

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.

CoC Name and Number (From CoC Registration): IL-511 - Cook County CoC

CoC Lead Organization Name: Alliance to End Homelessness in Suburban Cook County

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

Instructions:

The following questions pertain to the primary decision-making group. The primary responsibility of this group is to manage the overall planning effort for the CoC, including, but not limited to, the following types of activities: setting agendas for full Continuum of Care meetings, project monitoring, determining project priorities, and 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: Alliance to End Homelessness in Suburban Cook County

Indicate the frequency of group meetings: Monthly or more

Indicate the legal status of the group: 501(c)(3)

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) 80%

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

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

Specify "other" process(es):

Briefly describe the selection process including why this process was established and how it works.

The Alliance has three regional councils representing the north, west, and south sections of our county. Each of the three councils elects eight representatives to the Alliance board of directors, where up to four represent homeless provider agencies and at least one is a homeless consumer. The Alliance nominating committee recruits up to 15 additional countywide representatives, including a mix of public and private sector representatives. The nominating committee also recommends a slate of board officers from among the directors who have served on the board one year or longer. The board then elects the slate of nominated directors and officers annually. The Alliance covers a broad geography, and this process ensures both geographical representation and a mix of nonprofit organizations, homeless consumers, private and public sector representatives.

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

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

Specify "other" process(es):

If HUD could provide administrative funds to the CoC, would 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 the grantee, providing project oversight, and monitoring? Explain.

Given adequate technical assistance and funding, our primary decision-making body, the Alliance, could function effectively as the HUD grantee responsible for project oversight and monitoring. If given more of an oversight role, the Alliance will welcome the opportunity to play a more direct role in outcome evaluation for Continuum-funded projects. We would be concerned about creating any barriers to efficient project management. For example, our members are very satisfied with the LOCCS system and would not want us to convert their project funding to a reimbursement basis. We are also concerned that our Alliance not lose focus on its role as convener and advocate for the Ten Year Plan to End Homelessness if it is given a more administrative role. Finally, we wish to affirm the important role our local HUD field staff plays in answering complex questions about HUD policies in a timely and accurate manner, and we hope this will continue if and when the Continuum is given more oversight responsibility.

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

List the name and role of each CoC planning committee. To add committees to this list, click on the icon and enter requested information.

Name	Meeting Frequency
Executive Committee	Monthly or more
Chronic Homelessn...	Quarterly
Continuum of Care...	Monthly or more
Governance Committee	Quarterly
HMIS Committee	Monthly or more
Homelessness Prev...	Bi-monthly
Project Review & ...	Semi-annually
Outcome Evaluatio...	Monthly or more
Rental Support Wo...	Quarterly
Nominating Committee	Annually
Association of Ho...	Monthly or more
West Suburban Cou...	Monthly or more
South Suburban Co...	Monthly or more
AHAND: Best Pract...	Quarterly
WSCH: Transitiona...	Quarterly
SSCH: Advocacy Co...	Bi-monthly
SSCH: Research Co...	Bi-monthly
Regional Roundtab...	Bi-monthly
Countywide Discha...	Bi-monthly
AHAND: Legislativ...	Bi-monthly

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Executive Committee

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

Acts on behalf of the full Board of Directors of the Alliance to End Homelessness in Suburban Cook County in between regularly scheduled meetings.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Chronic Homelessness Committee

Indicate the frequency of group meetings: Quarterly

Describe the role of this group:

Identifies gaps and needs of this subpopulation, identifies best practices and strategies to best serve the group, helps organize workshops on harm reduction and related capacity-building.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Continuum of Care Development Committee

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

Charged with Strategic Plan implementation, Continuum of Care goal development, sheltered and unsheltered homeless counts, and engaging community stakeholders in achieving our ten year plan to end homelessness.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Governance Committee

Indicate the frequency of group meetings: Quarterly

Describe the role of this group:

Considers issues of membership, corporate bylaws, voting, and representative structure of the Alliance.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: HMIS Committee

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

Supports the implementation of the homeless management information system, including the periodic review of HMIS Policies & Procedures for the Alliance.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Homelessness Prevention Committee

Indicate the frequency of group meetings: Bi-monthly

Describe the role of this group:

Sets policy for and coordinates use of homeless prevention funding within suburban Cook County. Explores the feasibility of a regional information and referral system.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Project Review & Prioritization Committee

Indicate the frequency of group meetings: Semi-annually

Describe the role of this group:

Responsible for translating Alliance goals into review criteria, and ranking project applications submitted to HUD for Continuum of Care funding.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Outcome Evaluation Committee

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

Responsible for developing an outcome measurement tool to evaluate project performance and subsequently conduct performance evaluation of all Continuum projects.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Rental Support Work Group

Indicate the frequency of group meetings: Quarterly

Describe the role of this group:

An ad hoc work group to plan for the implementation of Illinois' new rental housing support program (RHSP) within suburban Cook County, advocating for maximum access to the housing assistance by homeless individuals and families.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Nominating Committee

Indicate the frequency of group meetings: Annually

Describe the role of this group:

Meets annually to recommend a slate of officers for the Alliance board of directors and to review the countywide representation on the board.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Association of Homeless Advocates for the North/Northwest District (AHAND)

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

One of three Community Based Service Areas (CBSAs) of the Alliance, made up of homeless housing and service providers, local government, and community representatives. Meetings include project presentations, vacancy updates, networking, and an Alliance report.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: West Suburban Council on Homelessness (WSCH)

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

One of three Community Based Service Areas (CBSAs) of the Alliance, made up of homeless housing and service providers, local government, and community representatives. Meetings include project presentations, vacancy updates, networking, and an Alliance report.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: South Suburban Council on Homelessness (SSCH)

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

One of three Community Based Service Areas (CBSAs) of the Alliance, made up of homeless housing and service providers, local government, and community representatives. Meetings include project presentations, vacancy updates, networking, and an Alliance report.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: AHAND: Best Practices Committee

Indicate the frequency of group meetings: Quarterly

Describe the role of this group:

Committee plans an annual series of 3-4 training workshops for AHAND members on topics including program evaluation, mainstream resources, and case management best practices.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: WSCH: Transitional Housing Committee

Indicate the frequency of group meetings: Quarterly

Describe the role of this group:

Review models and best practices of transitional housing. Make recommendations to general membership for new models/plans.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: SSCH: Advocacy Committee

Indicate the frequency of group meetings: Bi-monthly

Describe the role of this group:

A subcommittee working to strengthen relationships between local homeless service providers and local officials and government.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: SSCH: Research Committee

Indicate the frequency of group meetings: Bi-monthly

Describe the role of this group:

A subcommittee researching the demographics and social factors impacting homelessness in the south suburbs. The group has engaged outside consultants to compile a report and plan.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Regional Roundtable on Homelessness of Northeastern Illinois (RRT)

Indicate the frequency of group meetings: Bi-monthly

Describe the role of this group:

Consortium of eight (8) Continua of Care that meets every other month to address homeless planning issues regionally and achieve systemic change in areas of discharge planning, mainstream resources, research methodology, and service models.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Countywide Discharge Planning Forum

Indicate the frequency of group meetings: Bi-monthly

Describe the role of this group:

Advocates from suburban Cook County, Evanston, and Chicago are working together to prevent discharges to homelessness from corrections, foster care, healthcare, and mental health systems. The group organized a 2008 forum with 200 participants, which resulted in six subcommittees with specific action steps for the coming year.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: AHAND: Legislative Committee

Indicate the frequency of group meetings: Bi-monthly

Describe the role of this group:

Plans regular educational and advocacy events for local, township, state and federal government officials to engage them in the effort to end homelessness.

1D. Continuum of Care (CoC) Member Organizations

Identify all organizations involved in the CoC planning process. To add an organization to this list, click on the icon.

Organization Name	Membership Type	Organization Type	Organization Role	Subpopulations
Housing Authority of the County of Cook (HACC)	Public Sector	Public ...	Committee/Sub-committee/Work Group, Primary Decision Maki...	Seriously Me...
IL Department of Children and Family Services	Public Sector	State g...	Primary Decision Making Group	Youth
Alexian Center for Mental Health	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	Seriously Me...
Aunt Martha's Youth Service Center	Private Sector	Non-pro..	None	Youth
BEDS	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriously Me...
Berwyn Township	Public Sector	Local g...	None	NONE
Bethel Community Facility	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, Primary Decision Maki...	NONE
Bethel Human Resources	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Substance Ab...
Better Existence with HIV (BEHIV)	Private Sector	Non-pro..	None	HIV/AIDS
Bloom Township	Public Sector	Local g...	None	NONE
Calumet Township	Public Sector	Local g...	None	NONE
Catholic Charities	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, Primary Decision Maki...	Veterans, Do...
CEDA Bloom-Rich	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	Veterans
CEDA Center for Community Action	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
CEDA Near West	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
CEDA Neighbors at Work	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
CEDA Northwest Self-Help Center	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	Veterans, Do...

Cook County Continuum of Care				COC_REG_v10_000141
CEDA Central	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	Domesti c Vio...
Proviso-Leyden Center for Community Action	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
CEDA Southeast	Private Sector	Non-pro..	None	NONE
CEDA Southwest	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Center of Concern, The	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Connections for the Homeless	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	Seriousl y Me...
Cook County Department of Public Health	Public Sector	Loca l g...	None	HIV/AIDS
Family Service of Oak Park/River Forest	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Primary Decision Maki...	Seriousl y Me...
Fellowship Housing Corporation	Private Sector	Faith -b...	Committee/Sub-committee/Work Group	Domesti c Vio...
Grand Prairie Services	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	Seriousl y Me...
Hines VA Hospital	Public Sector	Othe r	Committee/Sub-committee/Work Group, Primary Decision Maki...	Veteran s, Su...
IL Department of Corrections - Placement Resour...	Public Sector	Stat e g...	Primary Decision Making Group	NONE
IL Department of Human Services - Division of M...	Public Sector	Stat e g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Seriousl y Me...
Interdependent Living Solutions Center	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Jewish Federation South Suburban Community Serv...	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months, C...	NONE
Journeys from PADS to HOPE	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Kenneth Young Center	Private Sector	Non-pro..	None	Seriousl y Me...
Madden Mental Health Center	Public Sector	Stat e g...	None	Seriousl y Me...
Maine Center for Mental Health	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriousl y Me...
Palatine Township	Public Sector	Loca l g...	None	NONE

Cook County Continuum of Care				COC_REG_v10_000141
Pillars	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Primary Decision Maki...	Seriously Me...
Respond Now	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Rich Township	Public Sector	Local g...	None	NONE
Salvation Army, The	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Sarah's Inn	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	Domestic Vio...
South Suburban Council on Alcoholism & Substanc...	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Substance Abuse
South Suburban Family Shelter	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	Domestic Vio...
South Suburban PADS	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Thresholds	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Primary Decision Maki...	Seriously Me...
Together We Cope	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Town of Cicero	Public Sector	Local g...	Authoring agency for Consolidated Plan, Committee/Sub-com...	NONE
Village of Skokie - Human Services	Public Sector	Local g...	Committee/Sub-committee/Work Group, Authoring agency for ...	NONE
Vital Bridges	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	HIV/AIDS, Se...
West Suburban PADS	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	Veterans, HI...
WilPower, Inc.	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	Seriously Me...
WINGS Program, Inc.	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Domestic Vio...
YMCA Network	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Youth, Subst...
Harbour, Inc., The	Private Sector	Non-pro..	Primary Decision Making Group	Youth
Maine Township	Public Sector	Local g...	None	NONE
Niles Township	Public Sector	Local g...	None	NONE

Cook County Continuum of Care				COC_REG_v10_000141
Oak Park Township	Public Sector	Local g...	None	NONE
Proviso Township	Public Sector	Local g...	None	NONE
Resurrection Health Care	Private Sector	Hospita..	None	NONE
Schaumburg Township	Public Sector	Local g...	None	NONE
Worth Township	Public Sector	Local g...	None	NONE
IL Department of Human Services - West Suburban...	Public Sector	State g...	Committee/Sub-committee/Work Group	NONE
IL Housing Development Authority	Public Sector	State g...	None	NONE
IL State Senator, Maggie Crotty, 19th District	Public Sector	State g...	None	NONE
Cook County Department of Planning and Development	Public Sector	Local g...	Authoring agency for Consolidated Plan, Attend 10-year pl...	NONE
Village of Oak Park - Community Development	Public Sector	Local g...	Authoring agency for Consolidated Plan, Committee/Sub-com...	NONE
Cicero Housing Authority	Public Sector	Publi c ...	Committee/Sub-committee/Work Group	NONE
Oak Park Housing Authority	Public Sector	Publi c ...	Committee/Sub-committee/Work Group	Seriously Me...
Suburban Cook County Regional Office of Education	Public Sector	School ...	Attend 10-year planning meetings during past 12 months	Youth
Chicago Heights Police Department	Public Sector	Law enf...	None	NONE
Orland Park Police Department	Public Sector	Law enf...	None	NONE
South Suburban Chiefs of Police	Public Sector	Law enf...	None	NONE
Cook County Workforce Investment Act Board	Public Sector	Local w...	None	NONE
Crisis Center for South Suburbia	Private Sector	Non-pro..	None	Domestic Vio...
New Faith Baptist Church - Matteson	Private Sector	Faith -b...	None	NONE
Chicago Community Trust	Private Sector	Funder ...	Attend 10-year planning meetings during past 12 months	NONE
Corporation for Supportive Housing	Private Sector	Funder ...	Committee/Sub-committee/Work Group, Primary Decision Maki...	Veterans, Se...
Housing Action Illinois	Private Sector	Funder ...	Attend 10-year planning meetings during past 12 months	NONE
Michael Joseph Foundation	Private Sector	Funder ...	Committee/Sub-committee/Work Group, Primary Decision Maki...	NONE

Cook County Continuum of Care				COC_REG_v10_000141
NAMI Barrington Area	Private Sector	Funder	Committee/Sub-committee/Work Group, Primary Decision Maki...	Seriously Me...
NAMI Northwest Suburban - Arlington Heights	Private Sector	Funder	Committee/Sub-committee/Work Group	Seriously Me...
Reade Industrial Fund	Private Sector	Funder	None	NONE
Supportive Housing Providers Association	Private Sector	Funder	Attend 10-year planning meetings during past 12 months	Seriously Me...
United Way - West Suburban	Private Sector	Funder	Committee/Sub-committee/Work Group	NONE
United Way of Metropolitan Chicago	Private Sector	Funder	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Harris Bank	Private Sector	Businesses	Committee/Sub-committee/Work Group	NONE
HomeAid of Chicago	Private Sector	Businesses	Committee/Sub-committee/Work Group	NONE
Housing Opportunity Development Corporation	Private Sector	Businesses	Committee/Sub-committee/Work Group	NONE
West Suburban Landlords Association	Private Sector	Businesses	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriously Me...
D. Woods (Alliance board of directors)	Individual	Homeless	Committee/Sub-committee/Work Group, Primary Decision Maki...	NONE
R. Grove (Alliance board of directors)	Individual	Homeless	Committee/Sub-committee/Work Group, Primary Decision Maki...	NONE
L. Perkins (Alliance board of directors)	Individual	Homeless	Committee/Sub-committee/Work Group, Primary Decision Maki...	NONE
D. Weese	Individual	Homeless	Attend 10-year planning meetings during past 12 months	NONE
US Social Security Administration	Public Sector	Other	Committee/Sub-committee/Work Group, Primary Decision Maki...	HIV/AIDS, Se...
US Department of Veterans Affairs	Public Sector	Other	Committee/Sub-committee/Work Group, Attend 10-year planni...	Veterans
US Department of Housing and Urban Development	Public Sector	Other	Committee/Sub-committee/Work Group	NONE
Office of Congresswoman Melissa Bean, 8th Distr...	Public Sector	Other	Committee/Sub-committee/Work Group	NONE
Regional Roundtable on Homelessness of Northeast...	Private Sector	Funder	Attend 10-year planning meetings during past 12 months, C...	NONE
Metropolitan Mayors Caucus - Housing Task Force	Public Sector	Local g...	Attend 10-year planning meetings during past 12 months	NONE

Cook County Continuum of Care			COC_REG_v10_000141	
Emergency Fund, The	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Primary Decision Maki...	NONE
Ford Heights Hope Center	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriously Me...
Help Indeed	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	HIV/AIDS, Su...
NPR Properties	Private Sector	Businesses	None	Veterans, Youth

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

The CoC should solicit and select projects in a fair and impartial manner. For each of the following sections, select the appropriate items that indicate all of the methods and processes the CoC used in the past year to assess all new and renewal projects performance, effectiveness, and quality.

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

**Rating and Performance Assessment Measure(s):
(select all that apply)** a. CoC Rating & Review Committee Exists, c. Review HUD Monitoring Findings, d. Review Independent Audit, e. Review HUD APR for Performance Results, f. Review Unexecuted Grants, i. Evaluate Project Readiness, k. Assess Cost Effectiveness, l. Assess Provider Organization Experience, m. Assess Provider Organization Capacity, n. Evaluate Project Presentation, o. Review CoC Membership Involvement, p. Review Match, q. Review All Leveraging Letters (to ensure that they meet HUD requirements), r. Review HMIS participation status

**Voting/Decision Method(s):
(select all that apply)** a. Unbiased Panel/Review Committee, b. Consumer Representative Has a Vote, d. One Vote per Organization, f. Voting Members Abstain if Conflict of Interest

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

For each housing type, indicate if there was an increase or reduction in the total number of beds in the 2008 electronic Housing Inventory Chart (e-HIC) as compared to the 2007 Housing Inventory Chart. If there was a change, please describe the reasons in the space provided for each housing type.

Emergency Shelter: Yes

Briefly describe the reasons for the change:

This year's inventory shows an overall decrease of 34 emergency beds, or 5 percent. Emergency shelter in our Continuum is characterized by a high proportion of seasonal, overflow, and motel voucher beds. These programs expand and contract according to funding availability, weather, and need. The changes include a decrease of 6 year-round beds, an increase of 8 seasonal beds, and a decrease of 36 overflow/voucher beds.

Safe Haven Bed: Yes

Briefly describe the reasons for the change:

One new Safe Haven project with 15 beds came online in July 2007. The safe haven program serves Chronically Homeless individuals exclusively.

Transitional Housing: Yes

Briefly describe the reasons for the change:

Overall, the TH inventory decreased by 6 beds, or less than 1 percent. The bed changes were due to scattered site programs where the units vary in household size according to the need at any point in time. In this case, 14 more family beds and 20 fewer individual beds were in this year's TH inventory compared to 2007.

Permanent Housing: Yes

Briefly describe the reasons for the change, including changes in beds designated for chronically homeless persons:

The number of PH beds in this year's inventory decreased by 25. Most of the change in beds is due to scattered site programs where the units vary in household size according to the need at any point in time. For example, one family program's average household size went from 3 to approximately 2 people. Overall, 27 fewer family beds and 2 additional individual beds are reported in this year's PH inventory compared to 2007.

Chronic homeless beds increased by 8 beds. This increase of 8 beds is in addition to the 15-bed safe haven which opened in July 2007 and serves CH individuals exclusively.

CoC certifies that all beds for homeless persons are listed in the e-HIC regardless of HMIS participation and HUD funding: Yes

1G. Continuum of Care (CoC) Housing Inventory Chart Attachment

Document Type	Required?	Document Description	Date Attached
Housing Inventory Chart	Yes	IL-511 e-HIC 2008	10/15/2008

Attachment Details

Document Description: IL-511 e-HIC 2008

1H. Continuum of Care (CoC) Housing Inventory Chart (HIC) - Data Sources and Methods

Instructions:

For additional instructions, refer to the detailed instructions available on the left menu bar.

Complete the following information based on data collection methods and reporting for the electronic Housing Inventory Chart (e-HIC), including Unmet need determination. The date on which the bed inventory was completed should be one day during the last ten days of January 2008.

Indicate the date on which the housing inventory count was completed: 01/24/2008
(mm/dd/yyyy)

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

Indicate the steps taken to ensure data accuracy for the Housing Inventory Chart: Instructions, Training, Updated prior housing inventory information, Follow-up, Confirmation
(select all that apply)

Must specify other:

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

Specify "other" data types:

Other: Methodology based on the publication, Martha Burt and Carol Wilkins, Estimating the Need (Corporation for Supportive Housing, March 2005, www.csh.org), as explained below.

If more than one method was selected, describe how these methods were used.

For the past four years, the Alliance has used a methodology adapted from the Corporation for Supportive Housing (CSH) publication, Estimating the Need (M. Burt & C. Wilkins, March 2005) to calculate unmet need. The CSH methodology is similar to the HUD unmet need worksheet in that it begins with an estimate of how many people (individuals and families, sheltered and unsheltered) would best be served in a particular housing type. The method then adjusts the point-in-time numbers to account for inflow of homeless throughout the year. It also adjusts for vacancy rates and expected turnover to avoid an overestimate of unmet need. The Continuum of Care Development Committee of the Alliance then discusses and reviews the resulting calculations to see how well they match the reality of unmet need and our local planning estimates.

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For additional instructions, refer to the detailed instructions available on the left menu bar.

CoCs should complete the following information in conjunction with the HMIS Lead Agency. All information is to be as of the date this application is submitted.

Select the HMIS implementation type: Regional (multiple CoCs)

**Select the CoC(s) covered by the HMIS:
(select all that apply)** IL-511 - Cook County CoC, IL-514 - Dupage County CoC, IL-517 - Aurora/Elgin/Kane County CoC

Does the CoC Lead Organization have a written agreement with HMIS Lead Organization? No

If yes, the agreement (e.g., contract, Memorandum of Understanding, etc.) must be submitted with the application.

Is the HMIS Lead Organization the same as CoC Lead Organization? Yes

Has the CoC selected an HMIS software product? Yes

If "No" select reason:

If "Yes" list the name of the product: ServicePoint

What is the name of the HMIS software company? Bowman Systems

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

Is this an actual or anticipated HMIS data entry start date? Actual Data Entry Start Date

**Indicate the date on which HMIS data entry started (or will start):
(format mm/dd/yyyy)** 06/16/2008

**Indicate the challenges and barriers impacting the HMIS implementation:
(select all the apply):** Other

If "None" was selected, briefly describe why CoC had no challenges or how all barriers were overcome:

Briefly describe the CoC's plans to overcome challenges and barriers:

We are in the early stages of HMIS use as we had to terminate a contract with a previous vendor in late 2007 due to their inability to meet deadlines and provide a working system. Since that time, we have moved quickly to establish a partnership with the DuPage County CoC and have begun using their ServicePoint system. This year, we trained 84 end-users and 40 administrators and will train 17 more of each in October. Twenty-seven (27) providers have entered client-level data on over 1,300 clients, allowing us to achieve a 92% actual year-round bed coverage level as of the date of this NOFA submission. We anticipate that our providers will require significant support as they continue to learn the new system. We provide ongoing support through monthly user group meetings, additional training sessions, and frequent one-on-one assistance to improve data quality and completeness.

Another challenge is that our HMIS management team does not have direct access to client-level data. We are dependent upon DuPage County HMIS staff to run continuum-wide reports and assist us with data quality issues. This makes it difficult for us to monitor data quality and compliance and to troubleshoot problems in a timely manner. We are working with the DuPage System Administrator to develop a solution to give our HMIS management team sufficient direct access to client-level data and the ability to run real-time reports for the continuum.

Attachment Details

Document Description:

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

Enter the name and contact information for the HMIS Lead Organization.

Organization Name Alliance to End Homelessness in Suburban Cook County
Street Address 1 1107 S Mannheim Rd, Suite 304
Street Address 2
City Westchester
State Illinois
Zip Code 60154
Format: xxxxx or xxxxx-xxxx
Organization Type Non-Profit
If "Other" please specify

2C. Homeless Management Information System (HMIS) Contact Person

Prefix: Ms
First Name Peggy
Middle Name/Initial
Last Name Troyer
Suffix
Telephone Number: 708-345-4035
(Format: 123-456-7890)
Extension 02
Fax Number: 708-345-7855
(Format: 123-456-7890)
E-mail Address: peggy@suburbancook.org
Confirm E-mail Address: peggy@suburbancook.org

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

Instructions:

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 each housing type, indicate the percentage of the CoC's total beds (bed coverage) in the HMIS.

* Emergency Shelter (ES) Beds	86%+
* Safe Haven (SH) Beds	86%+
* Transitional Housing (TH) Beds	86%+
* Permanent Housing (PH) Beds	86%+

How often does the CoC review or assess its HMIS bed coverage? Quarterly

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

NA

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

Instructions:

Where the collection of Social Security Numbers is not authorized by law, failure to collect this data element will not competitively disadvantage an application. Additionally, in lieu of the actual SSN, the response categories of "Don't Know" and "Refused" are considered valid response categories, per the HMIS Data and Technical Standards.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the percentage of unduplicated client records with null or missing values on a day during the last ten days of January 2008.

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%

Did the CoC or subset of the CoC participate in AHAR 3? No

Did the CoC or subset of the CoC participate in AHAR 4? Yes

How frequently does the CoC review the quality of client level data? Monthly

How frequently does the CoC review the quality of program level data? Monthly

Describe the process, extent of assistance, and tools used to improve data quality for participating agencies.

Agencies have the ability to run reports that identify data quality issues. They will be trained to run these reports and then submit them to us on a monthly basis. Also, we hold monthly user group meetings where data quality issues are discussed, accompanied by recommended solutions and training as appropriate. Currently, we run these reports at the continuum level and then work with agencies to remedy data issues.

Describe the existing policies and procedures used to ensure that valid program entry and exit dates are recorded in the HMIS.

Users have been trained with an emphasis on recording valid program entry and exit dates and will be trained in reporting methods to track the entry of those dates. We have developed report programs that allow us to monitor program dates at the continuum level. We are exploring ways to use these reports in conjunction with bed utilization tools such as HUDs tool or the ShelterPoint feature of ServicePoint.

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

Instructions:

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the frequency in which the CoC uses each of the following items:

Data integration/data warehousing to generate unduplicated counts:	Never
Use of HMIS for point-in-time count of sheltered persons:	Quarterly
Use of HMIS for point-in-time count of unsheltered persons:	Never
Use of HMIS for performance assessment:	Annually
Use of HMIS for program management:	Annually
Integration of HMIS data with mainstream system:	Never

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

Instructions:

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the frequency in which the CoC or HMIS Lead completes a compliance assessment for each of the following standards:

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

How often does the CoC assess compliance with HMIS Data and Technical Standards? Monthly

How often does the CoC aggregate data to a central location (HMIS database or analytical database)? Annually

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

If 'Yes' indicate date of last review or update by CoC: 09/09/2008

If 'No' indicate when development of manual will be completed:

2H. Homeless Management Information System (HMIS) Training

Instructions:

For additional instructions, refer to the detailed instructions available on the left menu bar.

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

Privacy/Ethics training	Quarterly
Data Security training	Quarterly
Data Quality training	Quarterly
Using HMIS data locally	Annually
Using HMIS data for assessing program performance	Annually
Basic computer skills training	Never
HMIS software training	Quarterly

2I. Continuum of Care (CoC) Point-in-Time Homeless Population

Instructions:

This section must be completed using statistically reliable, unduplicated counts or estimates of homeless persons in sheltered and unsheltered locations on a single night. HUD requires CoCs to conduct a point-in-time count at least every two years during the last 10 days of January - January 22nd to 31st - and requests that CoCs conduct a count annually if resources allow. The last required count was in January 2007. Data entered in this chart must reflect a point-in-time count that took place during the last 10 days of January in 2007 or 2008, unless a waiver was received by HUD.

There are six (6) categories of homeless populations on this form. They are:

Households with Dependent Children - Sheltered Emergency
Households with Dependent Children - Sheltered Transitional
Households with Dependent Children - Unsheltered

Households without Dependent Children - Sheltered Emergency
Households without Dependent Children - Sheltered Transitional
Households without Dependent Children - Unsheltered

For each category, the number of households must be less than or equal to the number of persons. For example, in Households with Dependent Children - Sheltered Emergency, the number entered for ?Number of Households? must be less than or equal to the number entered for ?Number of Persons (adults with children).?

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the date of the last PIT count: 01/25/2007

For each homeless population category, the number of households must be less than or equal to the number of persons.

	Households with Dependent Children			
	Sheltered	Transitional	Unsheltered	Total
	Emergency			
Number of Households	57	248	2	307
Number of Persons (adults and children)	155	485	6	646
	Households without Dependent Children			
	Sheltered	Transitional	Unsheltered	Total
	Emergency			
Number of Households	335	94	162	591
Number of Persons (adults and unaccompanied youth)	335	94	162	591
	All Households/ All Persons			
	Sheltered	Transitional	Unsheltered	Total
	Emergency			
Total Households	392	342	164	898
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Total Persons	490	579	168	1,237

2J. Continuum of Care (CoC) Point-in-Time Homeless Subpopulations

Instructions:

Enter the number of sheltered and unsheltered adults who belong in each subpopulation category. As in the Homeless Populations chart, this chart must be completed using data from a point-in-time count conducted during the last ten days of January 2007 or January 2008. Only adults should be included in the counts for this chart, except for the Unaccompanied Youth (those under age 18) category. Subpopulation data is required for sheltered persons and optional for unsheltered persons, with the exception of Chronically Homeless.

Complete the following information for the most recent point-in-time (PIT) count conducted using statistically reliable, unduplicated counts or estimates of homeless persons. Completion of the "Unsheltered" column is optional for all subpopulations, except for Chronically Homeless.

	Sheltered	Unsheltered	Total
* Chronically Homeless (Federal definition)	141	57	198
* Severely Mentally Ill	105	46	151
* Chronic Substance Abuse	130	62	192
* Veterans	59	26	85
* Persons with HIV/AIDS	17	7	24
* Victims of Domestic Violence	251	18	269
* Unaccompanied Youth (under 18)	65	0	65

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

Instructions:

Separately calculate and enter the percentage of emergency shelter and transitional housing providers that provided data for the Homeless Population and Subpopulation charts. For example, if 9 out of 12 transitional housing programs provided point-in-time data, enter 75%. If all providers for a program type contributed data, enter 100%.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Annually (every year); Biennially (every other year); Semi-annually (every six months)

How often will the CoC conduct a PIT count? Biennially

Enter the date in which the CoC plans to conduct its next annual point-in-time count: 01/22/2009
(mm/dd/yyyy)

Indicate the percentage of providers supplying population and subpopulation data collected via survey, interview, and/or HMIS.

Emergency Shelter providers 94%

Transitional housing providers: 95%

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

Instructions:

Survey Providers:

Providers counted the total number of clients residing in each program on the night designated as the point-in-time count.

HMIS:

The CoC used HMIS to complete the point-in-time sheltered count.

Extrapolation:

The CoC used extrapolation techniques to estimate the number and characteristics of sheltered homeless persons from data gathered at most emergency shelters and transitional housing programs.

For additional instructions, refer to the detailed instructions available on the left 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: (Extrapolation attachment is required)	<input type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

Describe how the sheltered population data was collected and the count produced. Additionally, comparing your most recent point-in-time count to the last biennial/annual count, describe any factors that may have resulted in an increase, decline or no change in the sheltered count.

Cook County sends a survey and instructions to each homeless housing provider requesting point-in-time information on beds, persons in the beds, and the characteristics needed to complete HUD's subpopulation chart. The County collects the surveys and works with Alliance (Continuum) staff to tabulate the information. We provide training to all providers on the survey, and we follow up to ensure accuracy.

Comparing our most recent sheltered count (January 2007) to the last biennial count (January 2005), the number of sheltered homeless persons increased in all categories: individuals, families, emergency, and transitional. The overall increase of 4 percent in our sheltered count between 2005 and 2007 can be attributed entirely to new inventory coming online during that period to address previously unmet need.

Please note, the bed utilization rates reflected in the e-HIC are not reliable, as we needed to match 2007 count data with a 2008 housing inventory update.

2M. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation Data

Instructions:

HMIS:

Only HMIS used for subpopulation data on sheltered persons (no extrapolation for missing data).

HMIS plus extrapolation:

Extrapolation to account for missing HMIS data and HUD's extrapolation tool completed.

Sample of PIT interviews plus extrapolation:

Interviews conducted with a random or stratified sample of sheltered adults and unaccompanied youth and appropriate HUD extrapolation tool completed.

Interviews:

Interviews conducted with every person staying in an emergency shelter or transitional housing program on the night of the point-in-time count.

Non-HMIS client level information:

Providers used individual client records to provide subpopulation data for each sheltered adult and unaccompanied youth for the night of the point-in-time count.

Other:

CoC used a combination of methods.

For additional instructions, refer to the detailed instructions available on the left 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: (PIT attachment is required)	<input type="checkbox"/>
Sample Strategy:	<input type="checkbox"/>
Provider Expertise:	<input type="checkbox"/>
Non-HMIS client level information:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

Describe how the sheltered subpopulation data was collected and the count produced. Additionally, comparing your most recent point-in-time count to the last biennial/annual count, describe any factors that may have resulted in an increase, decline or no change in the sheltered subpopulation counts, particularly the chronically homeless count.

Cook County sends a survey and instructions to each homeless housing provider requesting point-in-time information on beds, persons in the beds, and the characteristics needed to complete HUD's subpopulation chart. The County collects the surveys and works with Alliance (Continuum) staff to tabulate the information. We provide training to all providers on the survey, and we follow up to ensure accuracy.

Comparing our most recent sheltered count (January 2007) to the last biennial count (January 2005), the number of sheltered homeless persons increased in all subpopulation categories except veterans (slight decrease) and unaccompanied youth. The overall increase of 4 percent in our sheltered count between 2005 and 2007 can be attributed entirely to new inventory coming online during that period to address previously unmet need. Chronically homeless individuals in emergency shelter increased from 124 in 2005 to 141 in 2007, or 14 percent; the Alliance raised awareness of the chronic homelessness definition and the importance of its documentation in the sheltered count training for 2007, which increased the total number of chronically homeless individuals counted in the survey. New beds for chronically homeless individuals have come online since the 2007 count, and we expect to see significant progress in decreasing chronic homelessness in our 2009 count.

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

Instructions:

For additional instructions, refer to the detailed instructions available on the left menu bar.

**Indicate the steps used to ensure the data quality of the sheltered persons count:
(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:

Describe the non-HMIS de-duplication techniques (if Non-HMIS de-duplication was selected):

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

Instructions:

Public places count:

Count conducted based on observation of unsheltered persons without interviews

Public places count with interviews:

Interviewed either all unsheltered persons encountered during public places count or a sample

Service-based count:

Counted homeless persons using non-shelter services based on interviews.

HMIS:

HMIS used to collect, analyze or report data on unsheltered persons.

For additional instructions, refer to the detailed instructions available on the left menu bar.

**Indicate the method(s) used to count unsheltered homeless persons:
(select all that apply)**

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

If Other, specify:

2P. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation - Level of Coverage

Instructions:

Complete coverage:

Every part of a specified geography (e.g. entire city, downtown area, etc.) is covered by enumerators.

Known locations:

Counting in areas where unsheltered homeless people are known to congregate or live.

Combination:

Conducting counts for every block in a portion of the jurisdiction (e.g. central city) AND conducting counts in other portions of the jurisdiction where unsheltered persons are known to live.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the level of coverage of the PIT count of unsheltered homeless people: Known Locations

If Other, specify:

2Q. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation - Data Quality

Instructions:

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the steps used by the CoC to ensure the data quality of the unsheltered persons count.
(select all that apply)

Training:	<input checked="" type="checkbox"/>
HMIS:	<input type="checkbox"/>
De-duplication techniques:	<input checked="" type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

Describe the techniques used to reduce duplication.

Date of birth, gender and race are collected and compared to eliminate duplicates within the unsheltered data.

Describe the CoCs efforts, including outreach plan, to reduce the number of unsheltered homeless households with dependent children.

The Alliance identified two families with children through its unsheltered count in 2007 and no unsheltered families with children in 2005, the last time an unsheltered count was completed. Due to the rarity of finding unsheltered families with children in our geography, the Alliance plans to address these families on a case by case basis.

Describe the CoCs efforts to identify and engage persons routinely sleeping on the streets and other places not meant for human habitation. Additionally, comparing your most recent point-in-time count to the last biennial/annual count, describe any factors that may have resulted in an increase, decline or no change in the unsheltered population (especially the chronically homeless and families with children).

Emergency shelter providers use the knowledge of their current shelter guests as well as their case management team to identify and engage unsheltered homeless individuals. Agencies that serve community dinners use them as an opportunity to engage people who sleep in forest preserves and other unsheltered locations into services.

The Alliance significantly improved its methodology and coverage of its 2007 unsheltered count, identifying 168 unsheltered persons compared to 61 unsheltered persons in 2005, the first year an unsheltered count was conducted here. We more than doubled our volunteer base, included more consumer participation in count design and implementation, and incorporated a service-based methodology that included a mailing to over 2,000 churches, schools, libraries, food pantries and other service sites. The service site survey asked where the identified homeless person or family slept on the night of the count and enough identifying information to de-duplicate.

Within the unsheltered count, we identified 57 chronically homeless unsheltered individuals, as compared to 18 identified in 2005. The 2007 count identified two families with children, and the 2005 count identified no unsheltered homeless families with children. We attribute each of these increases to our improved methodology, and we consider the 2007 unsheltered count to be a baseline for future counts.

Attachment Details

Document Description:

Attachment Details

Document Description:

3A. Continuum of Care (CoC) 10-Year Plan, Objectives and Action Steps

Click on the icon and add requested information for each of the national objectives.

Objective
Create new PH beds for chronically homeless persons
Increase percentage of homeless persons staying in PH over 6 months to at least 71.5%
Increase percentage of homeless persons moving from TH to PH to at least 63.5%
Increase percentage of homeless persons employed at exit to at least 19%
Decrease the number of homeless households with children

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Select Objective: Create new PH beds for chronically homeless persons

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

2008 Local Action Steps

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Develop 20 new PH beds targeting chronically homeless individuals annually.	Susan Shimon, Chair, Continuum of Care Development Cmte.
Action Step 2	Fill to capacity the WilPower and Pillars expansion projects.	Theresa Curran, Program Supervisor, Pillars
Action Step 3	Prioritize bonus project for chronic homeless PH.	Cynthia Schilsky, Chair, Project Review Cmte.

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	57
Numeric Achievement in 12 months	77
Numeric Achievement in 5 years	150
Numeric Achievement in 10 years	250

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Select Objective: Increase percentage of homeless persons staying in PH over 6 months to at least 71.5%

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

2008 Local Action Steps

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Pilot an evaluation tool to maintain/improve 2008 measure of 84% of homeless persons staying in PH over 6 months.	Courtney Suchor, Co-Chair, Outcome Evaluation Cmte.
Action Step 2	Include this measure in the NOFA project ranking tool.	Cynthia Schilsky, Chair, Project Review Cmte.
Action Step 3	Teach harm reduction, eviction prevention, tenant leadership and other best practices to Alliance supportive housing providers and residents.	Khen Nickele, Chair, Chronic Homeless Cmte.

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	84
Numeric Achievement in 12 months	80
Numeric Achievement in 5 years	80
Numeric Achievement in 10 years	80

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Select Objective: Increase percentage of homeless persons moving from TH to PH to at least 63.5%

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

2008 Local Action Steps

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Pilot an evaluation tool to maintain/improve 2008 measure of 75% of homeless persons moving from TH to PH.	Magalie Oscar, Co-Chair, Outcome Evaluation Cmte.
Action Step 2	Include this measure in the NOFA project ranking tool.	Cynthia Schilsky, Chair, Project Review Cmte.
Action Step 3		

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	75
Numeric Achievement in 12 months	70
Numeric Achievement in 5 years	70
Numeric Achievement in 10 years	70

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Select Objective: Increase percentage of homeless persons employed at exit to at least 19%

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

2008 Local Action Steps

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Pilot an evaluation tool to maintain/improve 2008 measure of 29% of homeless persons employed at program exit.	Courtney Suchor, Co-Chair, Outcome Evaluation Cmte.
Action Step 2	Incorporate this measure in the NOFA project ranking tool.	Cynthia Schilsky, Chair, Project Review Cmte.
Action Step 3	Disseminate employment resource, tax incentive, supported employment, One Stop, Job Bank, Illinois First, job training and related information to providers, landlords and tenants.	Mark Enenbach, Vice President, CEDA

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	29
Numeric Achievement in 12 months	23
Numeric Achievement in 5 years	26
Numeric Achievement in 10 years	29

CoC 10-Year Plan, Objectives and Action Steps Detail**Instructions:**

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Select Objective: Decrease the number of homeless households with children

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing**2008 Local Action Steps**

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Prevent homelessness among families using state, county and other prevention resources.	Dennis Condon, Co-Chair, Prevention Committee

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Action Step 2	Maximize use of Illinois Rental Housing Support Program, HOME Program, foreclosure prevention, and other housing resources to assist homeless families avoid and exit homelessness.	Mark Enenbach, Vice President, CEDA
Action Step 3	Pilot the conversion of transitional housing to permanent supportive housing for families.	Ken Keibler, Program Director, Catholic Charities

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	307
Numeric Achievement in 12 months	300
Numeric Achievement in 5 years	280
Numeric Achievement in 10 years	250

3B. Continuum of Care (CoC) Discharge Planning Protocols: Level of Development

Instructions:

Pursuant to the McKinney-Vento Act, to the maximum extent practicable, persons discharged from publicly funded institutions or systems of care should not be discharged into homelessness. For each system of care, the CoC should indicate the level of development for its discharge planning policy.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Foster Care Discharge Protocol: Formal Protocol Implemented
Health Care Discharge Protocol: Initial Discussion
Mental Health Discharge Protocol: Formal Protocol Implemented
Corrections Discharge Protocol: Formal Protocol Finalized

3C. Continuum of Care (CoC) Discharge Planning Protocols: Narratives

For each system of care describe the discharge planning protocol. For additional instructions, refer to the detailed instructions available on the left menu bar.

Foster Care Discharge

For Protocol Implemented, provide a summary of the formal and specific protocol, plan, process or policy that has been agreed upon.

Must attach protocol copy. Go to 3D.Discharge Planning Attachments page

The Youth Housing Assistance Program of the Illinois Department of Children and Family Services (DCFS) provides housing advocacy and cash assistance to young people ages 18 to 21 emancipated from foster care. Up to six months before emancipation, the youth applies to the program and is assigned a Housing Advocate who helps to find housing, create a budget, and link to other services. The program offers cash assistance for security deposit and move-in expenses up to \$800 (\$1,200 if parenting, pregnant or disabled) and a rental subsidy up to \$100 per month. Being homeless or at risk of homelessness is one of the programs eligibility factors. This formal protocol is understood and agreed to by the Alliance to End Homelessness in Suburban Cook County, youth service providers, and the DCFS Local Area Networks (LANs). The Alliance board includes representation by (recently retired) Illinois DCFS staff member, Beverly Christmon.

Health Care Discharge

For Initial Discussion, indicate collaborating agencies/partners that have been involved in discussions as well as an estimated timeline of protocol development.

The Alliance co-convened the Countywide Discharge Planning Forum in July 2008 with 200 participants. The healthcare workgroup initiated at this forum identified two major priorities, (A) creating more respite beds for people leaving hospitals who might otherwise be homeless, and (B) advocating to ensure housing is added as an element of discharge planning for JCAHO accreditation. The Alliance has researched the JCAHO accreditation procedures, which address discharge planning protocols in general but do not address housing placement specifically as a part of discharge planning. Alliance members work locally with hospital representatives to provide improved housing referral information for patients being discharged.

Mental Health Discharge

For Protocol Implemented, provide a summary of the formal and specific protocol, plan, process or policy that has been agreed upon.

Must attach protocol copy. Go to 3D.Discharge Planning Attachments page

The Illinois Department of Human Services, Division of Mental Health (IDHS/DMH), implements a "Continuity of Care Agreement" between State-Funded Inpatient Psychiatric Services (SFIPS) sites and community providers. The agreement cites the best practice not to discharge into homelessness; that SFIPS sites and provider agencies will work together to find appropriate housing that the individual is willing to accept; that if it is reasonably anticipated that housing will shortly be in place a SFIPS site may delay discharge to prevent homelessness; and if an individual is not housed at discharge, the clinical record must document the reasons. IDHS/DMH discharges persons to DMH-funded supportive housing, nursing and intermediate care facilities, board and care, and private residences. This formal discharge protocol is understood and agreed to by the Alliance to End Homelessness in Suburban Cook County, mental health providers and local mental health institutions. In the attachment, Sec. III talks of the responsibility to identify a provider for homeless persons; Sec. VII.A.5 says application for benefits is to be done; Sec. VIII.A.5 says discharge into homelessness is to be avoided.

Corrections Discharge

For Formal Protocol Finalized, provide a summary of the formal and specific protocol, plan, process or policy that has been agreed upon and provide a date for implementation.

Must attach protocol copy. Go to 3D.Discharge Planning Attachments page

The Placement Resource Unit (PRU) of the Illinois Department of Corrections provides caseworkers to identify services needed by the ex-offender upon community re-entry, including housing placement. Two PRU caseworkers and their supervisor are active participants in the Alliance to End Homelessness in Suburban Cook County. The Alliance board includes representation by PRU caseworker, Arie Davis. This formal discharge protocol is understood and agreed to by the Alliance to End Homelessness in Suburban Cook County, its providers, and local correctional institutions.

3D. Continuum of Care (CoC) Discharge Planning Protocol: Attachments

Document Type	Required?	Document Description	Date Attached
Foster Care Discharge Protocol	No	DCFS Discharge Pl...	09/07/2008
Mental Health Discharge Protocol	No	FY09 Continuity o...	09/21/2008
Corrections Discharge Protocol	No	IDOC Placement Re...	09/07/2008
Health Care Discharge Protocol	No	--	No Attachment

Attachment Details

Document Description: DCFS Discharge Planning - Appendix M

Please Note: Any CoC that selected "Formal Protocol Finalized" or "Formal Protocol Implemented" must attach a copy of the protocol for the applicable system of care in order to receive full credit.

Attachment Details

Document Description: FY09 Continuity of Care Agreement IDHS DMH

Please Note: Any CoC that selected "Formal Protocol Finalized" or "Formal Protocol Implemented" must attach a copy of the protocol for the applicable system of care in order to receive full credit.

Attachment Details

Document Description: IDOC Placement Resource Unit

Please Note: Any CoC that selected "Formal Protocol Finalized" or "Formal Protocol Implemented" must attach a copy of the protocol for the applicable system of care in order to receive full credit.

Attachment Details

Document Description:

Please Note: Any CoC that selected "Formal Protocol Finalized" or "Formal Protocol Implemented" must attach a copy of the protocol for the applicable system of care in order to receive full credit.

3E. Continuum of Care (CoC) Coordination

CoCs should coordinate, as appropriate, with any existing strategic planning groups to assess the local homeless system and identify shortcomings and unmet needs. Answer the following questions regarding coordination in the CoC.

Does the CoC's Consolidated Plan include the CoC strategic plan goals to address homelessness and chronic homelessness? Yes

If yes, briefly list a few of the goals included in the Consolidated Plan:

Cook County Consolidated Plan 2005-2009, Objective 2: End Homelessness in Suburban Cook County.
 - Strategy 2A: Increase the Supply of Affordable Permanent Supportive Housing (Output: 20 new beds per year)
 - Strategy 2B: Support the Shelter and Transitional Housing Systems and Encourage the Development of a Year-round Shelter System. (Output: 3,000 shelter nights per year)
 - Strategy 2C: Increase the Effectiveness of Homeless Prevention Activities. (Output: 120 households assisted per year)
 - Strategy 2D: Improve the Effectiveness of Continuum-wide Planning and Coordination. (Output: Continuum of Care serving 1,200 homeless persons)

Within the CoC's geographic area, is one or more jurisdictional 10-year plan(s) being developed or implemented (separate from the CoC 10-year plan)? No

Does the 10-year plan include the CoC strategic plan goals to address homelessness and chronic homelessness? Yes

If yes, briefly list a few of the goals included in the 10-year plan(s):

The CoC Lead is the author of the 10-year plan, as well as the CoC strategic plan, for our geography.

Goals include:

- * Create 20 new beds of permanent supportive housing for chronically homeless individuals each year; 100 in five years.
- * Create one new family permanent supportive housing project each year either through prioritizing for new funds or through conversion of existing projects.
- * Improve linkages to public systems of care in order to improve institutional discharge planning and to ensure that homeless people gain access to mainstream resources.
- * Maximize the resources available to prevent homelessness.

3F. Hold Harmless Need (HHN) Reallocation

Instructions:

CoC's that are in Hold Harmless Need status may choose to eliminate or reduce one or more of their SHP grants eligible for renewal in the 2008 CoC competition. CoC's may reallocate the funds made available through this process to create new permanent housing projects or HMIS. Reallocation projects may be SHP (1, 2, or 3 years), SPC (5 years) or Section 8 SRO (10 years). CoC's that are in Preliminary Pro Rate Need (PPRN) status are not eligible to reallocate projects. Reallocated funds cannot be used for Samaritan Housing project(s).

Refer to the NOFA for additional guidance on reallocating projects.

Is the CoC reallocating funds from one or more expiring renewal grant(s) to one or more new project(s)? Yes

CoC's that are in Preliminary Pro Rata Need (PPRN) status are not eligible to reallocate projects.

3G. Hold Harmless Need (HHN) Reallocation - Summary of Grant(s) Eliminated

Indicate whether or not any SHP grant(s) will be eliminated during the 2008 reallocation process. If no grants are being eliminated, enter "0" in all fields and select "PH" from component type drop-down menu. Click on the icon to enter the grant(s) that will be eliminated during the 2008 reallocation process.

Total Amount of Eliminated SHP Grants (available for funding new grants)			
			\$239,687
Expiring Grant Name	Expiring Grant Number	Component Type	Annual Renewal Amount
Project FLY	IL01B511016	TH	\$239,687

3G. Hold Harmless Need (HHN) Reallocation - SHP Grant Eliminated Detail

Instructions:

The purpose of this chart is to assist CoCs eligible for Hold Harmless Reallocation to identify the funds that will be eliminated and made available for new projects through elimination of expiring renewal grants. Refer to the NOFA for additional guidance on reallocating projects.

Complete the following information for each SHP grant being eliminated during the 2008 reallocation process. CoCs are encouraged to use the SHP Grant Inventory worksheet approved by the HUD to help complete the information. If no SHP grants are being eliminated, enter "0" in all fields and select "PH" from component type drop-down menu.

Expiring Grant Name: Project FLY

Expiring Grant Number: IL01B511016

Component Type: TH

Annual Renewal Amount: \$239,687

3H. Hold Harmless Need (HHN) Reallocation - Summary of SHP Grant(s) Reduced

Indicate whether or not any SHP grant(s) will be reduced during the 2008 reallocation process. If no grants are being reduced enter "0" in all fields. Click on the icon to enter the grant(s) that will be reduced during the 2008 reallocation process.

Amount Available for New Grant (from all listed grants)						
						\$366,176
Priority Number	Expiring Grant Name	Expiring Grant Number	Project Name	Annual Renewal Amount	Amount Remaining	Amount available for new grant
1	Suburban Cook Cou...	IL01B711002	---	\$253038	\$252725	\$313
4	Community Family ...	IL01B711006	---	\$154873	\$144873	\$10000
18	New Hope Apartmen...	IL01B711012	---	\$377329	\$321280	\$56049
20	New Hope Apartmen...	IL01B711022	---	\$230306	\$143948	\$86358
22	Families First	IL01B711025	---	\$312092	\$187255	\$124837
28	Hope III	IL01B711020	---	\$497473	\$461160	\$36313
30	New Hope Apartmen...	IL01B711015	---	\$306276	\$253970	\$52306

3H. Hold Harmless Need (HHN) Reallocation - SHP Grants

Reduced Detail

Instructions:

The purpose of this chart is to assist CoCs eligible for Hold Harmless Reallocation to identify the funds that will be reduced and made available for new projects through reduction of expiring renewal grants.

To ensure that the CoC has completed this process correctly, the "amount available for new grant" will auto-calculate.

Refer to the NOFA for additional guidance on reallocating projects.

Complete the following information for each grant being reduced during the 2008 reallocation process. CoCs are encouraged to use the SHP Grant Inventory worksheet approved by HUD to help complete the information. If no grants are being reduced enter "0" in all fields.

2008 Priority Number: 1

Expiring Grant Name: Suburban Cook County HMIS

Expiring Grant Number: IL01B711002

Annual Renewal Amount: \$253038

Retained Amount for Expiring Grant: \$252725

Amount available for new grant: \$313
(select "Save" to auto-calculate this total)

3H. Hold Harmless Need (HHN) Reallocation - SHP Grants

Reduced Detail

Instructions:

The purpose of this chart is to assist CoCs eligible for Hold Harmless Reallocation to identify the funds that will be reduced and made available for new projects through reduction of expiring renewal grants.

To ensure that the CoC has completed this process correctly, the "amount available for new grant" will auto-calculate.

Refer to the NOFA for additional guidance on reallocating projects.

Complete the following information for each grant being reduced during the 2008 reallocation process. CoCs are encouraged to use the SHP Grant Inventory worksheet approved by HUD to help complete the information. If no grants are being reduced enter "0" in all fields.

2008 Priority Number: 4

Expiring Grant Name: Community Family Homes Initiative I

Expiring Grant Number: IL01B711006

Annual Renewal Amount: \$154873

Retained Amount for Expiring Grant: \$144873

Amount available for new grant: \$10000
(select "Save" to auto-calculate this total)

3H. Hold Harmless Need (HHN) Reallocation - SHP Grants Reduced Detail

Instructions:

The purpose of this chart is to assist CoCs eligible for Hold Harmless Reallocation to identify the funds that will be reduced and made available for new projects through reduction of expiring renewal grants.

To ensure that the CoC has completed this process correctly, the "amount available for new grant" will auto-calculate.

Refer to the NOFA for additional guidance on reallocating projects.

Complete the following information for each grant being reduced during the 2008 reallocation process. CoCs are encouraged to use the SHP Grant Inventory worksheet approved by HUD to help complete the information. If no grants are being reduced enter "0" in all fields.

2008 Priority Number: 18

Expiring Grant Name: New Hope Apartments - N/NW Suburbs

Expiring Grant Number: IL01B711012

Annual Renewal Amount: \$377329

Retained Amount for Expiring Grant: \$321280

Amount available for new grant: \$56049
(select "Save" to auto-calculate this total)

3H. Hold Harmless Need (HHN) Reallocation - SHP Grants Reduced Detail

Instructions:

The purpose of this chart is to assist CoCs eligible for Hold Harmless Reallocation to identify the funds that will be reduced and made available for new projects through reduction of expiring renewal grants.

To ensure that the CoC has completed this process correctly, the "amount available for new grant" will auto-calculate.

Refer to the NOFA for additional guidance on reallocating projects.

Complete the following information for each grant being reduced during the 2008 reallocation process. CoCs are encouraged to use the SHP Grant Inventory worksheet approved by HUD to help complete the information. If no grants are being reduced enter "0" in all fields.

2008 Priority Number: 20

Expiring Grant Name: New Hope Apartments - South Suburban

Expiring Grant Number: IL01B711022

Annual Renewal Amount: \$230306

Retained Amount for Expiring Grant: \$143948

Amount available for new grant: \$86358
(select "Save" to auto-calculate this total)

3H. Hold Harmless Need (HHN) Reallocation - SHP Grants Reduced Detail

Instructions:

The purpose of this chart is to assist CoCs eligible for Hold Harmless Reallocation to identify the funds that will be reduced and made available for new projects through reduction of expiring renewal grants.

To ensure that the CoC has completed this process correctly, the "amount available for new grant" will auto-calculate.

Refer to the NOFA for additional guidance on reallocating projects.

Complete the following information for each grant being reduced during the 2008 reallocation process. CoCs are encouraged to use the SHP Grant Inventory worksheet approved by HUD to help complete the information. If no grants are being reduced enter "0" in all fields.

2008 Priority Number: 22

Expiring Grant Name: Families First

Expiring Grant Number: IL01B711025

Annual Renewal Amount: \$312092

Retained Amount for Expiring Grant: \$187255

Amount available for new grant: \$124837
(select "Save" to auto-calculate this total)

3H. Hold Harmless Need (HHN) Reallocation - SHP Grants Reduced Detail

Instructions:

The purpose of this chart is to assist CoCs eligible for Hold Harmless Reallocation to identify the funds that will be reduced and made available for new projects through reduction of expiring renewal grants.

To ensure that the CoC has completed this process correctly, the "amount available for new grant" will auto-calculate.

Refer to the NOFA for additional guidance on reallocating projects.

Complete the following information for each grant being reduced during the 2008 reallocation process. CoCs are encouraged to use the SHP Grant Inventory worksheet approved by HUD to help complete the information. If no grants are being reduced enter "0" in all fields.

2008 Priority Number: 28

Expiring Grant Name: Hope III

Expiring Grant Number: IL01B711020

Annual Renewal Amount: \$497473

Retained Amount for Expiring Grant: \$461160

Amount available for new grant: \$36313
(select "Save" to auto-calculate this total)

3H. Hold Harmless Need (HHN) Reallocation - SHP Grants Reduced Detail

Instructions:

The purpose of this chart is to assist CoCs eligible for Hold Harmless Reallocation to identify the funds that will be reduced and made available for new projects through reduction of expiring renewal grants.

To ensure that the CoC has completed this process correctly, the "amount available for new grant" will auto-calculate.

Refer to the NOFA for additional guidance on reallocating projects.

Complete the following information for each grant being reduced during the 2008 reallocation process. CoCs are encouraged to use the SHP Grant Inventory worksheet approved by HUD to help complete the information. If no grants are being reduced enter "0" in all fields.

2008 Priority Number: 30

Expiring Grant Name: New Hope Apartments - West Suburban

Expiring Grant Number: IL01B711015

Annual Renewal Amount: \$306276

Retained Amount for Expiring Grant: \$253970

Amount available for new grant: \$52306
(select "Save" to auto-calculate this total)

3I. Hold Harmless Need (HHN) Reallocation - Summary of Proposed New Project(s)

Click on the icon to enter the new grant(s) being created through the 2008 reallocation process.

Total Amount of New Projects
(total transferred to new projects)

\$605,863				
Current Priority #	Project Name	Program Type	Component Type	Transferred Amount
8	P...	SHP	PH	\$110,000
15	N...	SHP	PH	\$140,000
17	N...	SHP	PH	\$194,713
19	H...	SHP	PH	\$36,313
34	F...	SHP	PH	\$124,837

3I.Hold Harmless Need (HHN) Reallocation - Proposed New Project Detail

Instructions:

The purpose of this chart is to assist CoCs eligible for Hold Harmless Reallocation to identify the funds that will be transferred from reduced and eliminated grants to new permanent housing projects through the reallocation process. The total amount requested for new projects can not exceed the amount being reduced or eliminated from expiring grants.

Refer to the NOFA for additional guidance on reallocating projects.

Complete the following information for the each new project being proposed in the 2008 reallocation process. The total amount requested for new projects must not exceed the total amount reallocated from reduced and eliminated grants.

2008 Priority Number: 8

Project Name: Project WCHIP Expansion II (West Cook Housing Initiative Partnership)

Program Type: SHP

Component Type:

Request Transfer Amount: \$110,000

3I.Hold Harmless Need (HHN) Reallocation - Proposed New Project Detail

Instructions:

The purpose of this chart is to assist CoCs eligible for Hold Harmless Reallocation to identify the funds that will be transferred from reduced and eliminated grants to new permanent housing projects through the reallocation process. The total amount requested for new projects can not exceed the amount being reduced or eliminated from expiring grants.

Refer to the NOFA for additional guidance on reallocating projects.

Complete the following information for the each new project being proposed in the 2008 reallocation process. The total amount requested for new projects must not exceed the total amount reallocated from reduced and eliminated grants.

2008 Priority Number: 15

Project Name: N/NW CC ACMH Partner Reallocate

Program Type: SHP

Component Type:

Request Transfer Amount: \$140,000

3I.Hold Harmless Need (HHN) Reallocation - Proposed New Project Detail

Instructions:

The purpose of this chart is to assist CoCs eligible for Hold Harmless Reallocation to identify the funds that will be transferred from reduced and eliminated grants to new permanent housing projects through the reallocation process. The total amount requested for new projects can not exceed the amount being reduced or eliminated from expiring grants.

Refer to the NOFA for additional guidance on reallocating projects.

Complete the following information for the each new project being proposed in the 2008 reallocation process. The total amount requested for new projects must not exceed the total amount reallocated from reduced and eliminated grants.

2008 Priority Number: 17**Project Name: New Hope Apartments Program - PSH Suburban****Program Type: SHP****Component Type:****Request Transfer Amount: \$194,713**

3I.Hold Harmless Need (HHN) Reallocation - Proposed New Project Detail

Instructions:

The purpose of this chart is to assist CoCs eligible for Hold Harmless Reallocation to identify the funds that will be transferred from reduced and eliminated grants to new permanent housing projects through the reallocation process. The total amount requested for new projects can not exceed the amount being reduced or eliminated from expiring grants.

Refer to the NOFA for additional guidance on reallocating projects.

Complete the following information for the each new project being proposed in the 2008 reallocation process. The total amount requested for new projects must not exceed the total amount reallocated from reduced and eliminated grants.

2008 Priority Number: 19**Project Name: Hope IV**

Program Type: SHP**Component Type:****Request Transfer Amount:** \$36,313

3I.Hold Harmless Need (HHN) Reallocation - Proposed New Project Detail

Instructions:

The purpose of this chart is to assist CoCs eligible for Hold Harmless Reallocation to identify the funds that will be transferred from reduced and eliminated grants to new permanent housing projects through the reallocation process. The total amount requested for new projects can not exceed the amount being reduced or eliminated from expiring grants.

Refer to the NOFA for additional guidance on reallocating projects.

Complete the following information for the each new project being proposed in the 2008 reallocation process. The total amount requested for new projects must not exceed the total amount reallocated from reduced and eliminated grants.

2008 Priority Number: 34**Project Name:** Families First - Permanent**Program Type:** SHP**Component Type:****Request Transfer Amount:** \$124,837

3J. Hold Harmless Need (HHN) Reallocation - Reallocation Balance

Instructions:

To ensure that the CoC has completed this process correctly, the values contained in these fields are auto-calculated. A zero value in the "Remaining Reallocation Balance" indicates that all available funds have been used. If funds are remaining, excess can not be retained for future use.

Reallocated funds available for new project(s)	\$605,863
Amount requested for new project(s)	\$605,863
Remaining Reallocation Balance	\$0

4A. Continuum of Care (CoC) 2007 Achievements

Instructions:

For the five HUD national objectives in the 2007 CoC application, enter the 12-month numeric achievements that you provided in Exhibit 1, Chart N of the 2007 CoC application in the first column, "Proposed 12-Month Achievement". Under "Actual 12-Month Achievement" enter the numeric achievement that you CoC attained within the past 12 months that is directly related to the relevant national objective.

Objective	Proposed 12-Month Achievement (number of beds or percentage)		Actual 12-Month Achievement (number of beds or percentage)	
Create new PH beds for CH	69	Beds	57	B e d s
Increase percentage of homeless persons staying in PH over 6 months to at least 71%	88	%	84	%
Increase percentage of homeless persons moving from TH to PH to at least 61.5%	76	%	75	%
Increase percentage of homeless persons employed at exit to at least 18%	26	%	29	%
Ensure that the CoC has a functional HMIS system	75	%	92	%

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

Complete the following fields using data from the last point-in-time (PIT) count and housing inventory count. For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the total number of chronically homeless persons and total number of permanent housing beds designated for the chronically homeless persons in your CoC for each year

Year	Number of CH Persons	Number of PH beds for the CH
2006	142	30
2007	198	49
2008	198	57

Indicate the number of new PH beds in place ⁸ and made available for occupancy for the chronically homeless between February 1, 2007 and January 31, 2008

Identify the amount of funds from each funding source for the development and operations costs of the new CH beds created between February 1, 2007 and January 31, 2008.

Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development	\$0	\$0	\$0	\$0	\$0
Operations	\$97,765	\$0	\$14,740	\$0	\$288
Total	\$97,765	\$0	\$14,740	\$0	\$288

4C. Continuum of Care (CoC) Housing Performance

Using data from the most recently submitted APRs for each of the projects within the CoC, provide information about the CoCs progress in reducing homelessness by helping clients move to and stabilize in permanent housing.

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	33
b. Number of participants who did not leave the project(s)	108
c. Number of participants who exited after staying 6 months or longer	30
d. Number of participants who did not exit after staying 6 months or longer	89
e. Number of participants who did not leave and were enrolled for 5 months or less	19
TOTAL PH (%)	84
Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	229
b. Number of participants who moved to PH	171
TOTAL TH (%)	75

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

Using data from the most recently submitted APRs for each of the projects within the CoC, provide information about the CoCs progress in reducing homelessness by helping clients access mainstream services and gain employment.

Total Number of Exiting Adults: 1,132

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)
SSI	92	8 %
SSDI	58	5 %
Social Security	26	2 %
General Public Assistance	11	1 %
TANF	14	1 %
SCHIP	1	0 %
Veterans Benefits	48	4 %
Employment Income	328	29 %
Unemployment Benefits	32	3 %
Veterans Health Care	37	3 %
Medicaid	186	16 %
Food Stamps	234	21 %
Other (Please specify below)	22	2 %
Child Support / Action for Child, Pension, Worker's Compensation, Medicare		
No Financial Resources	54	5 %

The percentage values are automatically calculated by the system when you click the "save" button.

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 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 service; or at least 30% of its permanent full-time employees are currently section 3 residents of the area of service, or within three years of their date of hire with the business concern were section 3 residents; 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? No

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

Does the CoC systematically analyze the APRs for its projects to assess and improve access to mainstream programs? Yes

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

The Alliance requires submission of a copy of the last submitted APR in order for a renewal to be considered for continued funding. Annually, we analyze length of stay, destination upon exit, and income and benefits at exit. An Outcome Evaluation Committee is in the process of setting benchmarks for participant eligibility criteria, program capacity and utilization.

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.

Does the CoC coordinate with the State Interagency Council on Homelessness to reduce or remove barriers to accessing mainstream services? No

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. No

If "Yes", specify the frequency of the training. Unknown

Does the CoC uses HMIS to screen for 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).

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%
<p style="padding-left: 40px;">Case managers identify mainstream benefits that clients may qualify for, assist them in completing paperwork and obtaining documentation needed to apply, and finally advocate with mainstream benefits agency personnel in securing benefits.</p>	
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:	32%
<p style="padding-left: 40px;">Medicare, Medicaid, SSI, SSDI, Social Security, Food Stamps, General Assistance, Veteran's Health, Unemployment, Worker's Comp, WIC, TANF, All Kids, Link Card (Food Stamps)</p>	
4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	100%
4a. Describe the follow-up process:	
<p style="padding-left: 40px;">Case managers have direct follow up with clients throughout the process of receiving benefits. Select agencies list mainstream benefits as goals that are written into the client's service plan. Case managers then review this set of goals with their clients on a regular basis. In addition, select agencies have an attorney available who assists with cases of denial of some mainstream benefits.</p>	

Questionnaire for HUD's Initiative on Removal of Regulatory Barriers (HUD 27300)

Complete Part A if the CoC Lead Agency is a local jurisdiction (a county exercising land use and building regulatory authority and another applicant type applying for projects located in such jurisdiction or county (collectively or jurisdiction)).

Complete Part B if the CoC Lead Agency is a State agency, department, or other applicant for projects located in unincorporated areas or areas otherwise not covered in Part A.

Indicate the section applicable to the CoC Lead Agency: Part A

Part A - Questionnaire for HUD's Initiative on Removal of Regulatory Barriers

Part A. Local Jurisdictions. Counties Exercising Land Use and Building Regulatory Authority and Other Applicants Applying for Projects Located in such Jurisdictions or Counties [Collectively, Jurisdiction]

<p>*1. Does your jurisdiction's comprehensive plan (or in the case of a tribe or TDHE, a local Indian Housing Plan) include a "housing element"?</p> <p>A local comprehensive plan means the adopted official statement of a legislative body of a local government that sets forth (in words, maps, illustrations, and/or tables) goals, policies, and guidelines intended to direct the present and future physical, social, and economic development that occurs within its planning jurisdiction and that includes a unified physical plan for the public development of land and water. If your jurisdiction does not have a local comprehensive plan with a housing element, please select No. If you select No, skip to question # 4.</p>	Yes
<p>2. If your jurisdiction has a comprehensive plan with a housing element, does the plan provide estimates of current and anticipated housing needs, taking into account the anticipated growth of the region, for existing and future residents, including low, moderate and middle income families, for at least the next five years?</p>	Yes
<p>3. Does your zoning ordinance and map, development and subdivision regulations or other land use controls conform to the jurisdiction's comprehensive plan regarding housing needs by providing: a) sufficient land use and density categories (multi-family housing, duplexes, small lot homes and other similar elements); and, b) sufficient land zoned or mapped "as of right" in these categories, that can permit the building of affordable housing addressing the needs identified in the plan?</p> <p>(For purposes of this notice, "as-of-right" as applied to zoning, means uses and development standards that are determined in advance and specifically authorized by the zoning ordinance. The ordinance is largely self-enforcing because little or no discretion occurs in its administration). If the jurisdiction has chosen not to have either zoning, or other development controls that have varying standards based upon districts or zones, the applicant may also enter yes.</p>	Yes
<p>4. Does your jurisdiction's zoning ordinance set minimum building size requirements that exceed the local housing or health code or that are otherwise not based upon explicit health standards?</p>	Yes
<p>*5. If your jurisdiction has development impact fees, are the fees specified and calculated under local or state statutory criteria?</p> <p>If no, skip to question #7. Alternatively, if your jurisdiction does not have impact fees, you may select Yes.</p>	Yes
<p>6. If yes to question #5, does the statute provide criteria that sets standards for the allowable type of capital investments that have a direct relationship between the fee and the development (nexus), and a method for fee calculation?</p>	Yes

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*7. If your jurisdiction has impact or other significant fees, does the jurisdiction provide waivers of these fees for affordable housing?	No
*8. Has your jurisdiction adopted specific building code language regarding housing rehabilitation that encourages such rehabilitation through graduated regulatory requirements applicable as different levels of work are performed in existing buildings? Such code language increases regulatory requirements (the additional improvements required as a matter of regulatory policy) in proportion to the extent of rehabilitation that an owner/developer chooses to do on a voluntary basis. For further information see HUD publication: Smart Codes in Your Community: A Guide to Building Rehabilitation Codes (http://www.huduser.org/publications/destech/smartcodes.html)	Yes
*9. Does your jurisdiction use a recent version (i.e. published within the last 5 years or, if no recent version has been published, the last version published) of one of the nationally recognized model building codes (i.e. the International Code Council (ICC), the Building Officials and Code Administrators International (BOCA), the Southern Building Code Congress International (SBCI), the International Conference of Building Officials (ICBO), the National Fire Protection Association (NFPA)) without significant technical amendment or modification. In the case of a tribe or TDHE, has a recent version of one of the model building codes as described above been adopted or, alternatively, has the tribe or TDHE adopted a building code that is substantially equivalent to one or more of the recognized model building codes?	Yes
Alternatively, if a significant technical amendment has been made to the above model codes, can the jurisdiction supply supporting data that the amendments do not negatively impact affordability.	
*10. Does your jurisdiction's zoning ordinance or land use regulations permit manufactured (HUD-Code) housing "as of right" in all residential districts and zoning classifications in which similar site-built housing is permitted, subject to design, density, building size, foundation requirements, and other similar requirements applicable to other housing that will be deemed realty, irrespective of the method of production?	Yes
*11. Within the past five years, has a jurisdiction official (i.e., chief executive, mayor, county chairman, city manager, administrator, or a tribally recognized official, etc.), the local legislative body, or planning commission, directly, or in partnership with major private or public stakeholders, convened or funded comprehensive studies, commissions, or hearings, or has the jurisdiction established a formal ongoing process, to review the rules, regulations, development standards, and processes of the jurisdiction to assess their impact on the supply of affordable housing?	No
*12. Within the past five years, has the jurisdiction initiated major regulatory reforms either as a result of the above study or as a result of information identified in the barrier component of the jurisdiction's "HUD Consolidated Plan?" If yes, briefly describe. (Limit 2,000 characters.)	No
*13. Within the past five years has your jurisdiction modified infrastructure standards and/or authorized the use of new infrastructure technologies (e.g. water, sewer, street width) to significantly reduce the cost of housing?	No

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<p>*14. Does your jurisdiction give "as-of-right" density bonuses sufficient to offset the cost of building below market units as an incentive for any market rate residential development that includes a portion of affordable housing?</p> <p>(As applied to density bonuses, "as of right" means a density bonus granted for a fixed percentage or number of additional market rate dwelling units in exchange for the provision of a fixed number or percentage of affordable dwelling units and without the use of discretion in determining the number of additional market rate units.)</p>	No
<p>*15. Has your jurisdiction established a single, consolidated permit application process for housing development that includes building, zoning, engineering, environmental, and related permits?</p> <p>Alternatively, does your jurisdiction conduct concurrent, not sequential, reviews for all required permits and approvals?</p>	Yes
<p>*16. Does your jurisdiction provide for expedited or "fast track" permitting and approvals for all affordable housing projects in your community?</p>	Yes
<p>*17. Has your jurisdiction established time limits for government review and approval or disapproval of development permits in which failure to act, after the application is deemed complete, by the government within the designated time period, results in automatic approval?</p>	No
<p>*18. Does your jurisdiction allow "accessory apartments" either as: a) a special exception or conditional use in all single-family residential zones or, b) "as of right" in a majority of residential districts otherwise zoned for single-family housing?</p>	Yes
<p>*19. Does your jurisdiction have an explicit policy that adjusts or waives existing parking requirements for all affordable housing developments?</p>	No
<p>*20. Does your jurisdiction require affordable housing projects to undergo public review or special hearings when the project is otherwise in full compliance with the zoning ordinance and other development regulations?</p>	No

Continuum of Care (CoC) Project Listing

Instructions:

To upload all Exhibit 2 applications that have been submitted to this CoC, click on the "Update List" button. This process may take several hours depending on the size of the CoC, however 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 rank a project, click on the icon next to each project to view project details.

For additional instructions, refer to the 2008 Project Listing Instructions on the left-hand menu bar.

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
COMMUNITY FAMILY ...	2008-08-26 13:14:...	1 Year	CEDA Northwest Se...	159,394	Renewal Project	SHP	TH	F7
COMMUNITY FAMILY ...	2008-08-26 13:13:...	1 Year	CEDA Northwest Se...	144,873	Renewal Project	SHP	TH	F4
Homeless Day Center	2008-09-29 17:24:...	1 Year	PADS to HOPE, Inc.	183,665	Renewal Project	SHP	SSO	F33
Suburban Cook Cou...	2008-10-13 21:19:...	1 Year	Alliance to End H...	252,725	Renewal Project	SHP	HMIS	F1
South Suburban Ho...	2008-10-01 17:03:...	1 Year	CEDA Bloom-Rich	231,678	Renewal Project	SHP	TH	F2
Page One Transiti...	2008-10-09 10:41:...	1 Year	Bethel Human Reso...	182,271	Renewal Project	SHP	TH	F41
Skokie House	2008-09-23 10:44:...	1 Year	WINGS PROGRAM, INC.	89,874	Renewal Project	SHP	TH	F31
Schaumburg House	2008-09-25 11:15:...	1 Year	WINGS PROGRAM, INC.	44,693	Renewal Project	SHP	TH	F14
Palatine House	2008-09-25 11:34:...	1 Year	WINGS PROGRAM, INC.	43,402	Renewal Project	SHP	TH	F37
HUD 6 Transitiona ...	2008-09-23 10:36:...	1 Year	WINGS PROGRAM, INC.	122,112	Renewal Project	SHP	TH	F9
The Sanctuary	2008-08-28 16:15:...	1 Year	South Suburban Fa...	281,957	Renewal Project	SHP	TH	F13
Esperanza Expansion	2008-08-28 10:09:...	1 Year	WilPower, Inc.	25,000	Renewal Project	SHP	PH	F25
Esperanza	2008-08-28 10:08:...	1 Year	WilPower, Inc.	247,965	Renewal Project	SHP	PH	F24

Cook County Continuum of Care							COC_REG_v10_000141	
Salubrity House	2008-08-28 10:10:...	1 Year	WilPower, Inc.	205,205	Renewal Project	SHP	PH	F35
Project WISH	2008-08-27 00:03:...	1 Year	South Suburban PADS	279,475	Renewal Project	SHP	TH	F5
West Suburban Sup...	2008-09-19 10:06:...	1 Year	Communit y and Eco...	260,883	Renewal Project	SHP	TH	F27
Transitiona l Apar...	2008-09-25 10:33:...	1 Year	WINGS PROGRA M, INC.	82,102	Renewal Project	SHP	TH	F23
Genesis Place	2008-08-26 12:24:...	1 Year	Interdepend ent Li...	156,332	Renewal Project	SHP	PH	F21
Families First Pe...	2008-08-27 13:39:...	1 Year	Together We Cope	124,837	New Project	SHP	PH	F34
New Hope Apartmen..	2008-10-02 11:01:...	1 Year	Catholic Charities	194,713	New Project	SHP	PH	F17
Project WCHIP Exp...	2008-09-30 16:58:...	1 Year	Pillars Communit y...	110,000	New Project	SHP	PH	F8
Families First	2008-09-26 16:39:...	1 Year	Together We Cope	187,255	Renewal Project	SHP	TH	F22
North/Nort hwest P...	2008-09-30 17:54:...	2 Years	Catholic Charities	391,507	New Project	SHP	PH	S11
Independe nce Place	2008-08-28 13:38:...	1 Year	YMCA of Metropoli...	225,546	Renewal Project	SHP	TH	F32
Project West Cook...	2008-09-23 14:45:...	1 Year	Pillars Communit y...	508,847	Renewal Project	SHP	PH	F16
FHC/WIN GS Transit...	2008-09-18 12:50:...	1 Year	Fellowship Housin...	100,120	Renewal Project	SHP	TH	F39
Permanent Housing...	2008-09-27 09:34:...	1 Year	Housing Opportuni..	47,392	Renewal Project	SHP	PH	F36
Family Housing North	2008-09-23 10:31:...	1 Year	Connectio ns for t...	93,308	Renewal Project	SHP	TH	F38
New Hope Apartmen..	2008-09-23 17:07:...	1 Year	Catholic Charities	321,280	Renewal Project	SHP	TH	F18
New Hope Apartmen..	2008-09-23 17:32:...	1 Year	Catholic Charities	143,948	Renewal Project	SHP	TH	F20
West Suburban Saf...	2008-09-22 15:14:...	1 Year	Thresholds Inc	398,973	Renewal Project	SHP	PH	F26

Cook County Continuum of Care							COC_REG_v10_000141	
Shelter Plus Care	2008-09-05 13:48:...	1 Year	Housing Authority...	143,520	Renewal Project	S+C	SRA	U42
N/NW CC ACMH Part...	2008-10-09 12:23:...	1 Year	Catholic Charities	140,000	New Project	SHP	PH	F15
Project WCHIP Exp...	2008-09-22 19:47:...	1 Year	Pillars Community...	24,115	Renewal Project	SHP	PH	F10
New Hope Apartments	2008-09-23 17:22:...	1 Year	Catholic Charities	253,970	Renewal Project	SHP	TH	F30
Shelter Plus Care	2008-09-05 17:30:...	1 Year	Housing Authority...	423,576	Renewal Project	S+C	SRA	U43
Page One Apartments	2008-10-09 10:33:...	2 Years	Bethel Human Resources	340,000	New Project	SHP	PH	S6
Project Success	2008-09-22 19:45:...	1 Year	Pillars Community...	30,187	Renewal Project	SHP	TH	F29
Supportive Housing...	2008-10-07 15:10:...	1 Year	The Center of Con...	127,434	Renewal Project	SHP	TH	F12
Project W.I.N. (W...	2008-09-23 17:08:...	1 Year	Pillars Community...	477,060	Renewal Project	SHP	SSO	F40
Cooke's Manor/Hines	2008-09-23 17:44:...	1 Year	Catholic Charities	88,000	Renewal Project	SHP	TH	F3
Hope IV	2008-10-09 14:50:...	1 Year	YMCA of Metropolitan...	36,313	New Project	SHP	PH	F19
Hope III	2008-10-09 14:43:...	1 Year	YMCA of Metropolitan...	461,160	Renewal Project	SHP	TH	F28

Budget Summary

FPRN	\$7,088,064
Rapid Re-Housing	\$0
Samaritan Housing	\$731,507
SPC Renewal	\$567,096
Rejected	\$0