

Before Starting the Exhibit 1 Continuum of Care (CoC) Application

HUD strongly encourages ALL applicants to review the following information BEFORE beginning the FY2011 Exhibit 1 Continuum of Care (CoC) application.

Training resources are available online at: www.hudhre.info/esnaps - Training modules are available to help complete or update the Exhibit 1 application, including attaching required forms to the application. - The HUD HRE Virtual Help Desk is available for submitting technical and policy questions.

Things to Remember

- Review the FY2011 Notice of Funding Availability for the Continuum of Care (CoC) Homeless Assistance Program in its entirety for specific application and program requirements. - CoCs that imported their FY2010 information during the CoC Registration process are reminded to carefully review each question in Exhibit 1 to ensure the response imported is appropriate. Questions may have changed from the FY2010 process in which case the imported response may no longer be relevant. Note that not all questions from FY2010 were imported and new questions will require manual responses. Be sure to review the application carefully and verify and update as needed to ensure accuracy.- New CoCs or CoCs that did not apply in FY2010 will not have information pre-populated and must complete all Exhibit 1 forms..

1A. Continuum of Care (CoC) Identification

Instructions:

The fields on this screen are read only and reference the information entered during the CoC Registration process. Updates cannot be made at this time. If the information on this screen is not correct, contact the HUD Virtual Help Desk at www.hudhre.info.

CoC Name and Number (From CoC Registration): NY-506 - Fulton, Montgomery, Schoharie Counties CoC

CoC Lead Agency Name: Amsterdam Homeless Partnership

1B. Continuum of Care (CoC) Primary Decision-Making Group

Instructions:

The following questions are related to the CoC primary decision-making group. The primary responsibility of this group is to manage the overall planning effort for the entire CoC, including, but not limited to:

- Setting agendas for full Continuum of Care meetings
- Project monitoring
- Determining project priorities
- Providing final approval for the CoC application submission.

This body is also responsible for the implementation of the CoC's HMIS, either through direct oversight or through the designation of an HMIS implementing agency. This group may be the CoC Lead Agency or may authorize another entity to be the CoC Lead Agency under its direction.

Name of primary decision-making group: Homeless Work Group

Indicate the frequency of group meetings: Monthly or more

If less than bi-monthly, please explain (limit 500 characters):

Indicate the legal status of the group: Not a legally recognized organization

Specify "other" legal status:

Indicate the percentage of group members that represent the private sector: (e.g., non-profit providers, homeless or formerly homeless persons, advocates and consumer interests) 90%

*** Indicate the selection process of group members: (select all that apply)**

Elected:	<input type="checkbox"/>
Assigned:	<input type="checkbox"/>
Volunteer:	<input checked="" type="checkbox"/>
Appointed:	<input type="checkbox"/>
Other:	<input checked="" type="checkbox"/>

Specify "other" process(es):

Existing members conduct outreach to other potential members.

Briefly describe the selection process of group members. Description should include why this process was established and how it works (limit 750 characters):

Members of the community who are concerned about the homeless gathered and invited other parties to join them. Invitations went out to all of the faith based organizations, social services, mental health, addiction services, the local hospital, Legal Aid, homeless organizations from neighboring counties, law enforcement, the railroad, service recipients, family members, advocates for the mentally ill, and other groups. Montgomery is a small county of 48,000 people, Fulton County has about 50,000 people and Schoharie county has about 30,000 and the members are mostly self-selected, but some people are encouraged to participate because they are in a unique positions in the community.

*** Indicate the selection process of group leaders: (select all that apply):**

Elected:	<input type="checkbox"/>
Assigned:	<input type="checkbox"/>
Volunteer:	<input checked="" type="checkbox"/>
Appointed:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

Specify "other" process(es):

If administrative funds were made available to the CoC, will the primary-decision making body, or its designee, have the capacity to be responsible for activities such as applying for HUD funding and serving as a grantee, providing project oversight, and monitoring? Explain (limit to 750 characters):

This is not known yet. The CoC is newly formed and hopes to be successfully funded for the first time with this application. The members of the CoC will discuss this option for the future and plan accordingly to designate a qualified entity to assume these roles. The decision will also be dependent on the final requirements for monitoring and project administration under HEARTH.

1C. Continuum of Care (CoC) Committees, Subcommittees and Work Groups

Instructions:

Provide information on up to five of the CoCs most active CoC-wide planning committees, subcommittees, and workgroups. CoCs should only include information on those groups that are directly involved in CoC-wide planning activities such as project review and selection, discharge planning, disaster planning, completion of the Exhibit 1 application, conducting the point-in-time count, and 10-year plan coordination. For each group, briefly describe the role and how frequently the group meets. If one of more of the groups meet less than quarterly, please explain.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

Committees and Frequency

Name of Group	Role of Group (limit 750 characters)	Meeting Frequency
Homeless Work Group	The Homeless Work Group is newly formed and will take the lead with CoC wide planning including project review and selection, discharge planning, completion of the Exhibit 1 application and begin discussion of a Ten Year Plan to End Homelessness. This Group will support the efforts of the PIT Committee and take the lead discussion to establish the 10 Year plan to end Homelessness.	Monthly or more
Community Services Board	Each county within this CoC has a Community Services Board that includes representatives of the mental health, mental retardation, and substance abuse services. Issues related to homelessness are frequently discussed at these meetings, as well as making plan to create and maintain linkages for homeless individuals and families to mainstream services.	Monthly or more
Fulton-Montgomery Single Point of Access	Committee meets to link individuals with mental illness, some of whom may be homeless, to residential treatment services. Discharge planning is discussed at this Committee.	Monthly or more
HPRP Implementation Committee	This group meets to coordinate implementation of Fulton-Montgomery Counties' HPRP program. Issues related to HMIS implementation are discussed at these meetings	Bi-monthly
Point in Time Count Planning Committee	Will conduct the PIT count. The PIT Committee will meet three times a year to plan the PIT, conduct the PIT and then review the actual count to ensure accuracy.	quarterly (once each quarter)

If any group meets less than quarterly, please explain (limit 750 characters):

1D. Continuum of Care (CoC) Member Organizations

Identify all CoC member organizations or individuals directly involved in the CoC planning process. To add an organization or individual, click on the icon.

Organization Name	Membership Type	Organization type	Organization Role	Subpopulations
Interfaith Partnership for the Homeless	Private Sector	Non-pro..	Primary Decision Making Group, Attend Consolidated Plan p...	Seriously Me...
Montgomery County Mental Health Dept. (Local Go...	Public Sector	Local g...	Primary Decision Making Group, Lead agency for 10-year pl...	Seriously Me...
Fulton County Mental Health Dept. (Local Govern...	Public Sector	Local g...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriously Me...
Schoharie County Mental Health Dept. (Local Gov...	Public Sector	Local g...	Primary Decision Making Group	Seriously Me...
Montgomery County Dept. of Social Services	Public Sector	Local g...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Youth, Domes..
Fulton County Social Services Dept.	Public Sector	Local g...	Primary Decision Making Group	Youth, Domes..
Schoharie County Dept. of Social Services	Public Sector	Local g...	Primary Decision Making Group	Youth, Domes..
Catholic Charities of Fulton and Montgomery Cou...	Private Sector	Faith-b...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Domestic Vio...
Catholic Charities of Schoharie County	Private Sector	Faith-b...	Primary Decision Making Group	Youth, Domes..
St. Mary's Hospital of Amsterdam, New York	Private Sector	Hospita..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriously Me...
Legal Aid Society of Northeastern New York	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Valerie Bochenek	Individual	Othe r	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Robin Raciborski	Private Sector	Faith-b...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
St. Mary's Roman Catholic Church of Amsterdam, NY	Private Sector	Faith-b...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Resource Center for Independent Living	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Veteran s, Se...

Pedro Morales	Individual	Other	Committee/Sub-committee/Work Group	NONE
MaryAnn Louison	Individual	Other	Committee/Sub-committee/Work Group	NONE
Linda Mereness	Individual	Other	Committee/Sub-committee/Work Group	NONE
Court Appointed Special Advocates	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Youth
Laurie Agee	Individual	Other	Committee/Sub-committee/Work Group	NONE
United Way of Montgomery County	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Centro Civico Hispanico of Amsterdam, NY	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Youth, HIV/AIDS
Kathy Anderson	Individual	Other	Committee/Sub-committee/Work Group	NONE
Jim Clauson	Individual	Other	Committee/Sub-committee/Work Group	Youth
Montgomery Transitional Services Inc.	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriously Me...
Mental Health Association for Fulton and Montgo...	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriously Me...
Hank Baker	Individual	Other	Committee/Sub-committee/Work Group	Youth
Montgomery, Fulton, Hamilton Counties Chapter o...	Private Sector	Non-pro..	Primary Decision Making Group	Seriously Me...
The Salvation Army Amsterdam Corps	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	Substance Abuse
St. Paul's Center	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriously Me...
Cathy Waldorf	Private Sector	Other	Committee/Sub-committee/Work Group	NONE
Bonnie Kamp	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
Beverly Alves	Individual	Other	Committee/Sub-committee/Work Group	NONE
Amada Nickles	Individual	Other	Committee/Sub-committee/Work Group	NONE
Canajoharie Housing Authority	Public Sector	Public ...	Committee/Sub-committee/Work Group	NONE
Trinity Lutheran Church	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE

Baptist Church of Amsterdam	Private Sector	Faith -b...	Committee/Sub-committee/Work Group	NONE
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1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Interfaith Partnership for the Homeless

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Attend Consolidated Plan planning meetings during past 12 months, Lead agency for 10-year plan, Attend 10-year planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months, Authoring agency for Consolidated Plan, None
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Case Management, Life Skills, Healthcare, Prescription Assistance, Mental health, Soup Kitchen/Food Pantry
(select all that apply)

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- Services provided, if applicable

Name of organization or individual: Montgomery County Mental Health Dept. (Local Government Unit)

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Local government agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Lead agency for 10-year plan, Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Counseling/Advocacy, Case Management, Life Skills, Prescription Assistance, Mental health, Transportation, Alcohol/Drug Abuse, Employment
(select all that apply)

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- Services provided, if applicable

Name of organization or individual: Fulton County Mental Health Dept. (Local Government Unit)

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Local government agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Case Management, Life Skills, Prescription Assistance, Mental health, Alcohol/Drug Abuse, Employment
(select all that apply)

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- Services provided, if applicable

Name of organization or individual: Schoharie County Mental Health Dept. (Local Government Unit)

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Local government agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Case Management, Prescription Assistance, Mental health, Transportation, Alcohol/Drug Abuse, Employment
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Montgomery County Dept. of Social Services

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Local government agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Youth, Domestic Violence
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Case Management, Child Care, Life Skills, Transportation, Rental Assistance
(select all that apply)

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- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Fulton County Social Services Dept.

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Local government agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group
(select all that apply)

Subpopulation(s) represented by the organization: Youth, Domestic Violence
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Case Management, Life Skills, Child Care, Transportation
(select all that apply)

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- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Schoharie County Dept. of Social Services

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Local government agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group
(select all that apply)

Subpopulation(s) represented by the organization: Youth, Domestic Violence
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Case Management, Child Care, Life Skills, Utilities Assistance, Transportation
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Catholic Charities of Fulton and Montgomery Counties

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Faith-based organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Domestic Violence, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Case Management, Life Skills, Utilities Assistance
(select all that apply)

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Catholic Charities of Schoharie County

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Faith-based organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group
(select all that apply)

Subpopulation(s) represented by the organization: Youth, Domestic Violence
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Case Management, Life Skills
(select all that apply)

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: St. Mary's Hospital of Amsterdam, New York

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Hospitals/med representatives
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Case Management, Life Skills, Utilities Assistance, Healthcare, Prescription Assistance, Mental health, Transportation, Alcohol/Drug Abuse, HIV/AIDS
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Legal Aid Society of Northeastern New York

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Mortgage Assistance, Legal Assistance
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Valerie Bochenek

Type of Membership: Individual
(public, private, or individual)

Type of Organization: Other
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Robin Raciborski

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Faith-based organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: St. Mary's Roman Catholic Church of Amsterdam, NY

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Faith-based organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Resource Center for Independent Living

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Veterans, Seriously Mentally Ill
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Case Management
(select all that apply)

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- Services provided, if applicable

Name of organization or individual: Pedro Morales

Type of Membership: Individual
(public, private, or individual)

Type of Organization: Other
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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- Services provided, if applicable

Name of organization or individual: MaryAnn Louison

Type of Membership: Individual
(public, private, or individual)

Type of Organization: Other
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Linda Mereness

Type of Membership: Individual
(public, private, or individual)

Type of Organization: Other
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Court Appointed Special Advocates

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Youth
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Laurie Agee

Type of Membership: Individual
(public, private, or individual)

Type of Organization: Other
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: United Way of Montgomery County

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Centro Civico Hispanico of Amsterdam, NY

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Youth, HIV/AIDS
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, HIV/AIDS
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Kathy Anderson

Type of Membership: Individual
(public, private, or individual)

Type of Organization: Other
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Jim Clauson

Type of Membership: Individual
(public, private, or individual)

Type of Organization: Other
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Youth
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Montgomery Transitional Services Inc.

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Case Management, Life Skills, Mental health, Alcohol/Drug Abuse
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Mental Health Association for Fulton and Montgomery Counties

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Mental health, Alcohol/Drug Abuse
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Hank Baker

Type of Membership: Individual
(public, private, or individual)

Type of Organization: Other
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Youth
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Montgomery, Fulton, Hamilton Counties Chapter of the National Alliance for the Mentally Ill, Inc.

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: The Salvation Army Amsterdam Corps

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Faith-based organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: St. Paul's Center

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

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- Organization role in the CoC planning process
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- Services provided, if applicable

Name of organization or individual: Cathy Waldorf

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Other
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Bonnie Kamp

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Local government agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Beverly Alves

Type of Membership: Individual
(public, private, or individual)

Type of Organization: Other
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Amada Nickles

Type of Membership: Individual
(public, private, or individual)

Type of Organization: Other
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Canajoharie Housing Authority

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Public housing agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Trinity Lutheran Church

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Faith-based organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Baptist Church of Amsterdam

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Faith-based organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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

Instructions:

The CoC solicitation of projects and the project selection process should be conducted in a fair and impartial manner. For each of the following items, indicate all of the methods and processes the CoC used in the past year to assess the performance, effectiveness, and quality of all requested new and renewal project(s).

In addition, indicate if any written complaints have been received by the CoC regarding any CoC matter in the last 12 months, and how those matters were addressed and/or resolved.

Open Solicitation Methods: f. Announcements at Other Meetings, e. Announcements at CoC Meetings, b. Letters/Emails to CoC Membership, d. Outreach to Faith-Based Groups
(select all that apply)

Rating and Performance Assessment Measure(s): a. CoC Rating & Review Committee Exists, m. Assess Provider Organization Capacity, l. Assess Provider Organization Experience, i. Evaluate Project Readiness
(select all that apply)

Voting/Decision-Making Method(s): e. Consensus (general agreement), f. Voting Members Abstain if Conflict of Interest
(select all that apply)

Were there any written complaints received by the CoC regarding any matter in the last 12 months? No

If yes, briefly describe complaint(s), how it was resolved, and the date(s) resolved (limit 1000 characters):

1F. Continuum of Care (CoC) Housing Inventory Count--Change in Beds Available

For each housing type, indicate if there was a change (increase or reduction) in the total number of beds counted in the FY2011 Housing Inventory Count (HIC) as compared to the FY2010 HIC. If there was a change, please describe the reasons in the space provided for each housing type. If the housing type does not exist in your CoC, please select "Not Applicable" and indicate that in the text box for that housing type.

Emergency Shelter: Yes

Briefly describe the reason(s) for the change in Emergency Shelter beds, if applicable (limit 750 characters):

A temporary shelter was set up from February 1, 2011 until March 31, 2011 in the city of Amsterdam, NY - Montgomery County with 30 beds.

HPRP Beds: Not Applicable

Briefly describe the reason(s) for the change in HPRP beds or units, if applicable (limit 750 characters):

HPRP is prevention only in this community.

Safe Haven: Not Applicable

Briefly describe the reason(s) for the change in Safe Haven beds, if applicable (limit 750 characters):

Transitional Housing: Not Applicable

Briefly describe the reason(s) for the change in Transitional Housing beds, if applicable (limit 750 characters):

Permanent Housing: Not Applicable

Briefly describe the reason(s) for the change in Permanent Housing beds, if applicable (limit 750 characters):

CoC certifies that all beds for homeless persons were included in the Housing Inventory Count (HIC) as reported on the Homelessness Data Exchange (HDX), regardless of HMIS participation and HUD funding: Yes

1G. Continuum of Care (CoC) Housing Inventory Count - Data Sources and Methods

Instructions:

Complete the following items based on data collection methods and reporting for the Housing Inventory Count (HIC), including Unmet need determination. The information should be based on a survey conducted in a 24-hour period during the last ten days of January 2011. CoCs were expected to report HIC data on the Homelessness Data Exchange (HDX).

**Did the CoC submit the HIC data in HDX by
May 31, 2011?** Yes

**If no, briefly explain why the HIC data was not
submitted
by May 31, 2011 (limit 750 characters).**

**Indicate the type of data sources or methods
used
to complete the housing inventory count:
(select all that apply)** Housing inventory survey

**Indicate the steps taken to ensure the
accuracy of the data collected and included in
the housing inventory count:
(select all that apply)** Follow-up, Instructions, Updated prior housing
inventory information, Training

Must specify other:

**Indicate the type of data or method(s) used to
determine unmet need:
(select all that apply):** Unsheltered count, Other, Housing inventory,
Stakeholder discussion, Provider opinion through
discussion or survey forms

Specify "other" data types:

Key informants such as the Social Services Department, Salvation Army, mental health agencies, substance abuse agencies, and faith based groups who are most frequently the organizations contacted to assist individuals or families who are homeless. These organizations were directly contacted by members of the Homeless Work Group and information was solicited on their experience with the homeless at that time.

**If more than one method was selected, describe how these methods were
used together (limit 750 characters):**

Social Services is the primary source of services in the CoC three counties. However, if they can not or will not serve an individual or family, then groups such as Catholic Charities or Salvation Army attempt to provide assistance. Our CoC treated the number of homeless people served by Social Services at a point in time as the minimum possible number of homeless persons and then enhanced the assessment by reviewing the information from school districts, law enforcement and faith based organizations.

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

All CoCs are expected to have a functioning Homeless Management Information System (HMIS). An HMIS is a computerized data collection application that facilitates the collection of information on homeless individuals and families using residential or other homeless services and stores that data in an electronic format. CoCs should complete this section in conjunction with the lead agency responsible for the HMIS. All information should reflect the status of HMIS implementation as of the date of application submission.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

- Select the HMIS implementation coverage area:** Regional (multiple CoCs)

- Select the CoC(s) covered by the HMIS: (select all that apply)** NY-520 - Franklin County CoC, NY-516 - Clinton County CoC, NY-507 - Schenectady City & County CoC, NY-523 - Glen Falls/Saratoga Springs/Saratoga County CoC, NY-512 - Troy/Rensselaer County CoC, NY-519 - Columbia/Greene County CoC, NY-503 - Albany City & County CoC, NY-506 - Fulton, Montgomery, Schoharie Counties CoC, NY-502 - Auburn/Cayuga County CoC

- Is the HMIS Lead Agency the same as the CoC Lead Agency?** No

- Does the CoC Lead Agency have a written agreement with the HMIS Lead Agency?** Yes

- Has the CoC selected an HMIS software product?** Yes

- If "No" select reason:**

- If "Yes" list the name of the product:** AWARDS

- What is the name of the HMIS software company?** Foothold Technology

- Does the CoC plan to change HMIS software within the next 18 months?** No

- Indicate the date on which HMIS data entry started (or will start): (format mm/dd/yyyy)** 10/01/2009

- Indicate the challenges and barriers impacting the HMIS implementation: (select all the apply):** No or low participation by non-HUD funded providers

If CoC indicated that there are no challenges or barriers impacting HMIS implementation, briefly describe either why CoC has no challenges or how all barriers have been overcome (limit 1000 characters).

If CoC identified one or more challenges or barriers impacting HMIS implementation, briefly describe how the CoC plans to overcome them (limit 1000 characters).

This is a new CoC. The current HPRP program, which provides prevention assistance only, is the only program in the community currently submitting data into CARES' Inc. Regional HMIS. Beginning in November, 2011, Interfaith Partnership, a non-mandated provider, will begin submitting data on their Seasonal Emergency Shelter. The HMIS Lead Agency has also begun outreach to other agencies in the CoC, including the Montgomery County Department of Social Services, the Fulton County YMCA and the Salvation Army and hopes to include their staff in the November 2011 training.

2B. Homeless Management Information System (HMIS) Lead Agency

Enter the name and contact information for the HMIS Lead Agency. This is the organization responsible for implementing the HMIS within a CoC. There may only be one HMIS Lead Agency per CoC.

Organization Name CARES, Inc.
Street Address 1 85 Watervliet Avenue
Street Address 2
City Albany
State New York
Zip Code 12206
Format: xxxxx or xxxxx-xxxx

Organization Type Non-Profit

If "Other" please specify

Is this organization the HMIS Lead Agency in more than one CoC? Yes

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

Instructions:

HMIS bed coverage measures the level of provider participation in a CoC's HMIS. Participation in HMIS is defined as the collection and reporting of client level data either through direct data entry into the HMIS or into an analytical database that includes HMIS data on an at least annual basis.

HMIS bed coverage is calculated by dividing the total number of year-round beds located in HMIS-participating programs by the total number of year-round beds in the Continuum of Care (CoC), after excluding beds in domestic violence (DV) programs. HMIS bed coverage rates must be calculated separately for emergency shelters, transitional housing, and permanent supportive housing.

The 2005 Violence Against Women Act (VAWA) Reauthorization bill restricts domestic violence provider participation in HMIS unless and until HUD completes a public notice and comment process. Until the notice and comment process is completed, HUD does not require nor expect domestic violence providers to participate in HMIS. HMIS bed coverage rates are calculated excluding domestic violence provider beds from the universe of potential beds.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

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

* Emergency Shelter (ES) Beds	0-50%
* Safe Haven (SH) Beds	Housing type does not exist in CoC
* Transitional Housing (TH) Beds	Housing type does not exist in CoC
* Permanent Housing (PH) Beds	Housing type does not exist in CoC

How often does the CoC review or assess its HMIS bed coverage? Never

If bed coverage is 0-64%, describe the CoC's plan to increase this percentage during the next 12 months:

This is a new CoC. The only year-round emergency shelter beds in the CoC are DSS motel beds and DV shelter beds, which are exempt from HMIS. The only program that is entering data to the HMIS is the prevention-only HPRP program. Beginning November 2011, however, a privately-operated seasonal emergency shelter will open and begin to enter data in the HMIS. This service provider is a tenured user of the HMIS in the Albany County CoC. The HMIS Lead Agency has also begun outreach to the Montgomery County DSS and hopes to include their staff in the November 2011 training.

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

Instructions:

HMIS data quality refers to the extent that data recorded in an HMIS accurately reflects the extent of homelessness and homeless services in a local area. In order for HMIS to present accurate and consistent information on homelessness, it is critical that all HMIS have the best possible representation of reality as it relates to homeless people and the programs that serve them. Specifically, it should be a CoC's goal to record the most accurate, consistent and timely information in order to draw reasonable conclusions about the extent of homelessness and the impact of homeless services in its local area. Answer the questions below related to the steps the CoC takes to ensure the quality of its data. In addition, CoCs will indicate their participation in the Annual Homelessness Assessment Report (AHAR) for 2010 and 2011 as well as whether or not they plan to contribute data to the Homelessness Pulse project in 2012.

For additional instructions, refer to the Exhibit 1 Detailed Instructions, which can be accessed on the left-hand menu bar.

Indicate the percentage of unduplicated client records with null or missing values on a day during the last ten days of January 2011.

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
* Social Security Number	0%	0%
* Date of Birth	0%	0%
* Ethnicity	0%	0%
* Race	0%	0%
* Gender	0%	0%
* Veteran Status	0%	0%
* Disabling Condition	0%	0%
* Residence Prior to Program Entry	0%	0%
* Zip Code of Last Permanent Address	0%	0%
* Name	0%	0%

How frequently does the CoC review the quality of program level data? Never

Describe the process, extent of assistance, and tools used to improve data quality for agencies participating in the HMIS (limit 750 characters):

Not applicable. This is a new CoC and HMIS is not yet fully implemented. Currently, the community's HPRP program is the only program reporting in HMIS and it has paved the way for full implementation and use of HMIS.

Describe the existing policies and procedures used to ensure that valid program entry and exit dates are recorded in the HMIS (limit 750 characters):

Not applicable. This is a new CoC and HMIS is not yet implemented for the CoC. CARES Inc.'s HMIS System Administrator will train and monitor valid program entry and exit dates in November when HMIS is fully implemented for the community. The HPRP program in the community has paved the way for full implementation of HMIS.

Indicate which reports the CoC or subset of the CoC submitted usable data: None
(Select all that apply)

Indicate which reports the CoC or subset of the CoC plans to submit usable data: 2011 AHAR, 2011 AHAR Supplemental Report on Homeless Veterans
(Select all that apply)

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

Instructions:

CoCs can use HMIS data for a variety of applications. These include, but are not limited to, using HMIS data to understand the characteristics and service needs of homeless people, to analyze how homeless people use services, and to evaluate program effectiveness and outcomes.

In this section, CoCs will indicate the frequency in which it engages in the following.

- Integrating or warehousing data to generate unduplicated counts
- Point-in-time count of sheltered persons
- Point-in-time count of unsheltered persons
- Measuring the performance of participating housing and service providers
- Using data for program management
- Integration of HMIS data with data from mainstream resources

For additional instructions, refer to the *Exhibit 1 Detailed Instructions* which can be accessed on the left-hand menu bar.

Indicate the frequency in which the CoC uses HMIS data for each of the following:

Integrating or warehousing data to generate unduplicated counts:	At least Monthly
Point-in-time count of sheltered persons:	At least Annually
Point-in-time count of unsheltered persons:	Never
Measuring the performance of participating housing and service providers:	At least Quarterly
Using data for program management:	At least Monthly
Integration of HMIS data with data from mainstream resources:	Never

2F. Homeless Management Information System (HMIS) Data and Technical Standards

Instructions:

In order to enable communities across the country to collect homeless services data consistent with a baseline set of privacy and security protections, HUD has published HMIS Data and Technical Standards. The standards ensure that every HMIS captures the information necessary to fulfill HUD reporting requirements while protecting the privacy and informational security of all homeless individuals.

Each CoC is responsible for ensuring compliance with the HMIS Data and Technical Standards. CoCs may do this by completing compliance assessments on a regular basis and through the development of an HMIS Policy and Procedures manual. In the questions below, CoCs are asked to indicate the frequency in which they complete compliance assessment.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

For each of the following HMIS privacy and security standards, indicate the frequency in which the CoC and/or HMIS Lead Agency complete a compliance assessment:

* Unique user name and password	At least Monthly
* Secure location for equipment	At least Monthly
* Locking screen savers	At least Monthly
* Virus protection with auto update	At least Monthly
* Individual or network firewalls	At least Monthly
* Restrictions on access to HMIS via public forums	At least Monthly
* Compliance with HMIS Policy and Procedures manual	At least Monthly
* Validation of off-site storage of HMIS data	At least Monthly

How often does the CoC Lead Agency assess compliance with the HMIS Data and Technical Standards? At least Monthly

How often does the CoC Lead Agency aggregate data to a central location (HMIS database or analytical database)? At least Monthly

Does the CoC have an HMIS Policy and Procedures manual? Yes

If 'Yes' indicate date of last review or update by CoC: 10/03/2011

If 'No' indicate when development of manual will be completed (mm/dd/yyyy): Unknown

2G. Homeless Management Information System (HMIS) Training

Instructions:

Providing regular training opportunities for homeless assistance providers that are participating in a local HMIS is a way that CoCs can ensure compliance with the HMIS Data and Technical Standards. In the section below, CoCs will indicate how frequently they provide certain types of training to HMIS participating providers.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

Indicate the frequency in which the CoC or HMIS Lead Agency offers each of the following training activities:

* Privacy/Ethics training	At least Monthly
* Data Security training	At least Monthly
* Data Quality training	At least Monthly
* Using Data Locally	At least Monthly
* Using HMIS data for assessing program performance	At least Monthly
* Basic computer skills training	Never
* HMIS software training	At least Monthly

2H. Continuum of Care (CoC) Sheltered Homeless Population & Subpopulation: Point-In-Time (PIT) Count

Instructions:

The purpose of the point-in-time count is to further understand the number and characteristics of people sleeping on the streets, including places not meant for human habitation, emergency shelters, and transitional housing. Although CoCs are only required to conduct a point-in-time count every two years, HUD strongly encourages CoCs to conduct a point-in-time count annually.

CoCs are to indicate how frequently they will conduct a point-in-time count and what percentage of their homeless service providers participated. CoCs will also describe if there was an increase, decrease, or no change between the most recent point-in-time count and the one prior. CoCs are to indicate in the narrative which years are being compared.

How frequently does the CoC conduct a point-in-time count? annually (every year)

***Indicate the date of the most recent point-in-time count (mm/dd/yyyy):** 01/27/2011

If the CoC conducted the point-in-time count outside the last 10 days in January, was a waiver from HUD obtained prior to January 19, 2011? No

Did the CoC submit the point-in-time count data in HDX by May 31, 2011? Yes

If no, briefly explain why the point-in-time data was not submitted by May 31, 2011 (limit 750 characters).

Enter the date in which the CoC plans to conduct its next point-in-time count: (mm/dd/yyyy) 01/27/2012

Indicate the percentage of homeless service providers supplying population and subpopulation data for the point-in-time count that was collected via survey, interview, and/or HMIS.

Emergency Shelter: 100%

Transitional Housing: Housing type does not exist in CoC

Comparing the most recent point-in-time count to the previous point-in-time count, describe any factors that may have resulted in an increase, decrease, or no change in both the sheltered and unsheltered population counts (limit 1500 characters).

The procedures used for the 2011 Point in Time Count were similar to those used the last time the CoC did a Count, in October 2009. It is believed that data quality was improved slightly, given that agencies had some experience with the process. The CoC did have good participation from the community, including service providers, St. Mary's Hospital and the Sheriff's Offices, though unsheltered counts remain a challenge given the rural nature of the CoC and the large area covered by the 3 counties.

2I. Continuum of Care (CoC) Sheltered Homeless Population & Subpopulations: Methods

Instructions:

Accuracy of the data reported in point-in-time counts is vital. Data produced from these counts must be based on reliable methods and not on "guesstimates." CoCs may use one or more method(s) to count sheltered homeless persons. This form asks CoCs to identify and describe which method(s) were used to conduct the point-in-time counts. The description should demonstrate how the method(s) was used to produce an accurate count.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

**Indicate the method(s) used to count sheltered homeless persons during the last point-in-time count:
(Select all that apply):**

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

If Other, specify:

The CoC contacted law enforcement, social service agencies in the three counties, and Domestic Violence Shelters.

Describe the methods used by the CoC, as indicated by the above selected method(s), to collect data on the sheltered homeless population during the most recent point-in-time count. Response should indicate how the method(s) selected above were used in order to produce accurate data (limit 1500 characters):

The CoC had no formal emergency shelters in place, except for the DV shelters and now St. Mary's Hospital with 8 seasonal beds. The County Social Service agencies place homeless households in motels and they were contacted and asked to report how many people they placed on day of count. Faith based organizations, law enforcement organizations, not for profit groups that have traditionally reported assisting the homeless were also contacted. These agencies will occasionally pay to place a homeless household in a motel or other form of emergency housing. The CoC also contacted school districts and their homeless liaison staff member.

2J. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Data Collection

Instructions:

CoCs are required to produce data on seven subpopulations. These subpopulations are: chronically homeless, severely mentally ill, chronic substance abuse, veterans, persons with HIV/AIDS, victims of domestic violence, and unaccompanied youth (under 18). Subpopulation data is required for sheltered homeless persons and, with the exception of chronically homeless and veterans, optional for unsheltered persons. Sheltered chronically homeless persons are those living in emergency shelters only.

The definition of chronically homeless persons is an unaccompanied individual with a disabling condition, or an adult member of a family with a disabling condition, who meets all other requirements for chronic homeless designation. CoCs may use a variety of methods to collect subpopulation information on sheltered homeless persons and may utilize more than one in order to produce the most accurate data. This form asks CoCs to identify and describe which method(s) were used to gather subpopulation information for sheltered populations during the most recent point-in-time count. The description should demonstrate how the method(s) was used to produce an accurate count.

For additional instructions, refer to the Exhibit 1 Detailed Instructions which can be accessed on the left-hand menu bar.

Indicate the method(s) used to gather and calculate subpopulation data on sheltered homeless persons (select all that apply):

	HMIS	<input type="checkbox"/>
	HMIS plus extrapolation:	<input type="checkbox"/>
Sample of PIT interviews plus extrapolation:		<input type="checkbox"/>
	Sample strategy:	
	Provider expertise:	<input checked="" type="checkbox"/>
	Interviews:	<input type="checkbox"/>
Non-HMIS client level information:		<input type="checkbox"/>
	None:	<input type="checkbox"/>
	Other:	<input checked="" type="checkbox"/>

If Other, specify:

The current providers in the community do not collect detailed information on the population they serve. Sometimes staff in the reporting agencies are very familiar with the individuals and therefore may know if the person or family served has a mental illness, is addicted or otherwise disabled, but the information is informal. The CoC, with the new Emergency Shelter opening in November 2011 and the interest of the Social Service Agencies in the Counties and the YMCA in reporting in HMIS will lead to better data collected on subpopulations as a product of a new intake and assessment process as reported in HMIS.

Describe the methods used by the CoC, based on the selections above, to collect data on the sheltered homeless subpopulations during the most recent point-in-time count. Response should indicate how the method(s) selected above were used in order to produce accurate data on all of the sheltered subpopulations (limit 1500 characters):

The CoC relied on the knowledge of the providers in developing the estimates included on this chart.

2K. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Data Quality

Instructions:

The data collected during point-in-time counts is vital for CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level to plan services and programs that will appropriately address local needs and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country and to provide Congress and OMB with information regarding services provided, gaps in service, performance, and funding decisions. It is vital that the quality of data reported accurate and of high quality. CoCs may undertake once or more actions to improve the quality of the sheltered population data.

For additional instructions, refer to the Exhibit 1 Detailed Instructions which can be accessed on the left-hand menu bar.

Indicate the method(s) used to verify the data quality of sheltered homeless persons: (select all that apply)

Instructions:	<input checked="" type="checkbox"/>
Training:	<input checked="" type="checkbox"/>
Remind/Follow-up	<input checked="" type="checkbox"/>
HMIS:	<input type="checkbox"/>
Non-HMIS de-duplication techniques:	<input type="checkbox"/>
None:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

If selected, describe the non-HMIS de-duplication techniques used by the CoC to ensure the data quality of the sheltered persons count (limit 1000 characters).

Describe the methods used by the CoC, based on the selections above, to collect data on the sheltered homeless subpopulations during the most recent point-in-time count. Response is to indicate how the method(s) selected above were used in order to produce accurate data on all of the sheltered subpopulations (limit 1500 characters):

Prior to the count, agencies providing emergency shelter were contracted and provided with training on what information is required for the Point in Time Count. They were reminded prior to the count and contacted afterwards to gather information those individuals and families they had placed in emergency housing (motels) or provided shelter to (DV shelters). Given the small number of emergency shelter beds available in the CoC, sophisticated methods of data collection and de-duplication are not required.

2L. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Methods

Instructions:

Accuracy of the data reported in point-in-time counts is vital. Data produced from these counts must be based on reliable methods and not on "guesstimates." CoCs may use one or more methods to count unsheltered homeless persons. This form asks CoCs to identify which method(s) they use to conduct their point-in-time counts.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

Indicate the method(s) used during the most recent point-in-time count of unsheltered homeless persons:
(select all that apply)

Public places count:	<input checked="" type="checkbox"/>
Public places count with interviews:	<input type="checkbox"/>
Service-based count:	<input checked="" type="checkbox"/>
HMIS:	<input type="checkbox"/>
Other:	<input checked="" type="checkbox"/>

If Other, specify:

Law Enforcement, Sheriff's offices, and the social service agencies in the three counties were contacted and asked to report any unsheltered homeless persons they came into contact with or served on the PIT Count Date.

Describe the method(s) used by the CoC based on the selections above, to count unsheltered homeless populations during the most recent point-in-time count. Response should indicate how the method(s) selected above were used in order to obtain accurate data (limit 1500 characters).

Law Enforcement, Sheriff's offices, and the social service agencies in the three counties were contacted and asked to report any unsheltered homeless persons they came into contact with or served on the PIT Count Date. Other service providers, including food pantries and soup kitchens, were asked to inquire if any of their clients had spent the night of the Point in time Count sleeping outside or in a structure not meant for habitation.

2M. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Level of Coverage

Instructions:

CoCs may utilize several methods when counting unsheltered homeless persons. CoCs need to determine what area(s) they will go to in order to count this population. For example, CoCs may canvas an entire area or only those locations where homeless persons are known to sleep. CoCs are to indicate the level of coverage incorporated when conducting the unsheltered count.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

Indicate where the CoC located the unsheltered homeless persons (level of coverage) that were counted in the last point-in-time count: A Combination of Locations

If Other, specify:

2N. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Data Quality

Instructions:

The data collected during point-in-time counts is vital for CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level to plan services and programs that will appropriately address local needs and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country and to provide Congress and OMB with information regarding services provided, gaps in service, performance, and funding decisions. It is vital that the quality of data reported is accurate and of high quality. CoCs may undertake one or more actions to improve the quality of the sheltered population data.

All CoCs should engage in activities to reduce the occurrence of counting unsheltered persons more than once during the point-in-time count. The strategies are known as de-duplication techniques. De-duplication techniques should always be implemented when the point-in-time count extends beyond one night or takes place during the day at service locations used by homeless persons that may or may not use shelters. CoCs are to describe de-duplication techniques used in the point-in-time count. CoCs are also asked to describe outreach efforts to identify and engage homeless individuals and families.

For additional instructions, refer to the [Exhibit 1 Detailed Instructions](#) which can be accessed on the left-hand menu bar.

Indicate the steps taken by the CoC to ensure the quality of the data collected for the unsheltered population count: (select all that apply)

Training:	X
HMIS:	
De-duplication techniques:	
"Blitz" Count:	
Unique Identifier:	
Survey Question:	
Enumerator Observation:	
Other:	X

If Other, specify:

The Mental Health Director for Montgomery County reviewed the HUD criteria for counting the unsheltered homeless with the law enforcement officials, mostly Sheriff's Offices.

Describe the techniques, as selected above, used by the CoC to reduce the occurrence of counting unsheltered homeless persons more than once during the most recent point-in-time count (limit 1500 characters):

The most conservative count is the emergency housing count from the county social services agencies because nearly all homeless individuals and families are referred to these agencies for services. Social Services will not serve persons who will be served by Salvation Army or Catholic Charities. However, there are a very few persons who will not come into contact with any formal organization for services or housing assistance and are only know through interpersonal contacts.

Describe the CoCs efforts to reduce the number of unsheltered homeless households with dependent children. Discussion should include the CoCs outreach plan (limit 1500 characters):

At present, we know of homeless households with dependent children through the county social services offices. We have contacted the major school districts and are developing plans to understand their definitions of homeless household with children and what we might be able to do to intervene. The school districts use different definitions than HUD uses and different definitions than the county social services offices use, therefore we are working to clarify definitions for counting purposes.

Describe the CoCs efforts to identify and engage persons that routinely sleep on the streets or other places not meant for human habitation (limit 1500 characters):

We believe that our best opportunity for identifying and engaging people who "sleep on the streets" is by working with the law enforcement agencies in the three counties. These agencies appear to be the ones who come into contact with homeless individuals first and most frequently. By the nature of our rural communities people are rarely sleeping on the streets where they would be immediately seen and interventions would occur. We believe, from our experience, that people are sleeping in some of the many abandoned homes and factory buildings in our communities where they are only visible to investigators, such as law enforcement. We are aware of people sleeping in vehicles and in farm "out buildings", and we believe that some combination of law enforcement liaison and liaison with the local community, e.g. the town hall or grange, will be the best means of identifying them.

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

Objective 1: Create new permanent housing beds for chronically homeless persons.

Instructions:

Ending chronic homelessness continues to be a HUD priority. CoCs can do this by creating new permanent housing beds that are specifically designated for this population. In the FY2010 NOFA, chronically homeless persons were defined as an unaccompanied homeless individual with a disabling condition, or a family where at least one adult member had a disabling condition, who has either been continuously homeless for at least a year OR has had at least four episodes of homelessness in the past three (3) years.

CoCs are to describe the short-term and long-term plans for creating new permanent housing beds for chronically homeless persons who meet the definition of chronically homeless. CoCs will also indicate the current number of permanent housing beds designated for chronically homeless persons. This number should match the number of beds reported in the FY2011 Housing Inventory Count (HIC) and enter into the Homeless Data Exchange (HDX). CoCs will then enter the number of permanent housing beds expected to be in place in 12 months, 5 years, and 10 years. These future estimates should be based on the definition of chronically homeless.

For additional instructions, refer to the 'Exhibit 1 Detailed Instructions' which can be accessed on the left-hand menu bar.

- How many permanent housing beds are currently in place for chronically homeless persons?** 0
- In 12 months, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?** 1
- In 5 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?** 5
- In 10 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?** 10

Describe the CoC's short-term (12 month) plan to create new permanent housing beds for persons who meet HUD's definition of chronically homeless (limit 1000 characters):

Through this funding request, the COC is seeking to establish one apartment for the chronically homeless persons supported by case management. The program will be coordinated with the mental health and addiction treatment services available through St. Mary's Hospital, the Fulton County Mental Health Clinic or Addiction Clinic and Schoharie County Mental Health Clinic.

Describe the CoC's long-term (10 year) plan to create new permanent housing beds for persons who meet HUD's definition of chronically homeless (limit 1000 characters):

The CoC will work with the non-for-profit providers and the local municipalities to identify two or more properties which are not presently occupied, but which are feasible to rehabilitate into permanent housing for chronically homeless persons. Funding will be requested from New York State Office of Temporary Disability Assistance and Housing and Community Renewal as appropriate. Additional CoC resources will be used to serve chronic Singles and Families continuing to make serving the chronically homeless a priority.

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

Objective 2: Increase the percentage of participants remaining in CoC funded permanent housing projects for at least six months to 77 percent or more.

Instructions:

Increasing self-sufficiency and stability of permanent housing program participants is an important outcome measurement of HUD's homeless assistance programs. Each SHP-PH and S+C project is expected to report the percentage of participants remaining in permanent housing for more than six months on its Annual Performance Report (APR). CoCs then use this data from all of its permanent housing projects to report on the overall CoC performance on form 4C. Continuum of Care (CoC) Housing Performance.

In this section, CoCs are to describe short-term and long-term plans for increasing the percentage of participants remaining in all of its CoC-funded permanent housing projects (SHP-PH or S+C) to at least 77 percent. CoCs will indicate the current percentage of participants remaining in these projects, as indicated on form 4C, as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC-funded permanent housing projects (SHP-PH or S+C) for which an APR was required should indicate this by entering "0" in the numeric fields and note in the narratives.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

What is the current percentage of participants remaining in CoC-funded permanent housing projects for at least six months? 0

In 12 months, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months? 77

In 5 years, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months? 80

In 10 years, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months? 82

Describe the CoCs short-term (12 month) plan to increase the percentage of participants remaining in CoC-funded permanent housing projects for at least six months to 77 percent or higher (limit 1000 characters):

Within the next 12 months, the CoC will create permanent housing programs with supportive services. The CoC will establish protocols for the provision of supportive services to ensure persons remain in permanent housing for at least six months. An established protocol and better coordination amongst service providers will ensure sufficient access to intensive supportive services, mainstream benefits and healthcare services. Linkages with intensive services will be established in the first six months.

Describe the CoCs long-term (10 year) plan to increase the percentage of participants remaining in CoC-funded permanent housing projects for at least six months to 77 percent or higher (limit 1000 characters):

The CoC's long term plan to increase the percentage of participants remaining in CoC-funded permanent housing projects for at least six months to 77 percent or higher will include development of networks of support services and streamlining access to mainstream benefits and other key services. Local CoC agencies will be identified to provide tenant training programs. A consumer advisory panel will be created to incorporate client feedback into the improvement of service delivery.

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

Objective 3: Increase the percentage of participants in CoC-funded transitional housing that move into permanent housing to 65 percent or more.

Instructions:

The transitional housing objective is to help homeless individuals and families obtain permanent housing and self-sufficiency. Each SHP-TH project is expected to report the percentage of participants moving to permanent housing on its Annual Performance Report (APR). CoCs then use this data from all of the CoC-funded transitional housing projects to report on the overall CoC performance on form 4C. Continuum of Care (CoC) Housing Performance.

In this section, CoCs are to describe short-term and long-term plans for increasing the percentage of transitional housing participants who move from SHP-TH projects into permanent housing to at least 65 percent or more. CoCs will indicate the current percentage of SHP-TH project participants moving into permanent housing as indicated on form 4C, as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC funded transitional housing projects (SHP-TH) for which an APR was required should enter "0" in the numeric fields below and note in the narratives.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

What is the current percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 0

In 12 months, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 0

In 5 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 65

In 10 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 68

Describe the CoCs short-term (12 month) plan to increase the percentage of participants in CoC-funded transitional housing projects that move to permanent housing to 65 percent or more (limit 1000 characters).

The CoC currently does not have any transitional housing programs. In the next year, the CoC will further explore the need for transitional housing and identify potential sources of funding, including the Continuum of Care.

Describe the CoCs long-term (10 year) plan to increase the percentage of participants in CoC-funded transitional housing projects that move to permanent housing to 65 percent or more (limit 1000 characters):

The CoC's long term plan will be to coordinate with the local County Mental Health Department, local Departments of Social Services and other providers to establish transitional housing as needed. Once established, the CoC will provide access to services in an effort to encourage movement to permanent housing including working with the local Housing Authorities to increase access to Section 8 and Public Housing.

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

Objective 4: Increase percentage of participants in all CoC-funded projects that are employed at program exit to 20 percent or more.

Instructions:

Employment is a critical step for homeless persons to achieve greater self-sufficiency, which represents an important outcome that is reflected both in participants' lives and the health of the community. Each CoC-funded project (excluding HMIS dedicated only projects) is expected to report the percentage of participants employed at exit on its Annual Performance Report (APR). CoCs then use this data from all of its non-HMIS projects to report on the overall CoC performance on form 4D. Continuum of Care (CoC) Enrollment in Mainstream Programs and Employment Information.

In this section, CoCs are to describe short-term and long-term plans for increasing the percentage of all CoC-funded program participants that are employed at program exit to 20 percent or more. CoCs will indicate the current percentage of project participants that are employed at program exit, as reported on 4D, as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC-funded non-HMIS dedicated projects (SHP-PH, SHP-TH, SHP-SH, SHP-SSO, or Sac TRA/SRA/PRA/SRO) for which an APR was required should enter "0" in the numeric fields below and note in the narratives.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

What is the current percentage of participants in all CoC-funded projects that are employed at program exit? 0

In 12 months, what percentage of participants in all CoC-funded projects will be employed at program exit? 21

In 5 years, what percentage of participants in all CoC-funded projects will be employed at program exit? 22

In 10 years, what percentage of participants in all CoC-funded projects will be employed at program exit? 25

Describe the CoCs short-term (12 month) plan to increase the percentage of participants in all CoC-funded projects that are employed at program exit to 20 percent or more (limit 1000 characters).

Within the next year, the CoC will establish strong community relations with a goal of establishing employment opportunities for homeless and formerly homeless persons. Local employment programs the CoC will establish linkages with will include Workforce Solutions, Employment Resources, and BOCES Literacy and GED programs.

Describe the CoCs long-term (10 year) plan to increase the percentage of participants in all CoC-funded projects who are employed at program exit to 20 percent or more (limit to 1000 characters):

Establish employment placement services specifically geared to assisting homeless persons in securing meaningful employment. CoC programs will establish relations with local employers in order to place program participants into jobs which are a good fit for the participant and meet the employer needs. The CoC will maintain its linkages with local employment programs including Workforce Solutions, Employment Resources, and BOCES Literacy and GED programs to ensure CoC program participants are employed at program exit.

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

Objective 5: Decrease the number of homeless households with children.

Instructions:

Ending homelessness among households with children, particularly for those households living on the streets or other places not meant for human habitation, is an important HUD priority. CoCs can accomplish this goal by creating new beds and/or providing additional supportive services for this population.

In this section, CoCs are to describe short-term and long-term plans for decreasing the number of homeless households with children, particularly those households that are living on the streets or other places not meant for human habitation. CoCs will indicate the current total number of households with children that was reported on their most recent point-in-time count. CoCs will also enter the total number of homeless households with children they expect to report on in the next 12 months, 5 years, and 10 years.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

What is the current total number of homeless households with children as reported on the most recent point-in-time count? 11

In 12 months, what will be the total number of homeless households with children? 10

In 5 years, what will be the total number of homeless households with children? 5

In 10 years, what will be the total number of homeless households with children? 4

Describe the CoCs short-term (12 month) plan to decrease the number of homeless households with children (limit 1000 characters):

Within the next year, the CoC will establish permanent housing programs for homeless families. The programs will have established protocols for providing supportive services for families that address income, housing retention and healthcare needs. Additionally, the CoC will link with locally HUD funded prevention programs such as HPRP prevention services and the NYS Solutions to End Homelessness Program which is intended to keep households stably housed with eviction prevention services. The CoC will rely on its program partner the Legal Aid Society of Northeastern New York to assist with preventing families from becoming evicted through advocacy, landlord mediation and court advocacy.

Describe the CoCs long-term (10 year) plan to decrease the number of homeless households with children (limit 1000 characters):

The CoC's long term plan to decrease the number of homeless families will be to continue to establish and secure funding for permanent affordable housing programs for homeless families. The CoC will also develop a coordinated network of supportive service providers as well as consumer advisory panel for improving service delivery. Additionally, the CoC will link with locally HUD funded prevention programs such as HPRP prevention services and the NYS Solutions to End Homelessness Program which is intended to keep households stably housed with eviction prevention services. The CoC will rely on its program partner the Legal Aid Society of Northeastern New York to assist with preventing families from becoming evicted through advocacy, landlord mediation and court advocacy.

3B. Continuum of Care (CoC) Discharge Planning

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols in place to ensure that persons being discharged from publicly-funded institutions or systems of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should demonstrate how they are coordinating with and/or assisting in State or local discharge planning efforts to ensure that discharged persons are not released directly to the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance programs (SHP, S+C, SRO). For each system of care, CoCs are to address the following:

What: Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness. In the case of Foster Care, CoCs should specifically address the discharge of youth ageing out from the foster care system. If there is a State mandate that requires publicly funded institutions to ensure appropriate housing placement, that does not include homelessness, indicate this in the narrative.

Where: Indicate where persons routinely go upon discharge. Response should identify alternative housing options that are available for discharged persons other than the streets, emergency homeless shelters, and/or McKinney-Vento homeless assistance programs.

Who: Identify stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from system of care are not routinely discharged into homelessness.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

For each system of care identified below describe the CoC's efforts in coordinating with and/or assisting in the development of local discharge planning policies that ensure persons are not routinely discharged into homelessness, including the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance housing programs. Review ALL instructions to ensure that each narrative is fully responsive (limit 1500 characters).

Foster Care (Youth Aging Out):

New York State regulation 18 NYCRR Section 430.12(f), overseen by the Office of Children and Family Services, prohibits the release of youth in foster care to a shelter for adults, shelter for families, single-room occupancy hotel or any other congregate living arrangement which houses more than 10 unrelated persons. An appropriate residence must be identified and there must be a reasonable expectation that the discharge residence will remain available to the child for at least the first 12 months after discharge. The regulations require local social services districts to refer youth to any needed services and to give the youth written notice of the discharge at least 90 days prior to the planned discharge.

The Fulton-Montgomery-Schoharie County Social Services Depts. as a matter of policy do not discharge participants in Foster Care as homeless. All Foster Care participants are assisted to find appropriate housing. Foster Care participants with mental health, mental retardation or other challenges are referred to the appropriate community agencies for residential and outpatient services.

Health Care:

According to the NYS Patient's Bill of Rights(attached), hospitals within NY State are required to provide all patients with written discharge plans of which patients have to agree to prior to being discharged from the hospital. Individuals who require placement directly from the hospital to other inpatient and/or residential settings, including but not limited to nursing homes and rehabilitation facilities, are assisted to make such linkages through the NY Connects process, which establishes a single point of entry for those needing long-term care. Those who are being discharged from mental health facilities are required by law (see response to mental health section) to be placed in the appropriate level of housing by the County Single Point of Access (SPOA) process.

Both St. Mary's Hospital in Amsterdam, NY, Montgomery County and Nathan Litauer Hospital, Gloversville, Fulton County as a matter of policy do not discharge patients to the streets. Both hospitals work with the appropriate county social services, mental health, mental retardation, of single point of access for ongoing services if the patient can not go to their original home.

Mental Health:

New York State Office of Mental Health regulations (Title 14 NYCRR, Section 595) govern the release of patients from state mental health facilities (see attached document for the sections of these regulations governing discharge planning). These regulations mandate the provision of housing consistent with the level of care required by the patient and ensures patients are not approved for release until they have a comprehensive discharge plan in place. Upon release, individuals are linked to their County's Single Point of Access which coordinates the implementation of their discharge plan, including arranging for housing, case management, mental health treatment, and, if appropriate, vocational assistance.

St. Mary's Hospital, Amsterdam, Montgomery County is the only provider of inpatient mental health and addiction services in the three counties. As a matter of policy, the hospital does not discharge people to the streets, rather they coordinate discharges through the multi-county single point of access process.

Corrections:

NYS Division of Parole regulations (9 NYCRR, Subtitle CC, Parts 8000-8011) govern the release of inmates from state correctional facilities. Discharge planning is initiated 45-60 days prior to release. Housing, specialized treatment needs and employment are addressed in this process. At the local level, the jails and prison contact the Department of Social Services prior to discharge to arrange housing assistance if needed. Parole Officers also assist persons with housing.

The Division of Juvenile Justice and Opportunities for Youth (DJJOY) within the NYS Office of Children and Families has established a policy preventing the release of youth from DJJOY facilities into homeless shelters. It is the responsibility of DJJOY community and institutional staff to ensure that each youth has a comprehensive discharge plan includes an appropriate home placement.

The County Correctional facilities in Fulton-Montgomery-Schoarie Counties coordinate all correctional facility releases with the appropriate county Department of Social Services through their emergency housing unit. No inmates are discharged to the streets as a matter of policy.

3C. Continuum of Care (CoC) Coordination

Instructions:

A CoC should regularly assess its local homeless assistance system and identify gaps and unmet needs. CoCs can improve their communities through long-term strategic planning. CoCs are encouraged to establish specific goals and implement short-term action steps. Because of the complexity of existing homeless systems and the need to coordinate multiple funding sources and priorities, 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 local needs.

For additional instructions, refer to the *Exhibit 1 Detailed Instructions* which can be accessed on the left-hand menu bar.

Does the Consolidated Plan for the jurisdiction(s) that make up the CoC include the CoC strategic plan goals for addressing homelessness? Yes

If yes, list the goals in the CoC strategic plan that are included in the Consolidated Plan:

- 1) Improve affordability, accessibility and sustainability by maintaining and expanding the Continuum of Care system for homeless persons;
- 2) Improve affordability, accessibility and sustainability by maintaining and expanding services for those at risk of becoming homeless.

Describe how the CoC is participating in or coordinating with the local Homeless Prevention and Rapid re-housing Program (HPRP) initiative, as indicated in the substantial amendment to the Consolidated Plan 2008 Action Plan (1500 character limit):

The Fulton-Montgomery-Schoharie County Continuum of Care worked closely with the local HPRP program, led by the CoC member agency the Legal Aid Society of Northeastern New York. The CoC created a committee that implemented the local HPRP initiative by promoting and streamlining the client referral process. The CoC agencies provided client referrals for HPRP assistance as well as accepted referrals of HPRP clients that were in need of their specialized services. This level of collaboration demonstrated the willingness of the CoC to work together to link recipients of HPRP with assistance to other community programs.

Describe how the CoC is participating in or coordinating with any of the following: Neighborhood Stabilization Program (NSP) initiative, HUD VASH, or other HUD managed American Reinvestment and Recovery Act programs (2500 character limit)?

The Veteran's Administration based in nearby Albany, NY received significant VASH vouchers that can be utilized throughout the VA's 16 county region, which includes the local CoC counties in this application. A VA rep will continue to attend each CoC meeting in order to promote this program. This representative will continue to be available to other local service providers and clients to provide outreach, eligibility and placement services as needed.

Indicate if the CoC has established policies that require homeless assistance providers to ensure all children are enrolled in school and connected to appropriate services within the community? Yes

If yes, please describe the established policies that are in currently in place. The County Social Services and Domestic Violence Programs, the only agencies currently providing services to families who are homeless, arrange for transportation of children to their schools by either working with the schools to provide transportation or arranging for rides themselves.

Describe the CoC's efforts to collaborate with local education agencies to assist in the identification of homeless families and inform them of their eligibility for McKinney-Vento education services. (limit 1500 characters)

The County Social Services and Domestic Violence Programs, the only agencies providing services to families who are homeless at this time in the community, work with local schools to ensure children are receiving education services stipulated by McKinney-Vento.

Describe how the CoC has, and will continue, to consider the educational needs of children when families are placed in emergency or transitional shelter. (limit 1500 characters)

Currently, the Domestic Violence Shelters provide transportation to school for children in their shelters or they work with the County Department of Social Services to assist arranging transportation to school. The current challenge is that the DV shelters in the three counties occasionally receive families from out of county and need to arrange transportation to schools which are more than 50 miles away.

Describe the CoC's current efforts to combat homelessness among veterans. Narrative should identify organizations that are currently serving this population, how this effort is consistent with CoC strategic plan goals, and how the CoC plans to address this issue in the future.(limit 1500 characters)

A representative from the Albany, NY Veterans Administration will continue to attend each CoC meeting in order to promote awareness of their services, including direct outreach to homeless veterans. This representative will continue to be available on an individual basis to all local service providers and clients to provide outreach, eligibility and placement services as needed.

Describe the CoC's current efforts to address the youth homeless population. Narrative should identify organizations that are currently serving this population, how this effort is consistent with the CoC strategic plan goals, and the plans to continue to address this issue in the future (limit 1500 characters):

When youth present to DSS as homeless, efforts are first made at family reunification. If this is not in the child's best interest, alternate arrangements are made. DSS may place the youth in a motel or arrange for a bed at one of the DV shelters, or may contact a youth service provider from out county. Nearby Schenectady and Saratoga Counties both have dedicated shelter beds for youth and young adults, including pregnant and parenting teens.

3D. Hold Harmless Need (HHN) Reallocation

Instructions:

Continuum of Care (CoC) Hold Harmless Need (HHN) Reallocation is a process whereby an eligible CoC may reallocate funds in whole or in part from SHP renewal projects to create one or more new permanent housing projects and/or a new dedicated HMIS project. A CoC is eligible to use HHN Reallocation if its Final Pro Rata Need (FPRN) is based on its HHN amount or if it is a newly approved merged CoC that used the Hold Harmless Merger process during the FY2011 CoC Registration process.

The HHN Reallocation process allows eligible CoCs to fund new permanent housing or dedicated HMIS projects by transferring all or part of funds from existing SHP grants that are eligible for renewal in Fy2011 into a new project. New reallocated permanent housing projects may apply under SHP (one, two, or three years), S+C (five or ten years), and Section 8 Moderate Rehabilitation (ten years). New reallocated HMIS projects may be for one, two, or three years.

A CoC whose FPRN is based on its Preliminary Pro Rata Need (PPRN) is not eligible to reallocate existing projects through this process and should therefore always select "No" to the questions below.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

Does the CoC want to reallocate funds from one or more expiring SHP grant(s) into one or more new permanent housing or dedicated HMIS project(s)? No

Is the CoCs Final Pro Rata Need (FPRN) based on either its Hold Harmless Need (HHN) amount or the Hold Harmless Merger process? No

CoCs who are in PPRN status are not eligible to reallocate projects through the HHN reallocation process.

4A. Continuum of Care (CoC) 2010 Achievements

Instructions:

In the FY2010 CoC application, CoCs were asked to propose numeric achievements for each of HUD's five national objectives related to ending chronic homelessness and moving individuals and families to permanent housing and self-sufficiency through employment. CoCs will report on their actual accomplishments since FY2010 versus the proposed accomplishments.

In the column labeled FY2010 Proposed Numeric Achievement enter the number of beds, percentage, or number of households that were entered in the FY2010 application for the applicable objective. In the column labeled Actual Numeric Achievement enter the actual number of beds, percentage, or number of households that the CoC reached to date for each objective.

CoCs will also indicate if they submitted an Exhibit 1 in FY2010. If a CoC did not submit an Exhibit 1 in FY2010, enter "No" to the question. CoCs that did not fully meet the proposed numeric achievement for any of the objectives should indicate the reason in the narrative section.

For additional instructions, refer to the 'Exhibit 1 Detailed Instructions' which can be accessed on the left-hand menu bar.

Objective	FY2010 Proposed Numeric Achievement:		Actual Numeric Achievement	
Create new permanent housing beds for the chronically homeless.	0	Beds	0	B e d s
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 77%.	0	%	0	%
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65%.	0	%	0	%
Increase the percentage of homeless persons employed at exit to at least 20%	0	%	0	%
Decrease the number of homeless households with children.	0	Households	0	H o u s e h o l d s

**Did the CoC submit an Exhibit 1 application in No
FY2010?**

If the CoC was unable to reach its FY2010 proposed numeric achievement for any of the national objectives, provide a detailed explanation (limit 1500 characters)

4B. Continuum of Care (CoC) Chronic Homeless Progress

Instructions:

HUD tracks each CoCs progress toward ending chronic homelessness. In the FY2011 CoC NOFA, chronically homeless is defined as an unaccompanied homeless individual with a disabling condition, or a family with at least one adult member who has a disabling condition, who has either been continuously homeless for at least a year OR has had at least four episodes of homelessness in the last three (3) years.

CoCs are to track changes from one year to the next in the number of chronically homeless persons as well as the number of beds available for this population. CoCs will complete this section using data reported for the FY2009, FY2010, and FY2011 (if applicable) point-in-time counts as well as the data collected and reported on the Housing Inventory Counts (HIC) for those same years. For each year, indicate the total unduplicated point-in-time count of chronically homeless as reported in that year. For FY2009 and FY2010, this number should match the number indicated on form 2J of the respective years Exhibit 1. For FY2011, this number should match the number entered on the Homeless Data Exchange (HDX).

Indicate the total number of chronically homeless persons and total number of permanent housing beds designated for the chronically homeless persons in the CoC for FY2009, FY2010, and FY2011.

Year	Number of CH Persons	Number of PH beds for the CH
2009	0	0
2010	0	0
2011	0	0

Indicate the number of new permanent housing beds in place and made available for occupancy for the chronically homeless between February 1, 2010 and January 31, 2011. 0

Identify the amount of funds from each funding source for the development and operations costs of the new permanent housing beds designated for the chronically homeless, that were created between February 1, 2010 and January 31, 2011.

Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development	\$0	\$0	\$0	\$0	\$0
Operations	\$0	\$0	\$0	\$0	\$0
Total	\$0	\$0	\$0	\$0	\$0

If the number of chronically homeless persons increased or if the number of permanent beds designated for the chronically homeless decreased, please explain (limit 750 characters):

4C. Continuum of Care (CoC) Housing Performance

Instructions:

All CoC funded non-HMIS projects are required to submit an Annual Performance Report (APR), or Transition APR (TAPR) within 90 days of a given operating year. To demonstrate performance on participants remaining in permanent housing for more than six months, CoCs must use data on all permanent housing projects that should have submitted an APR, or TAPR, for the most recent operating year. Projects that did not submit an APR, or TAPR, on time must also be included in this calculation.

Complete the table using data entered for Question 12(a) and 12(b) for the most recent submitted APR, Q27 from the TAPR, for all permanent housing projects (SHP-PH, or Sac TRA/SRA/SRO/PRA) within the CoC that should have submitted one. Enter totals in fields a-e. The Total PH percent will auto-calculate by selecting "Save." The percentage is calculated as: $c+d, \text{ divided by } a+b, \text{ multiplied by } 100.$ the last field, e., is excluded from the calculation.

CoCs that do not have SHP-PH or S+C projects for which and APR, or TAPR, was required should select "No" if the CoC did not have ANY CoC-funded permanent housing projects operating within their CoC that should have submitted an APR, or TAPR.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

Does the CoC have any permanent housing projects (SHP-PH or S+C) for which an APR was required to be submitted? No

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	0
b. Number of participants who did not leave the project(s)	0
c. Number of participants who exited after staying 6 months or longer	0
d. Number of participants who did not exit after staying 6 months or longer	0
e. Number of participants who did not exit and were enrolled for less than 6 months	0
TOTAL PH (%)	0

Instructions:

HUD will also assess CoC performance in moving participants in SHP transitional housing programs into permanent housing. To demonstrate performance, CoCs must use data on all transitional housing projects that should have submitted an APR, or TAPR, for the most recent operating year. Projects that did not submit an APR, or TAPR, on time must also be included in this calculation.

Complete the table below using cumulative data entered for Question 14 on the most recent submitted APR, Q29 on the TAPR, for all transitional housing projects (SHP-TH) within the CoC that should have submitted one. Once amounts have been entered into a. and b. selection "Save." The Total TH will auto-calculate. The percentage is auto-calculated as: b. divided by a, multiplied by 100. CoCs that do not have SHP-TH projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC-funded transitional housing projects currently operating within their CoC that should have submitted an APR.

Does CoC have any transitional housing projects (SHP-TH) for which an APR was required to be submitted? No

Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	0
b. Number of SHP transitional housing participants that moved to permanent housing upon exit	0
TOTAL TH (%)	0

4D. Continuum of Care (CoC) Enrollment in Mainstream Programs and Employment Information

Instructions:

HUD will assess CoC performance in assisting program participants with accessing mainstream services to increase income and improve outcomes such as health, education, safety, and/or economic outcomes of homeless persons. To demonstrate performance, CoCs must use data on all non-HMIS projects (SHP-PH, SHP-SH, SHP-SSO, S+C TRA/SRA/PRA/SRO) that should have submitted an APR (either the HUD-40118 or the HUD APR in e-snaps) for the most recent operating year. Projects that did not submit an APR on time must also be included in this calculation.

Complete the table below using cumulative data entered for question 11 on the most recent submitted HUD-40118 APR or Q26 for the HUD APR in e-snaps for all non-HMIS projects within the CoC that should have submitted one. Each CoC shall first indicate the total number of exiting adults. Next, enter the total number of adults who exited CoC non-HMIS projects with each source of income. Once amounts have been entered, select "Save" and the percentages will auto-calculate. CoCs that do not have any non-HMIS projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC-funded non-HMIS projects currently operating within their CoC that should have submitted an APR.

For additional instructions, refer to the [Exhibit 1 Detailed Instructions](#) which can be accessed on the left-hand menu bar.

Total Number of Exiting Adults: 0

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)	
SSI	0	0	%
SSDI	0	0	%
Social Security	0	0	%
General Public Assistance	0	0	%
TANF	0	0	%
SCHIP	0	0	%
Veterans Benefits	0	0	%
Employment Income	0	0	%
Unemployment Benefits	0	0	%
Veterans Health Care	0	0	%
Medicaid	0	0	%
Food Stamps	0	0	%
Other (Please specify below)		0	%
No Financial Resources	0	0	%

The percentage values will be calculated by the system when you click the "save" button.

All fields in the Mainstream Enrollment grid must be completed

Does the CoC have any non-HMIS projects for which an APR was required to be submitted? No

4E. Continuum of Care (CoC) Participation in Energy Star and Section 3 Employment Policy

Instructions:

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

A "Section 3 business concern" is one in which: 51% or more of the owners are Section 3 residents of the area of services; or at least 30% of its permanent full-time employees are currently Section 3 residents of the area of services; or within three years of their date of hire with the business concern were Section 3 residents; or 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.

Has the CoC notified its members of the Energy Star Initiative? Yes

Are any projects within the CoC requesting funds for housing rehabilitation or new construction? Yes

4E. Section 3 Employment Policy Detail

Is the project requesting \$200,000 or more?: Yes

If Yes to above question, click save to provide activities

Which activities will the project undertake to ensure that employment and other economic opportunities are directed to low and very low income persons?

(Select all that apply)

Advertise at social service agencies, employment/training/community centers, local newspapers, shopping centers, radio

4F. Continuum of Care (CoC) Enrollment and Participation in Mainstream Programs

It is fundamental that each CoC systematically help homeless persons to 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.

Does the CoC systematically analyze its projects APRs in order to improve access to mainstream programs? No

If 'Yes', describe the process and the frequency that it occurs.

There are no agencies completing APRs within the CoC at this time.

Does the CoC have an active planning committee that meets at least 3 times per year to improve CoC-wide participation in mainstream programs? No

If "Yes", indicate all meeting dates in the past 12 months.

The CoC will make use of its Housing Work Group meetings to increase awareness of what mainstream services are available and how they can be accessed. For example, the October 2011 meeting included a discussion of the HEAP program with a representative of the Montgomery County Department of Social Services.

Does the CoC coordinate with the State Interagency Council on Homelessness to reduce or remove barriers to accessing mainstream services? Not Applicable

Does the CoC and/or its providers have specialized staff whose primary responsibility is to identify, enroll, and follow-up with homeless persons on participation in mainstream programs? Yes

If yes, identify these staff members Provider Staff

Does the CoC systematically provide training on how to identify eligibility and program changes for mainstream programs to provider staff. Yes

If "Yes", specify the frequency of the training. quarterly (once each quarter)

Does the CoC use HMIS as a way to screen for mainstream benefit eligibility? No

If "Yes", indicate for which mainstream programs HMIS completes screening.

Has the CoC participated in SOAR training? No

If "Yes", indicate training date(s).

Efforts are underway to begin training in 2012.

4G: Homeless Assistance Providers Enrollment and Participation in Mainstream Programs

Indicate the percentage of homeless assistance providers that are implementing the following activities:

Activity	Percentage
1. Case managers systematically assist clients in completing applications for mainstream benefits. 1a. Describe how service is generally provided:	100%
Routinely through outreach and engagement.	
2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	100%
3. Homeless assistance providers use a single application form for four or more mainstream programs: 3.a Indicate for which mainstream programs the form applies:	0%
4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	100%
4a. Describe the follow-up process:	
Follow-up will be conducted by case managers and other support service staff through regular contact with clients, DSS and collateral contacts	

Continuum of Care (CoC) Project Listing

Instructions:

IMPORTANT: Prior to starting the CoC Project Listing, CoCs should carefully review the "CoC Project Listing Instructions" and the "CoC Project Listing" training module, both of which are available at www.hudhre.info/esnaps.

To upload all Exhibit 2 applications that have been submitted to this CoC, click on the "Update List" button. This process will take longer based upon the number of projects that need to be located. The CoC can either work on other parts of Exhibit 1 or it can log out of e-snaps and come back later to view the updated list. To review a project, click on the next to each project to view project details.

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
Amsterdam Housing...	2011-10-27 09:38:...	1 Year	Interfaith Partne...	268,405	New Project	SHP	PH	F1
Fulton, Montgome r...	2011-10-27 13:53:...	1 Year	Corporatio n for A...	14,935	New Project	SHP	HMIS	F4
Amsterdam Hope Th...	2011-10-27 09:32:...	1 Year	Interfaith Partne...	45,511	New Project	SHP	PH	P2
Legal Aid Society...	2011-10-26 16:18:...	1 Year	Legal Aid Society...	20,000	New Project	SHP	SSO	F3

Budget Summary

FPRN	\$303,340
Permanent Housing Bonus	\$45,511
SPC Renewal	\$0
Rejected	\$0

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	NY-506 Certification	10/18/2011

Attachment Details

Document Description: NY-506 Certification