Before Starting the CoC Application

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

 The Collaborative Applicant is responsible for:

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

 - This year, CoCs will see that a few responses have been imported from the FY 2013/FY 2014 CoC Application. Due to significant changes to the CoC Application questions, most of the responses from the FY 2013/FY 2014 CoC Application could not be imported.
  - For some questions, HUD has provided documents to assist Collaborative Applicants in filling out responses.
 - For other questions, the Collaborative Applicant must be aware of responses provided by project applicants in their Project Applications.
- Some questions require that the Collaborative Applicant attach a document to receive credit. This will be identified in the question.
 - All questions marked with an asterisk (*) are mandatory and must be completed in order to submit the CoC Application.

 For Detailed Instructions click here.

1A. Continuum of Care (CoC) Identification

Instructions:

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

1A-1. CoC Name and Number: CA-522 - Humboldt County CoC

1A-2. Collaborative Applicant Name: Humboldt County

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Humboldt County

1B. Continuum of Care (CoC) Engagement

Instructions:

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

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

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

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

The CoC has an inclusive structure that strives to include a wide range of opinions, and it benefits and builds on the small community's strong network of interested parties. 1. Representatives of the VA and the North Coast Veterans Resource Center, a veterans' service nonprofit, gave a presentation to the CoC on the state of veteran homelessness in the county. They also presented on the VA and NCVRC resources available that can contribute toward the goal of ending veteran homelessness in Humboldt County. NCVRC is on the Exec Board and participates in CE planning. 2. The County Homeless Education Coordinator participated in the PIT cmte and shaped its work, polling the homeless liaisons from the various districts to generate the school data included in the local PIT report. This data provided much-needed insight into the circumstances of homeless families. These partnerships contribute to the deepening of knowledge in the CoC and have shaped the development of best practices.

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

Youth Service Provider (up to 10)	RHY Funded?	Participated as a Voting Member in at least two CoC Meetings within the last 12 months (between October 1, 2014 and November 15, 2015).	Sat on the CoC Board as active member or official at any point during the last 12 months (between October 1, 2014 and November 15, 2015).
Redwood Community Action Agency	Yes	Yes	Yes
Redwood Teen Challenge	No	Yes	No
Humboldt County Department of Education Foster Youth and Homeless Education Services	No	Yes	No

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

Victim Service Provider for Survivors of Domestic Violence (up to 10)	Participated as a Voting Member in at least two CoC Meetings within the last 12 months (between October 1, 2014 and November 15, 2015).	Sat on CoC Board as active member or official at any point during the last 12 months (between October 1, 2014 and November 15, 2015).
WISH Crisis Center	Yes	Yes
Humboldt Domestic Violence Services	No	No
North Coast Rape Crisis Center	No	No
Redwood Community Action Agency Safe Haven	Yes	Yes

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

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

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

HHHC (Humboldt Housing & Homeless Coalition) Exec Cmte functions as local Interagency Council as well as CoC Exec Cmte. HHHC's Ten Year Plan is based on Opening Doors. Exec Cmte and its member agencies are the entities responsible for implementing the TYP, accountable to the following activities: CH: HHHC Exec Cmte sets funding priorities; created a process to incentivize TH projects to reallocate to PSH for CH. Vets: HHHC delegates vets' services org to provide updates on state of veteran homelessness. Family/Child/Youth Homelessness: DHHS (Collab App), RCAA, TAY Collab are responsible: RCAA houses families, TAY Collab ensures we are meeting TAY needs, DHHS received CalWorks RRH grant for families. All Homelessness: HHHC Board delegates review of HIC/PIT to PIT committee; who reviews PIT/HIC data annually to improve knowledge of the populations we serve. HHHC develops funding priorities & continues to move toward RRH & PSH and best practices for each model.

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

1. Our CoC is a network of CoC- & non-CoC-funded agencies that work closely together and share information about funding opportunities. The CoC publishes an announcement of the funding opportunity to a listserv (reaching a range of 170+ stakeholders) & advertises the opportunity at public CoC meetings & on its website. Interested agencies attend an open Technical Assistance workshop at which the funding opportunity, application, & review process are explained in detail. Special outreach was done to several non-CoC funded organizations who attended the TA workshop; one submitted an application. Collab App provides TA to new project applicants before, during, & after competition.
2. All new project applications are scored based on: agency capacity, community participation, perf. outcomes, budget and cost effectiveness, and past performance with similar grants. All applicants meet with non-conflicted Ranking Cmte for interviews before scoring & ranking.

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

1C. Continuum of Care (CoC) Coordination

Instructions:

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

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

Funding or Program Source	Coordinates with Planning, Operation and Funding of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Yes
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Yes
HeadStart Program	No
Other housing and service programs funded through Federal, State and local government resources.	Yes

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

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

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

How many ESG recipients did the CoC consult with in the development of ESG performance standards and evaluation process for ESG funded activities?	1	100.00 %

1C-2a. Based on the responses selected in 1C-2, describe in greater detail how the CoC participates with the Consolidated Plan jurisdiction(s) located in the CoC's geographic area and include the frequency, extent, and type of interactions between the CoC and the Consolidated Plan jurisdiction(s).
(limit 1000 characters)

The State of California HCD is the only jurisdiction that has purview over Humboldt County, and thus a Consolidated Plan applicable to the HHHC. The HHHC has a variety of members who receive funds from HCD. They report regularly on funding available, and more importantly the current priorities in the NOFA that flow from the Consolidated Plan (when avail., at CoC mtgs). In addition, there is a member of the HHHC that sits on an HCD Advisory Committee and reads and provides comments on the Consolidated Plan each time it is updated. The Committee members, in conjunction with staff and informed by HUD policy, help shape the State's Consolidated Plan. Beginning this year the HHHC will receive an annual report on the Consolidated Plan. Additionally, the HHHC plans to discuss the State's Consolidated Plan when it is up for review, so that the members can understand what is changing and have input into the process.

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

The CoC is in a non-entitlement jurisdiction, and there is currently no ESG funding in the geographic area. In 2/2015, the Exec Cmte approved criteria for review & ranking of ESG proposals. 3 agencies represented on the Exec Cmte are current/former recipients of ESG funding through CA HCD. One Exec Cmte rep (DHHS) attended ESG workshops and provided feedback on the proposed revamp of the ESG Plan, & 2 agencies participated in the HCD conference call on the ESG revamp. The CoC also coordinates with past and potential ESG-funded agencies in strategic resource allocation for homeless services by determining the cmty's local priorities for CoC & ESG programs. Should ESG funds be awarded in the CoC's geographic area, the CoC would follow a similar process for ESG Review & Rank (developing performance standards and regularly reviewing ESG funded projects' progress toward them), & use this locally developed process to inform the local competition portion of the state competition process.

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

1. HHHC agencies connect DV survivors to appropriate services quickly thru referrals. Staff providing a referral can present a household with options based on their history and need and can use 2-1-1's system to connect clients to the service most appropriate for their needs. All family & TAY projects assess for DV needs. If presenting at ES, AHP provides screening for DV & trauma for all families in shelter. RCAA operates a TH SH program for DV survivors. WISH & Humboldt DV Services operate privately funded DV safe housing & services. When CE is fully operational, providers will screen for DV, record data privately & follow process to refer households to DV services. CoC agencies have non-disclosure policies to protect participants. 2. If presenting to victim service provider, privately funded Humboldt DV Services, WISH, RCAA Safe Haven rely on referral network to connect families to CoC housing. Non-disclosure policies apply to ensure info is collected and used in a secure manner.

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

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program from 10/1/14 to 3/31/15 who were homeless at entry	PHA has General or Limited Homeless Preference
County of Humboldt/City of Eureka Housing Authority	26.00%	No

1C-5. Other than CoC, ESG, Housing Choice Voucher Programs and Public Housing, describe other subsidized or low-income housing opportunities that exist within the CoC that target persons experiencing homelessness. (limit 1000 characters)

HHHC and its member agencies are playing an integral role in bringing more subsidized, low-income, and affordable housing options for homeless persons to the geographic area. Arcata Bay Crossing, a low-income housing project recently opened, has 15 units reserved for persons at risk of homelessness and 4 reserved for CH persons. This project utilizes local foundation, local government, and MHSA funding and is managed by a CoC grantee organization (Housing Humboldt). 2 CoC grantee organizations (DHHS and Arcata House Partnership) are providing services for those housed in the project. North Coast Veterans Resource Center (Exec Cmte member) has 76 VASH vouchers and 44 GPD-funded beds, and continues to increase housing for homeless persons in the area. DHHS (Collaborative Applicant) sought and received a $496,000 rapid rehousing grant for families that will increase access to affordable housing for homeless families in the area.

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

Engaged/educated local policymakers:	X
Engaged/educated law enforcement:	X
Implemented communitywide plans:	
No strategies have been implemented:	
Local police have homeless advocate on staff	X

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

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

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

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

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

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

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

N/A. Members of the Exec Cmte have participated with community leaders, BoS members, Eureka City Council members, Eureka PD, city planners & business owners in Community Homeless Improvement Project (CHIP) to work against the criminalization of homelessness. CHIP develops solutions for Eureka's homeless, resulting in fund for short-term housing while permanent housing is secured. Funds for deposits & rent, substance use treatment, & for operation of the MIST (joint effort of DHHS and Eureka PD) outreach program were secured through city/MHSA/IGT county funds to support this effort. Mental Health Clinician and Case Manager travel w/ 2 officers to work with most vulnerable persons experiencing homelessness. 2 BoS members and one City Council member have been on outreach trips with SOS. DHHS works w/ multiple Law Enforcement Agencies to plan & provide mental health training to officers annually. Chief of Eureka PD has been a champion of this work.

1E. Centralized or Coordinated Assessment (Coordinated Entry)

Instructions:

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

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

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

Our CoC is a tight network of providers who coordinate to route households in need to the most appropriate housing & services. Coordinated Assessment Cmte has been working to establish centralized assessment system through 2-1-1, and after extensive planning & input 2-1-1 is applying for CoC funds to bring the CE system fully on line. We will 1. Use a virtual system (2-1-1) to reach the CoC's entire geographical area including the rural areas that otherwise have limited access to services. 2. Advertise through TV, brochures in multiple languages, homeless newspaper. We will utilize connections with faith communities & mobile outreach workers who have relationships with homeless persons less likely to access the process. 3. Administer VI-SPDAT 2.0 (planned to input in HMIS) to assess needs & determine appropriateness for available housing. Detailed assessments of client needs will continue to be administered at the project level but will not duplicate the standardized screening tool.

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

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

Other homeless subpopulation advocates	X	☐	☐	☐	☐	☐
Family Resource Center representatives	X	☐	☐	☐	☐	☐
E-form requires all rows be checked: as a result, checked rows 3-5, 12 as 'N/A	☐	☐	☐	☐	☐	X

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

Instructions

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

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

How many renewal project applications were submitted in the FY 2015 CoC Program Competition?	9

How many of the renewal project applications are first time renewals for which the first operating year has not expired yet?	2

How many renewal project application APRs were reviewed by the CoC as part of the local CoC competition project review, ranking, and selection process for the FY 2015 CoC Program Competition?	6

Percentage of APRs submitted by renewing projects within the CoC that were reviewed by the CoC in the 2015 CoC Competition?	85.71%

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

Type of Project or Program (PH, TH, HMIS, SSO, RRH, etc.)	X

Performance outcomes from APR reports/HMIS	
Length of stay	X
% permanent housing exit destinations	X
% increases in income	X

Monitoring criteria	
Participant Eligibility	X
Utilization rates	X
Drawdown rates	X
Frequency or Amount of Funds Recaptured by HUD	X

Need for specialized population services	
Youth	X
Victims of Domestic Violence	X
Families with Children	
Persons Experiencing Chronic Homelessness	X
Veterans	

None	

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

All PH in the CoC is dedicated to CH persons, so the CoC has extensive knowledge of the degree of difficulty in achieving successful performance outcomes when serving the hardest to serve persons. While the population a project served is not a standalone scoring factor, demographic info on the population a project serves is included in evaluation reports so reviewers can see and consider population served when scoring other criteria (info on the # of disabilities at entry, # of seniors, veterans, and persons experiencing domestic violence served). Projects are also given opportunities through interviews and narrative submissions to the review panel to describe the severity of need of the population they serve. Projects are additionally scored on extent to which they do not operate with barriers to entry. Project's willingness to serve persons with low/no income, barriers to sobriety, criminal background, poor credit, or eviction history further affect their progress toward outcomes.

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

HHHC had a collaborative public process to design the review & rank criteria prior to NOFA release. After release, all portions of the CoC's review & rank process (including timeline, scoring tools, tiering policy, & appeals policy) were approved by the CoC Exec Cmte at a public meeting held October 5. A TA workshop was held October 6 where all materials were distributed. The workshop was advertised on October 1 via the CoC listerv and website. Exec Cmte did targeted outreach to non-CoC funded organizations to increase attendance & inform/encourage applications. Collaborative applicant ensured that any interested party received competition materials. Materials were publicly posted to the CoC website November 12, 2015.

1F-4. On what date did the CoC and Collaborative Applicant publicly post all parts of the FY 2015 CoC Consolidated Application that included the final project application ranking? (Written documentation of the public posting, with the date of the posting clearly visible, must be attached. In addition, evidence of communicating decisions to the CoC's full membership must be attached.)   11/17/2015

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

1F-5a. If the CoC rejected project application(s) on what date did the CoC and Collaborative Applicant notify those project applicants their project application was rejected in the local CoC competition process? (If project applications were rejected, a copy of the written notification to each project applicant must be attached.) 11/04/2015

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

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

Instructions

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

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

To determine effectiveness in meeting performance outcomes, HHHC created a database of project APR, drawdown, audit, and other application data. The database generates detailed evaluations of each project's most recent operating year, which simplifies review & allows the Ranking Committee to easily compare projects. The Committee annually meets with & scores each project according to a CoC-approved scoring process and tool, which measures both performance (whether projects operate at capacity, housing retention, exits to PH, access to employment and mainstream resources, rapid exits to PH for TH projects) & capacity (cost-effectiveness, CoC participation; financial, CoC and HUD audits; drawdown history, match, and leverage). Ranking Cmte reviews the needs of clients served to ensure that projects are reaching those who are hardest to serve. The CoC is planning to establish performance targets and procedures to evaluate performance frequently & in consultation with all stakeholders.

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

Yes

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

Yes