Can be expected to continue in such status for an extended period of time due to special needs or barriers.

Fleeing/Attempting to Flee Domestic Violence

Any individual or family who:

- (i) Is fleeing, or is attempting to flee, domestic violence;
- (ii) Has no other residence; and
- (iii) Lacks the resources or support networks to obtain other permanent housing

II. CRITERIA FOR HOMELESS PREFERENCE

- 1) Applicant must meet all Housing Choice Voucher requirements.
- 2) Applicant household is willing to engage in a jointly-developed plan supporting housing stability.

- 3) Applicant housed for short term assistance through MSHDA Emergency Solutions Grant, MSHDA Tenant Based Rental Assistance, or any other transitional housing program (less than two years) are still considered homeless.
- 4) Applicants who are homeless at time of application but subsequently housed with a permanent housing subsidy (ie PSH or S+C) are **no** longer considered homeless. At the time their name is pulled off of the waiting list, they would not be eligible at that time for the homeless preference and their name will be removed from the waiting list.
- 5) Rural communities that have no active sheltering organizations as part of their CoC's may elect to recognize doubled up (couch surfing) as homeless. Communities must provide official notification to their assigned Homeless Assistance Specialist that their Continuum has voted and approved this additional homeless criterion. Doubled up (Imminent Risk) is defined as: (i) residence will be lost within 14 days of the date of application for homeless assistance; (ii) no subsequent residence has been identified; and (iii) the individual or family lacks the resources or support networks needed to obtain other permanent housing.

III.DOCUMENTATION OF RESIDENCY

A copy of one of the following items with the applicant's name and current address must be retained in tenant's file: driver's license, state ID card, social security printout, voter's registration card, letter from the homeless service provider on their letterhead, OR other proof of residence. If the applicant or household member works, or has been hired to work, in the county for which he/she is applying, enclose proof of the work address or a letter from the employer verifying employment.

IV.AMENDMENTS

This Agreement may be amended only with the mutual consent of the Key Partners.

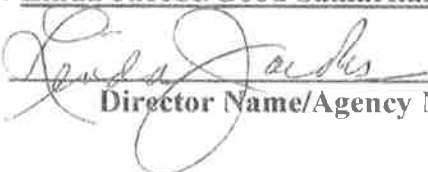
V.CERTIFICATION OF AUTHORITY TO SIGN AGREEMENT. The person signing this Agreement on behalf of their agency certify by said signature that they are duly authorized to sign this Agreement. Further, the HARA understands that any violation of the security agreement's contents may result in termination of access privileges and/or recommendation for prosecution.

I hereby certify that prior to referring clients to the HCV waiting list; the following documents will be obtained and retained in the client file. :

1. Verification of homelessness as defined in this document
2. Proof of residency in the county they are applying
3. Signed release of information

Printed: Linda Jacobs/Good Samaritan Ministries

Signed: _____



Director Name/Agency Name

Dated: _____

Director email: ljacobs@goodsamministries.com

Please complete the following information as to provide MSHDA with a data base identifying the contact person for correspondence from MSHDA and client referrals.

HARA Agency Name: Good Samaritan Ministries

Address: 513 E. 8th Street, Holland, MI 49423

Contact Person Name: Jody Immink

Contact Person Email: jimmink@goodsamministries.com

Contact Phone Number: 616-392-7159

All new (first time as the HARA doing the homeless preference) organizations must complete the key person security agreement document (on MSHDA's website) in order to be sent the waiting list entry code. Each individual with access to the code must have a signed key person security agreement document on file.

Return completed forms to: *Juliann Kline*
MSHDA
Rental Assistance and Homeless Solutions Division
735 E Michigan Ave
P.O. Box 30044
Lansing, MI 48909

MSHDA USE ONLY

☐ Per approval from MSHDA this county is using doubled up as homeless.

_____ Initial _____ Date