

Part I: CoC Organizational Structure

HUD-defined CoC Name:*	CoC Number*
Utah Balance of State CoC	UT-503

A: CoC Lead Organization Chart

CoC Lead Organization: Utah Balance of State CoC Steering Committee		
CoC Contact Person: Jonathan Hardy		
Contact Person's Organization Name: Utah State Department of Community and Culture		
Street Address: 324 South State St, Suite 500		
City: Salt Lake City	State:UT	Zip: 84111
Phone Number: (801) 538-8650	Fax Number: (801) 538-8888	
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CoC-A

B: CoC Geography Chart

Geographic Area Name	6-digit Code	Geographic Area Name	6-digit Code
Beaver County	499001	Logan	490672
Box Elder County	499003	Millard County	499027
Clearfield	490174	Morgan County	499029
Cache County	499005	Ogden	490888
Carbon County	499007	Piute County	499031
Daggett County	499009	Rich County	499033
Davis County	499011	St. George	491074
Duchesne County	499013	San Juan County	499037
Emery County	499015	Sanpete County	499039
Garfield County	499017	Sevier County	499041
Grand County	499019	Uintah County	499047
Iron County	499021	Washington County	499053
Juab County	499023	Wayne County	499055
Kane County	499025	Weber County	499057
Layton	490624		

Seven regional Homeless Coordinating Committees include: Five County Association of Governments (AOG), covering southwestern Utah, Southeast AOG, covering the southeastern counties; Six County AOG, covering central Utah; Uinta Basin AOG, covering counties in the northwest spur of Utah; Bear River AOG (BRAG), covering extreme northern Utah, Weber/Morgan HCC; and Davis County HCC.

CoC Structure and Decision-Making Processes

C: CoC Groups and Meetings Chart

CoC-Related Planning Groups		Meeting Frequency (check only one column)				Enter the number of organizations/entities that are members of each CoC planning group listed on this chart.
		Monthly or More	Quarterly	Biannually	Annually	
CoC Primary Decision-Making Group						
Name:	Utah Balance of State CoC (BSCC) Steering Committee	X				12
Role:	Plans and implements strategies that assist agencies and regional planners throughout the BSCC to address homeless through housing, self-sufficiency, and prevention.					
Other CoC Committees, Sub-Committees, Workgroups, etc.						
Name:	Point-in Time Committee		X			8
Role:	Plans and coordinates point-in-time data collection for street count and shelter capacity surveys. Provides technical assistance to agencies					
Name:	Mainstream Planning Committee	X				12
Role:	Assess barriers to Mainstream Services and develops plans for ensuring access continuum-wide. Implements one-stop-access mentoring pilot at mainstream access points.					
Name:	HMIS Steering Committee	X				15
Role:	Monitors HMIS implementation. Processes field agency feedback and coordinates HMIS agency improvements in programming, security, training, and data collection policy.					
Name:	Threshold Committee				X	5
Role:	Reviews need, quality, and completeness of project applications and determines threshold qualification. Provides technical assistance to agencies for presenting complete packages					
Name:	Prioritization Committee				X	7
Role:	Determine rating factors and procedures. Rank projects considering need, efficiency, & housing emphasis. Manages funding apportionment with Pro Rata Need availability.					
Name:	State Homeless Coordinating Committee (SHCC)		X			21
Role:	Coordinates the State's 10-year Plan with AOGs, counties, and cities to reduce and end chronic homelessness. Consults the BSCC Steering Committee on strategy and need.					
Name:	SHCC Discharge Planning Committee	X				14
Role:	Targets policies that present institutional barriers. Develops protocols and policies to ensure those discharged from institutions enter non-McKinney-Vento funded permanent housing.					
Name:	SHCC Supportive Services Committee		X			12
Role:	Coordinates policies and procedures for streamlining access to, and resolving barriers of maintaining SSDI, TANF, Medicaid, and other public services.					

Name:	SHCC Information Committee		X		12
Role:	Coordinates planning for integrating policy and strategy between statewide HMIS, DV, Mental Health, Substance Abuse Information System planners and referral databases.				
Name:	SHCC Affordable Housing Committee		X		15
Role:	Orchestrates prioritizing "Housing First" with HOME, CDBG, and LIHTC programs Constructs a 10-year strategy to increase housing for programs by 40% statewide.				
Name:	Regional Homeless Coordinating Committees (seven)		X		12 each
Role:	Seven regional planning bodies each plan local implementation of the State' 10-Year Plan to End Chronic Homelessness, coordinate resources, and identify local needs.				

D: CoC Planning Process Organizations Chart

List the names of all organizations involved in the CoC under the appropriate category. If more than one geographic area is claimed on the 2006 Geography Chart (Chart B), you must indicate which geographic area(s) each organization represents in your CoC planning process. In the last columns, identify no more than two subpopulation(s) whose interests the organization is specifically focused on representing in the CoC planning process. For "Homeless Persons," identify at least 2 homeless or formerly homeless individuals.

	Specific Names of All CoC Organizations	Geographic Area Represented (Statewide= each region + centrally)	Subpopulations Represented, if any* (no more than 2)	
PUBLIC SECTOR	STATE GOVERNMENT AGENCIES			
	Utah State Department of Community & Culture	Statewide		
	Utah State Housing and Community Development	Statewide		
	Department of Workforce Services	Statewide		
	Department of Health Division of Mental Health	Statewide	SMI	SA
	Department of Human Services	Statewide	DV	Y
	– Child and Family Services	Statewide	DV	
	– Foster Care	Statewide	Y	
	Department of Human Services – Voc Rehab	Statewide		
	Department of Human Services – Division of Services for People with Disabilities	Statewide		
State Office of Education	Statewide	Y		
Department of Corrections	Statewide			
Office of Veterans Affairs	Statewide	VET		
(State agencies are represented centrally and in each of the 7 Regional Homeless Coordinating Committees)				

LOCAL GOVERNMENT AGENCIES				
Bear River County Commissioners	BEAR RIVER			
Brigham City Mayor	BEAR RIVER			
Logan Mayor	BEAR RIVER			
Logan Police Chief	BEAR RIVER			
Cache County Sheriff	BEAR RIVER			
Bear River Association of Governments (BRAG)	BEAR RIVER			
Box Elder County Health	BEAR RIVER			
Ogden City Neighborhood Development	WEBER			
Weber County Commissioner	WEBER			
Ogden City Mayor	WEBER			
Ogden Adult Education	WEBER			
Weber County Human Services	WEBER			
Ogden Housing Authority	WEBER			
Ogden City School District	WEBER			
Weber County Sheriff	WEBER			
Ogden City Police	WEBER			
Wasatch Front Regional Council	WEBER + DAVIS			
Davis County Housing Authority	DAVIS			
Davis County Commissioner	DAVIS			
Davis County Health Dept	DAVIS			
Davis County School District	DAVIS			
Clearfield City	DAVIS			
Davis County Sheriff	DAVIS			
Wasatch Regional Council of Governments	DAVIS			
Davis County Health Department	DAVIS			
City of Layton	DAVIS			
Uintah Basin Association of Governments	UINTAH BASIN			
Uintah County Commissioners	UINTAH BASIN			
Duchesne County Sheriff's office	UINTAH BASIN			
Duchesne County Human Services	UINTAH BASIN			
Vernal Mayors Office	UINTAH BASIN			
Six County AOG	6 COUNTY			
Ephraim Mayor's Office	6 COUNTY			
Juab County Local Government	6 COUNTY			
Piute County Local Government	6 COUNTY			
Sevier County Local Government	6 COUNTY			
Adult Protective Services	6 COUNTY			
Aging Community Assistance	6 COUNTY			
Senior Nutrition Program	6 COUNTY			
Central Utah Dept. of Public Health	6 COUNTY			
Mount Pleasant City	6 COUNTY			
Sevier County Sheriff's Office	6 COUNTY			
Southeastern Utah Association of Governments	SOUTHEAST			
Grand & San Juan County Housing Authority	SOUTHEAST			
Moab City Planning Office	SOUTHEAST			
Grand County CDBG	SOUTHEAST			
Division of Youth Corrections	FIVE COUNTY			
Five County Association of Governments	FIVE COUNTY			
Washington County School District	FIVE COUNTY			

	Washington County Human Services	FIVE COUNTY		
	Washington Co. Juvenile Justice Services	FIVE COUNTY		
	Southwest Utah Dept of Health	FIVE COUNTY		
	OTHER PUBLIC			
	Millard County Housing Authority	6 COUNTY		
	St. George Housing Authority	FIVE COUNTY		
	Cedar City Housing Authority	FIVE COUNTY		
	Ogden Housing Authority	WEBER		
	Carbon County Housing Authority	SOUTHEAST		
	Logan City Housing Authority	BEAR RIVER		
	Davis County Housing Authority	DAVIS		
	Northwestern Band of Shoshone Nation Housing Authority	WEBER		
	Cache County Housing Authority	BEAR RIVER		
	Roosevelt/Myton Housing Authority	UINTAH BASIN		
	Bear River Region Housing Authority	BEAR RIVER		
	Beaver City Housing Authority	6 COUNTY		
	Emery County Housing Authority	SOUTHEAST		
	Moab City Housing Authority	SOUTHEAST		
PRIVATE SECTOR	BUSINESSES (BANKS, DEVELOPERS, BUSINESS ASSOCIATIONS, ETC.)			
	Coldwell Banker Real Estate	6 COUNTY		
	Far West Bank	6 COUNTY		
	Ram Company	FIVE COUNTY		
	Problems Anonymous Action Group, Inc.	WEBER		
	Kier Management Corporation	WEBER		
	Ogden Standard Examiner	WEBER		
	American Express Centurion Bank	WEBER + DAVIS		
	Market Star	WEBER		
	Associated Foods	WEBER		
	Petersen Inc.	WEBER		
	Wells Fargo Bank	WEBER		
	American First Credit Union	WEBER		
	Zions Bank	BEAR RIVER+WEBER		
	Sage Motel	UINTAH BASIN		
	Cab Motel	UINTAH BASIN		
	Fannie Mae	STATEWIDE		
	HOMELESS/FORMERLY HOMELESS			
	Marie Klones	6 COUNTY		
	Wendy Shupe	DAVIS		
	Joe Morrow	SALT LAKE COUNTY	VET	
	Steve Rawl	WEBER	VET	
	Sara Law- Formerly Homeless/FEMA Board	WEBER		
NON-PROFIT ORGANIZATIONS				
Your Community in Unity	BEAR RIVER			
Neighborhood Nonprofit Housing	BEAR RIVER			

Habitat for Humanity	BEAR RIVER+WEBER		
Intermountain Health Care	BEAR RIVER		
Logan Food Pantry	BEAR RIVER		
Community Abuse Prevention CAPSA	BEAR RIVER	DV	
Vernal Victim Advocate	UINTAH BASIN	DV	
Women's Crisis Center	UINTAH BASIN	DV	
Family Support Center of Uintah Basin	UINTAH BASIN	DV	
Ute Indian Tribe Vocational Rehabilitation	UINTAH BASIN		
Family Services	UINTAH BASIN		
Children's Aid Society of Utah, Ogden	WEBER		
Community Clinic	DAVIS		
Family Connection Center	DAVIS	DV	Y
Affordable Land Lease Homes	DAVIS		
Safe Harbor DV Shelter	DAVIS	DV	
Head Start	DAVIS	Y	DV
Davis Behavioral Health	DAVIS	SMI	SA
Four Corners Community Behavioral Health	SOUTHEAST	SA	SMI
Interact	SOUTHEAST	SA	SMI
Gentle Ironhawk	SOUTHEAST	DV	
Seekhaven	SOUTHEAST	DV	
Golden Rule Mission	SOUTHEAST		
Active Reentry	SOUTHEAST	SA	
North Sevier Homebase	6 COUNTY		
Central Utah Mental Health	6 COUNTY	SA	SMI
Central Utah Public Health	6 COUNTY	HIV	VET
New Horizons Crisis Center	6 COUNTY	DV	
Sevier Valley Hospital	6 COUNTY	HIV	VET
Headstart	6 COUNTY	Y	DV
New Horizons Crisis Center	6 COUNTY	DV	
At-Home Health Care	6 COUNTY		
Central Utah Counseling Center	6 COUNTY	SMI	
Central Utah Food Sharing	6 COUNTY		
Curtis Assisted Living	6 COUNTY		
Horizon Home Health	6 COUNTY		
IHC Home Care	6 COUNTY		
Richfield Rehab & Care Center	6 COUNTY		
Sevier Senior Corporation	6 COUNTY		
Dixie Care and Share	FIVE COUNTY	SMI	SA
Red Rock Center for Independence	FIVE COUNTY	SMI	
Valley View Medical Center	FIVE COUNTY		
Disability Law Center	FIVE COUNTY		
Canyon Creek Women's Shelter	FIVE COUNTY	DV	
Iron County Care and Share	FIVE COUNTY	SMI	SA
The Spectrum	FIVE COUNTY		
New Frontier for Families	FIVE COUNTY		
Five County Youth Crisis Center	FIVE COUNTY	Y	
Erin Kimball Memorial Foundation	FIVE COUNTY	DV	
Southwest Center Behavioral Health	FIVE COUNTY	SMI	

Dove Center	FIVE COUNTY	DV	
Cedar City Housing Authority	FIVE COUNTY	DV	
Color Country Community Housing	FIVE COUNTY		
Habitat for Humanity	FIVE COUNTY		
TURN Disabled Adults	FIVE COUNTY		
Iron Park – Disabled Adults	FIVE COUNTY		
ARC of Washington County	FIVE COUNTY		
United Way of Washington County	FIVE COUNTY		
Homeless Veterans Fellowship	WEBER	VET	SA
UAF BRIDGE Program	WEBER	SA	
Christmas Box Houses	WEBER	DV	Y
Ogden/Weber Out of School Time Programs	WEBER	Y	
Ogden City Enterprise Initiative	WEBER		
Salvation Army	WEBER	SA	
Ogden Area Community Action Agency	WEBER	HIV/AIDS	
First Step	WEBER	SA	
Your Community Connection	WEBER	DV	Y
Share, Inc.	WEBER	Y	
St. Anne’s Center	WEBER	SMI	
United Way of Northern Utah	WEBER		
Ogden-Weber Community Action	WEBER		
Tri-County Independent Living Center	WEBER		
Midtown Community Clinic	WEBER		
American Red Cross	STATEWIDE		
Utah Issues Center for Poverty Research	STATEWIDE		
Utah HMIS	STATEWIDE		
FAITH-BASED ORGANIZATIONS			
Church of Jesus Christ of Latter Day Saints - Humanitarian Services- CoC Consultant - Transient Bishops- Financial Aid/Housing - Bishops Storehouse- Food Pantries - Deseret Industries – Thrift Stores	STATEWIDE		
St. Olaf’s Catholic Church, Bountiful	DAVIS		
Grace Baptist Church, Bountiful	DAVIS		
Westminster Presbyterian Church	DAVIS		
Ogden Rescue Mission	WEBER	Y	SA
Catholic Community Services	WEBER	HIV	Y
Victory Christian Fellowship	WEBER		
United Church of Christ	WEBER		
Finley Temple Church of God	WEBER		
St James Catholic Church	UINTAH BASIN		
Harvest Fellowship	UINTAH BASIN		
St. Jude’s Episcopal Church	FIVE COUNTY		
Lighthouse	FIVE COUNTY		
Christ the King Catholic Church	FIVE COUNTY		
St. Jude’s Catholic Church	FIVE COUNTY		
Community Presbyterian Church	FIVE COUNTY		
Salvation Army	FIVE COUNTY+WEBER	SA	
St. Thomas Aquinas Catholic Church	BEAR RIVER		

OTHER:			
Ogden Regional Hospital	WEBER		
Jack Burgess – Low Income Advocate	UINTAH BASIN		
Uintah Basin Applied Technology College	UINTAH BASIN		
Self Help Housing Program	UINTAH BASIN		
Crystal Adams -Native American	UINTAH BASIN		
Joan Janes - Senior Population	UINTAH BASIN		
Dario Cairoli – Clergy	UINTAH BASIN		
HUD - Salt Lake Field Office	STATEWIDE		
USDA Rural Development	6 COUNTY		
US Veterans Administration	STATEWIDE	VET	
US Senator Robert Bennett’s Office	BEAR RIVER		
Social Security Administration- Utah Office	STATEWIDE		
Utah Housing Corporation	STATEWIDE		
Weber State University	WEBER		
Davis Applied Technology Center	DAVIS		
Ogden-Weber Applied Technology Center	WEBER		
John Lindquist- Homeless Advocate	WEBER		
Carl Cook- Homeless Advocate	WEBER		

***Subpopulations Key:** Seriously Mentally Ill (SMI), Substance Abuse (SA), Veterans (VET), CoC-D HIV/AIDS (HIV), Domestic Violence (DV), and Youth (Y).

E: CoC Governing Process Chart

HUD is moving toward providing greater definition and setting standards on the governing process of Continuums of Care. Check the box for each question below, and explain briefly if necessary.

	Yes	No
1. Does the CoC have a separate planning and decision-making body/entity that is broadly representative of the public and private homeless service sectors, including homeless client/consumer interests? If no, please explain.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Is the primary decision-making entity composed of at least 65 percent representation by the private sector (including consumer interests)? If no, please explain.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Is the primary decision-making entity membership selected in an open and democratic process by the CoC membership? If no, please explain.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Is there a Chair and Co-Chair representing both the private and public sector at the same time, with staggered 2-year terms and the Chair position rotating between the private and public sectors? If no, please explain.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Has the CoC developed a Code of Conduct for the CoC decision-making entity and its Chair and Co-chair? If no, please explain.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. The Chair and Co-Chair and all members of the CoC decision-making entity may not participate in decisions concerning awards of grants or provision of financial benefits to such member or the organization that such member represents. Have they recused themselves from considering projects in which they have an interest? If no, please explain.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Does the CoC have a fiscal agent designated to receive funds from HUD?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. If your Continuum has not yet complied with <i>any</i> of the above broad standards for the CoC planning and decision-making process, please describe the extent to which your CoC will meet each guideline by the 2007 competition.		

CoC-E

F: CoC Project Review and Selection Chart

1. Open Solicitation	
a. Newspapers <input checked="" type="checkbox"/>	e. Outreach to Faith-Based Groups <input checked="" type="checkbox"/>
b. Letters to CoC Membership <input checked="" type="checkbox"/>	f. Announcements at CoC Meetings <input checked="" type="checkbox"/>
c. Responsive to Public Inquiries <input checked="" type="checkbox"/>	g. Announcements at Other Meetings <input checked="" type="checkbox"/>
d. Email CoC Membership/Listserv <input checked="" type="checkbox"/>	
2. Objective Rating Measures and Performance Assessment	
a. CoC Rating & Review Committee Exists <input checked="" type="checkbox"/>	j. Assess Spending (fast or slow) <input type="checkbox"/>
b. Review CoC Monitoring Findings <input checked="" type="checkbox"/>	k. Assess Cost Effectiveness <input checked="" type="checkbox"/>
c. Review HUD Monitoring Findings <input checked="" type="checkbox"/>	l. Assess Provider Organization Experience <input checked="" type="checkbox"/>
d. Review Independent Audit <input checked="" type="checkbox"/>	m. Assess Provider Organization Capacity <input checked="" type="checkbox"/>
e. Review HUD APR <input checked="" type="checkbox"/>	n. Evaluate Project Presentation <input checked="" type="checkbox"/>
f. Review Unexecuted Grants <input checked="" type="checkbox"/>	o. Review CoC Membership Involvement <input checked="" type="checkbox"/>
g. Site Visit(s) <input checked="" type="checkbox"/>	p. Review Match <input checked="" type="checkbox"/>
h. Survey Clients <input type="checkbox"/>	q. Review Leveraging <input checked="" type="checkbox"/>
i. Evaluate Project Readiness <input checked="" type="checkbox"/>	
3. Voting/Decision System	
a. Unbiased Panel / Review Committee <input checked="" type="checkbox"/>	e. All CoC Present Can Vote <input type="checkbox"/>
b. Consumer Representative Has a Vote <input checked="" type="checkbox"/>	f. Consensus <input checked="" type="checkbox"/>
c. CoC Membership Required to Vote <input checked="" type="checkbox"/>	g. Abstain if conflict of interest <input checked="" type="checkbox"/>
d. One Vote per Organization <input checked="" type="checkbox"/>	

CoC-F

G: CoC Written Complaints Chart

<p>Were there any written complaints received by the CoC regarding any CoC matter in the last 12 months?</p> <p><input type="checkbox"/> Yes</p> <p><input checked="" type="checkbox"/> No</p>
<p>If Yes, briefly describe the complaints and how they were resolved.</p>

CoC-G

Part II: CoC Housing and Service Needs

H: CoC Services Inventory Chart

Using the format below, list the provider organizations and identify the service components currently being provided within your CoC. Place the name of each provider organization only once in the first column (add rows to the chart as needed), followed by an "X" in the appropriate column(s) corresponding to the service(s) provided by the organization. CoCs will only need to update this chart every other year.

(1) Provider Organizations	(2) Prevention					(3) Outreach			(4) Supportive Services									
	Mortgage Assistance	Rental Assistance	Utilities Assistance	Counseling/Advocacy	Legal Assistance	Street Outreach	Mobile Clinic	Law Enforcement	Case Management	Life Skills	Alcohol & Drug Abuse	Mental Health Counseling	Healthcare	HIV/AIDS	Education	Employment	Child Care	Transportation
Adult Protective Services				X	X				X	X								
American Red Cross						X												
Bear River Association of Governments		X	X															
Bear River Mental Health											X							
Bishop's Storehouse (Statewide)											X							
Cache Community Food Pantry										X								
Cache Valley Community Health Center												X						
Community Abuse Prevention Services Agencies		X	X	X			X	X	X	X						X	X	
Catholic Community Services – Weber	X	X	X															
Child and Family Support Center				X					X	X							X	
Children's Justice Center				X	X													
Color County Community Housing, Inc.		X																
Community Action Program		X	X						X	X					X			X
Comprehensive Treatment Clinic											X							
Consumer Credit Counseling Service			X												X			
Crime Victim Reparations		X			X													
Department of Workforce Services- Statewide		X	X	X					X	X						X	X	X
City of Layton	X																	
Deseret Industries – job training, clothing / house supplies						X			X							X		
Division of Child and Family Services				X					X									
Dixie Care and Share	X		X			X			X	X								
Erin Kimball Memorial Foundation	X	X	X	X		X			X	X								
Family Connection Center		X	X	X		X			X	X	X	X		X	X	X	X	X
Family Institute of Northern Utah											X							
Four Corners Community Behavioral Health				X						X	X	X		X				
Golden Rule Mission				X		X					X	X	X			X		X
Homeless Veterans Fellowship		X		X		X				X	X	X	X			X		X
Iron County Care and Share	X	X	X	X		X			X	X								X
Intermountain Health Care												X	X	X	X			

(1) Provider Organizations	(2) Prevention				(3) Outreach			(4) Supportive Services										
	Mortgage Assistance	Rental Assistance	Utilities Assistance	Counseling/Advocacy	Legal Assistance	Street Outreach	Mobile Clinic	Law Enforcement	Case Management	Life Skills	Alcohol & Drug Abuse	Mental Health Counseling	Healthcare	HIV/AIDS	Education	Employment	Child Care	Transportation
La Casa Transitional Housing		X		X		X			X	X	X							
LDS Employment Services										X						X		
Legal Services for People with Disabilities					X					X								
Lifetime Learning Center										X					X			
Safe Harbor DV Shelter				X	X	X			X	X		X		X		X		
Saint Anne's Center			X	X		X			X	X								
Somebody's Attic – provide clothing /house supplies										X								
Southwest Behavioral Health Center									X	X	X	X		X				X
Southwest Health Department											X	X	X	X				
Sun Tran (St. George)																		X
Ogden City Housing Authority		X		X					X	X								
Davis County Sheriff								X										
Weber County Sherriff								X										
Washington County Sherriff								X										
St George City Police								X										
Ogden City Police								X										
Layton City Police								X										
Grand County Sherriff								X										
Cache County Sherriff								X										
Clearfield City Police								X										
Coldwell Banker Real Estate	X									X					X			
Far West Bank	X									X					X			
Wells Fargo Bank	X									X					X			
American First Credit Union	X									X					X			
Zions Bank	X									X					X			
Uintah Basin Association of Governments	X	X	X	X					X	X								X
Utah AIDS Foundation										X			X					
Utah Dispute Resolution					X													
Utah Independent Living Center		X	X	X	X	X			X	X								X

Utah Legal Services					X					X								
Utah State University Extension Services										X				X				
Utah State University Family Life Center										X				X				
Vocational Rehabilitation									X	X				X	X			
Weber Mental Health – Weber										X		X						
Workforce Services		X	X						X	X		X	X		X	X	X	X
Your Community Connection – Weber				X	X	X				X					X		X	

CoC Housing Inventory and Unmet Needs

I: CoC Housing Inventory Charts

This section includes three housing inventory charts—for emergency shelter, transitional housing, and permanent housing. Note that the information in these charts should reflect a point-in-time count. For the Permanent Housing Inventory Chart, the beds listed under “new inventory” should indicate beds that became available for occupancy for the first time between February 1, 2005 and January 31, 2006. For complete instructions in filling out this section, see the Instructions section at the beginning of the application.

I: CoC Housing Inventory Charts

Emergency Shelter: Fundamental Components in CoC System – Housing Inventory Chart													
Provider Name	Facility Name	HMIS Part. Code	Number of Year-Round Beds in HMIS		Geo Code ☒	Target Pop		Year-Round			Total Year-Round Beds	Other Beds	
						A	B	Fam. Units	Fam. Beds	Indiv. Beds		Seasonal	Overflow & Voucher
Current Inventory			Ind.	Fam.									
BRAG													
CAPSA	CAPSA Shelter	N	0	0	499005	DV		8	32	0	32	0	0
Your Community in Unity		N	0	0	499003	DV		5	11	0	11	0	0
Davis													
Family Connection	Davis Emergency Shelter	N	0	0	490174			12	36	5	41	10	5
Safe Harbor DV Shelter	Safe Harbor Crisis Center	N	0	0	499011	DV		11	32	0	32	0	0
Six County													
New Horizons	Shelter	N	0	0	499041	FC	DV	0	20	45	65	0	0
Six County AOG		4	0	0	499041	SMF		0	0	0	0	0	25
Five County													
Canyon Creek	Women's Crisis Center	N	0	0	499021	FC	DV	3	10	7	17	0	0
Dixie Care & Share		3	28	24	499053	M		9	24	28	52	0	0
DOVE Center		1	0	24	499035	FC	DV	0	24	0	24	0	0
Iron County Care & Share		1	6	12	499021	SMF		0	6	12	18	0	0
Southeast													
Golden Rule		3	33	5	499007	M		3	5	33	38	0	0
Seekhaven		N	0	0	499019	M	DV	1	2	7	9	0	25

<i>Uintah</i>											0			
Uintah Basin AOG		4	0	0	499047	FC		0	0	0	0	0	100	
Uintah County		N	0	0	499047	SMF		2	6	0	6	0	0	
<i>Weber</i>											0			
YCC	Women's Crisis Ctr	N	0	0	499057	FC	DV	0	32	0	32	0	0	
St. Anne's		3	73	8	499057	SMF	FC	2	8	73	81	0	31	
SUBTOTALS:			140	73	SUBTOT. CURRENT INVENTORY:			56	248	210	458	10	186	
New Inventory in Place in 2005 (Feb. 1, 2005 – Jan. 31, 2006)				Ind.	Fam.									
SUBTOTALS:					SUBTOTAL NEW INVENTORY:									
Inventory Under Development		Anticipated Occupancy Date												
SUBTOTAL INVENTORY UNDER DEVELOPMENT:														
Unmet Need								UNMET NEED TOTALS:			74	221	45	
1. Total Year-Round Individual ES Beds:				210	4. Total Year-Round Family Beds:				248					
2. Year-Round Individual ES Beds in HMIS:				140	5. Year-Round Family ES Beds in HMIS:				73					
3. HMIS Coverage Individual ES Beds: Divide line 2 by line 1 and multiply by 100. Round to a whole number.				67%	6. HMIS Coverage Family ES Beds: Divide line 5 by line 4 and multiply by 100. Round to a whole number.				29%					

CoC-I

I: CoC Housing Inventory Charts

Transitional Housing: Fundamental Components in CoC System – Housing Inventory Chart											
Provider Name	Facility Name	HMIS Part. Code	Number of Year-Round Beds in HMIS		Geo Code □	Target Pop		Year-Round			Total Year-Round Beds
			Ind.	Fam.		A	B	Family Units	Family Beds	Individ. Beds	
Current Inventory			Ind.	Fam.							
BRAG											
Bear River Mental Health	Group Home	N	0	0	499005	SMI		5	12	0	12
Bear River AOG		5	5	11	499005	SMI	DV	5	11	0	11
Davis											
Davis Behavioral Health	DBH Transitional	N	0	0	499011	SMI		0	0	16	16
Family Connection Center	Davis Transitional Housing	7	0	75	499011	FC		25	75	0	75
Davis County Citizens Against Violence	Safe Harbor TH	F	0	0	499011	FC	DV	12	36	0	36
Six County											
Central Utah Counseling	Mt. Pleasant	N	0	0	499039	SMI		0	0	12	12
Central Utah Counseling	Nephi	N	0	0	499023	SMI		0	0	10	10
Central Utah Counseling	Triangle	N	0	0	499039	SMI		0	0	1	1
New Horizons	New Horizons	N	0	0	499041	FC	DV	5	28	0	28
Five County											
Dixie Care & Share	145 N 300 W	N	0	0	499053	FC		2	4	0	4
Erin Kimball Foundation	Home!	5	0	64	499053	FC	DV	19	64	0	64
Cedar City Hsg Authority	CCHA	N	0	0	499021	FC		14	48	0	48
Cedar City Hsg Authority	124 N 300 W	7	0	12	499021	FC		4	12	0	12
Iron County Care & Share	La Casa	5	6	0	499021	SMI		0	0	6	6
Southwest Behavioral Health	Mountainview House	N	0	0	499021	SMI		0	0	14	14

Southwest Behavioral Health	112 Robbers Roost	N	0	0	499021	SMI		0	0	4	4
Southwest Behavioral Health	114 Robbers Roost	N	0	0	499021	SMI		0	0	4	4
Southwest Behavioral Health	129 E 600 S A/B	N	0	0	499053	SMI		0	0	6	6
<i>Weber</i>											0
YCC	TH	5	0	41	490888	SMI		9	41	0	41
Homeless Veterans Fellowship		7	32	0	490888	SMI	VET	0	0	32	32
St. Anne's		1	8	0	490888	SMI		0	0	8	8
SUBTOTALS:			51	203	SUBTOT. CURRENT INVENTORY:			100	331	113	444
New Inventory in Place in 2005 (Feb. 1, 2005 – Jan. 31, 2006)			Ind.	Fam.							
SUBTOTALS:					SUBTOTAL NEW INVENTORY:						
Inventory Under Development			Anticipated Occupancy Date								
Community Service Transitional Housing		Sep 06			499013	DV		3	6	0	6
SUBTOTAL INVENTORY UNDER DEVELOPMENT:											
Unmet Need					UNMET NEED TOTALS:			122	374	75	
1. Total Year-Round Individual TH Beds:			113	4. Total Year-Round Family Beds:			331				
2. Year-Round Individual TH Beds in HMIS:			51	5. Year-Round Family TH Beds in HMIS:			203				
3. HMIS Coverage Individual TH Beds: Divide line 2 by line 1 and multiply by 100. Round to a whole number.			45%	6. HMIS Coverage Family TH Beds: Divide line 5 by line 4 and multiply by 100. Round to a whole number.			61%				

CoC-I

I: CoC Housing Inventory Charts

Permanent Supportive Housing*: Fundamental Components in CoC System – Housing Inventory Chart											
Provider Name	Facility Name	HMIS Part. Code	Number of Year-Round Beds in HMIS		Geo Code <input checked="" type="checkbox"/>	Target Population		Year-Round			Total Year-Round Beds
						A	B	Family Units	Family Beds	Individual /CH Beds	
Current Inventory			Ind.	Fam.							
<i>Southeast</i>											
Four Corners Mental Health	Ridgeview	N	0	0	499019	SMI	SA	0	0	8/8	8
Four Corners Mental Health	Willows	5	8	0	499019	SMI	SA	0	0	8/8	8
<i>Weber</i>											
Catholic Community Services	Four-Plex	F	0	0	490888	SMI	HIV	0	0	4/4	4
SUBTOTALS:			8	0	SUBTOT. CURRENT INVENTORY:		0	0	20/20	20	
New Inventory in Place in 2005 (Feb. 1, 2005 – Jan. 31, 2006)			Ind.	Fam.							
SUBTOTALS:					SUBTOTAL NEW INVENTORY:						

Inventory Under Development		Anticipated Occupancy Date								
Davis Behavioral Health	<i>Davis</i>	Nov 06	4990 11	SMI		0	0	21/21	21	
Southwest Behavioral Health	My Place Duplexes	Sep 06	4990 53	SMI		0	0	16/16	16	
SUBTOTAL INVENTORY UNDER DEVELOPMENT:								37/37	27	
Unmet Need						UNMET NEED TOTALS:				
						23	73	217		
1. Total Year-Round Individual PH Beds:		20	4. Total Year-Round Family Beds:					0		
2. Year-Round Individual PH Beds in HMIS:		8	5. Year-Round Family PH Beds in HMIS:					0		
3. HMIS Coverage Individual PH Beds: (Divide line 2 by line 1 and multiply by 100. Round to a whole number.)		40%	6. HMIS Coverage Family PH Beds: (Divide line 5 by line 4 and multiply by 100. Round to a whole number.)					0		

*Permanent Supportive Housing is: S+C, Section 8 SRO and SHP-Permanent Housing component. It also includes any permanent housing projects, such as public housing units, that have been dedicated exclusively to serving homeless persons.

CoC-I

J: CoC Housing Inventory Data Sources and Methods Chart

(1) Indicate date on which Housing Inventory count was completed: 01/25/2006 (mm/dd/yyyy)	
(2) Identify the <i>primary</i> method used to complete the Housing Inventory Chart (check one):	
<input checked="" type="checkbox"/>	Housing inventory survey to providers – CoC distributed a housing inventory survey (via mail, fax, or e-mail) to homeless programs/providers to update current bed inventories, target populations for programs, beds under development, etc.
<input type="checkbox"/>	On-site or telephone housing inventory survey – CoC conducted a housing inventory survey (via phone or in-person) of homeless programs/providers to update current bed inventories, target populations for programs, beds under development, etc.
<input type="checkbox"/>	HMIS – Used HMIS data to complete the Housing Inventory Chart
(3) Indicate the percentage of providers completing the housing inventory survey:	
100%	Emergency shelter providers
100%	Transitional housing providers
100%	Permanent Supportive Housing providers
(4) Indicate steps to ensure data accuracy for 2006 Housing Inventory Chart (check all that apply):	
<input checked="" type="checkbox"/>	Instructions – Provided written instructions for completing the housing inventory survey.
<input type="checkbox"/>	Training – Trained providers on completing the housing inventory survey.
<input checked="" type="checkbox"/>	Updated prior housing inventory information – Providers submitted updated 2005 housing inventory to reflect 2006 inventory.
<input checked="" type="checkbox"/>	Follow-up – CoC followed-up with providers to ensure the maximum possible response rate and accuracy of the housing inventory survey.
<input checked="" type="checkbox"/>	Confirmation – Providers or other independent entity reviewed and confirmed information in 2006 Housing Inventory Chart after it was completed.
<input checked="" type="checkbox"/>	HMIS – Used HMIS to verify data collected from providers for Housing Inventory Chart.
<input type="checkbox"/>	Other – specify:
Unmet Need:	
(5) Indicate type of data that was used to determine unmet need (check all that apply):	
<input checked="" type="checkbox"/>	Sheltered count (point-in-time)
<input checked="" type="checkbox"/>	Unsheltered count (point-in-time)
<input checked="" type="checkbox"/>	Housing inventory (number of beds available)
<input checked="" type="checkbox"/>	Local studies or data sources – specify: State Ten Year Plan, State of Utah’s Affordable Housing Inventory and Needs Projection
<input checked="" type="checkbox"/>	National studies or data sources – specify: HUD’s Street Count Guide, Estimating the Need Using Point In Time counts to Determine the Need for Permanent Supportive Housing by Martha Burt; a variety of studies conducted by Martha Burt and Dennis Colhane on the need for permanent supportive housing, and Calculating Unmet Need for Homeless Individuals and families
<input type="checkbox"/>	Provider opinion through discussions or survey forms
<input type="checkbox"/>	Other – specify:
(6) Indicate the <i>primary</i> method used to calculate or determine unmet need (check one):	
<input type="checkbox"/>	Stakeholder Discussion – CoC stakeholders met and reviewed data to determine CoC’s unmet need
<input checked="" type="checkbox"/>	Calculation – Used local point-in-time (PIT) count data and housing inv. To calculate unmet need
<input type="checkbox"/>	Applied statistics – Used local PIT enumeration data and applied national or other local statistics
<input type="checkbox"/>	HUD unmet need formula – Used HUD’s unmet need formula*
<input type="checkbox"/>	Other – specify:
(7) If your CoC made adjustments to calculated unmet need, please explain how and why.	
No adjustment was made.	

*For further instructions, see Questions and Answers Supplement on the CoC portion of <http://www.hud.gov/offices/adm/grants/fundsavail.cfm>

CoC-J

CoC Homeless Population and Subpopulations

K: CoC Point-in-Time Homeless Population and Subpopulations Chart

Indicate date of last point-in-time count: 01/25/2006 (mm/dd/yyyy)

Part 1: Homeless Population	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Number of Families with Children (Family Households):	68	46	0	114
1. Number of Persons in Families with Children:	219	146	0	365
2. Number of Single Individuals and Persons in Households without Children:	281	188	73	542
(Add Lines Numbered 1 & 2) Total Persons:	500	334	73	907
Part 2: Homeless Subpopulations				
	Sheltered		Unsheltered	Total
a. Chronically Homeless (For sheltered, list persons in emergency shelter <i>only</i>)	59		53	112
b. Severely Mentally Ill	31		*	31
c. Chronic Substance Abuse	40		*	40
d. Veterans	39		*	39
e. Persons with HIV/AIDS	0		*	0
f. Victims of Domestic Violence	25		*	25
g. Unaccompanied Youth (Under 18)	0		*	0

If applicable, complete the following section to the extent that the information is available. Be sure to indicate the source of the information by checking the appropriate box:

Data Source: Point-in-time count **OR** Estimate

Part 3: Hurricane Katrina Evacuees	Sheltered	Unsheltered	Total
Total number of Katrina evacuees	61	0	61
Of this total, enter the number of evacuees homeless prior to Katrina	Unknown	0	0

*Optional for Unsheltered

CoC-K

L: CoC Homeless Population and Subpopulations Data Sources & Methods Chart

Complete the following charts based on the most recent point-in-time count conducted.

L-1: Sheltered Homeless Population and Subpopulations

(1) Check the <u>primary</u> method used to enumerate sheltered homeless persons in the CoC (check one):	
<input checked="" type="checkbox"/>	Point-in-Time (PIT) <u>no interview</u> – Providers did not interview sheltered clients during the point-in-time count
<input type="checkbox"/>	PIT <u>with interviews</u> – Providers interviewed each sheltered individual or household during the point-in-time count
<input type="checkbox"/>	PIT <u>plus sample of interviews</u> – Providers conducted a point-in-time count and interviewed a random sample of sheltered persons or households (for example, every 5th or 10th person)
<input type="checkbox"/>	PIT <u>plus extrapolation</u> – Information gathered from a sample of interviews with sheltered persons or households is extrapolated to the total sheltered population
<input type="checkbox"/>	Administrative Data – Providers used administrative data (case files, staff expertise) to complete client population and subpopulation data for sheltered homeless persons
<input type="checkbox"/>	HMIS – CoC used HMIS to complete the point-in-time sheltered count and subpopulation information
<input type="checkbox"/>	Other – please specify:
(2) Indicate steps taken to ensure data quality of the sheltered homeless enumeration (check all that apply):	
<input checked="" type="checkbox"/>	Instructions – Provided written instructions to providers for completing the sheltered point-in-time count
<input checked="" type="checkbox"/>	Training – Trained providers on completing the sheltered point-in-time count
<input checked="" type="checkbox"/>	Remind and Follow-up – Reminded providers about the count and followed up with providers to ensure the maximum possible response rate and accuracy
<input checked="" type="checkbox"/>	HMIS – Used HMIS to verify data collected from providers for the sheltered point-in-time count
<input type="checkbox"/>	Other – please specify: Review by a Point-in-Time Committee
(3) How often will sheltered counts of sheltered homeless people take place in the future?	
<input type="checkbox"/>	Biennial (every two years)
<input type="checkbox"/>	Annual
<input checked="" type="checkbox"/>	Semi-annual
<input type="checkbox"/>	Other – please specify: CoC will use HMIS for Quarterly Sheltered Count.
(4) Month and Year when next count of sheltered homeless persons will occur:	
(5) Indicate the percentage of providers completing the populations and subpopulations survey:	
100%	Emergency shelter providers
100%	Transitional housing providers
NA	Permanent Supportive Housing providers

CoC-L-1

L-2: Unsheltered Homeless Population and Subpopulations*

(1) Check the primary method used to enumerate unsheltered homeless persons in the CoC:	
<input type="checkbox"/>	Public places count – CoC conducted a point-in-time count <u>without</u> client interviews
<input type="checkbox"/>	Public places count with interviews – CoC conducted a point-in-time count and interviewed every unsheltered homeless person encountered during the public places count
<input type="checkbox"/>	Sample of interviews – CoC conducted a point-in-time count and interviewed a random sample of unsheltered persons
<input checked="" type="checkbox"/>	Extrapolation – CoC conducted a point-in-time count and the information gathered from a sample of interviews was extrapolated to total population of unsheltered homeless people counted
<input type="checkbox"/>	Public places count using probability sampling – High and low probabilities assigned to designated geographic areas based on the number of homeless people expected to be found in each area. The CoC selected a statistically valid sample of each type of area to enumerate on the night of the count and extrapolated results to estimate the entire homeless population.
<input type="checkbox"/>	Service-based count – Interviewed people using non-shelter services, such as soup kitchens and drop-in centers, and counted those that self-identified as unsheltered homeless persons
<input type="checkbox"/>	HMIS – Used HMIS to complete the enumeration of unsheltered homeless people
<input type="checkbox"/>	Other – please specify:
(2) Indicate the level of coverage of the point-in-time count of unsheltered homeless people:	
<input type="checkbox"/>	Complete coverage – The CoC counted every block of the jurisdiction
<input checked="" type="checkbox"/>	Known locations – The CoC counted areas where unsheltered homeless people are known to congregate or live
<input type="checkbox"/>	Combination – CoC counted central areas using complete coverage and also visited known locations
<input type="checkbox"/>	Used service-based or probability sampling (coverage is not applicable)
(3) Indicate community partners involved in point-in-time unsheltered count (check all that apply):	
<input checked="" type="checkbox"/>	Outreach teams
<input checked="" type="checkbox"/>	Law Enforcement
<input checked="" type="checkbox"/>	Service Providers
<input type="checkbox"/>	Community volunteers
<input type="checkbox"/>	Other – please specify:
(4) Indicate steps taken to ensure the data quality of the unsheltered homeless count (check all that apply):	
<input checked="" type="checkbox"/>	Training – Conducted a training for point-in-time enumerators
<input type="checkbox"/>	HMIS – Used HMIS to check for duplicate information
<input type="checkbox"/>	Other – specify:
(5) How often will counts of unsheltered homeless people take place in the future?	
<input type="checkbox"/>	Biennial (every two years)
<input checked="" type="checkbox"/>	Annual
<input type="checkbox"/>	Semi-annual
<input type="checkbox"/>	Quarterly
<input type="checkbox"/>	Other – please specify:
(6) Month and Year when next count of unsheltered homeless persons will occur: 1/ 2007	

*Please refer to 'A Guide to Counting Unsheltered Homeless People' for more information on unsheltered enumeration techniques. CoC-L-2

CoC Homeless Management Information System (HMIS)

M: CoC HMIS Charts

CoCs should complete this section in conjunction with the lead agency responsible for the HMIS. All information is to be as of the date of application submission.

M-1: HMIS Lead Organization Information

Organization Name: Utah Issues	Contact Person: Douglas Macdonald
Phone: (801) 521-2035 ext. 101	Email: Doug@utahissues.org
Organization Type: State/local government <input type="checkbox"/> Non-profit/homeless provider X Other <input type="checkbox"/>	

CoC-M-1

M-2: List HUD-defined CoC Name(s) and Number(s) for every CoC included in HMIS

Implementation:

HUD-Defined CoC Name*	CoC #	HUD-Defined CoC Name*	CoC #
Salt Lake County CoC	UT-500	Utah Balance of State CoC	UT-503
Provo Mountainland CoC	UT504		

*Find HUD-defined CoC names & numbers at: <http://www.hud.gov/offices/adm/grants/fundsavail.cfm>

CoC-M-2

M-3: HMIS Implementation Status

HMIS Data Entry Start Date for your CoC (mm/yyyy)	or	Anticipated Data Entry Start Date for your CoC (mm/yyyy)	If no current or anticipated data entry date, indicate reason: <input type="checkbox"/> New CoC in 2006 <input type="checkbox"/> Still in planning/software selection process <input type="checkbox"/> Still in initial implementation process
08/2004			

CoC-M-3

M-4: Client Records**

Calendar Year	Total Client Records Entered in HMIS / Analytical Database (Duplicated)	Total Unduplicated Client Records Entered in HMIS / Analytical Database
2004	0 Balance of State/ 1,773 Statewide	0 Balance of State/1,773 Statewide
2005	2,056 Balance of State/7,726 Statewide	1,776 Balance of State/7,510 Statewide

CoC-M-4

M-5: HMIS Participation**

a) HMIS participation by program type and funding source (please review instructions)			
Program Type	Total number of agencies	Number of agencies participating in HMIS receiving HUD McKinney-Vento funds	Number of agencies participating in HMIS <u>not</u> receiving HUD McKinney-Vento funds
Street Outreach			0
Emergency Shelter	16/33	7 Balance of State 12 Statewide	0
Transitional Housing	15/35	8/20	0
Permanent Supportive Housing	2/13	1/12	0
	TOTALS:	33/81	16/44
b) Definition of bed coverage in HMIS (please review instructions)			
Program Type	Date achieved or anticipate achieving 75% bed coverage (mm/yyyy)		
Emergency Shelter (all beds)	01/2007		
Transitional Housing (all beds)	01/2008		
Permanent Supportive Housing (McKinney-Vento funded beds only)	09/2005		

Challenges and Barriers: Briefly describe any significant challenges/barriers the CoC has experienced in:

1. HMIS implementation
2. HMIS Data and Technical Standards Final Notice requirements

1. Utah's HMIS implementation is a state wide implementation. In this we face some unique challenges. Our concentration of the homeless population and the service providers is along the Wasatch front. We are also trying to bring HMIS to rural locations. This presents challenges for our implementation team which is located in Salt Lake County.

Our initial HMIS implementation focused on McKinney-Vento funded programs. In the Utah HMIS statewide implementation, all McKinney-Vento funded emergency shelter and transitional housing programs are online with HMIS, as well as over 80% of funded permanent housing programs. This excludes domestic violence shelter providers. This is a key point when interpreting Chart I, Housing Inventory Chart. As HMIS participation is not yet required for Domestic Violence Programs, the percent of CoC-wide beds participation in HMIS may appear skewed. Our domestic violence providers are submitting annual aggregate data to the HMIS team and participate in our annual Point in Time count. While all emergency shelter and transitional housing providers have been invited and encouraged to participate in HMIS, the remaining emergency shelter and transitional housing agencies have no participation requirement. We are currently engaged in conversations with local faith-based providers and they are open to the idea of participation. We will continue to explore this relationship and try to get these providers onto HMIS.

UHMIS team has been providing technical support to all agencies statewide. This training has been a valuable asset to the rural areas but travel time and expenses is a barrier.

In addition, Utah's State Community Services Office is requiring participation in HMIS as a pre-requisite to applying for state administered funds for all homeless service providers.

One of our biggest challenges to implementation has been agency use of legacy systems. Many agencies are required by a different funding source to use a separate software system. Our local CAP agencies are required to use a program called Tracker. Several of these agencies are currently doing double entry, while others are waiting for integration. We are currently working on several integration models, but are having challenges in getting these systems launched.

2. No significant challenges specific to date and technical standards final notice requirements have arisen.

**For further instructions on charts M-4 and M-5, see Instructions section at the beginning of application.

CoC-M-5

M-6: Training, Data Quality and Implementation of HMIS Data & Technical Standards

1. Training Provided (check all that apply)	YES	NO
Basic computer training	X	<input type="checkbox"/>
HMIS software training	X	<input type="checkbox"/>
Privacy / Ethics training	X	<input type="checkbox"/>
Security Training	X	<input type="checkbox"/>
System Administrator training	X	<input type="checkbox"/>
2. CoC Process/Role		
Is there a plan for aggregating all data to a central location, at least annually?	X	<input type="checkbox"/>
Is there a plan to monitor compliance with HMIS Data & Technical Standards Final Notice?	X	<input type="checkbox"/>
3. Data Collection Entered into the HMIS		
Do all participating agencies submit universal data elements for all homeless persons served?	X	<input type="checkbox"/>
Do all agencies required to complete a HUD APR, except agencies meeting the definition of domestic violence provider, submit program level data elements to HMIS?	X	<input type="checkbox"/>
4. Security: Participating agencies have:		
Unique username and password access?	X	<input type="checkbox"/>
Secure location?	X	<input type="checkbox"/>
Locking screen savers?	X	<input type="checkbox"/>
Virus protection with auto update?	X	<input type="checkbox"/>
Individual or network firewalls?	X	<input type="checkbox"/>
Restricted access for HMIS accessed via public forums (e.g. PKI digital certificates or IP filtering)? NA	<input type="checkbox"/>	<input type="checkbox"/>
5. Security: Agency responsible for centralized HMIS data collection and storage has:		
Procedures for off-site storage of HMIS data?	X	<input type="checkbox"/>
Disaster recovery plan that has been <u>tested</u> ?	X	<input type="checkbox"/>
6. Privacy Requirements		
Have additional State confidentiality provisions been implemented?	<input type="checkbox"/>	X
Is there a "Purpose for data collection" sign at each intake desk for all participating agencies?	<input type="checkbox"/>	X
Does each participating agency have a written privacy policy, including the uses and disclosures of information	X	<input type="checkbox"/>
Does each participating agency have a privacy policy posted on its website (if applicable)?	<input type="checkbox"/>	X
7. Data Quality: CoC has protocols for:		
Client level data quality (i.e. missing birth dates etc.)?	X	<input type="checkbox"/>
Program level data quality (i.e. data not entered by agency in over 14 days)?	X	<input type="checkbox"/>
Assessing CoC bed coverage (i.e. % of beds)?	X	<input type="checkbox"/>
8. Unduplication of Client Records: CoC process:		
Uses data in the HMIS exclusively to generate unduplicated count?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Uses data integration or data warehouse to generate unduplicated count?	<input type="checkbox"/>	X

CoC-M-6

Part III: CoC Strategic Planning

N: CoC 10-Year Plan, Objectives, and Action Steps Chart

Please provide local action steps and measurable achievements for attaining each of the 5 national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals to permanent housing. In the column labeled “Lead Person,” please list one individual that is responsible for ensuring that the objective is met. You may list additional CoC objectives as needed. Please note that your Continuum will be reporting on your achievements with respect to each of these objectives in the 2007 application.

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing	Local Action Steps (How are you going to do it? List action steps to be completed within the next 12 months.)	Measurable Achievement in 12 months	Measurable Achievement in 5 years	Measurable Achievement in 10 years	Lead Person (Who is responsible for accomplishing CoC Objectives?)
<i>EXAMPLE: 1. Create new PH beds for chronically homeless persons.</i>	<i>1. Expand New Hope Housing project with 5 new TRA S+C beds for chronically homeless persons</i>	<i>5 beds</i>	<i>20 beds</i>	<i>50 beds</i>	<i>Carol Smith: Chair, CoC Housing Committee</i>
1. Create new PH beds for chronically homeless persons.	1. Complete construction of the Davis Behavioral Health PSH in 2007. 2. Complete construction of Southwest Center’s PSH in Fall 2006. 3. Fund pilot PH project by Ogden City Housing Authority using Shelter Plus Care vouchers. 4. Provide 15 total PH beds in the 3 remaining regions that have no PSH. using S+C model from the BSCC Pilot Project of Ogden City 5. Seek \$10M increase in usage of HOME, LIHTC, and Olene Walker Loan Funds for Chronic Homeless housing. 6. Developers and the State prioritize funding for 60 beds under the Olene Walker Housing Loan Fund, coordinate with 7 Regional HCCs to identify locations for additional units	17 beds	12 beds	11 beds	Maureen Womack - Davis County Stephanie Volker - Southwest Center Susan Manning - Ogden City Housing Robert Snarr - Div of MH Richard Walker - State CDBG Richard Walker -State CDBG

<p>2. Increase percentage of homeless persons staying in PH over 6 months to 71%.</p>	<p>1. Expand life skills in each of seven regions project to address stability issues.</p> <p>2. Establish community volunteers in each of seven regions to assist in socialization and integration.</p> <p>4. Identify baseline of transitions to PH and develop / train case managers from PH agencies on ways to increase PH stability.</p> <p>5. Increase funds for supportive services from the Utah State Legislature through the Pamela Atkinson Homeless Trust Fund with matching county grants. Pursuing collaborative grant through HHS.</p> <p>6. Implement a collaborative effort with the Utah Behavioral Health Care Network and DHS to educate county commissioners and local legislatures of the need for increased funding for supportive services.</p> <p>7. Hold training annually for case managers to disseminate information about risk factors for losing housing, e.g. age, income, family size.</p> <p>8. Implement training in each of seven regions for client understanding of the legal requirement of a lease.</p>	<p>3 of 7</p> <p>3 of 7</p> <p>\$1M</p> <p>3 of 7</p>	<p>7 of 7</p> <p>7 of 7</p> <p>\$5M</p> <p>100% met</p> <p>100% met</p> <p>7 of 7</p>	<p>7 of 7</p> <p>7 of 7</p> <p>\$10M</p>	<p>Sharon Downing - Chair, Balance of State Steering Committee</p>
<p>3. Increase percentage of homeless persons moving from TH to PH to 61%.</p>	<p>1. Establish a baselines and hold HUD sponsored APR Training in May 2006 for case managers.</p> <p>2. Encourage and educate providers in adopting a continuum wide “Housing First” approach.</p> <p>3. Convert 50% of current TH projects using on-site facilities to scattered- site TBRA housing as feasible to enable seamless transitions to PH.</p>	<p>25% met</p>	<p>100% met</p> <p>100% met</p> <p>35% met</p>	<p>50% met</p>	<p>Sharon Downing - Chair, Balance of State Steering Committee</p>

	<p>4. Increase enrollment in mainstream resources by working with clients to focus on income and housing barriers.</p> <p>5. Incorporate self-reliance case management for 100% of TH programs</p>	<p>5% higher</p> <p>40%</p>	<p>15% higher</p> <p>100%</p>	<p>25% higher</p> <p>100%</p>	
4. Increase percentage of homeless persons becoming employed by 11%.	<p>1. Increase funds for supportive services from the Utah State Legislature with matching county grants. Pursuing collaborative grants through HHS.</p> <p>2. Work with the Utah Department of Workforce Services and increase outreach to shelters, Encouraging employment of all able-bodied client receiving assistance.</p> <p>3. Develop and implement programs for supported employment particularly for chronically homeless.</p> <p>4. Pursue “One Stop Shop” with Department of Workforce Services utilizing Davis HCC Mainstream Mentoring Pilot Project.</p>	<p>5%</p> <p>50%</p> <p>100%</p>	<p>10%</p> <p>100%</p> <p>100%</p>	<p>15%</p>	<p>Tani Downing, Chair, Supportive Services Subcommittee, SHCC</p>
5. Ensure that the CoC has a functional HMIS system.	<p>1. Expand strategic training and planning session for: a. HMIS participants to develop a five year plan in June 2006. b. Hold ½ day training for HMIS users in October 2006.</p> <p>2. Integrate software used by Community Action Programs and substance abuse providers.</p> <p>3. CoC domestic violence providers will provide aggregate data on domestic violence related homelessness.</p> <p>4. Develop and implement HMIS compliance measures through HMIS project steering committee and Salt Lake County Housing Coordinating Council’s monthly meeting.</p>	<p>100%</p> <p>100%</p> <p>100%</p>	<p>100%</p> <p>100%</p>		<p>Myla Dutton, - Chair, HMIS Steering Committee</p>

Other CoC Objectives in 2006					
1. Increase successful entry into Mainstream Services by CoC housing participants by 15%.	<ol style="list-style-type: none"> 1. Train volunteer mentors using the Davis Mentoring Pilot Project and make mentoring/advocacy available in each of the 7 BSCC Regions. 2. Train the trainers: Train 2 case managers per each of 7 regions on mainstream policies for eligibility, termination and reinstatement – continue training dissemination. 	5%	10%	15%	Kathy Leiker - Davis County Mainstream Pilot Project
2. Build and maintain an efficient infrastructure of CoC communications as measured as a 2 day turn-around in survey data requests.	<ol style="list-style-type: none"> 1. One active Designated Steering Committee member from each regional HCC who will attend both the BSCC Steering Committee meetings as well as the Regional HCC meetings. 2. Ensure each agency has a designated contact that attends regional HCC meetings. 3. Establish a website for information and activity updates. 4. Data collected within 2 days. 	100%	100%	100%	Sharon Downing - Chair, Balance of State Steering Committee
3. Carry-out localized implementation of the State 10-year plan within each of the seven regional HCCs.	<ol style="list-style-type: none"> 1. Regions finalize implementation strategies and coordinate with BSCC. 2. Agencies, local gov and services cooperating in pilot projects for housing, discharge planning, and services. 3. Local pilot projects expanded region-wide and actively serving chronic homeless. 	Step 1	Step 2	Step 3	Sharon Downing - Chair, Balance of State Steering Committee
4. Decrease requests for HUD Supportive Service Funds	<ol style="list-style-type: none"> 1. Educate county commissioners and state legislators of the need for increase funding for supportive services. 2. Leverage innovative supportive services from communities to reduce HUD funded supportive service activities. 3. Hold CoC-wide training on accessing potential private grants. 4, Create a database of grants available and funds accessed. 	10% Less \$ in CoC SS request	30%	50%	Sharon Downing - Chair, Balance of State Steering Committee

CoC-N

O: CoC Discharge Planning Policy Chart

HUD McKinney-Vento homeless assistance funds are **not** to be used for projects that target persons being discharged from publicly funded institutions or systems of care. Check “Yes” or “No” in each box, as appropriate. *If “Yes” is indicated for “Formal Protocol Finalized” or “Formal Protocol Implemented,” include a brief summary of the formal protocol for each applicable system category. Your response in this section should take up less than 2 pages.

Publicly Funded Institution(s) or System(s) of Care in CoC Geographic Area	Initial Discussion	Protocol in Development	Formal Protocol Finalized*	Formal Protocol Implemented*
Foster Care	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Health Care	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Mental Health	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Corrections	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Foster Care:				
Health Care:				
Mental Health: Utah’s State Hospital is the primary facility for inpatient treatment of Severe Mental Illness. The State Hospital’s Discharge Planning Policy provides that patients are released to a known address that is not funded by McKinney-Vento programs. The Admissions, Discharge, and Transfer (ADT) office at the State Hospital makes contact with the state-contracted Regional Mental Health Agency at the location specified in the discharge to coordinate treatment planning, schedule follow-ups and verify the address of residence.				
Corrections: Discharge Planning Policy from the State Prison System ensures that 100% of parolees have a verified address on record with State Adult Probation and Parole prior to release from prison. The parolee may not use the address of a McKinney-Vento funded facility. The housing verification process commences in the pre-release period after the decision for parole. Prisoners being released without parole are asked in their discharge planning interview for their post-release address and offered non-McKinney-Vento housing referrals as needed.				

CoC-O

P: CoC Coordination Chart

A CoC should regularly assess the local homeless system and identify shortcomings and unmet needs. One of the keys to improving a CoC is to use long-term strategic planning to establish specific goals and then implement short-term/medium-term action steps. Because of the complexity of the existing homeless system and the need to coordinate multiple funding sources, there are often multiple long-term strategic planning groups. It is imperative for CoCs to coordinate, as appropriate, with each of these existing strategic planning groups to meet the local CoC shortcomings and unmet needs. Answer each question in the checkbox provided, using an X to indicate Yes or No for each.

Consolidated Plan Coordination	YES	NO
a. Do Con Plan planners, authors and other Con Plan stakeholders participate in CoC general planning meetings?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Do CoC members participate in Con Plan planning meetings, focus groups, or public forums?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Were CoC strategic plan goals addressing homelessness and chronic homelessness used in the development of the Con Plan?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Jurisdictional 10-year Plan Coordination		
a. Are there separate formal jurisdictional 10-year Plan(s) being developed and/or being implemented within your CoC geography? (If No, you may skip to the next section of this chart.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Do 10-year Plan conveners, authors and other stakeholders participate in CoC general planning meetings?	<input type="checkbox"/>	<input type="checkbox"/>
c. Have 10-year Plan participants taken steps to align their planning process with the local CoC plan?	<input type="checkbox"/>	<input type="checkbox"/>
d. Were CoC strategic plan goals used in the development of the 10-year Plan(s)?	<input type="checkbox"/>	<input type="checkbox"/>
e. Provide the number of jurisdictions within your CoC geography that have formally implemented a 10-year plan(s).		
Policy Academy* Coordination	YES	NO
a. Do CoC members participate in State Policy Academy meetings, focus groups, public forums, or listservs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Were CoC strategic plan goals adopted by the CoC as a result of communication/coordination with the State Policy Academy Team?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Has the CoC or any of its projects received state funding as a result of its coordination with the State Policy Academy?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Public Housing Agency Coordination		
a. Do CoC members meet with CoC area PHAs to improve coordination with and access to mainstream housing resources?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Coordination with State Education Agencies		
a. Did the CoC provide the state education agency with a list of emergency and transitional housing facilities located within the CoC boundaries that serve families with school-age children or school-age unaccompanied youth under the age of 18?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*A State Policy Academy is a state-level process designed to help state and local policymakers improve access to mainstream services for people who are homeless. For more information about getting involved in a State Policy Academy, see <http://www.hrsa.gov/homeless>.

CoC-P

CoC 2006 Funding Priorities

Q: CoC Project Priorities Chart

For further instructions for filling out this section, see the Instructions section.

HUD-defined CoC Name:* Utah Balance of State CoC						CoC #:UT-503			
(1) SF-424 Applicant Name (Please Remove Examples)	(2) Project Sponsor Name	(3) Project Name	(4) Priority	(5) Requested Project Amount ***	(6) Term	(7) Program and Component Type**			
						SHP New	SHP Renewal	S+C New	SRO New
Ogden City Housing Authority	Ogden City Housing Authority	Shelter Plus Care	1	330,660	5			TRA	
Four Corners Community Behavioral Health	Four Corners Community Behavioral Health	Willows PSH	2	144,730	1		PSH		
Family Connection Center	Family Connection Center	Davis Transitional Housing	3	247,700	1		TH		
Your Community Connection	Your Community Connection	YCC Transitional Housing	4	201,069	3		TH		
Erin Kimball Memorial Foundation	Erin Kimball Memorial Foundation	No Place Like Home	5	169,766	2		TH		
State Department of Community and Culture	State Department of Community and Culture	Utah HMIS	6	34,100	1		TH		
(8) Subtotal: Requested Amount for CoC Competitive Projects:***				\$1,128,025					
(9) Shelter Plus Care Renewals:****						S+C Component Type**			
State Department of Community and Culture	Homeless Veterans Fellowship	Shelter Plus Care	7	32,736	1	TRA			
(10) Subtotal: Requested Amount for S+C Renewal Projects:				\$32,736					
(11) Total CoC Requested Amount:				\$1,160,761					

CoC-Q

*HUD-defined CoC names & numbers are available at: <http://www.hud.gov/offices/adm/grants/fundsavail.cfm>

**Place the component type (PH, TRA etc.) under the appropriate program for each project in column 7.

***The requested project amount **must not** exceed the amount entered in the project summary budget in Exhibit 2. If the project summary budget exceeds the amount shown on this priorities list, the **project budget will be reduced** to the amount shown on the CoC Project Priorities Chart.

****For the Shelter Plus Care Renewals priority number, please continue project numbering from the top portion of the chart – please **do not** restart S+C project priority numbering from 1.

R: CoC Pro Rata Need (PRN) Reallocation Chart - *N/A Not Hold Harmless*
(Only for Eligible Hold Harmless CoCs)

CoCs that receive the 1-year Hold Harmless PRN amount may reduce or eliminate one or more of the SHP grants eligible for renewal in the 2006 CoC competition. CoCs may reallocate the funds made available through this process to create new permanent housing project(s). These new project(s) may be for SHP, S+C, and Section 8 SRO projects and their respective eligible activities.

Advisory Warning: According to the CoC competitive process, a CoC that scores below the initial funding line will not have the new projects on this chart funded. As such, the reallocated funds that had been used for renewals would no longer be available to the CoC.

1. Will your CoC be using the PRN reallocation process? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
If Yes, explain the open decision making process the CoC used to reduce and/or eliminate projects (use no more than one-half page).					
2. Enter the total 1-year amount of <i>all</i> SHP projects that are eligible for renewal in 2006, which amount you have verified with your field office:				<i>Example:</i> \$530,000	\$
3. Starting with the total entered above for question 2, subtract the amount your CoC proposes to use for new permanent housing projects, and enter the remaining amount: <i>(In this example, the amount proposed for new PH projects is \$140,000)</i>				<i>Example:</i> \$390,000	\$
4. Enter the Reduced or Eliminated Grant(s) in the 2006 Competition					
(1) Expiring Grants	(2) Program Code	(3) Component	(4) Annual Renewal Amount	(5) Reduced Amount	(6) Retained Amount from Existing Grant
<i>Ex:</i> MA01B300002	SHP	TH	\$100,000	\$60,000	\$40,000
<i>Ex:</i> MA01B400003	SHP	SSO	\$80,000	\$80,000	\$0
(7) TOTAL:					
5. Newly Proposed Permanent Housing Projects in the 2006 Competition					
(8) 2006 Project Priority Number	(9) Program Code	(10) Component	(11) Transferred Amounts		
<i>Example:</i> #5	SHP	PH	\$90,000		
<i>Example:</i> #12	S+C	TRA	\$50,000		
(12) TOTAL:					

CoC-R

S: CoC Project Leveraging Summary Chart

HUD homeless program funding is limited and can provide only a portion of the resources needed to successfully address the needs of homeless families and individuals. HUD encourages applicants to use supplemental resources, including State and local appropriated funds, to address homeless needs.

Enter the name of your Continuum and list the total amount of leveraged resources available. To get this number, find the total at the bottom of the Project Leveraging Chart for all Exhibit 2 project applications, add up all of these the totals, and enter this single number in the chart below. Complete only one chart for the entire CoC (do **not** add any rows). Provide information **only** for contributions for which you have a **written commitment in hand at the time of application**.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Continuum	Total Value of Written Commitment
Utah Balance of State Continuum of Care	\$1,855,592

CoC-S

T: CoC Current Funding and Renewal Projections Chart

Congress has asked HUD to provide estimates of expected renewal amounts over the next five years. Please complete the chart below to help HUD arrive at the most accurate estimate possible. For further instructions in filling out this chart, see the Instructions section.

T: CoC Current Funding and Renewal Projections

Supportive Housing Program (SHP) Projects:													
Type of Housing		All SHP Funds Requested (Current Year)		Renewal Projections									
		2006		2007		2008		2009		2010		2011	
Transitional Housing (TH)		\$618,535		\$528,155		\$747,112		\$715,230		\$356,652		\$843,807	
Safe Havens-TH													
Permanent Housing (PH)		\$475,390		\$434,190		\$81,548		\$119,500		\$434,190		\$81,548	
Safe Havens-PH													
SSO				\$35,073		\$173,361		\$105,219				\$138,288	
HMIS		\$34,100		\$34,100		\$34,100		\$34,100		\$34,100		\$34,100	
Totals		\$1,128,025		\$1,031,518		\$1,036,121		\$974,049		\$824,942		\$1,097,743	

Shelter Plus Care (S+C) Projects:													
Number of Bedrooms		All S+C Funds Requested (Current Year)		Renewal Projections									
		2006		2007		2008		2009		2010		2011	
		Units	\$	Units	\$	Units	\$	Units	\$	Units	\$	Units	\$
0													
1		4	\$32,736	4	\$32,736	4	\$32,736	4	\$32,736	4	\$32,736	4	\$32,736
2													
3													
4													
5													
Totals		4	\$32,736	4	\$32,736	4	\$32,736	4	\$32,736	4	\$32,736	4	\$32,736

Part IV: CoC Performance

U: CoC Achievements Chart

Enter the goals and action steps that you that you listed on your 2005 CoC application and briefly describe measurable achievements in the past 12 months. The information provided in the first two columns should be the same as provided in the 2005 CoC application. Add rows as needed.

Goals	Action Steps	Measurable Achievements
Chronic Homelessness Goals		
<p>Goal 1: Expand prevention strategies by effective discharge planning for individuals coming out of prisons, mental institutions, hospitals, and foster-care with effective supports.</p>	<p>a. Identify specific local prisons, jails, mental institutions, foster care administrators, and hospitals by region. b. Establish subcommittees of each Regional HCC to work with institutions to implement statewide policies with local strategies. c. Assess needs and barriers and report through the HCCs to the BSCC Steering Committee for planning and action.</p>	<p>a. Six representatives from County and City Jails and State Foster Care programs added to Discharge Planning Committee - produced list of policies that may present barriers and steps to address them. b. All 7 regional HCCs have identified and coordinate with specific Jails, Mental Health Agencies and Hospitals to join in reviewing processes and designing post-release housing data strategies. c. Local HCCs identified Jail coordination as primary in preventing homelessness among individuals and place Sheriff or Jail staff on planning committees.</p>
<p>Goal 2: Begin transitioning the existing tiered shelter system into a Housing First System Expand the availability of affordable permanent housing; and increase its accessibility.</p>	<p>a. Identify local CDBG planners to chair Regional HCC Housing Subcommittees b. Conduct regional inventories of housing stock c. Quantify local availability of housing for rehabilitation and need of new development d. Publicize to affordable housing developers incentives for rehab and new construction targeting local needs e. Prioritize applications for housing project funding in high demand areas which target local priorities f. Coordinate within UHMIS system of flagging chronic homeless for referral to PSH project agencies.</p>	<p>a. CDBG Administrators identified, organized, and engaged with regional municipalities and Affordable Housing agencies with the common goal of adding 60 PH beds in ten years. b. CDBG and Utah Housing Corp. (having LIHTC oversight) have identified affordable housing stock by region and prioritized PH for homeless in considering new funding applications. c. CoC Funding application announcements published in four newspapers statewide in an effort to promote PH development in high demand areas and attract new participants from the community.</p>

		d. "Housing First" pilot underway in Weber County and included in this applications at the No. 1 project priority.
Goal 3: Provide effective supportive services that ensure linkages to adequate MH/SA and mainstream resources.	<p>a. Create chronic homeless liaisons at regional MH/SA facilities for referrals from treatment providers, DWS, and homeless agencies.</p> <p>b. Prioritize renewals of existing PSH programs at Regional Behavioral Health Centers</p> <p>c.. Continue to utilize Shelter Plus Care funds to address homeless SMI and SA.</p>	<p>a. Regional MH/SA facilities have identifies on-staff contacts for homeless referrals from collaborative agencies.</p> <p>b. MH/SA projects are prioritized ahead of others, e.g. Four Corners Behavioral Health, PSH Renewal in this application, was prioritized ahead of all other renewals.</p> <p>c. S+C funds are selected as the preferred PH strategy as evidenced by this years priority one project by Ogden City Housing Authority.</p>
Goal 4: Ensure HMIS expands to its most efficient state for reporting chronically homeless counts, characteristics and access to housing and services.	<p>a. Survey levels of usage by MH/SA agencies, PSH, TH, SH, S+C, and ESG shelters</p> <p>b. Provide technical assistance refreshers</p> <p>c. Conduct period shelter counts comparing physical reports to HMIS generated reports, correcting deficiencies with technical assistance.</p> <p>d. Produce a consolidated report of HUD APR data.</p>	<p>a. UHMIS now produces monthly reports produce numbers on level of usage by all housing components and agencies.</p> <p>b. HMIS Staff increase technical /refreshers/assistance, visiting each agency three to five times in the past year.</p> <p>c. HMIS Shelter counts produced as a planning tool for technical needs assessment in a continuous improvement process.</p>

Other Homelessness Goals		
<p>1. Increase collaborative efforts and visibility of the BSCC and its Steering Committee</p>	<p>a. Leadership visits each regional HCC. Invites all BSCC members to participate in BSCC and SHCC subcommittees.</p> <p>b. Hold continuum-wide planning meeting at October Homeless Summit directed at gathering subcommittee support</p> <p>c. Send monthly updates to each BSCC agency and Regional HCC membership of Steering Committee activities and goal progression</p>	<p>a. State staff visited each regional HCC 3-5 times since July 2005.</p> <p>b. Each committee has leadership from Policy academy leadership, BSCC chair, Co-chair, or BSCC Coordinator</p> <p>c. Homeless Planning Summit held in October 2006. BSCC membership confirmed 10-plan implementation strategy for regional implementation.</p> <p>d. Agencies updated monthly on steering committee minutes and CoC-wide initiatives.</p>
<p>2. Expand resources for homeless families with children and victims of domestic violence</p>	<p>a. Work with DV to resolve HMIS barriers.</p> <p>b. Expand programs that assist homeless parents to increase income through education and employment (e.g. Transitional Housing at UBAOG, Family Connection Center, Erin Kimball Memorial Foundation, Iron County C&S, and Your Community Connection).</p> <p>c. Formalize interagency agreements for collateral support between homeless providers, mainstream services, Community Action Programs, Mental Health facilities, and DV Shelters</p> <p>d. Coordinate within UHMIS cooperative protocols for accepting housing referrals across agencies</p> <p>e. Coordinate with regional Family Support Centers plans to develop or expand crisis nurseries to provide respite care for homeless families seeking employment</p>	<p>a. DV agencies continue to push for an agreement on HMIS security issues. Considering alternative database with interface.</p> <p>b. TH programs actively working with self sufficiency case matrix to chart client progress toward increased income, abilities and skills. Statewide case manager training in progress.</p> <p>c. Pilot project in place for one-stop access to mainstream services with client advocacy for eligibility assistance.</p> <p>d. UHMIS polling agencies for considerations required for participation in cross-agency referral process.</p>

<p>3. Continue existing projects that have demonstrated success in addressing the region's homeless problems.</p>	<p>a. Refine evaluation processes for renewal applications for Continuum of Care funding</p>	<p>Threshold Committee and Prioritization Committees developed detailed process for identifying efficient projects with best use of funds in the highest need areas.</p>
<p>4. Identify and provide linkages to services for hard to reach homeless population</p>	<p>a. Distribute Community Referral Sheet to the homeless, food pantries, hospitals, DWS, businesses, and churches.</p> <p>b. Establish linkage with Purgatory Correctional Facility in Southwest Region for referral of family members without support</p>	<p>Community Action Programs are partnering with homeless housing programs to share resources and reduce supportive service funding of housing programs.</p> <p>Purgatory Facility is coordinating referrals with Cedar City Housing for assistance with families without resources.</p>
<p>5. Place new membership from HCC's into five BSCC sub-committees; Street count committee Continuum of Care committee Discharge planning Committee Prioritization Committee HMIS Committee</p>	<p>a. Solicit HCC's</p> <p>b. Provide mission and responsibilities.</p> <p>c. Select Nominees</p>	<p>a. CoC-wide effort is in place for representation of all regions on planning bodies and individualized mission statements.</p> <p>b. Distance barriers are being overcome by telephone conferencing.</p> <p>c. New members are in place in Subcommittees</p>

CoC-U

V: CoC Chronic Homeless (CH) Progress Chart

This chart should be based on January 2006 point-in-time counts. For further instructions in filling out this chart, please see the Instructions section.

Year	(1) Number of CH Persons	(2) Number of PH beds for the CH	(3) New PH beds for the CH between Feb. 1, 2005 – Jan. 31, 2006	(4) Identify the cost of the <u>new</u> CH beds from each funding source			
				Public			Private
				Federal	State	Local	
2004	<i>Example:</i> 90	45					
2005	<i>Example:</i> 82	50					
2006	<i>Example:</i> 75	60	10	\$15,480	\$31,420	\$40,350	\$12,750
2004	65	12					
2005	168	18					
2006	112	18	0	\$	\$	\$	\$
(5) Briefly describe the reason(s) for any changes in the total number of the chronically homeless between 2005 and 2006 (use less than one-half page).							
No change in beds. Decrease in CH population can be attributed to less utilization of supportive service facilities by CH on the point- fewer responses to street count surveys and less coverage of survey points in 2006 than in 2005.							

CoC-V

W: CoC Housing Performance Chart

The following chart will assess your CoC's progress in reducing homelessness by helping clients move to and stabilize in permanent housing, access mainstream services and gain employment. Both housing and supportive services projects in your CoC will be examined. Provide information from the most recently submitted APR for the appropriate RENEWAL project(s) on your CoC Project Priorities Chart. **Note:** If you are not submitting any renewals in this year's competition for the applicable areas presented below, check the appropriate box in the chart.

1. Participants in Permanent Housing		
HUD will be assessing the percentage of all participants who remain in S+C or SHP permanent housing (PH) for more than six months. SHP projects include both SHP-PH and SHP-Safe Haven PH renewals. Complete the following chart utilizing data based on the <u>preceding operating year</u> from APR Question 12(a) and 12(b) for PH projects included on your CoC Priority Chart:		
<input type="checkbox"/>	No applicable PH renewals are on the CoC Project Priorities Chart	APR Data
<input type="checkbox"/>	<u>All</u> PH renewal projects with APRs submitted are included in calculating the responses below	
a.	Number of participants who exited PH project(s)—APR Question 12(a)	9
b.	Number of participants who did not leave the project(s)—APR Question 12(b)	5
c.	Number who exited after staying 7 months or longer in PH—APR Question 12(a)	2
d.	Number who did not leave after staying 7 months or longer in PH—APR question 12(b)	4
e.	Percentage of all participants in PH projects staying 7 months or longer (c. + d. divided by a. + b. multiplied by 100 = e.)	43%
2. Participants in Transitional Housing (TH)		
HUD will be assessing the percentage of all TH clients who moved to a permanent housing situation. TH projects include SHP-TH and SHP-Safe Haven/TH <i>not</i> identified as permanent housing. Complete the following chart utilizing data based on the <u>preceding operating year</u> from APR Question 14 for TH renewal projects included on your CoC Priorities Chart.		
<input type="checkbox"/>	No applicable TH renewals are on the CoC Project Priorities Chart	APR Data
<input type="checkbox"/>	<u>All</u> TH renewal projects with APRs submitted are included in calculating the responses below	
a.	Number of participants who exited TH project(s)—including unknown destination	64
b.	Number of participants who moved to PH	51
c.	Percent of participants in TH projects who moved to PH (b. divided by a. multiplied by 100 = c.)	80%

CoC-W

X: Mainstream Programs and Employment Project Performance Chart

HUD will be assessing the percentage of clients in all your renewal projects who gained access to mainstream services, especially those who gained employment. This includes all S+C renewals and all SHP renewals, excluding HMIS projects. Complete the following charts based on responses to APR Question 11 for each of the renewal projects included on your CoC Priority Chart. For further instructions for filling out this section, see the Instructions section at the beginning of the application.

<input type="checkbox"/>	No applicable renewal projects for the Mainstream Programs and Employment Chart included in the CoC Priorities Chart.
<input checked="" type="checkbox"/>	All non-HMIS renewal projects on the CoC Priorities Chart that submitted an APR are included in calculating the responses below.

(1) Number of Adults Who Left (Use same number in each cell)	(2) Income Source	(3) Number of Exiting Adults with Each Source of Income	(4) Percent with Income at Exit (Col 3÷Col 1 x 100)
73	a. SSI	8	11%
73	b. SSDI	4	5.4%
73	c. Social Security	0	0%
73	d. General Public Assistance	4	5.4%
73	e. TANF	25	34.2%
73	f. SCHIP	10	13.6%
73	g. Veterans Benefits	2	2.7%
73	h. Employment Income	33	45%
73	i. Unemployment Benefits	0	0%
73	j. Veterans Health Care	2	2.7%
73	k. Medicaid	33	45.2%
73	l. Food Stamps	40	54.7%
73	m. Other (please specify)	6*	8.2%
73	n. No Financial Resources	4	5.4%

CoC-X

* Agencies did not report other income sources on their APRs.

Y: Enrollment and Participation in Mainstream Programs Chart

It is fundamental that your CoC *systematically* helps homeless persons identify, apply for and follow-up to receive benefits under SSI, SSDI, TANF, Medicaid, Food Stamps, SCHIP, WIA, and Veterans Health Care as well as any other State or Local program that may be applicable. Which policies are currently in place in your CoC to help clients secure these mainstream benefits for which they are eligible?

Check those activities implemented by a majority of your CoC's homeless assistance providers (check all that apply):	
<input checked="" type="checkbox"/>	A majority of homeless assistance providers have case managers systematically assist clients in completing applications for mainstream benefit programs.
<input checked="" type="checkbox"/>	The CoC systematically analyzes its projects' APRs to assess and improve access to mainstream programs.
<input checked="" type="checkbox"/>	The CoC contains a specific planning committee to improve CoC-wide participation in mainstream programs.
<input checked="" type="checkbox"/>	A majority of homeless assistance providers use a single application form for four or more of the above mainstream programs.
<input checked="" type="checkbox"/>	The CoC systematically provides outreach and intake staff specific, ongoing training on how to identify eligibility and program changes for mainstream programs.
<input type="checkbox"/>	The CoC has specialized staff whose only responsibility is to identify, enroll, and follow-up with homeless persons on participation in mainstream programs.
<input checked="" type="checkbox"/>	A majority of homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments.
<input checked="" type="checkbox"/>	A majority of homeless assistance providers have staff systematically follow-up to ensure that mainstream benefits are received.
<input checked="" type="checkbox"/>	The CoC coordinates with the State Interagency Council(s) on Homelessness to reduce or remove barriers to accessing mainstream services.

CoC-Y

Z: Unexecuted Grants Awarded Prior to the 2005 CoC Competition Chart –N/A

Provide a list of all HUD McKinney-Vento Act awards made prior to the 2005 competition that are not yet under contract (i.e., signed grant agreement or executed ACC).

Project Number	Applicant Name	Project Name	Grant Amount
Example: MI23B901002	Michiana Homes, Inc.	TH for Homeless	\$514,000
N/A - all have executed		Total:	

CoC-Z

AA: CoC Participation in Energy Star Chart

HUD promotes energy-efficient housing. All McKinney-Vento funded projects are encouraged to promote energy efficiency, and are specifically encouraged to purchase and use Energy Star labeled products. For information on the Energy Star initiative go to: <http://www.energystar.gov>.

Have you notified CoC members of the Energy Star initiative? Yes No

Percentage of CoC projects on CoC Priority Chart using Energy Star appliances: 100%

CoC-AA

AB: Section 3 Employment Policy Chart

	YES	NO
1. Is any project in your CoC requesting HUD funds for housing rehabilitation or new construction?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. If you answered yes to Question 1: Is the project requesting \$200,000 or more?	<input type="checkbox"/>	<input type="checkbox"/>
3. If you answered yes to Question 2: What activities will the project undertake to ensure that employment and other economic opportunities are directed to low- and very low-income persons, per the Housing and Urban Development Act of 1968 (known as "Section 3")? Check all that apply: <ul style="list-style-type: none"> <input type="checkbox"/> The project will have a preference policy for hiring low- and very low-income persons residing in the service area or neighborhood where the project is located, and for hiring Youthbuild participants/graduates. <input type="checkbox"/> The project will advertise at social service agencies, employment and training centers, community centers, or other organizations that have frequent contact with low- and very low-income individuals, as well as local newspapers, shopping centers, radio, etc. <input type="checkbox"/> The project will notify any area Youthbuild programs of job opportunities. <input type="checkbox"/> If the project will be awarding competitive contracts of more than \$100,000, it will establish a preference policy for "Section 3 business concerns"* that provide economic opportunities and will include the "Section 3 clause"** in all solicitations and contracts. 		
*A "Section 3 business concern" is one in which: 51% or more of the owners are section 3 residents of the area of service; <u>or</u> at least 30% of its permanent full-time employees are currently section 3 residents of the area of service, or within three years of their date of hire with the business concern were section 3 residents; <u>or</u> evidence of a commitment to subcontract greater than 25% of the dollar award of all subcontracts to businesses that meet the qualifications in the above categories is provided.		
**The "Section 3 clause" can be found at 24 CFR Part 135.		

CoC-AB