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**Part I: CoC Organizational Structure**

<b>HUD-defined CoC Name:*</b>	<b>CoC Number*</b>
<b>2006 South Dakota Statewide CoC</b>	<b>SD-500</b>

**A: CoC Lead Organization Chart**

<b>CoC Lead Organization: South Dakota Housing for the Homeless Consortium</b>		
<b>CoC Contact Person: Lisa Bondy</b>		
<b>Contact Person's Organization Name: South Dakota Housing Development Authority</b>		
<b>Street Address: 221 South Central Avenue</b>		
<b>City: Pierre</b>	<b>State: SD</b>	<b>Zip: 57501</b>
<b>Phone Number: (605) 773-3445</b>	<b>Fax Number: (605) 773-5154</b>	
<b>Email Address: lisab@sdhda.org</b>		

CoC-A

## B: CoC Geography Chart

Geographic Area Name	6-digit Code
<b>RAPID CITY</b>	461392
<b>SIOUX FALLS</b>	461518
Aurora County	469003
Beadle County	469005
Bennett County	469007
Bon Homme County	469009
Brookings County	469011
Brown County	469013
Brule County	469015
Buffalo County	469017
Butte County	469019
Campbell County	469021
Charles Mix County	469023
Clark County	469025
Clay County	469027
Codington County	469029
Corson County	469031
Custer County	469033
Davison County	469035
Day County	469037
Deuel County	469039
Dewey County	469041
Douglas County	469043
Edmunds County	469045
Fall River County	469047
Faulk County	469049
Grant County	469051
Gregory County	469053
Haakon County	469055
Hamlin County	469057
Hand County	469059
Hanson County	469061
Harding County	469063
Hughes County	469065

Geographic Area Name	6-digit Code
Hutchinson County	469067
Hyde County	469069
Jackson County	469071
Jerauld County	469073
Jones County	469075
Kingsbury County	469077
Lake County	469079
Lawrence County	469081
Lincoln County	469083
Lyman County	469085
McCook County	469087
McPherson County	469089
Marshall County	469091
Meade County	469093
Mellette County	469095
Miner County	469097
Minnehaha County	469099
Moody County	469101
Pennington County	469103
Perkins County	469105
Potter County	469107
Roberts County	469109
Sanborn County	469111
Shannon County	469113
Spink County	469115
Stanley County	469117
Sully County	469119
Todd County	469121
Tripp County	469123
Turner County	469125
Union County	469127
Walworth County	469129
Yankton County	469135
Ziebach County	469137

CoC-B

**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	
<b>CoC Primary Decision-Making Group</b>						
<b>Name:</b>	<i>SD Housing for the Homeless Consortium's Policy and Advisory Committee</i>		X			19
<b>Role:</b>	The Policy and Advisory committee is responsible for advising the Consortium on direction and goals and is involved in prioritizing and reviewing the Continuum of Care proposals.					
<b>Other CoC Committees, Sub-Committees, Workgroups, etc.</b>						
<b>Name:</b>	<i>South Dakota Housing for the Homeless Consortium (HHC)</i>		X			124
<b>Role:</b>	The HHC is a well developed network that meets to exchange ideas, best practices and approaches to end homelessness. It is open to any individual or organization committed to addressing the issues surrounding homelessness in South Dakota.					
<b>Name:</b>	<i>Interagency Council on Homelessness (ICH)</i>			X		9
<b>Role:</b>	The ICH is challenged to identify and define homeless issues; determine strategies for prevention provide education and work with advocacy groups and consumers for policy and program development.					
<b>Name:</b>	<i>Sioux Empire Homeless Coalition (Eastern South Dakota)</i>	X				10-30
<b>Role:</b>	These meetings provide a forum for anyone concerned with the issues of homelessness and poverty in the eastern part of the state.					
<b>Name:</b>	<i>Black Hills Regional Homeless Coalition (Western South Dakota)</i>	X				15
<b>Role:</b>	This is a coalition of individuals and organizations committed to coordinating programs and services to address people who are chronically homeless and families with children who are homeless in the West River Area.					
<b>Name:</b>	<i>Rapid City Housing Taskforce (Western South Dakota)</i>		X			30
<b>Role:</b>	This taskforce was created to work closely with the Black Hills Regional Homeless Coalition to identify and prioritize housing needs in the community; quantify the number and types of units needed; identify funding sources for the projects; identify organizations/people to be leaders for specific projects; and develop a plan to end homelessness within 10 years.					
<b>Name:</b>	<i>Sioux Falls Housing and Redevelopment Commission (SFHRC)</i>		X			9
<b>Role:</b>	SFHRC is the largest public housing authority in South Dakota. It primarily administers housing assistance programs for the City of Sioux Falls and Minnehaha County. It also administers the statewide HOPWA program. They meet to discuss homelessness as it relates to issues including funding shortfalls and the impact on the availability of affordable permanent housing.					
<b>Name:</b>	<i>South Dakota Network Against Family Violence and Sexual Assault (SDNAFVASA)</i>		X			26
<b>Role:</b>	SDNAFVASA is a network of 26 domestic violence crisis shelters/agencies. The network provides nonjudgmental support, education and advocacy to the agencies, to individuals, and to the general public in preventing and eliminating domestic violence and sexual assault in South Dakota.					
<b>Name:</b>	<i>South Dakota Coalition Against Domestic Violence and Sexual Assault (SDCADVASA)</i>		X			26
<b>Role:</b>	Provides advocacy to agencies, individuals and general public in preventing and eliminating domestic violence					
<b>Name:</b>	<i>Tri-State HELP (HOPWA program for South Dakota, North Dakota and Montana)</i>	X				10
<b>Role:</b>	Meets to discuss housing resources available for persons with HIV/AIDS including the Homeless population.					

**D: CoC Planning Process Organizations Chart**

	<b>Specific Names of All CoC Organizations</b>	<b>Geographic Area Represented</b>	<b>Subpopulations Represented, if any* (no more than 2)</b>	
<b>PUBLIC SECTOR</b>	<b>STATE GOVERNMENT AGENCIES</b>			
	Department of Corrections	ALL 66 COUNTIES		
	Department of Education	ALL 66 COUNTIES		
	Department of Health	ALL 66 COUNTIES	HIV	
	Department of Human Services	ALL 66 COUNTIES	SMI	SA
	Department of Labor	ALL 66 COUNTIES		
	Department of Social Services	ALL 66 COUNTIES	DV	Y
	Governor’s Office	ALL 66 COUNTIES		
	SD Housing Development Authority	ALL 66 COUNTIES		
	Office of Tribal Government Relations	ALL 66 COUNTIES		
	<b>LOCAL GOVERNMENT AGENCIES</b>			
	City and County Commissioners	MINNEHAHA		
	Minnehaha County Human Services	MINNEHAHA		
	Rapid City Community Development	PENNINGTON		
	Sioux Falls Community Development	MINNEHAHA		
	Weed & Seed	PENNINGTON		
	<b>PUBLIC HOUSING AGENCIES</b>			
	SWA Indian Housing Agency	TODD		
	Pennington County Housing & Redevelopment	PENNINGTON		
	Sioux Falls Housing & Redevelopment	MINNEHAHA	HIV	
	<b>SCHOOL SYSTEMS / UNIVERSITIES</b>			
	Augustana College/USF Join Social Work	MINNEHAHA		
	University of South Dakota	CLAY		
	Southeast Technical Institute	MINNEHAHA		
	School of Mines & Technology	PENNINGTON		
	<b>LAW ENFORCEMENT / CORRECTIONS</b>			
	Sioux Falls Police Department	MINNEHAHA		
	Hand County Sheriff’s Office	HAND		
	Rapid City Police Department	PENNINGTON		
	<b>LOCAL WORKFORCE INVESTMENT ACT (WIA) BOARDS</b>			
	<b>OTHER</b>			
	HUD	ALL 66 COUNTIES		
	Senator John Thune’s Office	ALL 66 COUNTIES		
Senator Tim Johnson’s Office	ALL 66 COUNTIES			
Representative Stephanie Herseth’s Office	ALL 66 COUNTIES			
SD State Legislators	ALL 66 COUNTIES			
<b>PRIVATE SECTOR</b>	<b>NON-PROFIT ORGANIZATIONS</b>			
	American Indian Services	MINNEHAHA		
	Sacred Heart Center	DEWEY		
	Safe Harbor	BROWN, CAMPBELL, DAY	DV	
	Brookings Domestic Abuse Shelter	BROOKINGS, KINGSBURY	DV	
	Women Escaping a Violent Environment	CUSTER, FALL RIVER	DV	
	Wholeness Center	MOODY	DV	
	YWCA Family Violence Programs	BEADLE, HAND, KINGSBURY, SANBORN, JERAULD	DV	

Cangleska Inc.	SHANNON, BENNETT, JACKSON, CUSTER, FALL RIVER		
NACB Women's Lodge	DOUGLAS, GREGORY	DV	
Northern Hills Crisis Outreach Office	LAWRENCE, BUTTE	DV	
Communities Against Violence & Abuse Inc.	PERKINS, WALWORTH, CORSON, DEWEY, ZIEBACH	DV	
Mitchell Area Safehouse	DAVISON, HANSON, DOUGLAS, AURORA, JERAULD, SANBORN, HUTCHINSON, MINER	DV	
Bridges Against Domestic Violence	WALWORTH, DEWEY, CORSON, CAMPBELL, MCPHERSON, EDMONDS	DV	
Missouri Shores Domestic Violence Center	HUGHES, STANLEY, JONES, SULLY, HAAKON, HYDE	DV	
Cornerstone Rescue Mission	PENNINGTON	VET	SA
Cornerstone's Women and Children's House	PENNINGTON	DV	Y
Working Against Violence Inc.	PENNINGTON	DV	
Children's Inn	MINNEHAHA, LINCOLN, MCCOOK, UNION, TURNER	DV	
St. Francis House	MINNEHAHA	VETS	SA
Artemis House	LAWRENCE, BUTTE, HARDING	DV	
Crisis Intervention Shelter Services	STURGIS, MEADE	DV	
Women's Resource Center	CODINGTON, GRANT, DEUEL, HAMLIN, CLARK, ROBERTS	DV	
Yankton's Women and Children's Center	YANKTON, BON HOMME, HUTCHINSON, CHARLES MIX	DV	
Yankton Homeless Shelter	YANKTON	VETS	
Black Hills Special Services Coop	STATEWIDE		
Behavioral Management Systems	PENNINGTON	SMI	
Cedar Village	YANKTON	SMI	
Development for the Disabled	PENNINGTON		
Furniture Mission	MINNEHAHA		
Glory House	MINNEHAHA	SA	
Good Shepard Center	MINNEHAHA		
Goodwill Industries	MINNEHAHA		
Helpline Center	MINNEHAHA		
Hope for the Homeless	PENNINGTON		
Inter-Lakes Community Action Program	BROOKINGS, CLARK, CODINGTON, DEUEL, GRANT, HAMLIN, KINGSBURY, LAKE, MCCOOK, MINER, MINNEHAHA, MOODY, LINCOLN AND TURNER		
Lutheran Social Services	MINNEHAHA		

Native American Heritage Association	PENNINGTON	SA	VET
New Life Coalition	MINNEHAHA		
Prairie Freedom Center	MINNEHAHA		
Regional West Center for Behavioral Health	WESTERN SD	SMI	
Salvation Army	MINNEHAHA		
SD CADVSA	ALL 66 COUNTIES	DV	
SD NAFVASA	ALL 66 COUNTIES	DV	
Sioux Empire Homeless Coalition	MINNEHAHA		
Southeastern Behavioral Healthcare	MINNEHAHA	SMI	SA
Teton Coalition	PENNINGTON		
The Vets Center	MINNEHAHA	VET	
United Downtown	PENNINGTON		
United Way	MINNEHAHA		
Veterans Organization	MINNEHAHA	VET	
Volunteers of America	MINNEHAHA	Y	
Western Resources for Disabled Independence	PENNINGTON		
Wheels to Work	MINNEHAHA		
Women of Hope	MINNEHAHA	DV	
SD Indian Urban Health	HUGHES, STANLEY, MINNEHAHA, BROWN	SA	HIV
<b>FAITH-BASED ORGANIZATIONS</b>			
Evangelical Lutheran Samaritan Society	MINNEHAHA		
Hispanic Ministry	MINNEHAHA		
<b>FUNDERS / ADVOCACY GROUPS</b>			
<b>BUSINESSES (BANKS, DEVELOPERS, BUSINESS ASSOCIATIONS, ETC.)</b>			
First PREMIER Bank	MINNEHAHA		
Citibank	MINNEHAHA		
<b>HOSPITALS / MEDICAL REPRESENTATIVES</b>			
VETERAN'S ADMINISTRATION MEDICAL CENTER	MINNEHAHA	VET	
RAPID CITY COMMUNITY HEALTH	PENNINGTON		
SIoux FALLS COMMUNITY HEALTH	MINNEHAHA		
<b>HOMELESS PERSONS</b>			
Gale Muller	BROOKINGS		
Vernon Milrett	PENNINGTON		
Michael Heinbaugh	PENNINGTON		
Stephanie Good Bear	DEWEY		
Roger Steele	PENNINGTON		
<b>OTHER</b>			
Blue Ribbon Task Force	MINNEHAHA		
Native American Representative for the Homeless	MINNEHAHA		

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

## E: CoC Governing Process Chart

	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.  <i>South Dakota Housing Development Authority is the Lead Entity for the South Dakota Housing for the Homeless Consortium and acts as the Chair for the Policy and Advisory Committee. The representation from the private sector prefers to have a non-competing entity chair the process to eliminate the concern for a conflict of interest. Private members are involved in all substantive decisions.</i>	<input type="checkbox"/>	<input checked="" 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.  <i>The development of a code of conduct for the COC decision making entity will be completed in 2007.</i>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>
8. If your Continuum has not yet complied with <b>any</b> 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.  <i>We are a small organization that was operated effectively with its current structure. A discussion about implementing a more structured policy will be held at the next quarterly meeting.</i>		

**F: CoC Project Review and Selection Chart**

<b>1. Open Solicitation</b>	
a. Newspapers <input type="checkbox"/>	e. Outreach to Faith-Based Groups <input type="checkbox"/>
b. Letters to CoC Membership <input 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"/>	
<b>2. Objective Rating Measures and Performance Assessment</b>	
a. CoC Rating & Review Committee Exists <input checked="" type="checkbox"/>	j. Assess Spending (fast or slow) <input checked="" 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 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"/>	
<b>3. Voting/Decision System</b>	
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 type="checkbox"/>	g. Abstain if conflict of interest <input checked="" type="checkbox"/>
d. One Vote per Organization <input type="checkbox"/>	

CoC-F

**G: CoC Written Complaints Chart**

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

CoC-G

**H: Part II: CoC Housing and Service Needs**

(1)  <b>Provider Organizations</b>	(2) <b>Prevention</b>					(3) <b>Outreach</b>			(4) <b>Supportive Services</b>									
	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
St Francis House		X	X	X					X	X							X	X
Salvation Army		X	X	X					X	X							X	X
Volunteers of America		X	X	X					X	X							X	X
Union Gospel				X		X				X					X	X		X
Women's Circle		X	X	X					X	X							X	X
CISS		X	X	X					X	X							X	X
Women's Resource Center		X	X	X					X	X							X	X
Yankton Homeless Shelter		X	X	X					X	X							X	X
Yankton Women & Children		X	X	X					X	X							X	X
Yankton Sioux Tribe				X		X			X		X		X		X			X
Lutheran Social Services				X						X		X			X	X	X	
Goodwill Industries				X					X	X					X	X		X
American Indian Services				X						X								
Inter-Lakes Community Action		X	X						X	X					X	X	X	X
Northeastern Mental Health Center									X	X		X	X		X			
East Central Mental Health				X					X	X		X	X		X			
Cent & CD Center				X							X		X		X			
Community Counseling Services				X														
Three Rivers Mental Health				X					X	X		X	X		X			
Dakota Counseling Institute				X									X					
Capital Area Counseling				X									X					
Behavior Management Systems				X		X			X	X	X	X			X	X		X
Southeastern Behavioral Health				X		X			X	X	X	X			X	X		X
Human Services Agency									X	X						X		
Southern Plains Behavioral Health Serv.				X		X			X	X	X	X			X	X		X
Lewis & Clark Behavioral Healthcare				X		X			X	X	X	X			X	X		X

(1)  <b>Provider Organizations</b>	(2) <b>Prevention</b>					(3) <b>Outreach</b>			(4) <b>Supportive Services</b>									
	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
Department of Social Services				X			X		X									
Department of Human Services											X	X						
Department of Labor															X	X		
Military and Veterans Affairs		X		X		X	X		X		X	X	X					X
SD Housing		X																
Safe Harbor		X	X	X					X	X							X	X
Brookings Domestic Abuse Shelter		X	X	X					X	X							X	X
Women Escaping a Violent Environment		X	X	X					X	X							X	X
Wholeness Center		X	X	X					X	X							X	X
Project Safe		X	X	X					X	X							X	X
YWCA Family Violence Program		X	X	X					X	X							X	X
NACB Women’s Lodge		X	X	X					X	X							X	X
Northern Hills Crisis Outreach Office		X	X	X					X	X							X	X
Communities Against Violence & Abuse		X	X	X					X	X							X	X
Madison House of Hope		X	X	X					X	X							X	X
Hand County Sheriff’s Office								X										
Mitchell Area Safehouse		X	X	X					X	X							X	X
Bridges Against Domestic Violence		X	X	X					X	X							X	X
Missouri Shores Domestic Violence Center		X	X	X					X	X							X	X
Cangleska Inc.		X	X	X					X	X							X	X
Cornerstone Rescue Mission		X	X	X					X	X							X	X
Cornerstone Rescue Mission Women & Children		X	X	X					X	X							X	X
Working Against Violence Inc.		X	X	X					X	X							X	X
Family Crisis Center		X	X	X					X	X							X	X
Spotted Tail Crisis Center				X					X	X							X	X
Artemis House		X	X	X					X	X							X	X
Children’s Inn		X	X	X					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
Sacred Heart Adolescent Shelter				X					X	X					X			X
Sacred Heart Women's Shelter				X					X	X					X		X	X
White Buffalo Calf Women's Shelter				X					X	X					X		X	X
Watchful Home				X					X	X					X		X	X
Tri-County Halfway House				X					X	X	X				X	X		X
Timothy House of Hope						X												X
Carroll Institute				X					X	X	X							
Dakota Counseling Institute				X														
Avera St. Lukes									X		X	X	X					
Northern Hills Alcohol & Drug				X					X	X	X							X
Southern Hills Alcohol & Drug				X					X	X	X							X
Main Gate Counseling				X					X	X								
Aberdeen Area Career Planning Center															X	X		
Addiction Family Resources				X					X	X	X							X
Keystone Outpatient Program				X					X	X	X							X
Soaring Eagle Treatment Center				X					X	X	X							X
Timberline Treatment Center				X					X	X	X							X
Avera McKennan Hospital											X	X	X					
Dakota Drug & Alcohol				X					X	X	X							X
First Step Counseling				X					X	X	X							X
Lifeways				X					X	X	X							X
Reads Inc.				X					X									
SD Urban Indian Health				X	X								X					
STAR Academy for Youth				X					X	X	X		X					X
Choices Recovery Services				X					X	X	X		X					X
Dakota Pride Treatment Center				X					X	X	X		X					X

CoC-H

(1)  <b>Provider Organizations</b>	(2) <b>Prevention</b>					(3) <b>Outreach</b>			(4) <b>Supportive Services</b>									
	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
Woodfield Center				X					X	X	X							
Friendship House				X					X	X	X		X		X	X		X
New Dawn Center				X					X	X	X		X		X	X		X
Our Home				X					X	X	X				X	X		X
Wellsprings Inc.				X					X	X	X				X	X		X
Dakota Plains Legal Services					X													
East River Legal Services					X													
Black Hills Legal Services					X													
Tri-State HOPWA	X	X	X											X				

CoC-H

**I: CoC Housing Inventory Charts**

<b>Emergency Shelter: Fundamental Components in CoC System – Housing Inventory Chart</b>													
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		Seas-onal	Overflow & Voucher
<b>Current Inventory</b>			Ind.	Fam.									
Safe Harbor	Aberdeen Safe Harbor	F			469013	FC	DV	5	19		19		
Brookings Domestic Abuse Shelter	Brookings Domestic Abuse Shelter	F			469011	FC	DV	5	20		20		
Woman Escaping A Violent Environment	Women Escaping A Violent Environment (Custer)	P			469033	FC	DV	6	25		25		3
Wholeness Center	Wholeness Center (Flandreau)	P			469101	FC	DV	3	15	4	19		
Project Safe	Project Safe (Ft Thompson)	N			469017	FC	DV	3	10		10		
YWCA Family Violence Program	YWCA Family Violence Program (Huron)	F			469005	FC	DV	2	7	2	9		1
NACB Women’s Lodge	NACB Women’s Lodge (Lake Andes)	P			469023	FC	DV	4	13		13		
Northern Hills Crisis Outreach Office	Northern Hills Crisis Outreach Office (Lead)	F			469081	FC	DV	2	3		3		
Communities Against Violence & Abuse	Communities Against Violence & Abuse (Lemmon)	F			469105	FC	DV	5	16		16		
Madison House of Hope	Madison House of Hope	N			469079	FC	DV	3	9		9		
Hand Co. Sheriff	Miller Crisis Beds	N			469059	FC	DV			2	2		
Mitchell Area Safehouse	Mitchell Area Safehouse	F			469035	FC	DV	6	20		20		
Bridges Against Domestic Violence	Bridges Against Domestic Violence (Mobridge)	8	3	10	469021	FC	DV	2	10	3	13		
Missouri Shores Domestic Abuse Shelter	Missouri Shores Domestic Violence Center (Pierre)	F			469065	FC	DV	9	33		33		
Cangleska Inc.	Ohitika Najin Win Oti (Pine Ridge)	N			469113	FC	DV	6	9		9		
Cornerstone Rescue Mission	Cornerstone Rescue Mission (Rapid City)	5	20	87	461392	SM		5	20	87	107		20
Cornerstone Women and Children’s House	Cornerstone Women and Children’s House (Rapid City)	5	16	22	469103	FC		5	22	16	38		
Working Against Violence Inc.	Working Against Violence, Inc. (Rapid City)	F			469103	FC	DV	13	37		37		
Family Crisis Center	Family Crisis Center (Redfield)	F			469115	FC	DV	1	4		4		3
Spotted Tail Crisis Center	Spotted Tail Crisis Center (Rosebud)	P			469121	FC	DV	3	6	10	16		

Artemis House	Artemis House (Spearfish)	F			469081	FC	DV	5	23		23		
Children's Inn	Children's Inn (Sioux Falls)	F			469099	FC	DV	21	44		44		9
St. Francis House	St. Francis House (Sioux Falls)	P			461518	M		2	6	28	34		4
Salvation Army	Salvation Army (Sioux Falls)	P			469099	SMF				35	35		
Volunteers of America	Volunteers of America, Dakotas (Sioux Falls)	P			469099	YMF				32	32		
Union Gospel Mission	Union Gospel Mission (Sioux Falls)	N			461518	M				50	50		
Women's Circle	Women's Circle (Sisseton)	N			469109	FC	DV	3	11		11		
Crisis Intervention Shelter Services	Crisis Intervention Shelter Services (Sturgis)	P			469093	FC	DV	5	13		13		
Women's Resource Center	Women's Resource Center (Watertown)	P			469029	FC	DV	5	21		21		
Yankton Homeless Shelter	Yankton Homeless Shelter (Yankton)	P			469135	M		1	4	3	7		
Yankton Women & Children's Center	Yankton Women & Children's Center	P			469135	FC	DV	4	11		11		
Yankton Sioux Tribe	Yankton Sioux Tribe Homeless Shelter (Charles Mix County)	N			469023	SMF				20	20		
<b>SUBTOTALS:</b>			39	119	<b>SUBTOT. CURRENT INVENTORY:</b>			134	431	292	723		40
<b>New Inventory in Place in 2005 (Feb. 1, 2005 – Jan. 31, 2006)</b>			Ind.	Fam.									
<b>SUBTOTALS:</b>					<b>SUBTOTAL NEW INVENTORY:</b>								
<b>Inventory Under Development</b>			Anticipated Occupancy Date										
<b>SUBTOTAL INVENTORY UNDER DEVELOPMENT:</b>					<b>TOTALS:</b>								
<b>Unmet Need</b>													
1. Total Year-Round Individual ES Beds:				292	4. Total Year-Round Family Beds:				431				
2. Year-Round Individual ES Beds in HMIS:				39	5. Year-Round Family ES Beds in HMIS:				119				
3. HMIS Coverage Individual ES Beds: Divide line 2 by line 1 and multiply by 100. Round to a whole number.				14%	6. HMIS Coverage Family ES Beds: Divide line 5 by line 4 and multiply by 100. Round to a whole number.				28%				

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
						A	B	Family Units	Family Beds	Individ. Beds	
<b>Current Inventory</b>			Ind.	Fam.							
Community Counseling Center	Bradfield-Leary Center (Huron)	N			469005	SMF				16	16
YWCA	YWCA Transitional Housing (Huron)	F			469005	FC	DV	1	2		2
CADC	Community Alcohol & Drug Center (Mitchell)	N			469035	SMF				31	31
Capital Area Counseling	Bridgeway (Pierre)	N			469065	SMF				8	8
Stepping Stones Independent Living Program	Stepping Stones Independent Living Program (Rapid City)	N			469103	YMF				15	15
Behavioral Management Systems	Rapid City Residential Units (Mainstream/Elk St)	P			461392	SMF				32	32
Behavioral Management Systems	Full Circle (Rapid City)	P			469103	SF				15	15
Glory House	Glory House (Sioux Falls)	N			461518	SM				56	56
Timothy’s House of Hope	Timothy’s House of Hope (Sioux Falls)	N			461518	SM				27	27
Carroll Institute	The Arch (Sioux Falls)	N			469099	SMF				32	32
Berakhah House	Berakhah House (Sioux Falls)	N			469099	SMF	HIV			8	8
St. Francis House	St. Francis House(Sioux Falls)	P			461518	SM				7	7
SF Veteran’s Administration Medical Center	Compensated Work Therapy Program (Sioux Falls)	N			461518	SM	VET			4	4
American Indian Services	Dakota House (Sioux Falls)	P			461518	M		8	18		18
American Indian Services	Lakota House (Sioux Falls)	P			461518	M		3	9		9
Inter-Lakes Community Action	Heartland House I (Sioux Falls)	5		43	469099	FC		15	43		43
Inter-Lakes Community Action	Heartland House II (Sioux Falls)	5		87	469099	FC		20	87		87
Volunteers of America (VOA)	Heisler Center for Adolescent Treatment (Sioux Falls)	N			469099	YMF				26	26
Volunteers of America (VOA)	Independent Living Preparation Program (Sioux Falls)	N			461518	YM				5	5
Volunteers of America	Transitional Housing										

(VOA)	Program (Sioux Falls)	N			461518	YMF				5	5	
Volunteers of America (VOA)	New Start Residential Treatment Program (Sioux Falls)	N			461518	YF				34	34	
Volunteers of America (VOA)	New Start Residential Treatment Program (Sioux Falls)	N			461518	SF				8	8	
Volunteers of America (VOA)	West Farm (Sioux Falls)	N			469099	YM				40	40	
Southeastern Behavioral Healthcare	Wayne Dahl Transition House(Sioux Falls)	P			461518	SMF				12	12	
Human Service Agency	Serenity Hills (Watertown)	N			469029	SMF				14	14	
Yankton HSB	Yankton Homeless Shelter	N			469029	FC		1	6		6	
Yankton Women & Children's Center	Yankton Women & Children'	F			469135	FC	DV	1	3		3	
<b>SUBTOTALS:</b>				130	<b>SUBTOT. CURRENT INVENTORY:</b>			49	168	395	563	
<b>New Inventory in Place in 2005</b> <b>(Feb. 1, 2005 – Jan. 31, 2006)</b>				Ind.	Fam.							
<b>SUBTOTALS:</b>						<b>SUBTOTAL NEW INVENTORY:</b>						
<b>Inventory Under Development</b>				Anticipated Occupancy Date								
<b>SUBTOTAL INVENTORY UNDER DEVELOPMENT:</b>												
<b>TOTALS:</b>												
<b>Unmet Need</b>												
1. Total Year-Round Individual TH Beds:				395	4. Total Year-Round Family Beds:				168			
2. Year-Round Individual TH Beds in HMIS:				0	5. Year-Round Family TH Beds in HMIS:				130			
3. HMIS Coverage Individual TH Beds:				0%	6. HMIS Coverage Family TH Beds:				78%			
Divide line 2 by line 1 and multiply by 100. Round to a whole number.					Divide line 5 by line 4 and multiply by 100. Round to a whole number.							

**I: CoC Housing Inventory Charts**

<b>Permanent Supportive Housing*: Fundamental Components in CoC System – Housing Inventory Chart</b>											
Provider Name	Facility Name	HMIS Part. Code	Number of Year-Round Beds in HMIS		Geo Code <input type="checkbox"/>	Target Population		Year-Round			Total Year-Round Beds
			Ind.	Fam.		A	B	Family Units	Family Beds	Individual/CH Beds	
<b>Current Inventory</b>			Ind.	Fam.							
Community Counseling Service	Bradfield-Leary Center (Huron)	N			469005	SMF				16	16
Capital Area Counseling	Betty's House (Pierre)	N			469065	SMF				12	12
Timothy's House of Hope	Timothy's House of Hope (Sioux Falls)	P			469099	SM				12	12
SF HRC & SE Behavioral Healthcare	Shelter Plus Care – TBRA (Sioux Falls)	8	43		469099	SMF				44 / 3	44
Southern Plains Behavioral Health	Presidential Squares (Winner)	N			469123	SMF				8	8
SF HRC-ICOP	Sioux Falls Tenant Based Rental Assistance	P			461518	FC		25			25
SF Tri-State Help	Statewide HOPWA (Sioux Falls)	P			461518	M	HIV	2		18	20
Lewis & Clark	Lewis & Clark Behavioral Healthcare (Yankton)	P			469135	SMF				20	20
<b>SUBTOTALS:</b>			43	0	<b>SUBTOT. CURRENT INVENTORY:</b>			27	0	130/3	157
<b>New Inventory in Place in 2005 (Feb. 1, 2005 – Jan. 31, 2006)</b>			Ind.	Fam.							
<b>SUBTOTALS:</b>					<b>SUBTOTAL NEW INVENTORY:</b>						
<b>Inventory Under Development</b>		Anticipated Occupancy Date									
Southeastern Behavioral Healthcare	My Home (Sioux Falls)	1/1/07			469103	SMF				24	24
<b>SUBTOTAL INVENTORY UNDER DEVELOPMENT:</b>					<b>TOTALS:</b>						
<b>Unmet Need</b>											
1. Total Year-Round Individual PH Beds:			133	4. Total Year-Round Family Beds:						0	
2. Year-Round Individual PH Beds in HMIS:			43	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.)			33%	6. HMIS Coverage Family PH Beds: (Divide line 5 by line 4 and multiply by 100. Round to a whole number.)						0%	

## J: CoC Housing Inventory Data Sources and Methods Chart

<b>(1) Indicate date on which Housing Inventory count was completed: 01/25/2006 (mm/dd/yyyy)</b>	
<b>(2) Identify the <i>primary</i> method used to complete the Housing Inventory Chart (check one):</b>	
<input type="checkbox"/>	<b>Housing inventory survey to providers</b> – 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 checked="" type="checkbox"/>	<b>On-site or telephone housing inventory survey</b> – 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"/>	<b>HMIS</b> – Used HMIS data to complete the Housing Inventory Chart
<b>(3) Indicate the percentage of providers completing the housing inventory survey:</b>	
80%	Emergency shelter providers
72%	Transitional housing providers
90%	Permanent Supportive Housing providers
<b>(4) Indicate steps to ensure data accuracy for 2006 Housing Inventory Chart (check all that apply):</b>	
<input type="checkbox"/>	<b>Instructions</b> – Provided written instructions for completing the housing inventory survey.
<input type="checkbox"/>	<b>Training</b> – Trained providers on completing the housing inventory survey.
<input type="checkbox"/>	<b>Updated prior housing inventory information</b> – Providers submitted updated 2005 housing inventory to reflect 2006 inventory.
<input checked="" type="checkbox"/>	<b>Follow-up</b> – CoC followed-up with providers to ensure the maximum possible response rate and accuracy of the housing inventory survey.
<input type="checkbox"/>	<b>Confirmation</b> – Providers or other independent entity reviewed and confirmed information in 2006 Housing Inventory Chart after it was completed.
<input type="checkbox"/>	<b>HMIS</b> – Used HMIS to verify data collected from providers for Housing Inventory Chart.
<input type="checkbox"/>	<b>Other</b> – specify:
<b>Unmet Need:</b>	
<b>(5) Indicate type of data that was used to determine unmet need (check all that apply):</b>	
<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 type="checkbox"/>	Local studies or data sources – specify:
<input type="checkbox"/>	National studies or data sources – specify:
<input type="checkbox"/>	Provider opinion through discussions or survey forms
<input type="checkbox"/>	Other – specify:
<b>(6) Indicate the <i>primary</i> method used to calculate or determine unmet need (check one):</b>	
<input type="checkbox"/>	<b>Stakeholder Discussion</b> – CoC stakeholders met and reviewed data to determine CoC's unmet need
<input type="checkbox"/>	<b>Calculation</b> – Used local point-in-time (PIT) count data and housing inv. to calculate unmet need
<input type="checkbox"/>	<b>Applied statistics</b> – Used local PIT enumeration data and applied national or other local statistics
<input checked="" type="checkbox"/>	<b>HUD unmet need formula</b> – Used HUD's unmet need formula*
<input type="checkbox"/>	<b>Other</b> – specify:
<b>(7) If your CoC made adjustments to calculated unmet need, please explain how and why.</b>	

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: 01/25/05 (mm/dd/yyyy)

Part 1: Homeless Population	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Number of Families with Children (Family Households):	53	34	5	92
1. Number of Persons in Families with Children:	164	99	20	283
2. Number of Single Individuals and Persons in Households without Children:	295	429	22	746
<b>(Add Lines Numbered 1 &amp; 2) Total Persons:</b>	459	528	42	1,029
<b>Part 2: Homeless Subpopulations</b>				
	<b>Sheltered</b>		<b>Unsheltered</b>	<b>Total</b>
a. Chronically Homeless (For sheltered, list persons in emergency shelter <i>only</i> )	67		42	109
b. Severely Mentally Ill	103		*	103
c. Chronic Substance Abuse	282		*	282
d. Veterans	109		*	109
e. Persons with HIV/AIDS	0		*	0
f. Victims of Domestic Violence	156		*	156
g. Unaccompanied Youth (Under 18)	270		*	270
<p>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:</p> <p><b>Data Source:</b>    <input type="checkbox"/> Point-in-time count    <b>OR</b>    <input type="checkbox"/> Estimate</p>				
<b>Part 3: Hurricane Katrina Evacuees</b>	<b>Sheltered</b>		<b>Unsheltered</b>	<b>Total</b>
Total number of Katrina evacuees				
Of this total, enter the number of evacuees homeless <b>prior to</b> Katrina				

\*Optional for Unsheltered

CoC-K

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

**L-1: Sheltered Homeless Population and Subpopulations**

<b>(1) Check the <u>primary</u> method used to enumerate sheltered homeless persons in the CoC (check one):</b>	
<input type="checkbox"/>	<b>Point-in-Time (PIT) <u>no interview</u></b> – Providers did not interview sheltered clients during the point-in-time count
<input checked="" type="checkbox"/>	<b>PIT <u>with interviews</u></b> – Providers interviewed each sheltered individual or household during the point-in-time count
<input type="checkbox"/>	<b>PIT <u>plus sample of interviews</u></b> – Providers conducted a point-in-time count <b>and</b> interviewed a random sample of sheltered persons or households (for example, every 5th or 10th person)
<input type="checkbox"/>	<b>PIT <u>plus extrapolation</u></b> – Information gathered from a sample of interviews with sheltered persons or households is extrapolated to the total sheltered population
<input type="checkbox"/>	<b>Administrative Data</b> – Providers used administrative data (case files, staff expertise) to complete client population and subpopulation data for sheltered homeless persons
<input type="checkbox"/>	<b>HMIS</b> – CoC used HMIS to complete the point-in-time sheltered count and subpopulation information
<input type="checkbox"/>	<b>Other</b> – please specify:
<b>(2) Indicate steps taken to ensure data quality of the sheltered homeless enumeration (check all that apply):</b>	
<input checked="" type="checkbox"/>	<b>Instructions</b> – Provided written instructions to providers for completing the sheltered point-in-time count
<input checked="" type="checkbox"/>	<b>Training</b> – Trained providers on completing the sheltered point-in-time count
<input checked="" type="checkbox"/>	<b>Remind and Follow-up</b> – Reminded providers about the count and followed up with providers to ensure the maximum possible response rate and accuracy
<input type="checkbox"/>	<b>HMIS</b> – Used HMIS to verify data collected from providers for the sheltered point-in-time count
<input checked="" type="checkbox"/>	<b>Other</b> – please specify: <i>Homeless individuals were given gifts for participating and the gift bags also ensured that nobody was interviewed twice.</i>
<b>(3) How often will sheltered counts of sheltered homeless people take place in the future?</b>	
<input type="checkbox"/>	Biennial (every two years)
<input checked="" type="checkbox"/>	Annual
<input type="checkbox"/>	Semi-annual
<input type="checkbox"/>	Other – please specify:
<b>(4) Month and Year when next count of sheltered homeless persons will occur: _____</b>	
<b>(5) Indicate the percentage of providers completing the populations and subpopulations survey:</b>	
<b>60%</b>	Emergency shelter providers
<b>80%</b>	Transitional housing providers
<b>80%</b>	Permanent Supportive Housing providers

CoC-L-1

**L-2: Unsheltered Homeless Population and Subpopulations\***

<b>(1) Check the primary method used to enumerate unsheltered homeless persons in the CoC:</b>	
<input type="checkbox"/>	<b>Public places count</b> – CoC conducted a point-in-time count <u>without</u> client interviews
<input checked="" type="checkbox"/>	<b>Public places count with interviews</b> – CoC conducted a point-in-time count and interviewed every unsheltered homeless person encountered during the public places count
<input type="checkbox"/>	<b>Sample of interviews</b> – CoC conducted a point-in-time count and interviewed a random sample of unsheltered persons
<input type="checkbox"/>	<b>Extrapolation</b> – 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"/>	<b>Public places count using probability sampling</b> – 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"/>	<b>Service-based count</b> – 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"/>	<b>HMIS</b> – Used HMIS to complete the enumeration of unsheltered homeless people
<input type="checkbox"/>	<b>Other</b> – please specify:
<b>(2) Indicate the level of coverage of the point-in-time count of unsheltered homeless people:</b>	
<input type="checkbox"/>	<b>Complete coverage</b> – The CoC counted every block of the jurisdiction
<input type="checkbox"/>	<b>Known locations</b> – The CoC counted areas where unsheltered homeless people are known to congregate or live
<input checked="" type="checkbox"/>	<b>Combination</b> – CoC counted central areas using complete coverage and also visited known locations
<input type="checkbox"/>	<b>Used service-based or probability sampling</b> (coverage is not applicable)
<b>(3) Indicate community partners involved in point-in-time unsheltered count (check all that apply):</b>	
<input checked="" type="checkbox"/>	<b>Outreach teams</b>
<input checked="" type="checkbox"/>	<b>Law Enforcement</b>
<input checked="" type="checkbox"/>	<b>Service Providers</b>
<input checked="" type="checkbox"/>	<b>Community volunteers</b>
<input type="checkbox"/>	<b>Other</b> – please specify:
<b>(4) Indicate steps taken to ensure the data quality of the unsheltered homeless count (check all that apply):</b>	
<input checked="" type="checkbox"/>	<b>Training</b> – Conducted a training for point-in-time enumerators
<input type="checkbox"/>	<b>HMIS</b> – Used HMIS to check for duplicate information
<input type="checkbox"/>	<b>Other</b> – specify:
<b>(5) How often will counts of unsheltered homeless people take place in the future?</b>	
<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:
<b>(6) Month and Year when next count of unsheltered homeless persons will occur: 08/2006</b>	

CoC-L-

**M: CoC HMIS Charts**

**M-1: HMIS Lead Organization Information**

Organization Name: SD Housing Development Authority	Contact Person: Lisa Bondy
Phone: (605) 773-3445	Email: lisab@sdhda.org
Organization Type: State/local government <input checked="" type="checkbox"/> Non-profit/homeless provider <input type="checkbox"/> 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 #
SD Statewide CoC	SD-500		

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
08/2005			

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	N/A	N/A
2005	N/A	447

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 <u>receiving</u> HUD McKinney-Vento funds	Number of agencies participating in HMIS <u>not</u> receiving HUD McKinney-Vento funds
Street Outreach			
Emergency Shelter	3	3	
Transitional Housing	2	2	
Permanent Supportive Housing	1	1	
<b>TOTALS:</b>			

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)	04/2007
Transitional Housing (all beds)	11/2006
Permanent Supportive Housing (McKinney-Vento funded beds only)	11/2006

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

1. *HMIS implementation - Currently getting our system up and running. The Pilot programs came on in August 2005 and we are still working on getting the system fine tuned before we start the full implementation. Currently we have 2 transitional housing programs; 1 Shelter + Care program; 2 Emergency Shelters and 1 Domestic Violence Shelter participating. We are still having the issue of participation from the DV Shelters. If they choose not to participate, we will not be able to ever reach 75% bed capacity for our HMIS.*
2. *HMIS Data and Technical Standards Final Notice requirements - We have no issues with the final notice requirements at this point. Our Service providers are doing everything correctly to make sure we stay in compliance.*

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

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

CoC-M-6

Part III: CoC Strategic Planning

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

<b>Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing</b>	<b>Local Action Steps</b> (How are you going to do it? List action steps to be completed within the next 12 months.)	<b>Measurable Achievement in 12 months</b>	<b>Measurable Achievement in 5 years</b>	<b>Measurable Achievement in 10 years</b>	<b>Lead Person</b> (Who is responsible for accomplishing CoC Objectives?)
1. Create new PH beds for chronically homeless persons.	1) Continue to give high priority to funding permanent housing project in CoC. 2) Seek alternative resources for services in permanent housing funded with mainstream resources.	24 Units	48 Units	24-48 units as needed	Vona Johnson
2. Increase percentage of homeless persons staying in PH over 6 months to 71%.	Continue to develop permanent housing in current models. Currently have an 85% success rate.	87%	89%	91%	Shireen Ranschau
3. Increase percentage of homeless persons moving from TH to PH to 61%.	Currently we have an 87% success rate for those individuals and families that have moved from transitional housing to permanent housing. We will continue to work with mainstream resources to increase that percentage.	90%	92%	95%	Steve Stunes
4. Increase percentage of homeless persons becoming employed by 11%.	Currently we have an 85% percent success rate for those leaving transitional housing programs with employment income. We will continue to work with the Department of Labor to increase that percentage.	87%	90%	95%	Mike Ryan
5. Ensure that the CoC has a functional HMIS system.	Currently we have 36% of the programs that receive McKinney-Vento funding (minus Domestic Violence Shelters) on the system. We are scheduling the remainder for implementation into HMIS by 2007.	45%	50%	100%	Lisa Bondy
<b>Other CoC Objectives in 2006</b>					
1.					
2.					

## O: CoC Discharge Planning Policy Chart

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 type="checkbox"/> Yes <input type="checkbox"/> No	<input 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
Health Care	<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	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Mental Health	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

### Foster Care:

The Department of Social Services, Division of Child Protection Services has defined procedures in place for the discharge of children from custody/placement. The planning that occurs prior to children being discharged from custody/placement depends on the age of the child, the discharge resource and the services that will be needed to support the child in his/her discharge placement. Children discharging from custody/placement prior to age 18 may be discharged to their birth parent, relative caregiver, a legal guardian, or may be adopted. Youth who were in placement upon turning 18 years of age and are ready for discharge are eligible for Independent Living Services through the Division of Child Protection Services. Independent living services for youth between the ages of 16 and 21 years of age are also defined within the Division's policy and procedure manual. Youth are involved in planning their exit from the program and are provided financial resources and on-going case management to help ensure success upon discharge.

### Health Care:

Based on discharge data that is available to the South Dakota Department of Health (SDDOH), there is no information provided on the discharge of homeless to shelters. We have researched and identified some standards of care of discharge of the homeless, but at this point have not had any formal discussion outside of SDDOH and the Housing for the Homeless Consortium.

### Mental Health:

The Division of Mental Health has discharge criteria and required documentation for the CARE (Continuous Assistance, Rehabilitation and Education Program) program. Discharge may occur when: (1) the consumer moves outside of the geographical area (2) the consumer demonstrates ability to function in all major life areas or (3) the consumer refuses to participate in CARE program services. The CMHC then needs to submit the following documentation to the Division for approval: (1) reason for discharge; (2) consumer status and condition at time of discharge; (3) written evaluation summary of progress made toward case service plan goals; (4) a plan for care and follow-up developed in conjunction with the consumer; and (5) signature of clinical supervisor, QMHP, or CARE team manager.

When discharging a child from the SED (Serious Emotional Disturbance) program, the center must complete the following: (1) an outcome determination from that contains the child's name, social security number, and consumer identification number. The form must be completed and sent to the division within ten working days from date of determination; and (2) a discharge summary including: (a) treatments received and progress made in achieving treatment goals; (b) reasons for discharge; and (c) disposition of referral to other agencies.

### Corrections:

The Department of Corrections has established procedures in place governing release planning for adults and juvenile offenders. Each adult offender, within 5 years of possible release, must develop a release plan with the assistance of Corrections case management staff. These release plans have established components of residence, employment, and programming needs (chemical dependency, mental health, physical health, sex offender treatment and academic education). Programming needs are identified through assessments done within the correctional facilities. Offenders are provided opportunities to address assessed needs within the prison system. These needs and service needs are carried over to the release planning process.

**P: CoC Coordination Chart**

<b>Consolidated Plan Coordination</b>	<b>YES</b>	<b>NO</b>
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"/>
<b>Jurisdictional 10-year Plan Coordination</b>		
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 checked="" type="checkbox"/>	<input type="checkbox"/>
b. Do 10-year Plan conveners, authors and other stakeholders participate in CoC general planning meetings?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Have 10-year Plan participants taken steps to align their planning process with the local CoC plan?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Were CoC strategic plan goals used in the development of the 10-year Plan(s)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. Provide the number of jurisdictions within your CoC geography that have formally implemented a 10-year plan(s).	2	
<b>Policy Academy* Coordination</b>		
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"/>
<b>Public Housing Agency Coordination</b>		
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"/>
<b>Coordination with State Education Agencies</b>		
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"/>

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:*						CoC #:			
(1) SF-424 Applicant Name	(2) Project Sponsor Name	(3) Project Name	(4) Priority	(5) Requested Project Amount ***	(6) Term	(7) Program and Component Type**			
						SHP New	SHP Renewa l	S+C New	SRO New
Development for the Disabled Inc.	Behavioral Management Systems	Hills Apartments	1	\$250,000	3	PH			
Inter-Lakes Community Action Inc.	Cumberland Apartments II Limited Partnership	Heartland House II	2	\$750,624	3		TH		
<b>(8) Subtotal: Requested Amount for CoC Competitive Projects:***</b>				<b>\$1,000,624.00</b>					
<b>(9) Shelter Plus Care Renewals:****</b>						<b>S+C Component Type**</b>			
Sioux Falls Housing and Redevelopment Commission	Sioux Falls Housing and Redevelopment Commission	Sioux Falls Housing Shelter + Care Program	3	\$110,808	1	TRA			
<b>(10) Subtotal: Requested Amount for S+C Renewal Projects:</b>				<b>\$110,808</b>					
<b>(11) Total CoC Requested Amount:</b>				<b>\$1,111,432.00</b>					

CoC-Q

**R: CoC Pro Rata Need (PRN) Reallocation Chart**  
**(Only for Eligible Hold Harmless CoCs)**

<b>1. Will your CoC be using the PRN reallocation process?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
<b>If Yes</b> , explain the open decision making process the CoC used to reduce and/or eliminate projects (use no more than one-half page).					
<b>2. Enter the total 1-year amount of all SHP projects that are eligible for renewal in 2006, which amount you have verified with your field office:</b>				<i>Example:</i>	\$
				\$530,000	
<b>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:</b> <i>(In this example, the amount proposed for new PH projects is \$140,000)</i>				<i>Example:</i>	\$
				\$390,000	
<b>4. Enter the Reduced or Eliminated Grant(s) in the 2006 Competition</b>					
(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
<b>(7) TOTAL:</b>					
<b>5. Newly Proposed Permanent Housing Projects in the 2006 Competition</b>					
(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		
<b>(12) TOTAL:</b>					

CoC-R

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**S: CoC Project Leveraging Summary Chart**

<b>Name of Continuum</b>	<b>Total Value of Written Commitment</b>
South Dakota Statewide CoC	\$1,929,734

CoC-S

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**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)	\$750,624	\$254,498		\$721,153	\$305,947	\$556,155
Safe Havens-TH						
Permanent Housing (PH)	\$250,000	\$380,934	\$900,825	\$250,000	\$376,978	\$677,286
Safe Havens-PH						
SSO		\$113,784			\$37,928	\$37,928
HMIS		\$121,330			\$40,443	\$40,443
<b>Totals</b>	<b>\$1,000,624</b>	<b>\$870,546</b>	<b>\$900,825</b>	<b>\$971,153</b>	<b>\$761,296</b>	<b>\$1,311,812</b>

**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	19	\$110,808	41	\$239,112	41	\$239,112	63	\$379,032	63	\$379,032	63	\$379,032
2			2	\$14,904	2	\$14,904	32	\$255,024	32	\$255,024	32	\$255,024
3			1	\$9,732	1	\$9,732	1	\$9,732	1	\$9,732	1	\$9,732
4												
5												
<b>Totals</b>	19	\$110,808	44	\$263,748	44	\$263,748	96	\$643,788	96	\$643,788	96	\$643,788

**Part IV: CoC Performance**

**U: CoC Achievements Chart**

Goals	Action Steps	Measurable Achievements
<b>Chronic Homelessness Goals</b>		
1) Improve access to and coordination with health care programs & reduce referrals/discharge to shelters from hospital facilities	1) Assess the impact of hospital discharge to shelters; 2) Work with the Department of Health and local area hospitals to create a discharge plan for their communities; 3) Identify and research best practices regarding discharging from health care programs; 4) Meet or monitor quarterly with above entities regarding progress and make adjustments as needed	1) Met with Interagency Council representative from the Department of Health to discuss discharge policies for the 3 major hospitals in the state. She is working with them to compile that information and to also work on cost vs. services numbers for the chronic homeless populations in those areas.
2) Improve access to Department of Social Services (DSS) programs and reduce multiple intakes and referrals	1) Develop a plan for providing DSS services at local shelters within each community 2) Distribute information to homeless individuals regarding how to apply for DSS Services; 3) Meet or monitor quarterly with staff from above entities regarding progress and make appropriate adjustments as needed	1) Met with Interagency Council representative from the Department of Social Services regarding distributing information regarding DSS programs to homeless shelters. She is developing a plan for local DSS offices to make available one staff to go to the shelters once a month to meet with consumers regarding services.
3) Improve coordination and reduce referrals to shelters from local correctional systems	1) Implement a local plan to reduce discharge to shelters for high risk offenders; 2) Improve access to mental health and addiction services and housing stability for offenders; 3) Create protocol for applying for services before being paroled; 4) Meet or monitor quarterly with staff from above entities regarding progress and make appropriate adjustments as needed	1) The department of Corrections has created a taskforce that is looking into solutions in placement of inmates being released from prison. They are evaluating how to create transitional housing for those inmates that need more counseling assistance before being released to society. We are in the process of obtaining technical assistance on how to access funding for case management through Health Systems Research Inc.
4) Improve coordination with Alcohol, Drug and Mental Health programs to reduce referrals to shelters and create alternative resources	1) Conduct shelter staff training on mental illness, engagement and referral protocols; 2) Identify best practices to reduce discharge from treatment facilities to shelters; 3) Meet or monitor quarterly with above entities regarding progress and make appropriate adjustments as needed	The Department of Human Services is working towards the housing first approach for their clients existing treatment (when feasible) instead of releasing to shelters. Currently resources to develop a transitional facility are being sought to address this issue.

<p>5) Improve coordination and linkage between outreach workers and permanent supportive and affordable housing projects</p>	<p>1) Improve dissemination of information regarding PSH eligibility and unit openings;  2) Work with landlords in all communities with vacancies regarding the housing first approach, make list of landlords available to all outreach workers;  3) Work with landlords in rural communities regarding “adopt a family” approach</p>	<p>Conducted first Statewide Homeless Summit in April to disseminate information regarding current programs available and brainstormed additional best practices for permanent housing solutions for chronic homeless individuals. Also, South Dakota Housing Development Authority recently released a web-based program located at “SDHousingSearch.com” which will list available rental units across the state. This information was presented to providers at the summit for their use in helping their clients obtain permanent housing. The website is advertised broadly and marketed to other housing organizations.</p>
<p>6) Continue development of new permanent supportive housing for the chronically homeless in areas of need</p>	<p>1) Develop 20 new PSH units in Rapid City;  2) After results of the next point-in-time survey, determine what areas indicate a need and begin developing a program to address that need</p>	<p>24 new units of permanent housing are being place in service in Sioux Falls in June 2006. In addition, an application for 24 new PSH units in Rapid City is being submitted with the 2006 CoC application.</p>
<p>Increase understanding of chronically homeless</p>	<p>1) Complete research and disseminate to key community stakeholders regarding chronic homeless individuals in the area, cost vs. services</p>	<p>Working with the members of the Interagency Council to help compile the information regarding cost. vs. services for the top 10 chronic homeless individuals in Rapid City and Sioux Falls for over a 6 month period. This will include the costs of Detox, ER visits and jail time. Department of Health representative is now interceding to help access information that was previously block to providers regarding costs for chronic homeless individuals in the healthcare system.</p>
<p>Improve chronic homeless individuals’ opportunities for obtaining jobs</p>	<p>1) Educate service providers about existing life skills training opportunities;  2) Develop system that focuses on job/career plans while in mental health treatment, or homeless facilities and prisons/jails</p>	<p>Met with South Dakota Department of Labor’s Vocational Rehabilitation Services staff to set-up a referral process for Workforce Investment Act employment and training services that are available statewide. Discussed homeless individual’s priority status for job services through The Workforce Investment Act at our 2006 Homeless Summit, educating providers of those opportunities.</p>
<p>Expedite benefits enrollment by Social</p>	<p>1) Create provider/funder planning group to identify barriers to SSI and</p>	<p>We will be conducting a training the summer of 2006 for agency staff and</p>

Security Administration and Department of Veteran's Affairs	Veteran's Benefits and what steps are necessary to overcome them	providers regarding SSI and how to improve their percentages of the number and speed clients are deemed eligible for this program.
Develop supportive service programs and housing projects to address homelessness on the Indian Reservations	1) Seek local tribal members who are interested in partnering to develop plans to address homelessness on tribal land; 2) Create a pilot program on one of the reservations for supportive services with a transitional or permanent supportive housing project	The Housing for the Homeless Consortium continues to have difficulty making long term relationships on the Indian Reservations. This continues to be a priority and we will seek additional help to break through the barriers inherent between tribal and state government.
Foster linkages through consumer outreach, provider education	1) Sponsor a Supportive Housing/Services conference for all providers to learn about the programs available	Conducted our Summit in April 2006 with over 100 attendees. Created new partnerships provided input that will be implemented to improve consumer outreach in coming years.
<b>Other Homelessness Goals</b>		
Continue to seek ways to address rural homeless issues and ensure that proper supportive services are available and marketed so that homeless people can quickly move into appropriate housing situations	1) Establish open forum to discuss issues particular to rural areas; 2) Provide educational opportunities to providers so they can see how other communities are addressing homeless issues	In discussions with developers regarding vacant apartment buildings in rural communities and the feasibility of moving those properties to areas where services are provided more readily or implementing an "adopt a family" program whereby homeless individuals and families are relocated to areas where assisted housing is available. This will help these smaller communities retain their numbers in the schools and increase workforce. A rural component is planned to be added to the 2 <sup>nd</sup> Annual Homeless Summit that will address these rural education issues.

CoC-U

**V: CoC Chronic Homeless (CH) Progress Chart**

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	188	112					
2005	109	130					
2006	109	130		\$	\$	\$	\$

(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).

CoC-V

**W: CoC Housing Performance Chart**

1. Participants in Permanent Housing	
<p>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:</p>	
<input type="checkbox"/>	No applicable PH renewals are on the CoC Project Priorities Chart
<input checked="" type="checkbox"/>	All PH renewal projects with APRs submitted are included in calculating the responses below
a.	Number of participants who <b>exited</b> PH project(s)—APR Question 12(a)
b.	Number of participants who did <b>not leave</b> the project(s)—APR Question 12(b)
c.	Number who <b>exited</b> after staying 7 months or longer in PH—APR Question 12(a)
d.	Number who did <b>not leave</b> after staying 7 months or longer in PH—APR question 12(b)
e.	Percentage of all participants in PH projects staying 7 months or longer (c. + d. divided by a. + b. multiplied by 100 = e.)
2. Participants in Transitional Housing (TH)	
<p>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.</p>	
<input type="checkbox"/>	No applicable TH renewals are on the CoC Project Priorities Chart
<input checked="" type="checkbox"/>	All 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
b.	Number of participants who moved to PH
c.	Percent of participants in TH projects who moved to PH (b. divided by a. multiplied by 100 = c.)

CoC-W

**X: Mainstream Programs and Employment Project Performance Chart**

<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)
25	a. SSI	2	8%
25	b. SSDI	-	-
25	c. Social Security	1	4%
25	d. General Public Assistance	-	-
25	e. TANF	3	12%
25	f. SCHIP	5	20%
25	g. Veterans Benefits	-	-
25	<b>h. Employment Income</b>	<b>12</b>	<b>48%</b>
25	i. Unemployment Benefits	-	-
25	j. Veterans Health Care	-	-
25	k. Medicaid	10	40%
25	l. Food Stamps	14	56%
25	m. Other - Child Support	6	24%
25	n. No Financial Resources	1	4%

CoC-X

**Y: Enrollment and Participation in Mainstream Programs Chart**

Check those activities implemented by a <b>majority</b> 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 type="checkbox"/>	The CoC contains a specific planning committee to improve CoC-wide participation in mainstream programs.
<input 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**

Project Number	Applicant Name	Project Name	Grant Amount
		<b>Total:</b>	

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: 33%

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. <b>If you answered yes to Question 1:</b> Is the project requesting \$200,000 or more?	<input type="checkbox"/>	<input type="checkbox"/>
<p>3. <b>If you answered yes to Question 2:</b> 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")?</p> <p><b>Check all that apply:</b></p> <p><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.</p> <p><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.</p> <p><input type="checkbox"/> The project will notify any area Youthbuild programs of job opportunities.</p> <p><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.</p>		
<p>*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.</p> <p>**The "Section 3 clause" can be found at 24 CFR Part 135.</p>		

CoC-AB