

# 2006 Exhibit 1: Continuum of Care (CoC) Application

## Part I: CoC Organizational Structure

<b>HUD-defined CoC Name:*</b>	<b>CoC Number*</b>
Sarasota/Bradenton/Manatee, Sarasota Counties CoC	FL-500
*HUD-defined CoC names and numbers are available at: <a href="http://www.hud.gov/offices/adm/grants/fundsavail.cfm">www.hud.gov/offices/adm/grants/fundsavail.cfm</a> . If you do not have a HUD-defined CoC name and number, enter the name of your CoC and HUD will assign you a number.	

### A: CoC Lead Organization Chart

<b>CoC Lead Organization:</b> Suncoast Partnership to End Homelessness, Inc.		
<b>CoC Contact Person:</b> Ann McArdle		
<b>Contact Person's Organization Name:</b> Suncoast Partnership to End Homelessness, Inc.		
<b>Street Address:</b> 1445 2 <sup>nd</sup> Street		
<b>City:</b> Sarasota	<b>State:</b> FL	<b>Zip:</b> 34236
<b>Phone Number:</b> (941) 955-8987	<b>Fax Number:</b> (941) 365-4368	
<b>Email Address:</b> ann@suncoastpartnership.org		

CoC-A

### B: CoC Geography Chart

Using the Geographic Area Guide found on HUD's website at <http://www.hud.gov/offices/adm/grants/fundsavail.cfm>. List the name and the six-digit geographic code number for **every** city and/or county participating within your CoC. Because the geography covered by your CoC will affect your pro rata need amount, it is important to be accurate. Leaving out a jurisdiction will reduce your pro rata need amount. For further clarification, please read the guidance in Section III.C.3.a of this NOFA regarding geographically overlapping CoC systems.

Geographic Area Name	6-digit Code
Manatee County	129081
City of Bradenton	120270
Sarasota County	129115
City of Sarasota	122766

Geographic Area Name	6-digit Code

CoC-B

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## CoC Structure and Decision-Making Processes

### **C: CoC Groups and Meetings Chart**

The purpose of the CoC Groups and Meetings Chart is to help HUD understand the current structure and decision-making processes of your CoC. List the name and role (function served) of each group in the CoC planning process. Under “CoC Primary Decision-Making Group,” identify only one group that acts as the primary leadership or decision-making group for the CoC. Indicate frequency of meetings and the number of organizations participating in each group. Under “Other CoC Committees, Sub-Committees, Workgroups, etc.” you should include any established group that is part of your CoC’s organizational structure (add rows to the chart as needed). Please limit your description of each organization’s role to 2 lines or less.

CoC-Related Planning Groups		Meeting Frequency (check only one column)				Enter the number of organizations/entities that are members of each CoC planning group listed on this chart.
		Monthly or More	Quarterly	Biannually	Annually	
<b>Example: CoC Primary Decision-Making Group</b>						
<b>Name:</b>	River County Continuum of Care Executive Committee	X				5
<b>Role:</b>	This group meets to address current issues, set agendas for full CoC meetings, and determine project priorities.					
<b>CO C Primary Decision-Making Group (list only one group)</b>						
<b>Name:</b>	Suncoast Partnership Board of Directors		X			22
<b>Role:</b>	Responsible for: 1) overseeing Board policy and adherence by staff and board actions, providing advice and guidance to the Executive Director on personnel matters, policy and procedures, and formation of subcommittees; 2) assisting in the formulation and adherence to a strategic plan; and, 3) selecting applications for submission to HUD and the state.					
<b>Other CoC Committees, Sub-Committees, Workgroups, etc.</b>						
<b>Name:</b>	Systems Committee of Board of Directors		X			9
<b>Role:</b>	Responsible for coordinating the development of the continuum of care plan and process which provides the framework for a seamless array of emergency, transitional and permanent housing and services to address the needs of the homeless.					
<b>Name:</b>	Financial Resource, Funds Integration & Grants Committee		X			7
<b>Role:</b>	Responsible for all functions related to the finances of the Suncoast Partnership to End Homelessness, Inc. including but not limited to reviewing the proposed annual operating budget of the Corporation and overseeing resource development, investment and management					
<b>Name:</b>	Community Coalition on Homelessness	X				45
<b>Role:</b>	This group of service providers addresses current issues and priorities regarding the homeless in Manatee County and functions as a mechanism for advocacy and education of the community at large about homelessness					
<b>Name:</b>	Sarasota County Coalition for the Homeless		X			40
<b>Role:</b>	This group of service providers addresses current issues and priorities regarding the homeless in Sarasota County and functions as a mechanism for advocacy and education of the community at large about homelessness					

### D: CoC Planning Process Organizations Chart

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

	Specific Names of All CoC Organizations	Geographic Area Represented	Subpopulations Represented, if any* (no more than 2)	
<b>PUBLIC SECTOR</b>	<b>STATE GOVERNMENT AGENCIES</b>			
	State of Florida Division of Children & Families	129115, 129801		
	<b>LOCAL GOVERNMENT AGENCIES</b>			
	City of Bradenton	120270		
	City of Palmetto	129801		
	Sarasota County, County Commission	129115		
	Sarasota County, Health & Human Services	129115		
	Sarasota County Health Department	129115		
	Manatee County Community Services	129801		
	Manatee County, County Commission	129801		
	Manatee County, Comprehensive Planning Commission	129801		
	City of Sarasota, City Commission	129115		
	<b>PUBLIC HOUSING AGENCIES</b>			
	Sarasota County, Office of Housing & Community Development	129115		
	Manatee County Housing Authority	129801		
	<b>SCHOOL SYSTEMS / UNIVERSITIES</b>			
	School Board of Sarasota County	129115	Y	
	School Board of Manatee County	129801	Y	
	USF, School of Social Work	129115, 129801		
	<b>LAW ENFORCEMENT / CORRECTIONS</b>			
	City of Bradenton Police Department	120270		
	Manatee County Sheriff’s Department	129801		
	City of Sarasota Police Department	122766		
	Sarasota County Sheriff’s Department	129115		
	Elliot Metcalfe Jr. – Public Defender	129115, 129801		
	Sarasota County Jail	129115		
	<b>LOCAL WORKFORCE INVESTMENT ACT (WIA) BOARDS</b>			
	Suncoast Workforce Board	129115,129801	VET	
	<b>OTHER</b>			
	<b>NON-PROFIT ORGANIZATIONS</b>			

<b>PRIVATE SECTOR</b>	All Faiths Food Bank	129115, 129801		
	Bridge of Hope	129801		
	Coastal Behavioral Healthcare	129115	SMI	
	Community Aids Network (CAN)	129115	HIV	
	Community Coalition on Homelessness (Manatee County)	129801		
	DASH, Inc.	129115	DV	
	Family Emergency Treatment Center	129801	SMI	
	Family Resources	129801		
	United Way 211 Manasota	129115, 129801		
	First Step	129115, 129801	SA	
	Goodwill Industries	129115, 129801		
	Gulfcoast Legal Services	129115, 129801		
	Healthy Families	129801		
	Healthy Start	129801		
	HOPE Family Services	129801	DV	
	Manatee Coalition for Affordable Housing	129801		
	Manatee Glens	129801	SMI/SA	
	Manatee Opportunity Council	129115, 129801		
	Our Daily Bread	120270	SMI	
	Project Challenge	129115		
	Renaissance Manor	129115	SMI	
	Sarasota County Coalition for the Homeless	129115		
	Safe Place and Rape Crisis Center (SPARCC)	129115	DV	
	Manasota SOLVE	129801		
	Senior Friendship Centers	129115		
	Transitional Resources, Inc.	129801		
	Volunteers of America	129801	SA	
	Sarasota Family YMCA, Inc.	129115	Y	
	<b>FAITH-BASED ORGANIZATIONS</b>			
	Catholic Charities, Diocese of Venice	129115	HIV	
	Jewish Family & Children's Service	129115		
	Gifts from God, Inc.	129115		
	Resurrection House	122766		
	The Salvation Army, Manatee Corps	129801		
	The Salvation Army, Sarasota Corps	129115		
	<b>FUNDERS / ADVOCACY GROUPS</b>			
	United Way of Sarasota County	129115		
	United Way of Manatee County	129801		
	The Community Foundation of Sarasota County	129115		
	The Gulf Coast Community Foundation of Venice	129115		
	<b>BUSINESSES (BANKS, DEVELOPERS, BUSINESS ASSOCIATIONS, ETC.)</b>			
	Purmort Insurance Company	129115		
	Honeycomb Company of America	129801		

Bradenton Herald	129801		
Palma Sola	129801		
DEL Properties (landlord)	129115, 129801		
William Merrill, Attorney – Icard, Merrill, Cullis et al	129115		
Flowers Baking Company	129801		
Sarasota Downtown Business/Partnership Association	122766		
Sarasota Herald Tribune	129115		
<b>HOSPITALS / MEDICAL REPRESENTATIVES</b>			
Manatee Rural Health	129801		
Manatee Memorial Hospital	129801		
We Care Manatee	129801		
<b>HOMELESS PERSONS</b>			
Danny Bilyeu, Formerly Homeless; current City council member	129115		
<b>OTHER</b>			

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

## E: CoC Governing Process Chart

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

	Yes	No
1. Does the CoC have a separate planning and decision-making body/entity that is broadly representative of the public and private homeless service sectors, including homeless client/consumer interests? If no, please explain.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Is the primary decision-making entity composed of at least 65 percent representation by the private sector (including consumer interests)? If no, please explain.  Ten of twenty-two board members currently represent the private sector, including consumer interests (45%) New board members will be selected with an effort to bring private sector representation to 65%.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Is the primary decision-making entity membership selected in an open and democratic process by the CoC membership? If no, please explain.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Is there a Chair and Co-Chair representing both the private and public sector at the same time, with staggered 2-year terms and the Chair position rotating between the private and public sectors? If no, please explain.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Has the CoC developed a Code of Conduct for the CoC decision-making entity and its Chair and Co-chair? If no, please explain.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. The Chair and Co-Chair and all members of the CoC decision-making entity may not participate in decisions concerning awards of grants or provision of financial benefits to such member or the organization that such member represents. Have they recused themselves from considering projects in which they have an interest? If no, please explain.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Does the CoC have a fiscal agent designated to receive funds from HUD?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

8. If your Continuum has not yet complied with *any* of the above broad standards for the CoC planning and decision-making process, please describe the extent to which your CoC will meet each guideline by the 2007 competition.

#2. Ten of twenty-two board members currently represent the private sector, including consumer interests (45%) New board members will be selected with an effort to bring private sector representation to 65%. Indeed, recently initiated outreach and recruitment activities already have spawned interest in joining the Board by several leading private for profit employers.

CoC-E

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

The CoC solicitation of projects and project selection should be conducted in a fair and impartial manner. Please mark all appropriate boxes to indicate all of the methods and processes the CoC used in 2006 to assess project(s) performance, effectiveness, and quality, particularly with respect to the Project Priorities Chart (CoC-Q). This applies to new and renewal projects. Check all that apply:

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

CoC-F

**G: CoC Written Complaints Chart**

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

CoC-G

## Part II: CoC Housing and Service Needs

### H: CoC Services Inventory Chart

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

(1)  Provider Organizations	(2) Prevention					(3) Outreach			(4) Supportive Services									
	Mortgage Assistance	Rental Assistance	Utilities Assistance	Counseling/Advocacy	Legal Assistance	Street Outreach	Mobile Clinic	Law Enforcement	Case Management	Life Skills	Alcohol & Drug Abuse	Mental Health Counseling	Healthcare	HIV/AIDS	Education	Employment	Child Care	Transportation
Bradenton City Police						X		X										
Catholic Charities, Diocese of Venice				X										X	X		X	
City of North Port Social Services	X	X	X		X											X		
Coastal Behavioral Healthcare				X							X	X	X					
Community Aids Network				X					X			X	X	X	X			
Community Coalition on Homelessness		X				X			X	X								X
Goodwill Industries, Manasota, Inc.	X		X													X		
Gulfcoast Legal Services, Inc.					X													
HOPE Family Services									X	X							X	
Jewish Family and Children’s Service	X	X		X	X					X								
Manatee County Public Health Dept.							X				X	X	X	X				
Manatee County Rural Health Services												X	X		X			
Manatee Glens				X							X	X						
Open Door Resource Center						X				X	X							X
Resurrection House				X		X				X	X							X
Salvation Army - Manatee	X	X	X	X					X	X	X							X
Salvation Army - Sarasota	X	X	X	X					X	X	X							X
Sarasota City Police						X		X										
Sarasota Family YMCA				X					X	X							X	
Suncoast Workforce Board									X							X		X

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## **CoC Housing Inventory and Unmet Needs**

### **I: CoC Housing Inventory Charts**

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

## I: CoC Housing Inventory Charts

<b>Emergency Shelter: Fundamental Components in CoC System – Housing Inventory Chart</b>													
Provider Name	Facility Name	HMIS Part. Code	Number of Year-Round Beds in HMIS		Geo Code <input type="checkbox"/>	Target Pop		Year-Round			Total Year-Round Beds	Other Beds	
						A	B	Fam. Units	Fam. Beds	Indiv. Beds		Seasonal	Overflow & Voucher
<b>Current Inventory</b>			Ind.	Fam.									
34 <sup>th</sup> St. Station	34 <sup>th</sup> St. Station	N	0	0	120270	SM				23	23		
Domestic Abuse Shelter Inc.	DASH	N	0	0	129115	M	DV						6
Epiphany Cathedral	Mercy House Shelter	N	0	0	120270	M		3	6		6	6	
Family Resources Center Manatee Runaway Youth Crisis Shelter	Safe Place 2 B	P	0	0	129081	YMF				16	16		
Hope Family Services/Domestic Violence Center	Family Shelter	F	0	0	129081	M	DV	4	16		16		4
Manatee Children's Services	Manatee Children's Services	N	0	0	120270	M				18	18		
Salvation Army - Manatee	Salvation Army	108	34		120270	M		5	34	108	142		
Salvation Army - Sarasota	Salvation Army	N	96	10	122766	M		5	10	96	106		35
Shelter for Abused Women & Their Children - SPARCC	Safe Place and Rape Crisis Center	F	0	0	122766	M	DV	4	16	8	24		
YMCA of Sarasota	Youth Shelter	N	0	0	129115	YMF				20	20		
<b>SUBTOTALS:</b>			130	10	<b>SUBTOT. CURRENT INVENTORY:</b>			<b>21</b>	<b>82</b>	<b>289</b>	<b>371</b>	<b>6</b>	<b>45</b>

<b>New Inventory in Place in 2005</b> (Feb. 1, 2005 – Jan. 31, 2006)			Ind.	Fam.									
Salvation Army-Sarasota	Salvation Army	N	30	0	122766	M				30	30		
<b>SUBTOTALS:</b>			30	0	<b>SUBTOTAL NEW INVENTORY:</b>					30	30		
<b>Inventory Under Development</b>		Anticipated Occupancy Date											
34 <sup>th</sup> St. Station	34 <sup>th</sup> St. Station	7/31/06		129081	SM					31	31		
<b>SUBTOTAL INVENTORY UNDER DEVELOPMENT:</b>										31	31		
<b>Unmet Need</b>				<b>UNMET NEED TOTALS:</b>				20	40	61	101		6
1. Total Year-Round Individual ES Beds:			289	4. Total Year-Round Family Beds:				82					
2. Year-Round Individual ES Beds in HMIS:			130	5. Year-Round Family ES Beds in HMIS:				10					
3. HMIS Coverage Individual ES Beds: Divide line 2 by line 1 and multiply by 100. Round to a whole number.			45%	6. HMIS Coverage Family ES Beds: Divide line 5 by line 4 and multiply by 100. Round to a whole number.				12%					

CoC-I

**I: CoC Housing Inventory Charts****Transitional Housing: Fundamental Components in CoC System – Housing Inventory Chart**

Provider Name	Facility Name	HMIS Part. Code	Number of Year-Round Beds in HMIS	Geo Code <input type="checkbox"/>	Target Pop		Year-Round			Total Year-Round Beds	
					A	B	Family Units	Family Beds	Individ. Beds		
<b>Current Inventory</b>			Ind.	Fam.							
Catholic Charities Diocese of Venice	Our Mothers House	P	0	0	129115	FC		10	20		20
Domestic Abuse Shelter Inc.	DASH	N	0	0	129115	M	DV			6	6
First Step	Transitional Reliving Center	N	0	0	129115	FC		7	14		14
First Step	Transitions Program	N	0	0	129115	SMF				27	27
Harvest Tabernacle	Esther's House	N	0	0	122766	SF				25	25

Harvest Tabernacle	Harvest House	N	0	0	122766	SM				85	85
Manasota Solve	Manasota Solve	N	0	0	129081	SF				18	18
Manatee Children's Services	Manatee Children's Services	N	0	0	120270	M				14	14
Manatee Glens	City of Bradenton grant	P	0	0	120270	M		1	2	14	16
Manatee Glens	Manasota Homeless Project	N	0	0	120270	SM				2	2
Manatee Glens	Manasota Homeless Project	N	0	0	120270	SF				3	3
Salvation Army-Manatee	The Salvation Army	N	32	0	120270	SM				32	32
Salvation Army-Sarasota	FAITH Program	1	0	0	122766	M		5	10	92	102
Salvation Army-Sarasota	TLC Program	N	22	0	122766	SMF				22	22
Step House	Step House	N	0	0	129115	SM				38	38
<b>SUBTOTALS:</b>			54	0	<b>SUBTOT. CURRENT INVENTORY:</b>			23	46	378	424
<b>New Inventory in Place in 2005 (Feb. 1, 2005 – Jan. 31, 2006)</b>			Ind.	Fam.							
Catholic Charities Diocese of Venice	Our Mothers House	P	0	0	129115	FC		5	10		10
Manatee Glens	City of Bradenton Grant	P	0	0	120270	M		1	2	14	16
Salvation Army-Manatee	The Salvation Army	N	12	0	120270	SMF				12	12
<b>SUBTOTALS:</b>			12	0	<b>SUBTOTAL NEW INVENTORY:</b>			6	12	26	38
<b>Inventory Under Development</b>		Anticipated Occupancy Date									
Hope Family Services/Domestic Violence Center	Family Shelter	7/1/2006			129081	M	DV	4	12		12

Salvation Army-Manatee	The Salvation Army	12/31/2007	120270	SMF					
Salvation Army-Manatee	The Salvation Army	12/31/2008	120270	FC		12	25		25
<b>SUBTOTAL INVENTORY UNDER DEVELOPMENT:</b>						16	37	0	37
<b>Unmet Need</b>						<b>UNMET NEED TOTALS:</b>			
						53	114	289	403
1. Total Year-Round Individual TH Beds:			378	4. Total Year-Round Family Beds:			46		
2. Year-Round Individual TH Beds in HMIS:			54	5. Year-Round Family TH Beds in HMIS:			0		
3. HMIS Coverage Individual TH Beds: Divide line 2 by line 1 and multiply by 100. Round to a whole number.			14%	Divide line 5 by line 4 and multiply by 100. Round to a whole number.			0%		

CoC-I

**I: CoC Housing Inventory Charts**

<b>Permanent Supportive Housing*: Fundamental Components in CoC System – Housing Inventory Chart</b>											
Provider Name	Facility Name	HMI S Part. Code	Number of Year-Round Beds in HMIS		Geo Code <input type="checkbox"/>	Target Populatio		Year-Round			Total Year-Round Beds
						A	B	Famil y Units	Famil y Beds	Individual/C H Beds	
<b>Current Inventory</b>			Ind.	Fam							
Goodwill of Manasota, Inc.	Beneva Oaks	N	0	0	122766	M				60	60
Lifelink	Orchard Place	N	0	0	122766	M				40	40
Volunteers of America	Manatee Programs	N	0	0	129081	SMF				17	17
Volunteers of America	Manatee/SHP	P	0	0	129081	FC		5	15		15

<b>SUBTOTALS:</b>		0	0	<b>SUBTOT. CURRENT INVENTORY:</b>	5	15	117	132	
<b>New Inventory in Place in 2005 (Feb. 1, 2005 – Jan. 31, 2006)</b>		Ind.	Fam						
<b>SUBTOTALS:</b>				<b>SUBTOTAL NEW INVENTORY:</b>					
<b>Inventory Under Development</b>		Anticipated Occupancy Date							
<b>SUBTOTAL INVENTORY UNDER DEVELOPMENT:</b>									
<b>Unmet Need</b>				<b>UNMET NEED TOTALS:</b>		60	80	120	200
1. Total Year-Round Individual PH Beds:		117	4. Total Year-Round Family Beds:				15		
2. Year-Round Individual PH Beds in HMIS:		0	5. Year-Round Family PH Beds in HMIS:				0		
3. HMIS Coverage Individual PH Beds: (Divide line 2 by line 1 and multiply by 100. Round to a whole number.)		0%	6. HMIS Coverage Family PH Beds: (Divide line 5 by line 4 and multiply by 100. Round to a whole number.)				0%		

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

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

Complete the following charts based on data collection methods and reporting for the Housing Inventory Chart, including Unmet Need determination. The survey must be for a 24-hour point-in-time count during the last week of January 2006.

<b>(1) Indicate date on which Housing Inventory count was completed: 01/26/2006</b>	
<b>(2) Identify the <i>primary</i> method used to complete the Housing Inventory Chart (check one):</b>	
<input type="checkbox"/>	<b>Housing inventory survey to providers</b> – CoC distributed a housing inventory survey (via mail, fax, or e-mail) to homeless programs/providers to update current bed inventories, target populations for programs, beds under development, etc.
<input checked="" type="checkbox"/>	<b>On-site or telephone housing inventory survey</b> – CoC conducted a housing inventory survey (via phone or in-person) of homeless programs/providers to update current bed inventories, target populations for programs, beds under development, etc.
<input type="checkbox"/>	<b>HMIS</b> – Used HMIS data to complete the Housing Inventory Chart
<b>(3) Indicate the percentage of providers completing the housing inventory survey:</b>	
<b>89%</b>	Emergency shelter providers
<b>76%</b>	Transitional housing providers
<b>75%</b>	Permanent Supportive Housing providers
<b>(4) Indicate steps to ensure data accuracy for 2006 Housing Inventory Chart (check all that apply):</b>	
<input type="checkbox"/>	<b>Instructions</b> – Provided written instructions for completing the housing inventory survey.
<input type="checkbox"/>	<b>Training</b> – Trained providers on completing the housing inventory survey.
<input type="checkbox"/>	<b>Updated prior housing inventory information</b> – Providers submitted updated 2005 housing inventory to reflect 2006 inventory.
<input checked="" type="checkbox"/>	<b>Follow-up</b> – CoC followed-up with providers to ensure the maximum possible response rate and accuracy of the housing inventory survey.
<input type="checkbox"/>	<b>Confirmation</b> – Providers or other independent entity reviewed and confirmed information in 2006 Housing Inventory Chart after it was completed.
<input checked="" type="checkbox"/>	<b>HMIS</b> – Used HMIS to verify data collected from providers for Housing Inventory Chart.
<input type="checkbox"/>	<b>Other</b> – specify:
<b>Unmet Need:</b>	
<b>(5) Indicate type of data that was used to determine unmet need (check all that apply):</b>	
<input type="checkbox"/>	Sheltered count (point-in-time)
<input type="checkbox"/>	Unsheltered count (point-in-time)
<input checked="" type="checkbox"/>	Housing inventory (number of beds available)
<input type="checkbox"/>	Local studies or data sources – specify:
<input type="checkbox"/>	National studies or data sources – specify:
<input checked="" type="checkbox"/>	Provider opinion through discussions or survey forms
<input type="checkbox"/>	Other – specify:
<b>(6) Indicate the <i>primary</i> method used to calculate or determine unmet need (check one):</b>	
<input type="checkbox"/>	<b>Stakeholder Discussion</b> – CoC stakeholders met and reviewed data to determine CoC's unmet need
<input checked="" type="checkbox"/>	<b>Calculation</b> – Used local point-in-time (PIT) count data and housing inv. to calculate unmet need
<input type="checkbox"/>	<b>Applied statistics</b> – Used local PIT enumeration data and applied national or other local statistics
<input type="checkbox"/>	<b>HUD unmet need formula</b> – Used HUD's unmet need formula*
<input type="checkbox"/>	<b>Other</b> – specify:
<b>(7) If your CoC made adjustments to calculated unmet need, please explain how and why.</b>	

## CoC Homeless Population and Subpopulations

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

Complete the following chart based on the most recent point-in-time count conducted. Part 1 and Part 2 must be completed using statistically reliable, unduplicated counts or estimates of homeless persons in sheltered and unsheltered locations at a one-day point in time. Include homeless Hurricane Katrina evacuees in Parts 1 and 2, and complete Part 3 if applicable. Part 3 may be completed using point-in-time information or may be estimated if no point-in-time count has been done since September 1, 2005. Completion of a point-in-time count of sheltered and unsheltered homeless persons during the last week in January 2006 is not required. The next required point-in-time count of sheltered and unsheltered homeless persons must be completed during the last week of January 2007. For further instructions for filling out this section, see the Instructions section.

Indicate date of last point-in-time count: 01/28/2005

Part 1: Homeless Population	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Number of Families with Children (Family Households):	54	47	32	133
Number of Persons in Families with Children:	125	171	71	367
Number of Single Individuals and Persons in Households without Children:	321	328	314	963
<b>(Add Lines Numbered 1 &amp; 2) Total Persons:</b>	446	499	385	1330
<b>Part 2: Homeless Subpopulations</b>				
a. Chronically Homeless (For sheltered, list persons in emergency shelter <i>only</i> )	218		167	385
b. Severely Mentally Ill	76		* 83	159
c. Chronic Substance Abuse	62		* 48	110
d. Veterans	71		* 72	143
e. Persons with HIV/AIDS	1		* 2	3
f. Victims of Domestic Violence	71		* 0	71
g. Unaccompanied Youth (Under 18)	203		* 55	258

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

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

<b>Part 3: Hurricane Katrina Evacuees</b>	<b>Sheltered</b>	<b>Unsheltered</b>	<b>Total</b>
Total number of Katrina evacuees	<b>0</b>	<b>159</b>	<b>159</b>
Of this total, enter the number of evacuees homeless <b>prior to</b> Katrina	0	0	0

\*Optional for Unsheltered

CoC-K

CoC-AB

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

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

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

<b>(1) Check the <u>primary</u> method used to enumerate sheltered homeless persons in the CoC (check one):</b>	
<input type="checkbox"/>	<b>Point-in-Time (PIT) <u>no interview</u></b> – Providers did not interview sheltered clients during the point-in-time count
<input checked="" type="checkbox"/>	<b>PIT <u>with interviews</u></b> – Providers interviewed each sheltered individual or household during the point-in-time count
<input type="checkbox"/>	<b>PIT <u>plus sample of interviews</u></b> – Providers conducted a point-in-time count <b>and</b> interviewed a random sample of sheltered persons or households (for example, every 5th or 10th person)
<input type="checkbox"/>	<b>PIT <u>plus extrapolation</u></b> – Information gathered from a sample of interviews with sheltered persons or households is extrapolated to the total sheltered population
<input type="checkbox"/>	<b>Administrative Data</b> – Providers used administrative data (case files, staff expertise) to complete client population and subpopulation data for sheltered homeless persons
<input checked="" type="checkbox"/>	<b>HMIS</b> – CoC used HMIS to complete the point-in-time sheltered count and subpopulation information
<input type="checkbox"/>	<b>Other</b> – please specify:
<b>(2) Indicate steps taken to ensure data quality of the sheltered homeless enumeration (check all that apply):</b>	
<input checked="" type="checkbox"/>	<b>Instructions</b> – Provided written instructions to providers for completing the sheltered point-in-time count
<input checked="" type="checkbox"/>	<b>Training</b> – Trained providers on completing the sheltered point-in-time count
<input type="checkbox"/>	<b>Remind and Follow-up</b> – Reminded providers about the count and followed up with providers to ensure the maximum possible response rate and accuracy
<input type="checkbox"/>	<b>HMIS</b> – Used HMIS to verify data collected from providers for the sheltered point-in-time count
<input type="checkbox"/>	<b>Other</b> – please specify:
<b>(3) How often will sheltered counts of sheltered homeless people take place in the future?</b>	
<input checked="" type="checkbox"/>	Biennial (every two years)
<input type="checkbox"/>	Annual
<input type="checkbox"/>	Semi-annual
<input checked="" type="checkbox"/>	Other – please specify: Real-time in the HMIS
<b>(4) Month and Year when next count of sheltered homeless persons will occur:</b> January 2007; HMIS will also be used to complement PITC and provide real time data.	
<b>(5) Indicate the percentage of providers completing the populations and subpopulations survey:</b>	
<u>100%</u>	Emergency shelter providers
<u>50%</u>	Transitional housing providers
<u>100%</u>	Permanent Supportive Housing providers

CoC-L-1

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

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

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

# CoC Homeless Management Information System (HMIS)

## M: CoC HMIS Charts

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

### M-1: HMIS Lead Organization Information

Organization Name: Suncoast Partnership to End Homelessness, Inc.	Contact Person: Ann McArdle, Director
Phone: (941) 955-8987	Email: ann@suncoastpartnership.org
Organization Type: State/local government <input type="checkbox"/> Non-profit/homeless provider <input checked="" type="checkbox"/> Other <input type="checkbox"/>	

CoC-M-1

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

#### Implementation:

HUD-Defined CoC Name*	CoC #	HUD-Defined CoC Name*	CoC #
Suncoast Partnership to End Homelessness, Inc.	FL-500		

\*Find HUD-defined CoC names & numbers at:

<http://www.hud.gov/offices/adm/grants/fundsavail.cfm>

CoC-M-2

### M-3: HMIS Implementation Status

HMIS Data Entry Start Date for your CoC (mm/yyyy)	or	Anticipated Data Entry Start Date for your CoC (mm/yyyy)	If no current or anticipated data entry date, indicate reason: <input type="checkbox"/> New CoC in 2006 <input type="checkbox"/> Still in planning/software selection process <input type="checkbox"/> Still in initial implementation process
01/01/2004			

CoC-M-3

### M-4: Client Records\*\*

Calendar Year	Total Client Records Entered in HMIS / Analytical Database (Duplicated)	Total Unduplicated Client Records Entered in HMIS / Analytical Database
2004	12,722	11,981
2005	18,716	17,596

CoC-M-4

### M-5: HMIS Participation\*\*

a) HMIS participation by program type and funding source (please review instructions)			
Program Type	Total number of agencies	Number of agencies participating in HMIS <u>receiving</u> HUD McKinney-Vento funds	Number of agencies participating in HMIS <u>not</u> receiving HUD McKinney-Vento funds
Street Outreach	6		6
Emergency Shelter	2		2
Transitional Housing	3	1	2
Permanent Supportive Housing	0		
<b>TOTALS:</b>	11	1	10
b) Definition of bed coverage in HMIS (please review instructions)			
Program Type	Date achieved or anticipate achieving 75% bed coverage (mm/yyyy)		
Emergency Shelter (all beds)	01/2008		
Transitional Housing (all beds)	01/2008		

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

1. HMIS implementation

The largest homeless data sets in our community are not using the human web interface as they use different legacy systems. The proposed HMIS project will increase the capacity of our existing HMIS by adding data integration. Duplicate data-entry is not an option as it is expensive and difficult to map between systems on a per record basis. Therefore, to acquire these external homeless data sets, we must perform data integration with the legacy systems to achieve even a relatively accurate picture of homeless needs and services in our community. The project adds data integration capabilities to our HMIS, by building an open source data repository using contracted professional coding services and outsourced network administration. To guide and pursue this build-out agency executive and administrative staff time is also increased.

The Data Integration build-out will start with a prioritized pilot agency, though three other agencies are also ready to be implemented. The HUD approved technology, HMIS XML will be the common data format for client record exchange, alongside AIRS XML for provider data.

The four phases of the HMIS data integration project are: collection of HUD HMIS XML, synchronized updates of proprietary HMIS, agency retrieval of data from data warehouse, updating warehouse with proprietary HMIS data for pooled reporting.

2. HMIS Data and Technical Standards Final Notice requirements

There have been no challenges or barriers to complying with HMIS data and technical standards final notice.

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

CoC-M-5

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

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

## Part III: CoC Strategic Planning

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

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

<b>Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing</b>	<b>Local Action Steps</b> (How are you going to do it? List action steps to be completed within the next 12 months.)	<b>Measurable Achievement in 12 months</b>	<b>Measurable Achievement in 5 years</b>	<b>Measurable Achievement in 10 years</b>	<b>Lead Person</b> (Who is responsible for accomplishing CoC Objectives?)
<i>EXAMPLE: 1. Create new PH beds for chronically homeless persons.</i>	<i>1. Expand New Hope Housing project with 5 new TRA S+C beds for chronically homeless persons</i>	<i>5 beds</i>	<i>20 beds</i>	<i>50 beds</i>	<i>Carol Smith: Chair, CoC Housing Committee</i>
1. Create new PH beds for chronically homeless persons.	a. Suncoast Partnership and First Step of Sarasota will develop nine PH units to rent to qualified chronically homeless individuals. b. Manatee Glens will fully implement its Shelter Plus Care project funded in the 2005 competition c. The Partnership will apply for Tenant Based Rental Assistance funds from Sarasota and Manatee Counties HOME allocations to create slots reserved for chronically homeless. d. Hold a facilitated training for affordable housing experts and homeless providers to bridge gaps in understanding between the two groups and forge a comprehensive strategy to stimulate capital housing production	30	50	100	Bill Little & Leslie Loveless, Co-Chairs, Financial Resources Committee  John Swencki First Step of Sarasota  Laurel Lynch & Colleen Reardon Co-Chairs Systems Committee
2. Increase percentage of homeless persons staying in PH over 6 months to 71%.	1. Provide intensive case management. 2. Assist potentially eligible clients to apply for SSI. 3. Provide job training and education. 4. Assist persons to access all	71% Stay	76% Stay	81% Stay	Laurel Lynch & Colleen Reardon Co-Chairs Systems Committee

	mainstream resources.				
3. Increase percentage of homeless persons moving from TH to PH to 61%.	<p>Manatee Housing Authority is collaborating with Salvation Army of Manatee and HOPE Family Services to create Section 8 Voucher program in the amount of \$233,000 to support 10 homeless individuals for a period of two years in moving from Transitional Housing (Salvation Army) to Permanent Housing in Manatee County.</p> <p>Office of Housing and Community Development (City of Sarasota and County of Sarasota) will provide up to \$100,000 in the next fiscal year in rental assistance to help up to 10 families to cover the gap between income and rent, as these families move out of transitional housing and into permanent housing.</p>	61% move	66% move	71% move	<p>Denise Thomas Suncoast Partnership Board of Directors and Executive Director of Manatee County Office of Community Development</p> <p>Dan Schmelzinger, Office of Housing and Community Development</p>
4. Increase percentage of homeless persons becoming employed by 11%.	<p>Develop an MOU with Suncoast Workforce Board to continue the pilot program just launched with Salvation Army of Sarasota in bringing their mobile job search and skills training services directly to the transitional housing site on 10<sup>th</sup> Street in Sarasota (weekly), currently serving an average of 25 people per month. This program will be expanded to provide continued assistance to individuals and families who move into permanent housing to enable them to increase job skills and find/retain permanent employment.</p> <p>Work with employers in Manatee and Sarasota Counties to expand job opportunities for homeless people. Add additional private sector representatives on Suncoast Partnership board of directors, and enlist them to assist in outreach to</p>	11% work	15% work	21% work	<p>Leslie Loveless, Suncoast Workforce Board</p> <p>Ann McArdle, Executive Director Suncoast Partnership</p>

	employers to develop contacts and jobs for homeless individuals.				
5. Ensure that the CoC has a functional HMIS system.	<p>Activate the Dormant HMIS Committee</p> <p>Apply for SHP HMIS grant for data integrated project as the next phase of development of its already functioning HMIS system. It is expected that this data integration project will be completed by September 30, 2007. The result of this phase will be an expanded ability for agencies to transfer data about homeless counts and homeless services from their databases to HMIS, without the need for double data entry and its related strain on resources.</p>	50% bed coverage for Emergency, Transitional and Permanent Supportive Housing achieved	75% Coverage achieved	90% Coverage achieved	Ann McArdle, Executive Director Suncoast Partnership

**Other CoC Objectives in 2006**

1. Increase the percentage of single persons directly placed from discharging institutions into permanent supportive housing ,thus preventing homelessness	<p>a. Establish a numerical baseline from current discharging practices</p> <p>b. Strengthen existing collaborative relationships with existing discharging systems</p> <p>c. Track and evaluate discharging activity compared to baseline</p> <p>d. Establish networks with landlords and realtors for identifying and securing apartments for discharges</p>	15% increase over 2006 baseline	25 % increase over 2006 baseline	40% Increase over 2006 baseline	Laurel Lynch & Colleen Reardon Co-Chairs Systems Committee
2. Reduce the number of women who become chronically homeless as a result of domestic violence.	<p>Increase the availability of legal services for chronically homeless victims of domestic violence</p> <p>Educate police and criminal justice personnel through a formal training about batterer accountability</p> <p>Educate Judges about batterer accountability through formal training</p> <p>Provide rental assistance program to domestic violence victims who meet the definition of chronically homeless.</p>	<p>3 CH victims of DV</p> <p>Once per year</p> <p>Once per year</p> <p>2 CH victims of DV</p>	<p>10 CH victims of DV</p> <p>Once per year</p> <p>Once per year</p> <p>7 CH victims of DV</p>	<p>15 CH victims of DV</p> <p>Once per year</p> <p>Once per year</p> <p>11 CH victims of DV</p>	Laurel Lynch & Colleen Reardon Co-Chairs Systems Committee

3. Lower the percentage of supportive services dollars requested from HUD SHP to no more than 25% of the total prorata.	1. Increase the number of applications to non SHP funding sources for supportive services.	25% increase in supportive services grant dollars compared to 2006 Baseline	35% increase	45 % increase	Bill Little & Leslie Loveless, Co-Chairs, Financial Resources Committee
	2. Expand the number and range of mainstream resources providing supportive services accessed by clients	25% Increase in Enrollment In Main Stream resource program reported on APR	35% increase	50% increase	
4. Prevent Evictions	1. Develop an Eviction Prevention Program with Judges	2 Judges	4 Judges	All Judges	Laurel Lynch & Colleen Reardon Co-Chairs Systems Committee
	2. Facilitate Workshops on Renter's Responsibilities & Landlord/Tenant Relations for Chronic Homeless Persons	24 CH clients	40 CH clients	50 CH Clients	
	3. Facilitate budgeting program for formerly chronically homeless persons	24 CH clients	40 CH clients	50 CH clients	
	4. Develop Homeless Prevention Plan with Landlords (LL's) & Homeless Service Providers	3 new LL's	7 new LL's	10 new LL's	

CoC-N

## O: CoC Discharge Planning Policy Chart

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

Publicly Funded Institution(s) or System(s) of Care in CoC Geographic Area	Initial Discussion	Protocol in Development	Formal Protocol Finalized*	Formal Protocol Implemented*
Foster Care	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Health Care	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Mental Health	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Corrections	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>Foster Care:            YMCA - Sarasota has a formal plan which is termed a “Transition Plan.” Involves 4 meetings during client’s 17<sup>th</sup> year and includes: employment, education, saving money, housing and supportive services. If client is still in high school, transition money is available to pay for an apartment or to stay with foster parents. Based on certain criteria, money may be available for down payment on an apartment. Client works with a case manager and an independent living specialist.</p>				
<p>Health Care:            Sarasota Memorial Hospital contacts the Salvation Army Sarasota and arranges for homeless patients to enter the Salvation Army program for temporary housing, drug abuse counseling, job placement and case management. This program is relatively new and informal at this stage. A more formal protocol will be developed.</p>				
<p>Mental Health:            First Step has developed a discharge plan that involves housing, vocational assistance, supportive care and individualized support that a client may need. Manatee Glens provides ongoing supportive services to discharged clients including referral to housing agencies and the Salvation Army. They also provide rental assistance to some qualified individuals.</p>				
<p>Corrections:            Sarasota County Jail has a multi-step discharge plan which provides 1.) a bi-lingual book of referrals to agencies in the community; 2.) set up of an interview with Suncoast Workforce Board to pursue job training and placement; 3.) applications to half-way houses for housing; 4.) connection to Salvation Army Sarasota for temporary housing and substance abuse support. In addition, Sarasota County Jail is working to hire a person to focus a minimum of 20 hours per week on discharge planning.</p> <p>The CART Program is a coalition among six agencies in Sarasota County which focuses on diverting homeless individuals from the criminal justice system through a process that provides the following:</p> <ol style="list-style-type: none"> <li>1.) Immediate secure adult receiving center for people with addictions. This program</li> </ol>				

will increase from 15 to 30 beds by mid summer 2006.

- 2.) Participation in a 10 week program which includes residential services (currently provided by Salvation Army, and with a new facility to come on line in the next 18 months); 150 hours of substance abuse treatment; mental health services provided by Coastal Renaissance; vocational assistance provided by Jobs, Etc. and Sarasota County Technical Institute (job readiness training); health care through the Sarasota County Health Department; counseling for the individual and his/her family through Jewish Family and Children's Service.
- 3.) Discharge planning begins in depth during the last 2-3 weeks of the program through The Salvation Army and First Step of Sarasota.

To date, this program has graduated 5 classes of 15 people each, with a success rate of 75%

CoC-O

## P: CoC Coordination Chart

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

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

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

CoC-P

## CoC 2006 Funding Priorities

### Q: CoC Project Priorities Chart

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

HUD-defined CoC Name:*						CoC #:			
(1) SF-424 Applicant Name  (Please Remove Examples)	(2) Project Sponsor Name	(3) Project Name	(4) Priority	(5) Requested Project Amount ***	(6) Term	(7) Program and Component Type**			
						SHP New	SHP Renewal	S+C New	SRO New
Suncoast Partnership to End Homelessness, Inc.	First Step of Sarasota, Inc.,	Samaritan Permanent Supportive Housing	1	\$78,484		PH			
Salvation Army of Sarasota	Salvation Army of Sarasota	FAITH	2	\$170,432			TH		
Suncoast Partnership to End Homelessness	Suncoast Partnership To End Homelessness	Homeless Management Information System Data Integration Project	3	\$37,793		HMIS			
Family Resources Center	Family Resources Center		4	\$315,000		TH			
			5						
			6						
<b>(8) Subtotal: Requested Amount for CoC Competitive Projects:***</b>				<b>\$601,709</b>					
<b>(9) Shelter Plus Care Renewals:****</b>						<b>S+C Component Type**</b>			
			7		1				
			8		1				
			9		1				
<b>(10) Subtotal: Requested Amount for S+C Renewal Projects:</b>				<b>\$</b>					
<b>(11) Total CoC Requested Amount:</b>				<b>\$601,709</b>					

CoC-Q

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

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

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

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

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

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

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

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

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**S: CoC Project Leveraging Summary Chart**

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

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

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

Name of Continuum	Total Value of Written Commitment
<i>Example:</i> River County CoC	\$10,253,000
Suncoast Partnership to End Homelessness, Inc	\$1,250,140

CoC-S

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**T: CoC Current Funding and Renewal Projections Chart**

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

**T: CoC Current Funding and Renewal Projections**

<b>Supportive Housing Program (SHP) Projects:</b>													
<b>Type of Housing</b>		<b>All SHP Funds Requested (Current Year)</b>		<b>Renewal Projections</b>									
		<b>2006</b>		<b>2007</b>		<b>2008</b>		<b>2009</b>		<b>2010</b>		<b>2011</b>	
Transitional Housing (TH)		\$485,432		\$295,432		\$345,432		\$345,432		\$345,432		\$345,432	
Safe Havens-TH		\$0		\$67,680		\$67,680		\$67,680		\$67,680		\$67,680	
Permanent Housing (PH)		78,484		\$364,484		\$483,622		\$483,622		\$483,622		\$483,622	
Safe Havens-PH		\$0		\$0		\$0		\$0		\$0		\$0	
SSO		\$0		\$0		\$0		\$0		\$0		\$0	
HMIS		\$37,793		0		\$0		\$0		\$0		\$0	
<b>Totals</b>		\$601,709		\$727,596		\$896,734		\$896,734		\$896,734		\$896,734	
<b>Shelter Plus Care (S+C) Projects:</b>													
<b>Number of Bedrooms</b>		<b>All S+C Funds Requested (Current Year)</b>		<b>Renewal Projections</b>									
		<b>2006</b>		<b>2007</b>		<b>2008</b>		<b>2009</b>		<b>2010</b>		<b>2011</b>	
		<b>Units</b>	<b>\$</b>	<b>Units</b>	<b>\$</b>	<b>Units</b>	<b>\$</b>	<b>Units</b>	<b>\$</b>	<b>Units</b>	<b>\$</b>	<b>Units</b>	<b>\$</b>
16								15	\$106,075.80	15	\$106,075.80	15	\$106,075.80
7								7	\$51,744	7	\$51,744	7	\$51,744
2													
3													
4													
5													
<b>Totals</b>								22	\$157,819.80	22	\$157,819.80	22	\$157,819.80

## Part IV: CoC Performance

### U: CoC Achievements Chart

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

Goals	Action Steps	Measurable Achievements
<b>Chronic Homelessness Goals</b>		
<p>1. Increase permanent affordable housing for chronically homeless people</p>	<p>1. Develop new Shelter Plus Care Tenant Rental Assistance project for 14 one-bedroom units and 1 two-bedroom unit for chronically homeless people with mental illness, substance abuse, or co-occurring disorders</p> <p>2. Apply for and develop 7 additional permanent supportive housing beds for chronically homeless with mental illness or co-occurring disorders.</p> <p>3. Identify the barriers to implementing permanent housing for chronic homeless persons.</p> <p>4. Create non-traditional mechanisms for permanent housing for chronic homeless people including funding strategies</p>	<p>1. The City of Bradenton as the project applicant and Manatee Glens as the sponsor applicant received a HUD Shelter Plus Care Tenant Assistance grant for 14 one-bedroom units and 1 two-bedroom unit for chronically homeless people with mental illness, substance abuse, or co-occurring disorders. At this time one individual and one family have been placed in housing. Three people have been enrolled in the program and are waiting on housing. The project started in November 2005. (Per City of Bradenton) Manatee Glens received approval for this step from HUD</p> <p>2. The City of Bradenton as the project applicant and Manatee Glens as the sponsor applicant has been awarded a HUD Shelter Plus Care Tenant Assistance grant for 7 one-bedroom units for chronically homeless people with mental illness, substance abuse, or co-occurring disorders. Contract negotiations will begin soon. (Per City of Bradenton) Manatee Glens also received approval from HUD for this step. However, there's been some difficulty with finding housing, due to a combination of tenant history and a dearth of rental properties available (due to several condo conversions). HUD did give Manatee Glens a deadline of 5/30/06 to get four units leased. They have two in place now, one set for 5/1/05, and then several</p>

		<p>more after that that are ready to start looking. They should be able to meet the new timeline set by HUD. If they don't, the grant may be deobligated, which in turn could affect the status of the grant for Step 1.</p> <p>3. The lack of affordable housing in Manatee County.</p> <p>4. Responsible organizations are City of Bradenton and Manatee County Government.</p>
<p>2. Provide shelter and/or support services to chronically homeless people</p>	<p>1. Expand Detoxification Facility bed capacity to 30 units to avoid the chronic homeless from being unnecessarily incarcerated</p> <p>2. Increase Transitional Housing for chronic homeless that includes case management substance abuse treatment, psychiatric services, and job preparation and placement.</p> <p>3. Develop an "One-Stop" Center for Homeless that would include specific services for the Chronic population</p> <p>4. Expand healthcare clinics including dental services in County and promote availability to chronic homeless</p>	<p>1. In June 2005 the Sarasota Board of County Commissioners approved funding to renovate First Step's existing Detoxification Unit to create a 30-bed secure Addictions Receiving Facility for adults to divert detainees under the Marchman Act from the county jail to appropriate treatment. The renovations are underway, but have been delayed, and it is now expected that the facility will open for operations on July 31, 2005. The facility is expected to serve 139 persons during the remainder of FY 2006, many of whom will be chronically homeless persons. In FY 2007, the facility will be in full operation and is projected to serve 807 persons.</p> <p>2. In June, 2005 the Sarasota Board of County Commissioners approved funding to establish a 30-bed residential treatment program for persons with substance abuse issues. The program, know as VIP-ER, opened on October 1, 2005, and provides intensive substance abuse treatment, mental health services, family counseling/reunification, and job counseling and placement services (as needed) for homeless persons. The program will have served 160 persons by the end of FY 2006.</p> <p>In FY 2007 the VIP-ER Program is projected to serve 160 persons. In addition, the six agencies collaborating in the VIP-ER Program</p>

		<p>have submitted a grant application to the federal Substance Abuse and Mental Health Services Administration to strengthen and enhance the program in FY 2007; if approved, the grant would provide \$2.0 million over the next five years.</p> <p>3. Community Coalition on Homelessness has been successful in getting the City of Bradenton to first consider the concept of a one stop resource center targeting homelessness, then in getting the Council to agree to help fund such a Center with CDBG funding, then with getting them to agree on the Mather Furniture building as a potential site, and finally to win approval of a special use permit to operate in that location. This has been a long process, capped by the acquisition of the site as of April 24, 2006. They anticipate it will take a year or more to renovate the site and be ready for occupancy. The Salvation Army of Manatee will provide a temporary location for the One Stop Center for agencies serving the homeless in Manatee County as of July 2006.</p> <p>4. The Sarasota County Health Department established a satellite primary care clinic for medical and dental services at the North Port Health and Family Service Center in FY 2006, staffed by two full-time physicians and one part-time (24 hours/week) dentist. In addition, adult primary care service capacity was expanded at the Ringling Health Center in Sarasota and dental services capacity was expanded at the South County Family Health Center in Venice. As a result of collaborative efforts with other agencies to promote the availability of these services, the number of homeless persons served was increased by approximately 40% over the previous year. Finally, the</p>
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		<p>Health Department became a full partner in the VIP-ER Program in FY 2006 and will have provided medical evaluations and treatment to approximately 50 program participants by the end of FY 2006. In FY 2007, the Health Department is projected to provide primary medical care to approximately 180 homeless persons participating in the VIP-ER Program.</p>
<p>3. Reduce local institutional discharge of individuals into homelessness</p>	<p>1. Increase discharge planning to include housing and job placement  2. Enhance case management services to youth being discharged from foster care to include ensuring reunification with family and friends or securing housing, employment and supportive services linkages that prevent homelessness  3. Increase by 2 beds Transitional Living and Substance Abuse Relapse Prevention Program for men being discharged from prison</p>	<p>12. The Sarasota Family YMCA, Inc. continues to monitor and assist the Community Based Care case management staff with providing services to youth aging out of the foster care system. During their 17th year the case is staffed four times with the youth, Case Manager, Independent Living Specialist, Independent Living Coordinator or Director, and any other relevant parties (i.e. Guardian Ad Litem, Placement, Relatives, Friends) present. At each of these staffings a 17 year old transition plan is created and/or updated to reflect areas that would assist the youth in transitioning out of foster care and into independence. The subjects covered on the transition plan include, but are not limited to, the ability to retrieve personal documents (i.e. social security card, Medicaid card, photo identification card, etc) and a plan to get the documents if the youth does not currently possess them, information about the Independent Living services available (Road to Independence Scholarship, Transition Services, and Aftercare Funds), housing after foster care, employment options, and budgeting/banking information. These staffings offer an opportunity for the youth and the significant people in their lives to</p>

		<p>discuss options in a safe environment.</p> <p>All youth ages 13 – 17 in foster care are eligible to receive pre-independent living services. This includes monthly trainings on budgeting/money management, hygiene, housing, transportation, time management, job seeking, parenting/sexuality, education/career planning, substance abuse prevention and education, community resources, food management and legal awareness. These trainings are offered at multiple times and locations throughout the service areas.</p> <p>Staff members also administer the Daniel Memorial Assessment, which evaluates the youth on life skills and determines if there are areas that may need improvement. Based on this information the Independent Living Specialist then sends the youth educational materials on the areas of need. The youth is assessed multiple times and the IL staff monitors the youths' performance to determine which services might benefit them.</p> <p>The Independent Living Services available to the youth transitioning out of foster care include the Road to Independence Scholarship (RTI), Transition Services, and Aftercare Funds. The RTI Scholarship provides eligible youth who are attending school full time a monthly stipend of up to \$892.00 a month (based on a needs assessment). While on the RTI Scholarship, youth are able to remain on Medicaid. Youth may also qualify for Transition services up to \$5,000.00 a year for housing, education, mental health, or other services vital to assist them in transitioning to independence.</p>
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		<p>Additionally, all youth aging out of foster care are eligible for emergency Aftercare funds up to \$1,000.00 a year to prevent homelessness. These funds can be paid to the youth or directly to a service provider. Youth are eligible and may return for Aftercare assistance and Transition services any time prior to their 23rd birthday. Youth may apply for the initial RTI award one time before their 21st birthday, and they can reinstate one time prior to their 23rd birthday.</p> <p>The Independent Living Specialist works with youth on building connections in the community. The Sarasota Family YMCA, Inc. has built relationships with various apartment complexes, foster parents, and other community residents to increase the rental options available to the youth who often have no one to co-sign and a lack of credit. Additionally, the Specialists often speak at the MAPP classes for the incoming foster parents to ensure that they are versed on the IL program as well as the opportunity to continue to allow a youth to stay and rent a room after their 18th birthday. Youth are also linked and referred to multiple community agencies to assist them in receiving the skills they need to obtain a job that will pay sufficient funds so they may become self sufficient, such as Project Return or Goodwill Industries.</p> <p>The Sarasota Family YMCA, Inc. is collaborating with the youth to rebuild their youth advocacy board to assist them in staying connected to each other. Additionally, the Sarasota Family YMCA, Inc. is working on the production of the Independent Living Newsletter as a way to keep</p>
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		<p>youth aware of the program and services available.</p> <p>3. The Salvation Army of Manatee will work on two achievements by July/October 2006. They will increase shelter space and support services to men being released from DOC to homelessness; and they will also increase available transitional housing bed space for men released from DOC to 20 beds.</p>
<p>4. Increase viable alternatives to incarceration of the chronically homeless</p>	<p>1. Increase by 60 officers, the number of law enforcement officers trained for interacting with people experiencing behavioral health crisis to avoid incarceration</p> <p>2. Expand utilization of diversion programs to traditional incarceration such as Mental Health Court and Drug Court</p>	<p>1. In FY 2006 the Substance Abuse and Mental Health Stakeholders' Consortium sponsored three 40-hour Crisis Intervention Team (CIT) training courses for law enforcement officers in Sarasota County. A total of 68 officers completed the training and were certified as CIT officers. Three CIT training courses have been scheduled for FY 2007, with a projection of 90 law enforcement officers to be trained.</p> <p>2. Efforts were made during FY 2006 to increase the utilization of both Mental Health Court and Drug Court as diversion alternatives to incarceration. These efforts included the engagement of a criminal justice consultant by Sarasota County Government to study the programs and make recommendations on changes in the criminal justice system which would increase the number of referrals to the two programs. As a result, the eligibility criteria for both programs were broadened and linkages with the Pre-Trial Services Program were strengthened. While the number of persons successfully completing Mental Health Court has remained essentially flat (approximately 25 persons per year) despite these changes, the number of persons participating in Drug Court has increased from 70 per month in FY 2005 to a projected 90 persons per month by the end of FY 2006. In</p>

		FY 2007, it is projected that 75 persons will graduate from Mental Health Court and 120 persons per month will participate in Drug Court.
<b>Other Homelessness Goals</b>		
1. Increase Emergency Shelter, Transitional Housing and Permanent Supportive Housing capacity for homeless individuals and families	<p>1. Open 8 one-bedroom permanent supportive housing units for homeless with HIV/AIDS</p> <p>2. Increase capacity for Single Men's Shelter by 28 new beds</p> <p>3. Increase Single Men and Women with mental health and substance abuse challenges by 9 new units</p> <p>4. Explore building Transitional Living Housing for teens 16-21 leaving foster care system</p> <p>5. Construct a new Transitional Housing facility with 6 beds for homeless young pregnant women.</p> <p>6. Increase scattered site transitional housing capacity by 8 apartments for victims of domestic violence 4 in Sarasota and 4 in Manatee County.</p>	<p>1. Catholic Charities/Diocese of Venice, Inc./Bethesda House is about 90% completed on the construction of the 8 one-bedroom permanent supportive housing units for homeless with HIV/Aids. They are hopeful of starting supportive services by July 2006 and housing residents by September 2006.</p> <p>2. The Salvation Army of Manatee has a target date of July 2006.</p> <p>3. B.J. Graff of Volunteers of America has a target date of September 2005.</p> <p>4. (Per Manatee Children's Services) Have not achieved the transitional living program for older foster teens and have it targeted for their 3 year plan.</p> <p>5. Family Resources and League of Women Voters have a target date of December 2007.</p> <p>6. Hope Family Services and SPARCC have a target date of July 2006 and ongoing.</p>
2. Increase homeless individuals and families access to affordable housing	<p>1. Implement use of HOME funds to provide short-term "housing vouchers" in Manatee and Sarasota</p> <p>2. Explore providing community Housing Specialists</p> <p>3. Increase availability of affordable and workforce housing stock in Manatee County through use of Land Development Code incentives and the expedited review process.</p>	<p>1. County Governments, Manatee County Housing Authority, Continuum of Care Leadership Council. Manatee County's HOME Tenant Based Rental Assistance (Voucher program) for Homeless will be for a 2 year term of housing. A target date of December 2006 is adequate. Sarasota County government has met with transitional housing providers and prepared program guidelines. These guidelines have been approved by the</p>

	<p>4. Expand the focus of the Sarasota Community Land Trust to include property and resources for Affordable Housing Activities</p> <p>5. Provide short-term subsidies through State funds, such as Challenge Grants and ESG to transition homeless to permanent housing</p>	<p>City and County Commissions. Currently accepting applications from transitional housing providers and approved organizations to participate in the program. Expect to receive referrals by the end of May 2006 and begin looking for rental units. Rental units to be leased by the end of July 2006.</p> <p>2. A new position was created in May 2005 for an Affordable/Workforce Housing Coordinator.</p> <p>3. Developed an Affordable/Workforce Housing Incentive Matrix in October 2005 and created a Housing Rapid Response Team as of April 2005. This Team cuts down on the pre-application waiting time from 6 months to 3 weeks. Created a new Workforce Housing Category (sales price, \$160,001 - 192,000 for any size family earning less than \$70,000 annually).</p> <p>4. A new 501 3(c) has been developed in the past year to address this issue.</p> <p>5. Responsible organizations are The Salvation Army Manatee and Sarasota and Community Coalition on Homelessness. Target date of June 2007.</p>
<p>3. Enhance levels of coordinated supportive services and improve access to supportive services and mainstream services</p>	<p>1. Develop Mainstream Participation Committee to increasing access to services</p> <p>2. Increase and promote health services, including mental health services to the homeless</p> <p>3. Develop "One-Stop" Homeless Center to increase feeding programs and access to all services</p> <p>4. Explore targeted homeless Veterans Services</p> <p>5. Enhance services to homeless children through case management and educational services</p>	<p>1. Not Done.</p> <p>2. The Sarasota County Health Department expanded screening, referral and health education services through the establishment of a quarterly adult screening program at the Glasser-Schoenbaum Human Services Center in the Newtown area of Sarasota.</p> <p>In FY 2007 the Health Department will utilize its new mobile health unit to provide community-based screening and preventive health services to homeless persons at Resurrection House and the Salvation Army, primary points of contact for</p>

	<p>6. Increase and maintain basic needs for all homeless to include State Challenge Grant funding for starter household items for Shelter + Care clients and feeding programs in the shelters</p>	<p>the homeless population. In addition, the Health Department will improve its ability to track and monitor services provided to homeless persons through modifications to its Health Management System (HMS) data base.</p> <p>3. (Per Manatee Glens) Responsible organizations are Community Coalition on Homelessness, Our Daily Bread, Manatee County Government, and City of Bradenton.</p> <p>4. Not Done.</p> <p>5. In 2005, the Sarasota's Family YMCA, Inc. Homeless Youth Education Program touched over 2,000 homeless children and youth. this includes approximately 600 unduplicated children and youth that stayed at the following shelters: The Salvation Army Emergency Shelter, FAITH Program, SPARCC, YMCA Youth Shelter, and YMCA Transitional Living Program. The YMCA Homeless Youth Program provided one-on-one tutoring to 185 unduplicated children in shelters totaling over 1,350 total hours of tutoring. Backpack and school supplies were distributed directly to the school for immediate student availability. Additionally, Case Management assistance was provided in helping families and youth effectively access supportive services and mainstream services. Community outreach provided information on Health Department Services, Medicaid, Healthy Kids, Social Security, and local Financial Aid opportunities. Regular staff hours were kept at the Resurrection House and outreach was done to many other local programs. The Homeless Youth Education Program also worked extensively to coordinate placement of homeless children in after school and preschool programs. Once again, the Program advocated for additional</p>
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		<p>Emergency Day Care monies (\$30,000) for homeless children through the Season of Sharing Fund and worked closely with Child Care Connections to make this a quality service. Finally, the Homeless Youth Education Program worked closely with families that lost their homes due to Natural Disasters and assisted directly with coordination services at the Laurel FEMA Park.</p> <p>6. Manatee Glens, Salvation Army Sarasota and Manatee. Target date of June 2006. Manatee Glens received a Challenge Grant for \$5,000 to purchase at least five starter household kits for the Shelter Plus Care clients. Two housing kits have been purchased at this time.</p>
<p>4. Increase homeless prevention services and coordinate with various resources</p>	<p>1. Increase the number served through Building Strong Families Crisis Prevention Program, by seeking additional State funding including Challenge Grant, ESG, private and public targeted funds/donations.</p> <p>2. Increase Homeless Prevention program to assist persons in situation of verifiable eviction or foreclosure</p>	<p>1. Responsible organizations are Sarasota County School Board, United Way of Sarasota County, and Jewish Family and Children Services. Target date of June 2007.</p> <p>2. Catholic Charities, direct assistance for prevention of eviction \$8,342 (General Revenue). Manatee Opportunity Council, mortgage assistance to prevent foreclosure, \$10,000 (HOME Funds). Community Coalition on Homelessness, expanded Open Door Center, \$40,000 (General Revenue).</p>

CoC-U

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

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

Year	(1) Number of CH Persons	(2) Number of PH beds for the CH	(3) New PH beds for the CH between Feb. 1, 2005 – Jan. 31, 2006	(4) Identify the cost of the <u>new</u> CH beds from each funding source			
				Public			Private
				Federal	State	Local	
<b>2004</b>	<i>Example:</i> 90	45					
<b>2005</b>	<i>Example:</i> 82	50					
<b>2006</b>	<i>Example:</i> 75	60	10	\$15,480	\$31,420	\$40,350	\$12,750
<b>2004</b>	360	87					
<b>2005</b>	385	119					
<b>2006</b>	NA	117	0	\$0	\$0	\$0	\$0

(5) Briefly describe the reason(s) for any changes in the total number of the chronically homeless between 2005 and 2006 (use less than one-half page).

N/A

CoC-V

## W: CoC Housing Performance Chart

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

1. Participants in Permanent Housing		
HUD will be assessing the percentage of all participants who remain in S+C or SHP permanent housing (PH) for more than six months. SHP projects include both SHP-PH and SHP-Safe Haven PH renewals. Complete the following chart utilizing data based on the <u>preceding operating year</u> from APR Question 12(a) and 12(b) for PH projects included on your CoC Priority Chart:		
<input checked="" type="checkbox"/>	No applicable PH renewals are on the CoC Project Priorities Chart	APR Data
<input type="checkbox"/>	All PH renewal projects with APRs submitted are included in calculating the responses below	
a.	Number of participants who <b>exited</b> PH project(s)—APR Question 12(a)	
b.	Number of participants who did <b>not leave</b> the project(s)—APR Question 12(b)	
c.	Number who <b>exited</b> after staying 7 months or longer in PH—APR Question 12(a)	
d.	Number who did <b>not leave</b> after staying 7 months or longer in PH—APR question 12(b)	
e.	Percentage of all participants in PH projects staying 7 months or longer (c. + d. divided by a. + b. multiplied by 100 = e.)	%
2. Participants in Transitional Housing (TH)		
HUD will be assessing the percentage of all TH clients who moved to a permanent housing situation. TH projects include SHP-TH and SHP-Safe Haven/TH <i>not</i> identified as permanent housing. Complete the following chart utilizing data based on the <u>preceding operating year</u> from APR Question 14 for TH renewal projects included on your CoC Priorities Chart.		
<input type="checkbox"/>	No applicable TH renewals are on the CoC Project Priorities Chart	APR Data
<input checked="" type="checkbox"/>	All TH renewal projects with APRs submitted are included in calculating the responses below	
a.	Number of participants who exited TH project(s)—including unknown destination	20
b.	Number of participants who moved to PH	12
c.	Percent of participants in TH projects who moved to PH (b. divided by a. multiplied by 100 = c.)	60%

CoC-W

## X: Mainstream Programs and Employment Project Performance Chart

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

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

(1) Number of Adults Who Left (Use same number in each cell)	(2) Income Source	(3) Number of Exiting Adults with Each Source of Income	(4) Percent with Income at Exit (Col 3 ÷ Col 1 x 100)
<i>Example:</i> 105	a. SSI	40	38.1%
<i>Example:</i> 105	b. SSDI	35	33.3%
20	a. SSI	0	0
20	b. SSDI	0	0
20	c. Social Security	0	0
20	d. General Public Assistance	0	0
20	e. TANF	0	0
20	f. SCHIP	0	0
20	g. Veterans Benefits	0	0
<b>20</b>	<b>h. Employment Income</b>	<b>14</b>	<b>70%</b>
20	i. Unemployment Benefits	1	5%
20	j. Veterans Health Care	0	0
20	k. Medicaid	0	0
20	l. Food Stamps	0	0
20	m. Other (please specify)	0	0
20	n. No Financial Resources	5	25%

CoC-X

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

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

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

CoC-Y

**Z: Unexecuted Grants Awarded Prior to the 2005 CoC Competition Chart**

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

Project Number	Applicant Name	Project Name	Grant Amount
Example: MI23B901002	Michiana Homes, Inc.	TH for Homeless	\$514,000
N/A			
<b>Total:</b>			0

CoC-Z

### AA: CoC Participation in Energy Star Chart

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

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

Percentage of CoC projects on CoC Priority Chart using Energy Star appliances: 0%

CoC-AA

### AB: Section 3 Employment Policy Chart

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

CoC-AB