

Before Starting the CoC Application

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

The Collaborative Applicant is responsible for:

1. Reviewing the FY 2017 CoC Program Competition NOFA in its entirety for specific application and program requirements.
2. Ensuring all questions are answered completely.
3. Reviewing the FY 2017 CoC Consolidated Application Detailed Instructions, which gives additional information for each question.
4. Ensuring all imported responses in the application are fully reviewed and updated as needed.
5. The Collaborative Applicant must review and utilize responses provided by project applicants in their Project Applications.
6. Some questions require the Collaborative Applicant to attach documentation to receive credit for the question. This will be identified in the question.

- Note: For some questions, HUD has provided documents to assist Collaborative Applicants in filling out responses. These are noted in the application.

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

For CoC Application Detailed Instructions click [here](#).

1A. Continuum of Care (CoC) Identification

Instructions:

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

1A-1. CoC Name and Number: MN-503 - Dakota, Anoka, Washington, Scott, Carver Counties CoC

1A-2. Collaborative Applicant Name: Washington County Housing and Redevelopment Authority

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Institue for Community Alliances

1B. Continuum of Care (CoC) Engagement

Instructions:

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

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

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

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

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

All CoC committees are comprised of a robust range of community stakeholders representing interests that are committed to ending homelessness. The CoC regularly reviews membership participation & conducts outreach to those in under-represented groups. The CoC’s governance & voting procedures (reviewed annually) provide equal representation among all interests & ensure all opinions are heard. This year the CoC conducted multiple community planning meetings in order to solicit feedback on unmet needs, emerging trends & to develop strategies. One example was the CoC annual meeting which brought together stakeholders from the mental health sector, outreach, housing providers, DV, employment services and others. Small groups gave input on the CoC’s CES including system gaps and improvements needed. This feedback was used to build the CES work plan for the year which details specific strategies that will work to fill identified gaps.

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

The CoC openly solicits new members on a bi-annual basis. This is done through community outreach efforts like speaking to different groups ie: congregations, law enforcement, county departments, etc. Opportunity to participate in the CoC’s Annual Meeting held in March, is widely distributed through email distribution, public posting and notice on the CoC’s website. The CoC also solicits client feedback and encourages participation through client advisory groups. Members from those advisory groups are invited to participate in CoC meetings as well.

1B-3. Describe how the CoC notified the public that it will accept and consider proposals from organizations that have not previously received CoC Program funding in the FY 2017 CoC Program Competition, even if the CoC is not applying for new projects in FY 2017. The response must include the date(s) the CoC made publicly knowing they were open to proposals. (limit 1000 characters)

The CoC solicits new proposals for funding annually to encourage development of new projects & expand CoC resources. 1) The CoC distributes new funding announcements thru broad distribution lists (including neighboring CoC regions)

& posts on several websites. Technical assistance is offered to projects that have not previously received CoC funds. 2) The CoC requests all renewal projects to submit a Letter of Intent to demonstrate they will be reapplying for funding. For new project applications, the CoC conducts a preranking process using an objective scoring tool approved by the CoC. This tool includes Qualifying Requirements to determine applicant eligibility, Project Design (service model, geographic coverage, etc), & Model-Specific Criteria (Housing 1st for PH, prioritization of subpopulations, etc). 2 projects, including 1 new applicant, submitted pre-applications. All pre-applications, regardless of pre-ranking, are invited to submit an application for funding through e-snaps.

1C. Continuum of Care (CoC) Coordination

Instructions:

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

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

Entities or Organizations the CoC coordinates planning and operation of projects	Coordinates with Planning and Operation of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Yes
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Yes
Head Start Program	Yes
Housing and service programs funded through Department of Justice (DOJ) resources	No
Housing and service programs funded through Health and Human Services (HHS) resources	No
Housing and service programs funded through other Federal resources	Yes
Housing and service programs funded through state government resources	Yes
Housing and service programs funded through local government resources	Yes
Housing and service programs funded through private entities, including foundations	Yes
Other:(limit 50 characters)	

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

1C-3. CoCs must demonstrate the local efforts to address the unique needs of persons, and their families, fleeing domestic violence that

**includes access to housing and services that prioritizes safety and confidentiality of program participants.
(limit 1000 characters)**

The CoC coordinates with victim service providers (VSP) has voting members from domestic violence shelters & ensures survivors are served safely quickly and respectfully with VSPs and homeless assistance programs (HAP). When a survivor presents to a VSP they are connected to CE for rapid access to an assessment and safety-focused referral. When a survivor presents to a HAP they are assessed & connected to the victim services network for placement into the safest available spot. Thru CE survivors are prioritized for a housing option that will meet their safety needs as well as their other unique service needs. The CoC connects housing providers to trauma informed trainings to ensure victim centered practices are used throughout the continuum and across the range of programs. Client choice is upheld by utilizing survivor centered practices as well as thru respectful & safe CE policies ie: preserving the survivors place on the priority list while choosing a safe housing resource.

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

Quarterly training for CE assessors includes trauma-informed practices & content on best practices in serving survivors. Training opportunities exist at least annually for providers on best practices in serving survivors. Trainings are conducted by resources like local DV shelters & the Minnesota Coalition for Battered Women. The CoC has analyzed system wide HMIS data for trends on where DV survivors are presenting for services. The CoC utilizes summary reports from DV providers which have identified increasing length of stays in shelter & difficulty finding safe housing after shelter. To assist in increasing resources for survivors they are prioritized thru CE for homeless prevention and assistance programs. When a client identifies as a survivor to a homeless services provider they are offered a CE assessment & connected to the victims services network for placement into the safest available spot. Client choice is upheld by utilizing survivor centered and trauma informed practices.

1C-4. Using the chart provided, for each of the Public Housing Agency's (PHA) in the CoC's geographic area: (1) identify the percentage of new admissions to the Public Housing or Housing Choice Voucher (HCV) Programs in the PHA's that were homeless at the time of admission; and (2) indicate whether the PHA has a homeless admission preference in its Public Housing and/or HCV program.

Attachment Required: If the CoC selected, "Yes-Public Housing", "Yes-HCV" or "Yes-Both", attach an excerpt from the PHA(s) written policies or a letter from the PHA(s) that addresses homeless preference.

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2016 who were homeless at entry	PHA has General or Limited Homeless Preference
Dakota CDA	0.00%	No
Scott CDA	0.00%	No
Carver CDA	0.00%	No
Washington CDA	0.00%	No
Scott Carver Dakota CAP	0.00%	Yes-HCV

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

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

The CoC has a strong working relationship with the PHAs within the CoC. Two of the PHAs within the CoC do have homeless preferences. Historically, PHAs have played a role in the CoC through holding Shelter + Care grants and administering vouchers. The CoC is in the midst of a process to identify if this role maximizes the resources of both the PHA and the CoC. Bi-monthly meetings between CoC stakeholders and PHA representatives are currently taking place to work on role clarity and define how to take full advantage of strengths from both entities. Part of this work will be exploring the option of a homeless admission preference. Guidance/TA may be requested from HUD to help in this conversation in 2018.

1C-5. Describe the actions the CoC has taken to: (1) address the needs of Lesbian, Gay, Bisexual, Transgender (LGBT) individuals and their families experiencing homelessness, (2) conduct regular CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity, including Gender Identify Equal Access to Housing, Fina Rule; and (3) implementation of an anti-discrimination policy. (limit 1000 characters)

1) The CoC works with state funding partners to ensure all providers within the CoC are aware of and following the anti-discrimination policy. This includes ensuring equal access to resources. The CoC has also worked with county partners to ensure shelters that receive funding are adhering to anti-discrimination policies through the use of contract language. 2) The CoC conducts training on a quarterly basis on how to effectively implement the HUD Final Rule. 3) The CoC implemented a CoC wide anti-discrimination policy on September 15, 2017.

1C-6. Criminalization: Select the specific strategies implemented by the

CoC to prevent the criminalization of homelessness in the CoC's geographic area. Select all that apply.

Engaged/educated local policymakers:	<input checked="" type="checkbox"/>
Engaged/educated law enforcement:	<input checked="" type="checkbox"/>
Engaged/educated local business leaders	<input checked="" type="checkbox"/>
Implemented communitywide plans:	<input checked="" type="checkbox"/>
No strategies have been implemented	<input type="checkbox"/>
Other:(limit 50 characters)	
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

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

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

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

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

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

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

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

Foster Care:	<input checked="" type="checkbox"/>
Health Care:	<input checked="" type="checkbox"/>

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

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

Instructions

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

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

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

Used Objective Criteria for Review, Rating, Ranking and Section	Yes
Included at least one factor related to achieving positive housing outcomes	Yes
Included a specific method for evaluating projects submitted by victim service providers	No

1E-2. Severity of Needs and Vulnerabilities

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

The CoC established an objective scoring tool that rewards projects for prioritizing CH reducing barriers & meeting or exceeding performance measures. During ranking score was considered first for each project applicant. In addition to the Project Application the CoC collected detailed responses from renewal projects on how they have implemented a Housing 1st approach. The narrative from the Project Application and the additional Housing 1st questions were used in determining rank order. When project scores were equal we used Project Application & additional documents collected to break the tie & prioritize projects that use Housing 1st & serve the most vulnerable clients. Of 3 projects with equal scores, 2 were chosen to remain in Tier 1. One is 100% dedicated CH and serves clients with very high barriers. The second serves youth who have experienced sexual trafficking. Both projects served populations with high levels of vulnerability and were therefore placed fully in Tier 1.

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

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

Public Posting	
CoC or other Website	<input checked="" type="checkbox"/>
Email	<input checked="" type="checkbox"/>
Mail	<input type="checkbox"/>
Advertising in Local Newspaper(s)	<input type="checkbox"/>
Advertising on Radio or Television	<input type="checkbox"/>
Social Media (Twitter, Facebook, etc.)	<input type="checkbox"/>

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

Option 1: The CoC actively encourages new and existing providers to apply for new projects through reallocation.

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

Option 2: The CoC has cumulatively reallocated at least 20 percent of the CoC’s ARD between FY 2013 and FY 2017 CoC Program Competitions.

No Attachment Required - HUD will calculate the cumulative amount based on the CoCs reallocation forms submitted with each fiscal years Priority Listing.

Reallocation: Option 1

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

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

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

1E-5a. Provide the date the CoC notified applicant(s) their application(s) were accepted and ranked on the Priority Listing, in writing, outside of e-snaps. 09/13/2017

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

Reallocation Supporting Documentation

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

Document Type	Required?	Document Description	Date Attached
Reallocation Supporting Documentation	No	SMAC New Applicat...	08/15/2017

Attachment Details

Document Description: SMAC New Application Request

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

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

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

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

2A-1a. Provide the page number(s) where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document(s) referenced in 2A-1. In addition, indicate if the page number applies to the Governance Charter or MOU/MOA. 1-4

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

2A-3. What is the name of the HMIS software vendor? Institute for Community Alliances

2A-4. Using the drop-down boxes, select the HMIS implementation Coverage area. Statewide HMIS (multiple CoC)

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

in that project type.

Project Type	Total Beds in 2017 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ESG) beds	296	85	206	97.63%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	126	0	100	79.37%
Rapid Re-Housing (RRH) beds	333	0	319	95.80%
Permanent Supportive Housing (PSH) beds	729	5	617	85.22%
Other Permanent Housing (OPH) beds	0	0	0	

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

(limit 1000 characters)

The CoC's bed coverage is 79% for TH. The CoC has worked diligently with projects over the past few years to transition to a RRH model of service. This has led to fewer TH beds on the HIC leading to a lower threshold to reach the 85% bed coverage. 1) Since the 2016 HIC was conducted, 12 of the TH beds not covered in HMIS have transitioned have agreed to move into HMIS. This will increase our bed coverage from 79% to 87%. 2) Outreach has already been conducted and the CoC has achieved the goal of improving bed coverage above 85% for TH.

2A-6. Annual Housing Assessment Report (AHAR) Submission: How many Annual Housing Assessment Report (AHAR) tables were accepted and used in the 2016 AHAR? 10

2A-7. Enter the date the CoC submitted the 2017 Housing Inventory Count (HIC) data into the Homelessness Data Exchange (HDX). (mm/dd/yyyy) 05/01/2017

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

Instructions:

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

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

2B-2. Enter the date the CoC submitted the PIT count data in HDX. (mm/dd/yyyy) 05/01/2017

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

Instructions:

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

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

1) In June 2016 MN HMIS contracted with a new System Administrator, Institute for Community Alliances (ICA). ICA was a leader in the 2017 PIT count improving methodology and data quality for the CoC. Collaborative work was done with the CoC Coordinator and providers to clean up HMIS data prior to the count to ensure accuracy. Also, an online survey tool was developed to collect responses from providers not in HMIS. This tool contained HUD-mandated universal data elements, as well as questions agreed upon by CoCs, state partners, and ICA to ensure the same set of questions was asked statewide. 2) The strong collaboration with ICA led to improved data quality and confidence in the PIT count results.

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

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

Beds Added:	27
Beds Removed:	0
Total:	27

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

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

Beds Added:	0
Beds Removed:	0
Total:	0

2C-4. Did the CoC change its unsheltered PIT count implementation, including methodology and data quality changes from 2016 to 2017? Yes

CoCs that did not conduct an unsheltered count in 2016 or did not report unsheltered PIT count data to HUD in 2016 should compare their efforts in 2017 to their efforts in 2015.

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

1) In June 2016 MN HMIS contracted with a new System Administrator, Institute for Community Alliances (ICA). ICA was a leader in the 2017 PIT count improving methodology and data quality for the CoC. It was the first year that the PIT LIVE tool - a web-based, live data entry tool designed by ICA for the unsheltered PIT count. This tool contained HUD-mandated universal data elements, as well as questions agreed upon by CoCs, state partners, and ICA to ensure the same set of questions was asked statewide. 2) Training for this year’s count included training on the PIT LIVE tool. A demonstration version was distributed prior to the count, along with instructions. Additional outreach was conducted to school homeless liaisons to assure an accurate youth homeless count.

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

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

1) The CoC increased efforts to engage school districts with the help of state partners. An email was sent 1 month prior to the count, to all school districts in the state, from the Director of the Minnesota Department of Education explaining what the PIT count is and how they could be engaged. The CoC followed up this communication with direct outreach to homeless school liaisons in each of the school districts within the CoC. In addition to school outreach, focused efforts were made by youth outreach staff within the CoC to identify

youth experiencing homelessness. 2) Youth providers were heavily involved in PIT count planning. Stakeholders who serve youth attended planning meetings to create a plan for where outreach should be conducted ie: libraries, teen centers, after school events etc. 3) Youth providers utilize youth advisory committees year-round. Through these advisory committees, stakeholders were able to identify key outreach locations for youth.

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

FAMILIES: ACTION 1-The CoC increased efforts to engage school districts with the help of state partners. An email was sent 1 month prior to the count, to all school districts in the state, from the Director of the Minnesota Department of Education explaining what the PIT count is and how they could be engaged. ACTION 2-The CoC followed up this communication with direct email outreach 2 weeks and then 1 week prior to the count to homeless school liaisons in each of the school districts within the CoC. VETERANS: ACTION 1-The CoC engaged the local County Veteran Service Officers to reach out to Vets they had contact with in recent months. CHRONIC: ACTION 1- Clearer instructions were included on the survey to help volunteers accurately identify chronically homeless people.

3A. Continuum of Care (CoC) System Performance

Instructions

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

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

Metric 5.1 the number of persons experiencing 1st time homelessness in ES SH & TH in 2015 was 1582 & in 2016 was 1428 for a decrease of 9%. Metric 5.2 the number of persons experiencing 1st time homelessness in ES SH TH & PH was 1909 in 2015 and 1715 in 2016 for a decrease of 10%. The CoC risk factors are studied thru shelter data to analyze trends & characteristics of households who become homeless. Focus groups with persons who access homeless prevention programs or shelter are used to collect personal experience & need. Food shelves, homeless school liaisons, etc are utilized to identify households at risk of homelessness to connect them to CE & emergency services. A prevention targeting tool is used by CE to assess for prevention and diversion services. The CoC maximizes homeless prevention from multiple funding sources to fund strategies most likely to prevent 1st time homelessness. The prevention coordinator in each of the counties within the CoC are responsible for this measure.

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

1)Metric 1.1 LOT in ES & SH in 2016 was 61, 60.6% decrease from 2015, 155. Metric 1.2 LOT in ES, SH & TH in 2016 was 106, 46.5% decrease from 2015, 198. 2)The CoC targets clients on the CE priority list who have been homeless longest (CPD 16-11). CE refers those clients to outreach, MH, & youth drop in

centers who work to address barriers while waiting for a referral to housing. The CoC has a landlord risk mitigation fund to work on landlord engagement & incentivize landlords to rent to higher barrier clients. 3)The CoC is reducing LOT homeless through CE. Performance measures for CE are: length of time from identification to assessment (10 days) referral to contact (72 hrs) referral to housed (45 days). CE prioritizes serving people with the longest histories of homeless (CPD 16-11) for all programs including CoC & ESG funded projects. 4)The CoC Coordinator has primary responsibility to ensure the collaboration necessary for the CoC to reduce the LOT households spend homeless.

3A-3. Performance Measures: Successful Permanent Housing Placement and Retention

Describe: (1) the numerical change the CoC experienced; (2) the CoCs strategy to increase the rate of which individuals and families move to permanent housing destination or retain permanent housing; and (3) the organization or position responsible for overseeing the CoC’s strategy for retention of, or placement in permanent housing. (limit 1000 characters)

Metric 7a.1 successful exits from SO decreased from 81% in 2015 to 50% in 2016. Metric 7b.1 successful exits from ES SH TH and PH-RRH increased from 53% in 2015 to 58% in 2016. Metric 7c.1 successful exits or retention from all PH excluding PH-RRH decreased from 92% in 2015 to 90% in 2016. The CoC created a landlord risk mitigation fund to work on landlord engagement & incentivize landlords to rent to higher barrier clients. The CoC is implementing a Transition Policy which allows a household to transition from one housing program to another if the original placement is not a good fit & housing stability is at risk. The risk mitigation fund will be accessed through the CE priority list & targeted to households with the highest barriers. The transition policy will be incorporated into the CE priority list management process. Carver County is the entity responsible for the landlord risk mitigation fund. The SMAC Priority List Managers are responsible oversight of the Transition Policy.

3A-4. Performance Measure: Returns to Homelessness.

Describe: (1) the numerical change the CoC experienced, (2) what strategies the CoC implemented to identify individuals and families who return to homelessness, (3) the strategies the CoC will use to reduce additional returns to homelessness, and (4) the organization or position responsible for overseeing the CoC’s efforts to reduce the rate of individuals and families’ returns to homelessness. (limit 1000 characters)

1) The percentage of clients who exited to permanent housing and returned to homelessness in two years or less increased from 12% in 2015 to 13% in 2016. 2) The primary strategy has been to utilize CE to rapidly assess clients and offer connection to housing supports. CE also identifies those who are returning to homelessness. 3) In the next 12 months, the CoC will implement the Transition Policy which allows a household to transition from one housing program to another if the original placement is not a good fit & housing stability is at risk. In addition, the CoC will be working to develop a solid policy for youth who are aging out of youth programming to ensure they transition into sustainable permanent housing. Finally, the CoC will be working to create an after-care

option for households who exit PH programs to support housing stability. 4)The CoC Coordinator has primary responsibility to monitor planning efforts to reduce returns to homelessness.

3A-5. Performance Measures: Job and Income Growth

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

(limit 1000 characters)

1)The CoC reviews & monitors income performance measures through review of APRs & supports programs that have not met performance measures. The CoC utilizes expertise of its members & partners, including employment services providers, such as Tasks Unlimited, Rise, & the Work Force Centers. This collaboration has helped the CoC increase number of adult stayers with income by 22% from 2015 to 2016. 2)A key strategy utilized by projects to increase earned income from employment is to work with service providers to provide targeted employment services and comprehensive supports with the specific goal of increasing income. Strategies to increase non-employment income include using SOAR trainings to increase staff capacity & assist people enrolling in SSI & SSDI. 3)SOAR trained providers also attend CoC meetings & offer SOAR services to projects who may not have a SOAR person on staff. 4)The CoC Coordinator is responsible for ensuring projects have strategies to increase income.

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

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

3A-7. Enter the date the CoC submitted the System Performance Measures data in HDX, which included the data quality section for FY 2016. (mm/dd/yyyy) 05/31/2017

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

Instructions

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

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

	2016	2017	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC.	105	114	9

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

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

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

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

History of or Vulnerability to Victimization	<input checked="" type="checkbox"/>
Number of previous homeless episodes	<input checked="" type="checkbox"/>

Unsheltered homelessness	<input checked="" type="checkbox"/>
Criminal History	<input checked="" type="checkbox"/>
Bad credit or rental history (including not having been a leaseholder)	<input checked="" type="checkbox"/>
Head of Household with Mental/Physical Disability	<input checked="" type="checkbox"/>

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

1)The strategies have been: 1-The CoC’s Coordinated Entry (CE) process provides timely assessments that connect families to housing programs that will best meet their needs. 2-the CoC has provided broad community training on Housing 1st & low barrier practices. The CoC scores projects on their adoption of low barrier policies to ensure eligibility criteria does not cause delays for families seeking to access housing. 2)The CoC will be working to rapidly rehouse within 30 days by the end of 2019. Current timeframe to rapidly rehouse is 200 days. 3)The CoC’s strategies have been effective however, it has been recognized that more emphasis is needed on landlord engagement to ensure rapid move ins for families. The CoC is also working with RRH projects to move toward best practices such as serving families with as limited assistance as possible, not a set length of time (ie: 24 months). 4)The CoC Coordinator is responsible to ensuring the strategies get implemented and updated as needed.

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

	2016	2017	Difference
Number of CoC Program and non-CoC Program funded PSH units dedicated for use by chronically homelessness persons identified on the HIC.	91	95	4

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

The CoC implemented an anti-discrimination policy on September 15, 2017. All CoC projects applying during the NOFA process were required to sign a certification stating they are aware of this policy and will ensure it is implemented in their programs. The CoC has also worked with ESG and county

partners to ensure shelters that receive funding are adhering to anti-discrimination policies through the use of contract language. In addition, trainings were recently conducted for shelter providers funded by ESG focused on reducing barriers and increasing client engagement while in shelter. The CoC will be conducting quarterly training offerings that include information on the Final Rule from HUD on Equal Access.

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

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

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

History or Vulnerability to Victimization (e.g., domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
Number of Previous Homeless Episodes	<input checked="" type="checkbox"/>
Unsheltered Homelessness	<input checked="" type="checkbox"/>
Criminal History	<input checked="" type="checkbox"/>
Bad Credit or Rental History	<input checked="" type="checkbox"/>

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

1) The CoC has increased funding for youth services from multiple sources over the past 2 years including CoC funding, MN Family Homeless Prevention and Assistance Program (FHPAP), MN Homeless Youth Act (HYA), and capacity building funds from MN Housing. Total increased investment \$737,629. The CoC has engaged youth stakeholders in identification and planning for resource development. This includes strategic planning on how to engage youth through the Coordinated Entry System and move them quickly into stable housing. 2) The strategies used by the CoC have been effective thus far. The data point we

can reference this year is the PIT count. In spite of increased efforts to identify youth, the number of youth on the night of the PIT has decreased from 114 in 2014 to 78 in 2015 and finally 48 in 2016. The CoC has begun collecting and reporting data for the A Way Home America monthly dashboard. Using this data the CoC is tracking the most frequent sleeping places for youth and how many youth have exited homelessness each month. In addition, the data breaks out information on LGBTQ youth and youth of color. 4) The CoC feels these are effective measures because it will demonstrate how many youth are coming in and exiting on a regular basis. Looking at these measures monthly will raise awareness and can assist with target efforts to exit youth to permanent housing destinations.

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

1)The CoC has a strong history of collaborating with McK-V local education liaisons (LEL). LEL’s are active members of the CoC. The Minnesota Department of Education (MDE) Coordinator attends state-wide CoC meetings. 2)Through this formal partnership, LELs have helped to provide input on CoC education & early childhood policies, participated in PIT counts, and have presented on educational resources at CoC meetings. The MDE provides Minnesota Automated Reporting Student System (MARSS)—the primary reporting on homeless student identification data, and participates in homeless prevention planning with the CoC. 3)To ensure families are aware of educational rights, the CoC has provided LELs with CE training to ensure homeless families identified in schools are quickly connected to housing and services. In addition, housing providers are required to ensure education is a key component of goal planning with all families, including the benefits they are eligible through McK-V.

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

	MOU/MOA	Other Formal Agreement
Early Childhood Providers	No	Yes
Head Start	Yes	Yes
Early Head Start	Yes	Yes
Child Care and Development Fund	Yes	Yes
Federal Home Visiting Program	No	Yes
Healthy Start	No	Yes
Public Pre-K	No	Yes
Birth to 3	No	Yes
Tribal Home Visiting Program	No	Yes
Other: (limit 50 characters)		

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

The CoC uses StandDown events, outreach, & Coordinated Entry (CE) to identify homeless Veterans. The CoC has connected the CE process with the thru County Veteran’s Services Officers to the statewide Homeless Veteran Registry coordinated by the MN Dept. of Veterans Affairs (MDVA). The Registry is a state-operated by-name list of Veterans experiencing homelessness. Veterans join the Registry through a homeless service provider or by calling a toll-free hotline (888-LinkVet). Registry case review meetings occur every other week to create housing plans for every Veteran on the Registry. Veterans not connected with resources they may be eligible to receive -- e.g. HUD-VASH, state/federal veteran benefits, or homeless-specific programs or services through CE -- are connected with those programs and services. Veterans are also prioritized on the CE priority list for access to non-Veteran specific housing resources.

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

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

3B-3.4. Does the CoC have sufficient resources to ensure each Veteran is assisted to quickly move into permanent housing using a Housing First approach? No

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

Instructions:

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

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

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

4A-1a. Mainstream Benefits

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

1) The CoC collaborates closely with counties, health insurance providers, and the State of MN, a Medicaid expansion State, to facilitate enrollment and improve health outcomes for program participants. The MN Office to Prevent and End Homelessness developed recommendations on mainstream programs for how to work with a household experiencing homelessness. The recommendations were shared with providers who work within the CoC and incorporated into their practices. Households are referred to mainstream benefit programs they may be eligible for (SNAP, MA, General Assistance, etc.) through the CE process. 2) The CoC provides monthly updates on mainstream benefit programs through local meetings and email distribution. SOAR trainings are offered 2 times per year. Work Force Centers provide in person trainings annually to CoC membership and participate in CoC meetings. 3) The CoC

Coordinator is responsible to ensure collaboration takes place regarding access to mainstream benefits.

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

Total number of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO project applications in the FY 2017 competition (new and renewal)	24.00
Total number of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2017 competition.	23.00
Percentage of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO renewal and new project applications in the FY 2017 competition that will be designated as "low barrier"	95.83%

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

Total number of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH project applications in the FY 2017 competition (new and renewal).	24.00
Total number of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH renewal and new project applications that selected Housing First in the FY 2017 competition.	23.00
Percentage of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH renewal and new project applications in the FY 2017 competition that will be designated as Housing First.	95.83%

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

1) The CoC has increased capacity to provide outreach services during the past year through multiple funding sources. Forms of outreach provided include street outreach, institutional in-reach, and drop in centers. The CoC has youth specific outreach that is street based and school based. 100% of the CoC geography is covered by outreach efforts. 2) Street outreach is conducted for all populations weekly at a minimum. Youth street outreach is conducted across the CoC on a daily basis. 3) The CoC ensures outreach efforts target those least likely to request assistance through hiring practices that ensure experience with targeted populations, targeting strategic locations for outreach and using communication tools that are accessible to various sub-populations.

4A-5. Affirmative Outreach
Specific strategies the CoC has implemented that furthers fair housing as detailed in 24 CFR 578.93(c) used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, gender identify, sexual orientation, age, familial status, or disability; who are least likely to apply in the absence of special outreach.

Describe: (1) the specific strategies that have been implemented that affirmatively further fair housing as detailed in 24 CFR 578.93(c); and (2) what measures have been taken to provide effective communication to persons with disabilities and those with limited English proficiency. (limit 1000 characters)

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

	2016	2017	Difference
RRH beds available to serve all populations in the HIC	260	363	103

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

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

4B. Attachments

Instructions:

Multiple files may be attached as a single .zip file. For instructions on how to use .zip files, a reference document is available on the e-snaps training site:
<https://www.hudexchange.info/resource/3118/creating-a-zip-file-and-capturing-a-screenshot-resource>

Document Type	Required?	Document Description	Date Attached
01. 2016 CoC Consolidated Application: Evidence of the CoC's communication to rejected participants	Yes	SMAC Evidence of ...	09/08/2017
02. 2016 CoC Consolidated Application: Public Posting Evidence	Yes		
03. CoC Rating and Review Procedure (e.g. RFP)	Yes		
04. CoC's Rating and Review Procedure: Public Posting Evidence	Yes		
05. CoCs Process for Reallocating	Yes	SMAC Prioritizati...	09/08/2017
06. CoC's Governance Charter	Yes		
07. HMIS Policy and Procedures Manual	Yes	HMIS Policy and P...	09/08/2017
08. Applicable Sections of Con Plan to Serving Persons Defined as Homeless Under Other Fed Statutes	No		
09. PHA Administration Plan (Applicable Section(s) Only)	Yes		
10. CoC-HMIS MOU (if referenced in the CoC's Governance Charter)	No	SMAC HMIS MOU 2017	09/08/2017
11. CoC Written Standards for Order of Priority	No	SMAC Written Stan...	09/08/2017
12. Project List to Serve Persons Defined as Homeless under Other Federal Statutes (if applicable)	No		
13. HDX-system Performance Measures	Yes	SMAC System Perfo...	09/08/2017
14. Other	No		
15. Other	No		

Submission Summary

Ensure that the Project Priority List is complete prior to submitting.

Page	Last Updated
1A. Identification	08/31/2017
1B. Engagement	09/20/2017
1C. Coordination	Please Complete
1D. Discharge Planning	08/31/2017
1E. Project Review	Please Complete
1F. Reallocation Supporting Documentation	08/31/2017
2A. HMIS Implementation	09/20/2017
2B. PIT Count	08/31/2017
2C. Sheltered Data - Methods	09/20/2017
3A. System Performance	09/20/2017
3B. Performance and Strategic Planning	Please Complete

4A. Mainstream Benefits and Additional Policies	Please Complete
4B. Attachments	Please Complete
Submission Summary	No Input Required



Suburban Metro Area Continuum of Care
Summary of Funds Available
June 21, 2017



The 2017 HUD NOFA is soon to be released. The Suburban Metro Area Continuum of Care (SMAC), consisting of the counties of Anoka, Dakota, Scott, Carver and Washington, are coordinating efforts to meet community needs for homeless and chronically homeless households and are working together to best access available HUD funding. The SMAC Governing Board, consisting of representatives from each local homeless planning group, is seeking pre-applications from interested agencies to create **new projects** that will help our region to end homelessness. New projects can generally be created in two ways through the CoC NOFA competition process:

- 1) Bonus (new) funding granted by HUD to the CoC.
- 2) Reallocation from existing projects.

SMAC is accepting applications for both new project types through one application process. Please review the information below to determine if your project aligns with the eligibility and priorities of HUD and SMAC. The committee reviewing applications will determine which applications make sense to be funded through Bonus funds and which projects make sense to be funded through reallocation.

Bonus Funds:

It is projected for the 2017 competition, SMAC will receive over \$3 million in funding for existing projects. HUD has not specified a dollar amount that CoC's are able to apply for. SMAC will work with selected applicant(s) to create a workable budget when HUD makes the bonus amount available.

In the past, under HUD specifications, new projects created through Bonus funding can be either:

- (a) New permanent supportive housing projects that will serve 100 percent chronically homeless families and individuals including youth experiencing chronic homelessness.
- (b) New rapid rehousing projects that will serve homeless individuals and families, including youth, coming directly from the streets or emergency shelters, or fleeing domestic violence situations and other persons meeting the criteria of paragraph (4) of the definition of homeless.

Reallocation Funds:

Existing SMAC projects are evaluated on their performance and if a project is not meeting expectations, or are not able to utilize all their funding, money could be reallocated to new projects. New reallocated projects can be either (a) or (b) above and also:

- (c) new Supportive Services Only (SSO) projects for centralized or coordinated entry systems.

SMAC has not yet determined an amount that may be available through reallocation funds.

New projects that are awarded funding by HUD can reasonably expect to have funding renewed annually so long as the project performs well and aligns with SMAC priorities. New project applications will be considered only if the following pre-application is completed and accepted by SMAC.

SELECTION PROCESS

Interested organizations should complete the SMAC pre-application by July 20th, 5:00pm CST. An initial screening of organizations will be conducted and then eligible pre-applications will be forwarded to a committee of the SMAC Governing Board for further review and input on which provider or combination of providers is best equipped to apply for HUD funding. Approved pre-applicants will be required to submit a

project application to HUD on the timeline determined by the SMAC Governing Board once the NOFA is released. Technical assistance for completing the project application can be provided. Invitation to submit a project application does not guarantee that the new project will be prioritized for funding by the SMAC Governing Board. All project applications will be included in the SMAC application to HUD. HUD makes the final determination on funding for new projects.

REQUIREMENTS:

The following are **REQUIREMENTS** for potential applicants. Selected providers must perform in all areas.

- New project must serve all participating SMAC counties
- Must be a non-profit agency or unit of local government (county, city or housing authority)
- Must be capable of submitting an electronic application
- Administrative costs are limited to 5% of total funding requested from HUD
- For permanent supportive housing and rapid rehousing projects:
 - Up to 20% of the funding request may be used for services on reallocation projects.
 - HUD requires a match up to 25% of the funding request
- For Coordinated Entry projects:
 - Eligible projects must be able to serve as points of access, assessors, and Priority List managers to all SMAC regions OR be willing to sub-contract with existing points of access, assessors, and/or Priority L
 - ist managers in regions you do not serve.
- All projects:
 - In the past, HUD has required 200% of the request in HUD funding in leverage to receive full points. Assistance is available to new projects on how to determine and maximize leverage
 - Participation in Homeless Management Information System (HMIS) and Coordinated Entry is required.
 - Must be able to submit Annual Progress Report through Sage
 - Must provide evidence of ability to manage federal grants and compliance including quarterly draws of funding and Annual Progress Reports
 - Must attend 50% of local and/or Regional Suburban Metro Area Continuum of Care meetings annually
 - Must have DUNS number and be up to date on CCR

PRIORITIES:

The following are the priority populations SMAC is targeting through this application process:

- **Permanent Supportive Housing for Youth (youth is defined as under 25)**
- **Rapid Re-Housing for Single Adults (adult is defined as 18 and over)**

The following are other priorities SMAC will consider in the selection process (not in order) by which competitive applications will be ranked (both bonus and pro rata projects):

- Housing Emphasis
- History of using HMIS correctly
- Ability to submit Annual Progress Reports on a timely and accurate basis
- History of federal grant experience and compliance
- Service Model
- Local success
- Demonstrated history of successful collaborations
- Demonstrated cultural competency
- Demonstrated ability to achieve HUD outcomes

Questions can be directed to Abby Guilford at abby@mesh-mn.org.