

Before Starting the CoC Application

The CoC Consolidated Application is made up of three parts: the CoC Application, the Project Listing, and the Project Applications. The Collaborative Applicant is responsible for submitting two of these sections. In order for the CoC Consolidated Application to be considered complete, each of these two sections **REQUIRES SUBMISSION**:

- CoC Application
- Project Listing

Please Note:

- Review the FY2013 CoC Program NOFA in its entirety for specific application and program requirements.
- Use the CoC Application Detailed Instructions while completing the application in e-snaps. The detailed instructions are designed to assist applicants as they complete the application forms in e-snaps.
- As a reminder, CoCs are not able to import data from the 2012 application due to significant changes to the CoC Application questions. All parts of the application must be fully completed.
- All questions marked with an asterisk (*) are mandatory and must be completed in order to submit the application.

For Detailed Instructions click [here](#).

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

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

1A-2 Collaborative Applicant Name: Community Action House

1A-3 CoC Designation: CA

1B. Continuum of Care (CoC) Operations

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

1B-1 How often does the CoC conduct meetings of the full CoC membership? Bi-Monthly

1B-2 How often does the CoC invite new members to join the CoC through a publicly available invitation? Annually

1B-3 Does the CoC include membership of a homeless or formerly homeless person? Yes

1B-4 For members who are homeless or formerly homeless, what role do they play in the CoC membership? Advisor, Community Advocate
Select all that apply.

1B-5 Does the CoC’s governance charter incorporate written policies and procedures for each of the following:

1B-5.1 Written agendas of CoC meetings?	Yes
1B-5.2 Centralized or Coordinated Assessment System?	No
1B-5.3 Process for Monitoring Outcomes of ESG Recipients?	No
1B-5.4 CoC policies and procedures?	Yes
1B-5.5 Written process for board selection?	Yes
1B-5.6 Code of conduct for board members that includes a recusal process?	No
1B-5.7 Written standards for administering assistance?	No

1C. Continuum of Care (CoC) Committees

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

1C-1 Provide information for up to five of the most active CoC-wide planning committees, subcommittees, and/or workgroups, including a brief description of the role and the frequency of meetings. Collaborative Applicants should only list committees, subcommittees and/or workgroups that are directly involved in CoC-wide planning, and not the regular delivery of services.

	Name of Group	Role of Group (limit 750 characters)	Meeting Frequency	Names of Individuals and/or Organizations Represented
1C-1.1	Lakeshore Housing Alliance	The Lakeshore Housing Alliance is made up of the membership of the CoC. The LHA is responsible for developing a long-term strategic plan and managing a year-round planning effort to address the needs of homeless individuals and households; the availability and accessibility of existing housing and services; and the opportunities for linkages with mainstream housing and services resources. The LHA also conducts an on-going effort to address areas of improvement through a continuous quality improvement process.	Bi-Monthly	Arbor Circle, Barnabas Min, Call-211, City-Grand Haven & Holland, Cmty. Hsg. Adv., Cmty. Rep., Fair Hsg. Ctr, Grand Haven Cmty. Fdn, HHI, Mgmt., Holland Rescue Mission, Dept. of Human Svcs, Coord. Council, People Ctr, TSA-Holland & Grand Haven, Bank of Holl., CWIT, CMH, GSM, CAH
1C-1.2	Executive Committee	The Executive Committee is the primary decision-making body of the CoC. This committee is responsible for managing the workplan.	Bi-Monthly	Community Action Agency, Good Samaritan Ministries, Dept. of Human Services, HHI Mgmt, Community Action House, Community Mental Health, Fair Housing Center of West Michigan, Center for Women in Transition, Greater Ottawa County United Way, City of Grand Haven
1C-1.3	HMIS System Administrators	Each member of this committee represents an agency in the HMIS implementation. They are responsible for keeping abreast of changes in the HMIS system, training users and reviewing homeless data.	Quarterly	Community Action House, Holland Rescue Mission, HHI Mgmt., Arbor Circle, Good Samaritan Ministries, Center for Women in Transition, Community Mental Health, The Salvation Army - Grand Haven
1C-1.4	Allocation and Accountability	This committee is responsible for the distribution of grant funds allocated to the CoC. Membership is limited to non-funded organizations	Quarterly	Arbor Circle, Barnabas Min, Call-211, City-Grand Haven and Holland, Cmty. Hsg. Adv., Homeless Rep., Fair Hsg. Center, Grand Haven Cmty. Fdn, HHI, Mgmt., Holland Rescue Mission, Dept. of Human Svcs, Coord. Council, People Ctr, TSA-Holland, TSA-Grand Haven, Bank of Holland
1C-1.5				

1C-2 Describe how the CoC considers the full range of opinions from individuals or organizations with knowledge of homelessness or an interest in preventing and ending homelessness in the geographic area when establishing the CoC-wide committees, subcommittees, and workgroups.

(limit 750 characters)

The CoC is open to any community organization, individual or business interested in membership. The CoC actively seeks input from community members by expanding the invitation to the local community. For example, the CoC recognized the need to address the lack of affordable housing for unsheltered homeless in the community. In response, the CoC created the Affordable Housing Task Force bringing together representatives from law enforcement, neighborhood organizers, city staff and other non-profits as well as representatives of distinct populations like disabled persons, homeless youth and persons in recovery. The group continually assesses what other stakeholders should be at the table. The CoC is actively involved in the Homeless Youth Council which meets monthly to address identified needs of the homeless youth population.

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

1D-1 Describe the specific ranking and selection process the CoC uses to make decisions regarding project application review and selection, based on objective criteria. Written documentation of this process must be attached to the application along with evidence of making the information publicly available. (limit 750 characters)

The ratings and performance assessments are conducted during the application process. Each project applicant submits a letter of intent to the CoC that includes a description of the project, progress from the previous year, and amount requested. The letters also address the provider's capacity. CoC membership and participation in the HMIS (except DV) are required. Members of the Allocation and Accountability Committee review the requests and make ranking recommendations. The A&AC is limited to non-HUD and ESG funded agencies. The 2013 process was streamlined due to the shortened time-frame and lack of new projects. This year the Executive Committee made a recommendation for rankings based on HUD priorities and the Allocation and Accountability Committee reviewed and approved the recommendations.

1D-2 Describe how the CoC reviews and ranks projects using periodically collected data reported by projects, conducts analysis to determine each project's effectiveness that results in participants rapid return to permanent housing, and takes into account the severity of barriers faced by project participants. Description should include the specific data elements and metrics that are reviewed to do this analysis. (limit 1000 characters)

The CoC reviews semi-annual reports of recidivism and length of stay of all CoC housing providers. The CoC also analyzes unmet housing need annually using HUD's unmet need formula. The Allocation and Accountability Committee reviews data and outcomes of HUD grantees annually when conducting the ranking and prioritization process. Historically projects have met or exceeded HUD standards for effectiveness and thus are ranked based on HUD and CoC priorities and community needs. The CoC has not had to take severity of barriers faced by project participants into consideration when ranking projects. The projects already serve hard to house populations and those very barriers were taken in account when making funding decisions.

1D-3 Describe the extent in which the CoC is open to proposals from entities that have not previously received funds in prior Homeless Assistance Grants competitions. (limit 750 characters)

Organizations wanting to apply must meet basic eligibility criteria, including non-profit 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, 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. The CoC is in the process of determining priorities and will assess the need for reallocation in the next funding cycle. A public invitation will be made to any organization wanting to apply for funding.

1D-4 On what date did the CoC post on its website all parts of the CoC Consolidated Application, including the Priority Listings with ranking information and notified project applicants and stakeholders the information was available? Written documentation of this notification process (e.g., evidence of the website where this information is published) must be attached to the application. 01/19/2014

1D-5 If there were changes made to the ranking after the date above, what date was the final ranking posted?

1D-6 Did the CoC attach the final GIW approved by HUD either during CoC Registration or, if applicable, during the 7-day grace period following the publication of the CoC Program NOFA without making changes? Yes

1D-6.1 If no, briefly describe each of the specific changes that were made to the GIW (without HUD approval) including any addition or removal of projects, revisions to line item amounts, etc. For any projects that were revised, added, or removed, identify the applicant name, project name, and grant number. (limit 1000 characters)

1D-7 Were there any written complaints received by the CoC in relation to project review, project selection, or other items related to 24 CFR 578.7 or 578.9 within the last 12 months? No

**1D-7.1 If yes, briefly describe the complaint(s), how it was resolved, and the date(s) in which it was resolved.
(limit 750 characters)**

1E. Continuum of Care (CoC) Housing Inventory

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**1E-1 Did the CoC submit the 2013 HIC data in Yes
the HDX by April 30, 2013?**

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2A-1 Describe how the CoC ensures that the HMIS is administered in compliance with the CoC Program interim rule, conformance with the 2010 HMIS Data Standards and related HUD Notices. (limit 1000 characters)

The CoC ensures the HMIS is administered in compliance with the interim rule and 2010 data standards by conducting quarterly meetings with agency administrators. The meetings are used to inform agencies in the implementation about changes to the system and updates to the data standards. The local HMIS System Administrator attends monthly meetings with the HMIS lead, which serves as the Statewide Lead Agency for the Michigan statewide implementation. The CoC reviews and approves the HMIS Policies and Procedures updated by the HMIS lead annually. The CoC conducts automated provider page reviews and reviews client record data quality annually. The CoC also utilizes, for on-site reviews, a Policy Compliance Template developed by the Statewide HMIS Lead Agency.

2A-2 Does the governance charter in place between the CoC and the HMIS Lead include the most current HMIS requirements and outline the roles and responsibilities of the CoC and the HMIS Lead? Yes If yes, a copy must be attached.

2A-3 For each of the following plans, describe the extent in which it has been developed by the HMIS Lead and the frequency in which the CoC has reviewed it: Privacy Plan, Security Plan, and Data Quality Plan. (limit 1000 characters)

The Policy and Procedure Manual, which includes each one of the plans above, is updated annually and the last update occurred on 1/7/2014.
Privacy Plan: The manual created by the Statewide HMIS lead includes a privacy plan with data collection limitations, purpose and use limitations, allowable uses and disclosures and protections for victims of sexual and domestic violence.
Security Plan: The plan includes assurances that data is protected via anti-virus software, limited access and designated security officers .
Data Quality Plan: Each agency is required to train users on agency specific workflows and to ensure accurate data entry by running regular data quality reports. The CoC runs data quality checks on an annual basis.

**2A-4 What is the name of the HMIS software selected by the CoC and the HMIS Lead?
Applicant will enter the HMIS software name (e.g., ABC Software).** Service Point

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

2A-6 Does the CoC plan to change the HMIS software within the next 18 months? No

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

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

2B-2 Select the CoC(s) covered by the HMIS: (select all that apply)

MI-500 - Michigan Balance of State CoC, MI-502 - Dearborn/Dearborn Heights/Westland/Wayne County CoC, MI-501 - Detroit CoC, MI-523 - Eaton County CoC, MI-504 - Pontiac/Royal Oak/Oakland County CoC, MI-519 - Holland/Ottawa County CoC, MI-503 - St. Clair Shores/Warren/Macomb County CoC, MI-518 - Livingston County CoC, MI-506 - Grand Rapids/Wyoming/Kent County CoC, MI-505 - Flint/Genesee County CoC, MI-516 - Norton Shores/Muskegon City & County CoC, MI-508 - Lansing/East Lansing/Ingham County CoC, MI-507 - Portage/Kalamazoo City & County CoC, MI-517 - Jackson City & County CoC, MI-510 - Saginaw City & County CoC, MI-514 - Battle Creek/Calhoun County CoC, MI-509 - Ann Arbor/Washtenaw County CoC, MI-515 - Monroe City & County CoC, MI-512 - Grand Traverse, Antrim, Leelanau Counties CoC, MI-511 - Lenawee County CoC, MI-513 - Marquette, Alger Counties CoC

2B-3 In the chart below, enter the amount of funding from each funding source that contributes to the total HMIS budget for the CoC.

2B-3.1 Funding Type: Federal - HUD

Funding Source	Funding
CoC	\$52,687
ESG	\$0
CDBG	\$0
HOME	\$0
HOPWA	\$0
Federal - HUD - Total Amount	\$52,687

2B-3.2 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-3.3 Funding Type: State and Local

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

2B-3.4 Funding Type: Private

Funding Source	Funding
Individual	\$0
Organization	\$2,000
Private - Total Amount	\$2,000

2B-3.5 Funding Type: Other

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

2B-3.6 Total Budget for Operating Year	\$54,687
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2B-4 How was the HMIS Lead selected by the Agency Volunteered CoC?

**2B-4.1 If other, provide a description as to how the CoC selected the HMIS Lead.
(limit 750 characters)**

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2C-1 Indicate the HMIS bed coverage rate (%) for each housing type within the CoC. If a particular housing type does not exist anywhere within the CoC, select "Housing type does not exist in CoC" from the drop-down menu:

* Emergency shelter	86%+
* Safe Haven (SH) beds	Housing type does not exist in CoC
* Transitional Housing (TH) beds	86%+
* Rapid Re-Housing (RRH) beds	86%+
* Permanent Supportive Housing (PSH) beds	86%+

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

2C-3 If the bed coverage rate for any housing type is 64% or below, describe how the CoC plans to increase this percentage over the next 12 months. (limit 1000 characters)

2C-4 If the Collaborative Applicant indicated that the bed coverage rate for any housing type was 64% or below in the FY2012 CoC Application, describe the specific steps the CoC has taken to increase this percentage. (limit 750 characters)

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2D-1 For each housing type, indicate the average length of time project participants remain in housing. If a housing type does not exist in the CoC, enter "0".

Type of Housing	Average Length of Time in Housing
Emergency Shelter	72
Transitional Housing	5
Safe Haven	0
Permanent Supportive Housing	9
Rapid Re-housing	4

2D-2 Indicate the percentage of unduplicated client records with null or missing values on a day during the last 10 days of January 2013 for each Universal Data Element listed below.

Universal Data Element	Percentage
Name	0%
Social security number	0%
Date of birth	2%
Ethnicity	4%
Race	4%
Gender	1%
Veteran status	1%
Disabling condition	1%
Residence prior to program entry	7%
Zip Code of last permanent address	5%
Housing status	8%
Head of household	8%

2D-3 Describe the extent in which HMIS generated data is used to generate HUD required reports (e.g., APR, CAPER, etc.). (limit 1000 characters)

The HMIS system is used to generate all reports that HUD requires including APR, ESG, AHAR, HIC and Point in Time.

2D-4 How frequently does the CoC review the data quality in the HMIS of program level data? Semi-Annually

2D-5 Describe the process through which the CoC works with the HMIS Lead to assess data quality. Include how the CoC and HMIS Lead collaborate, and how the CoC works with organizations that have data quality challenges. (Limit 1000 characters)

The CoC is responsible for monitoring data quality of the local implementation. When reports indicate issues with data quality, the local HMIS system administrator works directly with project managers and end users to make the appropriate corrections and re-train as necessary.

1. The Statewide HMIS lead has published clear policies and procedures and related audit tools.
2. The Statewide HMIS lead offers guidance on HUD Standards and Definitions.
3. The Statewide HMIS lead has optimized workflows and encourages data sharing
4. The Statewide HMIS lead provides podcasts, Desk Aids and other written system operation materials designed to streamline training. Users must pass certification quizzes.
5. There are a wide variety of data quality reports with a focus on un-exited clients, null values, provider page settings, fragmented family. These reports are used with individual agencies.
6. The Statewide HMIS lead maintains a Help Desk and training through our remote training tool.
7. Providers cannot leave a page with null values without an alert.
8. Data is used extensively to report on grant performance, for funding allocations, and community education

2D-6 How frequently does the CoC review the data quality in the HMIS of client-level data? Semi-Annually

2E. Homeless Management Information System (HMIS) Data Usage and Coordination

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2E-1 Indicate the frequency in which the CoC uses HMIS data for each of the following activities:

* Measuring the performance of participating housing and service providers	Quarterly
* Using data for program management	Annually
* Integration of HMIS data with data from mainstream resources	Never
* Integration of HMIS data with other Federal programs (e.g., HHS, VA, etc.)	Never

2F. Homeless Management Information System (HMIS) Policies and Procedures

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2F-1 Does the CoC have a HMIS Policy and Procedures Manual? If yes, the HMIS Policy and Procedures Manual must be attached. Yes

2F-1.1 What page(s) of the HMIS Policy and Procedures Manual or governance charter includes the information regarding accuracy of capturing participant entry and exit dates in HMIS? (limit 250 characters)

Pages 13 and 14 of the 2014 Policy and Procedures detail the Data Quality Plan including entry and exit requirements.

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

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2G-1 Indicate the date of the most recent sheltered point-in-time count (mm/dd/yyyy): 01/23/2013

2G-2 If the CoC conducted the sheltered point-in-time count outside of the last 10 days of January 2013, was an exception granted by HUD? Not Applicable

2G-3 Enter the date the CoC submitted the sheltered point-in-time count data in HDX: 04/30/2013

2G-4 Indicate the percentage of homeless service providers supplying sheltered point-in-time data:

Housing Type	Observation	Provider Shelter	Client Interview	HMIS
Emergency Shelters	0%	25%	0%	75%
Transitional Housing	0%	25%	0%	75%
Safe Havens	0%	0%	0%	0%

2G-5 Comparing the 2012 and 2013 sheltered point-in-time counts, indicate if there was an increase, decrease, or no change and then describe the reason(s) for the increase, decrease, or no change. (Limit 750 characters)

In 2012 the CoC counted 319 homeless persons, and in 2013, the total was 318. There was a decrease of one homeless person from 2012. The CoC has implemented a centralized intake for housing services and increased resources for rapid re-housing. The improved economic situation in Ottawa County also helped to keep the homeless population from increasing; the current unemployment rate is 6.4% as opposed to 6.8% in 2012 and 8.4% in 2011.

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

*** 2H-1 Indicate the method(s) used to count sheltered homeless persons during the 2013 point-in-time count:**

Survey providers:	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Extrapolation:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

**2H-2 If other, provide a detailed description.
(limit 750 characters)**

**2H-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the sheltered homeless population during the 2013 point-in-time count was accurate.
(limit 750 characters)**

Survey Providers: 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.

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.

2I. Continuum of Care (CoC) Sheltered Homeless Point-in-Time (PIT) Count: Data Collection

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

*** 2I-1 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"/>
Sample of PIT interviews plus extrapolation:	<input type="checkbox"/>
Sample strategy: (if Sample of PIT interviews plus extrapolation is selected)	
Provider expertise:	<input type="checkbox"/>
Interviews:	<input type="checkbox"/>
Non-HMIS client level information:	<input checked="" type="checkbox"/>
Other:	<input type="checkbox"/>

2I-2 If other, provide a detailed description. (limit 750 characters)

2I-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the sheltered homeless population count during the 2013 point-in-time count was accurate. (limit 750 characters)

HMIS: The HMIS System Administrator reminds shelter, transitional housing and PSH providers 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.

Non-HMIS Client Level Data: The CoC utilizes a standardized form that requests all of the required HMIS data elements including sub-population information. The CoC distributes the form to those shelter providers who provide services to domestic violence survivors and requests the form be completed with non-identifying information. The CoC does not collect names or exact birth dates. This information is then compiled with data collected through HMIS.

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

*** 2J-1 Indicate the methods used to ensure the quality of the data collected during the sheltered point-in-time count:**

Training:	<input type="checkbox"/>
Follow-up	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Non-HMIS de-duplication :	<input type="checkbox"/>
Other:	<input type="checkbox"/>

2J-2 If other, provide a detailed description. (limit 750 characters)

2J-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the sheltered homeless population count during the 2013 point-in-time count was accurate. (limit 750 characters)

Follow-up: Shelter, TH, and PSH providers are reminded of the Point in Time and are asked to run HMIS based data quality checks to ensure all data elements are complete.

HMIS: The HMIS System Administrator runs a final report to be checked for missing data elements. If missing data elements are identified, the shelter provider is contacted by the HMIS System administrator and asked to correct missing data element. The report is then re-run to ensure accuracy.

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2K-1 Indicate the date of the most recent unsheltered point-in-time count: 01/23/2013

2K-2 If the CoC conducted the unsheltered point-in-time count outside of the last 10 days of January 2013, was an exception granted by HUD? Not Applicable

2K-3 Enter the date the CoC submitted the unsheltered point-in-time count data in HDX: 04/30/2013

2K-4 Comparing the 2013 unsheltered point-in-time count to the last unsheltered point-in-time count, indicate if there was an increase, decrease, or no change and describe the specific reason(s) for the increase, decrease, or no change. (limit 750 characters)

2011 vs 2013: The 2011 count found 3 people living unsheltered as compared to 21 found unsheltered during the 2013 count. 2013 was an unseasonably warm winter which resulted in more persons living unsheltered as opposed to seeking shelter. The CoC has become better at finding and counting those living unsheltered due to improved partnerships with law enforcement in particular. The local coordinated assessment agency also conducts outreach to the unsheltered population. While the number appears to have increased significantly, the total number of homeless actually decreased from 2011 to 2013 by 25.

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

*** 2L-1 Indicate the methods used to count unsheltered homeless persons during the 2013 point-in-time count:**

Public places count:	<input type="checkbox"/>
Public places count with interviews on the night of the count:	<input checked="" type="checkbox"/>
Public places count with interviews at a later date:	<input type="checkbox"/>
Service-based count:	<input checked="" type="checkbox"/>
HMIS:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

2L-2 If other, provide a detailed description. (limit 750 characters)

2L-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the unsheltered homeless population during the 2013 point-in-time count was accurate. (limit 750 characters)

Public places count with interviews on the night of the count: On the night of the count, volunteers followed maps of known locations where homeless persons might sleep. If a homeless person was encountered, the volunteer completed the standardized form which requests identifying information. Law enforcement also participated while on regular rounds by interviewing homeless persons and recording data. This information is entered into HMIS where it is compared to already existing records and de-duplicated.

Service-based count: 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

2M. Continuum of Care (CoC) Unsheltered Homeless Point-in-Time Count: Level of Coverage

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2M-1 Indicate where the CoC located unsheltered homeless persons during the 2013 point-in-time count: A Combination of Locations

2M-2 If other, provide a detailed description. (limit 750 characters)

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

*** 2N-1 Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2013 unsheltered population count:**

Training:	<input checked="" type="checkbox"/>
"Blitz" count:	<input checked="" type="checkbox"/>
Unique identifier:	<input checked="" type="checkbox"/>
Survey question:	<input type="checkbox"/>
Enumerator observation:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

2N-2 If other, provide a detailed description. (limit 750 characters)

2N-3 For each method selected, including other, describe how the method was used to reduce the occurrence of counting unsheltered homeless persons more than once during the 2013 point-in-time count. In order to receive credit for any selection, it must be described here. (limit 750 characters)

Training: The CoC offered training to service-based case managers and the volunteers who followed maps to known locations. The training incorporated the need for an accurate count, to gather all data elements, and safety.

Blitz count: The CoC employs the Blitz count approach to count homeless persons living unsheltered in known locations. Volunteers scatter throughout the county in groups of 3 or 4 following maps of known locations and in areas where unsheltered persons might congregate. Law enforcement also assists.

Unique identifier: The standardized form used to gather PIT data elements uses the first 3 letters of the first and last name together with the last 4 digits of the SSN (if one exists). The year of birth is used if a SSN number doesn't exist.

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

Objective 1: Increase Progress Towards Ending Chronic Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY 2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). The first goal in Opening Doors is to end chronic homelessness by 2015. Creating new dedicated permanent supportive housing beds is one way to increase progress towards ending homelessness for chronically homeless persons. Using data from Annual Performance Reports (APR), HMIS, and the 2013 housing inventory count, complete the table below.

3A-1.1 Objective 1: Increase Progress Towards Ending Chronic Homelessness

	Proposed in 2012 CoC Application	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-1.1a For each year, provide the total number of CoC-funded PSH beds not dedicated for use by the chronically homeless that are available for occupancy.		101	99	97
3A-1.1b For each year, provide the total number of PSH beds dedicated for use by the chronically homeless.	6	4	6	8
3A-1.1c Total number of PSH beds not dedicated to the chronically homeless that are made available through annual turnover.		5	2	4
3A-1d Indicate the percentage of the CoC-funded PSH beds not dedicated to the chronically homeless made available through annual turnover that will be prioritized for use by the chronically homeless over the course of the year.		0%	40%	80%
3A-1.1e How many new PSH beds dedicated to the chronically homeless will be created through reallocation?		0	0	0

3A-1.2 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. (limit 1000 characters)

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.

3A-1.3 Identify by name the individual, organization, or committee that will be responsible for implementing the goals of increasing the number of permanent supportive housing beds for persons experiencing chronic homelessness. (limit 1000 characters)

Community Mental Health of Ottawa County will be responsible for converting four existing PSH beds to beds designated exclusively to chronically homeless persons over the next two years.

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

Objective 2: Increase Housing Stability

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Achieving housing stability is critical for persons experiencing homelessness. Using data from Annual Performance Reports (APR), complete the table below.

3A-2.1 Does the CoC have any non-HMIS projects for which an APR should have been submitted between October 1, 2012 and September 30, 2013? No

3A-2.2 Objective 2: Increase Housing Stability

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-2.2a Enter the total number of participants served by all CoC-funded permanent supportive housing projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013:	79	81	83
3A-2.2b Enter the total number of participants that remain in CoC-funded funded PSH projects at the end of the operating year PLUS the number of participants that exited from all CoC-funded permanent supportive housing projects to a different permanent housing destination.	79	79	81
3A-2.2c Enter the percentage of participants in all CoC-funded projects that will achieve housing stability in an operating year.	100%	97%	98%

3A-2.3 Describe the CoC's two year plan (2014-2015) to improve the housing stability of project participants in CoC Program-funded permanent supportive housing projects, as measured by the number of participants remaining at the end of an operating year as well as the number of participants that exited from all CoC-funded permanent supportive housing projects to a different permanent housing destination. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above. (limit to 1000 characters)

The CoC funded PSH projects all provide a variety of supportive services to ensure housing stability. Because the participants must be receiving services from the provider, Community Mental Health of Ottawa County, they have access to case management which includes medication management, psychiatric services, counseling services, peer support, nursing supports, and advocacy with landlords. Each participant is assigned to a treatment team and an individual plan is created to assess level of care needed. While the turnover rate is low in the CoC funded PSH programs, people who do exit move on to other PSH projects supported by mainstream resources or can no longer live independently. The CoC will be convening an ad hoc committee to discuss how to increase PSH beds in the county and to address the issues facing housing stability. The objective will be included in the CoC's strategic plan.

3A-2.4 Identify by name the individual, organization, or committee that will be responsible for increasing the rate of housing stability in CoC-funded projects. (limit 1000 characters)

Community Mental Health of Ottawa County and HHI Management will be responsible for maintaining the high level of housing stability in the PSH programs. They will do this by continuing to provide high quality case management and advocacy services.

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

Objective 3: Increase project participants income

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Assisting project participants to increase income is one way to ensure housing stability and decrease the possibility of returning to homelessness. Using data from Annual Performance Reports (APR), complete the table below.

3A-3.1 Number of adults who were in CoC-funded projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013: 122

3A-3.2 Objective 3: Increase project participants income

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-3.2a Enter the percentage of participants in all CoC-funded projects that increased their income from employment from entry date to program exit?	47%	50%	54%
3A-3.2b Enter the percentage of participants in all CoC-funded projects that increased their income from sources other than employment from entry date to program exit?	27%	40%	54%

3A-3.3 In the table below, provide the total number of adults that were in CoC-funded projects with each of the cash income sources identified below, as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013.

Cash Income Sources	Number of Participating Adults	Percentage of Total in 3A-3.1
Earned Income	35	28.69 %
Unemployment Insurance	1	0.82 %
SSI	9	7.38 %

SSDI	64	52.46	%
Veteran's disability	0		%
Private disability insurance	0		%
Worker's compensation	0		%
TANF or equivalent	2	1.64	%
General Assistance	4	3.28	%
Retirement (Social Security)	0		%
Veteran's pension	0		%
Pension from former job	0		%
Child support	10	8.20	%
Alimony (Spousal support)	0		%
Other Source	0		%
No sources	0		%

**3A-3.4 Describe the CoC's two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that increase their incomes from non-employment sources from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table (3A-3.2) above.
(limit 1000 characters)**

The CoC currently has eleven persons trained to complete applications for homeless persons through the SSI/SSDI Outreach, Access and Recovery Program (SOAR), however, there is no agency or organization that serves the community as a whole or who takes walk-ins. A successful SOAR program will significantly increase income from sources other than employment. The CoC would like to pursue a collaboration with local hospitals and the local United Way to make SOAR more accessible. In model collaborations, hospitals provide a small amount of funding to the community provider in return for assisting homeless applicants for SSI/SSDI and Medicaid/Medicare who have been high users of expensive emergency or inpatient treatment. The hospitals are then able to recover significant portions of the debt incurred for their care. The CoC intends to utilize HMIS to identify persons eligible for SOAR services.

**3A-3.5 Describe the CoC's two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that increase their incomes through employment from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above.
(limit 1000 characters)**

The percentage of project participants exiting with income from employment 2012-2013 was 27%. In order to continue to maintain or increase this percentage the CoC intends to expand its relationship with the local Department of Human Services and Workforce Development Agency. Clients that DHS and CoC funded agencies have in common will utilize the funding available for employment counseling. At the state level, the Statewide Employment Workgroup has developed an Employment Best Practice Protocol that defines critical strategies for homeless and workforce development providers. The protocol is accompanied with a CoC Self-Assessment Tool to help CoC's identify gaps and strengths in their existing processes. The protocol is in final editing stages and our goal is both to stabilize and optimize activities related to employment at the local level. The CoC intends to explore utilizing the self-assessment tool when it is made available.

3A-3.6 Identify by name the individual, organization, or committee that will be responsible for increasing the rate of project participants in all CoC-funded projects that increase income from entry date to program exit. (limit 1000 characters)

The Lakeshore Housing Alliance Executive Committee will be responsible for increasing income for project participants. The Department of Human Services, workforce development agency and United Way will be collaborative partners.

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

Objective 4: Increase the number of participants obtaining mainstream benefits

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Assisting project participants to obtain mainstream benefits is one way to ensure housing stability and decrease the possibility of returning to homelessness. Using data from Annual Performance Reports (APR), complete the table below.

3A-4.1 Number of adults who were in CoC-funded projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013. 122

3A-4.2 Objective 4: Increase the number of participants obtaining mainstream benefits

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-4.2a Enter the percentage of participants in ALL CoC-funded projects that obtained non-cash mainstream benefits from entry date to program exit.	48%	53%	56%

3A-4.3 In the table below, provide the total number of adults that were in CoC-funded projects that obtained the non-cash mainstream benefits from entry date to program exit, as reported on APRs submitted during the period between October 1, 2013 and September 30, 2013.

Non-Cash Income Sources	Number of Participating Adults	Percentage of Total in 3A-4.1
Supplemental nutritional assistance program	71	58.20 %
MEDICAID health insurance	68	55.74 %
MEDICARE health insurance	1	0.82 %
State children's health insurance	3	2.46 %
WIC	1	0.82 %

VA medical services	0		%
TANF child care services	1	0.82	%
TANF transportation services	0		%
Other TANF-funded services	0		%
Temporary rental assistance	0		%
Section 8, public housing, rental assistance	34	27.87	%
Other Source	0		%
No sources	0		%

3A-4.4 Describe the CoC's two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that access mainstream benefits from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above. (limit 1000 characters)

The CoC is involved in educating the community about accessing health benefits available as a result of the Affordable Care Act. The CoC will make use of resources to inform and advocate for enrollment at healthcare.gov. There is a regional and a local navigator ready to assist people in applying for benefits. The CoC funded agencies are particularly involved in marketing enrollment for Healthy Michigan, the Medicaid expansion in Michigan. Presentations are made at a variety of local collaborations, information is distributed electronically via press releases. The agency responsible for the coordinated assessment will continue to ensure that all homeless persons are placed on the waiting list for Housing Choice Vouchers. The community resource coordinator will encourage the community to utilize the online MI Bridges system to apply for benefits.

3A-4.5 Identify by name the individual, organization, or committee that will be responsible for increasing the rate of project participants in all CoC-funded projects that that access non-cash mainstream benefits from entry date to program exit. (limit 1000 characters)

Good Samaritan Ministries
 Center for Women in Transition
 Community Mental Health of Ottawa County
 Department of Human Services

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

Objective 5: Using Rapid Re-Housing as a method to reduce family homelessness

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Rapid re-housing is a proven effective housing model. Based on preliminary evidence, it is particularly effective for households with children. Using HMIS and Housing Inventory Count data, populate the table below.

3A-5.1 Objective 5: Using Rapid Re-housing as a method to reduce family homelessness.

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-5.1a Enter the total number of homeless households with children per year that are assisted through CoC-funded rapid re-housing projects.	0	0	0
3A-5.1b Enter the total number of homeless households with children per year that are assisted through ESG-funded rapid re-housing projects.	14	6	12
3A-5.1c Enter the total number of households with children that are assisted through rapid re-housing projects that do not receive McKinney-Vento funding.	0	15	15

3A-5.2 Describe the CoC's two year plan (2014-2015) to increase the number homeless households with children assisted through rapid re-housing projects that are funded through either McKinney-Vento funded programs (CoC Program, and Emergency Solutions Grants program) or non-McKinney-Vento funded sources (e.g., TANF). Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above. (limit 1000 characters)

During the 2012-2013 ESG grant year the CoC received a second round of funding which allowed the county to assist more households. McKinney Vento funds will be available again during the 2013-2014 grant year and will assist 6 families with children. The agency responsible for coordinated assessment for Ottawa County (Good Samaritan Ministries) is the recipient of an on-going private grant of \$60,000 which will allow approximately 15 more households to access rapid re-housing funding. Homeless households with children will be prioritized for the non-McKinney-Vento funding.

3A-5.3 Identify by name the individual, organization, or committee that will be responsible for increasing the number of households with children that are assisted through rapid re-housing in the CoC geographic area. (limit 1000 characters)

Good Samaritan Ministries (GSM), the CoC’s designated coordinated assessment agency, has been the lead agency for RRH efforts since the initiation of HPRP. GSM has received ESG funding to operate RRH services each year since HPRP ended. It is expected that GSM will remain as the lead agency for future rapid re-housing efforts, and will therefore be responsible for implementing all goals related to RRH services, including the goal of increasing the number of RRH interventions made available for households with children. As the lead agency for RRH, GSM has taken steps to obtain additional funding to support its program. To this end, GSM recently secured a grant from a local corporation that will provide an additional \$60,000 in RRH assistance funds and \$20,000 in prevention funds, along with funds for supportive services. This grant will allow the CoC to serve approximately five times the number of households we were expecting to serve through our ESG funded program.

3A-5.4 Describe the CoC’s written policies and procedures for determining and prioritizing which eligible households will receive rapid re-housing assistance as well as the amount or percentage of rent that each program participant must pay, if applicable. (limit 1000 characters)

The ESG funded RRH program administered by Good Samaritan Ministries (GSM) adheres to the RRH policies and procedures promulgated by the Michigan State Housing Development Authority (MSHDA). The following is a summary list of key policies:

- Recipient must be certified homeless per Category 1
- Recipient’s income must be below 30% AMI.
- Target populations include a) persons with a disability, b) chronically homeless, and c) general homeless.
- Assistance is limited to six months of leasing assistance per year.
- Units cannot exceed HUD/MSHDA Fair Market Rents
- Units must pass a HUD Habitability Inspection.
- Lead Based Paint regulations apply

Per CoC standards, participants are expected to contribute 1% of their adjusted annual income each month of assistance. GSM will assess when service demand exceeds available financial capacity. At any point during the program year when the need appears to exceed funding availability, households selected will be selected from those with disabilities and/or those who are chronically homeless. GSM’s assessment staff will utilize a Decision and Prioritization Matrix to ensure those with greater needs are receiving priority.

3A-5.5 How often do RRH providers provide case management to households residing in projects funded under the CoC and ESG Programs? (limit 1000 characters)

The ESG funded RRH program administered by Good Samaritan Ministries (GSM) establishes the expectation that case management occur on at least a monthly basis, and more frequently (bi-weekly) on an as needed basis. Service frequency will be determined by a prioritization matrix that will itemize the number and type of barriers experienced by each assisted household. Case management support is most commonly offered on an outreach basis at the RRH recipient’s residence. If the recipient prefers, the service can be provided at GSM’s office. The duration of assistance is determined based on the income level and stability of the recipient. MSHDA policy dictates that recertification of income eligibility occur after three months of assistance, with assistance capped at 6 months. If a recipient’s income increases and/or is deemed sufficient to be able to afford housing expenses without RRH assistance, financial assistance will be ended.

3A-5.6 Do the RRH providers routinely follow up with previously assisted households to ensure that they do not experience additional returns to homelessness within the first 12 months after assistance ends? (limit 1000 characters)

For the current grant year, GSM has implemented a procedure whereby all assisted households will receive follow-up phone contact at two month intervals for a minimum of six months, and longer if issues persist that suggest the household is having ongoing challenges that could impact their housing stability. A final contact will occur at the twelve month mark following the end of financial assistance. If contact by phone is not successful, a letter will be mailed offering additional case management support if needed.

3B. Continuum of Care (CoC) Discharge Planning: Foster Care

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3B-1.1 Is the discharge policy in place State Mandated Policy mandated by the State, the CoC, or other?

3B-1.1a If other, please explain. (limit 750 characters)

3B-1.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge. (limit 1000 characters)

The Department of Human Services has implemented formal protocols to assure youth aging out of foster care are not discharged into homelessness. The Youth in Transition Program prepares eligible teens for living independently by providing educational supports, job training, independent living skills training, and counseling. A treatment plan and services agreement including locating suitable living arrangements must be completed for each individual prior to discharge. Arbor Circle, a CoC member agency, meets with foster care workers annually to inform them of the homeless youth services available in the county. The Homeless Youth Council, a sub-committee of the CoC, regularly educates the community about programs available to children in foster care. Many young people return to their biological families. Other locations include post-secondary education, living independently, transitional housing or with friends. Michigan has created a voluntary foster care program called Michigan Youth Opportunity Initiative. Youth choosing to participate in this program can receive supportive services and a stipend as they transition into independent living.

3B-1.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness. (limit 1000 characters)

Department of Human Services
Bethany Christian Services
Pathways, MI
Catholic Charities
Arbor Circle

3B. Continuum of Care (CoC) Discharge Planning: Health Care

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3B-2.1 Is the discharge policy in place Other mandated by the State, the CoC, or other?

3B-2.1a If other, please explain. (limit 750 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. Potentially homeless individuals are assigned a social worker to help meet specific housing needs. The use of the coordinated assessment process is strongly encouraged.

3B-2.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge. (limit 1000 characters)

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. Persons exiting health care facilities are discharged to nursing homes for recovery, to the homes of family and friends or returned to their previous housing.

3B-2.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness. (limit 1000 characters)

Health Care Facilities

3B. Continuum of Care (CoC) Discharge Planning: Mental Health

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3B-3.1 Is the discharge policy in place State Mandated Policy mandated by the State, the CoC, or other?

3B-3.1a If other, please explain. (limit 750 characters)

3B-3.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge. (limit 1000 characters)

The CoC follows the state mandated policy specified in Section 330.1209b of the State Mental Health Code, effective March 28, 1996 which requires that "the community mental health services program shall produce in writing a plan for community placement and aftercare services that is sufficient to meet the needs of the individual. In addition, R330.7199(h) of the Administrative Code says that the written plan must at a minimum identify strategies for assuring recipients have access to needed and available supports identified through a review of their needs. Housing, food, clothing health care, employment, education, legal services and transportation are included in the list of needs that must be appropriately addressed as a function of mental health discharge planning. Treatment teams assess the person's needs to determine appropriate housing and supports. The case manager works with the consumer to locate housing at a residential treatment center, Adult Foster Care, independently in an apartment, or to develop a plan to return to previous housing.

3B-3.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness. (limit 1000 characters)

Mental Health Institutions such as:
Pine Rest
Holland Hospital
Community Mental Health of Ottawa County

3B. Continuum of Care (CoC) Discharge Planning: Corrections

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3B-4.1 Is the discharge policy in place State Mandated Policy mandated by the State, the CoC, or other?

3B-4.1a If other, please explain. (limit 750 characters)

3B-4.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge. (limit 1000 characters)

The Michigan Department of Corrections asks communities to assess their local assets, barriers and gaps relative to issues facing returning prisoners and then develop a Comprehensive Prisoner Re-Entry Plan based on that assessment. Ottawa County's Corrections Collaborative meets every other month and is made up of agencies and stakeholders committed to assisting in the transition from prison. Parolees meet with the probation department twice a month. Agencies active in the collaborative focus on transitional employment, mentoring, employment retention, structured transitional housing and mainstream resources. Rent subsidies and move-in deposits are also available on a limited basis. Parolees with a history of substance abuse and other hard to place returning prisoners are referred to appropriate transitional and treatment supports. Currently the majority of those who participate in the prisoner re-entry program, about 70%, are placed with family or friends. Thirty percent are assigned by the Department of Corrections to the Holland Rescue Mission and required to participate in the six month or year long life skills program.

3B-4.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness. (limit 1000 characters)

Michigan Department of Corrections
Department of Human Services
MI Works
Lakeshore Tri-County Health Services
Community Mental Health of Ottawa County
Building Men for Life
Families Victorious
Friend of the Court

3C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3C-1 Does the Consolidated Plan for the jurisdiction(s) within the CoC’s geography include the CoC’s strategic plan goals for addressing and ending homelessness? Yes

3C-1.1 If yes, list the goals in the CoC strategic plan. (limit 1000 characters)

CoC Strategic Plan Goals included in the Consolidated Plan are:

1. City residents will have access to services and shelter when experiencing housing crisis.
2. City residents will have fair and equal access to housing.
3. Assist in the development of an area-wide youth shelter.
4. Support programs that:
 - provide short term financial assistance and housing counseling to prevent utility shut off, eviction, foreclosure and other issues that may render a household homeless.
 - work cooperatively to document who becomes homeless and the cause of homelessness.
 - work to house at risk populations including group homes, independent living, transitional housing and long term care housing.
 - help ex – offenders successfully re-enter society.
 - promote job training and placement.
5. Support fair housing education, training, testing, and enforcement to assure all city residents have equitable access to available housing.

The City of Grand Haven is the second largest population hub in Ottawa County and the CoC’s entire Ten Year Plan to End Homelessness is included in the City of Grand Haven Master Plan.

3C-2 Describe the extent in which the CoC consults with State and local government Emergency Solutions Grants (ESG) program recipients within the CoC’s geographic area on the plan for allocating ESG program funds and reporting on and evaluating the performance of ESG program recipients and subrecipients. (limit 1000 characters)

The CoC plays an integral part in the allocation of ESG program funds. The CoC ensures there is no duplication of services provided with ESG funds. The CoC is responsible for monitoring the ESG grantees quarterly using HMIS. The CoC tracks through 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.

3C-3 Describe the extent in which ESG funds are used to provide rapid rehousing and homelessness prevention. Description must include the percentage of funds being allocated to both activities. (limit 1000 characters)

The CoC utilizes ESG funds for homelessness prevention (19%) and rapid rehousing (33%). The Allocation and Accountability Committee of the CoC is responsible for determining the distribution of funds. Each project applicant submits a local application to the Allocation and Accountability Committee describing the project, projected outcomes and amount requested as well as whether outcomes from the previous year were met. The applicants make presentations to the committee and are subject to a question and answer period. The committee makes the final decision about distribution based on the written application and an oral presentation. The intention of the Allocation and Accountability Committee is to fund successful and effective programs, to avoid duplication of services and to utilize the funding based on need in the community.

3C-4 Describe the CoC's efforts to reduce the number of individuals and families who become homeless within the CoC's entire geographic area. (limit 1000 characters)

The CoC has a variety of homelessness prevention initiatives in place to reduce the number of persons becoming homeless including Project Homeless Connect, an eviction diversion partnership with the Dept. of Human Services and the County District Court, Financial Management classes, and housing search assistance. The CoC coordinates with ESG recipients to ensure that homelessness prevention efforts extend throughout the geographic area. The agency responsible for conducting coordinated assessment receives calls from the entire area and refers to appropriate resources. In addition, the consolidated plan jurisdiction does not allow for discrimination based on income source. The Analyses of Impediments to Fair Housing identified three areas limiting housing choice: 1) the need for fair housing education directed in particular to minority groups, 2) to research rental practices and enhance the complaint assistance process, and 3) the need to clarify the roles of the City and the Fair Housing Center to ensure minimal overlap of services.

3C-5 Describe how the CoC coordinates with other Federal, State, local, private and other entities serving the homeless and those at risk of homelessness in the planning and operation of projects. (limit 1000 characters)

HOPWA: The CoC is familiar with HOPWA programming displaying literature in the intake room of the coordinated assessment agency and making referrals as needed. HOPWA reps have been invited to present at CoC meetings.

TANF: DHS is a member of the CoC. DHS partners with the court to provide access to the online application for rental assistance in the court building. DHS provides financial resources to shelters and hotel vouchers.

RHY: Local youth service providers receive funding from federal state and local entities to provide transitional housing, non-residential services and street outreach

Head Start: Staff has been involved in CoC sub-committees. Member agencies make referrals to Head Start and share about existing housing programs.

Philanthropic Organizations: A local Community Foundation is a member of the CoC and has funded CoC Coordination. The Greater Ottawa County United Way, recognizing the important collaborative work of the CoC, financially supports CoC coordination.

Other programs: The community receives EFSP funding to support shelter and food assistance programs. CoC member agencies coordinate distribution of EFSP funds with other community organizations.

3C-6 Describe the extent in which the PHA(s) within the CoC's geographic area are engaged in the CoC efforts to prevent and end homelessness. (limit 1000 characters)

The CoC coordinates closely with the PHA -Michigan State Housing Development Authority - and its housing agent for Ottawa County, Community Housing Advocates (CHA). As a requirement of MSHDA, CHA is an active member of the CoC. The Housing Choice Voucher program operates with a homeless preference and the agency responsible for the coordinated assessment is responsible for ensuring homeless persons make application and are placed on the HCV waiting list.

While the CoC coordinates well with the PHA, locally and on a regional level, supportive services provided through the Family Self-Sufficiency (FSS) Program for current voucher holders is coordinated by a non-profit agency in an adjacent county. As such, the housing choice voucher program lacks what could be a very cohesive strategy for encouraging housing stability. The CoC intends to invite the FSS provider to become an active member of the CoC in order to promote better communication and coordination of supportive services.

3C-7 Describe the CoC's plan to assess the barriers to entry present in projects funded through the CoC Program as well as ESG (e.g. income eligibility requirements, lengthy period of clean time, background checks, credit checks, etc.), and how the CoC plans to remove those barriers. (limit 1000 characters)

Some CoC programs have eligibility guidelines in place that require a certain length of clean time, though that is flexible for some programs. While programs accept persons with no income, constraints placed on programs by the ESG grantee (MSHDA) make it difficult for persons with no income to qualify. Some programs have strict guidelines about criminal background as well as credit checks. Local property management companies/landlords also limit the ability of persons in housing crisis to find appropriate housing due to lack of income, housing and credit history. The PSH project requires an income source because grants funds do not cover utility expenses.

The CoC is working to educate landlords about housing programs to encourage them to waive certain eligibility guidelines. The CoC has conducted landlord forums at least annually for the last four years. The CoC is committed to exploring the possibility of new funding to cover the annual costs of utilities for homeless persons without income.

3C-8 Describe the extent in which the CoC and its permanent supportive housing recipients have adopted a housing first approach. (limit 1000 characters)

The CoC has adopted a Housing First strategy which is included in its by-laws. The PSH Recipients do not have any restrictions based on clean time/sobriety or housing history. The PSH programs are limited from implementing a Housing First Strategy for their programs because the grant only covers rent, not utilities. During the course of a year, there are between 5 and 7 potential clients on the waiting list because of a lack of income. The CoC has recently begun to assess these barriers. The CoC will continue to identify barriers to entry and assess the possibility of removing those barriers. The CoC funded PSH projects are willing to implement a Housing First strategy and the CoC is committed to exploring the possibility of new funding to cover the annual costs of utilities.

3C-9 Describe how the CoC's centralized or coordinated assessment system is used to ensure the homeless are placed in the appropriate housing and provided appropriate services based on their level of need. (limit 1000 characters)

The centralized assessment system covers the entire CoC geographic area. The system is accessible via phone and walk-in services. The agency conducting the centralized intake is located on the bus route. Phone intakes can be utilized not only for local housing services but also applying for housing choice vouchers. The agency is currently upgrading the phone system to improve access and to create a web-based system. The CoC advertises the coordinated assessment through the 211 system, newspaper articles, Project Homeless Connect, and through a variety of community presentations. The coordinated assessment agency also has office hours at the emergency shelter once a month. The the agency responsible for coordinated assessment currently uses a standardized assessment tool which is also available to all CoC's in Michigan. Starting Spring 2014, MSHDA will require the uses of the SPDAT - 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.

3C-10 Describe the procedures used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, or disability who are least likely to request housing or services in the absence of special outreach. (limit 1000 characters)

Each agency in the CoC offering housing and/or supportive services takes the responsibility for marketing programs to the entire community. This is done by educating case managers about programs, meeting with supervisors, and promoting openings via listservs.

3C-11 Describe the established policies that are currently in place that require all homeless service providers to ensure all children are enrolled in early childhood education programs or in school, as appropriate, and connected to appropriate services within the community. (limit 1000 characters)

All ESG and CoC program-funded providers are committed to addressing the educational needs of children. Each Emergency Solutions Grant and CoC Program funded provider is required by the Lakeshore Housing Alliance to ensure children in homeless services are:

1. Enrolled in early childhood education, or in school;
2. Connected to resources in the community designed to meet the needs of homeless children such as homeless youth programs;
3. Provided contact information for the homeless liaison assigned to the school district;
4. Aware of the resources available through the homeless liaison.

3C-12 Describe the steps the CoC, working with homeless assistance providers, is taking to collaborate with local education authorities to ensure individuals and families who become or remain homeless are informed of their eligibility for McKinney-Vento educational services. (limit 1000 characters)

The CoC is a founding member of the Homeless Youth Council which includes as one of its members the McKinney-Vento Grant Coordinator for Ottawa County. The grant coordinator meets regularly with the homeless liaisons to provide updates on current trends in youth and family homelessness as well as updates on the roles and responsibilities of homeless liaisons. Organizations serving homeless youth and families make presentations annually to ensure that school districts are complying with McKinney Vento guidelines.

3C-13 Describe how the CoC collaborates, or will collaborate, with emergency shelters, transitional housing, and permanent housing providers to ensure families with children under the age of 18 are not denied admission or separated when entering shelter or housing. (limit 1000 characters)

All ESG and CoC funded shelters, transitional housing and permanent housing programs in Ottawa County do not deny admission to any family with children under 18, nor do the programs separate families. There are currently no written policies but in consultation with grantees, the CoC will create a policy formally adopting the current practice of accepting all families with children into housing programs.

3C-14 What methods does the CoC utilize to monitor returns to homelessness by persons, including, families who exited rapid re-housing? Include the processes the CoC has in place to ensure minimal returns to homelessness. (limit 1000 characters)

The CoC, at the encouragement of the Michigan State Housing Development Authority, re-designed its service continuum by establishing a coordinated assessment agency to serve the entire CoC region in 2010. This process allows for persons at risk of returning to homelessness to either seek additional support or be more quickly identified by this centralized resource. Some projects, especially rapid re-housing and transitional housing, track returns to homelessness. Projects contact former project participants at 3 month intervals up to 12 months after leaving to determine housing status. If the household is homeless or at risk of becoming homeless appropriate referrals are made. All project participants are offered on-going supportive services.

3C-15 Does the CoC intend for any of its SSO or TH projects to serve families with children and youth defined as homeless under other Federal statutes? No

3C-15.1 If yes, 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 1000 characters)

3C-16 Has the project been impacted 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 2013 CoC Program Competition? No

3C-16.1 If 'Yes', 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)

3D. Continuum of Care (CoC) Coordination with Strategic Plan Goals

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In 2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP).

3D-1 Describe how the CoC is incorporating the goals of Opening Doors in local plans established to prevent and end homelessness and the extent in which the CoC is on target to meet these goals. (limit 1000 characters)

The CoC's plan to end homelessness incorporates the goals of Opening Doors. The crisis response system has been retooled to include a coordinated assessment process, a CoC facilitated work group has been convened to address the lack of affordable and available housing for homeless persons and there is a plan in place to systematically increase beds for chronically homeless persons. In order to more effectively target resources, the CoC completed the CoC Check-up in 2011-2012 which identified two gaps in services: services and housing for veterans and street outreach. The CoC created new strategic plan goals based on the outcome of the check-up. The CoC has two new outreach programs targeting the general homeless population, as well as homeless families and youth. Action steps to address the need for veteran housing include education about existing programs and identifying beds exclusively for homeless veterans. The CoC has also significantly increased funding for rapid re-housing and homelessness prevention. This new funding will be targeted for homeless families.

3D-2 Describe the CoC's current efforts, including the outreach plan, to end homelessness among households with dependent children. (limit 750 characters)

The CoC's coordinated assessment agency increased its outreach efforts in 2013 to include regular visits to known tent cities in order to ensure that homeless individuals and families were connecting with available services. GSM, the CoC's RRH service provider, acquired a grant from a local corporation to significantly increase the number of households to be served (see 3A-5.3 for more detail on this private grant). At the grantor's request, these funds will be used exclusively to serve families with dependent children, whereas ESG RRH funds will serve both individuals and families.

3D-3 Describe the CoC's current efforts to address the needs of victims of domestic violence, including their families. Response should include a description of services and safe housing from all funding sources that are available within the CoC to serve this population. (limit 1000 characters)

Center for Women in Transition (CWIT) is an active member of the CoC and has been providing services for victims of domestic violence and sexual assault in the community since 1977 including:

- 24 hour crisis hotline
- Walk-in services during business hours (9am – 5 pm , Monday- Friday)
- Emergency shelter for victims fleeing violent homes
- 24 month scattered site TH program for victims of domestic violence
- Individual advocacy/Case management
- Education and support groups
- Assistance with basic needs
- Legal/court advocacy

CWIT uses a combination of DHS and HUD grants as well as funds from the Emergency Food and Shelter program. The agency adheres to the confidentiality requirements set forth by Michigan law and the Violence Against Women Act. Release of case information, identifying personal information, and case history to anyone must be accompanied by a signed CWIT release expressly giving CWIT staff permission to release the client's information. The information that is to be released, by whom, to whom, and for how long, is to be specified by the client. Consent to release information cannot be required as a contingency of service provision.

3D-4 Describe the CoC's current efforts to address homelessness for unaccompanied youth. Response should include a description of services and housing from all funding sources that are available within the CoC to address homelessness for this subpopulation. Indicate whether or not the resources are available for all youth or are specific to youth between the ages of 16-17 or 18-24. (limit 1000 characters)

Arbor Circle has a state funded Transitional Living Program (TLP) to assist homeless youth ages 16 to 21. Youth are served through an established continuum that includes: crisis intervention, intake and assessment, scattered site apartment housing, counseling/case management, education completion, employment readiness, and life skills training. Arbor Circle engages youth in opportunities and activities that strengthen their ability to make healthy decisions and take positive action for themselves, their families, and their communities. Services are provided in an integrated, holistic, developmentally appropriate manner that empowers young people to identify their own needs, strengths, and choices. Arbor Circle also assists homeless youth with first month's rent through funding from FEMA. In addition to Arbor Circle's services, homeless youth over the age of 18 can receive shelter at the Holland Rescue Mission. Homeless young adults are also referred to Good Samaritan Ministries (the coordinated assessment agency) to see what housing assistance programs they might be eligible for.

3D-5 Describe the efforts, including the outreach plan, to identify and engage persons who routinely sleep on the streets or in other places not meant for human habitation. (limit 750 characters)

The CoC 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 are aware of coordinated assessment.

Outreach Services are available in the county for youth. The initial focus is on safety, then to building a basis for a longer-term relationship. The outreach team can provide harm reduction materials, answer questions, offer strategies for safety, address concerns expressed by the youth, and offer details on accessing services.

3D-6 Describe the CoC’s current efforts to combat homelessness among veterans, particularly those are ineligible for homeless assistance and housing through the Department of Veterans Affairs programs (i.e., HUD-VASH, SSVF and Grant Per Diem). Response should include a description of services and housing from all funding sources that exist to address homelessness among veterans. (limit 1000 characters)

The CoC added goals related to ending veterans homelessness to its strategic plan after completing the CoC Check up . The CoC identified the need to create more housing opportunities for veterans and has endeavored to educate the community about services available to veterans. Department of Veteran Affairs staff process applications for emergency financial assistance through the Michigan Veterans Trust Fund and for the funds available through the county Veterans Affairs Committee. In addition to assisting with the application process, staff work closely with community organizations and the CoC referring veterans for other services for which they may qualify. VA forms and general questions regarding VA Benefits can also be addressed by staff of the Legal Self Help Center located in the County Building in Grand Haven.

The Volunteers for America MI is a member of the CoC and actively educates the membership about veterans programs such as SSVF, employment supports, grant per diem and transitional housing. The main VOA office is in an adjacent county which creates challenges for accessing some of the services. There is no HUD-VASH program operating in the CoC.

3E. Reallocation

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3E-1 Is the CoC reallocating funds from one or more eligible expiring grant(s) into one or more new permanent supportive housing projects dedicated to chronically homeless persons? No

3E-2 Is the CoC reallocating funds from one or more eligible expiring grant(s) into one or more new rapid re-housing project for families? No

**3E-2.1 If the CoC is planning to reallocate funds to create one or more new rapid re-housing project for families, describe how the CoC is already addressing chronic homelessness through other means and why the need to create new rapid re-housing for families is of greater need than creating new permanent supportive housing for chronically homeless persons.
(limit 1000 characters)**

3E-3 If the CoC responded 'Yes' to either of the questions above, has the recipient of the eligible renewing project being reallocated been notified? Not Applicable

4A. Continuum of Care (CoC) Project Performance

Instructions

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

4A-1 How does the CoC monitor the performance of its recipients on HUD-established performance goals? (limit 1000 characters)

The CoC monitors performance of the HUD grantees remotely through a semi-annual report which tracks increase in employment income, increase in access to mainstream resources, discharge destination, length of stay and recidivism. The Annual Progress Reports are reviewed annually in person by the CoC's Allocation and Accountability Committee and the primary decision-making body.

4A-2 How does the CoC assist project recipients to reach HUD-established performance goals? (limit 1000 characters)

The CoC created an Allocation and Accountability Committee which is not only responsible for distributing available funds but reviewing outcomes. Projects recipients are required to report on HUD established performance goals in the Annual Performance Report and these goals are detailed in the letter of intent to apply for HUD funding. Historically, CoC projects have met or exceeded HUD performance goals. However, the CoC has established a Continuous Quality Improvement (CQI) process. Areas needing improvement are identified through the CQI process which takes place at each bi-monthly meeting of CoC. A task group is formed to explore solutions to the identified gap in service. The CoC strongly encourages all member agencies of to employ the CQI process at the program level as well.

4A-3 How does the CoC assist recipients that are underperforming to increase capacity? (limit 1000 characters)

Historically, CoC projects have met or exceeded HUD performance goals. In the event that recipients under-perform the CoC would initiate a CQI process through which the project managers and CoC members can identify the gaps in service. The problem would be described, a goal statement created and strategy established to address the capacity issue. The task group would define a measurement process to determine if the modification in service delivery was effective in increasing capacity. Capacity would be further evaluated based on the measurement established. The task group will continue in an advisory role until capacity has increased to the goal level.

4A-4 What steps has the CoC taken to reduce the length of time individuals and families remain homeless? (limit 1000 characters)

Individuals and families are remaining homeless in emergency shelter for an average of 72 days. The CoC currently tracks length of stay through HMIS on a quarterly basis for ESG recipients and semi-annually CoC-wide. As a result of this regular monitoring the CoC has been able to identify projects needing assistance in reducing the length of homelessness. The CoC is currently assisting an ESG recipient to assess its capacity and reduce the amount of time project participants remain homeless. The CoC's development of a centralized intake process has helped the CoC to make more 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.

4A-5 What steps has the CoC taken to reduce returns to homelessness of individuals and families in the CoC's geography? (limit 1000 characters)

The CoC tracks recidivism semi-annually by monitoring ESG, HUD and non-funded programs in the CoC. HMIS is utilized to determine CoC-wide recidivism and can identify individuals who have had multiple returns to homelessness. Some projects, especially rapid re-housing and transitional housing, track returns to homelessness. Projects contact former project participants at 3 month intervals up to 12 months after leaving to determine housing status. If the household is homeless or at risk of becoming homeless appropriate referrals are made. All project participants are offered on-going supportive services. The creation of the Allocation and Accountability Committee has also resulted in closer scrutiny of certain outcomes including reducing returns to homelessness. The CoC has put in place a process through which the community is informed of eviction diversion resources. Households receive detailed information about the online application process for mainstream benefits in the initial summons from the court. The Department of Human Services will allow households facing eviction to access the on-line application for mainstream benefits at the court building.

4A-6 What specific outreach procedures has the CoC developed to assist homeless service providers in the outreach efforts to engage homeless individuals and families? (limit 1000 characters)

The CoC conducts Project Homeless Connect (PHC) annually which offers homeless or potentially homeless individuals and families essential information and access to local services which may not be affordable or readily accessible to them. Through the PHC, the CoC seeks to improve access to services and housing for the homeless in Ottawa County. Project Homeless Connect also tries to improve the system of care by creating opportunities for collaboration and sharing of best practices among the CoC's homeless provider community. CoC member agencies are encouraged to participate in Case Collaboration monthly meetings attended by service providers from across the spectrum including those who serve persons with disabilities and those with limited English proficiency. These meetings are a forum for sharing information about resources.

The CoC has put in place a process through which the community is informed of eviction diversion resources. Households receive detailed information about the online application process for mainstream benefits in the initial summons from the court and how to access the on-line application at the court building.

4B. Section 3 Employment Policy

Instructions

*** TBD ****

4B-1 Are any new proposed project applications requesting \$200,000 or more in funding? No

**4B-1.1 If yes, which activities will the project(s) undertake to ensure employment and other economic oppourtunities are directed to low or very low income persons?
(limit 1000 characters)**

4B-2 Are any of the projects within the CoC requesting funds for housing rehabilitation or new constructions? No

4B-2.1 If yes, which activities will the project undertake to ensure employment and other economic oppourtunities are directed to low or very low income persons:

4C. Accessing Mainstream Resources

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

4C-1 Does the CoC systematically provide information about mainstream resources and training on how to identify eligibility and program changes for mainstream programs to provider staff? Yes

4C-2 Indicate the percentage of homeless assistance providers that are implementing the following activities:

* Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	100%
* Homeless assistance providers use a single application form for four or more mainstream programs.	20%
* Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	100%

4C-3 Does the CoC make SOAR training available for all recipients and subrecipients at least annually? Yes

4C-3.1 If yes, indicate the most recent training date: 03/01/2013

4C-4 Describe how the CoC is preparing for implementation of the Affordable Care Act (ACA) in the state in which the CoC is located. Response should address the extent in which project recipients and subrecipients will participate in enrollment and outreach activities to ensure eligible households are able to take advantage of new healthcare options. (limit 1000 characters)

The CoC will make use of resources to inform and advocate for enrollment at healthcare.gov. There is a regional and a local navigator ready to assist people in applying for benefits. The CoC funded agencies are particularly involved in marketing enrollment for Healthy Michigan, the Medicaid expansion in Michigan. Presentations are made at a variety of local collaborations and information is distributed electronically.

**4C-5 What specific steps is the CoC taking to work with recipients to identify other sources of funding for supportive services in order to reduce the amount of CoC Program funds being used to pay for supportive service costs?
(limit 1000 characters)**

Very few HUD dollars are utilized for supportive services in the CoC and most of the dollars are for employment supports. CoC funded agencies are providing in-kind supportive services to assist people to maintain housing. As a part of the conversation about reallocation, the CoC has already begun a conversation about expanding the relationship between the local Department of Human Services and Workforce Development Agency and CoC-funded programs. Clients that DHS and CoC funded agencies have in common will utilize the funding available for employment counseling.

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	Certificate of Co...	01/28/2014
CoC Governance Agreement	No	MI-519.By-Laws	01/28/2014
CoC-HMIS Governance Agreement	No	HMIS.CoC Governan...	01/28/2014
CoC Rating and Review Document	No	Rating and Review...	01/31/2014
CoCs Process for Making Cuts	No		
FY2013 Chronic Homeless Project Prioritization List	No		
FY2013 HUD-approved Grant Inventory Worksheet	Yes	FY 2013 Grant Inv...	01/28/2014
FY2013 Rank (from Project Listing)	No	FY2013 Rank	01/31/2014
Other	No	Project Notification	01/28/2014
Other	No	HMIS Policy and P...	01/28/2014
Other	No	Website Posting.M...	01/31/2014
Projects to Serve Persons Defined as Homeless under Category 3	No		
Public Solicitation	No		

Attachment Details

Document Description: Certificate of Consistency MI-519

Attachment Details

Document Description: MI-519.By-Laws

Attachment Details

Document Description: HMIS.CoC Governance Agreement

Attachment Details

Document Description: Rating and Review.MI-519

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: FY 2013 Grant Inventory Worksheet MI-519

Attachment Details

Document Description: FY2013 Rank

Attachment Details

Document Description: Project Notification

Attachment Details

Document Description: HMIS Policy and Procedure

Attachment Details

Document Description: Website Posting.MI-519

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

Page	Last Updated
1A. Identification	No Input Required
1B. CoC Operations	01/22/2014
1C. Committees	01/31/2014
1D. Project Review	01/31/2014
1E. Housing Inventory	01/22/2014
2A. HMIS Implementation	01/31/2014
2B. HMIS Funding Sources	01/31/2014
2C. HMIS Beds	01/22/2014
2D. HMIS Data Quality	01/31/2014
2E. HMIS Data Usage	01/22/2014
2F. HMIS Policies and Procedures	01/22/2014
2G. Sheltered PIT	01/31/2014
2H. Sheltered Data - Methods	01/31/2014
2I. Sheltered Data - Collection	01/31/2014
2J. Sheltered Data - Quality	01/27/2014
2K. Unsheltered PIT	01/31/2014
2L. Unsheltered Data - Methods	01/31/2014
2M. Unsheltered Data - Coverage	01/22/2014
2N. Unsheltered Data - Quality	01/31/2014
Objective 1	01/31/2014
Objective 2	01/27/2014
Objective 3	01/31/2014
Objective 4	01/31/2014
Objective 5	01/31/2014
3B. CoC Discharge Planning: Foster Care	01/31/2014
3B. CoC Discharge Planning: Health Care	01/31/2014

3B. CoC Discharge Planning: Mental Health	01/28/2014
3B. CoC Discharge Planning: Corrections	01/28/2014
3C. CoC Coordination	01/31/2014
3D. Strategic Plan Goals	01/31/2014
3E. Reallocation	01/22/2014
4A. Project Performance	01/31/2014
4B. Employment Policy	01/22/2014
4C. Resources	01/31/2014
Attachments	01/31/2014
Submission Summary	No Input Required

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.
(Type or clearly print the following information:)

Applicant Name: See attached list for all associated MI-519 projects

Project Name: See Attached List

Location of the Project: See Attached List

Name of the Federal Program to which the applicant is applying: HUD Continuum of Care Homeless Program

Name of Certifying Jurisdiction: City of Holland

Certifying Official of the Jurisdiction Name: Kurt Dykstra

Title: Mayor

Signature: 

Date: January 8, 2014

**MI-519 Continuum of Care
Certification of Consistency with the Consolidated Plan
Associated Applicant List 2013**

Renewal Projects

1. Good Samaritan Ministries
MI0267L5F191205
Community Housing Partnership – Scattered site transitional housing
Homeless families and individuals
Cities of Holland and Zeeland, Ottawa County

2. Center for Women in Transition
MI0272L5F19205
Scattered site transitional housing
Victims of domestic violence
411 Butternut Drive, Holland, Ottawa County

3. Ottawa County Community Mental Health
MI0270L5F191205
Permanent Housing Assistance for Homeless Persons with Disabilities
Severely mentally ill
12265 James St, Holland, Ottawa County

4. Ottawa County Community Mental Health
MI0271L5F191205
Permanent Housing Assistance for Homeless Persons with Disabilities 3
Severely Mentally Ill
12265 James St., Holland, Ottawa County

5. Center for Women in Transition
MI0273L5F191205
Employment assistance for the transitional housing program
Victims of Domestic Violence
411 Butternut, Holland, Ottawa County

6. Center for Women in Transition
MI0268L5F191205
HMIS
All homeless individuals and families in Ottawa County
411Butternut, Holland, Ottawa County

7. Ottawa County Community Mental Health
MI0269L5F191205
Permanent Housing Assistance for Chronically Homeless Individuals
Chronically Homeless
12265 James St., Holland, Ottawa County

8. Ottawa County Community Mental Health
MI0326L5F191202
Permanent Housing Assistance for Homeless Persons with Disabilities 5
Severely Mentally Ill
12265 James St., Holland, Ottawa County

New Project Request

1. Greater Ottawa County United Way
CoC Planning
115 Clover Street, Suite 300
P.O. Box 1349
Holland, MI 49423

Joint Governance Charter Michigan Statewide HMIS

Objective: The Charter is designed to provide a frame for Michigan's multi-jurisdiction HMIS implementation as presented in Section 508.7 of the Federal Register / Vol. 76, No. 237 Homeless Management System Requirements. It is recognized that operation of the Statewide HMIS requires ongoing collaboration from member Continuum of Cares through participation in monthly System Coordination Meetings known as the "Monthly System Administrator Call-In".

CoC: The Holland/Ottawa CoC agrees to adopt the Michigan Statewide shared HMIS platform vendor, Bowman Systems Inc. ServicePoint. The CoC agrees that administration of the shared platform will be provided by the Michigan Coalition Against Homelessness under contract with the Michigan State Housing Development Authority. The CoC further agrees to operate the local CoC Implementation in compliance with HUD Data Standards and the Michigan Statewide Operating Policies and Procedures.

Roles and Responsibilities:

Michigan State Housing Development Authority


- Grantee for the Michigan Statewide HMIS Implementation.
- Sub-contract for administration of the Statewide platform.
- Ongoing contract compliance.


Michigan Coalition Against Homelessness:

- Management of the Statewide Vendor Contract.
- Host the Statewide coordination meeting – the Monthly SA Call-In.
- Define privacy and security protocols that allow for the broadest possible participation.
- Provide Statewide Operating Policies and Procedures that represent the minimum standards for participation. Local CoCs may add additional requirements as negotiated locally.
- Provide for system administration and analyst staffing of help desk services between 9am and 5pm workdays and after-hours emergency response.
- Provide training and ongoing collaboration regarding cross-jurisdiction system operation, measurement and research activities including:
 - Negotiation and training basic workflows for all users and specialized workflows for cross-jurisdiction funding streams.
 - HUD mandated activities including HAG, PIT, HIC, APR and the AHAR.
 - Annual publication of Statewide and Regional unduplicated homeless counts.
 - Research projects that involve statewide data sets such as SHADoW.
 - Maintain a suite of data quality, demographics, and outcome reports available to all CoCs on the System.
 - Support for local Continuous Quality Improvement efforts.

Independent Jurisdiction CoC and Local Lead HMIS Agency:

- Plan the local HMIS implement to maximize the greatest possible participation from homeless service providers.
- Fund the cost for local licenses to the Statewide System via contracts with Bowman Systems.
- Comply with Michigan Statewide Privacy Protocols as specified in the QSOBAAs, Participation Agreements and the User Agreement Code of Ethics.
- Adopt any additional standards of practice beyond those identified in the Statewide HMIS Operating Procedures.
- Staff at least one local System Administrator and assure that each participating agency has identified an Agency Administrator. The System Administrator will:
 - Demonstrate competence in Statewide required training in privacy, security and system operation (provider page, workflows and reports).
 - License local users and support data organization and completion of Provider Pages for participating agencies.
 - Assign licenses to Agency Administrators and/or users.
 - Host local HMIS operations meeting(s) or assure that Agency Administrators are attending the Statewide User Meetings.
 - Assure that all users are trained in privacy, security and system operation.
 - Participate in HUD mandated measurement including HAG, PIT, HIC, APRs and the AHAR as appropriate.
 - Participating in the annual count process and support publication of local reports.
 - Support the CoCs Continuous Quality Improvement efforts.

Signed:  Date: 5/17/13
HMIS Lead Agency: CWIT Title: Executive Director

Signed:  Date: 5-17-13
CoC Representative: Co. Chair Title: Co. chair



Lyn Raymond <lakeshorehousingalliance@gmail.com>

LHA: Allocation and Accountability - IMPORTANT MEETING

Lakeshore Housing Alliance <lakeshorehousingalliance@gmail.com> Wed, Nov 27, 2013 at 10:46 AM

To: Bart Jonker <bjonker@bankoffholland.com>, Beth Larsen <blarsen@ghacf.org>, Carol Charron <carol.charron@gmail.com>, Char Seise <cseise@grandhaven.org>, Dan Leisher <Dan_Leisher@usc.salvationarmy.org>, Heather Hastedt <hhastedt@arborcircle.org>, Karen Reenders <thepeoplecenter@chartermi.net>, "Kendra Spanjer (DHS)" <spanjerk@michigan.gov>, Lindsey Ajega <lindsey.ajega@heritagehomesinc.org>, Liz de la Luz <lidelaluz@ottawaunitedway.org>, Liz Keegan <lkeegan@fhcwm.org>, Melody Palmer <mpalmer@tboh.com>, Michelle Bechler <michelle@barnabasmin.org>, Patrick Cisler <patrick.cisler@gmail.com>, Paula Huyser <phuyser@miottawa.org>, Sally Davis <Sally_Davis@usc.salvationarmy.org>, Sandy Burky <sandy@hcv.comcastbiz.net>, Stacey Gomez <Stacey@call-211.org>, Stacy Pacanowski <stacy.pacanowski@heritagehomesinc.org>, Sue Harder <s.harder@cityofholland.com>, Todd Krygsheld <toddk@hollandrescue.org>

Greetings!

You are receiving this e-mail because, based on Lakeshore Housing Alliance by-laws, as a non-funded agency you sit on the Allocation and Accountability Committee. The AAC is responsible for the distribution of funds available to LHA member agencies.

On November 22 the 2013 NOFA for the CoC Program Application was released. The HUD CoC Program funds a variety of projects in Ottawa County including:

1. Permanent Supportive Housing through Community Mental Health
2. Transitional Housing through Good Samaritan Ministries, Center for women in Transition and Community Action House.
3. Employment Supports through Center for Women in Transition
4. HMIS

Due to the government shutdown earlier this Fall we have a shortened timeline for submission. Grantees must have their applications submitted no later than January 3 so the AAC needs to meet in the next couple of weeks to determine funding distribution.

The timeline is as follows:

- Grantees and LHA Executive Committees meet to make recommendations for funding distribution.
- **AAC meets on Tuesday, December 10, 9 AM** at Greater Ottawa County United Way to review Executive Committee recommendations.

Please feel free to contact me with any questions.

Lyn Raymond
Lakeshore Housing Alliance
c/o Greater Ottawa County United Way
115 Clover Street, Suite 300
Holland, MI 49423
616-396-7811

Lakeshore Housing Alliance Funding Notice Announcement

The Lakeshore Housing Alliance, which is the United States Department of Housing and Urban Development & Michigan State Housing Development Authority Continuum of Care area for the City of Holland and Ottawa County, is seeking proposals for its _____ HUD Supportive Housing Program Application (for a complete listing of HUD's rules & regulations, please see www.hud.gov).

Eligible entities include governmental units and non-profit organizations that serve homeless individuals or families in Ottawa County. Organizations that intend to apply for funding through the Lakeshore Housing Alliance shall submit a letter of intent by _____.

Letters of Intent must be submitted to the LHA Coordinator, _____. Please send one copy via mail to _____ and one copy electronically to lakeshorehousingalliance@gmail.com.

Letters of Intent must include:

- Name of organization
- Organizational description including experience serving homeless individuals
- Type of program being proposed
- Target population of program
- Number of individuals proposed being served
- General budget request
- Calculation of the number of dollars spent per person assisted
- The percentage of the requested amount that will be used for direct housing cost
- The percentage of the request that will be used for supportive services
- Client satisfaction surveys or measurement
- Financial report of most recent HUD grant received - report should include dollars spent and received by month and any unexecuted amounts or grants **(if applicable)**
- Most recent HUD Annual Progress Report **(if applicable)**
- Report of HMIS participation including date program began entering data and percent of clients being entered or statement about HMIS participation if not entering data.

Questions regarding Letters of Intent, available funding, or the funding process, should be directed to the LHA Coordinator at _____ or lakeshorehousingalliance@gmail.com.

Continuum of Care (CoC) Renewal Project Listing

Instructions:

Prior to starting the CoC Renewal Project Listing, Collaborative Applicants should carefully review the "CoC Priority Listing Instructions" and the "CoC Project Listing" training module, both of which are available at: <https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/>

To upload all renewal project applications that have been submitted to this CoC Project Listing, click on the "Update List" button. This process may take a few minutes based upon the number of renewal projects that need to be located in the e-snaps system. The Collaborative Applicant may update each of the Project Listings simultaneously. The Collaborative Applicant can wait for the Project Listings to be updated or can log out of e-snaps and come back later to view the updated list(s). To review a project on the Renewal Project Listing, click on the magnifying glass next to each project to view project details. To view the actual project application, click on the orange folder. If there are errors identified by the Collaborative Applicant, the project can be amended back to the project applicant to make the necessary changes by clicking on the amend icon.

The Collaborative Applicant certifies that there is a demonstrated need for all renewal permanent supportive housing and rapid re-housing projects listed on the Renewal Project Listing.

X

The Collaborative Applicant does not have any renewal permanent supportive housing or rapid re-housing renewal projects.

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Rank	Comp Type
Scattered Site Tr...	2014-01-02 12:30:...	1 Year	Center for Women ...	\$39,351	W6	TH
Transitional Hous...	2014-01-02 16:34:...	1 Year	Center for Women ...	\$23,662	W9	SSO
HMIS (Homeless Ma...	2014-01-02 16:20:...	1 Year	Center for Women ...	\$52,687	W7	HMIS
Permanent Housing...	2014-01-02 14:22:...	1 Year	Ottawa County Com...	\$15,775	W4	PH
Collaborative Tra...	2014-01-07 09:34:...	1 Year	Good Samaritan Mi...	\$409,732	W5	TH
Permanent Housing...	2014-01-29 10:15:...	1 Year	Ottawa County Com...	\$100,334	W3	PH

Permanent Housing...	2014-01-29 10:41:...	1 Year	Ottawa County Com...	\$226,972	W2	PH
Permanent Housing...	2014-01-31 09:57:...	1 Year	Ottawa County Com...	\$18,022	W1	PH

Continuum of Care (CoC) Planning Project Listing

Instructions:

Prior to starting the CoC Planning Project Listing, Collaborative Applicants should carefully review the "CoC Priority Listing Instructions" and the "CoC Project Listing" training module, both of which are available at: <https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/>

To upload the CoC planning project application that has been submitted to this CoC Project Listing, click on the "Update List" button. This process may take a few minutes as the project will need to be located in the e-snaps system. The Collaborative Applicant may update each of the Project Listings simultaneously. The Collaborative Applicant can wait for the Project Listings to be updated or can log out of e-snaps and come back later to view the updated list(s). To review the CoC Planning Project Listing, click on the magnifying glass next to view the project details. To view the actual project application, click on the orange folder. If there are errors identified by the Collaborative Applicant, the project can be amended back to the project applicant to make the necessary changes by clicking on the amend icon.

If more than one CoC planning project was submitted, the Collaborative Applicant can only approve one CoC planning project (which must be submitted by the Collaborative Applicant) and reject all other CoC planning projects.

Project Name	Date Submitted	Project Type	Applicant Name	Budget Amount	Grant Term	Rank	Comp Type
CoC Planning Proj...	2014-01-02 10:35:...	--	Community Action ...	\$11,355	1 Year	C8	CoC Planning Proj...

January 14, 2014

Mark Kornelis
Good Samaritan Ministries
513 E. 8th Street
Holland, MI 49423

Dear Mark:

On behalf of the Lakeshore Housing Alliance, I am pleased to inform you that your project application was submitted on time to e-Snaps. The following project has been accepted and will be ranked on the Priority Listings:

Collaborative Transitional Housing
MIO267B5F191205



Lyn Raymond
Coordinator
Lakeshore Housing Alliance

RECEIVED
JAN 14 ENT'D

January 14, 2014

Teresa Schraudt
Center for Women in Transition
411 Butternut
Holland, MI 49424

Dear Teresa:

On behalf of the Lakeshore Housing Alliance, I am pleased to inform you that the following projects were submitted on time to e-Snaps. These projects have been accepted and will be ranked on the Priority Listings:

Transitional Housing Employment Assistance
MI0273B5F191205

Scattered Site Transitional Housing
MI0272B5F191205

Homeless Management Information System (HMIS)
MI0268B5F191205



Lyn Raymond
Coordinator
Lakeshore Housing Alliance

RECEIVED
JAN 14 ENT'D

January 14, 2014

Dina Anaya
Ottawa County Community Mental Health
12265 James Street
Holland, MI 49424

Dear Dina:

On behalf of the Lakeshore Housing Alliance, I am pleased to inform you that the following projects were submitted on time to e-Snaps. These projects have been accepted and will be ranked on the Priority Listings:

Permanent Housing for Chronically Homeless Individuals
MI0269B5F191205

Permanent Housing for Homeless Persons with Disabilities
MI0270B5F191205
MI0271B5F191205
MI0326B5F191202



Lyn Raymond
Coordinator
Lakeshore Housing Alliance

RECEIVED
JAN 14 ENT'D



Check it out...Our latest Continuum of Care and Projects list are available in Plans & Documents





Plans & Documents

- 2013.Project Listing.Final
- 2012.Project Listing.Final
- 2012.CoC Program Application.Final
- FinalHomeless Action Task Force (2013)
- Lakeshore Housing Alliance Annual Update (Nov, 2013)
- 10 Year Plan to End Homelessness – 2010 Update
- HUD Supportive Housing Program – Exhibit 1
- Housing First Summary
- 2008 10 Year Plan to End Homelessness Update (04.30.08)
- Ottawa County 10 Year Plan to End Homelessness – Oct 16, 2006_
- Definitions.income
- OAHC Newsletter Dec. 2010