

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

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

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

### Things to Remember

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

## 1A. Continuum of Care (CoC) Identification

### Instructions:

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

**CoC Name and Number (From CoC Registration):** MN-505 - St. Cloud/Central Minnesota CoC

**CoC Lead Agency Name:** Central MN Housing Partnership, Inc.

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

### Instructions:

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

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

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

**Name of primary decision-making group:** Central Minnesota Continuum of Care Advisory Committee

**Indicate the frequency of group meetings:** Monthly or more

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

N/A

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

**Specify "other" legal status:**

N/A

**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)** 66%

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

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

Appointed:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

**Specify "other" process(es):**

N/A

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

Group members either volunteer themselves or they are assigned by their organization to participate in the CoC. This informal process was established in 1994, when the Central MN CoC was created. By not having a formal process of electing and appointing individuals and organizations, genuinely interested members come to us. Our member list has grown by 6 individuals since the 2010 Exhibit One was submitted to HUD, which brings us to 74 members from 50 different organizations. To become a member of the Central MN CoC, one needs to come to a meeting and attend our "new member orientation." In order to become a voting member of the Central MN CoC, one must be in attendance for 60% of the meetings per year.

**\* 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):**

N/A

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

Yes, Central Minnesota Housing Partnership, Inc. (CMHP) has experience providing project oversight and monitoring on several different, federally funded, housing projects such as the Small Cities Development Program, Low-Income Housing Tax Credit Program, Neighborhood Stabilization Program, and the HOME Program. CMHP would need to have contract authority to hold organizations and partners accountable for projects.

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

**Instructions:**

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

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

### Committees and Frequency

Name of Group	Role of Group (limit 750 characters)	Meeting Frequency
Central Minnesota Continuum of Care Advisory Committee	This group, consisting of approximately 50 organizations in Central Minnesota, addresses CoC-wide planning involving project review and selection, completion of the Exhibit 1 application, 10-year plan coordination, conducting the point-in-time count, the Wilder Survey (state-wide survey of homeless individuals and families done every 3 years), and the Annual Homeless Assessment Report. This group meets on the first Tuesday of every month. While completing the Exhibit 1 application, there are additional review meetings scheduled. Planning will ensure the best use of resources without duplication across Central MN.	Monthly or more
HMIS Governing Group	The Central MN CoC is in attendance during every quarterly Homeless Management Information Systems (HMIS) Governing Group meeting, which is lead by the Wilder Foundation. This is the governing group that makes all decisions on the HMIS service for end-users in the State of MN. The HMIS Governing Group has most recently played a large role in planning for the HEARTH Act as well as updating the service to meet the new APR needs of grantees.	quarterly (once each quarter)
Heading Home Minnesota Executive Teams	The Central MN CoC is in attendance during every Heading Home Executive Team meeting, which meets monthly. This committee addresses 10-year plan coordination. All 10-year plan coordinators in the State of Minnesota are brought together during this time to discuss their plans as well as best practices. This monthly meeting has also been discussing the implementation of the HEARTH Act.	Monthly or more

<p>Family Homeless Prevention and Assistance Program (FHPAP) Advisory Committee</p>	<p>The Central MN CoC is in attendance for two FHPAP Advisory Committees, one being in the city of St. Cloud and the other in Mora, MN. During meetings, the Central MN CoC provides an update regarding project review and selection, completion of Exhibit 1 application, point-in-time count, Wilder survey, Annual Homeless Assessment Report, and 10 year plan coordination. The FHPAP Advisory Committee will focus on their state FHPAP funds, which comes from Minnesota Housing as well as important topics such as discharge planning, disaster planning, mental disabilities, chemical dependency, youth, senior citizens, and the group will address gap analysis in housing services. There are 5 FHPAP Grant Coordinators who attend the Central MN CoC regularly.</p>	<p>Bi-monthly</p>
<p>Continuum of Care Coordinators Committee</p>	<p>The CoC Coordinators, along with State staff and HUD representatives, will meet on a monthly basis to coordinate best practices involving the Exhibit 1 competition, point-in-time count, Wilder survey, Annual Homeless Assessment Report, discharge planning, disaster planning, along with any other current needs in the State of Minnesota. CoC Coordinators find this meeting to be very beneficial for their coordinating responsibilities.</p>	<p>Monthly or more</p>

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

N/A

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

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

Organization Name	Membership Type	Org aniz atio n type	Organization Role	Subpop ulations
Minnesota Department of Human Services	Public Sector	Stat e g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Minnesota Housing Finance Agency	Public Sector	Stat e g...	Attend 10-year planning meetings during past 12 months	NONE
USDA Rural Development	Public Sector	Stat e g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Greater Minnesota Housing Fund	Private Sector	Non- pro..	Attend 10-year planning meetings during past 12 months	NONE
Central Minnesota Jobs and Training	Public Sector	Stat e g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
St. Cloud Veterans Administration Medical Center	Public Sector	Stat e g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Veteran s
Morrison County Social Services	Public Sector	Loca l g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Mille Lacs County Family Services	Public Sector	Loca l g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Wright County Human Services	Public Sector	Loca l g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Stearns County Human Services	Public Sector	Loca l g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
St. Cloud HRA	Public Sector	Publi c ...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Brainerd HRA	Public Sector	Publi c ...	Attend 10-year planning meetings during past 12 months	NONE
Morrison County HRA	Public Sector	Publi c ...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Todd County HRA	Public Sector	Publi c ...	Committee/Sub-committee/Work Group	NONE
Tri-County Community Action Agency	Private Sector	Non- pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Central Minnesota Housing Partnership	Private Sector	Non- pro..	Lead agency for 10-year plan	NONE

Catholic Charities	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Rural AIDS Action Noteworthy	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	HIV/AIDS
Wright County Community Action Council	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Tri-CAP	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Otter Tail - Wadena CAC	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	NONE
Bi-County CAP, Inc.	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months, C...	Youth, Domes..
Volunteers of America	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...
Rum River Health Services	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Substance Abuse
Lakes Area Habitat for Humanity	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Salvation Army - St. Cloud	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Legal Aid	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
New Pathways, Inc.	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	Youth, Domes..
Dream Center of St. Cloud	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Substance Abuse
Place of Hope	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Minnesota Coalition on Homelessness	Private Sector	Funder...	Committee/Sub-committee/Work Group	NONE
St. Cloud Hospital and Support for Stability an...	Private Sector	Hospita..	Committee/Sub-committee/Work Group, Attend 10-year planni...	Substance Abuse
Central Minnesota Council on Aging	Private Sector	Non-pro..	Attend Consolidated Plan focus groups/public forums durin...	NONE
Lakes and Pines CAC, Inc.	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	NONE

Sherburne County Social Services	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
St. Cloud Area School District 742	Public Sector	School ...	Attend Consolidated Plan planning meetings during past 12...	Youth
Hands of Hope	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	Domestic Vio...
Anna Marie's Alliance	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	Domestic Vio...
Center City Housing, Inc.	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	Substance Abuse
L.I.F.E. In Recovery	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	Substance Abuse
Reach-Up, Inc.	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Youth
Lutheran Social Services	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	Youth
Minnesota Assistance Council for Veteran's	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	Veterans
Amherst H. Wilder Foundation - HMIS	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Leech Lake Housing Authority	Public Sector	Public ...	Committee/Sub-committee/Work Group	NONE
Hearth Connection	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Minnesota Department of Corrections	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
Carrie Johnson	Individual	Formerl..	Committee/Sub-committee/Work Group	NONE
A Place For You	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Isanti County Family Services	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE

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

### Instructions:

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

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

**Name of organization or individual:** Minnesota Department of Human Services

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

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

**Role(s) of the organization:** Committee/Sub-committee/Work Group, Attend  
(select all that apply) 10-year planning meetings during past 12 months

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

**Does the organization provide direct services to homeless people?** No

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

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- Services provided, if applicable

**Name of organization or individual:** Minnesota Housing Finance Agency

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

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

**Role(s) of the organization:** Attend 10-year planning meetings during past 12 months  
(select all that apply)

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

**Does the organization provide direct services to homeless people?** No

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

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- Services provided, if applicable

**Name of organization or individual:** USDA Rural Development

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

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

**Role(s) of the organization:** Committee/Sub-committee/Work Group, Attend  
(select all that apply) 10-year planning meetings during past 12 months

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

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Rental Assistance  
(select all that apply)

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- Services provided, if applicable

**Name of organization or individual:** Greater Minnesota Housing Fund

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

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

**Role(s) of the organization:** Attend 10-year planning meetings during past 12 months  
(select all that apply)

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

**Does the organization provide direct services to homeless people?** No

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

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

**Name of organization or individual:** Central Minnesota Jobs and Training

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

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

**Role(s) of the organization:** Committee/Sub-committee/Work Group, Attend  
(select all that apply) 10-year planning meetings during past 12 months

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

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Education, Employment  
(select all that apply)

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

**Name of organization or individual:** St. Cloud Veterans Administration Medical Center

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

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

**Role(s) of the organization:** Committee/Sub-committee/Work Group, Attend  
(select all that apply) 10-year planning meetings during past 12 months

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

**Does the organization provide direct services to homeless people?** Yes

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

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

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

**Name of organization or individual:** Morrison County Social Services

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

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

**Role(s) of the organization:** Committee/Sub-committee/Work Group, Attend  
(select all that apply) 10-year planning meetings during past 12 months

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

**Does the organization provide direct services to homeless people?** Yes

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

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

**Name of organization or individual:** Mille Lacs County Family Services

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

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

**Role(s) of the organization:** Committee/Sub-committee/Work Group, Attend  
(select all that apply) 10-year planning meetings during past 12 months

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

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Counseling/Advocacy, Education, Case Management, Utilities Assistance, Law Enforcement, Transportation, HIV/AIDS, Alcohol/Drug Abuse, Life Skills, Child Care, Mortgage Assistance, Prescription Assistance, Mental health, Employment  
(select all that apply)

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

**Name of organization or individual:** Wright County Human Services

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

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

**Role(s) of the organization:** Committee/Sub-committee/Work Group, Attend  
(select all that apply) 10-year planning meetings during past 12 months

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

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Counseling/Advocacy, Education, Case Management, Utilities Assistance, Law Enforcement, Transportation, HIV/AIDS, Alcohol/Drug Abuse, Life Skills, Child Care, Mortgage Assistance, Prescription Assistance, Mental health, Employment  
(select all that apply)

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

**Name of organization or individual:** Stearns County Human Services

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

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

**Role(s) of the organization:** Committee/Sub-committee/Work Group, Attend  
(select all that apply) 10-year planning meetings during past 12 months

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

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families: (select all that apply)** Counseling/Advocacy, Education, Case Management, Utilities Assistance, Law Enforcement, Transportation, Alcohol/Drug Abuse, HIV/AIDS, Rental Assistance, Street Outreach, Child Care, Life Skills, Mortgage Assistance, Healthcare, Prescription Assistance, Mental health, Employment

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

**Name of organization or individual:** St. Cloud HRA

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

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

**Role(s) of the organization:** Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months  
(select all that apply)

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

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Mortgage Assistance, Rental Assistance  
(select all that apply)

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

**Name of organization or individual:** Brainerd HRA

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

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

**Role(s) of the organization:** Attend 10-year planning meetings during past 12 months  
(select all that apply)

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

**Does the organization provide direct services to homeless people?** Yes

Services provided to homeless persons and families: Mortgage Assistance, Rental Assistance  
(select all that apply)

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

**Name of organization or individual:** Morrison County HRA

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

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

**Role(s) of the organization:** Committee/Sub-committee/Work Group, Attend  
(select all that apply) 10-year planning meetings during past 12 months

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

**Does the organization provide direct services to homeless people?** Yes

Services provided to homeless persons and families: Mortgage Assistance, Rental Assistance  
(select all that apply)

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

**Name of organization or individual:** Todd County HRA

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

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

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

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

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Mortgage Assistance, Rental Assistance  
**(select all that apply)**

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

### Instructions:

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

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

**Name of organization or individual:** Tri-County Community Action Agency

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

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

**Role(s) of the organization:** Committee/Sub-committee/Work Group, Attend  
**(select all that apply)** 10-year planning meetings during past 12 months

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

**Does the organization provide direct services to homeless people?** Yes

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

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

**Instructions:**

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

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

**Name of organization or individual:** Central Minnesota Housing Partnership

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

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

**Role(s) of the organization:** Lead agency for 10-year plan  
**(select all that apply)**

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

**Does the organization provide direct services to homeless people?** No

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

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

### Instructions:

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

**Name of organization or individual:** Catholic Charities

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

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

**Role(s) of the organization:** Committee/Sub-committee/Work Group, Attend  
(select all that apply) 10-year planning meetings during past 12 months

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

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families: (select all that apply)** Counseling/Advocacy, Education, Case Management, Life Skills, Utilities Assistance, Mortgage Assistance, Mental health, Rental Assistance, Employment, Soup Kitchen/Food Pantry

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

**Instructions:**

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

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

**Name of organization or individual:** Rural AIDS Action Noteworthy

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

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

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

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

**Does the organization provide direct services to homeless people?** Yes

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

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

### Instructions:

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

**Name of organization or individual:** Wright County Community Action Council

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

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

**Role(s) of the organization:** Committee/Sub-committee/Work Group, Attend  
(select all that apply) 10-year planning meetings during past 12 months

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

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families: (select all that apply)** Counseling/Advocacy, Education, Case Management, Utilities Assistance, Law Enforcement, Transportation, Alcohol/Drug Abuse, HIV/AIDS, Child Care, Life Skills, Mortgage Assistance, Mental health, Employment

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

**Instructions:**

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

**Name of organization or individual:** Tri-CAP

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

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

**Role(s) of the organization:** Committee/Sub-committee/Work Group, Attend  
(select all that apply) 10-year planning meetings during past 12 months

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

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families: (select all that apply)** Counseling/Advocacy, Education, Case Management, Utilities Assistance, Transportation, Alcohol/Drug Abuse, Rental Assistance, Street Outreach, Child Care, Life Skills, Mortgage Assistance, Mental health, Employment

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

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

**Name of organization or individual:** Otter Tail - Wadena CAC

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

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

**Role(s) of the organization: (select all that apply)** Attend Consolidated Plan planning meetings during past 12 months

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Case Management, Life Skills, Utilities Assistance, Mortgage Assistance, Rental Assistance

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

Instructions:

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

Name of organization or individual: Bi-County CAP, Inc.

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

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

Role(s) of the organization: Attend 10-year planning meetings during past 12 months, Committee/Sub-committee/Work Group (select all that apply)

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

**Does the organization provide direct services to homeless people?** Yes

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

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

### Instructions:

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

**Name of organization or individual:** Volunteers of America

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

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

**Role(s) of the organization: (select all that apply)** Attend Consolidated Plan planning meetings during past 12 months, Attend Consolidated Plan focus groups/public forums during past 12 months

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

**Does the organization provide direct services to homeless people?** Yes

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

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

### Instructions:

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

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

**Name of organization or individual:** Rum River Health Services

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

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

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

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Case Management, Life Skills, Prescription Assistance, Transportation, Alcohol/Drug Abuse, Rental Assistance, Employment

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

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

Name of organization or individual: Lakes Area Habitat for Humanity

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

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

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

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Mortgage Assistance (select all that apply)

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

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

Name of organization or individual: Salvation Army - St. Cloud

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

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

Role(s) of the organization: Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months (select all that apply)

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

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families: (select all that apply)** Counseling/Advocacy, Education, Case Management, Utilities Assistance, Transportation, Alcohol/Drug Abuse, Rental Assistance, Soup Kitchen/Food Pantry, Child Care, Life Skills, Mortgage Assistance, Prescription Assistance, Mental health, Employment

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

### Instructions:

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

**Name of organization or individual:** Legal Aid

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

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

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

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

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Legal Assistance  
**(select all that apply)**

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

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

**Name of organization or individual:** New Pathways, Inc.

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

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

**Role(s) of the organization:** Attend Consolidated Plan planning meetings during past 12 months, Attend Consolidated Plan focus groups/public forums during past 12 months  
**(select all that apply)**

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

**Does the organization provide direct services to homeless people?** Yes

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

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

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

**Name of organization or individual:** Dream Center of St. Cloud

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

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

**Role(s) of the organization:** Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months  
**(select all that apply)**

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

**Does the organization provide direct services to homeless people?** Yes

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

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

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

**Name of organization or individual:** Place of Hope

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

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

**Role(s) of the organization:** Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months  
**(select all that apply)**

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

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Counseling/Advocacy, Education, Case Management, Life Skills, Child Care, Prescription Assistance, Mental health, Transportation, Alcohol/Drug Abuse, Soup Kitchen/Food Pantry, Employment  
**(select all that apply)**

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

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

**Name of organization or individual:** Minnesota Coalition on Homelessness

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

**Type of Organization:** Funder advocacy group  
**(Content depends on "Type of Membership" selection)**

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

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

**Does the organization provide direct services to homeless people?** No

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

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

### Instructions:

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

**Name of organization or individual:** St. Cloud Hospital and Support for Stability and Sobriety

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

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

**Role(s) of the organization:** Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months  
**(select all that apply)**

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

**Does the organization provide direct services to homeless people?** Yes

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

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

### Instructions:

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

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

**Name of organization or individual:** Central Minnesota Council on Aging

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

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

**Role(s) of the organization:** Attend Consolidated Plan focus groups/public forums during past 12 months  
**(select all that apply)**

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

**Does the organization provide direct services to homeless people?** No

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

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

### Instructions:

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

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

**Name of organization or individual:** Lakes and Pines CAC, Inc.

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

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

**Role(s) of the organization:** Attend Consolidated Plan planning meetings during past 12 months  
**(select all that apply)**

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

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Counseling/Advocacy, Education, Case Management, Utilities Assistance, Mortgage Assistance, Transportation, Rental Assistance  
**(select all that apply)**

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

**Instructions:**

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

**Name of organization or individual:** Sherburne County Social Services

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

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

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

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Case Management, Utilities Assistance, Mortgage Assistance, Prescription Assistance, Transportation, Rental Assistance

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

Instructions:

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

Name of organization or individual: St. Cloud Area School District 742

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

Type of Organization: School systems/Universities (Content depends on "Type of Membership" selection)

Role(s) of the organization: Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group (select all that apply)

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Education, Life Skills, Transportation (select all that apply)

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

**Instructions:**

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

Name of organization or individual: Hands of Hope

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

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

Role(s) of the organization: Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group (select all that apply)

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

**Does the organization provide direct services to homeless people?** Yes

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

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

### Instructions:

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

**Name of organization or individual:** Anna Marie's Alliance

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

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

**Role(s) of the organization:** Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group  
(select all that apply)

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

**Does the organization provide direct services to homeless people?** Yes

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

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

**Instructions:**

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

**Name of organization or individual:** Center City Housing, Inc.

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

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

**Role(s) of the organization:** Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months  
(select all that apply)

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Education, Case Management, Life Skills, Prescription Assistance, Mental health, Transportation, Alcohol/Drug Abuse

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

Instructions:

- Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: L.I.F.E. In Recovery

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

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

Role(s) of the organization: Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months

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

**Does the organization provide direct services to homeless people?** Yes

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

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

**Instructions:**

- Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
  - Type of membership - Public, private, or individual
  - Type of organization
  - Organization role in the CoC planning process
  - Subpopulations represented - No more than 2 may be selected
  - Services provided, if applicable

**Name of organization or individual:** Reach-Up, Inc.

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

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

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

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Education, Child Care, Transportation (select all that apply)

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

Instructions:

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

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

Name of organization or individual: Lutheran Social Services

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

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

Role(s) of the organization: Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months (select all that apply)

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

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families: (select all that apply)** Counseling/Advocacy, Street Outreach, Case Management, Utilities Assistance, Life Skills, Prescription Assistance, Transportation, Alcohol/Drug Abuse, Rental Assistance, Soup Kitchen/Food Pantry

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

### Instructions:

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

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

**Name of organization or individual:** Minnesota Assistance Council for Veteran's

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

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

**Role(s) of the organization:** Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months  
(select all that apply)

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

**Does the organization provide direct services to homeless people?** Yes

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

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

### Instructions:

- Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
  - Type of membership - Public, private, or individual
  - Type of organization
  - Organization role in the CoC planning process
  - Subpopulations represented - No more than 2 may be selected
  - Services provided, if applicable

**Name of organization or individual:** Amherst H. Wilder Foundation - HMIS

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

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

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

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

**Does the organization provide direct services to homeless people?** No

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

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

**Instructions:**

- Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
  - Type of membership - Public, private, or individual
  - Type of organization
  - Organization role in the CoC planning process
  - Subpopulations represented - No more than 2 may be selected
  - Services provided, if applicable

**Name of organization or individual:** Leech Lake Housing Authority

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

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

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

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Utilities Assistance, Mortgage Assistance, Rental Assistance (select all that apply)

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

Instructions:

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

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

Name of organization or individual: Hearth Connection

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

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

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

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Utilities Assistance, Rental Assistance (select all that apply)

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

Instructions:

- Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Minnesota Department of Corrections

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

Type of Organization: Law enforcement/corrections (Content depends on "Type of Membership" selection)

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

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

Does the organization provide direct services to homeless people? No

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

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

### Instructions:

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

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

Name of organization or individual: Carrie Johnson

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

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

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

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

Does the organization provide direct services to homeless people? No

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

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

Instructions:

- Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: A Place For You

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

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

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

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

Does the organization provide direct services to homeless people? Yes

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

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

### Instructions:

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

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

**Name of organization or individual:** Isanti County Family Services

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

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

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

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

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Utilities Assistance, Rental Assistance  
(select all that apply)

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

## Instructions:

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

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

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

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

**Voting/Decision-Making Method(s): (select all that apply)** d. One Vote per Organization, f. Voting Members Abstain if Conflict of Interest

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

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

N/A

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

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

**Emergency Shelter:** Yes

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

Beds vary due to loss of funding and the scattered site model:

1. Anna Marie's Alliance had 8 less beds in 2011 than in the 2010 HIC.
2. Hands of Hope was not included in the 2011 HIC - No beds available.
3. All Housing Coalition of the St. Cloud Area programs are not included in the 2011

HIC - The Housing Coalition of the St. Cloud Area does not exist anymore.

4. LSS Lakes Area Runaway & Homeless Youth Program had 12 more beds in 2011 than in

the 2010 HIC - Also, this is an emergency shelter program rather than a TH like

we put in the 2010 HIC.

5. Mid-MN Women's Center had 8 less beds in 2011 than in the 2010 HIC.
6. Mille Lacs Band Women's Project had 4 less beds in 2011 than in the 2010 HIC.

**HPRP Beds:** Yes

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

All HPRP beds are different from the 2010 HIC. This is due to the HPRP program model in Central MN, which is based on scattered site. The numbers would never be the same year to year. HPRP no longer exists in Central MN as of September 30, 2011.

**Safe Haven:** Not Applicable

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

N/A

**Transitional Housing: Yes**

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

Beds vary due to funding and scattered site model:

1. Bi-CAP Scattered Site (SS) TH had 41 less beds in 2011 than in the 2010 HIC.
2. Catholic Charities Domus SS TH had 11 more beds in 2011 than in the 2010 HIC.
3. Catholic Charities SHY SS TH had 8 more beds in 2011 than in the 2010 HIC.
4. The Dream Center of St. Cloud had 22 less beds in 2011 than in the 2010 HIC.
5. L.I.F.E. In Recovery TH had 2 less beds in 2011 than in the 2010 HIC.
6. LSS SS TH had 14 less beds in 2011 than in the 2010 HIC.
7. Catholic Charities/MAC-V SS TH had 37 more beds in 2011 than in the 2010 HIC.
8. Wright County Community Action SS TH had 9 less beds in 2011 than in the 2010 HIC.

**Permanent Housing: Yes**

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

All changes in permanent housing projects are due to new funding awarded:

1. The Depot at Elk River Station was added to the 2011 HIC - Project is under construction.
2. River Rock Townhomes were added to the 2011 HIC - This project is new.

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

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

### Instructions:

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

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

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

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

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

**Must specify other:**

N/A

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

**Specify "other" data types:**

N/A

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

We used the methods to determine subpopulations from the 2009 Wilder Foundation Homeless Survey and applied it to the data gathered from our point-in-time count, which took place on January 26, 2011, to confirm unmet need. We also looked at the housing inventory chart along with HMIS data to confirm unmet need. The housing inventory chart, along with HMIS data will show us the bed utilization rates. In addition to all of this, we had many discussions regarding gaps in service, turn away numbers, service request calls, and unmet needs. By using all of these methods together, we were able to come up with the need in a numeric form.

## 2A. Homeless Management Information System (HMIS) Implementation

### Intructions:

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

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

**Select the HMIS implementation coverage area:** Statewide

**Select the CoC(s) covered by the HMIS: (select all that apply)** MN-501 - Saint Paul/Ramsey County CoC, MN-510 - Scott, Carver Counties CoC, MN-505 - St. Cloud/Central Minnesota CoC, MN-508 - Moorhead/West Central Minnesota CoC, MN-511 - Southwest Minnesota CoC, MN-500 - Minneapolis/Hennepin County CoC, MN-504 - Northeast Minnesota CoC, MN-512 - Washington County CoC, MN-506 - Northwest Minnesota CoC, MN-503 - Dakota County CoC, MN-507 - Coon Rapids/Anoka County CoC, MN-502 - Rochester/Southeast Minnesota CoC, MN-509 - Duluth/Saint Louis County CoC

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

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

**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

**Indicate the date on which HMIS data entry started (or will start): (format mm/dd/yyyy)** 02/01/2004

**Indicate the challenges and barriers impacting the HMIS implementation: (select all the apply):** Inadequate staffing, Inability to integrate data from providers with legacy data systems, No or low participation by non-HUD funded providers, Inadequate resources

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

N/A

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

The CoC realizes the need for further HMIS planning, and hopes to better address HMIS funding and participation barriers in the near future. Currently, many organizations and funding sources are facing cut-backs in MN, making it extremely difficult to secure additional resources. The CoC does not have long-term plans for providing incentives for non-mandated providers to participate in HMIS, although the CoC continues to encourage participation of non-mandated providers by emphasizing the importance of their participation to obtain HUD homeless assistance dollars for our region. MN's HMIS administrators also have offered some free user licenses to agencies willing to enter data voluntarily. To address the barrier of multiple data systems, the CoC continues to support the efforts of the system administrator (Wilder Research) to implement data transfer via XML, and to support Wilder's efforts to build more reports into the HMIS, including those required by United Way and other funders.

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

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

**Organization Name** Amherst H. Wilder Foundation

**Street Address 1** 451 Lexington Parkway North

**Street Address 2**

**City** Saint Paul

**State** Minnesota

**Zip Code** 55104

**Format:** xxxxx or xxxxx-xxxx

**Organization Type** Non-Profit

**If "Other" please specify**

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

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

### Instructions:

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

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

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

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

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

* Emergency Shelter (ES) Beds	86%+
* Safe Haven (SH) Beds	No beds in CoC
* Transitional Housing (TH) Beds	51-64%
* Permanent Housing (PH) Beds	86%+

**How often does the CoC review or assess its HMIS bed coverage?** At least Annually

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

The Central MN CoC has a few larger transitional housing projects that do not currently utilize and report through the HMIS system. During the next 12 months, the Central MN CoC plans to address this by asking directors of the projects if they would be willing to begin the process of becoming a HMIS end-user. We will explain to them how this will benefit them as well as the Central MN CoC as a whole. HMIS reports that show success in projects will assist any project in getting funding and will assist the Central MN CoC in receiving federal funding. The Wilder Foundation, HMIS administrator, will assist these projects in becoming end-users and will provide on-going technical assistance.

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

**Instructions:**

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

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

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

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
* Social Security Number	0%	10%
* 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%	1%
* Zip Code of Last Permanent Address	0%	7%
* Name	0%	2%

**How frequently does the CoC review the quality of program level data?** At least Semi-annually

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

Since Minnesota's HMIS is the required data reporting tool for several state funding streams related to homelessness, much of the data in the system are reviewed closely by state-funded agencies during quarterly and bi-annual reporting periods. State funders follow up with agencies whose reports show poor data quality. The HMIS Lead Organization (Wilder) staffs an HMIS help desk during business hours. Wilder also uses data quality tools provided by HUD to support AHAR data quality such as the Bed Utilization Tool to improve data quality.

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

To date, nearly all participation in Minnesota's HMIS is due to funding requirements; Minnesota's HMIS is the required data reporting tool for several state funding streams related to homelessness. Proper entry and exit dates (or service start and end dates for the programs that do not require formal program entries and exits) are, therefore, ensured by the need for participating agencies to have accurate data in their required reporting. A lack of proper entry and exit dates remains a problem for some participating agencies. The use of the Bed Utilization Tool also helps review for valid program entry and exit dates.

**Indicate which reports the CoC or subset of the CoC submitted usable data:** 2010 AHAR Supplemental Report on Homeless Veterans, 2010 AHAR  
(Select all that apply)

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

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

### Instructions:

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

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

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

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

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

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

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

**Instructions:**

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

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

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

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

* Unique user name and password	At least Annually
* Secure location for equipment	At least Annually
* Locking screen savers	At least Annually
* Virus protection with auto update	At least Annually
* Individual or network firewalls	At least Annually
* Restrictions on access to HMIS via public forums	At least Annually
* Compliance with HMIS Policy and Procedures manual	At least Annually
* Validation of off-site storage of HMIS data	Never

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

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

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

**If 'Yes' indicate date of last review or update by CoC:** 11/01/2010

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

## 2G. Homeless Management Information System (HMIS) Training

**Instructions:**

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

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

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

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

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

### Instructions:

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

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

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

**\*Indicate the date of the most recent point-in-time count (mm/dd/yyyy):** 01/26/2011

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

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

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

**Enter the date in which the CoC plans to conduct its next point-in-time count: (mm/dd/yyyy)** 01/25/2012

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

**Emergency Shelter: 100%**

**Transitional Housing: 100%**

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

The 2011 sheltered count shows a decrease in families with children compared to the 2010 count. This is the result of creating more permanent supportive housing options for families through the state's business plan to end long term homelessness (LTH). MN Housing, the State Agency that allocates Low-Income Housing Tax Credits for affordable housing, awards additional points for developments that include units for LTH households. This has created more permanent supportive housing units. For households with only children (youth), the sheltered count has increased in 2011 compared to 2010. Homelessness among youth in Central MN seems to be increasing every year. This is mostly due to better outreach and identification of homeless youth. The unsheltered count also increases every year. This has to do with the number of people who are homeless increasing every year but also better coordination of the count. Central MN counted 197 unsheltered individuals on Jan. 26, 2011. The Central MN CoC also conducted a count on July 27, 2011 in order to see if there was a difference in the count when comparing a summer season count to a winter season count with the assumption that the summer season count would be higher. For the night of July 27, 2011, the Central CoC counted 301 unsheltered individuals, 50% higher than the January count, indicating the winter count under-represents the unsheltered population.

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

### Instructions:

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

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

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

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

**If Other, specify:**

N/A

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

The Minnesota Department of Human Services - Office of Economic Opportunity conducted a count of persons in emergency and transitional housing programs on January 26, 2011, and asked for information on the number of households, children, adults, families, unaccompanied youth, and subpopulations. If there was any missing information or if a provider decided not to fill the survey out, the CoC Coordinator filled in the missing information by contacting those providers and getting a count from them. The data is accurate being that it is coming straight from the providers themselves.

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

### Instructions:

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

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

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

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

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

**If Other, specify:**

N/A

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

The Minnesota Department of Human Services - Office of Economic Opportunity conducted the sheltered count. They gathered subpopulation data by sending out a survey, via email, to all emergency shelter and transitional housing service providers. In the survey, service providers are asked to indicate subpopulation data for each individual they case manage. By using the provider expertise method, the MN Department of Human Services as well as the Central MN CoC believes they are getting the most accurate data.

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

### Instructions:

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

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

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

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

**If Other, specify:**

N/A

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

N/A

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

The Minnesota Department of Human Services - Office of Economic Opportunity (OEO) coordinated the sheltered count for the night of January 26, 2011. Instructions were given to all providers of emergency shelter and transitional housing a month before the count. Providers were also told about the sheltered count by the CoC Coordinator and asked to follow instructions and fill out the emailed survey as soon as possible after receiving it. OEO reminded providers of the sheltered count days before the survey was emailed to them. OEO, along with the CoC Coordinator, followed-up with the providers after the survey was sent out. As the surveys came back, OEO and the CoC Coordinator checked reports from HMIS to make sure the counts matched. By using the methods listed above, OEO and the Central MN CoC are convinced the data is accurate especially since the data comes directly from the provider.

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

### Instructions:

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

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

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

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

If Other, specify:

N/A

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

The Central MN CoC serves 14 counties. All 14 counties have a point-in-time count coordinator who contacts all service providers, police departments, city offices, county departments, schools, hospitals, churches, food shelves, etc. in hopes they will participate in the annual count. All people, organizations, departments, etc. that choose to participate are given an interview/survey form. For the night of January 26, 2011, the interview/survey was conducted resulting in a count of 197 for that night of unsheltered individuals. When surveys come back, they are forwarded to the CoC Coordinator who will tally and ensure there are no duplicates. Duplication of individuals in the count is prevented by the unsheltered homeless individual providing his/her date of birth and initials. The data is accurate but the count will always be an under-count. A count in January in the state of MN is difficult when trying to count the unsheltered due to the below freezing temperatures. We know there are many more unsheltered homeless individuals in Central MN than our count will ever show. This year, the Central CoC decided to voluntarily conduct a count for the night of July 27, 2011. The result was that we were able to count 301 unsheltered individuals on that night.

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

**Instructions:**

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

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

**Indicate where the CoC located the unsheltered homeless persons (level of coverage) that were counted in the last point-in-time count:** Complete Coverage

**If Other, specify:**

N/A

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

**Instructions:**

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

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

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

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

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

**If Other, specify:**

N/A

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

In efforts to reduce duplicate's in the counting of unsheltered homeless people, the Central MN CoC, after significant discussion, decided to request identifiers such as date of birth as well as initials of their full name. By asking the individual these 2 questions, the survey remains anonymous and when surveys are counted, there will be less duplication.

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

The Central MN CoC region will reduce the number of unsheltered homeless households with dependent children by first, providing outreach to schools, food shelves, and social service agencies that serve families with children to identify homeless households. Once identified, homeless households are connected with services to obtain housing such as the Family Homeless Prevention and Assistance Program, HPRP, THP, ESP, ESGP, and LTH resources. Also, the Minnesota Assistance Council for Veteran's (MAC-V) was recently awarded \$1 million of federal funding to provide support service to homeless veterans as well as their families. The Central MN CoC will be conducting the point-in-time count annually rather than every other year. This will help service providers and funders get a true sense, every year, as to how many homeless families who have dependent children are homeless. This will result in possible funding opportunities for new projects and to continue funding for those that serve this population successfully. Coordination for the point-in-time count will also include partnering with mainstream resources.

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

Central Minnesota has a Projects for Assistance in Transition from Homelessness (PATH), a federal grant to assist people who are homeless and sleeping on the streets and other places not meant for human habitation. Mental health workers provide outreach and services to meet the needs of the people who are homeless and severely mentally ill. Central Minnesota also has a large Veterans Affairs Medical Center that provides outreach and services to homeless veterans. Central Minnesota has youth providers who regularly engage with homeless youth to provide housing and services. Connection with The Salvation Army, Place of Hope, Lutheran Social Services, County Human Service offices, etc. will assist the Central MN CoC in identifying those who are cycling in and out of the shelter system and are on the streets or in an uninhabitable situation. Currently, 6 counties in Central MN offer an annual Operation Community Connect event and Stand Down (resource event for homeless veterans) is scheduled in St. Cloud, MN in October and April of every year. By holding these events, we are able to outreach to persons living outside or somewhere uninhabitable.

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

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

**Instructions:**

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

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

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

- How many permanent housing beds are currently in place for chronically homeless persons?** 20
- In 12 months, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?** 24
- In 5 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?** 30
- In 10 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?** 35

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

The Central MN CoC Advisory Committee along with Central MN Housing Partnership, as the lead agency, is committed to HUD's priority of ending chronic homelessness. The Central MN CoC Advisory Committee has decided to include a Shelter Plus Care Program in the 2011 Exhibit One Competition in hopes of receiving funding to add four beds of new permanent housing for chronically homeless persons. When funded, we will meet our 12 month goal. Lead: Louise Reis, Executive Director, St. Cloud HRA.

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

Central MN Housing Partnership, lead agency, has a mission in contributing to ending chronic homelessness by developing and preserving projects that serve Minnesota's definition of long-term homeless (LTH). Currently, Central MN Housing Partnership has created 4 LTH units and is waiting to hear award announcements to create an additional 12 LTH units in Central MN. Besides the LTH units that Central MN Housing Partnership has and will create, the Central CoC also has 9 other developments that have LTH units in place. The LTH definition is similar to chronic homeless but considers doubled up situations in the homeless determination. Also, the Central MN CoC Advisory Committee will continue to commit to HUD's priority of ending chronic homelessness by recruiting at least one project serving the chronic homeless for each NOFA when requesting proposals for new projects. Lead: Hanna Klimmek, Central MN CoC Coordinator.

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

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

**Instructions:**

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

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

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

**What is the current percentage of participants remaining in CoC-funded permanent housing projects for at least six months?** 87

**In 12 months, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months?** 80

**In 5 years, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months?** 82

**In 10 years, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months?** 84

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

The Central MN CoC has successfully met and exceeded HUD's goal of increasing the percentage of homeless persons staying in permanent housing over 6 months to at least 77 percent as we are currently at 87 percent. This performance level is expected to be maintained by continuing to seek out additional funding for programs and leveraging dollars. All members of the Central MN CoC Advisory Committee as well as Central MN Housing Partnership, as the lead agency, are responsible for maintaining this level of success. All clients will be given incentives to continue with their program and will be provided with the needed services to successfully achieve permanent housing on their own. Reaching 87 percent is a tremendous accomplishment for the Central MN CoC especially since our 12-month goal was to reach 78 percent. Our 12-month goal is realistic due to serving individuals and families with more barriers. Lead: Hanna Klimmek, Central MN CoC Coordinator.

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

The Central MN CoC Advisory Committee along with Central MN Housing Partnership, as the lead agency, reviews all Annual Progress Reports (APR's) before they are submitted to HUD. This is done to save the APR from errors. After the APR is submitted to HUD, the final APR is also sent to the CoC coordinator who will then calculate all of the data under HUD's goals. By keeping track of APR's in this manner, the CoC is able to notice where there may be gaps and therefore can act on them. Technical assistance is also provided to housing agencies that are struggling with retaining tenants. All projects, under the CoC umbrella, understand the importance of meeting and exceeding HUD's goals and the CoC will work to ensure that services are available and provided to help people maintain their housing. The Central MN CoC has decided to project realistic goals due to serving individuals and families with increasing barriers. Lead: Cheryl Gray, Central MN CoC Chair.

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

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

**Instructions:**

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

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

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

**What is the current percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing?** 73

**In 12 months, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing?** 74

**In 5 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing?** 74

**In 10 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing?** 74

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

The Central MN CoC has successfully met and exceeded HUD's goal of increasing the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent, as we are currently at 73 percent. This performance level is expected to be maintained by continuing to seek out additional funding for programs as well as leveraging dollars. All members of the Central MN CoC Advisory Committee as well as Central MN Housing Partnership, as the lead agency, is responsible for maintaining this level of success. Transitional housing projects are encouraged to work with their residents to smoothly transition them to permanent housing by providing housing search assistance, landlord/tenant mediation, etc. Many transitional housing projects utilize the transition in place model to minimize the disruption of a physical and stressful move. We are hoping to reach our goal of 74 percent when submitting the 2012 application. Lead: Hanna Klimmek, Central MN CoC Coordinator.

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

The Central MN CoC Advisory Committee as well as Central MN Housing Partnership, as the lead agency, reviews all Annual Progress Reports (APR's) before they are submitted to HUD. After the APR is submitted to HUD, the final APR is also sent to the CoC coordinator who will then calculate all of the data under HUD's goals. By keeping track of APR's in this manner, the CoC is able to notice where there may be gaps. The St. Cloud Housing and Redevelopment Authority (HRA) is an active member of the CoC and oversees many subsidy programs. The St. Cloud HRA works closely with homeless housing and service providers to assist participants in accessing rental subsidies. The Central MN CoC has the ability to connect transitional housing participants to affordable housing projects once they exit a program. Landlord Seminars and Renting 101 is available to those who need further education on the basics of renting. Lead: Louise Reis, Executive Director, St. Cloud HRA.

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

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

**Instructions:**

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

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

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

**What is the current percentage of participants in all CoC-funded projects that are employed at program exit?** 22

**In 12 months, what percentage of participants in all CoC-funded projects will be employed at program exit?** 25

**In 5 years, what percentage of participants in all CoC-funded projects will be employed at program exit?** 25

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

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

The Central MN CoC has reached and surpassed the goal of increasing the percentage of persons employed at program exit to at least 20 percent, as we are at 22 percent. All projects under the CoC understand that employment income is ideal for a client to obtain permanent housing on their own as well as to re-establish their place in their community. The CoC will maintain and continue to exceed this threshold by utilizing workforce centers, and providing case management services, which can include job search, and resume building. All members of the Central MN CoC Advisory Committee as well as Central MN Housing Partnership, as the lead agency, is responsible for maintaining this level of success. Reaching 22 percent is a tremendous accomplishment for the Central MN CoC especially since the economy doesn't seem to be getting any better for employment opportunities. Lead: Hanna Klimmek, Central MN CoC Coordinator.

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

The Central MN CoC Advisory Committee along with Central MN Housing Partnership, as the lead agency, reviews all Annual Progress Reports (APR's) before they are submitted to HUD. This is done to save the APR from errors. After the APR is submitted to HUD, the final APR is also sent to the CoC coordinator who will then calculate all of the data under HUD's goals and place that data in an APR Review and Evaluation Template. By keeping track of APR's in this manner, the CoC is able to notice where there may be gaps and therefore can act on them. The CoC works very closely with the local workforce centers and by doing this, the CoC should be able to meet and exceed this objective long-term however the goals have been projected realistically knowing that service providers are serving households with more and more barriers. All projects that are under the CoC umbrella, understand the importance of meeting and exceeding HUD's goals. Lead: Central MN Jobs & Training Services.

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

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

##### Instructions:

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

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

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

**What is the current total number of homeless households with children as reported on the most recent point-in-time count?** 68

**In 12 months, what will be the total number of homeless households with children?** 63

**In 5 years, what will be the total number of homeless households with children?** 50

**In 10 years, what will be the total number of homeless households with children?** 35

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

Central MN's Ten-Year Plan to End Homelessness addresses the issue of homeless families with children and youth who are on their own. The Central MN CoC region was covered by the Housing Prevention and Rapid Re-Housing stimulus funding, which served many households with children. Central MN service providers received approximately \$2,575,000 through this funding opportunity and the funding was exhausted by September 30, 2011. Family Homeless Prevention state funding also serves families with children in Central MN. The Central MN CoC has also submitted all renewal projects through this Exhibit 1 competition, which serve, for the most part, households with children. The Central MN CoC Advisory Committee along with Central MN Housing Partnership, as the lead agency, is responsible for carrying out the 12-month plan to decrease the number of homeless households with children. Lead: Hanna Klimmek, Central MN CoC Coordinator.

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

When new projects make their proposal to the Central MN CoC, part of their ranking will be based on if their project will serve homeless households with children. By increasing supportive services for this population, the Central MN CoC will succeed in decreasing the number of homeless households with children. The Central MN CoC Advisory Committee as well as Central MN Housing Partnership, as the Lead Agency, is responsible for carrying out the 10-year plan to decrease the number of homeless households with children. Lead: Cheryl Gray, Central MN CoC Chair.

### 3B. Continuum of Care (CoC) Discharge Planning

#### Instructions:

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

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

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

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

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

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

#### Foster Care (Youth Aging Out):

The Minnesota Department of Human Services, through state legislation, has directed counties to develop discharge plans with all youth beginning at age 16. Discharge plans must include housing and employment options and the assigned county case manager is to work closely with the youth and foster provider to implement all discharge plans. Foster care youth may petition to stay in foster care until age 21. State wards stay in foster care until age 21. Disabled youth may continue to receive social services including housing after age 18 through adult disability services in each county. The Central MN Region also utilizes the Healthy Transitions model to help individuals transition to adulthood. The State of Minnesota is primarily responsible for the care of individuals within publicly funded institutions and does not use McKinney-Vento funds to assist such persons in lieu of state and local resources. The Central MN CoC Advisory Committee is the planning and implementation group for Heading Home Central Minnesota's 10-Year Plan To End Homelessness. The 10-Year Plan's first goal in the implementation process is to prevent homelessness and the first action step is to improve discharge policies. The CoC/Heading Home Central MN plans to use state and private resources to increase the number of permanent and transitional housing for youth leaving foster care.

**Health Care:**

Local hospitals work with county social services to provide housing and support to people who are homeless and who may use the emergency room or be hospitalized. The Central MN Region is also implementing Community Behavioral Health Hospitals, which are 16 beds for persons with mental illness. The local hospitals work together to create similar discharge materials, resources, and policies. The Central MN CoC, through Heading Home Central MN's Ten-Year Plan to End Homelessness, is monitoring health care discharge and is using state and private resources to increase the number of affordable housing units in the Central MN region.

**Mental Health:**

No person committed to a state regional treatment center is discharged as homeless. All persons committed to any of the state regional treatment facilities are assigned a mental health case manager through the county that pursued the commitment. Discharge planning begins while the commitment process is still occurring. Housing after discharge is part of the treatment plan. Housing financed by HUD McKinney-Vento dollars is not used for people leaving state regional treatment facilities. The State of Minnesota is primarily responsible for the care of individuals within publicly funded institutions and does not use McKinney-Vento funds to assist such persons in lieu of State and local resources. The Central MN CoC/Heading Home Central MN's Ten Year Plan to End Homelessness has representatives from the local county mental health units who are developing housing options for persons with mental illness released from state facilities using state and private resources. Such housing options include adult foster care, shared living arrangements, and state rental subsidies.

**Corrections:**

The Central Minnesota Re-Entry Project (CMNRP) is a non-profit organization, which was developed in 2005. CMNRP links returning offenders to people and organizations that provide jobs, housing, and volunteer mentoring in 14 counties in Central Minnesota. CMNRP offers ex-offenders the opportunity to participate in a mentoring program at least 120 days prior to their release from prison or jail. Stearns County Jail, in Central MN, has implemented the Release Advance Planning (RAP) group. Every Monday evening, a group of 8-10 professional volunteers meet, with an inmate, to assist him/her in transitioning out of incarceration. The volunteer professionals are from Stearns County Human Services, Street Outreach, Workforce Center, St. Cloud Hospital Mental Health Unit, etc. The Central MN CoC has become involved in the Transitions Resource Fairs, which are held at every state correctional facility in MN. The Central MN CoC has represented all providers in Central MN during these fairs and has given useful information to hundreds of prisoners who are to be released in 90 days or under from the correctional facility they are currently at. Most information the inmates are looking for are in regards to housing. The MN Department of Corrections have become a huge asset to the Central MN CoC. They have decided to play a role in the point-in-time count every year and would like to partner with providers to work on reaching out to ex-offenders by offering housing solutions.

### 3C. Continuum of Care (CoC) Coordination

**Instructions:**

A CoC should regularly assess its local homeless assistance system and identify gaps and unmet needs. CoCs can improve their communities through long-term strategic planning. CoCs are encouraged to establish specific goals and implement short-term action steps. Because of the complexity of existing homeless systems and the need to coordinate multiple funding sources and priorities, there are often multiple long-term strategic planning groups. It is imperative for CoCs to coordinate, as appropriate, with each of these existing strategic planning groups to meet local needs.

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

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

**If yes, list the goals in the CoC strategic plan that are included in the Consolidated Plan:** 1) Create suitable living environments  
2) Provide decent affordable housing  
3) Create economic opportunities

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

The Central MN CoC Advisory Committee as well as Central MN Housing Partnership (CMHP), as the lead agency, led the discussion on the application and coordination for the Homeless Prevention and Rapid Re-Housing (HPRP) funding through the balance of state funds. The Central MN CoC region was successful in obtaining \$2,575,000 of that funding to cover all 14 counties plus the city of St. Cloud through 5 single-organization applications and 1 collaborative application. CMHP, as the Central MN CoC lead agency, was able to provide technical assistance to the collaborative application, serving St. Cloud and the surrounding areas, and assist them in coordination as well as writing the application. This collaborative application was awarded \$1,100,000. After the collaboration was funded, CMHP set up the Central MN HPRP Advisory Group, which meets monthly. All HPRP funded organizations currently give a monthly update at all CoC meetings. Extra stimulus TANF funds for families were used in coordination with HPRP funding as well as Family Homeless Prevention state funding. HPRP funding was exhausted in Central MN as of September 30, 2011.

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

The Central MN CoC lead agency, Central MN Housing Partnership, administered the local Neighborhood Stabilization Program (NSP) initiative in the cities of Isanti, Zimmerman, Monticello, Otsego, and Buffalo. This program offered a variety of down payment assistance and rehabilitation financing products to assist eligible buyers into buying foreclosed homes. The St. Cloud Housing and Redevelopment Authority (HRA), an active Central MN CoC Advisory Committee member, administered NSP dollars in the St. Cloud area, which included target areas in the cities of Becker, Foley, Rice, Sauk Rapids, St. Cloud, St. Joseph, and Waite Park. Through the St. Cloud HRA, eligible buyers received a "buyers incentive" of \$14,000 that was used to pay closing costs, the required down payment, or to reduce the principle amount of the loan. The cities of Big Lake, Elk River, and Princeton all had NSP funding as well and those funds were administered by the city. The NSP funds needed to be obligated by September 20, 2010. All grantees of NSP had the option of applying for NSP-3 when the RFP was released. Currently, Central MN Housing Partnership and Tri-CAP are contracted to administer NSP-3 in Big Lake. In addition to NSP funding, the St. Cloud HRA has also been awarded 35 HUD Veteran Administration Supportive Housing (VASH) rental subsidies working with the St. Cloud Veteran's Administration. Since receiving the VASH rental subsidies, all 35 vouchers have been filled. Both NSP and HUD VASH are coordinated with the Central MN CoC Advisory Committee by providing perfect attendance at CoC Advisory Committee meetings, giving updates on programs, and playing a role in 10-Year Plan Coordination with other 10-Year Plan Coordinators throughout the state. Many referrals are made using the Central MN CoC Advisory Committee distribution email list.

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

**If yes, please describe the established policies that are in currently in place.** Project applicants must demonstrate that programs providing housing or services to families are designating a staff person to ensure that children are enrolled in school and connected to the appropriate services within the community, including early childhood programs such as Head Start, Part C of the individuals with Disabilities Education Act, and McKinney-Vento Education Services.

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

St. Cloud School District #742 is an active member of the Central MN CoC Advisory Committee along with other homeless committees local to the St. Cloud area. St. Cloud School District #742 no longer receives the McKinney-Vento Education Services funding as of last year. They believe they were not granted funding because of their gap in match funds. They do plan on re-applying as soon as the NOFA is released for the two-year grant again. Currently, the St. Cloud School District #742 has identified 59 homeless students (they are identifying around 5 new homeless students per day) and that number is expected to grow to between 250 and 350 homeless students by the end of the school year. St. Cloud School District #742 is able to provide transportation, school supplies, winter clothing, and resources to homeless students along with their entire family. School supplies and winter clothing are mostly made up of donations by the community. St. Cloud School District #742 was able to provide much more with the McKinney-Vento Education Services funding and is hoping to have the ability to provide those services once again after the next competition. Ruth Ellen Luehr, Health/Student Support Services Specialist, for the MN Department of Education has also collaborated with all of the CoC's in the state. She attends monthly CoC Coordinators meetings. All homeless liaison's are contacted, at a minimum, of one time per year to participate in the annual point-in-time count.

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

Providers in Central MN, serving homeless families with children, understand the importance of contacting the local school district to make sure the children attend school. All providers also make their best effort to get the children to the school they were attending before their homeless status. Most shelters serving families with children provide a quiet space that has educational resources for students such as computers, calculators, and books. The Central MN CoC Advisory Committee along with Central MN Housing Partnership, as the lead agency, will become, even more, familiar with the education definition of homelessness in order to have the ability to refer families and youth who do not qualify for HUD homeless services, but who may qualify for education services through school liaisons. Providers are asking if the children are enrolled in and attending school or preschool, the names of schools, and any special programs such as special education, gifted and talented, or English language learner programs. Providers develop an education plan for children and youth as part of a family's case plan. If tutoring is not available, they are collaborating with the school districts to establish a tutoring program at shelters. Also, Ruth Ellen Luehr from the MN Department of Education attends the monthly CoC Coordinators meetings and provides on-going support to homeless school liaisons.

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

The Central MN Ten-Year Plan includes 5 goals to end homelessness and they are as follows: prevent homelessness, provide coordinated outreach, develop housing opportunities, improve service delivery, and build capacity for self-support. All 5 goals pertain to all homeless populations including homeless veterans. Central MN's efforts in ending homelessness among veterans is headed by the St. Cloud Veterans Administration Medical Center (VAMC). The St. Cloud VAMC has a "Homeless Team" consisting of 9 staff members. The St. Cloud VAMC collaborates with the St. Cloud HRA for the HUD/VASH program, the Salvation Army for the Grant & Per Diem Program, and with the Place of Hope Ministries for 5 contract beds. The St. Cloud VAMC is diligently working on ways to collaborate with more partners and is currently working on obtaining more contract beds. The MN Assistance Council for Veterans (MACV) is a dedicated member to the Central MN CoC Advisory Committee and is another key organization serving homeless veterans. MACV just received a \$1 million federal grant to provide more services to veterans and their families in the State of MN. As far as addressing this issue in the future, the Central MN CoC continues to support organizations such as the St. Cloud VAMC as well as MACV. We have also been discussing more permanent supportive housing options for Veterans in the City of St. Cloud.

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

Central MN has 2 key organizations serving homeless youth, which are Catholic Charities and Lutheran Social Services (LSS). Catholic Charities provides services to an average of 55 youth per year and turn away an average of 87 youth per year. Catholic Charities is able to provide transitional housing, group support, and individual case management. The main goal of the Catholic Charities homeless youth programs is prevention (to never become homeless again) as well as self-efficiency. LSS homeless youth programs serve an average of 195 homeless youth per year and turn away an average of 38 homeless youth per year. LSS provides safe shelter for runaway youth up to age 18 and homeless youth up to age 21. LSS operates a transitional living program for homeless youth to establish safe and independent living. LSS also operates a street outreach program to provide for basic needs and support services to assist youth to make healthy choices and locate safe living arrangements. As for youth who are leaving the foster care system, LSS provides independent living skills instruction. All 5 goals in the Ten-Year Plan pertain to preventing and ending homelessness among the youth. The Central Mn CoC would like to see a youth serving program receive federal funding. With the new HEARTH Act regulations concerning the homeless definition, this may become a reality.

### 3D. Hold Harmless Need (HHN) Reallocation

**Instructions:**

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

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

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

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

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

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

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

## 4A. Continuum of Care (CoC) 2010 Achievements

### Instructions:

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

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

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

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

Objective	FY2010 Proposed Numeric Achievement:		Actual Numeric Achievement	
Create new permanent housing beds for the chronically homeless.	24	Beds	20	B e d s
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 77%.	78	%	87	%
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65%.	74	%	73	%
Increase the percentage of homeless persons employed at exit to at least 20%	30	%	22	%
Decrease the number of homeless households with children.	65	Households	68	H o u s e h o l d s

**Did the CoC submit an Exhibit 1 application in Yes  
FY2010?**

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

1. The Central MN CoC was under by 4 beds for creating new permanent housing beds for the chronically homeless. We did not receive funding for our bonus project from the 2010 Exhibit One Competition and if we would have, we would have met our goal.
2. The Central MN CoC was under by 1 percentage point for homeless persons moving from transitional housing to permanent housing. A part of this could have to do with 6 individuals not wanting to share their destination after exiting the program.
3. The Central MN CoC was under by 8 percentage points for persons being employed at exit. This national objective is becoming more challenging due to the current economy. Currently, there are not many employment opportunities out there for anyone let alone someone with multiple barriers.
4. The Central MN CoC was over by 3 households for decreasing the number of homeless households with children. This is the result of the current state of the economy. It seems as if there are many people, along with their children, who are new to homelessness and many who cannot get out of the cycle of homelessness.

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

**Instructions:**

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

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

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

Year	Number of CH Persons	Number of PH beds for the CH
2009	102	19
2010	102	19
2011	159	20

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

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

Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development					
Operations	\$106,552		\$38,760		
<b>Total</b>	<b>\$106,552</b>	<b>\$0</b>	<b>\$38,760</b>	<b>\$0</b>	<b>\$0</b>

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

The number of chronically homeless persons increased. There are 3 reasons as to why we are seeing this. The 1st reason is that the PIT count is better coordinated every year. We have been able to get our counts to a more accurate result every year. The 2nd reason we see an increase would be the change in the definition of chronically homeless persons. This definition now allows for families to be chronically homeless, which in return has increased the overall numbers. The 3rd reason would be that the current economy is not allowing persons to get out of the cycle of homelessness. We indicated a number of 5 new PH beds in the last year and for the years of 2009-2011, we only show an increase of 1 PH bed. This is due to changes in the HIC.

## 4C. Continuum of Care (CoC) Housing Performance

**Instructions:**

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

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

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

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

**Does the CoC have any permanent housing projects (SHP-PH or S+C) for which an APR was required to be submitted?** Yes

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	20
b. Number of participants who did not leave the project(s)	90
c. Number of participants who exited after staying 6 months or longer	17
d. Number of participants who did not exit after staying 6 months or longer	79
e. Number of participants who did not exit and were enrolled for less than 6 months	11
<b>TOTAL PH (%)</b>	<b>87</b>

**Instructions:**

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

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

**Does CoC have any transitional housing projects (SHP-TH) for which an APR was required to be submitted?** Yes

<b>Participants in Transitional Housing (TH)</b>	
<b>a. Number of participants who exited TH project(s), including unknown destination</b>	196
<b>b. Number of SHP transitional housing participants that moved to permanent housing upon exit</b>	144
<b>TOTAL TH (%)</b>	73

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

**Instructions:**

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

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

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

**Total Number of Exiting Adults: 112**

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)	
SSI	11	10	%
SSDI	8	7	%
Social Security	1	1	%
General Public Assistance	10	9	%
TANF	37	33	%
SCHIP	0	0	%
Veterans Benefits	0	0	%
Employment Income	25	22	%
Unemployment Benefits	6	5	%
Veterans Health Care	0	0	%
Medicaid	16	14	%
Food Stamps	11	10	%
Other (Please specify below)	34	30	%
Child Support, Tribal, WIC and Section 8			
No Financial Resources	2	2	%

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

**Does the CoC have any non-HMIS projects for which an APR was required to be submitted?** Yes

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

### Instructions:

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

A "Section 3 business concern" is one in which: 51% or more of the owners are Section 3 residents of the area of services; or at least 30% of its permanent full-time employees are currently Section 3 residents of the area of services; or within three years of their date of hire with the business concern were Section 3 residents; or evidence of a commitment to subcontract greater than 25% of the dollar award of all subcontracts to businesses that meet the qualifications in the above categories is provided. The Section 3 clause can be found at 24 CFR Part 135.

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

**Are any projects within the CoC requesting funds for housing rehabilitation or new construction?** No

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

It is fundamental that each CoC systematically help homeless persons to identify, apply for, and follow-up to receive benefits under SSI, SSDI, TANF, Medicaid, Food Stamps, SCHIP, WIA, and Veterans Health Care as well as any other State or Local program that may be applicable.

**Does the CoC systematically analyze its projects APRs in order to improve access to mainstream programs?** Yes

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

Every grantee must submit their APR to a review committee before it is submitted to HUD. Every grantee must do an annual project update to all committee members, during monthly CoC Advisory Committee meetings, that includes their performance numbers.

**Does the CoC have an active planning committee that meets at least 3 times per year to improve CoC-wide participation in mainstream programs?** Yes

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

November 2, 2010; January 4, 2011; February 1, 2011; March 1, 2011; April 5, 2011; May 3, 2011; June 7, 2011; August 2, 2011; September 6, 2011; October 4, 2011

**Does the CoC coordinate with the State Interagency Council on Homelessness to reduce or remove barriers to accessing mainstream services?** Yes

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

**If yes, identify these staff members** Provider Staff

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

**If "Yes", specify the frequency of the training.** Monthly or more

**Does the CoC use HMIS as a way to screen for mainstream benefit eligibility?** Yes

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

Disability, social security, medical assistance, general assistance, and veterans assistance.

**Has the CoC participated in SOAR training?** Yes

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

December 10, 2010; January 26, 2011; February 17, 2011; March 23, 2011; April 21, 2011; May 25, 2011; June 30, 2011

## 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
<p><b>1. Case managers systematically assist clients in completing applications for mainstream benefits.</b>  <b>1a. Describe how service is generally provided:</b></p> <p>Current participation or potential eligibility for mainstream programs is identified during intake. Clients are assisted in filling out application forms for potential programs during initial meeting. Interpreters are provided for non-English speaking clients. Case management staff explains programs and will obtain release of information, which will allow direct communication between mainstream program eligibility workers and the case managers. Case managers act as advocates by training clients, as needed, to advocate effectively for their own needs.</p>	100%
<p><b>2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.</b></p>	100%
<p><b>3. Homeless assistance providers use a single application form for four or more mainstream programs:</b>  <b>3.a Indicate for which mainstream programs the form applies:</b></p> <p>TANF, Medicaid, food support, general/emergency assistance, and MN Care.</p>	100%
<p><b>4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.</b>  <b>4a. Describe the follow-up process:</b></p> <p>Staff ensures all intake forms are completed by clients as well as signed releases of information. Staff also ensures there is communication between mainstream providers and the homeless programs. Staff conducts follow-up with the client as well as with other housing professionals working with the client on accessing mainstream benefits. Staff advocates for the client.</p>	100%

## Continuum of Care (CoC) Project Listing

**Instructions:**

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

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

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
New Pathways' Int...	2011-10-11 14:34:...	1 Year	New Pathways, Inc.	89,292	Renewal Project	SHP	SSO	F
Shelter Plus Care...	2011-10-13 09:59:...	1 Year	Housing and Redev...	193,488	Renewal Project	S+C	TRA	U
Our HOME 2011	2011-10-14 12:33:...	1 Year	Volunteers of Ame...	103,477	Renewal Project	SHP	PH	F
Transitiona l Hous...	2011-10-19 11:52:...	1 Year	Lakes and Pines C...	121,294	New Project	SHP	TH	F2
HMIS Central (MNO...	2011-10-11 09:41:...	1 Year	Amherst H. Wilder...	18,000	Renewal Project	SHP	HMIS	F
Bellehaven Townhome s	2011-10-20 09:37:...	1 Year	Rum River Health ...	50,250	Renewal Project	SHP	SSO	F
Central Minnesota. ..	2011-10-14 14:50:...	1 Year	The Salvation Army	145,149	Renewal Project	SHP	TH	F
Shelter Plus Care...	2011-10-17 11:40:...	1 Year	Housing and Redev...	26,268	Renewal Project	S+C	TRA	U
Shelter Plus Care...	2011-10-13 09:53:...	5 Years	Housing and Redev...	107,460	New Project	S+C	TRA	P1
Cass County Perma...	2011-10-14 12:22:...	1 Year	Bi-County Communi..	33,880	Renewal Project	SHP	PH	F
New Pathways' Int...	2011-10-11 14:41:...	1 Year	New Pathways, Inc.	105,265	Renewal Project	SHP	SSO	F
Cass County Scatt...	2011-10-14 12:19:...	1 Year	Bi-County Communi..	65,848	Renewal Project	SHP	TH	F

## Budget Summary

<b>FPRN</b>	\$732,455
<b>Permanent Housing Bonus</b>	\$107,460
<b>SPC Renewal</b>	\$219,756
<b>Rejected</b>	\$0

## Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	Certificate of Co...	09/19/2011

## Attachment Details

**Document Description:** Certificate of Consistency - Central MN & St. Cloud, MN